Music and pastoral care: Minimising the impact of depression and dementia for elders

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Executive summary and recommendations

Project aims
1. To improve the wellbeing of people who have dementia.
2. To study effects of a program of music, using a pastoral approach, on depression, morale and cognition of people with dementia.
3. To compare the effects with a previous study that used music alone.

The study design
In designing this mixed methods project, quantitative measures were chosen to measure depression, cognitive function and morale among participants over the process of the project with a three month follow-up testing after the completion of the program. The qualitative data analysed from transcripts of small group sessions and research assistant journals of each week of the program.

Outcomes and benefits for participants
This study showed positive outcomes in regard to depression, morale and cognition over the 18 weeks program. However, results were not generally retained at the three-month follow-up after the end of the program. This shows the need for long term interventions for people with dementia to sustain improvements in wellbeing. Outcomes were compared with the previous music only (without using a pastoral approach) program. Morale increased significantly and cognition increased in the music/pastoral care program. While depression levels went down in both programs, there was a rise in depression at testing session 3 in the music/pastoral care program and no statistically significant decline was seen in depression levels in the music/pastoral care program.

Relationship and connectedness was important for the participants, as has been found in previous studies of spiritual reminiscence (MacKinlay and Trevitt 2012, MacKinlay 2001). Meaning was often expressed through relationship. Supporting older people who have dementia in connecting with others is a vital part of care, both pastoral and other aged care providers. The value of endeavouring to connect at the emotional and spiritual level is demonstrated in the transcripts. For example, at the end of a session, a participant acknowledged the emotional content of the session and how helpful it was for her in the context of saying that she will return next week (from a research assistant’s journal entry). There were many examples through the data that showed how participants benefited from effective communication and support of the facilitator.

Participants also benefited through finding meaning in the memory of past events, and to be able to process these events in a safe environment and come to a sense of rightness in the present. Getting in touch with blessings of life they had experienced was supportive and encouraging for many.

Participants freely discussed matters of their closeness to or distance from God and reflected on the part that faith played in their lives. Sharing about their prayer lives, and the part that played in giving them strength for the hard times of life was seen as valuable and affirming especially for the challenges of life they were facing now. Forgiveness was the focus of one of the sessions, and it was seen that this was an area
some had not really come to terms with, while others had worked at this level. Expressions of hope and joy were also present in the sessions. Grief was also discussed in the group sessions, and it was found that, like previous studies of people with dementia (MacKinlay & Trevitt 2012), this was at times an important topic.

However, not all people find group situations helpful, and therefore the choice as to who would be likely to benefit from being in a group is an important one. It is also important to explain carefully to potential participants what the group is about and obtain their consent and commitment to be part of it.

Music, poetry and story were important adjuncts to effective small group sessions.

*Training for facilitators* is important for good outcomes of small group work. Given that positive findings emerged from the significant increases in morale in the music and pastoral care approach used in this second study, as well as rising levels of cognition, shows the benefit of the program. But, it is emphasized that when working with people who have dementia, there are no quick fixes. A short six week program will do little to support these people; rather, changes in dementia care that extend consistently across the organisation and supports changes in the culture of the organisation for the long term are needed.

Changes in attitudes and expectations towards people who have dementia are vital; that these people are still acknowledged and affirmed as people of worth. The identity of those with dementia needs special affirmation and support as it is only through relationship that our identity can be upheld, whether we have dementia or not. There is need to learn to connect effectively without focusing on the cognitive level, engaging with people at the level of emotions and the spiritual dimension. Further, it is vital to support these people in retaining as much freedom in their lives as possible. The residential care organisations need to exist to serve those with dementia, instead of expecting the residents to learn to serve the organization.

*Recommendations*

**Recommendation 1:** That training programs of music and pastoral care are developed to assist small group facilitators to communicate effectively at emotional and spiritual levels.

**Recommendation 2:** Training programs are widely distributed and well publicised and supported within aged care organisations and also in community groups.

**Recommendation 3:** People with dementia should have access to programs that support decreasing depression levels, promote morale and increase cognition.

**Recommendation 4:** Real changes are still needed in attitudes towards people who have dementia, to recognize their worth as human beings, in aged care and across the wider community

**Recommendation 5:** Further study to investigate ways of fostering later life creativity among people who have dementia.

**Recommendation 6:** Further study of cognitive status of people with dementia in study groups of meaningful programs compared with controls over the time frame of this study (30 weeks).

**Recommendation 7:** Develop a program that specifically targets seeking forgiveness and reconciliation in older people.
1 The study

This project, funded by the J.O & J.R. Wicking Trust, is an extension of a previous study\textsuperscript{1} to explore and evaluate the effectiveness of music with people who have dementia and depression. The first project, used four different programs of art, music, pastoral care and prayer and meditation, and as a whole, found that depression levels were lowered, but not at statistically significant levels. The only individual program of these four that had sufficient numbers of participants to allow statistical examination was the pastoral care program, and it achieved statistically significant reductions in the levels of depression (p<.05).

It was considered that the focus by facilitators on connecting cognitively with participants in the music only program may have been a disadvantage for participants with declining cognitive status. Instead, in this new project of music, it was decided to combine music with a pastoral approach, thereby shifting the focus of the small group work from the cognitive to the emotional and spiritual dimensions. While the first project focused on the use of music with people who have dementia, this project specifically examined music combined with a pastoral and person-centred approach to facilitation in the small group setting. This project using the modified music program examined the use of music and a pastoral approach to identify effects on levels of depression, cognition and morale in the participants.

\textsuperscript{1} Minimising the impact of depression and dementia for elders in residential care. Funded by the J.O. & J.R. Wicking Trust.
2 Music

Music, literature and background
The role of music in a person’s life may be as hobby or enjoyment, but the connection to music may also occur on a deeper level; indeed music may serve to connect more deeply, into the spiritual dimension. In interviews conducted with 38 Australians aged between 60 and 98 years of age, Hays (2005) found individuals identified a connection between music and self-identity, stimulation, and well-being. Music therapy has been used with dying patients as a form of musical life review, a means to explore emotions, and in alleviating pain and anxiety (Hogan 2003). Music can connect to one’s implicit memory, to unconscious memory that is not language based (Johnson and Johnson 2007). With dementia, understanding and using words may become difficult, but by triggering implicit memories, music, outside the realm of words, can connect an individual with those implicit memories and emotions (Johnson and Johnson 2007). Recent studies in choir work at Hammond Care has shown the benefits in using choirs to reduce depression levels among people with dementia (Robertson-Gillam 2008).

For those with dementia and depression, the benefits of music may have profound impact. A Taiwanese study on a preferred music listening intervention (where music involved is selected based on participants’ preferences) for elderly residents in a long-term care facility with dementia and anxiety found that, after 6 weeks of 2 sessions a week, there was a statistically significant decrease in measured anxiety; in the control group, whilst there was a decrease in anxiety, it was not statistically significant (Sung, Chang and Lee 2010). A study of community based older adults in Hong Kong found a statistically significant decrease in levels of depression in the experimental group, who listened to 30 minute sessions of music over a period of 4 weeks (Chan, Chan, Mok and Tse 2009). In various studies, music has been shown to relieve depression and anxiety (Sorrell and Sorrell 2008). Music therapy has been used for patients with dementia to decrease agitation and improve memory (Sorrell and Sorrell 2008). It has been found to promote "positive effects in mood and socialization of patients diagnosed with dementia” (Wall and Duffy 2010, p.112). Further, Cuddy, Duffin, Gill et al (2012) in a study of semantic musical memory in people with Alzheimer’s disease concluded that musical semantic memory may be spared through the mild and moderate stages of AD and may be preserved even in some individuals at the severe stage. Cuddy et al. (2012) made the distinction between retention of semantic memory and loss of episodic memory in people with Alzheimer’s. A number of their participants were unable to follow simple instructions, but were able to respond to music. Music may then be an important remaining means of making connections with people who have dementia and helping to preserve meaning in their lives. Music can be seen as a way into touching into the familiar and stimulating memories, not so much of factual content, but of emotional and spiritual. Using music as a way into a pastoral process that links music with meaning and important spiritual themes may bring meaning and connections for these people, both individually and in small groups of people with dementia.

Music has been a fundamental activity of humans for most of time. Storr, quoted in Sacks (2008) stressed the primary function of music in all societies as both collective and communal. It has been suggested that these functions of music have been in
decline in recent times, noting that these days we have a ‘special class of composers and performers, and that others tend to become passive listeners’ (Sacks 2008, p.266). Here Sacks writes of the communal function, where it is seen today as binding people together:

The binding is accomplished by rhythm – not only heard but internalized, identically, in all who are present. Rhythm turns listeners into participants, makes listening active and motoric, and synchronises the brains and minds (and since emotion is always intertwined with music, the hearts) of all who participate (Sacks 2008, p.266).

Sacks (2008), writing out of his vast knowledge and experience as a neurologist working with people with dementia, notes that music “of the right kind can serve to orient and anchor a patient when almost nothing else can” (p.266).

The music only study (first project) had two conditions; one was named music participation, and the other, music listening (see program description in project report, 2011) Data from both conditions were combined for comparison in the current study. The music program was very different from the art program, pastoral care program, and prayer and meditation program as most dialogue during the sessions was about the activity, with little depth of conversation, and it was therefore difficult to qualitatively analyse the effectiveness of the program from this respect. Therefore, for the music program, it was necessary to rely largely upon the quantitative data to measure the outcomes of the program. The data in that program did not show clear benefits of the programs\(^2\), although there were positive comments from a number of participants. In a follow-up debriefing of the music programs at the facility, program staff, including the site coordinator, expressed that in their opinion although the quantitative testing did not indicate significant reduction in depression, there were perceived benefits, including lifting of spirit and depression. They believed these were important outcomes for the participants. Subsequent re-analysis has shown the staff to be correct in their assessments of the benefits of the program.

\(^2\) Since that program was reported, data has been re-analyzed, showing reduction in depression.
3 Pastoral care

The pastoral care program used in the first study, MacKinlay, McDonald and Niven (2007-2010) worked well showing statistically significant reduction in depression among participants, and it was planned to incorporate principles of that program into the new music program for this project.

Background to the pastoral process

The isolation and exclusion experienced by those with dementia may be exacerbated by such acts as talking about the person with dementia (rather than to the person), or placing value on cognitive functioning over self-worth and personhood (MacKinlay 2002). Pastoral care of an elderly individual, in particular one with depression or dementia, can involve exploring an individual’s sense of ultimate meaning and acknowledging the individual’s core of existence (MacKinlay 2002). Provision of pastoral care should take into account the spiritual development of the individual in addressing these tasks and tailored to assist the particular person (MacKinlay 2002).

Often pastoral care has been delivered on a one-on-one basis, seeing this as a very personal activity and process. Baker (2000) examined the effectiveness of individual pastoral care for people with depression in residential aged care. Using a chaplain for regular weekly sessions for six months, he found that in the treatment groups, compared with the control group, intentional pastoral care, nurturing the spiritual dimension, reduced the prevalence and degree of depression.

An important factor in supporting meaning for people who have dementia is relationship and connectedness, thus if connections can be built among small group members, the benefits will extend to the group, not only the individual. This would have added economic benefits of supporting more people at once, as well as helping participants to form friendships with others within the aged care facility.

Based on the work of spiritual reminiscence with small groups of people with dementia (MacKinlay and Trevitt 2012) where it was found that participants in the small groups responded well to the work of spiritual reminiscence, it seemed appropriate to use small groups in this study too. In that study, benefits were seen to include mutual support between group members, a willingness to share in a trusting environment, and the development of new friendships over the weeks of group involvement. Further, the participants wished to continue meeting after the completion of the study.
4 Aims

Depression has been found to be a major risk factor in dementia (Jorm, Dear, & Burgess, 2005), and depression in residential care can be as high as 60% (Fleming, 2001). The aims of the project are through a combined program of music using a pastoral approach:

1. To develop a successful prevention approach that will
2. Improve the quality of life for elders in residential care by
3. Minimising the levels of depression in residential aged care facilities and
4. Maximising cognitive potential in elders in residential care.

Inclusion criteria

1. Resident of the partnership aged care facility
2. Legally appropriate consent has been obtained
3. Diagnosis of dementia
4. Completed spiritual assessment interview has provided a positive indication regarding the resident’s suitability to participate in group work.
5. Resident interest and agreement to participate.
6. The resident will have sufficient stamina to participate in the 50-minute group, and be most likely to attend every group session.
7. The resident will be able to speak and understand English.
5 Methodology

Study Design
This was a mixed methods study, based on the assumption that it would be necessary to use quantitative data to establish base line and changes in scores across the 18 week study of the trial and follow up (at three months post study) of the program. The small group process was to examine ways of using these modalities as a means of touching into meaning and the spiritual dimension for people with dementia. To determine what was actually happening in the small groups, qualitative data were used so that analysis could be made of group interactions, facilitator style and participant responses. The qualitative component of the study used a grounded theory approach (Morse & Field 1995; Strauss 1987; Strauss, & Corbin 1990), and an action research process (Graham 2013). The action research process was used to engage with participants through music, based on the understanding that “Action research is a form of engaged, participatory problem-solving research which seeks practical, often explicitly emancipatory, outcomes as its main objective” Graham 2013 p.149). Action research, like grounded theory, rejects deductive research models that fail to take account of the experiences of participants.
6 Sample

The study consisted of 51 participants, with 37 (72.5%) completing the 30 week program. Losses were due to a number of factors, including withdrawal after sampling the program, increasing frailty and death. All participants had a diagnosis of dementia and were resident at participating aged care facilities.

6.1 Program and facility staff

The program required the involvement of facilitators, research assistants, and facility staff. Introduction and basic training was conducted for staff who were to be in the research program. The training covered the aims and objectives of the research, testing information, the details of the specific programs to be carried out at that particular site, and the responsibilities of all those involved.

6.2 Research assistants

Research assistants were recruited specifically for this study by the research team and were employed by Charles Sturt University. Research assistants were not existing members of staff at the facility where research was being conducted. As such, they did not previously know the participants, but they came to know the study participants over the eighteen-week period of weekly sessions. Research assistants were trained to work effectively and consistently such that the data would be reliable across groups and settings. The majority of the research assistants had background in research; most also had prior experience working with older people.

The role of the research assistant was twofold, comprising first, data collection; initial and subsequent quantitative data collection at set intervals through the program, and secondly, in the weekly sessions role of observer, not participant, with duties including observing and recording non-verbal interactions during the sessions in weekly journal entries, and also audio recording the sessions. The data were sent to the research coordinator. The audio recordings were transcribed by a transcribing business and subsequent transcriptions checked for accuracy by a research assistant.

6.3 Facilitators

The facilitators for the different programs had varying backgrounds. The choice of facilitators at each site was made based on a combination of academic preparation, clinical experience of working with people with dementia, and availability. As this study is trialling programs for use in aged care facilities that may not have ready access to professionals like music therapists, the facilitator needs to be representative of the type of staff that would be available at a typical aged care facility. However, the research team wanted to ensure that the facilitators had appropriate training and experience, when possible.

It was assumed that there would be a close link and effective communication between the facilitators, the research assistant and the rest of the care team. It was important that any participant in the study who wished to speak with someone from the facility’s pastoral care team was referred as soon as possible. Nursing staff were made aware of the project and to report any concerns they might have about any of the residents involved in the project. Staff were to be made aware of the topics discussed within the groups, but not of the content, as this remains confidential to the group. This was
important as group members could raise issues with staff following sessions, and where staff were aware of the topic, they would be able to more effectively respond to the needs of the residents.
7 Process of research

Once consent was obtained from residents and their guardians/relatives, potential participants underwent assessment to determine their eligibility for the study. Program schedules were determined among facilities with respect to staff availability and existing facility activities. Programs were then scheduled and conducted. The groups for each program met weekly for a period of eighteen weeks. A three-month post study testing was done, making the whole study a total of 30 weeks. Data were sent back to the research team at CAPS for analysis.

7.1 Timeline
The general planned timeline for programs was as follows:
Month 1
* Receive approval from site for involvement in the research study
* Recruit participants
* Inform staff of program
* Collect consent forms from residents and their legal guardians/nominated relative
Month 2
* Commence data collection: pre-testing and participant interviews
Month 3
* Commence program-to run 18 weeks
Month 5
* Mid-program testing (after 9 weeks)
Month 7
* End of program testing (18 weeks)
Month 10
* 3 month follow-up testing

Thus, the participants were followed for a total of 30 weeks.

This time line was repeated in the different facilities, and it was found that no more than one or two groups could be run under research conditions in any one facility at any one time, due to staff and programming constraints.

7.2 Data collection
Testing was conducted prior to the beginning of the program (wave 1), at 9 weeks (mid-program, wave 2), 18 weeks (end of program, wave 3), and 3 months (wave 4) after the end of the program. Tests administered were the Psychogeriatric Assessment Scales (PAS), Philadelphia Geriatric Center (PGC) Morale Scale (Lawton 1975), and the Geriatric Depression Scale (GDS): Short Form. Assessments for each group were conducted by their respective research assistant and scoring was then double-checked by a member of the research team at CAPS to maintain consistency. All scales used in this study have moderate to high reliability, and have been shown to have appropriate construct validity. In addition to these measures a Level 2 Assessment of Spiritual Needs of Older Adults (MacKinlay 2006) was conducted with each participant (with the exception of some who were highly agitated or displayed severe language problems that prevented them from participating in the interview, in the perception of
the interviewer). Each session was audio recorded and transcribed. The research assistants observed the sessions and kept a journal of interactions and non-verbal behaviours during the sessions. In some cases, the facilitator kept a journal of his/her responses to the program and reflections of the group process.

7.3 Data analysis
The demographic data and results from the PAS, PGC Morale Scale and GDS tests were analysed using PASW 17.0.

All qualitative data (session transcripts, observation journals and facilitator journals) was coded and analysed with Nvivo10.
8 The study findings

This mixed study used both quantitative and qualitative components to tease out the findings.

8.1 Quantitative results

As this study was modified from the previous study, by the introduction of a pastoral approach, it was important to compare the results from both projects. This was done comparing changes in cognition, depression and morale. To make some substantive comparisons Music (listening and participation) from the earlier study was compared with the Music/Pastoral intervention in the current study.

Overall, there was an increase in Morale (figure 1) for both intervention groups although only Morale at the third observation was statistically significant for the Music/Pastoral Group with a .25SD increase. By the fourth wave however, morale had returned to baseline levels.

Overall, there was no change in cognitive function (figure 2) for the Music Only intervention. For the Music/Pastoral intervention group, increases in cognition were reported at 3rd (.15SD) and 4th (.05SD) observation although these failed to reach statistical significance.

The Music group reported statistically significant and substantive.20SD and .35SD decline in depression (figure 3). In contrast, larger declines in depression at 2nd (.18SD) and 4th (.15SD) observation for the Music and Pastoral Group were not statistically significant.

Therefore, in all three measurements, morale increased, cognition increased and depression fell across the project (significantly in the music only and intermittently in the music/pastoral care), although only morale was significantly raised. The return to near base levels again three months after the project was completed indicates the need for long term changes in practice that will better connect with people who have dementia.

8.1.1 What do these findings mean?

The intervention was conducted weekly for 18 weeks. Morale (figure 1) increased significantly in the music/pastoral care group, but then declined again at the three-month follow-up. This suggests that this kind of program can make a difference, but that it needs to be continued in the longer term for people with dementia. This is in contrast to working with cognitively competent people, who would tend to show benefits of a much shorter program, and may continue to show benefits over a longer period. The small positive changes of cognition (figure 2) in the music/pastoral care program, although not to significant levels had not been expected, in fact it would be expected that cognition would continue to decline over the 30 weeks as cognitive decline in dementia is usually progressive. Therefore it is possible that these results would be significant if judged against what would have been the expected decline. It is noted that this rise in cognition was still present, although with some decline, at the three-month follow-up after the end of the program. Could this be a more lasting effect? It is not possible to say, however, it is encouraging. What would happen if
such a program was continued over a longer period of time? Meaningful programs facilitated by volunteers could be an effective means of continuing to engage with these people and sustain morale and cognition.

