



Art intervention among Finnish older people and their caregivers: Experiences of art pedagogies

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Abstract

The benefits of art therapies on older people's health have been well documented. However, studies into the perspectives of pedagogues on conducting arts interventions are scarce and no empirical evidence of the views of professional pedagogues views have been published to date. In this study, seven professional art pedagogues were interviewed using a thematic interview approach focusing on the pedagogues' experiences of conducting arts interventions with a family caregiver and care recipient dyads. The interviews were analysed inductively using thematic content analysis. According to the analysis, three intersecting themes were found that both steered the pedagogical process and emerged from the process: holistic pedagogy, professional development and witnessing. The themes revealed a further understanding of approaches to the interviewees' teaching and the value of participatory community arts in practice. The pedagogues' experiences encourage art pedagogy to be acknowledged in a wider context within communities and healthcare environments. Further studies on interdisciplinary projects in collaboration with art pedagogues and healthcare professionals are encouraged.

KEYWORDS

art, art pedagogies, caregivers, community dwelling, health, intervention, older people

1 | INTRODUCTION

Community-based arts and health interventions are on the increase in health and social settings. For example, The National Alliance for Arts, Health and Wellbeing has identified five main points at which the arts and health typically intersect: (a) arts in health and care environments, (b) participatory arts programs, (c) arts on prescription, (d) arts therapies and (e) medical training and medical humanities (APPG, 2017, 21). More specifically, it is stated that the arts, in general, have an important role to play in fostering healthy ageing. This particularly applies to the growing population of older people whose

health inequalities may affect their vitality, mobility, mental acuity and life expectancy (APPG, 2017, 12.).

Community-based arts and its meaningfulness can be discussed using a biopsychosocial approach (Engel, 1977) based on an interdisciplinary model for health. Arts prescribed to community-dwelling older people can create a sense of purpose and direction, enable personal growth and achievement and empower participants (Poulos et al., 2019). It has been generally stated that music therapy acts mainly through emotional and psycho-physiological pathways and is thus considered to be a method of psychosocial intervention (Guetin et al., 2013). More specifically, it has been shown in older

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people that active music-making has a positive effect on health, mood and cognition (Särkämö et al., 2012). In relation to dance, a systematic review (Keogh, Kilding, Pidgeon, Ashley, & Gillis, 2009) suggested that the practice of dance could provide multiple physical benefits for older adults (i.e. grade B level of evidence): aerobic power, muscle endurance, strength and flexibility of the lower body, static and dynamic balance/agility and gait speed. In the visual arts such as painting, drawing, ceramics and textile work, an increased sense of community, empowerment, self-esteem and mental health in older people has been reported (Noice, Noice, & Kramer, 2014). Also, older people's use of the visual arts has enriched their spiritual lives, helped them develop new skills and maintain their identities (Cann, 2016).

In the context of care-giving among older people, the use of the arts has been researched in relation to health and general well-being. Art therapies, in particular, have been described as making a significant contribution to the humanisation and comfort of modern healthcare institutions by relieving the stress, anxiety and pain of patients and caregivers (Pratt, 2004). For example, a study by Osman, Tischler, and Schneider (2016) that focused on family caregivers and persons with dementia who attended group singing activities (Singing for the Brain™) reported a positive impact on relationships, memory, lifting of spirits, social inclusion and support, as well as diagnosis acceptance. In contrast, in an eight-week study (Camic, Tischler, & Pearman, 2014), family caregivers and persons with dementia attended an art gallery-based intervention, including art-viewing and art-making. No effect on caregiver burden, activities of daily living or quality of life was noted. To date, the use of arts in community dwelling among older people can be categorised as the therapeutic use of arts or art therapy (Castora-Binkley & Prohaska, 2010). In summary, arts and health programs have generally tended to be arts-focused and provided by artists, educators, nurses and gallery/museum staff across community-based and healthcare settings, whereas it is qualified clinical therapists who provide arts therapies in healthcare settings (Malchiodi, 2013, 6). Thus, evidence of the benefits of the arts in healthcare settings has been well documented and care staff has mainly positive perceptions of the arts in healthcare (Wilson, Bungay, Munn-Giddings, & Boyce, 2016). However, there is still a lack of different voices, art forms and methodologies to study. (Boyce, Bungay, Munn-Giddings, & Wilson, 2018).

Moreover, pedagogical perspectives and pedagogues' experiences have not been studied in this specific population (i.e. older people and care-giving). For example, art pedagogy in Finland is generally aimed at children and adolescents (EDUFI, 2019). Even though lifelong learning is one of the core tasks alongside developing education and training (EDUFI, 2019), an art pedagogy curriculum, guidelines or recommendations for older people hardly exist. Furthermore, current evidence of the influence of art pedagogy used among older people and their caregivers is scarce.

