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Exploring the expression of everyday aesthetic preferences in dementia through design

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Exploring the expression of everyday aesthetic preferences in dementia through design

Marney Walker

A thesis submitted in partial fulfilment of the requirements of

Sheffield Hallam University

for the Degree of Doctor of Philosophy

March 2025

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2. None of the material contained in the thesis has been used in any other submission for an academic award.
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Exploring the expression of everyday aesthetic preferences in dementia through design

Marney Walker

Abstract submitted in partial fulfilment of the requirements of Sheffield Hallam University for Degree of Doctor of Philosophy

Abstract

A growing number of people living with dementia are challenging the predominant narrative of dependency and negative assumptions about capability. Although cognitive impairments can impact on orientation, planning, memory, verbal communication, and narrative biography, it is understood that sensory, emotional sensibilities and an embodied sense of self survives. Whilst person-centred care is advocated, there is limited evidence of how people with dementia can contribute to the personalisation of their environment. Visual access in environmental design for dementia can support function and orientation. Visual stimuli can be effective in supporting communication. Visual arts viewing and activities have been shown to improve mood, attention, communication and dyadic care relationships. Building on this evidence, this study took an assets-based approach to utilise visuo-sensory capabilities understood to be relatively unaffected by cognitive impairments. A mixed methodology drawing on design and sensory ethnography, object elicitation and cultural probes was used. In Phase 1, (in accordance with COVID19 social restrictions), an accessible framework of engagement was devised that invited individual participants to share their everyday aesthetic preferences for a mug, colours, and spaces in their homes via videoconferencing. This method was tested firstly with participants without dementia in Phase 2 and then participants with mild to moderate dementia in Phase 3. Design was used as a mode of interpretation to create personalised records of preferences. There was little difference between the ability of participants with or without dementia to express preferences. Personal meanings and associations emerged. Phase 3 participants' sustained levels of engagement suggested an enhanced sense of agency, that provoked positive emotions and reinforced a sense of self. Their colour choices elicited accounts of objects, environments and experiences that held personal significance. Spaces that enabled engagement in activities they enjoyed were preferred. The personalised images acted as a portal to reliving experiences. This study makes a methodological contribution to how designers and practitioners can collaborate with people with dementia using an accessible framework of engagement.

Key terms: everyday aesthetics, dementia, preference, sensory, design for health

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Exploring the expression of everyday aesthetic preferences in dementia through design

INTRODUCTION

The number of people living with dementia in the UK continues to grow (estimated as 944,000 in 2023) and is projected to be over 1 million by 2030 (Alzheimer's Research UK, 2023). There continues to be a narrative around dementia as one of negativity, characterised by tragedy, helplessness and dependency, placing a burden on society. In a society that values intellect, a disease that affects cognitive function can influence attitudes and assumptions about capability. This can leave people living with dementia with limited choice and control in everyday life. These attitudes are being challenged by a growing number of people with lived experience of dementia who are beginning to influence practice and research (Ashworth et al., 2023).

This practice-led inquiry seeks to build an understanding of the role of design in supporting the expression of everyday aesthetic preferences in dementia. The impetus for this study was the growing recognition that although there is an emphasis on providing person-centred care, the amount of choice and control people with dementia have over their immediate environment in everyday life is limited. A body of literature exists that demonstrates the value of visual access in the design of the environment to support function and orientation in dementia. However despite the emergence of person-centred care approaches, there is limited evidence of how people with dementia are actively involved in how their immediate environment is personalised. This may be partly due to difficulties in verbal communication that can lead to negative assumptions about capability. Building on evidence that visual stimuli can support communication in dementia, this study challenges these assumptions by exploring how

design can contribute to creating accessible ways to support the expression of everyday aesthetic preferences.

This asset-based approach utilised visuo-sensory[1] sensibilities, embodied knowledge and emotional memory understood to be relatively unaffected by dementia. It highlights how visual stimuli can scaffold conversations about what people like and why, in the context of everyday life at home. Design is both the subject and the method through which this inquiry was conducted to develop, test and analyse a framework for engagement with people with early to moderate stage dementia. Situated in the context of design for health research, this interdisciplinary study draws on research and practice in design and dementia care informed by people with lived experience of dementia. It explored the potential for these methods to be transferable and utilised at earlier stages along the dementia care pathway (Royal College of Psychiatrists, 2018) to enable people with dementia to exercise choice and control in how they plan for the future.

Interdisciplinary practice in a design for health context



Figure 1: Interdisciplinary practice

[1] The definition of visuo-sensory used throughout is understood as "*pertaining to or involving visual perception of sensory signals*" (Oxford English Dictionary, 2024).

Amongst healthcare professionals there can be limited understanding of how design can support people living with dementia. Amongst designers there can be limited understanding of how the environment can create barriers to active engagement and inclusion in everyday life. My approach is informed by my interdisciplinary practice that spans housing, health and social care, and design (Fig. 1). As an occupational therapist specialising in advising on accessible and inclusive housing design, central to my practice is an interest in the impact of the environment on behaviour and wellbeing. This study was prompted by evidence that design can address issues experienced by people living with complex cognitive impairments like dementia. I used design as a lens to develop a mixed methodology that explores how to utilise visuo-sensory sensibilities and capabilities understood to be retained in the progression of dementia.

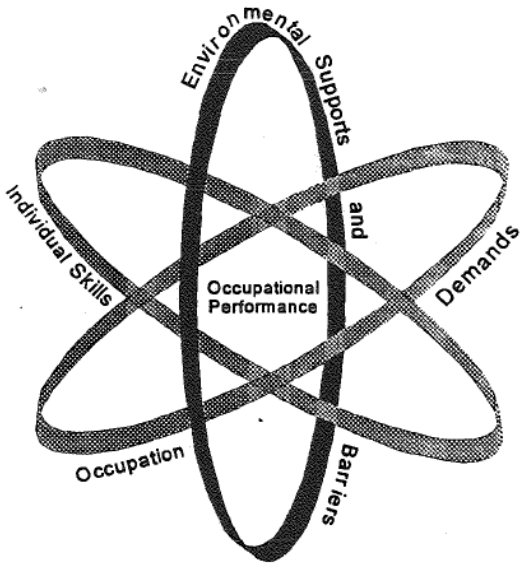


Figure 2: The Person Environment Occupation model of occupational performance (Law, 1996 et al., p. 15)

The Person Environment Occupation (PEO) model of occupational therapy performance (Law et al., 1996) (Fig. 2) places an emphasis on how physical and

psychosocial factors in the environment influence an individual's ability to live the way they choose (RCOT, 2022). A central tenet in occupational therapy to supporting individuals to do what they want to be able to do is that the activities are "meaningful". As Townsend & Polatajko (2007, p. 89) point out, "*It is impossible to give an individual's meaning other than the subjective meaning that they, themselves, choose to give it*". To understand what is subjectively meaningful to an individual, Kennedy & Davis (2017, p. 104) advocate a person-centred approach in which "*occupational therapists must be creative and resourceful in considering the client's choices, interests, motivation, and passion to establish and work toward a meaningful goal.*" However, within public sector resource constraints there are limited options. Working with disabled and older people to find solutions to support active engagement in everyday life convinced me of the profound effect that the stigmatising and clinical appearance of equipment and adaptations can have, not only on self-image but on the perceptions and attitudes of others. My experience was one of institutionalised constraints that can pose barriers to innovation (Moren et al., 2011). In healthcare, a predominant medical model that defines people by diagnosis (Pollard & Block, 2017) is perpetuated. Recipients of social care are expected to prove eligibility and entitlement for services (Cottam, 2018, p. 210). Opportunities to find creative solutions to the situations I encountered were limited.

In seeking better solutions, I undertook training in design (BA in 3D Design) and design research (MA in Design Research for Disability (DRD)). The mixed cohort of healthcare practitioners and design graduates on that MA course introduced me to the interdisciplinary interface and overlaps in practice in the context of design for health. Whilst my experience as a healthcare practitioner reinforces the need to ensure the solutions are evidence based, design training introduced me to creative ways to address barriers encountered by people living with a range of physical and cognitive impairments.

My experience of delivering a Disability Studies module on the MA DRD programme at London Metropolitan University challenged me to question societal attitudes that inform institutionalised discrimination and its impact on the recipients of the services. It is learning from strategies adopted through lived experience, founded on a cultural model of disability and ageing (Lee, 2020) that is central to my approach. I see my role as acting as an advocate for people who have physical sensory, or cognitive impairments, or experience issues related to neurodiversity.

As a specialist advising on the design of inclusive and accessible housing, central to my practice is collaboration, to devise innovative approaches to creating environments that people want to live in rather than have to live in due to physical sensory or cognitive impairments (Walker, 2017a, 2017b). Training in environmental design for dementia provoked me to question whether, if attention to lighting (McNair et al., 2019) visual contrast and sightlines (Marquardt et al., 2014) could support orientation and function, would preferences for the way things look be a motivating factor?

My design training introduced me to critical and speculative design approaches (Dunne & Raby, 2013; Tharp & Tharp, 2019) that inverts assumptions, and embrace uncertainty and ambiguity rather than anticipating outcomes. My project *Change your view* explored the experience of overstimulation in city centre environments: too much noise, too many people, too much choice (Walker, 2010a). I devised provocations that use the existing fabric and sensory stimuli in the environment to introduce alternative sensory experiences of space, sound, and vision. *Standstill*: a step bolted to a road sign that provides a view over the crowd (Fig. 4) *Lull*: ceramic cups shaped like headphones that replicate the sound of sea in shells (Fig. 5). A visual analysis of the colour in a city centre high street that separates the colour from the verbal information (Figs. 6 and 7). *Moss Ledge*: a planter installed on shop window ledges uses runoff to introduce a

miniature rural landscape and reflections of the sky into the commercial environment (Fix X).



Figure 3: Standstill



Figure 4: Lull

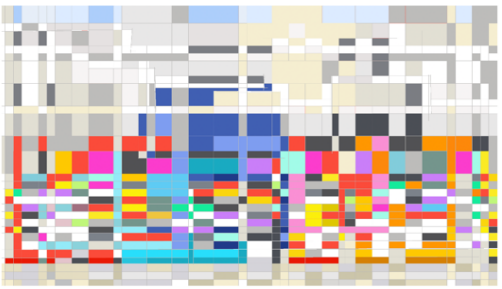


Figure 5: The colour of North Street



Figure 6: The words on North Street



Figure 7: Moss Ledge

Pertinent to the focus of this study that explores object relationships to support personalisation, my project: *What do you keep and why?* revealed that the things

people keep are often associated with significant relationships and positive life experiences. *Textme* proposed a way to make precious personal messages more permanent by converting them into a personalised coaster; a tangible everyday reminder. (Walker, 2010b).