Movements in depression levels (figure 3) in the music only program showed significant reduction while the music/pastoral care program produced a lowering of depression at waves 2 and 4 but a rise at wave 3, thus showing no trends over the period of the project. No apparent reason could be seen for the higher level of depression at testing time 3.

Figure 1. Morale across the four waves of testing

Figure 2. Changes in cognition across the four waves of testing
8.2 Qualitative findings

Coding focused on conversation and interaction between facilitators and participants and between participants in this small group project. Communication difficulties present one of the greatest barriers to wellbeing and effective care of people with dementia. It is also considered that if people with dementia are able to express themselves effectively to their loved ones and to care providers their morale will be higher and their wellbeing improved (Kitwood 1997, Goldsmith 1996). Because communication style and content were important the audio recordings have been analysed using sentences and paragraphs occurring in natural speech in the sessions, showing facilitator communication style and participant responses. Using multiple modes of data provides a richer picture of interactions within the groups. We wanted to present the facilitator’s voice along with the participants’ voices; one without the other was going to tell only part of the story. From previous work (MacKinlay and Trevitt 2012) we have identified the importance of the way that facilitators communicate with people with dementia. Digital audio recordings of the weekly session were used, as well as journals of the weekly sessions written by the research assistants who observed the groups, where these provide relevant information relating to nonverbal interactions within the group settings.

It is noted that examples from the group sessions draw on the best cases of the transcripts and journal entries from the sessions from all groups. The examples are identified by code of group and week number, and transcripts only have that ID, while the journal entries are listed with group code and week number and ‘journal’.

The themes of the weekly sessions were as follows:

- Blessings and gratitude
- Image of God
- Forgiveness and reconciliation
- Hope
- Joy and happiness
- Faith and strength
Each week one theme was the focus for the session. Music was chosen to complement the theme.

The major themes drawn from the qualitative analysis
1. Relationship and connectedness
2. Creation, creativity and environment
3. Faith and strength
4. Meaning
5. Participant topics – general & war?
6. Physical and mental health
7. Response to program (response to music, to poetry, to story)

8.2.1 Relationship and connectedness
The importance of relationship, or connectedness for people who have dementia is highlighted in the quotation from Hughes, Louw and Sabat (2006, p35) “people with dementia have to be understood in terms of relationships, not because this is all that is left to them, but because this is characteristic of all our lives.” This was affirmed in this study.

We have used the terms relationship and connectedness to emphasise the need for connecting with others that we have witnessed among people with dementia. Use of the term connectedness seems to take some account of the complexity of increasing difficulties in communicating that comes with increasing cognitive decline. And yet, we have often seen these people struggle to connect with others, even when speech is hardly, or not at all possible. There is something about being human that yearns or calls out to connect with another human being. Significant life relationships have often been long, spanning many decades, but often now lost through death of a partner. But, as well, the relationship with their own parents is often referred to, even when the parent/s have been dead for many years.

A number of subthemes were identified within this main theme of relationship and connectedness, each of these subthemes concerns relationship; relationship with others and / or God, including forgiveness, prayer, grief, humour, and of course, in the process of the small groups, the ways that facilitators and group members communicate with each other. Each of these subthemes is only possible through some kind of connection with another. It is the self that longs to connect with another, sometimes, seemingly through the mists of confusion, at other times, through absolute clarity. There are three main themes under relationship and connectedness; relationship / connectedness with others, relationship with God and facilitator communication style. These will be discussed below.

8.2.1.1 Relationship, connectedness with others
In a previous study (MacKinlay and Trevitt 2012), relationship among people with dementia was seen as almost synonymous with meaning. It was an important area for group members in the current study. Further, there are instances of difficulty in communicating effectively with others, mostly through difficulty in finding the right words, or not being able to respond.
June\(^3\) tried to answer the facilitator when he spoke directly to her. Appearing to remember last week. She was chuckling with him over one of her memories. Always polite and smiling, her frustration shows when she can’t get the words out and understood. (BI journal wk 02)

The interaction recorded here by the research assistant is important to understanding the difficulties of interaction between June and the facilitator. Thus, the audio recordings alone do not provide best information of the group process. The research assistant was able to observe and record in the journal, body language, facial expression, eye contact, tiredness, apathy and more, which adds richness to the data and assists in understanding what is happening in the group interaction.

Relationship with life partner was often spoken of.

Fay: Yes. I’m most grateful for marrying my husband. It’s been over 70 years.
Facilitator 7: What are some of your best memories?
Fay: With my husband you mean? Holidays on the beach, mainly at Port Macquarie. Just being able to discuss this with each other. Conversations. Enjoying each other’s company. Unfortunately he died on Tuesday. But I still have my memories.
Facilitator 7: Yes, that’s lovely. Be grateful that you still have your memories.
Fay: Yes. And there’s three children.
Facilitator 7: Lucky to have three beautiful children. (CF2 wk 01)

Other relationships can be important too, for example, for Max.
Facilitator 4: What about you Max, can you think of someone in your life who’s been a happy sort of person?
Max: It’s a strange story I come up with. I came back into this world recently after hospitals and things <waves hand dismissively>, and I met my great nephew – no, that’s not right – I met – anyway, let’s say I’ll stumble over that bit, but in my first impression of him was that he was a stranger to me, I thought, “What a happy person he was,” and I’ve seen a lot of him since and he’s been a wonderful image of what a young man like that can be. (G wk 05)

Although Max struggled to express this clearly, the message is there. He has clearly painted a picture of his nephew and the kind of relationship between the two that seems to have developed, for the understanding of the group.

In the following excerpt the facilitator leads the group from listening to music to conversation about relationship, using a photo that one of the participants has brought.
Facilitator 4: Sort of like inner strength. However Max’s brought us a picture. This is you isn’t it? (shows photo)
Max: That’s me and my wife.
Facilitator 4: That’s lovely isn’t it?
Max: You can have it if you like.
Facilitator 4: Is it a spare is it?
Max: Don’t know if it would mean anything to you.
Facilitator 4: Well it would.
Max: That’s one I got, it came out the back of my bible, I had two copies.

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\(^3\) Pseudonyms used throughout to protect identity of participants
Facilitator 4: You had two copies did you?
Max: I’ve been taught well, I thought that’s appropriate because you definitely have put a large song or sort of thing you have enlightened our thoughts of biblical matters. (G wk 18)

Connections with life partners remain important, even when these cannot be named. Max very clearly identifies the importance of his relationship with his wife.

**8.2.1.1 Forgiveness**
Forgiveness seemed to be addressed very much as a cognitive process in some of the sessions, rather than as a heart matter. Some seemed to find it hard to come to a place of recognising their need to forgive and to be forgiven. The story of the Prodigal Son was used to stimulate conversation, but often, the conversation failed to deepen and remained at the level of it being ‘a lovely story’. It seemed hard to make a connection from the parable and the real life experience of the participants. For some participants the possibility that this might have personal impact and that perhaps there might be need for forgiveness and reconciliation for people, now, was lost. However, other groups did grapple with the very heart of forgiveness.

Fay responded to the facilitator’s statement about a loss of peace and indicated she was experiencing grief after her husband’s death (I’m not very happy with God). Loss of relationship at any point in life is a critical time and grief is normal, including those who have dementia (MacKinlay & Trevitt 2012), no matter how long the relationship. The facilitator acknowledged that and allowed reflection in the group. For those with a religious faith, sacramental acts of confession and absolution may be important.

It is only when forgiveness occurs that the way opens for reconciliation, which group members discuss in the excerpt below

Ken: There’s a process you might say of reconciliation seems to be much stronger now than it was in the past.
Facilitator 4: That’s a good thing isn’t it?
Kathleen: Very good.
Facilitator 4: That people are perhaps more aware of the need to forgive each other?
Ken: Yeah, that’s right.
Lois: Yeah, I think so.
Facilitator 4: Yeah.
Phyllis: It’s a bit hard sometimes <laughs>.
Facilitator 4: It is hard sometimes Phyllis.
Phyllis: You can get in a tricky situation very quickly, it takes a long time to get out of it <laughs>.
Facilitator 4: Yes. Do you have something specific in mind there?
Phyllis: No not really, just small things.
Lois: Generally.
Phyllis: Yeah. You know when you say… I say to myself “I wish I hadn’t said that” <laughs>.
Facilitator 4: Yeah and you can’t get it back again.
Phyllis: You can’t.
Facilitator 4: Often it is little things isn’t it?
Phyllis: That’s right…
Lois: I think once you do something it’s very hard to take it back again. Like the spoken word, it’s spoken and that’s it and you have to be very humble to be able to forgive people. It takes a lot of humility doesn’t it? (CP wk 15)

Doing and accepting forgiveness, engaged in ritual, the part of confession is discussed:

Facilitator 7: Yeah. And, from a spiritual point of view, the idea of being in a relationship with God and I guess, being forgiven and forgiving other people and being in a good relationship with other people.
Alice: Yes.
Facilitator 7: It’s a better place to be.
Alice: Well, I’m a Catholic and of course you go to confession.
Facilitator 7: Oh, of course.
Alice: You know.
Facilitator 7: And, how do you feel, do you feel better after confession?
Alice: Oh, yes. Because, you know, you say “O my God, I’m heartily sorry for having offended thee”. That’s one of our prayers. It’s exactly the same thing, and when you say that, they give you absolution, you know, you feel as though you’ve done something. You know, you’ve forgiven someone.
Facilitator 7: Yeah. And, it’s hard to describe that feeling of forgiveness.
Alice: Yes, it is. Yes.
Facilitator 7: But, yeah. How do you think – when you’re forgiven, it makes you feel kind of… Alice: You feel much better. (CF2 wk 03)

8.2.1.1.2 Grief expressed by participants
In previous studies of small group work of people with dementia (MacKinlay & Trevitt 2012), it had been found that they often talked about grief as a natural part of life. This was in contrast to groups of older people who do not have cognitive limitations. It is important that the facilitator is comfortable in talking about grief. Note, that although the facilitator had encouraged participants to speak of things they were thankful for, but also mentioned the possibility of sadness, the first topic raised by a participant was about sadness. The facilitator spoke at length, finishing with these words:

Facilitator 1: … And so we’ve got lots to be thankful for. There’s sad things, but we do have lots of things that we can be thankful for. So has anyone got anything else that they would like to think about, or just say or share with us now, about that circle of life? <Pause> Perhaps over the last week, even the last week will do, something that you can… enjoyed during the last week, or been sad for? Something you can be grateful for, just something… as I said you’ve all been grateful for your families, but has there been any particular instance perhaps in the last week or so that’s happened, no new grandchildren, or great grandchildren, anything?
Nancy: I’ve got a sad thing, that’s all I’ve got.
Facilitator 1: Pardon?
Nancy: I’ve got a sad thing that happened.
Facilitator 1: A sad thing. That’s right.
Nancy: My daughter-in-law died with cancer last week. That upset me terribly. That’s one thing in my life that’s going to upset me for a long time.
Facilitator 1: That’s right… but, you can always hand it over to God can’t you.
Nancy: That’s right.
Facilitator 1: Hand it over to him, he is the one who will be able to help you in these difficult times, and he’s the one we can say thank you to during difficult times, that he is there, and that he is always there for us. And we are to be sad, when we think back, Jesus wept when his friend Lazarus… and so tears are a wonderful…
Nancy: Relief… relief.

The facilitator seemed to move quickly to a ‘fix it’ response, without listening further to the participant, and although the participant seemed to respond to the facilitator’s remarks in apparent acceptance, it is unclear whether this advice was appropriate. It is important not to move too quickly to give answers, but to listen; sometimes, silence may be the most appropriate response. Note that the theme of grief was raised again in week 2, in the same group, by another participant, related to the early death of her mother. In this instance, Nancy responds to Gladys:

Gladys: Something different than being out in the yard playing with the dogs, I went to church, but apart from that I didn’t believe in God because my mother died and that’s gone right through my life. I don’t believe in God because my mother died, you know what I mean?
Nancy: Yes, I can see your point.
Gladys: I don’t say it but I think it and I feel it.
Facilitator 1: You feel that way, that…
Gladys: Yeah.
Facilitator 1: Yeah and I guess it is hard. It’s beyond our understanding, isn’t it, as to why your mother was taken from you at such a young age?
Nancy: That’s right.
Gladys: It makes you wonder why all these boys go around causing trouble in the streets and, you know, you wonder why they’re out there doing it. Have they got troubles like their mother dying or…
Nancy: Why do they do it? Yes.
Gladys: Why do they do it, that’s what I’d like to get to, the root of it.
Facilitator 1: Well there’s only going to be one day when we find out the answer to that one and that’s when…
Gladys: Well I’ll be an atheist though, <inaudible> you mightn’t like it. (CF1 wk 01)

Gladys seemed to be gently making a statement that the facilitator’s religious stance was not appropriate for her. It is important not to assume that others hold the same beliefs or values, and that an answer might not be appropriate, for a person whose beliefs are different. In fact, in some instances, no ‘answer’ is going to bring resolution.

In another group, as the participants arrived for the session, one participant, Fay, responded to the facilitator and research assistant’s explanation of the proposed theme of the session with “this is just what I need as my husband just died this week”. At first she was unsure whether she should attend today until they reassured her that it was going to be about spirituality and listening to lovely music and poetry. (CF2 journal wk 01)

Facilitator 7: That’s okay. That’s wonderful. And Fay?
Fay: Mine’s too sad to talk about.
Facilitator 7: That’s OK.
Fay: I lost my husband yesterday, the day before, I mean Tuesday. We had a lovely marriage, we shared everything. It’s just like an axe has come down and chopped me to pieces. So I’d rather not talk about it. (CF2 wk 01)

Note that in week 3, Fay returns to the topic of her husband’s recent death, and is affirmed by the facilitator:
Fay: I lost my husband yesterday, so.
Facilitator 7: I know Fay.
Fay: Wonderful.
Facilitator 7: I know, but it’s really nice that you’re here with us.
Fay: Yes and thank you. Makes me feel a bit better.
Facilitator 7: That’s lovely. Music always helps.
Fay: It does. Music’s lovely. (CF2 wk 03)

It was not uncommon for participants to laugh about grief. From previous studies (MacKinlay and Trevitt 2012) people with dementia seemed to speak more openly about grief than cognitively intact people.

Participant says she’s been a widow for 63 years so she’s probably forgotten what it’s like to be married. Alice laughs. Facilitator 7 jokes as she asks her that she wouldn’t recognise her husband if she got to meet him at the pearly gates. Everyone laughs. Alice laughs as she says she’s not sure she’ll get to the pearly gates. Edna jokes that her husband will probably say that she’s taken a long time to get there. Edna laughs. Alice laughs as she agrees with Edna. (CF2 journal wk 02)

Facilitator 6: So thinking about our subject for today which is faith, what’s been some of the most difficult changes do you think in your life, your lives?
Phyllis: Some of the most difficult times?
Facilitator 6: Changes that you’ve had in your life.
Phyllis: Well the two most difficult times were when my parents passed away and I realised I just had to pull myself together and I was there, I had to make a few changes but then, you know? The help God was able to do give me to do what I had to do.
Facilitator 6: So that was faith wasn’t it?
Phyllis: Well it was good to know that there was someone there that could always help, you know ask and you shall receive, so I’m greatly relieved with that. (CP wk 18)

8.2.1.3 Humour in sessions
One of the group members joked about the chicken feathers brought in for the group session by the facilitator:
Facilitator 1: Just feel the feathers, feel the softness of the feathers. And as we… what do you think of when you perhaps feel the feather, or look at the feather?
Gladys: He’ll be cold tonight without his feather.
Facilitator 1: Pardon.
Gladys: He’ll be cold tonight without his feather.
Facilitator 1: Fortunately, these are the ones that had fallen out of the chickens, they didn’t take them off. So I think he might be safe this one. But if they…
Gladys: You reckon, he’s got holes al…
Facilitator 1: lost all their feathers they would be very cold at night, wouldn’t they.
Gladys: He’s got holes already. (CF1 wk 01)

Music wasn’t always appreciated:
Facilitator 1: Now did it take you anywhere? Where you… <laughs> I thought of running water, rivers and scenery to me. <laughing>
Irene: I thought, there’s music in an old tomcat if you only pull its tail. <laughing> (CF1 wk 01)

Some showed insight and were ready to laugh at themselves as in the following:
Evelyn: I know nothing.
Neil: Join the club. <chuckling>
Joyce was dropping off to sleep again.
Facilitator 2 commented on the fact that Joyce was dropping off and Joyce said, “Yes. I’m off with the fairies.” (CMB1 journal wk 01)

8.2.1.2 Relationship with God
Those who provide spiritual and pastoral care will be more effective in their care if they have some idea of the individual’s belief system, at a very basic level; do those they care for hold an image or have an idea of God or some deity, and is that life giving, or is it a life-denying image? As can be seen from the variety of beliefs about the very nature of God expressed by these people with dementia, care needs to be taken when planning care, no one type of care is suitable for all. These factors will guide effective and sensitive spiritual care delivery.

Participants shared accounts of their knowledge and experience of God in relationship in the group sessions. Some in the groups had a deep relationship with God while others had no belief in God. For the most part, the participants with differing views shared well within the groups. While affirming those who held a religious faith, it was important the facilitators respect the belief systems of all within the group and did not attempt in any way to proselytize participants.
Facilitator 6: Well none of us have seen heaven have we, so we don’t know exactly what it’s like, but we know from the Bible that it’s a place of peace and comfort and joy, and mostly it’s, well the most important thing is it’s in the everlasting presence of our saviour isn’t it.
Ken: Yes. Which is a wonderful thing the fact you know that God is always there, Christ is always there you know.
Facilitator 6: That’s right.
Ken: And it’s your responsibility to make the contact. God is saying ‘come join me, come pray with me’, always sort of there, and that’s God calling you, and you should as it were, accept that and approach God more.
Facilitator 6: Yes.
Lois: And Jesus said ‘My father has many rooms’. (CP wk 04)
Phyllis: I think we all need our religion to keep us going, you know, when times get tough.
Ken: It’s the purpose of life as it were.
Facilitator 6: Yes.
Ken: That’s what you’re looking at, you know.
Facilitator 6: It gives you that sense of purpose, yeah.
Ken: If you had no sense of religion or something, you just wonder you know, how they can relate to anything, especially the world around them, you know, unless they can relate to the fact that this is the place to get to know God, relate to God, and as it were link up if you like, in heaven.
Lois: We really are all the same because God didn’t divide us did he.
Facilitator 6: No.
Lois: We did it to ourselves. (CP wk 04)

The following excerpt is quite difficult to understand; words may be elusive for some with dementia, but Kathleen seems to be saying something about her relationship with God:

Kathleen: I’ve just missed—missing something.
Facilitator 6: You’re missing something?
Kathleen: Yeah, it’s one of the little things I do <laughter>. Oh and they’ve brought out the—there was a pair of parrots and the cat got them, the chemical. I can never get any of these things started anyhow, but it doesn’t matter, let’s just go. It was just talking about him, the creature, this one here and saying what like an attack on the power of Jesus, the trust the things on the features that they held and he seemed protected by these other people. So, whether it’s—unless it is something in the way of an austral thing or whatever, it’s quite extraordinary that when you look at it, just as it is that they’re playing and so this is very bad, even to yourself; I won’t expect you to listen to it. But, it’s just the fact that the creature’s feeling, looking very important to get into these things and just keep you as long as they can so to speak. But, they did take a long time, so it must’ve been pretty awkward really, so.
Facilitator 6: But, God still cares for us doesn’t he?
Lois: That’s right.
Facilitator 6: God still cares for us…
Kathleen: Yes, yes. (CP wk 14)

It is important to listen with care to the words of those who have difficulty finding the right words; often we have found, they are able to speak more clearly when they are aware that someone listens with care.