In short, pedagogy in the arts refers to teaching and learning programs and the different methods used in these processes: the pedagogical process that enables learning is the core (e.g. Anttila, 2011; Sidsel, Kalsen, & Väkevä, 2012). Thus, the emphasis is rather

What is known about this topic:

- Art has positive effects on family caregivers and their care recipients' well-being
- Different art forms are effective in achieving psychological, cognitive and social goals among older people with memory disorders
- The literature on the role of art pedagogues in health and social care is scarce

What this paper adds:

- Art can facilitate agency for both personal-level and dyadic (i.e. care recipient, caregiver) relationships
- Art pedagogues' need for further training and professional development in working with older people
- Further studies on interdisciplinary projects in collaboration with art pedagogies and healthcare professionals are encouraged

different from art therapy or rehabilitation. In this article, we focus on a participatory arts program project: The Joy of Art (JoA), which was conducted in Eastern Finland. The project allowed older people and their caregivers to engage in music, visual arts and dance positively. The project aimed to enhance physiological, emotional, social, motor and cognitive functioning in the context of art pedagogy. For example, previously learned art-related skills were revived, and new skills were enabled. In the context of this project, professional art pedagogues were interviewed about their experiences of arts teaching interventions among family caregivers and their care recipients.

2 | METHODS

2.1 | Intervention

The JoA intervention was conducted from February to May 2017 at various locations in the Northern Savo region in Finland. Altogether, seven intervention groups participated in the intervention. The intervention of each group comprised 12 weekly 45-min sessions, including eight music sessions, two visual arts sessions and two dance sessions. Professionals conducted the interventions: four music pedagogues, a dance pedagogue and two visual arts pedagogues. The suitability of the pedagogues (i.e. education and previous working experience) was evaluated beforehand by the project leader of the JoA intervention.

Participant dyads in the JoA comprised community-dwelling family caregivers and care recipients. They were at least in daily contact and were over 65 years of age. Carers Finland, the Alzheimer Association and the informal care office of each participating municipality recruited these participant dyads. The participants' attendance in the sessions varied because of health-related issues, for

example. Family care is the main method for organising the care of older people. In this study, we did not demarcate participation to a specific diagnosis. Thus, care recipients were community-dwelling older people who needed family care due to their declining functional ability. This was attributable to stroke, memory disorder or other neurodegenerative diseases.

The pedagogues planned the context and used various methods in the art sessions, which they conducted themselves with no pre-defined syllabus. For example, in the music sessions, they sang popular songs and learned new songs. Furthermore, they played various body, rhythm and melody instruments, listened to music, told stories and recited rhymes and poems. In creative dance sessions, movement memories were re-awakened through improvisation and instructed movements that were used to enhance body awareness and address physical abilities. In visual arts sessions, memories were activated using picture materials. Memories were shared through discussion and transformed into visual output using a variety of visual arts techniques and materials.

2.2 | The pedagogues

A total of seven professional pedagogues participated in the study. The age of the art pedagogues ranged from 22 to 58 years (median 38 years) and their work experience from five to 37 years (median 14 years, including one student who was in the final stage of his studies). The Rector of Kuopio Conservatory authorised the art pedagogues' interviews. Art pedagogues were recruited for the study via email after all the interventions (music, visual art, dance) had been completed. The pedagogues were informed that their involvement (i.e. interviews) was voluntary and that they could withdraw at any stage without further explanation. After a full explanation of the study, and the possibility of asking further questions, written informed consent forms were signed.

The Research Ethics Committee approved the study (2017/44). The Consolidated criteria for Reporting Qualitative Research (COREQ) guidelines were followed in the development of this manuscript (Tong, Sainsbury, & Craig, 2007). ClinicalTrials.gov Identifier: NCT03080870.

2.3 | Data collection

The research data were collected by interviewing (AV) the art pedagogues ($n = 7$) after the intervention. Five separate interviews were conducted either individually or in pairs. The interviews lasted from 27 to 70 min (median time 50 min). The thematic interviews comprised four themes: (a) prior background and interviewees' intervention expectations; (b) experience of implementing pedagogy; (c) potential benefits achieved for older people, family caregivers and pedagogues, and (d) how to prepare an inexperienced pedagogue for this kind of intervention. The interviews were recorded using a recording device and subsequently transcribed. The data comprised 58 pages, including 22,428 words (Times New Roman, font 12, spacing 1.5).