Learning from lived experience

As a healthcare practitioner conducting this research in a social and relational context, my approach is informed by learning from people with lived experience of dementia who are seeking to influence the delivery of services and research (Litherland & Hare, 2024). This has included volunteering in user-led community groups and events as well as from the participants in this study. For this reason, where relevant, I used quotes from participants with dementia to forefront their perspective throughout this thesis. The intention is to contribute to a shift in understanding of dementia as one of human rights and social citizenship where the voice of people with lived experience is heard. The aim is to challenge the tendency for "othering" where people with dementia are passive recipients of care.

As outlined above, my combined experience has influenced my reflexive approach to this practice-led study, situated in the context of design for health research and how I framed the aim and objectives as follows:

Aim

To build an understanding of the role of design in facilitating the expression of everyday aesthetic preferences to support agency and a continued sense of self in dementia.

Objectives

OBJECTIVE 1: To establish why it is important for people with dementia to have choice and control over how their immediate environment is personalised. (Chapter 1)

OBJECTIVE 2: To identify opportunities for a design-led inquiry that takes an assets-based approach to create accessible ways to express everyday aesthetic preferences. (Chapter 1 + 2)

OBJECTIVE 3: To establish the rationale for using a design-led inquiry that employs a qualitative mixed methodology to explore, and analyse how everyday aesthetic preferences are experienced and expressed. (Chapter 3)

OBJECTIVE 4: To use practice-led design methods to create an accessible framework of engagement through which to present, share and document everyday aesthetic preferences. (Chapter 4)

OBJECTIVE 5: To analyse whether using the 'Shared Looking' framework of engagement can reveal knowledge about the person and what matters to them. (Chapter 5)

OBJECTIVE 6: To consider the potential for this approach as a transferable methodology in dementia care practice and design research. (Chapter 6, Annotated Portfolio, Appendix 24)

Questions this study seeks to answer

To meet these objectives I sought to answer the following questions:

1. If people with dementia can express and retain aesthetic preferences, does this apply to their everyday aesthetic preferences ?
2. If visual stimuli can support orientation, function, engagement and communication in dementia do personal preferences for the way things look matter ?

3. How can design utilise emotional, embodied and visual-sensory sensibilities understood to survive dementia to create accessible ways to support expression of everyday aesthetic preferences ?
4. What factors influence choice of everyday aesthetic preferences?
5. Can the ability to express preferences through everyday objects and environments support an implicit, embodied sense of self?
6. Could providing accessible ways to express everyday aesthetic preferences enable people with dementia to contribute to how their environment is personalised?
7. Can being able to express everyday aesthetic preferences challenge negative assumptions about capabilities?

The rationale for this study and the practice led approach that has been adopted in seeking to answer these questions is presented as follows:

Structure of thesis

Chapter 1 sets out where this practice-led design research is situated in the context of current dementia discourse, research and practice in dementia care; design for dementia research, and learning from lived experience. **Chapter 2** establishes the rationale for exploring expression of everyday aesthetics in dementia through design to support personalisation of the environment. **Chapter 3** sets out the philosophy and theory that underpins my epistemological stance and rationale for using a qualitative mixed methodology and a reflexive approach to analysis. **Chapter 4** documents how visual and empathic research informed the development of a framework for engagement with participants tested with people with and without a diagnosis of dementia. **Chapter 5**: presents the findings and insights that emerged from an analysis

of the multimodal data generated from meetings with participants and their experience of taking part. **Chapter 6 Discussion** considers the benefits, challenges and limitations of using a design-led approach to support everyday aesthetic preferences in dementia and how the findings have been shared in academia, and across wider audiences. The **Conclusion** considers how the findings can contribute to developing ways to support people living with dementia to have greater agency and control over how the everyday environments that they use can be personalised.

Instructions to the reader

Annotated Portfolio

This thesis is accompanied by an annotated portfolio: **Do you know what you like?** that documents the visual research and design thinking involved in developing tools to engage and document participants' preferences. Signposted in the text as (◎) it has also been submitted as a hard copy so that it can be viewed alongside a reading of the thesis.

Personalised booklets

The personalised booklets provided to participants following each meeting into one can be viewed in Appendices 25, 26 and 27

Edited extracts from video recordings

Edited extracts from the videoconferencing recordings to convey the embodied non-verbal expression of preference were provided for the sole viewing of the examiners

Referencing participants

Participants are coded for confidentiality

- SH = participants without dementia
- SH2 = participants with a diagnosis of dementia

Referencing interviews with specialists

Specialists are coded for confidentiality as SP. Their names are given where permission has been granted.

Terminology and use of language

Appendix 1 provides definitions of key terms and use of language

Chapter 1: UNDERSTANDING DEMENTIA THROUGH DESIGN

CHAPTER 1: UNDERSTANDING DEMENTIA THROUGH DESIGN

Introduction

Dementia is a long-term neurological condition that is recognised by the World Health Organisation (WHO) as being one of the most common causes of disability and dependency globally (WHO, 2017). Its impact on the individual and society is becoming a focus for health care policy worldwide (Alzheimer's Disease International, 2024). This chapter situates my inquiry in the continually evolving context of design research and current practice in dementia care that advocates person-centred approaches. It highlights the importance of responding to the growing number of people with lived experience who are seeking to have greater agency in the delivery of their care and support. It identifies gaps in research, knowledge, and practice that offer opportunities for research through design to take an assets-based approach by utilising sensory, emotional and embodied capabilities understood to be retained when cognition becomes impaired. It demonstrates that whilst research has established the value of the design of the environment in supporting function and orientation for people with dementia, there seems to be a mismatch between an emphasis on personhood and how much choice individuals are afforded when shaping the design and appearance of their immediate surroundings. It sets out the importance of visual stimuli as a mode of communication.

Section 1.1: Approach to Contextual Review

This review considers how shifts in understanding about capabilities in dementia are beginning to inform research. A key driver in my approach to understanding the context of this study has been to ensure that the questions I am exploring and the

methods I have used have relevance to people with lived experience, and do not duplicate methods used in dementia care practice. This study has therefore been informed by a continuous review drawn from a diversity of sources including research, learning from practice, and people with lived experience, that may not have been documented in the literature. Whilst I bring my experience of advising on the application of design for dementia principles in housing, I do not have direct experience of working in dementia care settings. My original plan for immersion in the context of this study was to spend time on in-person observations of delivery of care and support and visiting examples of best practice in environmental design for dementia. However as the COVID19 pandemic social restrictions removed opportunities to do this, as an alternative approach to learning from practice I interviewed practitioners who had first hand experience. For this reason, where relevant, I have included direct quotes from these practitioners as well as my advisor Howard Gordon who is living with dementia and participants (as explained in the introduction, p.19) to support the rationale for this study. As a practice-led study the review was conducted alongside a reflexive approach to visual research using empathic design and bodystorming techniques to develop accessible methods of engagement. This has been documented in the accompanying portfolio **Do you know what you like?** signposted in the text (◎)

1.1.1 Learning from research

As an interdisciplinary practice-led design research study this review draws on academic and grey literature in the fields of dementia, ageing, design theory, design for health, environmental design for dementia, visual arts viewing and practice in dementia care. **Chapter 2** establishes the rationale for exploring expression of preferences through design. It is informed from literature on everyday aesthetics design and emotion, object relationships, environmental psychology and neuroarchitecture and

how these apply to "*altered sensitivity to environmental conditions*" in dementia (Van Hoof, 2010, p. 1244). (Appendix 2).

1.1.2 Learning from practice

As a practitioner, I bring my specialist experience of interpreting and applying environmental design for dementia principles to the design of inclusive and accessible housing for older people (Walker 2017a; Walker 2017b; Habinteg, 2024). Learning from centres of excellence in the UK, Europe and internationally and membership of the Dementia Alliance International (DAI) Environmental Design Special Interest Group (ED-SiG)[2] kept me abreast of global innovations.

To identify opportunities for design to contribute to current practice in dementia care I examined practices that seek to provide accessible ways to support meaningful engagement. As outlined above, I interviewed a selection of specialists in practice,[3] identified from the literature and through my own professional networks. This included occupational therapists, creative practitioners, designers and academics in design for dementia (Appendix 3). (Some gave permission to be named for certain quotes, elsewhere they are coded for confidentiality as ISP) I also attended and participated in conferences (Alzheimer's UK Conference 2022; Alzheimer's International Conference 2022; Dementia Congress 2019 and 2022; Dementia Lab 2022; 1:100/6000 Dementia Conference, Sheffield 2023; Dementia Futures, Sheffield 2023; Design4Health Conference, 2024; Dementia Lab 2025). (Appendix 24).

[2] ED-SiG https://dementiaallianceinternational.org/get-involved/special-interest-groups/ed-sig (accessed 28-09-24)
[3] Ethical approval ER25485303 (Appendix 8)

1.1.3 Learning from people with lived experience

A priority in this review was to learn from people with lived experience of dementia. First-hand accounts from user-led organisations (Dementia Engagement and Empowerment Project (DEEP); Deepness Dementia Media; Dementia Diaries; Dementia Alliance International) were also reviewed. During COVID-19 opportunities were limited whilst people living with dementia were categorised as "*shielding*" (Alzheimer's Society, 2022), so initial contact was online[4]. As social restrictions lifted, I visited local dementia community services (Fig. 8) and recruited Howard Gordon, a person living with dementia, as an Advisor (Appendix 4).