8.2.1.2.1 Closeness to God, image of God

This theme may provide information about the person’s relationship with God, whether they see God as important in their lives, and whether the image they hold of God is one of value, or indeed, whether they hold an image of God at all; there were quite different views and beliefs about God among the different participants. The first illustration is of a woman’s memories of her grandmother’s faith, and how she has come to appreciate these memories in her later life.
Facilitator 8: Any… what are some early images of God that stick in your mind?
Pat: Well, perhaps my grandmother, she was such an old lady. She had a very big Bible and every time, we were years ago... and somebody would take me over to see Granny and she would have this--get this book out. She was only a little thing, about this... And she had got wonderful memories of where she’d been...

Facilitator 9: That she shared it with you.
Pat: …telling me stories. Yes.
Facilitator 9: That’s beautiful, isn’t it?
Pat: Yeah. She used to--sometimes you’d sort of wish Granny would stop.
Facilitator 8: Yeah. <laughs>
Pat: But, you know, as life’s gone on, and that was a long time ago. She did--she told that...
June: And it’s something that means more later, doesn’t it, when you reflect on it?
Pat: Yes. I never forgot that (BI wk 02)

Betty’s memories were rather different, and were of a judgemental God; she remembered that her father had told them that if they did anything wrong, God would punish them. Pastorally, it is important to know what kind of an image of God the people hold, is it one that gives hope, or is it one, which is judgmental?:

Facilitator 8: And what did you say, Betty, that your dad wasn’t really… your father wasn’t really much into it, (religion) or…?
Betty: No, no. Not really. But he’d soon bring it home to us if we did anything wrong at home, “God will punish you.”
Facilitator 8: Did you believe him when he said that?
Betty: Yeah, because I used to get sick a lot, “I told you.”
Facilitator 8: Yeah. So you thought it might be God, when you got sick that God might be punishing you? Mm. Yes.
Betty: I used to think that.
Facilitator 8: Yeah. You don’t think that any more?
Betty: Well, it’s hard to say. Dad’s not around anymore. (BI wk 02)

Further examples of how participants saw God follow:

Facilitator 5: When we were looking at the fruit and things and the vegetables last week and we were really thinking of God as creator, weren’t we? Yeah.
Lois: We were, yes. God’s everything, really.
Facilitator 5: God’s everything. Yes. Ken, what about your favourite images of God, how do you like to think about Him?
Ken: I see God as somebody who is very close to me and that I’m conscious of the fact that I shouldn’t do anything that, as it were, opposes the true image of God, and so forth, and the fact that if you keep that image fairly close to you, you go through life in a very placid, sort of, peaceful way. But that’s the way I feel, you know, and they all--practically all of the things that we do in some way have a relationship to God, and so forth. And through that association, and so forth, one has a greater, as it were, desire to know more about God. (CP wk 02)

Phyllis: Well, I always think of God as someone who can help me. (CP wk 02)
A changing image of God and relationship with God expressed by the group members over their lives, is seen in the following exchange:

Facilitator 5: Right. So you think perhaps God’s a little bit more like Santa Clause when you’re young, you think, perhaps, giving me—you know, the—
Ken: Well, you don’t look at the bad things, you look at all the good things, you know, and that of course is God. The way you sort of see it as God doing it, you know.
Facilitator 5: I see, yes.
Lois: We had a bit of fear of God too when we were young.
Facilitator 5: We did, didn’t we? Certainly. Yeah.
Kathleen: What did you just say?
Lois: Fear of God when we were young. Yes.
Kathleen: Oh, yes. Ken: Well, really, I don’t think a fear of God is natural.
Phyllis: Oh, no—
Lois: Just when we were young.
Ken: Yes.
Kathleen: But you grow out of that when you understand more.
Facilitator 5: So you didn’t ever fear God, Phyllis?
Phyllis: No, I always thought he was there to help me. Like, this is based on previous to that, you know, that I started off by saying, “I believe in God.”
(CP wk 02)

No belief in God:
Other participants held no belief in God. Again, their beliefs were held in respect by other group members and the facilitator. This participant’s mother died when she was a small child, and she connected her mother’s death with God, growing up to not believe in God.

Research Assistant 2: Sorry. I was just asking, did you have a strong faith in God as a little girl?
Gladys: Well I was only three when my mother died and there was eight of us, four boys and four girls, and the eldest girl looked after mostly looked after us.
Research Assistant 2: Did you believe in God as a little girl?
Gladys: I went to church because I knew that was something different.
Research Assistant 2: Something different to do?
Gladys: Something different than being out in the yard playing with the dogs, I went to church, but apart from that I didn’t believe in God because my mother died and that’s gone right through my life. I don’t believe in God because my mother died, you know what I mean? This paragraph was repeated earlier on page 25
Nancy: Yes, I can see your point.
Gladys: I don’t say it but I think it and I feel it. (CF1 wk 02)

Distant from God:
This was followed through by the facilitator to establish how Max felt about his relationship with God, his experience is one of distance from God. It is also important to distinguish between a sense of awe towards God that is couched in wonder, and a distance that has no connection with God, and sees God as unapproachable. This is explored in the excerpt below:
Facilitator 4: So tell me about your thoughts about God. What are your thoughts about God?
Max: Awesome.
Facilitator 4: Awesome.
Max: The word that comes to mind.
Max: A bit – a bit – a bit too good for me.
Facilitator 4: Does that sense of God being awesome and good tend to make God a bit distant?
Max: Hm?
Facilitator 4: Does that make God a bit distant do you think from you, or do you feel God close?
Max: Distant I’d say, yeah.
Facilitator 4: Yeah. Maybe a bit unapproachable.
Max: Yes. That’s a good word to use. (G wk 08)

Close to God:
On the other hand, Nell feels close to God.
Facilitator 4: And I know, Nell, you feel God quite close to you, don’t you?
Nell: Yes, I do.
Facilitator 4: Yeah. Do you want to tell us a bit about how that’s been for you with God?
Nell: I depended on him so much, he looked after…
Facilitator 4: So right from when you were a young girl?
Nell: Yeah.
Nell: <inaudible>
Facilitator 4: So you felt God helping you there, that responsibility and…
Nell: I beg your pardon?
Karen: You felt God helping you on that – in that time?
Nell: And he still helps me too also now.
Facilitator 4: That’s very precious, isn’t it?
Nell: Yes. It’s wonderful. (G wk 02)

Facilitator 7: Okay, so Alice, can I ask has there been a time when you felt that God was very close to you, very near?
Alice: Oh yes, helping me with my three children, because, I’ve been a widow for 63 years, and they were one, three and five. You know, in those days, it wasn’t like now, there’s a few more things that they do for you. But in those days they didn’t, so I had to take on three jobs I had. You know, I used to take the kiddies over to my aunty to mind them while I did another job at night. <laughs>
Facilitator 7: Oh that would’ve been hard work.
Alice: Thank goodness those days are gone. But they all turned out well.
Facilitator 7: And you felt that you had God’s help, he was with you?
Alice: Oh yes, because – we used to all pray a lot, you know, the four of us used to get and pray, and it was good.
Facilitator 7: And it helped give you…
Alice: Oh yes, He did help, even though we didn’t have much money. But when I come to think of it now, it did them good I think, because they appreciate…
Facilitator 7: Yes, everything they’ve got. (CF2 wk 02)

8.2.1.2.2 God and life:
For most of these older people, God had been part of their family lives in childhood, even for those who had rejected a religious faith later. For some, God was part of their everyday lives. Examples of God as perceived by the participants being part of life follow.

Ken: That’s right. Yeah. The tempo of life, you know, in the world today, which is rather a fast speed, and so forth, has really cramped, as it were, the opportunity that we all have to think about God and the world living–people living in the world, all the problems and things like that. And I think that thinking like that is so important. (CP wk 03)

The following excerpts acknowledge God’s help in their lives on a daily basis.

Facilitator 6: What do you think is meant by God’s mercies on you every morning? What do you think?
Phyllis: I think it helps.
Facilitator 6: Yes? Why?
Phyllis: Got to be honest; I need his help.
Facilitator 6: So his help’s there every morning?
Phyllis: Yes. Just feel, you know, better if I start the day that way. (CP wk 03)

Ken: So far as faith is with you. There are times, of course, when there are problems and you have to work through those and so doing what you’re aware of the fact that you’re not ever alone. God’s always with you and, you know, your interests are always there. (CP wk 06)

Facilitator 6: What sort of things encourage you to enjoy the day? An act of kindness, one of the nurses being kind or…?
Hanna: I thank you to God for everything that I have in this day. That’s have to be, that is it and I don’t arguing with him on the top. That is my whole thing. (CP wk 03)

8.2.1.2.3 Prayer
Prayer was acknowledged as part of life for many of the participants and was seen as an important support in their lives.

Hanna: What it is they’re wanting. If I want something special I pray personally. Ken: Good. Hanna: I just don’t go and make it <inaudible>. Think about this, I pray, I pray and I do help them to whom I pray. (CP wk03)

Hanna’s attitude to prayer comes through clearly, although the words are somewhat jumbled:

So I just say thank you God, look like I am not should to have that, thank you. Thank you. That is everything on the person separate, how are you. There is nothing else, just a person of submission. (CP wk 03)
Prayer through the life span, a relationship is seen between what the person thinks God is like and their prayer:

Facilitator 7: And how has your idea of God changed?
Edna: I don’t think it has actually.
Alice: Yes it was hard to think what God was like, you know.
Facilitator 7: Did you talk about God very much?
Alice: Oh we did, yes, we used to have catechism lessons and all that, you know we would talk all about God there, and then of course we had catechism – catechism book that we went right through and then we’d have a nun, we generally had a nun there. And we sort of discuss all we’ve – because we were young and we didn’t know much.
Facilitator 7: And now that you’re a bit more experienced in life, what do you think God’s like now?
Jean: Oh I think He’s meant to help us and things like that, you know, and I say my prayers and that, and I think, well if I haven’t got Him I haven’t got anyone. That’s my outlook I think.
Facilitator 7: Yes, that’s wonderful. How about you Edna?
Edna: Yes, just about – follow the same example I think, we used to look up to Him each night, I’d pray a few words to Him.
Facilitator 7: And do you find it comforting? (CF2 wk 02)
Facilitator 7: And do you find it comforting, believing in God?
Edna: Yes.
Jean: Yes.
Alice: And if we wanted anything, we’d have a novena for nine days, we’d pray to God for nine days, so as we’d get what we wanted. And nine times out of ten you’d get it, it was something alright, but then you’d ask for something stupid and you wouldn’t get it.
Facilitator 7: So you think God would just go, oh you’re wasting my time.
Alice: God could see through us. <laughs>
Facilitator 7: So do you think that God is wise?
Edna: I think we’ve always had that conception probably.
Jean: I never thought that, I was? told he was.
Facilitator 7: Wise, clever, He knew what was best?
Jean: Oh yes.
Facilitator 7: And throughout your life, in your prayers, do you think praying and talking to God has helped you change in areas of your life?
Jean: Oh yes, I think it has…
Edna: I think so. (CF2 wk 02)
Facilitator 7: And you felt that you had God’s help, he was with you?
Alice: Oh yes, because – we used to all pray a lot, you know, the four of us used to get and pray, and it was good.
Facilitator 7: And it helped give you…
Alice: Oh yes, He did help, even though we didn’t have much money. But when I come to think of it now, it did them good I think, because they appreciate…
Facilitator 7: Yes, everything they’ve got. (CF2 wk 02) (this is also a repeat from page 32)
Facilitator 7: That’s wonderful. Has anyone else felt that prayer has helped them throughout the course of their life, sometimes?
Jean: Oh yes, you know. I don’t think I could live without prayer because it’s an opening for or to? Lots of things.
Facilitator 7: It’s an opening to or for? Lots of things. How do you mean?
Jean: Well it gives you confidence, perhaps.
Facilitator 7: Yeah, confidence. That’s amazing, that’s true, I had never thought about it that way.
Yeah, it gives you confidence and the confidence gives you strength.
Jean: That’s right.
Facilitator 7: Mm. Would you agree with that Edna?
Edna: Yes, I would. (CF2 wk 06)

8.2.1.2.4 Faith and strength
Faith and strength formed popular themes during the sessions. Participants spoke of hard times and how their faith sustained them; prayer featured often in their responses.

Facilitator 6: What about you Lois?
Lois: I lost a son when he was 55, that was a big change and my husband wasn’t very well so I had to sort of take that on. I always thought that it was for a purpose and I had faith that it was for the good, that there was some reason why and I lost my two brothers the same year, my only two brothers, they were old but yeah and my husband was starting to go into a decline so it was all pretty awful but I just had faith that it was all for a reason and I came through it alright.
Facilitator 6: Wonderful.
Lois: Takes a lot though, a lot of strength. I think it’s your faith that brings you through. (CP wk 18)

Facilitator 7: Can I just ask one more question before we close for the day? I was just wondering, how much your personal faith helps you through the hard times in life.
Alice: Oh yes. Fay It does, when you say some prayers and that, it’s very good.
Facilitator 7: And do you feel that way too?
Jean: Yes, you need that, really, to call upon with different things.
Fay: You say inward prayers to yourself, if you know what I mean. You can be...
Facilitator 7: Inward prayers to yourself.
Fay: Yes.
Facilitator 7: To help you keep on going.
Fay: That’s right. You just say to yourself, nobody knows, “Thank you for…”
Facilitator 7: God always hears.
Fay: Yes.
Facilitator 7: That’s the wonderful thing. And Beryl, how much has your faith helped you in your life?
Beryl: I don’t know.
Facilitator 7: It’s all too much. Are you okay?
Beryl: Okay. I don’t think I’ve ever questioned it. I was brought up to go to church, you know, at a very young age, never doubted. I can’t say anything else. (CF2 wk 01)

Some participants did not think they were strong, but just got on with life and did what they had to, for example, Gertie:

Facilitator 4: You don’t think of yourself as strong?
Gertie: No.
Facilitator 4: Mm, is there someone you do think is strong in your life?
Gertie: Oh I suppose that there would be in the family. I’ve never thought about it.
Facilitator 4: No?
Gertie: Yeah.
Facilitator 4: Yep.
Gertie: I mean there are times when you do need to be strong and then you – I just think – well I’ll think about it a while and then I sort of, it just goes away. (G wk 06)

Facilitator 4: What things give you strength Nell?
Nell: Well I ask the Lord to watch.
Facilitator 4: Yep, yeah. Nell: For strength and so far, he gives it to me. Thank the Lord more often than not that he’s there for me. (G wk 06)

A changing perception of faith and strength is seen in the following exchange, as Nell acknowledged a growing relationship with God and strength through her faith as she ages:

Facilitator 4: So Nell you’ve sometimes talked about your strength coming from God, is that something that you’ve always felt?
Nell: No, not always felt.
Facilitator 4: Not always.
Nell: No. No. As I got older.
Facilitator 4: As you got older?
Nell: Yes, I maybe have become stronger. <inaudible> My life was entirely different. But now I think more of God.
Facilitator 4: You think more about it?
Nell: More about it yeah.
Facilitator 4: It’s one of the gifts isn’t it of being able to having the time to reflect on the – Yeah where our strength has come from. <Pause>
Nell: Mmm. <inaudible> I think more of God to Jesus now than I’ve ever done. (G wk 12)

Gratitude and blessings
Gratitude and blessings formed one of the main weekly themes of the program. It gave participants opportunities to reflect and share their feelings about what they were thankful for in their lives. Some of their focus was on past areas of their lives, and especially on relationships, while some of their expressed gratitude focused on present situations and relationships. This is an important part of the spiritual tasks of ageing (MacKinlay 2001), not to dwell on the past, but to reflect on it and come to a sense of acceptance, joy and peace in the present with hope for the future.

Mostly about relationships:
Facilitator 7: “I’m most grateful for marrying my husband… it’s been over 70 years…” (CF2 wk01)

Facilitator 7: That was beautiful music, wasn’t it? So I was wondering if we could start maybe with thinking about the people in our life that we feel have been such a blessing to us, and that we feel so grateful that we’ve had in our life.
Jean: Yes, well I can say my family have been absolutely marvellous, and I’m very appreciative of them, and how they look after me.
Facilitator 7: And you’ve had three children, is that right?
Jean: Yes, that’s right. (CF2 wk01)

The simplicity of the moment is all that is important at times:
Facilitator 4: I’m wondering if there are things that you are really grateful for.
Nell: I’m just grateful for being here.
Facilitator 4: For being here? Here today.
Nell: Yes. Just grateful. (G wk 01)

8.2.1.3 Facilitator communication style:
In previous studies of small group work with people who have dementia (MacKinlay and Trevitt 2012) we have consistently found that the communication style of the facilitator was important for supporting group process for these people experiencing communication difficulties. This was also the case here.

In one of the groups, the facilitator did not call any of the participants by name. In several of the groups, participants were called ‘darling’ which some people may like being called, but certainly not all. It is much more appropriate to show greater respect for and to affirm the dignity of the participants by using their preferred names.

Often facilitators ask questions using the word ‘think’, rather than ‘feel’. It may be easier to help these participants to connect to ‘feel’ rather than ‘think’ – this was constant through the group sessions, almost always, the facilitator asked participants to ‘think’ about rather than encouraging them to go deeper, to touch into their feelings. Sometimes, there are just so many words spoken that the person with dementia may be lost in a forest of words.

In the introduction to the sessions, it would be good to at least name the theme for the day to assist the participants to focus. The depth of the conversations varied quite a bit between the groups, with some facilitators being very skilful at guiding conversation. In some, the conversation was at a very superficial level and it is possible that some participants could feel patronized. This illustrated the differing backgrounds of those guiding the groups. There were also wonderful examples of facilitators gently deepening the conversation. Stories were used as a way into some of the main themes, to assist participants to enter into the experience of the session. This can be valuable for participants, or it may miss the mark and fail to connect with them, therefore, stories used need to be relevant to the theme of the day, and not too ‘wordy’; they should serve to lead the people to connect more deeply, and to move deeper into the spiritual, rather than entertain or pass the time. It is important not to ‘lose’ the person in a complex and long story. It is noted that as well as cognitive difficulties, at least
some of these people had hearing deficits, which added to their difficulty in comprehending what was going on around them.

A good beginning
The beginning of a new group is important. The first session is the time to set the scene, to assist the participants to feel welcome and comfortable within the group, with each other and with the facilitator. The facilitator needs to be well prepared for the first and each session, by pre reading and ensuring that all materials are available, and equipment, such as music is working. The following excerpt is taken from the first week of a new session relying on the research assistant’s journal entry:

Facilitator style: relaxed and welcoming. Introduction given due importance and the facilitator gently supported each participant coming into the group. Each was asked to share something that they like. He explains simply (not being patronizing) and clearly what they are going to do.

First they are invited to relax as they listen to the music. He tells them the name of the song before it starts. At the end, asks them how they are feeling. One said ‘taken away’ clarified to mean feeling uplifted... One said the words were lovely. One asked: “do you remember playing that song, Pat?” One said it made them feel warm and lovely. “How did you feel?” There was lots of good affirmation from the participants. (BI journal wk 01)

Beginning the way we mean to continue
Often the focus was on factual and general topics of conversation. Is it that focus on meaning and deeper things of life may be threatening? Do people fear going into deeper relationship with others, is it perceived as ‘safer’ to stay on surface topics? We begin the way we intend to continue. If we avoid really connecting with people when first meeting them, we will continue to avoid connecting with people. We set patterns. If the main topics of conversation are about facts and cognition, then that is how it will tend to be.