2.4 | Analysis

The transcribed interviews were analysed using inductive thematic content analysis (e.g. Braun & Clarke, 2006; Miles & Huberman, 1984). The analysis was conducted in three stages: First, the data were read several times (i.e. familiarisation with the data) and then reduced into shorter paragraphs, which were coded into initial categories. This stage was conducted and completed individually by all three researchers to validate the analysis process. Second, the coded material was grouped into categories that were more abstract by reviewing, defining and naming common themes as a research group. Finally, two main themes were extracted from the data based on the categories. In the last stage, the categories were examined in the context of the research question. The translated (by researchers) original quotations from the data are written in this article as in-text italics within quotation marks and using indentation. Due to the small sample size, the original quotations are written without any identifying content. Thus, gendered pseudonyms or fields of art have not been used and pedagogues are referred to by numbers according to their respective interviews.

3 | FINDINGS

This study aimed to describe and identify professional pedagogues' experiences of arts intervention among family caregivers and their care recipients. In relation to pedagogical teaching and the learning process, the thematic content analysis revealed three main themes: holistic pedagogy, professional development and witnessing. First, the pedagogical intervention caused the pedagogues to reflect on the ontology of the art praxis. It is therefore interesting to note that the pedagogical methods or learning objects used were not considered significant, though the teaching philosophy was: who and how to teach instead of what to teach. The teaching philosophy also modified the learning goals and teaching environment. Second, challenges during the pedagogical interventions resulted in personal, professional development and an understanding of the importance of further education. Third, the interviewees noted a shift in their roles: from pedagogical facilitators to conjoined arts, and even to becoming silent witnesses.

3.1 | Holistic pedagogy

3.1.1 | Teaching philosophy

The roots of interventions could be described as being in a pedagogical philosophy of teaching. For the art pedagogues who were interviewed in the study, the focus relied on a flexible and dialogic holistic pedagogical approach. Thus, themes such as encountering all as individuals, the emphasis on social interaction, acceptance, voluntariness, equal partnership and a flexible learning process were often described in the interviews. As one of the interviewees stated:

You didn't know who the caregiver was and who the care recipient was. They started doing things, not playing a role.

(4)

The themes mentioned above relating to holistic pedagogy were approached to create a secure, confident and equal learning environment: only then could pedagogical activation take place. The art pedagogues emphasised dialogic interaction in group situations using two themes: individual contact and practical prerequisites for action. Individuality comprised liberality, variation, openness to experience and support the group process.

Art pedagogues had a shared view of dialogic interaction in group situations with care recipients and their caregivers. Successful interaction and contact required an open mind and an ability to immerse themselves in different situations and even tolerate uncertainty. In the interviews, supporting the group process meant social and psychological skills that manifested emerged as living in the moment and the ability to treat care recipients and their caregivers as individuals. One pedagogue highlighted the importance of touch during the activities. Another pedagogue stated the following:

You must immediately create a social, secure atmosphere, remember their names, shake hands, look them in the eyes and follow the rhythm of the music. These things are unimaginably meaningful.

(4)

3.1.2 | A shift in learning goals

Interestingly, in the interviews, the art pedagogues indicated both implicitly and explicitly that the actual basis in praxis relied on an arts curriculum for children and youth. Thus, this suggests that the pedagogues had a built-in pedagogical script because of their professional education and experience, which they naturally followed. However, an intriguing and contrasting detail was described within the pedagogical context: the absence of or a low level of goal setting. For example, this was crystallised in the following comment: *the actual value was in doing instead of the final result: everybody is an artist* (2). Another pedagogue stated that *experience was more important than a measurable skill* (5). Thus, instead of specific learning aspirations, the emphasis in praxis was guided by teaching philosophy that was intertwined with the thought of creating opportunities for activation:

It is more about listening to the client than trying to teach your activities. It starts with the client's needs.

(1)

Art pedagogues always had a plan for an art project, dance or music workshop, but these were rarely realised as planned. According to the interviewees, it was important to react quickly to

the situation and to have alternative options. Thus, the previously set learning goals were constantly changing and evolving during the art session.

3.1.3 | Teaching environment and practicality

Practical prerequisites for action consisted of an operating environment, selection of materials, the needs of the contact person and information about the group's ability to function. The art workshop activities were carried out at various locations and different facilities, such as a parish house, a gym and a lounge. Art pedagogues described how this caused anxiety, as indicated by the following excerpt:

At first, I thought I couldn't teach at the parish house because there were white tablecloths and Bibles on the tables. Some of the older people told me that they were a bit nervous about meeting at the parish house, but they managed anyway.