[4] Volunteer for SHINDIG https://www.shsc.nhs.uk/get-involved/service-user-groups/sheffield-dementia-involvement-group-shindig (accessed 09-02-25) and Resonate Arts https://www.resonatearts.org/creative-befrienders.html (accessed 06-02-25)

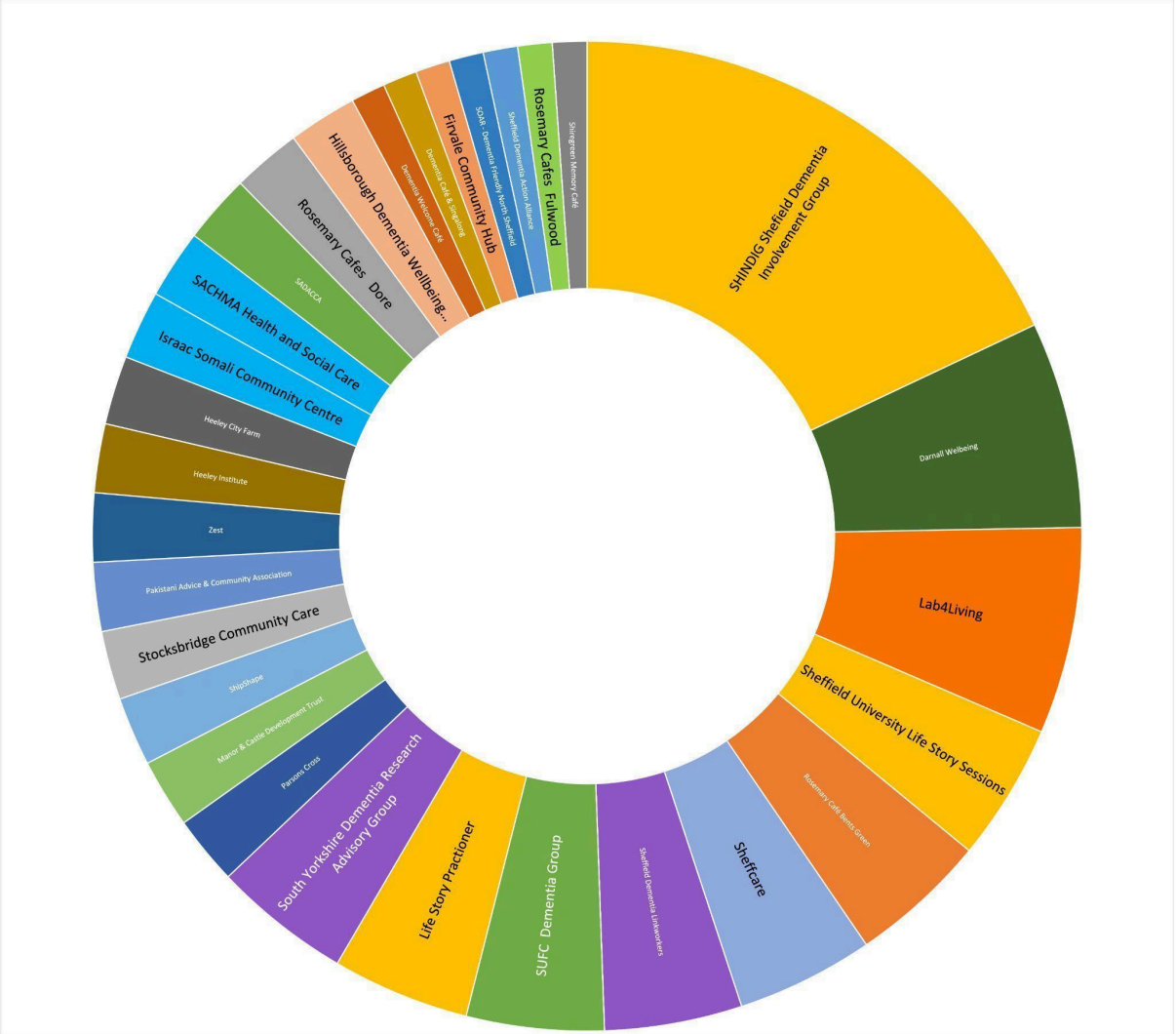


Figure 8: Familiarisation with dementia care practice and research in Sheffield

The relative size of the segments indicates level of contact, from one-off visits, to volunteering for Sheffield Dementia Involvement Group (SHINDIG). Whereas these services mainly provide programmes of activities, SHINDIG is a forum for consulting people with lived experience on delivery of statutory services and research. A vital element of these groups is peer support.

Section 1.2: Living with Dementia

This section critically examines how dementia is being re-conceptualised within a discourse influenced by a growing advocacy movement led by individuals living with the

condition. With an emphasis on social citizenship, it challenges negative assumptions about capabilities in dementia and highlights the importance of support that confers choice and control in everyday life. This includes the societal impact of dementia; the importance of learning from lived experience; and opportunities for interventions to address these issues.

1.2.1 Dementia: the scale of the issue

There is a significant and growing number of people living with dementia, estimated as 50 million globally (WHO, 2017). In the UK, this has increased from 850,000 in 2014, to 944,000 in 2023. In terms of impact on families and friends, in 2014 an estimated 750,000 informal care partners existed, predicted to exceed one million by 2030 (Alzheimer's Research UK, 2023).

1.2.2 Dementia: a group of diseases

Dementia is an umbrella term to describe a group of over100 progressive diseases, with Alzheimer's Disease being the most common, that cause decline in cognitive function and behavioural changes (Alzheimer's Research UK, 2023). Life expectancy and progression post diagnosis can vary from 6 to 20 years. It is typically classified in stages: early, middle, late; or mild, moderate, severe (Alzheimer's Society, 2023). Progression rates vary between disease types and individuals. Although research in dementia continues to focus on pharmacological treatments (Alzheimer's Research UK, 2025), an effective cure has not yet been found (WHO, 2023a paragraph. 5). The value of non-pharmacological interventions to support quality of life and cognitive health is recognised (WHO, 2021). Discussions on the clinical picture, aetiology, and neuropathology of dementia and the different types are beyond the scope of this study. The focus is on how people living with dementia can maintain active engagement and agency in their everyday lives. The rationale for recruitment of participants who identify themselves as having mild to moderate stage dementia is outlined in Chapter 3.

1.2.3 Dementia and its social and relational impact

As the prevalence of dementia rises, the social and economic implications are recognised as a significant societal issue (WHO, 2017). In a society that places a value on intellect, the impact of dementia on cognition can lead to misunderstandings about capability. From a disability rights perspective, Shakespeare's (2023) observation that: "*Dementia is a disease, but it is also a social experience"* underscores the need for a holistic, biopsychosocial approach (Gentry et al., 2018) that offers opportunities to understand the interconnection between dementia as a disease, and thoughts, feelings and emotions in a social context through design(Tsekleves & Keady, 2021).

Cognitive impairments can affect verbal communication including word finding, syntax, comprehension, reading and writing (Banovic & Sinanovic, 2018, p. 222). Degrees of difficulty vary but can lead to assumptions of incapability in dementia that impact on social interaction, and dyadic care relationships (Cheung et al., 2021). At earlier stages of dementia, people I met acknowledged difficulties in making themselves understood, and increasing reliance on care partners to speak on their behalf. One described a reluctance to speak for fear of making mistakes: "*If you're anxious, are you sort of showing something? You know, in a sense being silly? That's possibly what holds people back generally: that they're not wanting an adverse reaction."* (SH2-12, 10-11-22). Some admit avoiding drawing attention to their difficulties: "*If we are at an earlier stage we may still have some awareness and we try to protect our family from the reality."* (Gordon,11-04-24). Well-intentioned family and friends may become overprotective, limiting active engagement in everyday life (Niemann-Mirmehdi et al., 2019). Whilst verbal communication may become impaired there is a growing understanding derived from the increasing sophistication of brain imaging technology, about the function and interconnectivity between different parts of the brain. van Leeuwen et al. (2022, p. 3), draws on learning that spans neuroscience, art and design, proposing the notion of "*social cognition*" where information is processed within a social context. Social

interaction experienced in the present moment is therefore not necessarily reliant on recall of past events.

1.2.4 The Dementia Discourse



Figure 9: The dementia discourse: challenges and opportunities

A growing discourse is challenging assumptions about how much people living with dementia can continue to do for themselves (Ashworth et al., 2023). Figure 9 represents this shift in understanding of dementia solely as an incurable disease, to seeing it as a social experience. This aligns with UK policy aspirations for people to "*live well with dementia*" (Department of Health (DH), 2015) where the impact of interventions is measured in terms of "*wellbeing*" and "*quality of life"* (Public Health England, 2017). It sets perceptions of dementia as a devastating disease that renders the person incapable and dependent against potential opportunities for innovations to support these aspirations for wellbeing. Swaffer (2014) however, questioned whether this perpetuates an "othering" of people with dementia and to what extent this

influences public perception and understanding. Fletcher (2021, p. 6) points to how these conflicting narratives (incurable epidemic or living well) create "*dementia's dissonance"* that present a continuing challenge for people living with dementia in how they interpret their subjective experience.

The public understanding of dementia as a burden on society, continues to be reinforced in the media by negative stereotypes. Images of frail disengaged individuals in care homes (Low & Purwaningrum, 2020), dominate public consciousness. Terms such as "*zombie apocalypse*" perpetuate stigma (Bailey et al., 2021, p. 372). These narratives can contribute to dementia being one of the conditions that people fear most (Rasmussen & Langerman, 2019). It overshadows alternative discourses proposed by Bailey et al. (2021) where the notion of "social citizenship" frames dementia as a social issue requiring political and collective action.

The voices of people living with dementia are vital in reframing these narratives. The Dementia Conference: 1 in 100/6000 (2023), organised and led by people with dementia, challenged care partners to examine unconscious biases. As Ronald Amanze[5], remarked: "*We want to be cared <u>about</u>, not cared <u>for</u>*." People living with dementia advise that" *You have to push yourself, to be able to keep yourself well*" (Shaw, 2018) emphasising the benefits of agency and participation (O'Malley et al., 2022). As Mitchell (2018a, paragraph 3) further asserts: "*I'm living with dementia, not 'suffering.' Every person diagnosed will have had interests and talents beforehand, … encourage them to keep this up in some way.*"

1.2.5 Personhood

Kitwood (1997) first drew attention to the power of social and relational responses to dementia. He observed that well-intentioned but overprotective and restrictive

[5] Ronald Amanze https://ronaldamanze.co.uk/sample-page/ (accessed 26-09-24) speaking at the Dementia Conference (21-03-24)

attitudes lead to a "*malignant social psychology*" that confers a sense of "*illbeing*" (Kitwood 1997, p. 4). Focussed on the transactional nature of relationships he recognised that assumptions about incapability lead to adopting a parent /child attitude to interactions. Drawing on the concept of "i-thou", proposed by Buber (1970), that explores meaningfulness in human relationships, he highlights the importance of a spontaneous, intimate, and mutual, non-hierarchical exchange where recognition and respect is experienced on an emotional rather than an intellectual level (Kitwood, 1997, p. 10-12). He advocated attention to 'Personhood': "*A standing, or status bestowed upon one human being by others in the context of relationship or social being*" (Kitwood and Brooker, 2019, p. 7) to support a sense of subjective wellbeing. This places an onus on care partners to address negative attitudes and expectations (Kitwood, 1997). Seeing the person as an individual with a unique personality and combination of experiences and capabilities, rather than as a medical condition, can engender feelings of trust and inclusion (Kitwood & Brooker, 2019). Founded in ethics, social psychology and belief systems that place a value on human rights, this approach continues to be the founding principle that informs current policy and practice in person-centred dementia care in the UK (DH, 2018).