And yet, this is not where the people with dementia are. They are in the emotional and spiritual dimension, not factual. The factual perspective is leaving them; it is slipping through their fingers, so to speak. We are so firmly engaged in hyper-cognitive activities in our hyper-cognitive society that we fail to see a whole wonderful and creative world awaiting exploration.

Another good introduction was provided by this facilitator:
Facilitator 7: My name is (Facilitator 7), and we’re going to be meeting together every Friday between now and Christmas, and this session that we’ve put together is for you, and we hope that you will enjoy coming along every week. We are going to be talking about the themes in our lives such as hope, gratitude, peace, joy, strength, and faith. And I hope that we’ll all get to know each other and enjoy each session.
Iris: Yeah we do.
Facilitator 7: I know I’m looking forward to getting to know you all a little bit better. So in this little group we’ll get the chance to talk about things that are perhaps important to us. It’s an opportunity for you to think about the deeper things in life, and it’s a special time for you, set apart from your day-to-day
routines. So I’m hoping that we can all join in and participate, and I’m hoping that you really enjoy coming along every Friday. In this session today we’re going to be talking about the things that we feel very blessed about in our lives, the things that we’re grateful for that we’ve had in our lives. We’ll be talking about, perhaps the things that have happened, or people that we have known that have been wonderful blessings to us. So should we go around the room and say our names, in case there’s someone that doesn't know each other? Shall we start with you, Iris?

The facilitator gently introduced and guided the conversation. There was an important setting of the scene and expectations of what was to come. The facilitator invited response rather than asking questions. This is important to encourage participants to engage in comfort with the process.

An instance where Gertie, didn’t want to, but did stay for the group session, follows: Gertie wanted to leave before the group session started but stayed and became engaged in the session after she remarked on the flowers. The importance of starting in the direction you want to go. Sometimes the facilitator introduces a direction that is quite a long way from the theme of the day. It seemed to be helpful in most cases to state up front, what it is that the group is going to focus on for the day. It is also useful to consider how best to communicate the focus of the day.

Preparation for the sessions
This is important, it works much better if the facilitator has gathered relevant aids and resources for the session and listened to the music beforehand; it is obvious that it is easier to guide the group then. It probably works best if the facilitators don’t think about the sessions as questions and answers. A question and answer approach affects how they facilitate the group sessions; it turns the atmosphere into a more didactic approach, and as a result, numbers of the participants feel anxious and some have actually said this: they will fail to ‘give the right answer’ even when reassured that there no right and wrong answers. This has come out again and again; the environment of the sessions needs to be a free and supportive one, where the facilitator respects and honours the participants and in turn, the participants feel comfortable and not threatened by the process. The groups are, after all for the benefit of participants. If they are effectively facilitated, then the facilitators will be rewarded by the joy of being part of this process by which they journey with the participants.

Good stories linked the music
Good stories linked the music with the experiences and memories of the participants. One example used the song, ‘Bless this House’ with the following invitation to respond: ‘It there one place that is precious to you’? After which the participants were supported in sharing their precious recollections. This worked well to support group interactions.

A good ending
Just as important as a good beginning to a small group session, is a good ending. Sometimes, within a group session, sad and difficult topics are raised and discussed. This is important, and healing can come through such times. It gives the participants an opportunity not often otherwise afforded, of being able to share what is on their hearts and minds. It is emphasised however, that this small group process is not a
counselling process but one of listening and sharing. It is about connecting effectively with each other. At the end of a session where deep things have been shared, it is good to come to a place of completion for that session, where the participants all feel heard and affirmed, and where they can leave the session feeling comfortable and secure in the knowledge that they are loved and cared for.

Facilitator anticipated participant response
It is too easy to guess what the person is trying to say, and attempts at guessing may actually prevent them from finding the words they want to say. It is unclear in the following excerpt whether the facilitator has actually suggested the word/s that Kathleen was trying to find.

Facilitator 4: It sounds like you really enjoyed that Kathleen.
Kathleen: Yes I did.
Facilitator 4: Yeah, I thought so. How did it make you feel?
Kathleen: Well the thing is it’s expecting and <stuttering>. I seem to have <inaudible> <laughs>. Sorry.
Facilitator 4: No, that’s okay. Excitement or…?
Kathleen: No, no, it was something is going to be done.
Facilitator 4: Anticipation?
Kathleen: Well that’s a little…that’s right. <inaudible> (CP wk 15)

And, further in the same session:
Facilitator 4: It is. It’s beautiful to have that thankfulness isn’t it when we see all the beauty around us. I wonder if there’s something particularly you love about spring Kathleen?
Kathleen: I’d have to think about that.
Facilitator 4: Maybe you’ve got a picture in your mind. I always think of daffodils and that beautiful yellow colour. Have you got a picture in your head?
Kathleen: Oh yeah, I suppose…
Another Participant: I like going shopping.
Kathleen: <inaudible> <laughing> Slop, slop, slop, slop. <laughing> That’s a <inaudible>, I’m sure there are… (CP wk 15)

In this interaction Kathleen seems to have been placed in a difficult position of having to accept what the facilitator thinks she is trying to say. Early in the exchange, Kathleen indicates that she does not have the words to respond right away: “I’d have to think about that” –she needs time. But the facilitator pushes on again, suggesting what she thinks Kathleen might be wanting to say. Perhaps Kathleen’s last response is trying to show that this was just not working for her.

Ken is obviously more cognitively able to follow the conversation when asked similar questions:
Facilitator 4: Yeah it must be on soon. So Ken, what do you love about spring?
Ken: It’s the promise of something new, something different and include in those the idea that it’s going to be a lot better. So look forward to maybe things like seeing a beautiful tree and it’s growing out like this and then when the season’s over it comes back, you know? (CP wk 15)
It is apparent that Kathleen has considerable difficulty expressing herself yet again, in this exchange about the music that has just been played, it seems she may have needed more time, perhaps, a time of silence, to collect her words together. At the end of the excerpt below, Kathleen is expressing her real difficulty in getting the right words, as she says ‘I can’t get all these pieces very well this morning.’ It is important to listen for meaning, even when words are not in expected sequence, or seemingly strange words are used in trying to communicate:

Lois: Beautiful.
Hanna: Thank you, beauty.
Facilitator 4: It is isn’t it?
Phyllis: It is, yes.
Facilitator 4: Yeah, beautiful song. I never get tired of that.
Kathleen: No it’s…
Phyllis: I think it makes you feel good when you play it <laughs>. Facilitator 4: It does, doesn’t it. What were you going to say Kathleen?
Kathleen: What was that? Facilitator 4: You were going to say something then?
Kathleen: Oh it was very simple, it was just needed to think about it a bit more. Something there. You know, it’s not particularly what I wanted to say but I’ll say it; the thing with the whole sensitive thing is there, whether it’s up or down or in or out or whatever and it sort of brings to me a place of sanctity, not a whole lot of besidings and clevers and all of that, it’s just something in that particular post that it’s a piece that everybody can, it doesn’t matter who he or she is, there is a very definite beautiful position or possession or whatever you want to…of this one. I can’t get these pieces very well this morning. (CP wk 15)

Participant awareness and appreciation of the group facilitator and their role in the session:

Facilitator 4: Enjoyed being with you today, thank you very much for having me, and Facilitator 6 will be back next week to be with you.
Ken: Good, thank you.
Phyllis: Thank you for coming.
Lois: Thank you.
Phyllis: I’ve enjoyed your company.
Ken: Thank you.
Facilitator 4: It’s my pleasure.
Ken: Thank you very much for doing a good job today. (CP wk 15)

A participant acknowledges the emotional content of the session in the context of saying she will return next week, in this journal entry from the research assistant:

Alice says she is still listening and answers “yes” that she is happy to come next week. Alice laughs and then comments that she will need to go get a hanky now. She probably feels that a lot of emotions had been bought up during the session. (CF2 journal wk 01)
Reflections by group facilitators and Research assistants

Reflections by the facilitators and research assistants are an important part of practice and show how they are getting to know the group members better, and as a consequence, able to provide more relevant and better care.

Excerpt from research assistant notes:
After the session we made them a cup of tea. I chatted to Frank and he really seemed to open up in a more relaxed setting. He mentioned that his father was a school teacher and that he taught primary school. He also talked about his time in the war. He mentioned last week that he had been at Milne Bay so I asked him how he felt about that. I asked him if he had a lot of sad memories from that time. He said that he didn’t and that he actually enjoyed it. He enjoyed the camaraderie with his mates. I spoke to Facilitator 2 after this and mentioned that I think that Frank finds it easier to open up in a more relaxed setting. We need to find a way to make him feel at ease – not like he is being tested. Facilitator 2 is going to look at the notes for next week and find out if there is a way that to present the material so that Frank does not feel like he is being tested. (CMB1 wk 05)

Following the story of the Cranes, this excerpt is taken from the research assistant journal. It illustrates how sensitivity to the group mood is important and it is valuable to remain aware of this, taking time to affirm participants before the end of the session. Music may be appreciated at such times:
The story seemed to bring them down. The session didn’t end on a particularly ‘up’ note. 11:32am Session finished. They all seemed to be happy to leave. I didn’t feel that they enjoyed the session as much today. The overall mood was not as happy as previous weeks. They were all quite sleepy during the session too. (CMB1 wk 03)

Perceptions provided by the facilitators were also important in guiding future work. Quantitative results are valuable in providing statistical information, and can tell what happened, but not how it affected the participants and / or the facilitator, this information must come from the qualitative data, such as journals. A research assistant journal entry was written at the end of the 18-week group sessions. This research assistant had been part of the groups in both music studies.
This is our last week - we are all very sad! We have all really enjoyed the experience - I can't believe how different it feels from last year. It has been really helpful being allowed to have more flexibility with the music - it is good to be able to look for songs that they respond to. The ladies were all saying last week that they wish that we weren't finishing up and they often say that they wish we could open it up to more people.

Responses to facilitator during sessions
The facilitator can really support the communication process within the groups, evidence of this is seen in the research assistant's notes for this session, where eye contact is held and participants respond to the facilitator:
Facilitator 7 reminds the group what they discussed the previous week about having faith in something bigger than themselves. Everyone has eye contact towards Facilitator 7 as she speaks. Jean smiling. Alice responds to Facilitator 7 when she hears her mention talking about faith hope and charity from last
week. Facilitator 7 tells everyone that today they are going to talk about joy and happiness, which is very fitting. Jean agrees with Facilitator 7 as she says, “That’s right”. (CF2 journal wk 05)

Introducing the group to use of the holding cross was one example of a simple strategy that members of this group responded to:

Facilitator 4: A holding cross, so just fits snugly in your hand, it’s got no sharp edges, it’s just to hold in your hand. And yeah the idea is, it reminds you that someone is praying for you. Yeah. And it’s a lovely thing to give to someone who’s having a hard time, or maybe in a lot of pain, or unable to speak, because you can still hold onto it as a sort of prayer, even when it’s too hard to make words, or even think, holding that can sometimes really help people.

Max: I’ve never heard about that.
Facilitator 4: Yeah. It sort of just fits snugly into your hand, yeah.
Max: You can see the sick in there; they all want to hang onto something.
Facilitator 4: Yeah, that’s right.
Max: You have a great deal of trouble with some of the less-well ones, when they come to collecting the napkin. (G wk 14)

8.2.1.3.1. Unhelpful communication
There were differences between facilitators in their experience in leading and facilitating small groups and in their education and training in pastoral care and ageing. Working from the principle that it is possible to learn from both positive and more negative communication styles, we have included some of the less helpful examples of interaction from the group sessions. In fact facilitation of small group work does need the facilitator to be able to engage in effective communication, to get the best outcomes from the group process.

A poor introduction follows. This actually put participants off from returning to the next session

Frank: What’s that for?
Research Assistant 3: We’re recording.
Facilitator 2: We’re going to do a little – we’ve got a little group going, I don’t know if you remember – did someone talk to you about it? Yes? So we’re going to be playing some music, asking some questions and just discussing things generally. But, if you don’t feel comfortable, you just let me know. If you don’t want to answer a question, that’s fine. It’s just discussions more than anything, okay? I’m (Facilitator 2). (CMB1 wk 01)

There were a number of negative statements that certainly did not encourage the participants to relax and enjoy the session. Nor would that brief introduction inspire confidence in the group members. Did the facilitator and research assistant really want to be there, did they know what they were doing? Had they prepared? All of this tends to set up a sense of apprehension in the participants.

In the extract below, it seems that the participants were not really at the session by choice, and were unsure of the purpose of the group meeting.

Facilitator 2: And, this is Joyce, do you all know Joyce?
Frank: Yeah.
Gloria: Yeah.
Sylvia: I know Joyce.
Frank: Hello Joyce.
Sylvia: We’re good friends.
Frank: Boozy Joyce.
Facilitator 2: That’s good and you’re?
Sylvia: Sylvia.
Facilitator 2: Yeah, that’s good. And, I know you Sylvia.
Graham: That’s a candle.
Facilitator 2: And, you’re?
Frank: Frank.
Facilitator 2: Frank and today was the first day I met you… Hands off. Yes, that’s a candle… Eric.
Facilitator 2: And Neil.
Neil: Yeah.
Facilitator 2: And, your name is?
Eric: Ask God.
Facilitator 2: Ask God? <laughter>
Eric: Yes.
Facilitator 2: Oh, well there you go.
Frank: He wouldn’t know. <inaudible> they know everything.
Facilitator 2: Your name is Frank? … No, no, Eric. Do you want to be called Eric?
Eric: I don’t want to be called anything.
Facilitator 2: Oh okay.
Eric: I just want to get out of here as soon as possible.
Frank: That’s right, that’s right. I’ll join your side.
Facilitator 2: Yeah… If they don’t want to be here, did they…?
Research Assistant 3: We thought they might just give it a go today, didn’t we Eric, we’ll give it a go today and see how we go… (CMB1 wk 01)

Not all people find group situations helpful, and therefore the choice as to who would be likely to benefit from being in a group is an important one. It is also important to explain carefully to potential participants what the group is about and obtain their consent and commitment to be part of it.

In the following example, the facilitator was not engaged with the focus of the group and seemed preoccupied:
Frank: How old was she? … You don’t know.
Facilitator 2: We have to be quick; we’re running behind time. This is my Isaiah 35. The desert and the parched land will be glad, the wilderness will rejoice and blossom. Like the crocus, it will burst into bloom. It will rejoice greatly and shout for joy. The glory of Lebanon will be given to it, the splendour of Carmel.

The facilitator continued to read the passage, asking at the completion:
Facilitator 2: Did anyone get one thing out of that? One thing?
Joyce: Well I had heard before, yeah it’s…
Facilitator 2: Did you get anything out of that?
Eric: No.
Facilitator 2: Did you get anything Joyce?
Joyce: Out of the whole thing?
Facilitator 2: Yeah. Well, just one thing.
Joyce: I think you’re sitting here and talking to people, and just chatting with… (CMB1 wk 01)

It may be that Joyce picked up on the haste and detachment of the facilitator with her last comment.

The following conversation is hard to follow, and of course, and it seems there is a difference of opinion between the facilitator and one of the participants, which the facilitator responds by saying they “perfectly understand”; a very difficult comment to make with any credibility:

Facilitator 2: Oh yes, did you hear? Frank said… He said, “When you prayed to God, what did he do for you?”
Sylvia: Well, it’s not what He did for us, but it’s how it made us feel. No, you probably don’t understand what I’m saying.
Facilitator 2: Oh no, I do perfectly understand. So how did you feel? (CMB1 wk 02)

Problems regarding equipment came up at times, particularly related to the working of the music. It is important to test equipment prior to sessions and to be familiar with the content of the program. If proper preparation is not done, it diminishes the potential effectiveness of the program and lets the participants down.

1:51pm Facilitator 3 had trouble with the CD again. I (Research Assistant 3) managed to get it to work while Facilitator 3 handed out the Play-Doh. Shirley seemed to be happy to play with it. Ian felt it for about 10 seconds and then put it down. Arthur asked if it was a carrot and then tried to eat it. Facilitator 3 told him not to but he tried again so we took it off him. Facilitator 3 – Said she should have read the Jeremiah scripture first – meaning that this would have given them the context of the Play-Doh. She then read it out. (CMB2 journal wk 02)

Fobbing off and deflecting a participant: Note that not only does the facilitator cut Gladys off, but she talks over her. It seems the facilitator does not want to affirm Gladys where she is, but wants to bring her to a state the facilitator feels is right. Counting blessings is of value, however sometimes a person is not ready to turn sadness and despair around to feel blessed. It is important to acknowledge that and to sit with the person and their feelings, rather than try to make it ‘better’:

Facilitator 1: Even though your son has got cancer, there’s a lot still we can…
Gladys: It’s a curse…
Facilitator 1: <talking over Gladys> … perhaps give thanks that there are medical people now who have done a lot of research on this, and we never know, the person who may be the one that can be cured. And so it’s important that we remember though, that yes, there are times when sadness will come to us because of things. But we have had many blessings, and I’m sure you’ve had many blessings from your boys. You have got two boys?
Gladys: Just got to pray and hope.
Facilitator 1: And so you’ve got lots and lots of things. A blessing of a thing is just looking out over this valley I suppose you’d call it, out here, and looking at the magnificence of…
Gladys: Yes it’s beautiful.
Facilitator 1: <talking over>… the land, and things that we can just look at and say “thank you”, thank you to God that he’s created these things. We don’t know why things don’t go quite right how we would like them to go, but we do have lots of things to think blessings for. We’ve probably got more things to have blessings, think of blessings, than we have of what we complain about. Gladys: Hmm… Yeah… (CF1 wk 01)

8.2.2 Creation, creativity and environment
Creativity is part of being human, and is still possible in the later years. This excerpt is a good example of continuing creativity in older people. It is important however not to think that only an exceptional few older people can continue to be creative.

Facilitator 7: Turning 100 is pretty special, don’t you think?
Alice: A hundred’s all right if you’re all right.
Edna: That’s right.
Facilitator 7: That’s a good point.
Alice: If you’ve got things and that where you can hardly walk and all the rest of it, you know, I think you’re better not to be here, yeah.
Facilitator 7: But you look like you’re going all right.
Alice: Oh yes. It mightn’t last much longer though.
Facilitator 7: I guess you can always hope.
Alice: Yeah.
Facilitator 7: Well Malcolm Stening, the fellow who turned 100, he’s just finished writing a book.
Fay: Good gracious.
Alice: Oh.
Facilitator 7: Yep. It got published – it was a bit of a race to the wire in the end because he – I think it came back from the printer about two weeks before his birthday. But, yeah, he’s written a book about his time as a – he was a doctor in the navy in World War II and was in quite a few battles; Battle of the Coral Sea was one of them.
Fay: Goodness. (CF2 wk 04)

In some ways it is likely that the potential for greater creativity among older people, including those with dementia is a real possibility, and should be further explored. This potential for creativity will become more common with the current increased length of years of healthy living for people in western societies and should be considered in the planning of future care for older people.

8.2.3 Meaning and Hope
Group participants responded to and thought about hope in different ways. Often, their sense of hope was expressed through their children, grandchildren, great grandchildren, or even a dog. Finding meaning, even in the experience of dementia is vital for human flourishing. Some typical expressions of hope are included below.