(5)

The art pedagogues had contradictory views on previously given information about the group's ability to function. The unique situation led to ad hoc changes in group activities. It also emphasised the importance of understanding the changeable abilities of the participants. Thus, the pedagogues considered using materials that were suitable for people with physical and mental impairments to avoid any embarrassing situations: e.g. dance movements, visual arts props and musical instruments used were chosen according to the participants' abilities.

One pedagogue stated that *it would be good to have a coordinator who knows how the group is doing* (2), while another pedagogue stated that *it was teaching or activity in the same way no matter who was there* (3).

3.2 | Professional development

Generally, the pedagogues stated that the process of creating art was meaningful and evolving during the art sessions. This was acknowledged on different levels, such as professional development, interaction in social relationships and as an experience of shared art. To begin with, the art pedagogues stated that their comprehension of themselves as professionals deepened:

Professionally you need to combine many things. You need to think about these people, who they are and what they can do, what I can do, what their needs are and what new I need to learn.

(4)

Even though the pedagogues felt that the sessions were challenging and sometimes even strenuous, at the end of the process,

the intervention was regarded as rewarding. First, prior knowledge of older people and experience of group activities with older people was rare among the interviewees. The pedagogues stated that they had encountered some obstacles and errors during the intervention. As a pedagogue, understanding a novel situation initiated reflection on how these challenges could be resolved. This reflection increased self-confidence in working with older people, as the following transcript indicates:

This works well as a professional training experience... It was challenging and, therefore good for my professional development.

(1)

The intervention also offered the possibility of encountering pedagogues' fears and inadequacies as many group participants had physical, mental and cognitive impairments. This revealed the lack of knowledge as to how to teach people with various and possible multiple impairments. This was regarded as challenging on both a professional and a personal level. For example, as a learning experience, the participants' memory problems or diminished physical ability highlighted the importance to pedagogues of taking the time to greet each other at the start of every session, as previously stated, noticing the possible need for assistance or the need to change the structure of the class. The pedagogues also stated that the prerequisites for a successful session were respect for older people and a readiness to modify the session plan during the session.

3.3 | Pedagogues as witnesses

Interestingly, the pedagogues noted a remarkable change in dyad interaction during the sessions. At first, caregivers acted mainly as carers, who described what their loved ones were capable of or their limitations. The pedagogues got the impression of closeness in dyads with similar hopes. As the weeks passed, the care recipients surprised both the pedagogues and their caregivers by taking short steps, moving their hands and singing, which they had been unable to do for a long time. **Thus, impairments were no longer considered as obstacles and care recipients could still engage the sessions, irrespective of their impairments.** For example, instead of being assisted by the caregivers, the care recipients enacted themselves, according to their abilities. Similar changes were observed among the caregivers, as they found their voices as persons again metaphorically. On the contrary to continuous steering of the care recipient, the caregivers participated in the classes as individuals as well as alongside with their care recipient. In particular, the pedagogues noted that every art form brought relief from daily stressors and burden for caregivers.

The intervention also provided peer support. In addition, the roles of care recipients and caregivers were becoming blurred, enabling a shift towards an equal relationship:

In the beginning, there were the caregivers (and care recipients); they were like a couple, as a two-person team. But during the final session, there were six different persons and personalities.

(4)

As one of the interviewees stated: *art awakens feelings and life experience* (2). Thus, the interaction between care-giving dyads, as well as between pedagogues, opened new avenues to a shared art experience, for example, an understanding of the importance of touch. For older people, the sessions allowed them to reminisce about their lives. Music, dance and visual arts served as opportunities to recount their life histories in a new way, sometimes even without words. The reminiscences that they shared with the dyads touched the pedagogues emotionally. Shared life stories were meaningful for older people and served as a sign of trust during a session.

4 | DISCUSSION

This study aimed to gain an understanding of art pedagogues' viewpoints on conducting arts interventions with caregiver dyads among older people. According to our interpretation, three intersecting themes were identified that both steered the pedagogical process and emerged from arts in practice holistic pedagogy, professional development and witnessing. The themes revealed a further understanding of approaches to the interviewees' teaching and the value of participatory community.