1.2.6 Social citizenship

Research exploring lived experience of dementia advocates "*facilitating and enhancing what matters most to people with dementia in their everyday lives rather than solely treating dementia symptoms*" (Huizenga et al., 2023, p. 1). User-led organisations (DEEP, DAI,) promote the concept of social citizenship first articulated by Bartlett & O'Connor (2010). This concept goes beyond Personhood by challenging structural influences that can remove agency and control from the recipient of care, resulting in protectionism, where the care partners adopt the role of gatekeepers (Niemann-Mirmehdi et al., 2019). It emphasises recognition of the rights of people

living with dementia to have an active part to play in how they wish to live (Ashworth et al., 2023)

Dementia Statements

- **Identity:** We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.
- **Community:** We have the right to continue with day to day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.
- **Care:** We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate, and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.
- **Carers:** We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.
- **Research:** We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part

Figure 10: The Dementia Statements 2017 (National Dementia Action Alliance (n.d., p4)

The Dementia Statements (Fig. 10) developed by people living with dementia provides a benchmark to measure the quality of services (Dementia Action Alliance, 2017). It is this emphasis on the right to make choices that underpins the rationale for exploring ways to support people living with dementia to express personal preferences. The challenge is in how these choices are expressed if communication becomes impaired as dementia progresses.

1.2.7 Dementia rights

Dementia has only recently been recognised as a cognitive disability (WHO, 2017). This entitles people with dementia to the same reasonable adjustments (in

employment, transport, and social care) as other disabled people covered by the Equality Act 2010. For dementia activists this is a positive shift from attitudes to the disease as *"generic rather than personalised, clinical and custodial rather than empowering and restrictive rather than person centred*" (Cahill, 2020, p. 198). Although founded in disability rights that demands "*nothing about us, without us*" (Bryden, 2015), people with dementia recognise that there are occasions when they rely on others to act as advocates. As Redwood et al. (2016) identified, faced with diagnosis of a condition that may progress over several years, people are looking for ways to plan for a future when they might not be able to make themselves understood. This highlights the importance of those <u>without</u> dementia understanding how to support people <u>with</u> dementia. It presents opportunities for utilising design to support non-verbal expression of personal needs and desires as the disease progresses.

1.2.8 Dementia Activism

The National Dementia Strategy (DH, 2009; 2011) advocating person-led approaches, was the impetus for the creation of DEEP UK. This network of over 80 user-led groups around the UK (Litherland, 2015) highlighted the importance of how peer support instills confidence and agency through a rich resource of shared experience (Dementia Diaries, n.d.); collaborative research (Ashworth et al., 2023); public speaking at conferences (Alzheimer's UK; Alzheimer's International; Dementia Congress); and user-led media (Deepness Dementia radio, n.d.); and user-led conferences (1 in 100/6000 Dementia Conference, 2023).

The Dementia Enquirers Pioneers project (2018-2023) enabled people living with dementia to shape the research agenda (Berry et al., 2020; Davies et al., 2022; Dementia Enquirers 2023a; Dementia Enquirers, 2023b; Rook & Huizenga, 2022). As Wendy Mitchell, who documented her own experience (Mitchell, 2019, 2022, 2023), asserts, "*We are much more capable than people think*" (Mitchell speaking at the

Dementia Congress, 2019). Their guidance on navigating ethical issues that can create barriers to involving people living with dementia in research (DEEP, 2023) highlights the importance of including people with dementia as advisors on research, a practice I adopted in this study.

In the absence of an effective cure for dementia (WHO, 2022, p. 46), the focus has shifted to prevention (Livingston et al., 2020) and non-pharmacological interventions to support wellbeing (Guzzon et al., 2023).This presents opportunities for using design approaches to learn from people living with this progressive condition who are looking for ways to improve their quality of life.

Section 1.3: Non-pharmacological approaches in dementia care

Non-pharmacological approaches attend to the psychosocial impact of dementia, and how person-centred care is delivered. The UK government advocates innovative social and relational approaches to research to "*support increasing numbers of people living with dementia*" (DHSC, 2015 p. 6) that focuses on the person rather than the disease.

1.3.1 The importance of familiarity in delivering person-centred care

The theory of personhood has been applied in person-centred care frameworks such as the VIPS model (Fig.11) that stress the importance of personal life histories, familiar possessions and routines to address disorientation. However, it is less obvious whether these values and principles have been applied to personalising the environment.

V= A value base that asserts that absolute value of all human lives regardless of

age or cognitive ability

I = An individualised approach, recognising uniqueness.

P = Understanding the world from the perspective of the service user

S = Providing a social environment that supports psychological needs.

© Dawn Brooker 2007

Figure 11: The VIPS Framework: (Brooker, 2007, p. 119)

A central principle in environmental design for dementia is the importance of creating a homelike environment that provides a sense of familiarity by incorporating domestic characteristics (Chaudhury et al., 2018; Fleming et al., 2020). If devices such as kettles or taps are unrecognisable, for instance, this can hinder independence in everyday tasks (Boger, Craig and Mihilaidis, 2013). Jao et al. (2016) found that relevance and specificity of environmental stimulation can enhance motivation. Attention to accommodating individual differences is advocated (Bowes & Dawson, 2019, p. 92).

These recommendations are intended to address tendencies for disorientation at times of temporary or permanent transitions from home to hospital or residential care. However there is scarce evidence of where this is applied in practice. Lee (2019) found that health and safety concerns have limited access to functional objects that could support continued engagement and sense of competence in everyday routines like housework. Her Material Citizenship approach enables engagement in familiar domestic routines to address disorientation in care environments that feel more like hotels (Lee, 2023). However as Nettleton et al. (2018, p. 1167) observe, "*residents may find themselves in domestic 'homely' spaces that are not of their own choosing as they are standardised to meet the strictures of what counts as 'dementia friendly'".*

The value of design to introduce affordances that can promote personalisation seems

to have been overlooked. Building on this recognition of the importance of everyday domestic objects, this study questions whether their appearance in terms of aesthetics and personal preferences might contribute to engagement.

1.3. Personal information to inform person-centred care

Despite recommendations that "*involvement of the person living with dementia in personalising the environment with familiar objects should be encourag*ed" (Fleming et al., 2020, p. 14) it is unclear whether this is achievable in practice. Communication difficulties at later stages mean decisions about everyday needs and preferences tend to be made by others (Forsund et al., 2018). Transitions into care settings often occur at times of crisis limiting individuals' contribution to these decisions (Lee & Bartlett, 2021). My interest is in how, when and by whom these choices are expressed. The aim being to explore with people at earlier stages of dementia ways to support planning for possible future transitions.

Knowing about an individual's habits, routines and preferences is vital to support person-centred care when verbal abilities decline (Craig & Killick, 2011). Whilst a variety of methods to gather personalised information exist, these rarely address personalisation of the environment. An interrogation of existing approaches revealed gaps in practice that offer opportunities to explore how design could contribute to how this could be achieved.



Figure 12: This is me (Alzheimer's Society, 2019, p. 17)

These range from personal information documents (PID) (Fig.12) to Life Story Work (LSW). Although PIDs may document preferred habits and routines, and food and drink, everyday aesthetic preferences are not routinely captured. The extent to which PIDs are effective in practice has also been questioned (Baillie & Thomas, 2020). Learning from the literature, interviews and collaborations with Life Story Work (LSW) practitioners, and observations of LSW has revealed diversity of practice (Appendix 6). Many studies use images from the past to provoke memories of life events (Lazar et al., 2014) that can support reminiscence (Subramaniam & Woods, 2010). Gridley et al.'s (2016) study found that images typically sourced from family albums are usually of people. However due to impaired facial recognition,[6] people may not recognise photographs of older versions of themselves or significant others.

Whilst LSW can contribute to personalising care (McKeown et al., 2015), it can depend on what is recorded, and by whom. Enabling the individual to lead the process is

[6] Prosopagnosia - the loss of ability to recognise familiar faces can be a feature of both semantic and frontotemporal dementias (Kumfor et al., 2015)

recommended (Kaiser et al., 2016) but can be more challenging if initiated at later stages of dementia. Factual accounts may have less significance for the individual. As Brown (ISP7, 25-11-20) explained, "*We tend to think that people's histories are them … for the person with dementia, that becomes less important because they may not be able to access it".* This highlights the importance of considering whether visual records of objects and environments could elicit meaningful engagement for the person with dementia.

Life story practitioners I consulted endorsed this approach: "*visual clues of preferences, of attachments, of likes and dislikes, … can be significantly empowering*" (Redwood, ISP11, 22-3-21). Devine (ISP10) creates personalised books documenting personal possessions and environments rather than autobiographical facts (Fig. 13). She emphasises the importance of the person planning earlier for future transitions , "*It's stressful for [family] to have to think, … what would my Mum or Dad like to have with them?*" (Devine, ISP10, 8-12-20). Participants recruited to this study were therefore people with early to moderate stage dementia. However, whether these detailed visual records of personal preferences resonate with the person's preferences at later stages of dementia is not known.



Figure 13: Life Story Books (with permission of Devine)

Practitioners I have interviewed acknowledge that use of imagery of everyday objects and domestic settings as a record of personal preferences is rare in LSW. It is exploring whether visual stimuli, objects and environments to elicit and record these preferences

can be more accessible that underpins the rationale for this study. Whilst LSW seeks to create a record of personal histories, my approach also differs in that it explores ways to support people to make choices in the present.

Section 1.4: Design for Dementia

Within design for health, there is a growing body of research that demonstrates the value of design to support people living with dementia in a variety of ways.

1.4.1 Design led research

Tsekleves and Keady's (2021, p. 86) review of 29 studies using non-pharmacological interventions in dementia identified four key themes: "*reminiscence and personhood; social interaction and living in the moment; independent and assisted living; and cognitive and physical stimulation*." They point to a lack of research exploring lived experience and call for "*creative research approaches*" that explore the impact of the environment on quality of life by "*promoting comfort in addition to safety*" and personalisation to support agency. (Tsekleves & Keady, 2021, pp. 144-145).