Irene: Well personal hopes. I hope that I do not outlive any of my children, that I go before they do and my expectations are – well, I guess that they’re just personal ones in that my expectations are that the family, my sons and my daughter and my grandchildren, that they’ll all be good citizens, that they will look after the country in which they live because it’s one of the best in the world. (CF1 wk 04)
Facilitator 4: So Ruth, what now gives you hope? What keeps you going? 
Ruth: Oh well, I get up and sit in the sun room, try and read the papers
<laughs> after the kitchen and everything’s been cleaned up for breakfast.
There’s only another one besides me, but <unknown> across the way, across
the highway, he’s over there at eight o’clock every morning. I think he only
comes to see that I get up. Has breakfast with us.
Facilitator 4: Well that’s nice, isn’t it?
Ruth: Keeps an eye. If I’m away – I haven’t been home for six weeks. Went in
town with Margie a bit, around the traps.
Facilitator 4: Well those little daily things keep you going, don’t they?
Ruth: Oh yes. Yes. There’s something that you hadn’t anticipated, something
happens and that’s good. (G wk 04)

Facilitator 4: We could hope, that’s right. What about you Colin, what gives
you hope?
Colin: Probably the dog, you know, bouncing around in the morning, but then
I prefer dogs to people generally. <Gertie laughing> (G wk 04)

Facilitator 4: What about you Nell? What are the things that keep you going
now? Give you hope.
Nell: Sometimes I’m just thinking about our Norman, my husband Norman.
<inaudible> Yes I think that’s what keeps me going. (G wk 04)

A memory from the war illustrated hope for Max:
Max: That comes to mind very strongly. We were released in – I remember
the British brought us home from somewhere or other, America I think, and
we sailed – I should say, sort of sailed, because we had no – the plane... the
aircraft took off and went back home I suppose. We were left with – my mind
goes through it, all those things. Coming into Sydney Harbour was an
extraordinary happy time, and my wife was down on the dock, you know. I
hadn’t seen her for 18 months or so.
Facilitator 4: It sounds like that was a moment that you’d always hoped for,
when you were serving in the War, but maybe it was even better than you’d
hoped. Is it something like that?
Max: Oh yeah, it was very special (G wk 04)

Max: As a POW, it was important to us to come into another season of hope.
Facilitator 4: Yes. Another season of hope. Yeah. So as a POW you noticed
the changes in the weather, in the climate? Max: Oh, very much so. Working
out in it, jungle mostly. (G wk 07)

Joy
Joy can be distinguished from happiness in that it can be there in times of hardship
and challenge and sorrow, in fact on occasion, sorrow and joy can seem to be existing
at the same time. Happiness, on the other hand, disappears quickly in the presence of
adversity. It could be said to be a more superficial emotion than joy. The differences
between the two are expressed in the following exchange, where Lois shows
considerable insight into the meaning of the words, as surface and deep emotions:
Facilitator 6: What have been some of the happiest times in your life?
Lois: Probably having children, seeing them for the first time. That’s happy. And the wedding.
Facilitator 6: Yeah?
Lois: But it was happy times. And, it all depends what you mean by happiness. There’s a deep happiness or there’s a bubbly happiness, isn’t there?
Facilitator 6: Yes there is. Yeah, I agree. There’s a deep joy, isn’t there?
Lois: Yes.
Ken: Mm.
Lois: I mean sometimes if you just go out to a party or something you have happiness, don’t you?
Facilitator 6: Yes.
Lois: But it’s only on the surface. (CP wk 17)

Examples of joy expressed by group members:
Facilitator 6: Mm. Well thinking of joy, have you known people who have shown deep joy in the face of challenges or obstacles that have come in their lives?
Lois: Yeah.
Phyllis: I think you have to wait just a little while until the problem is over, and then you see the joy.
Facilitator 6: Right. Yeah.
Phyllis: They appreciate it more then.
Facilitator 6: Yeah.
Phyllis: When they used to – got over the worry of what started all that, and I think that’s almost deep joy.
Facilitator 6: That’s very insightful, Phyllis.
Phyllis: It’s something that you can always call back on. You know, you know it’s always there. Now the Lord’s just asking yourselves – so you – and it’s true. (CP wk 17)

Facilitator 7: So I think we’ve talked about how we can be joyful even when circumstances are difficult with our family and friends around us. Do any of you feel that your faith helps you look forward or know that there’ll be joy and happiness still?
Fay: Yes. I’m a Presbyterian not that that means that, nobody else… I can’t say what I want to say, everybody that has faith I think it’s a big help.
Facilitator 7: Are you finding it a big help to you at the moment Fay?
Fay: Yes I think so but nothing will ever take away the inner pain.
Facilitator 7: But do you think that your faith helps you just pull through each day at the moment?
Fay: Oh yes. (CF2 wk 05)

The following excerpt is about happiness in everyday living:
Gertie: <laughing> A little lady <Dawn> brought happy into my life when she says, “Come on,” this morning.
Facilitator 4: Did she? Yeah?
Gertie: Oh, she’s a lovely little lady.
Facilitator 4: That’s good, isn’t it?
Gertie: Yeah.
Facilitator 4: She makes you smile?
Gertie: Oh yeah, she’s always like – you know, she’s really a lovely person, yeah.
Facilitator 4: That’s great. So that brings happiness into your heart?
Gertie: Yeah, I like her. I like her very much, and she gets near you and gives you a kiss, you know.
Facilitator 4: Yeah, makes you feel good?
Gertie: Yes, I just give her a kiss and say, “Come on, let’s get going.” (G wk 05)

Facilitator 4: Yeah, let’s get going. It’s a good thing, yeah. What about you Ruth, can you think of something that’s brought you great happiness?
Ruth: I suppose having your grandchildren around. (G wk 05)

Facilitator 4: What about you Max, can you think of something that’s brought you great happiness? What’s brought you happiness?
Max: Well I’m repeating myself almost, but I did mention before coming back on a British warship through The Heads, and obviously the consequences of that was to see my wife because I didn’t know whether she was alive or whether she had married somebody else or just what, so it was full of tension. (G wk 05)

It seems that Max’s experience was more one of anxiety mixed with happiness, or perhaps, it was joy, although the word used was ‘happiness’.

Facilitator 4: Oh really, lovely. So that was a day full of joy?
Max: I’ve had a lot of others too in due to war service, even POW, when I think we shared joy at a rare time, so it’s hiding everywhere.
Facilitator 4: Ah this is a similar idea isn’t it? Colin said it sort of hides and surprises you. How interesting, even in the most unexpected place, like a POW camp?
Max: Yeah.
Facilitator 4: That’s amazing, wow yeah.
Max: Well I think it just proves that at the worst of times you need joy to survive.
Facilitator 4: Yeah, yep I think that’s true, yeah. What about you Gertie, have you experienced joy?
Gertie: Joy?
Facilitator 4: Yeah.
Gertie: Oh many times. Joy with my boys <laughs> all the time <laughs>. I love them.
Facilitator 4: They bring you joy.
Gertie: I’m waiting for them to come soon now.
Facilitator 4: They always bring you joy, don’t they?
Gertie: Oh they do, absolutely. (G wk 11)

A question discussed in the sessions was about hard times in the participants’ lives now. And yet, some of these hard times also had experiences of joy. The following extract is from these discussions:

Facilitator 5: And I’m sure that when people have had a hard time, you know, in their lives in here together, the community is part of that healing
experience, isn’t it? When people come alongside you when you’re unhappy…
Lois: That’s right.
Facilitator 5: … then those are the things that are helpful aren’t they and bring joy.
Lois: Like a silver lining.
Facilitator 5: Yeah, like a silver lining, of course, yeah.
Phyllis: They’re the things you remember I think.
Facilitator 5: Yeah. And do you have a special memory of that Phyllis at all?
Phyllis: Oh I do when, you know, my parents passed away and we had lots of neighbours, which we knew well, and they were marvellous, because it was only my sister with me. It just helps you through a hard time. (CP wk 05)

Joy of pets
Ken: We all had a great love for the dog and the dog used to go around from one to the other, you know, those brood, they tried to cultivate a real interest in the children of them, and my father was a post officer and moving around the district and so forth, and we always had a dog, mainly for the kids’ sake. It’s good for children to be brought up with an animal. They show affection for it, which then is transferred to affection for the other children and other people later on. Now a days, that’s missing.
Lois: No time for it. No time now. (CP wk 05)

Facilitator 4: So tell me about preferring dogs to people. That’s quite interesting. What is it you like about dogs?
Colin: Well, they’re much more trustworthy.
Gertie: He likes what he does by the looks of things, and I don’t know what he did really. I just watch him running backwards and then forward.
Colin: I think a happy dog in the morning is one of the best things that I can think of. And…
Facilitator 4: So that joy of living is special, isn’t it? And it’s harder for people perhaps. Do you think it’s harder for us to find joy?
Colin: Yes. Facilitator 4: I wonder why that is?
Colin: Well we’re bogged down with problems and things. (G wk 04)

Peace
Peace comes with acceptance of life and one’s place in it. It is often associated with the sense of having fulfilled one’s purpose in life, of completing the race well. At depth, peace is associated with deep faith. It does not mean that life is perfect, but that even living with adversity, one can still be at peace. Peace and joy are connected. A lack of peace is seen in raised anxiety, grief, depression, anger and resentment, as well as unforgiveness.
Facilitator 4: Yeah, what does peace mean for you now?
Nell: I like peace, there is no hurting, <inaudible>, peaceful words, <inaudible> to all the others, because everybody was being hurt and terrible and, but after the war we were in peace and we used to do indoor concerts in our home. <inaudible> Yes, that’s right. <inaudible> I don’t <inaudible> and Grandad wouldn’t allow <inaudible> from the home <inaudible>.
Facilitator 4: Lovely, so the peacetime brought music back into your life?
Nell: Yeah. (G wk 09)
Max talked of his lack of peace at having to live separately from his wife due to his needs for residential aged care, while she still lives at home. This was an important relationship issue for Max:

   Facilitator 4: No you didn’t, no, that was exactly… exactly where you should be, yeah it’s good. I wonder what brings you peace now Max? What brings you peace now?
   Max: I don’t think in it, I get it totally, any peace.
   Facilitator 4: Right, yep.
   Max: Because of the experience I just remember, and I don’t want to bore you I keep… keep getting back, but the fact is that I was declared by the government… government people, or one or two that declared that I was unfit to live with my wife which was a little bit of a shock and I… I look forward to the day when somehow we change that.
   Facilitator 4: Yeah.
   Max: I… I can see her again, live in the same house. (G wk 09)

8.2.4 Participant topics – general and war

Often in the group sessions, the topics of conversation were those raised by the facilitators, and to some extent, this was inevitable, as they were using a program designed to facilitate finding meaning, with suggested themes for each session. But at times, participants did raise their own topics, as in the following example, and it is important to affirm the participant’s topics. In this example, Gertie cuts across the general conversation to remark on the lovely flowers:

   Facilitator 4: It’s important, isn’t it, that we have something to look forward to, you know, that sense of anticipation, something good coming to us? It really helps us, doesn’t it, to keep going?
   Colin: Yeah.
   Gertie: Those flowers are nice on the table.
   Facilitator 4: They are beautiful, aren’t they?
   Facilitator 4: They’re beautiful. They’re cyclamens.
   Gertie: Hey?
   Facilitator 4: Cyclamen.
   Gertie: Oh are they?
   Facilitator 4: Yeah. But they’re an unusual colour aren’t they?
   Gertie: Yes, they’re lovely.
   Facilitator 4: Yeah, a beautiful colour. <Facilitator hands the pot of cyclamens to Gertie> Shall I bring them a bit closer so you could have a look?
   Gertie: Oh yes.
   Facilitator 4: I don’t think they smell.
   Gertie: It’s a lovely colour isn’t it?
   Facilitator 4: It is a lovely colour. Unusual colour, isn’t it?
   Gertie: Yes, beautiful. (G wk 04)

Gertie was finding it hard to focus on the conversation in the group, and when asked to respond, she expressed her need for time to reflect:

   Facilitator 4: When you think about all the beautiful things, what do you particularly love? What do you love when you think about how beautiful the earth is?
   Gertie: I’d have to have time to sit and think about it. (G wk 13)
Remembering war

The cohort of older people in this study had experience of the Second World War, either through serving in the armed forces, or through their parents having been in the war. Further, some of the groups were conducted in veterans’ aged care facilities, so it was natural that there would be memories of war:

The facilitator refocussed the group on what Sylvia had been saying about people going to church during the war.

Sylvia: It gave you a feeling of comfort to know that someone is there to help you.
Facilitator 2: So it gave people a feeling of comfort because they thought God was there?
Evelyn: Yes I agree with that. I was in the war – not fighting but I was a young person. My father went to the war and my mother. (CMB1 wk 03)

The following is a shortened section of a longer conversation, which mainly involved one participant in remembering a difficult experience from the war. It was hard to really understand the focus of the story, but seemed important for him to share at that time:

Ian: … going — yes. So others came along and held — helped him there carry from where he was, he went right — right to Sydney, and tell the fellow, “Thanks for doing it all” but he knew what — himself, what to do and... showed me the best way to do things. And he helped me.
Facilitator 3: I think at times like that you all get together, don’t you, and all work hard together to make it work.
Ian: Yes. And the other four, they were — they couldn’t — they’d gone. Trying to do things, they couldn’t work, couldn’t walk.
Facilitator 3: Oh dear.
Ian: Someone came along and picked up, helping picking — bring up things. They called in others to come in.
Facilitator 3: Oh, okay. Well, that was good, wasn’t it? All helping each other, hey?
Ian: Yes. That’s all I can do. I was — there’s four of them and every night I’d pick — and pick it up things on it. Well, there wasn’t much and two of them thought they... Jules was the first to go, they got dreadful, they couldn’t do anything at all. And I was — next night, the rest of them were all put out, they just held out. (CMB2 wk 05)

The Second World War was an important part of the lives of a number of these elderly people. In the following excerpt, Nell remembers her happiness when her husband came home from war:

Facilitator 4: Yeah, that’s great isn’t it? What about you Nell, can you think of something that’s brought you great happiness.
Nell: Oh, I suppose when my husband came home from the wartime, and that brought me happiness. I don’t’ know that I actually remember the end of the war, but I know that it was peaceful. We used to have little concerts in our home, little dance concerts, and I know that we left the war and there was this... the neighbours and we would have little concert thing, we never had during the war. (G wk 09)
Max vividly remembers his homecoming:

Max: Well I was thrilled. I had- I was coming back from POW times, and the British destroyer was big, very big. It brought us back, all the way to Australia. It was turning into – it was a great thrill seeing home again.
Karen: Turning into the harbour?
Max: At times I could remember crying a little bit.
Facilitator 4: Oh, goodness. Sometimes something we’re really grateful for does make us cry, doesn’t it? When we’re really relieved. And yes, so it brought you to tears, that’s really special and beautiful, isn’t it? To remember that.
Max: Well my wife was down on the dock. She didn’t know whether I was alive or not. (G wk 01)

Max recalls some of the more amazing experiences of wartime:

Max: I suppose, right in it, there was very little. I <inaudible> to use the same words. Generally speaking, we were so pleased to be alive. Where we had – actually, we were left on our own, which is surprising. They treated us pretty well. We had – I’m going to give in.
Facilitator 4: Are you <laughs>? It’s all right. You can give in if you want. Yeah, but that sounded like it was a sustaining thing, to be in a group that was mostly harmonious. It actually was helpful in terms of your survival.
Max: We had a lot of – a few days that were quite amusing when the aircraft came over and dropped food. They used 44 gallon drums and you never saw such a mess in all your life <laughs>. They were – they had…
Facilitator 4: They dropped those – did they break open?
Max: Yeah.
Facilitator 4: And everything scattered.
Max: Stuff everywhere. The first thing out was cheers and everything. The second time the planes came over, they were quite frightened – we were frightened of them. We hid in the trenches, for fear that these 44-gallon drums…
Facilitator 4: Would hit?
Max: Knock a hole in us.
Facilitator 4: Yeah, absolutely.
Max: One knocked a kitchen and doors. Nobody in it. It was exciting. (G wk 05)

8.2.5 Physical and mental health

It has already been noted that physical and mental issues may make it difficult to participate in weekly sessions over an 18-week period. A number of the participants lived with physical and mental disabilities, ranging from arthritis, to incontinence, as well as their dementia and depression. This made it challenging at times to bring all group members together at the right time, and for them all to be able to stay for the whole session; it required quite a bit of planning prior to the group start time. Journals kept by the research assistants were a valuable source of information regarding factors relating to the effective functioning of the session, which would not have been picked up on the audio recordings alone. Just some of these difficulties are seen in the journal entries below:

Iris had a hot pack (although it had gone cold) around her shoulders/neck while sitting on her lounge and initially said she wasn’t up to it today when
Facilitator 7 asked her to come along to the session. Research Assistant 2 checked with the RN who said it would be fine for Iris to participate and that she could take the hot pack with her. Iris explained to Research Assistant 2 that she has a very sore back/neck. Research Assistant 2 told Iris that some lovely music and poetry may help get her mind off her pain and that she could leave if it doesn’t work out so Iris gave it a trial. Research Assistant 2 had planned to replace the hot pack so it was actually hot but there was not enough time. Unfortunately Iris only ended up staying for the first part.

Jean lives in the room next door to this open room, which was convenient as she is difficult to get walking. Jean was comfortably sitting in her reclined chair in front of the TV with a rug over her legs. Research Assistant 2 tried to get Jean to stand after helping her to elevate her remote controlled chair, however it was too difficult to get Jean to stand up as her legs were very weak even though she had a remote control chair to help lift her up from the seat. Research Assistant 2 pressed the help buzzer around Jean’s neck and also asked a staff member to help get Jean into the sitting room to start the session. (CF2 journal wk 01)

Alice spoke of her frustrations of ill health:

Facilitator 7: Yes, there’s something ahead to look forward to. So I guess the kinds of things we hope for – well you were talking about it before a little bit, Alice, you were saying ‘I’m looking forward to turning 100 if I’m fit and well’.

Alice: Yes, you’ve got to be fit and well.

Edna: That’s the main thing, if you’re fit and well.

Alice: Yes. If you’re getting around half dead I can’t see what good it is being here. I’ll have to speak to the good Lord. (CF2 wk 04)

Facilitator 7: And what sorts of things do you do to keep yourselves fit and healthy?

Fay: Go to exercise classes.

Alice: Oh what do we do? Go for walks.

Facilitator 7: Go for walks, yeah.

Alice: Go for walks, yeah, and…

Edna: There’s exercises classes and…

Fay: Exercise classes, yes.

Edna: Every morning if you want to go to them.