In the interviews, the pedagogues positioned themselves as both pedagogical facilitators and witnesses in a changing environment of interactional social relationships during the art sessions. First, the pedagogues took note of the ontology of the intervention. This enabled them to reflect on the special needs of this specific target group, and specifically acknowledge their pedagogical history, resulting in their professional development. According to the interviewees, the core of the pedagogical action was a person-centred practice that aimed to achieve inclusiveness and communicative action in a secure, non-judgemental and even playful atmosphere. As previously stated, in Finland, the education of art pedagogues is generally more focused on teaching children and young people. Thus, the education of art pedagogues offers less support for art activities for special groups, such as caregivers and care recipients in social and healthcare environments. The pedagogues themselves noted that further professional development is necessary for art pedagogues who undertake this kind of praxis.

Person-centred learning and the recalling of art-related skills in accepting a learning environment also enabled shared art to be experienced and permitted social participation, resulting in enhanced agency and changes in the social roles of the dyads. For example, according to the pedagogues, both the caregivers and care recipients were offered the opportunity to express their emotions, relieve stress and find their agency during the intervention. In particular, the pedagogues observed increasing levels of self-esteem

and confidence in the caregivers, as well as the purpose of being for the care recipients. Even though this kind of art intervention is not a form of therapy, but is a community-based action, it may contain therapeutic elements and advocate the participants' agency and self-efficacy. In concordance with our findings, Stuke and Nobel (2010) stated that the creative process could complement biomedical perspectives by not only focusing on the sickness and symptoms themselves but the holistic nature of the person, i.e. in our study, the caregivers and care recipients. The arts may heal emotional injuries, increase self-understanding and understanding others, help people develop the capacity for self-reflection, reduce symptoms and alter behaviour and thinking patterns (Furnham & Forey, 1994). The pedagogues also suggested that art-based interventions could support the agency of the dyad, intersubjective relations and change the dependency on care polarity. Thus, as care-giving often takes place in a social and practical setting, it involves the perspective of the care recipient's gradually growing dependency on a caregiver. (Välimäki, Vehviläinen-Julkunen, Pietilä, & Koivisto, 2012).

Family caregivers serve as key contributors to healthcare. The majority of older people are looked after in their own homes, even in the severe stages of an illness. Easily accessible, supportive interventions for dyads are still rare. Feasible art can answer the call for attention to subjective well-being and participation in the community. As the pedagogues observed, at the start of the intervention, the caregiver and care recipient acted separately, but as the intervention progressed, this shifted to an equal partnership. In line with our findings, a review (Fancourt & Finn, 2019) summarised the impact of that art individually but also on a dyadic level. It is possible that a feeling of reciprocity in a dyadic relationship will be a particularly important element of closeness in the associations between closeness and caregiver outcomes. Exchange theory suggests that a lack of reciprocity from care recipients would predict poorer outcomes for caregivers, yet exchange theory is not consistently supported in studies of late-life care-giving (Dwyer, Lee, & Jankowski, 1994). Finally, we propose that future studies should examine the dynamics of closeness, psychological well-being and physical health to observe whether closeness has differential outcomes that fluctuate over time. (Fauth et al., 2012).

The limitations of this study should be acknowledged. This study was the first to describe the experiences of professional art pedagogues during an art intervention. Also, the number of pedagogues was relatively small. Thus, the findings need to be interpreted with caution.

Additionally, attendance of the dyads in intervention classes also varied and the interviews with the pedagogues were conducted only once. The strength of the study is that different fields of arts were presented and all the pedagogues were professionally educated with working experience. Another strength of this study was to maintain objectivity in reporting the findings. The research team did not participate in art interventions. Also, the data collection and analysis were entirely independent and impartial, as the entire research team did not collect the data. Furthermore, methodologically,

the research team analysed the data independently and individually during the first stage.

More importantly, the pedagogues involved in this study stated their professional need for further training and professional development in this highly specialised field. This indicates that discussion with new paradigms for research and evaluation developed by pedagogues working in this field of art are vitally needed. Social and healthcare professionals, respectively, also require further education on how to make use of art as part of care and well-being. Thus, dialogue between art pedagogues and healthcare professionals is encouraged. To be more specific, instead of disciplinary boundaries, the focus should be on gaining a better understanding of the composition of various cultural arts interventions, how cultural arts interventions are delivered and who the participants are (de Medeiros & Basting, 2013).

5 | CONCLUSIONS

To conclude, the experiences of pedagogues in art intervention emphasise the fact that art should be acknowledged in a wider context within communities and healthcare environments. Specifically, art therapy has already been acknowledged and plays an important role in the healthcare sector. However, few older people in Finland are referred to art therapy. Further studies on interdisciplinary projects in collaboration with art pedagogues and healthcare professionals are encouraged. In accordance with this study and its findings, we encourage the facilitation of arts interventions among older adults and their caregivers.

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CONFLICT OF INTEREST

No conflicts of interest.

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