Further analysis of the literature on design for dementia including those studies referenced in Tsekleves and Keady (2021) and Rodgers' (2022) account of research in this area reveal opportunities to build on existing knowledge to support the rationale for this study (Appendix 24). Many of these studies demonstrate the value of sensory stimuli to utilise sensory capabilities understood to be retained in dementia as ways to support engagement and interaction in the moment. Several use music (Favilla & Pedell, 2014); Morrisey et al., 2016; Müller-Rakow & Flechtner, 2017); some use everyday sounds (Campbell et al., 2022), and others use visual stimuli (either analogue or digital) (Mihailidis et al., 2010; Rodgers, 2018; Pedell at al, 2020). Some have demonstrated the value of textiles as tactile stimulation to support participation and engagement

(Rodgers, 2018; Fleetwood-Smith, 2020; Kenning & Treadaway, 2018; Robertson et al., 2022). Others critique the application of products that provide multisensory environments and suggest alternatives that can be personalised (Collier & Jakob, 2017; Jakob, 2022). Many involve games (Anderiessen et al., 2015; Branco et al., 2017; Murko & Kunze, 2015; Oven & Predan, 2015; Tobiassen et al., 2015; King and Siu, 2017;). Some use object elicitation (Wallace, 2013; Iltanen & Topo, 2015 Kenning & Treadaway, 2018). Whilst Garde et al.'s (2018) study devised a set of tasks as design probes using combinations of images, objects and writing tasks to elicit preferences, they acknowledge that these proved to be too difficult to complete without assistance. Although these studies highlight the value of sensory stimuli, most are concerned with engaging people at later stages of dementia and are largely conducted in care settings. The importance of familiarity in relation to objects and clothing in these settings has been explored (Buse & Twigg, 2014 and 2016). However, other than van Steenwinkel et al's (2014) case study that highlights the importance of arranging familiar items within reach, few examples of how the benefits of sensory engagement could be applied to understanding everyday experience in the home or how the environment is personalised have been found.

1.4.2 Environmental Design for Dementia

Attention to the design of the environment can support people living with dementia to do what they want to be able to do for longer, whilst reducing reliance on assistance (Marquardt et al., 2014; Waller & Masterson, 2015).

1.4.2.1 Visual Access

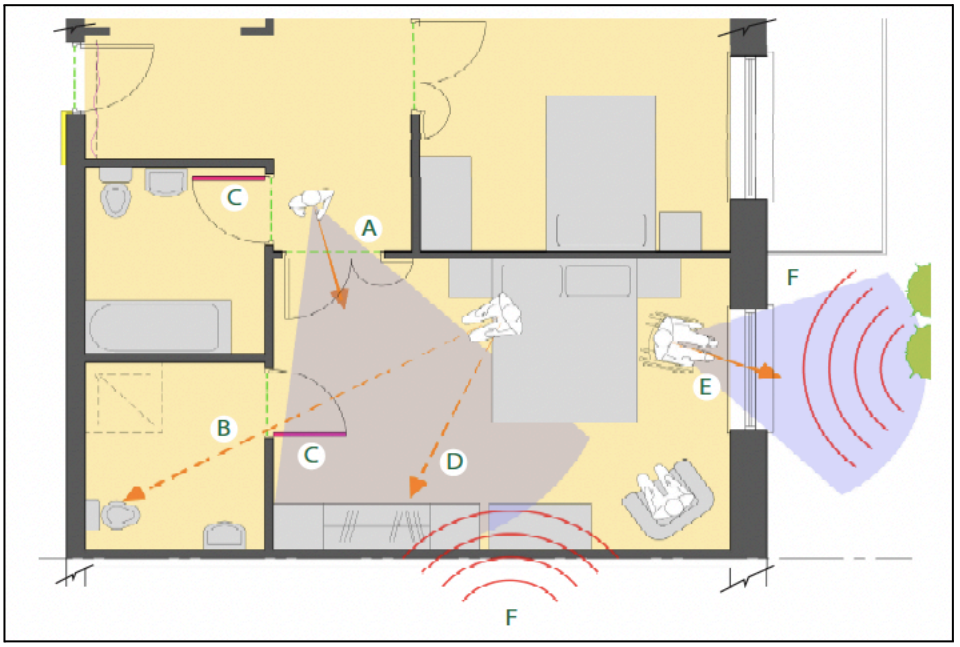


Figure 14: Sightlines: Dementia friendly bedroom and ensuite (detail)

(Grey et al., 2015, p. 97)

Attention to visual access is a well established approach to address impaired visuospatial perception in dementia (Feddersen & Lüdtke, 2014; Fleming et al., 2020, 2023; Halsall et al., 2023; Marquardt, Bueter and Mottzek, 2014; Waller & Masterson, 2015; Bowes & Dawson, 2019). Layouts that incorporate sightlines (Fig.14), lighting and visual contrast (WAR, 2021; EHE, 2017) and improved coherence through removal of clutter (Waller, S. ISP8 30-11-20) (Fig.15), and keeping essential items in view (Fig.16) is advocated. (◎ p. 6-11).



a. Bowes et al., 2014, p. 17 b. Mcnair et al., 2019, p. 76 c. Tebbe in Feddersen & Lüdtke, 2014, p. 28

Figure 15: Lighting (a, b) and visual contrast (c)



Figure 16: Keeping things in view (Dementia Services Development Centre, 2013, p 28)

1.4.2.2 Salutogenic design to support motivation

As an alternative to a medical model focussed on disease and impairments, the theory of salutogenesis applied to dementia care aligns with a strengths based approach that supports a meaningful sense of self through a sense of coherence (SOC) (Mittelmark et al, 2022) . This approach attends to three aspects that contribute to supporting resilience and wellbeing : " *intellectual (comprehensibility), physical (manageability) and affective (meaningfulness)*" (Golembiewski & Zeisel, 2022, p. 48). Salutogenic design recognises that a capacity to understand and navigate the environment is reliant on having the social and physical resources to manage and cope with environmental stressors, as well as the importance of personal meaning that supports motivation. The relevance of this to people living with dementia is the difficulties they might encounter in interpreting and processing environmental and social stimuli and managing sensory regulation. Salutogenic design aims to achieve a SOC by attending to the social and environmental factors that can help to develop resilience and hence support motivation and active engagement (Fleming et al., 2020, p. 28). Key aspects of "*comprehensibility*" outlined by Golembiewski & Zeisel, 2022, p. 517) that are relevant to this study are the importance of "*Private spaces and personalisation*", " *Comprehensible sensory environment* " and to, "*Support verbal communication with non-verbal communication*". They propose that attention to these factors can

contribute to a sense of familiarity and counteract disorientation that can create a sense of despair experienced in dementia (Fig. 17).

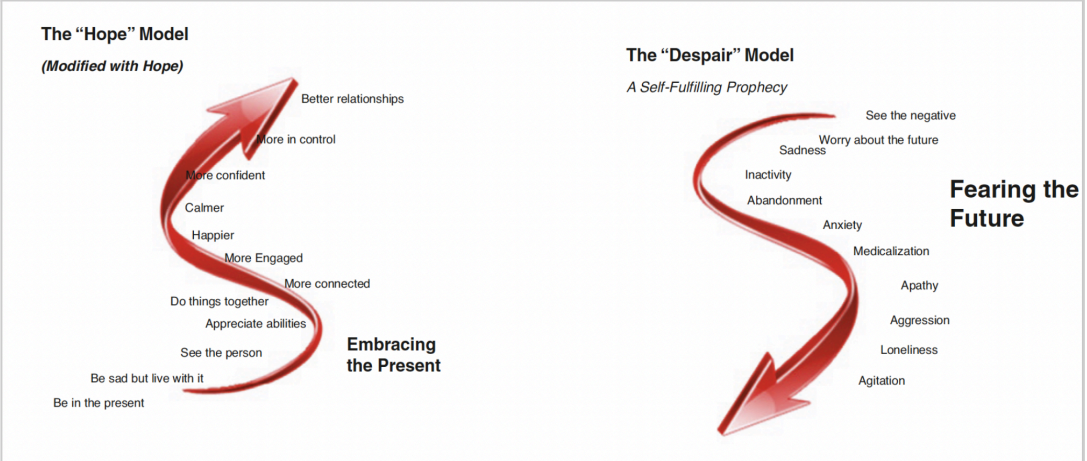


Figure 17: The hope versus despair model of salutogenics (Golembiewski & Zeisel, 2022, p. 515.)[7]

Central to this upward hopeful trajectory is understanding what is meaningful to an individual. How this can be delivered is problematic, since what is meaningful to one person may be different to another. This study sought to devise ways to elicit, capture and document what is personally meaningful through thinking about and sharing preferences for everyday aesthetics.

1.4.2.3 Design to support personalisation

A key goal for the design of dementia friendly homes is that the environment should support "*meaningful activity*" (Grey et al., 2015, p. 51). However there is little evidence of how what is meaningful to an individual is understood, and how personalisation of the environment could support this. Systematic reviews of environmental design to address cognitive impairments have identified a lack of interventions that attends to

[7] Zeisel, J. (2020a). At home with growing older 'Despair and Hope': Innovations in the design of care environments and care approaches for people living with dementia. Retrieved from www.athomewithgrowingold.com

individual differences (Bowes & Dawson, 2019) and the diversity of individual perspectives (Bowes et al., 2023).

Tauke (in Feddersen & Lüdtke, 2014 p. 131) describes perception of space in the home as primarily sensory, but influenced by childhood memories: "*spatial records of our identity*", and proposes "*Multi-sensory design strategies that reinforce our experiences, help us to more fully engage in our homes; even as memories fade.*" This suggests that more attention to the environment as a container for what is personally meaningful is needed. Houston et al. (2020, p. 90) also propose that environments should "*enable us to retain decision making, independence, and make choices even as we become more impaired."* Rather than simply removing the elements of the environment that cause disorientation and confusion, attention to factors that can support wellbeing is recommended (Fleming et al., 2020).

Whilst Tsekleves & Keady's (p. 86) review of design for dementia studies found the majority involved "*personalised interventions*" to sustain engagement, there was little evidence that these methods have been applied to investigate personalisation of the environment. Gramegna et al.'s (2023) study that experimented involving people with dementia in organising their personal space offers ways that this could be explored. Examples of design that reflect different lifestyles such as De Hogeweyk, a specially designed dementia friendly village (Ouwehand & Doff, 2011, ◎ p. 10) are often held up as a model of good practice. However the cost of research required in establishing the culturally relevant profiles that inform the design criteria can be prohibitive (Pozo Menéndez, & Higueras García, 2022). One evaluation of personalisation in care settings considered how care is provided, but not how the environment is personalised (Ettelt et al., 2020). Some care providers install cabinets at the entrance of rooms for significant personal possessions (Feliciano & Jay, 2013, Gulwadi, 2013,◎ p. 11). Some

permit personal furniture and decorating rooms[8]. However it is not clear whether these have been chosen by care partners or the person themselves, or how rooms are designed to introduce affordances that encourage personalisation and changes in preferences.