Alice: Exercises and that, I think that keeps you fit. (CF2 wk 04)

Addressing physical needs of participants

Have they been to the toilet before the session begins? Some need assistance and it is disturbing for all, when they need to be taken out of the group in the middle of the session. Working with the staff in planning best times and days for sessions is important. The music group facilitator and / or research assistant need to negotiate the time for group sessions so that residents are not interrupted. It is possible to have a shower at some other mutually convenient time of the day. This problem should not arise if all staff are aware and ready to cooperate.
8.2.5.1. Memory
Memory and memory loss were mentioned at times during the sessions.
Facilitator 1: There’s a little – you may not be able to see the little photo of him there. I’ll come up that end. There’s a photo of him and he was…
Gladys: Is his name Elie?
Facilitator 1: Well it’s E-L-I-E so I presume that’s Elie.
Gladys: Wiesel?
Facilitator 1: Wiesel, yep. Gladys: It’s hard to remember, isn’t it, Elie? (CF1 wk 04)
Max: Well it’s a question of age that comes to my mind. My wife and I have been legally separated (this is in reference to his living in the facility, not estrangement) for a while, because of danger about me, and – I had a bright idea. I’ve lost it though. No, I’ve just lost it.
Facilitator 4: It’s gone. It’s all right. I’ll come back in a minute and we’ll have another run.
Max: We hope. (G wk 04)
Phyllis voices her concerns about her mind:
Phyllis: But my brain’s different to other people’s I think. (CP wk 18)
The facilitator refocussed them on what Sylvia had been saying about people going to church during the war.
Evelyn: Oh no, not right in it. So as a young person and my father had to go to War. My mother went to the War and I had to…
Frank: Who did you fight for?
Evelyn: I can’t remember it.
Facilitator 2: Her father went to the War.
Frank: Yeah, who did he fight for?
Evelyn: Who did we fight for? I can’t think.
Facilitator 2: It’s all right Evelyn. Evelyn said her father went to the War.
Evelyn: Yes. They fought for England and Australia and anyone else. I just can’t…
Facilitator 2: It’s all right Evelyn. You don’t have to remember.
Evelyn: I don’t have many memories anymore. (CMB1 wk 03)

8.2.6. Logistics of bringing group together
Actually conducting the weekly group sessions was not without incident. There were many obstacles to the smooth operation of the groups. Obstacles related to interruptions to the weekly sessions, group members not being able to attend and difficulties in being able to concentrate during the sessions. The main obstacles are listed below:
• Interruptions to group sessions
  o Cleaning staff needing to vacuum in room while session going on.
  o Mopping floor and hazard of wet floors
  o Ceiling repairs
  o Distractions of other residents who were not part of the group wandering in and out
  o Kitchen staff wanting to set up for dinner
  o Other residents, not part of group wanting to be in the group
• Reasons for group members not being able to attend
  o Hairdresser appointments (then hairdresser bringing resident to their room instead of to the group as requested.
  o Action taken to prevent – list given to staff of participants in group and days and times of group sessions
  o Fast asleep when group session on
  o Bus trip
  o Visitors
  o Transferred to high care due to increasing frailty

• Difficulties for group members
  o Being too tired to stay awake for the whole session, numbers of instances.
  o Needing to be toileted
  o Participants being sick and unable to attend
  o Constipation
  o Noise of drilling outside
  o Physical mobility problems – hard to get to the room for the session
  o Resident in pain
  o Resident restlessness

A typical journal entry of the many things that can go wrong during the weekly sessions

The room was being mopped by kitchen staff and there were some repairs being done to the ceiling but they assured me that they would be out before the session began. I am a bit concerned that the floors are soaking wet when the residents arrive but the kitchen staff said that she must get it done on a Monday morning. We just need to be careful and escort the residents across the room. I will check on this with Ruth. It is definitely a safety hazard. The floors are still a bit wet when we leave the session. They had all of the windows open when I arrived. I assume that it is to help dry the floors off. However, this makes the room extremely cold so I needed to shut all of them and turn the heater on. Joyce was in the room waiting for us to arrive. Facilitator 2 arrived and asked where the residents were. I was setting up the table so she went to look for Sylvia. Once the table was set up, I went over to Catalina to find the other residents. Frank was asleep in the lounge room but was quite happy to come with me. He did not remember what we were doing in the sessions. Evelyn was also in the Catalina lounge room and came back to Milne Bay with us. However, on the way, Frank said he needed the toilet. Evelyn said he could use her toilet. Then she decided that she needed to go too. However, she did not return to the dining room where we were holding the session. I went to check on her twice but she was not keen to come. She kept saying that she had a lot of people after her. Eventually, I told Facilitator 2 to start the session without Evelyn.

(CMB1 journal wk 04)

8.2.7. Responses to program
It was important to obtain as much information as possible about the participants’ responses to the program to identify benefits and also things that did not work, to assist in making decisions about future program planning. The journal entries were a good source of participant responses, not picked up on audio recordings, for instance, in the following journal entry:

The facilitator suggested they shut their eyes whilst he played music by “Grieg”. The choice seemed apt, and reflected where we were sitting in the sun filled room with garden all around. Rita didn’t close her eyes just stared ahead. Quite shut off. Betty appears unable to concentrate on any task for a few seconds before getting distracted. And soon opened her eyes to see what was happening around her. Then she unselfconsciously, burped loud enough for us all to hear. Pat appeared asleep her head on her chest, she wasn’t. She was smiling and gently nodding her head. June and Doris both seem to enjoy the music with relaxed expressions and hands lightly folded in their laps. Grace is hard to gauge because her face shows no expression. Again we needed to put a rug around her because she was cold although her back had the sun on her and she had a hat on. A heater nearby seemed sufficient for the others. (BI journal wk 03)

8.2.7.1 Responses to the music in the sessions:
Facilitator 5: Wow. What about that one? <laughs>
Kathleen: That’s right.
Lois: That’s a sort of a celebration, isn’t it?
Facilitator 5: Celebration, yes. Certainly, yeah.
Lois: Coronation or something or an ordination or something.
Facilitator 5: Yes. Yes. Could certainly be that, couldn’t it, yeah?
Kathleen: Well, it’s waving, in a way of what are the… people helping out have all got their turn. And then there’s another one over here, there’s another one here, there’s another one down there, and so on and so forth. And it still comes out with something of the same thing. I think it’s quite a lovely one.
Facilitator 5: Mm. Mm. So you mean like an orchestra where you can hear all the different voices in the orchestra coming from different directions?
Kathleen: Yes. Something, yes. Yes.
Facilitator 5: Yes. So it is lovely, Kathleen, isn’t it? And those very–all the lovely unexpected joyful.
Lois: Mm. Kathleen: I think so, yes. Not too much noise. (CP wk 03)

Participants in the following excerpt reflected on the music they had just heard; note the expression used by Phyllis, did she feel safe? What was she trying to express? “At present we’re not on a safe shelf all the time…” it seems the music linked into something within herself.
Facilitator 6: It went up, yeah. It did too, yeah. What sort of, was it unsettling for you or was it, did you have a sense of harmony and wellbeing from it?
Lois: It seems as though the duo are asking for something and suddenly it was there.
Facilitator 6: Right.
Lois: That high bit was…
Facilitator 6: Yeah, you were asking for something that’s excellent, yeah. So you got what you were expecting in a way.
Lois: Yes, yes.
Facilitator 6: What about you Phyllis?
Phyllis: I think it’s just like life’s ups and downs, you know. At present we’re not on a safe shelf all the time, makes you stop and think. (CP wk 04)
Facilitator 6: Lovely. Well perhaps we’ll listen to the next piece of music, because this is very different, and see what you think. We have to wait just a couple of seconds while it goes on. <music plays>
Facilitator 6: What did we think to that?
All: Very nice, very, very nice. <over talk>
Facilitator 6: It’s different isn’t it. Good old Perry Como.
Phyllis: Are you asleep or awake?
Ken: No, I’m alright.
Facilitator 6: So what did you think?
Lois: You must be young, you must have hope.
Facilitator 6: Yes.
Lois: All the time. And you have faith. (CP wk 04)

Participants responded to music mood and it helped to connect them to memories, yet in some instances, the music could connect to ‘bad’ memories. This had to be considered in relation to any veterans in the groups who might experience PTSD:
Facilitator 6: That’s right, yes. So the change in the seasons, that gives us hope. What about listening to music like we are now?
Phyllis: Yeah.
Ken: It can lift you or drop you.
Facilitator 6: It can.
Ken: Yeah. You know, I suppose you relate to it. It could be something which to you seems wonderful, but to me it doesn’t because there’s some aspect of it that has, or bad memories you might say, of some incident or something that has happened and that song was heard or be played and so forth, it’s a case of you can’t just say this is one kind of relationship developing out of the thing, there’s one, there can be a lot of different sort of meanings for you. (CP wk 04)

Facilitator 6: What sort of mood do you think that piece of music evokes for you?
Lois: Well it sort of went along and it went up and then it went down didn’t it, very quietly again.
Facilitator 6: Did you enjoy that piece of music Kathleen?
Lois: It was beautiful.
Kathleen: Yes. It was an old one for me. (CP wk 04)

Music starts (Let a smile be Your Umbrella’ by Bing Crosby)
Lorraine smiles as she hears the music. Facilitator 1 jigs to the music. Lorraine sings. Irene rocks to the music. Flo nods her head and smiles at Research Assistant 2. Gladys rocks to the music. Irene jigs and rocks her body to the music during the instrumental. (CF1 wk 04)

Music starts (‘Spring Movement 1 Allegro from Four Seasons’)
Beryl closes her eyes. Fay nods her head to the music. Beryl with her eyes closed may be falling asleep. Although she was tapping her feet to the music. Jean notices Research Assistant 2 looking at Beryl’s feet and laughs (CF2 wk 05)
Evelyn – said the music calmed her down.
Frank – commented that the music was just an annoying noise.
Evelyn – said that it was beautiful music. She is a musician. Loves playing the piano. She can’t play as much now – it became hard to play or read the music. It upset her. Now she does it again – the things she likes, easy ones. (CBM1 journal wk 03)

In some instances, participants gained a sense of inspiration from the words of a song:
Facilitator 2: So what about the words, help me Joyce. What were the words in the song? Brush um…Pick yourself up.
Joyce: Dust yourself off, and start all over again.
Facilitator 2: Yeah, pick yourself up.
Joyce: Don’t lose your confidence if you trip be…
Facilitator 2: That’s good.
Joyce: … think again, be careful.
Facilitator 2: Be careful.
Frank: Gee we’re getting deep now.
Joyce: If you trip remember, dust yourself off, and start all over again.
Facilitator 2: Isn’t that lovely, that’s beautiful Joyce. We should get the words for you, you could sing it.
Frank: Who wrote that? Bing Crosby?
Facilitator 2: That was Frank Sinatra, I don’t know whether he – I don’t know whether he writes those songs. Do you know Joyce?
Joyce: Yeah I think Frank Sinatra’s, lower base. (CMB1 wk 04)

Facilitator 4: Very beautiful isn’t it? I love the last part of that where the oboe and cello are playing parallel. It’s really beautiful I think. We’re getting very good at listening to longer pieces aren’t we? That was quite long that piece but very beautiful. Thinking about strength, it’s the sort of music to me that makes you feel like you can stand up straight, you know that feeling of dignity, like I’m okay, you know? You know that feeling? Yes! Sort of like inner strength. (G wk 18)

8.2.7.2 Responses to ‘My Country’
The Australian poet Dorothea McKellar’s well known poem, ‘My Country’ was learnt by many school children, in the school days of the Australian participants in the group sessions. Those who had learnt it often said it along with the facilitator, however, there were a number of participants born in other countries, so this poem was not part of their heritage. This illustrates the importance of being aware of the backgrounds of the participants in a program. In most sessions, however, the poem was well received, even by those who had not learnt it.

Irene, Flo and Lorraine agree that they’ve heard the poem before. Everyone is listening to Facilitator 1 with good eye contact. +16:47 Facilitator 1 starts reading poem ‘My Country’. Flo nods as she hears the start of the poem. Gladys and Irene start softly saying the words when they can. Everyone joins in on second line of second verse “A land of sweeping plains…. ” and continue until the end of that verse. (CF1 journal wk 01)

Beryl explains how she loves the Australian history and the outback. She finds it hard to express her love for this in words. She says “There is no place on
earth... It’s totally delight to go away and come back”. Research Assistant 2 tells everybody about Beryl’s amazing painting she did of Ayers Rock and that she won an award for that. Research Assistant 2 says that Beryl told her she felt it was a very spiritual place. Beryl tries to describe her amazing experience. She gets emotional as she tries to find the words to explain her feelings. Beryl says “You have to see it to believe it. I can’t describe it... it’s just inside... touches the heart... very very precious”. (CF2 journal wk 01)

Facilitator 7 reads the poem. Background noises outside. Beryl closes her eyes with her hand across her chest. Edna listens intently with eye contact. Fay sighs at the start of the second verse. Alice listening, with eye contact. Fay has her eyes closed. Beryl seems to be emotionally affected by some of the lines in the poem as she grabs for her chest. +34:32 Alice comments how lovely the poem was after it was read and laughs as she says she used to know it off by heart. People laugh. (CF2 journal wk 01)

8.2.7.3. Responses to story
There were a number of stories used in the sessions, with some good engagement and discussion following.
Facilitator 2 – read the story of Sudako and the paper cranes. Talking about the bomb dropping on Hiroshima. Joyce looked shocked. Joyce said – “oh come on. These are tragedies that everyone is aware of.” She was not keen on the story. Frank – “Who was that? I can’t understand it.” Referring to the girl who folded the cranes in the story. Facilitator 2 – “She got leukaemia.” Joyce – “They all did. Your blood dries up.” Research Assistant 3 – I answered that leukaemia is cancer of the blood. Facilitator 2 – “Do you think that would be hard for her family to forgive?” Joyce – “How could you discuss this, even? It’s fact finding. There is nothing you can do for that girl. She died.” Facilitator 2 – “How would you cope?” Joyce – “Thousands had to.” Sylvia to Evelyn – “What do you think?” Evelyn – “I don’t know.” Sylvia – “I don’t know from day to day. For two days running I could have the same thoughts.” Joyce – “Don’t know who to blame. The Japanese or the Australians.” Joyce – stood up to leave. Facilitator 2 said we had nearly finished. Joyce – “Why should everyone be aware of what can be put on people without their knowledge?” Facilitator 2 – “We don’t want to leave on a bad note.” The feeling in the room was quite low after the discussion about the little girl in Hiroshima and forgiveness. (CMB1 journal wk 03)

Research assistant comments at the end of the session:
The story seemed to bring them down. The session didn’t end on a particularly ‘up’ note. 11:32am Session finished. They all seemed to be happy to leave. I didn’t feel that they enjoyed the session as much today. The overall mood was not as happy as previous weeks. They were all quite asleep during the session too. (CMB1 journal wk 03)

As mentioned in the section on memories of war, most of the participants had experiences of war, either as combatants in war or as children, through their parents’ involvement in war. From the journal entries above, it appears that the Japanese story of the girl and the cranes was not well received by some. It is quite important not to introduce stories that are too disturbing. However, this distress was only present in
one group, and may have been due to something that could not be known by the facilitator. It is not possible to know what memories might be stimulated by particular memories or events. It is not practical nor possible to prevent all or any distress in the process of living. What is important is to give support and or referral to counselling should any distress occur.
9 Discussion and conclusions

The quantitative results
In designing this project, quantitative measures were chosen to measure depression, cognitive function and morale among participants over the process of the 18-week project with a three-month follow-up testing after the completion of the program. It was assumed that the measures that may show changes would be a decrease in depression levels and an increase in morale. It was not expected that cognitive status would improve, and in fact it was expected cognitive status would decrease across the duration of the program of 30 weeks total, as the participants all had a diagnosis of dementia and as this is a progressive condition, the expectation was that participant cognitive levels would decline. However, this did not happen. In fact cognitive levels rose over the course of the study, although not to statistically significant levels.

The quantitative measures on this study of music and pastoral approach were compared with the findings of the previous study of music only, without the pastoral approach.

Morale
Overall, there was an increase in Morale in both the previous music only and the current music and pastoral study, although only Morale at the third observation was statistically significant for the Music/Pastoral Group with a .25SD increase. By the fourth wave however, morale had returned to baseline levels. The program was conducted over 18 weeks, with four waves of testing, with wave three testing at the end of the program. The fourth wave was timed at 3 months after the program was completed. From this it is evident that the program was effective while it was being run, but once completed, participant morale returned to pretesting levels. The implication from this is that, if the program is worth doing, the program needs to continue in some form, and perhaps this has relevance for the whole organization.

A note on residential aged care and the culture within these organisations – Sometimes the culture of an organisation does not really support person centred care. Person centred care lies behind the rationale for this program, even though it is not simply a one-on-one intervention, but is engaging with small groups of people. Importantly this process is valuable both for the individuals in the small group process and for supporting connecting effectively with others, and in some cases, even making friends with other people who have dementia. A culture in which vulnerable people can feel free to be themselves will be morale building.

For these results alone, the program was worthwhile. But it is also important to look at the other testing results.

Cognitive changes
Overall, there was no change in cognitive function for the Music Only intervention. For the Music/Pastoral intervention group, increases in cognition were reported at 3rd (.15SD) and 4th (.05SD) observation although these failed to reach statistical significance.

The changes of cognition found in the Music/Pastoral intervention group were unexpected. This finding is important, even if not at statistically significant levels, as
contrary to the findings, it was expected that the cognitive levels of these people with dementia would be declining over the duration of the project. Indeed, that is what we found in an earlier study using spiritual reminiscence (MacKinlay & Trevitt 2012) which showed continued decline of cognitive status across the study. Although factor analysis in the earlier study did show connecting with others to be significantly increased across the sessions; connecting might not be all about cognitive status.

*Implications for practice and further work* – It would seem that Music/Pastoral care may be a means of increasing cognitive status in people with dementia. Greater understanding of this finding may be gained through further examination of music and pastoral approach. However, for application of the findings to practice, it is sufficient to say that this difference was seen.

If such programs show benefits of cognitive increase, then, this may lead to better outcomes for residents. This would have benefits for staff and families as well.

**Levels of depression**
The Music group reported statistically significant and substantitive,20SD and .35 SD decline in depression. In contrast, larger declines in depression at 2nd (.18SD) and 4th (.15SD) observation for the Music and Pastoral Group were not statistically significant. It is unclear why the Music/Pastoral care group depression levels rose on the third wave of testing. It is also of note that the data from the first study of Music (only) was re-analysed for comparison with Music/ Pastoral care in the current study. A different mode of accounting for missing data resulted in finding statistically significant reductions in depression among the participants of the Music only group on re-analysis, which had not been seen in the previous analysis of that data. This highlights the rapidly changing methods of quantitative analysis and the need to make application of the best tools available at the time in each study.

**The qualitative findings**
The qualitative data were analysed by Nvivo10 with the following main themes being identified:
- Relationship and connectedness
- Creation, creativity and environment
- Faith and strength
- Meaning (discussed in other themes)
- Participant topics – general & war
- Physical and mental health (addressed in other themes)
- Response to program (response to music, to poetry, to story)

**Relationship and connectedness**
Hughes, Louw and Sabat (2006, p35) argue, “people with dementia have to be understood in terms of relationships, not because this is all that is left to them, but because this is characteristic of all our lives.” This was affirmed in this study. As in previous studies of people who have dementia, relationship and the need for connecting effectively with others was an important topic, gauged by the proportion of response that covered relationship. It was sufficiently important to be found in other themes as well, for instance, in meaning, in memories of war, in physical and mental health and in responses to the program. In other words, relationship was vitally
important to these people who have dementia. It connected with meaning for the participants and meaning is crucial for well being.

Difficulty in communication among the participants was seen, and the support of the facilitator appeared pivotal in assisting the individual to communicate. There were examples, (in this report) where participants’ communication seemed to be ‘word salad’, however careful listening was seen to be of benefit in these instances. *Relationship with God* formed a subtheme: For most of these older people, God had been part of their family lives in childhood, even for those who had rejected a religious faith later. For some, God remained part of their everyday lives. Some in the groups had a deep relationship with God while others had no belief in God. For the most part, the participants with differing views shared well within the groups. While affirming those who held a religious faith, it was important that the facilitators respected the belief systems of all within the group and did not attempt in any way to proselytise participants.

The theme of perceived *closeness to God* may provide information about the person’s relationship with God, whether they see God as important in their lives, and whether the image they hold of God is one of value, or indeed, whether they hold an image of God at all; there were quite different views and beliefs about God among the different participants. This provides valuable information for those working with the person with dementia, by providing a starting place for conversation and pastoral and spiritual care. It is just as important to know where the person has experienced unhelpful memories of God, for example, the woman who remembered her father warning them to be good or God would punish them. The death of one woman’s mother, while she was still quite young, resulted in the daughter blaming God and now holding no belief in God. This theme is of great value in finding what kind of relationship, whether it is close, distant, or no relationship, that participants have with God, as this can be an important starting point for pastoral support. Pastoral support is concerned with meeting the person at their point of need for spiritual growth or support, regardless of their holding a religious faith or not.

*Prayer* as a theme was acknowledged as part of the life journey by many in the groups. Often it was seen as being important in times of need, providing strength for participants. For most, prayer was spoken of quite openly, giving examples of prayer in their long lives.

*Grief* was another frequent theme. In previous studies of small group work of people with dementia (MacKinlay & Trevitt 2012), it had been found that they often talked about grief as a natural part of life. This was in contrast to groups of older people who do not have cognitive limitations (MacKinlay 2001). It is important that the facilitator is comfortable in talking about grief.

*Grief and humour* – It was not uncommon for participants to laugh about grief. As in other studies, humour was frequently used by the participants; often they laughed about memory loss and everyday problems.

**The role of group facilitators**
As these participants were people with lowered cognitive abilities, it was crucial that the facilitators were able to guide and support them effectively in the guided
conversations within the groups. It is emphasised that the process used is a pastoral process, not counselling. Facilitators brought their own skills in communication and the basic orientation/training for this project to their work in the groups. For some initially however, it seemed hard from them to interact with the groups in a broad person-centred way. First, the ability to engage with people who have dementia requires special skills of communication, especially listening, and the focus is on connecting with the participants at an emotional and spiritual level, that is, at the level of meaning, rather than attempting to engage cognitively. In particular, some had previously worked mainly as leaders of religious based programs and it was important for them to be able to make the shift to a broad based pastoral care mode with the group facilitation, as not all of the group members were Christians, or even have a religious faith of any kind. It was important that the participants were respected in their current beliefs and cultures and not proselytised. Communication styles that build respect for and dignity of the people with dementia are vital; examples are calling the person by their preferred name, and not ‘darling’, which for many is demeaning.

More effective communication includes affirming what the people have, that is, their ability to connect at an emotional and spiritual level, thus, even phrasing conversation around words like ‘feel’ and ‘reflect’ are of more value than trying to draw participants back to remember facts. The enhanced value of the pastoral and spiritual process is to encourage the participants to go deeper, to touch into their feelings. Sometimes, there are just so many words spoken that the person with dementia may be lost in a forest of words. It is too easy to try and guess what the person is struggling to say, and this may actually prevent them from finding the words they want to say. Waiting in silence can become a very effective strategy.

In the introduction to the sessions, it would be good to at least name the theme for the day to assist the participants to focus. Some facilitators were very skilful at guiding conversation. In some groups however, the conversation was at a very superficial level and it is possible that some participants felt patronized. This illustrated the differing backgrounds of those guiding the groups. Stories used need to be relevant to the theme of the day, and not too ‘wordy’ they should serve to lead the people to connect more deeply, and to move deeper into the spiritual, rather than entertain or pass the time. Unhelpful communication included ‘fobbing off’ or deflecting topics that the participant raised and the facilitator did not follow up on. Talking over participants also occurred at times, but on the whole communication within the groups was of good quality.

Often, we are so firmly engaged in hyper-cognitive activities in our hyper-cognitive society that we fail to see a whole wonderful and creative world of the emotional and spiritual awaiting exploration.

*Good stories linked the music* with the experiences and memories of the participants. For instance, the use of the song, ‘Bless this House’ and the question: ‘Is there one place that is precious to you’? After which the participants were supported in sharing their precious recollections. The word ‘precious’ stirs special memories of meaning through story for participants.
Research assistant journals
These journals proved to be valuable sources of information of session outcomes, where research assistants and facilitators reflected on the session process and outcomes. It was good to see sensitive reflections of things such as anxiety levels of participants, and how they could be helped to feel comfortable in the small group settings. Some facilitators used relaxation methods as well as the music. There were many discussions about music types and how the participants responded.

The facilitator can really support the communication process within the groups; evidence of this was seen in the research assistant’s notes for some sessions, where they recorded eye contact being held between facilitator and participants’ responses to the facilitator. These non-verbal behaviours would of course not be picked up through the use of audio recordings alone. For some aged care staff these skills of communication are almost intuitive, for others they must be learned.

Creativity and environment
Creativity is part of being human, and is still possible in the later years. For Christians, new creation was ushered in by the birth, life, death and resurrection of Jesus. Christians believe the Holy Spirit is present still today and enlivens each one for creativity, for building new community and for flourishing and resilience, even in the face of growing older and in dementia. Creativity is also vitally important for those who hold no religious faith and music can find a way to connect with the spiritual for these people too.

Creativity was part of some of the group process and if appropriate for the participants, of great value. In this program, the focus was on the music. The facilitator needed to be creative to find the ways in which music could most appropriately connect with group members. As creativity is an inherent part of being human, a question as to how creativity can be enhanced among those with dementia is raised. What neurological functions are involved, surely not only cognitive? If emotional and spiritual components are potential areas for engagement, how can these be accessed? From a theological perspective, we live within the new creation, and it is being continually renewed. The possibilities of creation in dementia and dementia care are rich potential areas for further research and development.

Logistics of bringing the groups together
There were many obstacles to the smooth operation of the groups. Since most of the group members had dementia sufficient to need considerable physical care, simply getting the group together was a challenge each week. The group day and time needed to be negotiated with the care staff and planned into the overall programs of each venue. Many of the participants had to be escorted to and from the sessions, so people – facility staff or research personnel needed to do this. Participants needed in some cases to have assistance in toileting before the group started, or would need to leave during the session. All of this took quite a bit of time to negotiate.

A number of interruptions occurred in several of the settings, such as cleaning staff, or other staff needing to use the room the group was in. Hairdresser appointments would take precedence over the group sessions, as would bus trips and various other activities. Family visitors would come at the time of the sessions and then participants would miss out on the group session.
Participants being too tired, due to not sleeping well, or illness making it necessary to skip a session, presented still more problems. Participants being too tired at the time the group session was arranged, for any number of reasons. Pain was another factor that either prevented participants from being able to be really engaged in the session, or prevented their attendance at all. Some participants were moved to high care during the 18-week program, and hence could not continue in the sessions. These factors underline the level of frailty and complexity of conducting these programs in residential aged care. The environment of the room was also important as it made a difference if it was quiet and had a pleasant ‘feel’.

**Faith and strength**

Speaking of faith and strength formed popular themes during the sessions. Participants spoke of hard times and how their faith sustained them; prayer featured often in their responses. Some participants had not acknowledged their strength, but had managed incredibly difficult life situations, as a matter of course. A changing perception of faith and strength is seen in some of the responses from participants. Most of this cohort of older people had some kind of contact with church when they were children. Reflecting on their experiences formed an important part of spiritual reminiscence for these people.

*Forgiveness* seemed to be addressed mainly as a cognitive process in some of the sessions, rather than a heart matter. Some seemed to find it hard to come to a place of recognising their need to forgive and to be forgiven. The story of the Prodigal son stimulated conversation, about it being a lovely story, but it seemed hard to make a connection from the parable and the real life experience of the participants. Some did not see forgiveness and reconciliation as part of the possibilities of later life. However, other groups did grapple with the heart of forgiveness.

Forgiveness is a process, of moving from a sense of hurt, (I won’t forgive) through to a feeling of being unable to move to forgiveness (I can’t forgive), to beginning to question (should I forgive?), to finally moving to acknowledge the need to forgive and entering into the process (process of forgiving) (Mickley & Cowles 2001). Thus the process of spiritual reminiscence provides a way to deal with issues of guilt requiring forgiveness and/or reconciliation. This is still possible for people who have dementia. Music and ritual, according to their beliefs, as appropriate for participants could be valuable here. Without forgiveness, it is hard to find acceptance, peace and joy in life.

*Gratitude and blessings* formed one of the weekly main themes of the program. It gave participants opportunities to reflect and share their feelings about what they were thankful for in their lives. Some of their focus was on past areas of their lives, and especially on relationships, while some of their expressed gratitude focused on present situations and relationships. Again, this formed part of a process of spiritual reminiscence that fits into the spiritual tasks of ageing.

*Meaning* lies at the core of the spiritual dimension, and it is from this core that hope can be found. Meaning was found by participants in many areas of the sessions, especially through relationship.
Hope Group participants responded to and thought about hope in different ways. Often, their sense of hope was expressed through connectedness, with their children, grandchildren, great grandchildren, or even a dog.

Joy can be distinguished from happiness in that it can be there in times of hardship and challenge and sorrow, in fact on occasion, sorrow and joy can seem to be existing at the same time. Happiness, on the other hand, disappears quickly in the presence of adversity. It could be said to be a more superficial emotion than joy. One particular topic that was raised several times was the joy of pets. It is interesting that some of the participants identified the key factors distinguishing between joy and happiness.

Peace comes with acceptance of life and one’s place in it. It is often associated with the sense of having fulfilled one’s purpose in life, of completing the race well. At depth, peace is associated with deep faith. It does not mean that life is perfect, but that living with adversity, one can still be at peace. Peace and joy are deeply connected. A lack of peace is seen in raised anxiety, grief, depression, anger and resentment, as well as unforgiveness.

Other topics raised by participants
Often in the group sessions, the topics of conversation were those raised by the facilitators, and to some extent, this was inevitable, as they were using a program designed to facilitate finding meaning, with suggested themes for each session. But at times, participants did raise their own topics, as in the following examples:

Memories of war – Some of the groups were conducted in veterans’ aged care facilities, so it was natural that there would be memories of war. The Second World War was an important part of the lives of a number of these elderly people. Happiness was expressed of the memory of a husband coming home from war; memories of experiences, some quite funny during wartime were shared. But coming home was particularly important.

Responses to the program
It was important to obtain as much information as possible about the participants’ responses to the program to identify benefits and to assist in making decisions about future program planning. The journal entries were a good source of participant responses, not picked up on audio recordings. After music had been played, the facilitator invited participants to respond and Phyllis said: “I think it’s just like life’s ups and downs, you know. At present we’re not on a safe shelf all the time, makes you stop and think” (CP wk 04). These words although jumbled seemed to express something deeper for this participant. Often group members were recorded as sitting, smiling, tapping feet and appearing relaxed during the playing of the music. Participants responded to music mood and it helped to connect them to memories, in the case of the playing of Vivaldi’s Four Seasons, it elicited memories that attached to meaning. Some participants were familiar with this music, while others were not. While the recommended music for the program was usually played, as well, some facilitators explored participant music choice and used music that participants really liked, which was well received, except in groups where music tastes were widely varied. In some instances, participants gained a sense of inspiration from the words of a song, for instance, Joyce remembered the words of the song: “Dust yourself off, and start all over again”. And she explained: “Don’t lose your confidence if you trip be…”
Response to poetry
The Australian poet Dorothea McKellar’s well known poem, ‘My Country’ was familiar to most of the Australian participants in the group sessions. This was so well known to the Australian born participants that many remembered the words and recited all or part of them. Others who did not grow up in Australia were able to reflect on their experience of the nature of their adopted land, to a lesser extent. This illustrates the importance of being aware of the backgrounds of the participants in a program. In most sessions, however, the poem was well received, even by those who had not learnt it. Killick’s (1997, 2000) work on poetry with people who have dementia has seen that poetry seemed to connect deeply with people who even had little remaining language.

Response to story
There were a number of stories used in the sessions, with some good engagement and discussion, however, the research assistance journals noted times when a story seemed to bring a pensive mood upon the group members, as in one particular instance of the story of the child in Japan and the paper cranes. It was a very sad story and connected with feelings of the Second World War for these participants. It would be valuable in such settings to use these types of stories within the session, but to move to a sense of completion and peace using the music prior to the end of the group session. Depending on the cognitive abilities of the group members, it may be best to avoid too many words, as in stories, but to focus more on music, reflection and a more meditative style to connect with participants.

One of the purposes of using music with people who have dementia was to help those who have few remaining verbal skills to connect with meaning. This must not be forgotten in the conduct of the sessions. Complex stories may not be particularly helpful, if participants cannot follow the story through lack of comprehension.

Outcomes and benefits for participants
This study showed positive outcomes in regard to depression, morale and cognition over the 30-week project. However results were not generally retained at the three month follow-up after the end on the program. To be of real benefit the program in some form should be run over the longer term, In fact, it is important to consider the whole aged care facility environment and see how this is conducive to meaning in the peoples’ lives. In the Music/Pastoral care program cognitive status increased across the program (cognitive status was improved in this study, but not to statistically significant levels). What we don’t know is how much the participant levels of cognition would have declined without the group. Further study is needed to examine this more closely and use of control groups would be of value to see how much cognitive status would decline over the same time frame.

The assumption made is that cognitive status would have continued to decline, but, in this study, we were unable to find evidence of cognitive decline. Findings from Cuddy, Duffin, Gill et al (2012) in their study of semantic musical memory in people with Alzheimer’s disease concluded that musical semantic memory may be spared through the mild and moderate stages of AD and may be preserved even in some individuals at the severe stage. This is an important finding and may be relevant in the findings of this study. Further, study of the music / pastoral care program with
cognitively competent participants would make for valuable comparison of the benefits. It can only be assumed that cognitively competent participants would need shorter time of program involvement and that effects would be longer lasting. However, it can be argued that the benefits in morale, depression and cognitive changes shown for cognitively compromised participants make this a worthwhile program for use with people who have dementia and depression.

*Relationship and connectedness* was important for the participants, as has been found in previous studies of spiritual reminiscence (MacKinlay and Trevitt 2012, MacKinlay 2001). Meaning was often expressed through relationship. Supporting older people who have dementia in connecting with others is a vital part of care, both pastoral and other aged care providers. Myths continue to exist about the nature of the person with dementia and how best to connect with them. Too often care providers aim to communicate through cognitive means, not realising the value of endeavouring to connect at the emotional and spiritual level. For example, at the end of a session, a participant acknowledges the emotional content of the session and how helpful it was for her in the context of saying she will return next week (from research assistant’s journal entry). There were many examples through the data that showed how participants benefited from effective communication supported by the facilitator.

*Participants also benefited through finding meaning* in the memory of past events, and to be able to process these events in a safe environment and come to a sense of rightness in the present. The themes used in the weekly sessions assisted participants work with finding meaning. Getting in touch with blessings of life they had experienced was supportive and encouraging for many. Participants freely discussed matters of their closeness to or distance from God and reflected on the part that faith played in their lives, sharing about their prayer lives, and the part that played in giving them strength for the hard times of life was seen as valuable and affirming especially for the challenges of life they were facing now.

Forgiveness was the focus of one of the sessions, and it was seen that this was an area some had not really come to terms with, while others had worked at this level. Expressions of hope and joy were also present in the sessions.

Grief was also discussed in the group sessions, and it was found that, like previous studies of people with dementia, this was at times an important topic.

However, *not all people find group situations helpful*, and therefore the choice as to who would be likely to benefit from being in a group is an important one. It is also important to explain carefully to potential participants what the group is about and obtain their consent and commitment to be part of it. Music, poetry and story were important adjuncts to effective program small group sessions. The economic benefits of using small groups rather than working with individuals make this program attractive.

*Training for facilitators* is important for good outcomes of small group work. Given that positive findings emerged from the lowering of depression and in the music and pastoral care approach used in this second study, as well as rising levels of cognition and rising morale shows the benefit of the program. But, it is emphasized that when working with people who have dementia, there are no quick fixes. A short six week
program will do little to support these people, rather, changes in dementia care that go across the organisations for the long term are needed. First, changes in attitudes and expectations towards people who have dementia, to still be acknowledged and affirmed as people of worth; identity of those with dementia needs special affirmation and support as it is only through relationship that our identity can be upheld, whether we have dementia or not. There is need to learn to connect effectively without focusing on the cognitive level, but to engage with people at the level of emotions and the spiritual dimension. Further, it is vital to support these people in retaining as much freedom in their lives as possible. The residential care organisations need to exist to serve those with dementia, instead of expecting the residents to learn to serve the organization.

The data presented in this report provides valuable material from which to develop programs for use in work with people who have dementia, in assisting them to come to a sense of meaning in the present and hope as they face the future.

**Recommendation 1:** That training programs are developed to assist small group facilitators to communicate effectively at emotional and spiritual levels.

**Recommendation 2:** Training programs are widely distributed and well publicised and supported within aged care organisations and also in community groups.

**Recommendation 3:** People with dementia should have access to programs that support decreasing levels of depression, promote morale and increase cognition.

**Recommendation 4:** Real changes are still needed in attitudes towards people who have dementia, to recognize their worth as human beings, in aged care and across the wider community. The changes are needed at community, family and care levels.

**Recommendation 5:** Further study to investigate ways of fostering later life creativity among people who have dementia.

**Recommendation 6:** Further study of cognitive status of people with dementia in study groups of meaningful programs compared with controls over the time frame of this study (30 weeks).

**Recommendation 7:** develop a program that specifically targets seeking forgiveness and reconciliation in older people.
References


Strauss, A. and Corbin, J. (1990) *Basics of Qualitative Research: Grounded Theory*


Appendix 1 – Consent and information letters
Copies of final letters to be inserted residents and relatives, information and consents

MINIMISING THE IMPACT OF DEPRESSION AND DEMENTIA FOR ELDERS IN RESIDENTIAL CARE

Consent Form (Relative)

I understand that participation in this research is voluntary. I understand that the participant is free to withdraw from the study at any time, and that if they do, they will not be subjected to any penalty or discriminatory treatment.

As a participant in this research, the identity of the person in my care will remain confidential. Research findings will be published in international refereed journals and presented at relevant meetings but participants will not be identified in any way. I understand that the assessment interviews and group work will be audio recorded and that the transcriptions will be stored on CD-ROM in a locked filing cabinet in a locked room at the researcher’s office. The CDs will be held for five years before being destroyed.

I have read and understand the information about the research. I am not aware of any condition that would prevent the participation of the person in my care, and I agree to their participation in this project. I have had the opportunity to ask questions about their participation in the research. All questions I have asked have been answered to my satisfaction.

This research has been approved by the Ethics in Human Research Committee at Charles Sturt University, RSLLifeCare and the Research and Ethics committee of Anglicare. I understand that if I have any complaints or reservations about this research, I may contact:

The Executive Officer
Ethics in Human Research Committee
The Grange
Charles Sturt University
Bathurst NSW 2795

Tel: (02) 6338 4628
Fax: (02) 6338 4194

Elizabeth MacKinlay AM
Principal Researcher
Centre for Ageing and Pastoral Studies
15 Blackall Street
Barton ACT 2600
6273 8551

December 2011
Consent

I, ____________________________________________
(name of Legal Guardian / Power of Attorney, please underline as relevant)

of ________________________________ __________________ ________
(street) (suburb/town) (state) (postcode)

am willing for ____________________________________________
(name of person in your care)

of ________________________________ __________________ ________
(person’s residential address) (person’s (state) (postcode)

residential address) (state)


to take part in the above named research.

________________________________________

Signature: ________________________________
(of Legal Guardian / Power of Attorney) (of witness)

Date: ___________ Witness: ____________________________
(Please print name)
Minimising the impact of depression and dementia for elders in residential care

Consent Form (Resident)

I understand that participation in this research is voluntary. I understand that I am free to withdraw my participation in the research at any time without penalty or discriminatory treatment.

My identity as a participant in this research will remain confidential. I will not be identified in any published or unpublished accounts of this research, which will be published in international refereed journals and presented at relevant meetings. I understand that the assessment interviews will be audio recorded and that the recordings will be stored on CD-ROM in a locked filing cabinet in a locked room at the researcher’s office. The CDs will be held for five years before being destroyed.

I have read and understand the information about the research. I am not aware of any condition that would prevent my participation, and I agree to participate in this project. I have had the opportunity to ask questions about my participation in the research. All questions I have asked have been answered to my satisfaction.

This research has been approved by the Ethics in Human Research Committee at Charles Sturt University, RSLLifeCare and by the Research and Ethics committee of Anglicare Canberra and Goulburn. I understand that if I have any complaints or reservations about this research, I may contact:

The Executive Officer
Ethics in Human Research Committee
The Grange
Charles Sturt University
Bathurst NSW 2795
Tel: (02) 6338 4628
Fax: (02) 6338 4194

Elizabeth MacKinlay AM, Principal Researcher
Centre for Ageing and Pastoral Studies
15 Blackall Street
Barton ACT 2600
6273 8551
December 2011
Consent

I, ________________________________ _______________________________________
(name of participant)

of _______________________________ _______ _______ (street)
(suburb/town) (state) (postcode)

am willing to take part in the above named research.