Section 1.5: Utilising capabilities through design

This study questions whether negative assumptions about capabilities in dementia can be challenged. Reimagining dementia through an assets-based approach and amplifying the voices of those with lived experiences offers an opportunity to challenge entrenched stereotypes. If emotional memory, sensory perception, and embodied capabilities remain relatively intact as dementia progresses, this could be explored at earlier stages in the disease. As outlined above, evidence of how this knowledge has been applied to design for dementia is largely derived from approaches used in care settings with people at later stages of dementia. This section outlines how utilising these capabilities can inform inclusive design strategies to elicit and express everyday aesthetic preferences, could contribute to a greater sense of self and agency at earlier stages in the disease.

1.5.1 Do you know what you like?

This study is exploring methods that do not rely on verbal communication and factual recall to express preferences. Whilst dementia impacts on cognitive function affecting verbal communication (Banovic et al., 2018), memory (Alzheimer's Society, 2021; Lee et al., 2003; Kumfor et al., 2015; Jonker et al., 2000, and orientation (Wiener & Pazzaglia, 2021), other capabilities are understood to survive. These include sensory sensibilities (Jakob & Collier, 2017; Champagne, 2018; Smith & D'Amico, 2020), emotional responses (Kazui et al., 2000; Wallace, 2007; Boutoleau-Bretonniere et al., 2016), and embodied understanding of environments and objects (Kontos & Martin,

[8] A database for residential care in the UK includes search terms for "Own furniture allowed reveals that many provide this option. https://www.lottie.org (accessed 11-01-25)

2013; Buse & Twigg, 2015). Some research indicates an ability to retain aesthetic preferences in dementia in fine arts (Halpern et al., 2008;Halpern & O'Connor, 2013; Boutoleau-Bretonniere et al., 2016) and art therapy (Byers, 2011). This suggests that in terms of everyday aesthetics, although dementia might affect cognition, we will always know what we like. If sensory awareness enables understanding through sensory modalities and an emotional memory enables us to remember the things we enjoy, then being able to choose the things we have around us has the potential to bring us pleasure. (Fig.18)

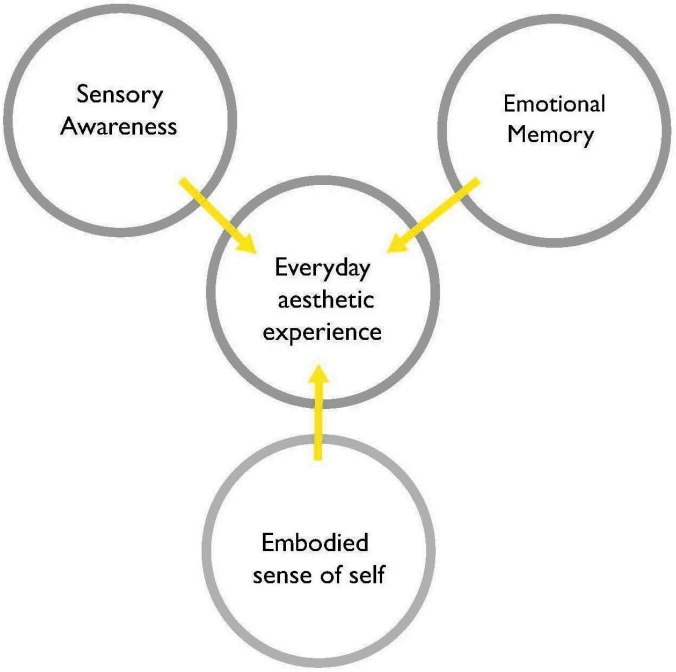


Figure 18: Everyday aesthetics as a sensory, emotional, and embodied experience

1.5.2 Sensory awareness

Within the complexities of neuropathology it would be over simplistic to separate cognitive and sensory brain functions. However, some evidence that sensory sensibilities are less affected in dementia, suggests people increasingly "*respond on a sensory rather than an intellectual level"* (Van Hoof et al., 2010, p. 87). Several studies

(Treadaway et al., 2019; Jakob & Collier, 2017; Champagne, 2018) utilised sensory stimulation to support wellbeing for people living with dementia. As van Leeuwen et al (2022), whose work is concerned with using Visual Thinking Strategies (VTS) with people with dementia explains, although there are exceptions to these claims in different dementia types, there is some evidence that "*because social/affective processing is relatively more intact, visual (e.g. with VTS) and other sensory input can be more effective than verbal/logical attempts*" (van Leeuwen, personal communication, 18-05-23). It is the possibility that capabilities related to the visuo-sensory, "*pertaining to or involving visual perception of sensory signals*"[9] might survive, that supports the rationale for this study.

1.5.3 Emotional memory and experiencing pleasure

If an enjoyment of everyday objects and environments is elicited through visuo-sensory, emotional and visceral responses (Norman 2004), this could resonate with the notion that whilst factual memory is impaired, emotional memory in dementia endures (van Leeuwen et al., 2022).

[9] Oxford English Dictionary. s.v. "visuo-sensory (*adj.*)," September 2024, (2024). https://doi.org/10.1093/OED/5290741447.

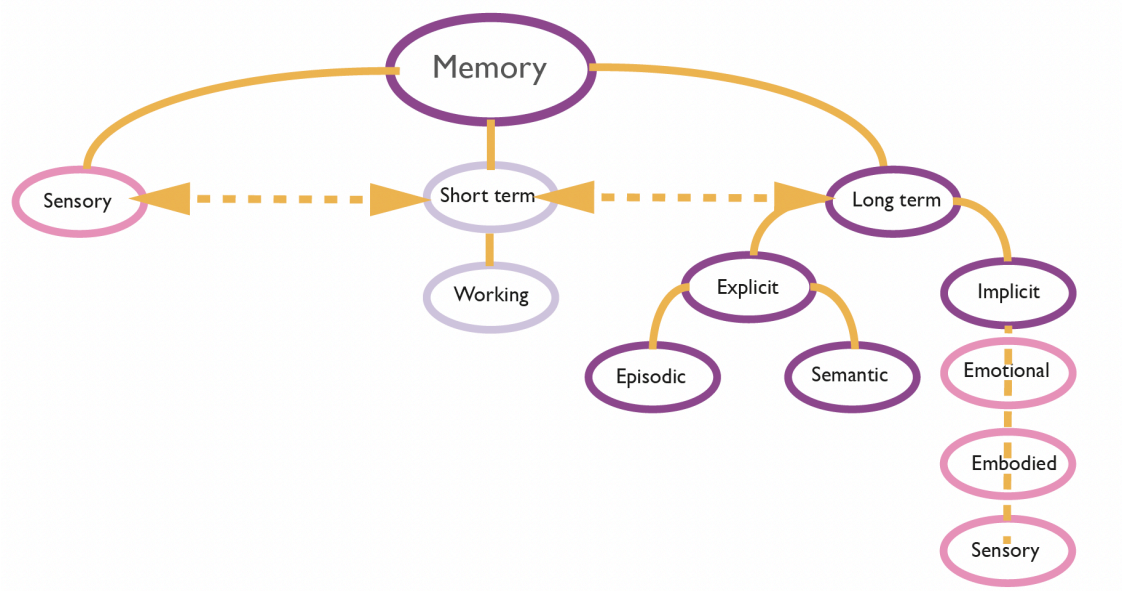


Figure 19: Structure and types of memory

Knowledge about memory is complex and evolving, largely derived from lab-controlled neuroimaging experiments, rather than observations of everyday behaviours (Baddeley et al. 2015). Figure 19 is an interpretation of Baddeley et al.'s (2015) account of the interrelationship between types of memory that divides long term memory into explicit and implicit functions. Memory loss is a common feature of dementia (Alzheimer's Society, 2021). Whilst it primarily affects short-term working memory, and explicit episodic and semantic memory, it has been suggested that an emotional, embodied and sensory memory might survive (Zeisel, 2010; Sacks, 2007).

An understanding that some aspects of implicit memory concerned with emotion (Kitwood, 1997) and the senses are relatively unaffected has been utilised in design for dementia research (Treadaway et al., 2019; Jakob & Collier, 2017; Wallace, 2007). Treadaway et al. (2019, p. 30) developed a "*Compassionate design methodology*" to explore how tactile qualities can provoke positive emotions through playful interaction on the basis that "*although explicit memory is often severely affected by dementia, implicit (procedural and emotional) memories are retained even in the later stages*". If

emotional memory is retained in dementia (Kazui et al. 2000; Boutoleau-Bretonniere et al. 2016), this resonates with emotional design approaches (Norman, 2004; Ho & Siu, 2012) that explore engagement with products on a visceral level (Yoon et al., 2020). It resonates with Chapman's (2015) notion of emotional durability that influences attachments to everyday objects and environments. It is less evident whether this has been applied to exploring everyday aesthetic experience in dementia.

1.5.4 Retaining an embodied experiential sense of self

Central to this enquiry is exploring whether being able to express our likes and dislikes can support a sense of self. The notion that people living with dementia lose a sense of identity, has been contested as being dependent on how identity is defined (Cadelle & Clare, 2010). If people struggle to articulate a narrative account of who they are, this can lead to assumptions of diminished awareness. A sense of self can be autobiographical (a factual account of life history situated in time and place), or experienced through self-recognition (actual representations in photos or reflections in a mirror). It can be socially constructed (by identifying the self in relation to others), or experienced as an embodied sense of self through interaction with objects and the environment, understood to be retained in dementia (Kontos, 2004). As Lindemann (2009, p. 419) points out, "*It's not only other people who hold us in our identities. Familiar places and things, beloved objects, pets, cherished rituals, one's own bed or favourite shirt, can and do help us to maintain our sense of self.*" This study questions whether an ability to express preferences for through everyday objects and environments has the potential to support this implicit, embodied sense of self.

Kontos (2004) proposes that a subconscious, implicit and intuitive response to the environment, not dependent on cognitive function survives. Formed from lifelong habitual interaction with the shape and materiality of the environment, through

everyday objects, clothing, and expressed through bodily interaction, gesture and facial expression. According to Bourdieu's (1977) notion of habitus, identity is socially constructed from a combined intersection of lifelong influences (ethnicity, class, personality, education, and physical appearance). If this sense of self is embodied in habits and preferences that persist even as cognitive abilities decline, attending to aesthetic preferences associated with everyday routines could contribute to retaining a sense of agency. This is supported by Merleau Ponty's assertion that human consciousness is embodied, pre-reflexive, and pre-cognitive and not reliant on cognition (Carman, 2019). It places an importance on personalising environments to support the preservation of an embodied sense of identity.