________________________________________

Signature: ____________________________ ____________________________________
(of participant) (of witness)

Date: ___________ Witness: ________________________________
(Please print name)
Minimising the impact of depression and dementia for elders in residential care

Information for Participants

This study is being conducted through Charles Sturt University and the Centre for Ageing and Pastoral Studies at St Mark's National Theological Centre with partners Anglicare Canberra and Goulburn and RSL LifeCare. The principal researcher is Rev Dr Elizabeth MacKinlay AM who is well known for her work in dementia, ageing and spirituality.

The study will trial group work approaches to improve quality of life of elders who have dementia and depression and are in residential care.

Participants will complete assessments of cognitive ability, depression, and spirituality/religion. The total time to complete the assessments will be up to half an hour. Following assessment, participants will be offered the chance to take part in a weekly group session of music and spiritual reflection. Participants will then have an initial interview that will be audio recorded and transcribed for research purposes. All group sessions will be 45-60 minutes in length, run once weekly for 18 weeks and be facilitated by an appropriately qualified person. Two assessments will be done at mid point of the study and at the conclusion of the group process. Research findings will be published in international refereed journals and presented at relevant meetings but participants will not be identified in any way in any written or verbal reporting.

All notes and recordings will be CONFIDENTIAL at all times. Data will be used for future work in residential care. Data will be kept in locked storage until they are disposed of as confidential waste as per University ethics requirements.

The resident may withdraw at any point throughout the process, without penalty or loss. There are no risks or side effects of the study process.

This study has been approved by the Ethics in Human Research Committee at Charles Sturt University and the Anglicare Research and Ethics committee. If you have any complaints or reservations about the ethical conduct of this project, you may contact the Committee through the Executive Officer:

The Executive Officer  
Ethics in Human Research Committee  
The Grange  
Charles Sturt University  
Bathurst NSW 2795

Tel: (02) 6338 4628  
Fax: (02) 6338 4194
Any issues you raise will be treated in confidence and investigated fully and you will be informed of the outcome.

We invite your agreement to participate in the research by signing the attached consent form.

Elizabeth MacKinlay AM, Principal Researcher
Centre for Ageing and Pastoral Studies
15 Blackall Street,
Barton ACT 2600
(02) 6273 8551
December 2011
Appendix 2 – The program of music and a pastoral approach
Pastoral Care Program – guide for facilitators

Pastoral Care
Gabrielle Brian

Outline of Pastoral Care Program
Session One – Gratitude, Blessings
Session Two – Images of God
Session Three – Peace and Forgiveness
Session Four – Hope and Expectation
Session Five – Joy and Happiness
Session Six – Strength and Faith
Session One  
Gratitude, blessings

Items to be used:

- **Small shrub in a pot** as a focus for each week’s activity. The shrub can be placed on the floor or on a small table (depending on the space).

- **A sacred space** with meaningful items (to be created on a cloth on the floor in the middle of the circle or on a table). Can include items such as for example stones (for the element earth), tea lights (for the element fire), a rosary or cross, Spring leaves/flowers/branches or feathers for Spring, Autumn leaves for Autumn, etc. (depending on the season)

- **Liturgical signs and symbols** such as for example an Advent wreath crown for Advent, a violet cloth for Lent, etc.

- **Copy of poem “My Country”** by Dorothea MacKellar

- **CD player**

- **3-4 theme songs** (max 10 minutes of music)

- **Other resources when sessions are repeated:** Isaiah 35

- **Thanksgiving cards** “This is what I am grateful for in my life...”. Could be drawn or paper leaves, (vintage and antique) postcards, or other paper art craft – idea can be adapted for different seasons

- **A small pin board to pin Thanksgiving cards onto**

Aims:

- To introduce the participants to each other and to this weekly exercise in a friendly, non-threatening way;

- To build on the appreciation of nature which they have expressed in the Spiritual Assessments;

- To lead participants into an understanding of the things in their lives for which they are grateful as blessings in their lives.

In repetitions of this session:

- To look back over the year/over these sessions and the blessings the year/gatherings have brought.

- To reflect on the connection between the seasons of the year and the seasons of lives.

- To reflect on the importance of gratitude in our everyday lives, leading to a reflection on thankfulness for the blessings we have received.

- Sessions cover the liturgical year, and an important aim is to connect with the liturgical seasons.
Sequence:

- Introduction to each other and to the theme for today
- Discussion about the things in our lives we are grateful for, the blessings we receive
- Reading of “My Country” and discussion about the aspects of nature for which the author expresses gratitude
- Sharing around the feathers to hold – birds as one aspect of creation – link with Spring or the Autumn leaves – link with Autumn
- Writing on the cards (with assistance) something for which each one is grateful, placing these on the “branches” of the tree, on a pin board, etc.
- Facilitator composes a “thank-you” prayer from the words on the cards.

In repetitions of this session:

- Discussion about the seasons: What is your favourite season?
- Memories of the seasons – what do you associate Spring/Summer/Winter/Autumn with, etc.?
- “For everything there is a season...”
- Seasons of our lives – the circle of life. Jesus words “I have come that you may have life” at every age and stage of life.
- Reading of Isaiah 35 – “The wilderness and the dry land shall be glad....”
- Connecting with the liturgical season.
- Reflecting on the journey of the group over preceding weeks – what they have enjoyed.
- Individually, with assistance... This is what I am grateful for in my life....
- Group sharing - This is what our blessings look like.....
Session Two
Images of God

Items to be used:
• Small shrub in pot – as a focus for each week’s activity.
• A candle (lit before every session begins)
• A sacred space with meaningful items such as for example stones (earth), tea lights (fire), a rosary or cross, spring leaves/flowers/branches or feathers for Spring, Autumn leaves for Autumn, etc. – depending on the season (can be created on cloth on the floor in the middle of the circle or on a table)
• Can include liturgical signs and symbols such as for example an Advent crown for Advent, a violet cloth for Lent, etc.
• Thanksgiving cards from last week’s session as well as some spare cards
• Pottery vases
• Bible – Jeremiah goes down to the Potter’s house: Jeremiah 18:1-6
• Psalm 23

In repetitions of this theme:
• Some work with clay
• Music: 3-4 theme songs (max 10 minutes of music). In repetitions, different songs may be used (see suggestions)

Aim:
• To encourage the participants to reflect on their images of God and perhaps reassess these images.
• To build on the previous week’s theme of gratitude, blessings.
• To facilitate their coming to know each other better and feel more comfortable in the group. 
• In repetitions: To encourage participants to reflect on the people in their lives who have shown them something of what God is like.

Sequence:
• Introduction to each other and to the theme for today – Images of God
• Recalling last week’s theme, by re-introducing Thanksgiving cards and gratitude tree/pin board
• Discussion about early memories of God – Sunday school?
• Often our earliest image of God comes from our experience of our own father – discussion about this.
• Who taught you what God is like?
• Have your ideas about what God is like changed over the years?
• When do you feel most near to God or that God is near to you?
• Jeremiah’s image of God – going down to the potter’s house
• Read Jeremiah 18: 1-6
• Reflective work with clay, while theme music is played softly
• Jesus’ images of God – the Good Shepherd, the Shepherd who goes searching for the lost sheep, the mother hen gathering her brood under her wings.
• Finish with Psalm 23
• If anyone has anything else they feel grateful for, a blessing in their lives, add to “leaves” (cards) on the tree/pin board.
Session Three
Peace and forgiveness

Items to be used:
- Small shrub in a pot as a focus for each week’s activity. The shrub can be placed on the floor or on a small table (depending on the space)
- A sacred space with meaningful items (to be created on a cloth on the floor in the middle of the circle or on a table). Can include items such as for example stones (for the element earth), tea lights (for the element fire), a rosary or cross, Spring leaves/flowers/branches or feathers for Spring, Autumn leaves for Autumn, etc. (depending on the season)
- Liturgical signs and symbols such as for example an Advent crown for Advent, a violet cloth for Lent, etc.
- CD player
- 3-4 theme songs (max 10 minutes of music)
- Bible – the Prodigal Son, Luke 15:11-32
- Copy of Rembrandt’s painting, The Return of the Prodigal Son (commonly available on the Internet, can be printed out)

In repetitions of this session:
- A forgiveness story, for example the story of Sadako Sasaka ‘A Thousand Paper Crains’ with an origami paper crane for each participant as a symbol of this session. A summary of the story is commonly available on the Internet (an example is: http://www.peacecraft.cc/story_of_sadako.html) as well as the pattern for the paper crane (for example: http://www.monkey.org/~aidan/origami/crane/crane1.html).
- Other forgiveness stories can be found on: http://www.hawaiiforgivenessproject.org/stories/Forgiveness-Stories-print-07.pdf

Aim:
- To build on the previous week’s theme of images of God
- To encourage the participants to reflect on their images of God as a God of forgiveness
- To encourage them to draw on their own inner resources through the experience of a relaxation exercise – and as an aid to prayer
- To facilitate their coming to know each other better and to feel more comfortable in the group.
- In repetitions: To encourage participants to reflect on people they know personally, or have heard about who have displayed forgiveness in their lives (as examples could serve Elie Wiesel, a holocaust survivor who was awarded the Noble Peace Prize in 1986 for speaking out against violence, repression and racism)

Sequence:
- Introduction to each other and to the theme for today – Peace and forgiveness
- Recalling last week’s theme – leading into today’s theme
- Listening to theme songs/classical music and discussion on what it evokes
- Relaxation exercise (see below), finding a place of peace within.
- Sharing of our peaceful places
• Jesus’ gift of peace: “Peace I give to you, my own peace I leave with you. Do not let your hearts be troubled or afraid”
• “Do not be afraid”
• What can take away peace?
• Including resentments and lack of forgiveness – further discussion on the results of holding on to hurts, resentments and lack of forgiveness.
• Reading of the Prodigal Son (lighting of candle) and discussion
• Quiet reflection: Is this my image of God, as the forgiving Father?
• Sharing of Rembrandt’s painting – The Return of the Prodigal Son
• In repetitions – a forgiveness story, for example Eleanor Coerr’s story of Sadako and the Thousand Paper Cranes
• Invitation to offer a Sign of Peace to each other

Relaxation exercise
The aim of a relaxation exercise is to relax the bodies and minds of participants and to provide an opportunity for nurturing their spirits. For people with a religious faith, these can be prayer times. For all, these can be time of healing. People with dementia who may no longer understand the spoken words often still benefit from the creation of a quiet space. If staff are able to join in they have been seen to benefit as well from this quiet space in their busy days.

The practice of deep relaxation
Participants are sitting comfortably, having their eyes closed. Facilitator leads them to relaxing each part of the body in turn and then into a visualisation exercise:

• Visiting in the imagination a favourite, peaceful place, either one they have been to or an imaginary place – alone or with someone special. (I call this “daydreaming”)
• Coming across a spring of healing water – perhaps splash in it, drink it, sit in it… whatever place the water touches, it heals emotionally, physically.
• Finding a treasure – either a material object or a strength we need today
• Enjoying a garden, either alone or with someone special
• Sitting peacefully by a river…
• Meeting a wise person – perhaps suggesting Jesus or God, for those who have faith, listening to what that person has to say to you.
• Walking along the beach, enjoying the breeze, gentle sunshine etc.

It’s important to encourage participants to use all their senses – listen to the sounds, take note of the smells, feel the gentle breeze and sunshine on your skin...
At the conclusion, give them time to open their eyes and come back peacefully to the room.
Session Four
Hope and Expectation

Items to be used:
- Small shrub in a pot as a focus for each week’s activity. The shrub can be placed on the floor or on a small table (depending on the space)
- A candle (to be lit before every session begins)
- A sacred space with meaningful items such as for example stones (earth), tea lights (fire), a rosary or cross, spring leaves/flowers/branches or feathers for Spring, Autumn leaves for Autumn, etc. – depending on the season (can be created on cloth on the floor in the middle of the circle or on a table)
- Can include liturgical signs and symbols such as for example an Advent wreath for Advent, a violet cloth for Lent, etc.
- Bible – Psalm 42
- And Matthew 14:22-32
- CD player
- Soft music-(3-4 theme-songs)
- “You raise me up”, Secret Garden

In repetitions of this session:
- Bible – Jeremiah 29:10-15
- Newspaper article - inauguration of President Barack Obama (or another figure who speaks to people of hope such as for example Anne Frank, Elie Wiesel (World War II), dr. Martin Luther King, or anyone who is dear to you)

Aim:
An important overall aim of the sessions is to connect with the liturgical season. In the Christian Tradition the season of Advent represents hope and expectation. If therefore used in Advent:
- to introduce the season of Advent

Hope and expectation however are essential for survival, ; they capture the sense of striving for something in the future, a goal to move towards. If not held in the season of Advent, the aims of the session therefore are:
- To look at the meaning of hope, especially in later life, in the context of (Christian) spirituality.
- To move from an understanding of hope and expectation to the deeper meaning of the virtue of hope.
- In repetitions: If this session is held in any other liturgical season, a connection could be made – what did this season mean to them previously? What does it mean to them now?

Sequence:
- Introduction to this week’s theme
- Introduction to each other and to the theme for today – Hope
- Recalling last week’s theme – peace and forgiveness

If held in Advent:
- Sharing memories of Christmas, including family rituals.
• Looking forward to Christmas
• The importance of having something to look forward to, no matter how small it may seem.
• Did you celebrate Advent as a child?
• What does it mean to you now?
• The meaning of Advent – coming, expectation, longing
• (In this part of the session different liturgical seasons can be used interchangeably)
  • Lighting of candle: Psalm 42: “As the deer longs for flowing streams...”
  • What does hope mean for people who have faith?
  • What gives you hope now?
  • The story of Peter, walking on water: Matthew 14:22-32
  • Listening to theme music

In repetitions of this session:
• Listening to one or two of the theme songs together and together looking at the meaning it evokes and sharing of thoughts
• Discussion about what participants hoped for as children, what they hope for, for their families
• Reading of Jeremiah 29:11-15 and sharing of thoughts
• Discussion about the deeper meaning of hope – that our lives are in the hands of a loving God – trust in God.
• Sharing of their hopes for this year
Session Five
Joy and happiness

Items to be used:

- Small shrub in a pot as a focus for each week’s activity. The shrub can be placed on the floor or on a small table (depending on the space)
- A candle (to be lit before every session)
- A sacred space with meaningful items such as for example stones (earth), tea lights (fire), a rosary or cross, spring leaves/flowers/branches or feathers for Spring, Autumn leaves for Autumn, etc. – depending on the season (can be created on cloth on the floor in the middle of the circle or on a table)
- Can include liturgical signs and symbols such as for example an Advent crown for Advent, a violet cloth for Lent, etc.
- Pictures of happy events/people (For example, photos, calendar pictures, photo language)
- Bible – John 16: 20-24
- CD – 3-4 theme songs/classical works
- CD player

In repetitions of this session:

- Matthew 23:37
- Poem: “There is no place where God is not” Spurgeon (http://www.appleseeds.org/Spurgeon_Glory-God.htm)
- Butcher’s paper and pen

Aim:

- To look at the theme of happiness, with the aim of looking more deeply at the gift of joy, which can transcend present circumstances.
- To connect with the liturgical season in which this session is held.

Sequence:

- Recalling last week’s theme – Hope
- Introduction to this week’s theme: Joy and Happiness
- Invitation to share our happiest memory
- Photo language/photos/pictures – choose a picture that appeals to you – discussion starter
- Jesus words: John 16:20-24 (light candle)
- Reflections on Jesus’ words re. a woman giving birth – are there other similar experiences – where we forget the struggle because of the joy that follows?
- Discussion on joy – can we be joyful even when circumstances are difficult? What helps us hold onto that deeper joy?
- (Optional) Singing: “Rejoice in the Lord always” or another song that represents joy and happiness
In repetitions of this session:

- Reflecting on people we have known who have shown deep joy in the face of obstacles and challenges. The beauty of faces, which are lit by joy.
- Recalling the happiest times in our lives.
- Happy people I have known...
- Listing “Joy is...” “Happiness is...”
- Listening to theme songs/classical works
- Reading Matthew 23:37- discussion of this image of God, the mother hen.
- Discussion – from participants’ own experience
- Finishing with poem: “There is no place where God is not” Spurgeon
Session Six
Faith and Strength

Items to be used:

• Small shrub as a focus for each week’s activity. The shrub can be placed on the floor or on a small table (depending on the space)
• A candle (to be lit before every session)
• A sacred space with meaningful items such as for example stones (earth), tea lights (fire), a rosary or cross, spring leaves/flowers/branches or feathers for Spring, Autumn leaves for Autumn, etc. – depending on the season (can be created on cloth on the floor in the middle of the circle or on a table)
• Can include liturgical signs and symbols such as for example an Advent crown for Advent, a violet cloth for Lent, etc.
• Cut out cardboard stars
• Bible – Luke 2:32-40
• For repetitions – Mark 14:32-42
• John 20:11-18 (Holy Week and Easter)
• CD – theme songs/classical works
• CD player

In repetitions of this session:

• “The Women of the West”, George Essex Evans
(http://www.poemhunter.com/poem/the-women-of-the-west/)
• Listening to theme songs/classical works
• Cloth and Cross (Cross made from small branches from the group’s tree)

Aim:

• To look at the theme of faith and strength, to help the participants recognise their own inner strength and that of people who have inspired them.
• To help them appreciate the gift of Faith in helping them cope with life’s challenges, especially those of ageing.
• To affirm the gifts they have passed on to other generations, their continuing generativity.
• To connect with the Liturgical Season (Advent and Christmas, Holy Week and Easter, etc.)
• To offer an opportunity for prayer and ritual, enabling them to appreciate further their contribution through prayer for those in need.

Sequence:

• Recalling last week’s theme – Joy and Happiness
• Introduction to this week’s theme
• Theirs is a strong generation. What has made them strong?
• Examples of people they have known personally or have heard about who have transcended life’s difficulties.
• The example of Anna and Simeon: Luke 2:32-40
• What has been the most difficult change in your life?
• What helped you cope?
• Have you helped someone else through a difficult time?
• What strengths do you think younger people need today?
• Do you think that today’s younger people will have the strength to cope that you have? Why?
• What would you hope for, for younger generations?
• Writing on “stars” – for our young people I pray:
• Prayer from the words on the “stars”.

In repetitions of this session:
• Reference to a current crisis (please be aware of any social or community theme that can relate to the topic – think about the floods of the last two, three years)
• When people come through such crises, what helps them cope?
• Poem: “The Women of the West” – the strength of those who have gone before us.
• Ritual: silence as we reflect on those who have lost their lives in a current crisis and on the survivors

Silence after each petition:
• We acknowledge all those who have lost their lives in natural disasters. We thank God for the time they have spent on this earth and ask that God will take them to be with Him forever.
• God has given us a beautiful country to honour and care for, a country that knows the gentleness and the wildness of nature. May we walk with care and gratitude on this earth.
• We pray for the survivors of the bushfires, that they may have strength to come through this suffering and know the love of God and the care and compassion of others.
• Invitation to others to pray or express their thoughts and hopes.
• Song: “Deep Peace” as a prayer for those affected by the fires and for us and our loved ones.
• If Holy Week/Easter: Reading of Mark 14:32-42 – the Agony in the Garden, followed by quiet time for reflection.
• Maybe we have had the experience of coming through a dark time. Our faith tells us that Good Friday wasn’t the end. Easter. Symbolism of the egg and new life.
• Reading of John 20:11-18 - Mary at the tomb.
• Quiet time
• If Easter, wishing each other a happy Easter, or appropriate for the season – a Sign of Peace
• Final session: Thanks for gathering for these eighteen weeks – a Sign of Peace.
• Perhaps a parting memento of the gatherings.