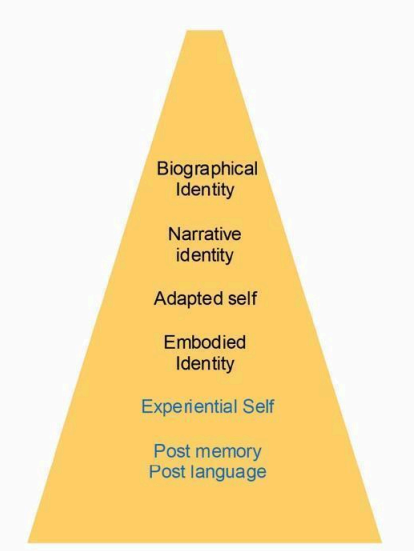


Figure 20: Sense of self in dementia

From a psychotherapeutic perspective, developmental stages in later life are described as a process of acceptance and adaptation, an integration of self, that involves reflecting on past and current life experience when planning for the remainder of life and how we want to live (Evans et al, 2019). If the ability to provide coherent reflective autobiographical narratives is impaired, this can lead to assumptions that a sense of self is lost. However, as Brown (2017, p. 1007) a psychiatrist in dementia care suggests "*postmemory/postlanguage self evolves*". She suggests that if "*an iterative personhood*

that moves from the adapted self to an experiential self, people with dementia demonstrate remarkable ability to live complex lives without psychological continuity" (Brown, 2017, p. 1010) (Fig. 20).

Section 1.6: The importance of visuo-sensory stimuli

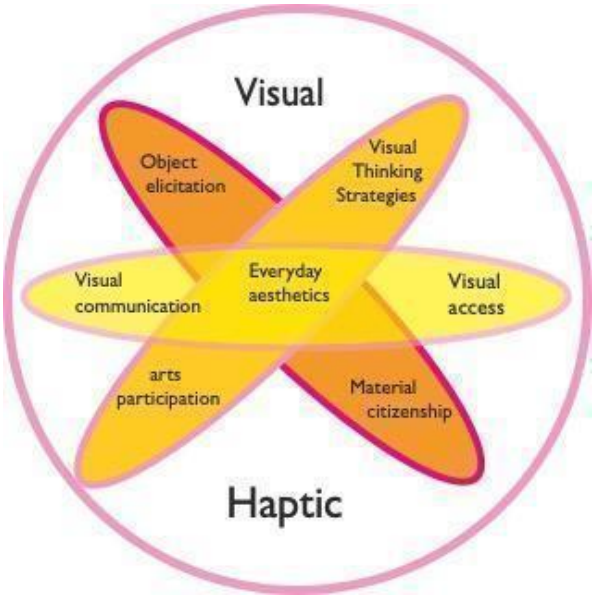


Figure 21: Visuo-sensory stimuli

Visuo-sensory stimuli play a significant role in supporting communication, engagement, orientation and function in dementia. This section outlines why these approaches are effective and how they informed the design criteria for an accessible framework of engagement.

1.6.1 Vision and Visual Perception in ageing and dementia

Strategies incorporating visual stimuli in design for dementia have evolved to address visual perceptual issues associated with dementia. As dementia prevalence increases with age (Wittenberg et al., 2019), age related visual impairments including loss of visual acuity, sensitivity to glare, cataracts, glaucoma, and macular degeneration (Klaver et al., 1998) need to be considered. Dementia related visuo-perceptual impairments can affect peripheral vision, colour vision, contrast sensitivity, eye tracking, depth and

figure ground perception (Armstrong, 2009; Lawrence et al., 2009); object recognition, and object perception (Kumfor et al., 2015). Howard Gordon, my advisor in this study, describes intolerance to strongly contrasting patterns where striped and geometric patterns cause disorientation, hallucinations, and sometimes nausea (H. Gordon, personal communication, 18-02-23). Empathic design methods used to visualise these visuo-perceptual experiences are presented in the portfolio (◎ p. 12-19).

1.6.2 Ability to choose colour

As Ivanovic (2024,p5) claims, for people who have a visual memory, colour can be a "*powerful conductor of memory enhancement processes due to its ability to elicit different emotional responses,*". Although WijK et al. (1999) found difficulties with colour naming when expressing colour preferences, their research found no significant difference in people with and without Alzheimer's Disease of the same age in their ability to choose colours. This offers opportunities to use colour as a stimulus to support thinking about and sharing colour preferences in the context of everyday aesthetics.

1.6.3 Visual Stimuli to support communication in dementia care

Visual communication methods are commonly used to support dementia care in practice. Chen et al., (2022, p. 59) found them to be effective in eliciting "*thoughts, feeling and preferences*" and some aspects of decision making but questioned whether they could enable expression of choice. However this finding was related to making more complex healthcare decisions. In contrast, the choices I tested with participants in this study were simple and concrete (colour) or familiar (participants own mugs, and homes). As Rabanal, an occupational therapist specialising in cognitive rehabilitation explains, images can address difficulties with grasping abstract concepts,

If you say to someone do you want an apple or an orange? They'll be: 'So now I've got to bring up an image of an apple in my mind, and an image of an orange? I've got to hold them together, remember that I have got them together, and decide which one I

want?'. Whereas if you just show them an apple and an orange it's: 'Oh yes! I want that one! (ISP2, 20-10-20).

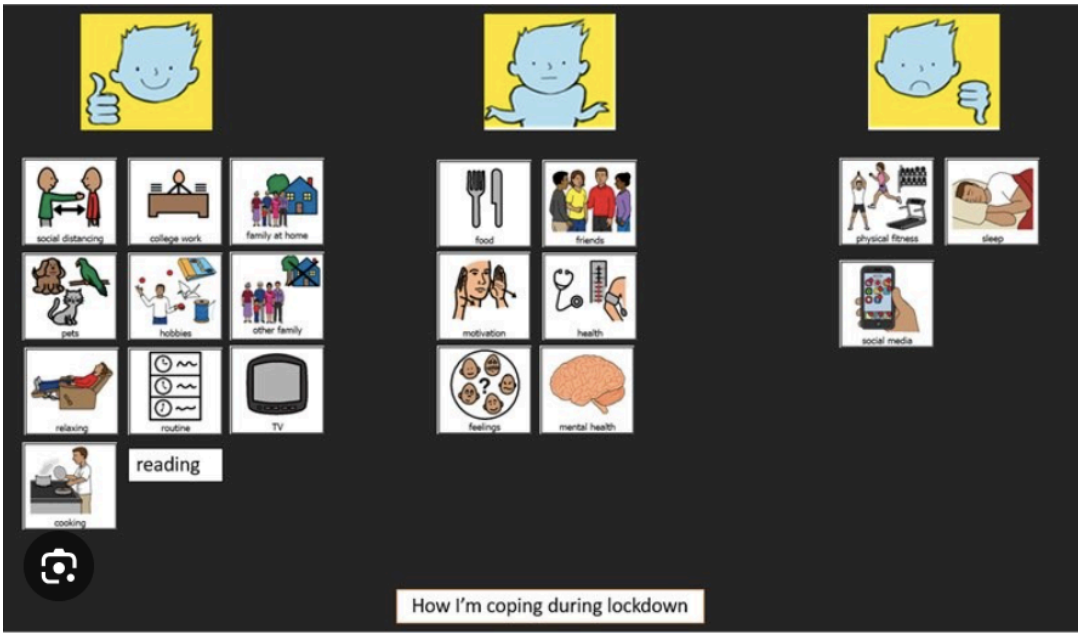


Figure 22: Talking Mats example

Tools used to support communication include Talking Mats[10] (Fig. 22) Widget Health[11] (Fig. 23) incorporate simple graphics and symbols. However, practitioners I consulted observed these are not routinely used in practice, or by families and care partners. Byers, Dementia Practitioner at the Northern General Hospital Sheffield observed that people respond better to photos than symbols (Byers, personal communication 18-07-24). Jepson, an OT specialising in dementia care, also cited reluctance to use these tools, due to their potential to be infantilising (ISP4 30-10-20).

[10] https://www.talkingmats.com/about/what-is-a-talking-mat/ (accessed 23-09-24)

[11] https://widgit-health.com/about-widgit-health.htm (accessed 23-09-24)



Figure 23: Widget Health example

Section 1:7 Identifying opportunities for design interventions

This review has established the importance of person-centred care in dementia care to support agency and a continued sense of self. It highlights the current discourse in dementia that emphasises the importance of responding to the growing voice of people with lived experience of dementia who are challenging negative assumptions about how much they can do for themselves. Whilst the value of visual stimuli to support communication and engagement, function and orientation in design for dementia is recognised, there is less evidence of how this knowledge has been applied to support people to express how they would like their environment to be personalised. It establishes the rationale for taking an assets-based approach to utilising capabilities understood retained in dementia, that present opportunities for design to create

accessible ways to support the expression of everyday aesthetic preferences that can contribute to agency and a continued sense of self.

Recurring themes emerging from this review are the importance of familiarity, a sense of home, visual stimuli, and meaningfulness to support motivation, orientation and engagement. Whilst the bulk of this evidence is derived from studies in residential and health care settings, it has highlighted the relevance of how a sensory, embodied and emotional relationship with objects and environments survives at later stages of dementia. This suggests that in a condition that gradually progresses over several years there is a value in attending to these capabilities at earlier stages. This study is focussed on people at earlier to moderate stages of the disease who are still living at home. It explores accessible ways to think about and share preferences that could support a continued sense of self. By focussing on these implicit unspoken relationships it considers how this could contribute to how individual preferences in the personalisation of the environment could be communicated at later stages when it will not be possible to articulate these choices.

As presented in the following chapter, in proposing to explore everyday aesthetic experience, a review of the literature that informs an understanding of these concepts is set against how aesthetic experience might be altered in the lived experience of dementia, and whether this has been addressed in design research.

CHAPTER 2: EXPLORING EVERYDAY AESTHETICS THROUGH DESIGN

CHAPTER 2: EXPLORING EVERYDAY AESTHETICS THROUGH DESIGN

Introduction

Building on the findings from the review of research and practice in Chapter 1, this chapter considers how design knowledge, expertise and understanding can be used as a lens through which to explore aesthetic experience and how this could support a sense of wellbeing in dementia. It establishes the importance of personalising the environment and considers how everyday aesthetic preferences can be expressed through everyday objects and colour choices. Figure 24 outlines how this is framed within a design for health context that explores the expression of everyday aesthetic preferences in dementia through design.

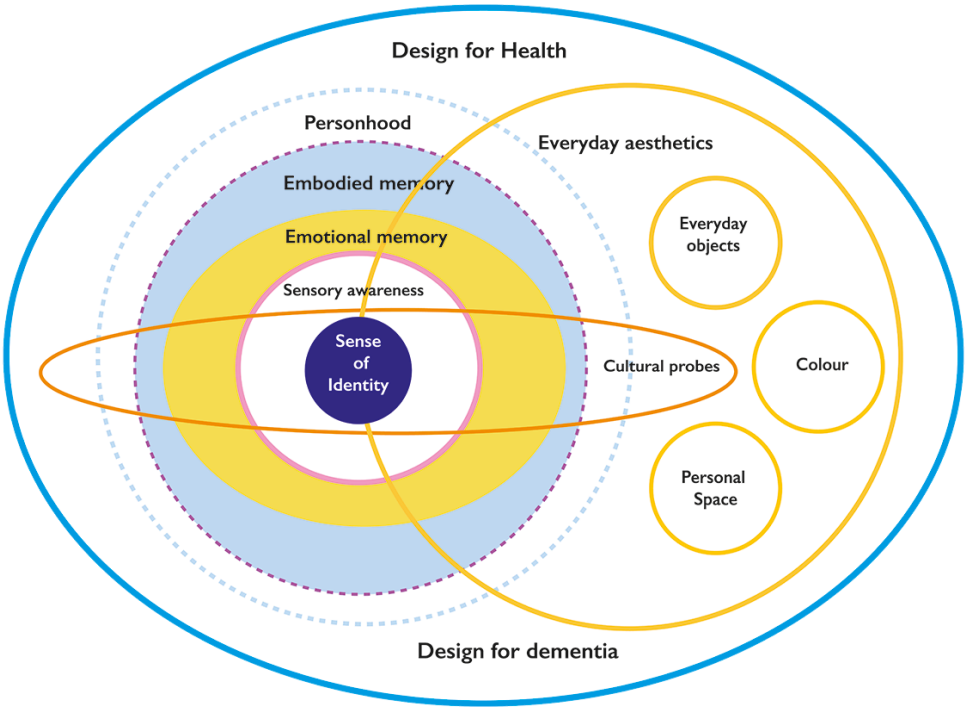


Figure 24: Exploring sense of identity through everyday aesthetic preferences

Section 2.1: Understanding everyday aesthetics through design

2.1.1 The relevance of everyday aesthetics in dementia

A question this inquiry seeks to answer is whether, as cognition becomes impaired, a sensory embodied relationship with the environment can be utilised to facilitate expression of everyday aesthetic preferences. As Neutra (1954, p. 206) asserts,: "*familiarity with brain matter and function, is no less important for design than knowing the properties of steel, concrete and glass fiber for their successful employment*". If dementia impairs an understanding of how things work, does handling objects and inhabiting space reinforce an embodied memory of physical ? Can the shape or colour preferences provoke engagement?

In exploring how design can support expression of everyday aesthetic preferences, it is essential to clarify the relevance and meaning of the term aesthetics to this inquiry. Dependent on perspectives from philosophy, arts, science, psychology and politics, definitions of aesthetics continue to be contested (Townsend, 2010, Nadal & Vartanian, 2023). The following definition, from a philosophical perspective, captures the elements that I see as relevant to this study:

> "*A branch of philosophy that deals with the nature of beauty and taste, as well as the philosophy of art (its own area of philosophy that comes from aesthetics). It examines subjective and sensori-emotional values, sometimes called judgments of sentiment and taste*". (Stanford Encyclopaedia of Philosophy, 1997).

Whilst this definition encompasses the fine arts, this study is focussed deliberately on everyday aesthetic experience and the notion of aesthetic emotion (Menninghaus et al., 2020) in response to the everyday (Saito, 2010, 2017; Mandoki, 2016). As Nanay (2016, p. 19) observes, "*We can experience works of art in a non-aesthetic manner and we can experience objects other than works of art in an aesthetic manner.*"

2.1.2 Exploring subjective experience and aesthetic emotion through design

The term aesthetics originates from Greek "*αισθανομαι (aisthanomai)"* meaning *"I perceive, feel, sense"* (Xenakis & Arnellos, 2014, p. 2). If the parts of the brain that are stimulated by creative activity (Chatterjee, 2014) are relatively unaffected until later stages of dementia, this aligns with Brown's (2017) observations that a sensory, experiential self is retained. Whilst Palumbo's (2019, p. 254) definition of "*aesthetic appreciation"*, as an "*evaluative hedonic response to a given object, reflecting inner mental operations and underlying brain processes*" implies the need for cognitive function, other texts acknowledge the role of emotion. The range of feelings provoked by likes and dislikes in aesthetics is termed "*aesthetic emotion*" (Menninghaus et al, 2020) and described by Karen & Evetts (2023, p. 637) as "*positive and negative response to stimulus along a continuum from awe and recognition of beauty to insight and curiosity, to sadness to the negative aesthetic emotions of distaste, disgust, boredom, and anger in recognition of ugliness*". From an occupational therapy perspective, my interest is in how this influences engagement in everyday activities, where people "*go about their everyday lives, … automatically assessing if they like someone or something or not*" (Karen & Evetts. 2023, p. 637). If the feeling of pleasure associated with beauty is immediate and visceral, this has relevance to the retention of emotional and rather than factual memory in dementia (van Leeuwen, 2020).

In a study that explores the nature of "*aesthetic pleasure*" in the context of design, Blijlevens et al. (2017 p. 86) attributes verbal categories: "*beautiful*," "*attractive*," "*pleasing to see*," "*nice to see,*" and "*like to look at,*" as evaluative judgements. In the context of dementia where verbal communication becomes challenging I sought to utilise what is understood to be an intuitive subconscious process where objects and environments provoke an implicit visuo-sensory response to stimuli, to consider whether pleasure can be ascertained through close observation of verbal and non-verbal embodied responses. If preferences are influenced and informed by both

present and past experiences and these choices provoke a sense of pleasure, then preferences for objects and environments may act as tangible expressions of what is meaningful to that person that can support a sense of personal identity.

2.1.3 Aesthetics experience as pre-linguistic knowledge

Exponents of the concept of everyday aesthetics see its value in enhancing quality of life (Saito, 2010; Tanizaki, 2001). The complex interrelationship between utility and appearance, and how this is perceived in dementia, presents opportunities to apply what Cross (2006, p. 5) described as "'*designerly' ways of knowing thinking and acting*" to explore participants' visual and haptic responses to everyday objects and environments in the home. The rationale for using research through design to explore the expression of everyday aesthetic preferences to support identity and agency in dementia is contextualised in Figure 25 and outlined below.

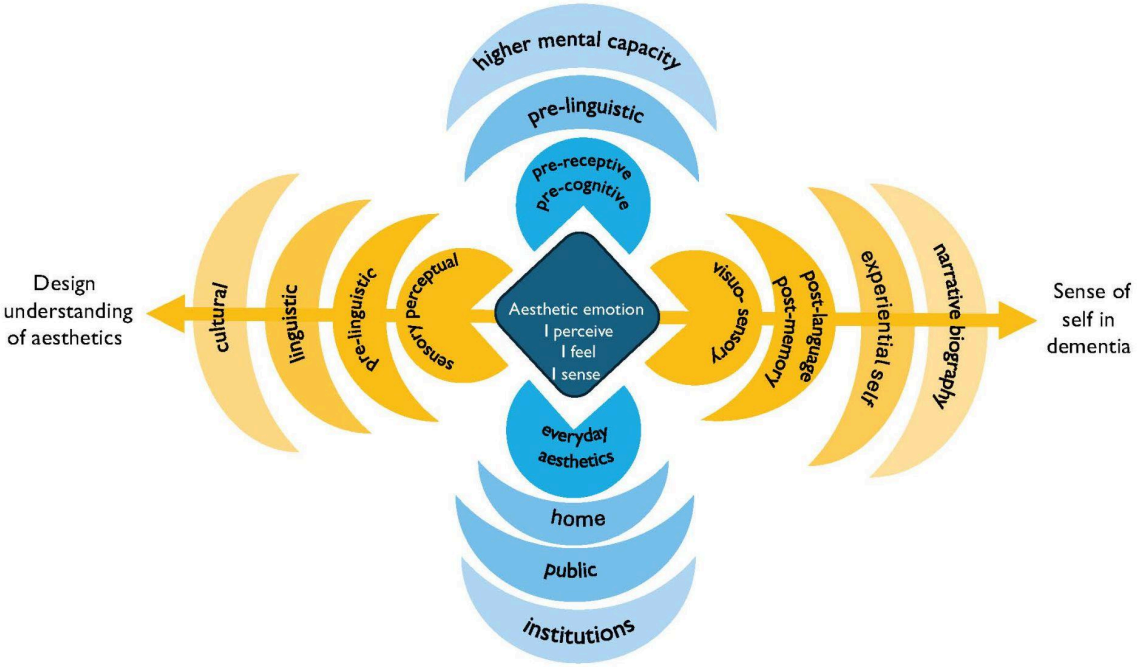


Figure 25: Access to aesthetic experience

Whitfield (2005, p. 16) critiques an intellectual view of design that overlooks sensory-perceptual knowledge and locates an understanding of aesthetics as "*prelinguistic knowledge.*". The relevance of this analysis to this study is that it locates an understanding of knowledge about aesthetics, not as culturally produced, but within a hierarchy "*from the sensory-perceptual to the linguistic, and from this to the cultural*" (Whitfield, 2005, p. 16). Within this hierarchy where exposure to an intellectual interpretation of aesthetics is contingent on access to a particular education and institutions, a large sector of the population can be excluded. Aesthetic emotion that can be experienced by all in everyday life can be overlooked. If aesthetic experience is a pre-cognitive and pre-reflective understanding of the perceived without need for higher mental capacities and accessible at a prelinguistic level (Carman, 2019) this resonates with Brown's (2017, p.1007) observations that a "*postlanguage/postmemory*" experiential self survives in dementia. (Section 1.5.4 p.50)

2.1.4 Using design as lens to explore everyday aesthetic experience

My understanding of the value of "*research through art and design*" as proposed by Frayling (1993 p. 5) is that it applies "*design thinking, processes, and products as an inquiry methodology*" (Bardzell et al., 2016, p. 96). As demonstrated by Claisse, Dulake & Petrelli (2013), research through design can inform the development of visual strategies to interpret and synthesise findings. Rather than applying existing research methodologies from other disciplines, designers have long advocated "*methodologies which recognise the distinctive quality of discovery in art and design*" (Seago & Dunne, 1999, p. 1). As Knutz & Markussen (2019) assert, both artefacts and methods can emerge from this inductive approach: an embodiment of ideas that can inform new theories (Hagan & Barron, 2019, p. 70). As Bardzell et al. (2016) propose, design thinking and design documentation offers creative methods through which to explore, understand and document data generated through design research.

In seeking to articulate the relevance of research through design to explore everyday aesthetic experience in dementia, Dewey's (1937, p. 207) understanding of aesthetic experience as "*appreciative, perceiving and enjoying*" suggests the importance of attention to the sensory and emotional aspects of design. Brown (ISP7 23-11-20) agreed that some people with dementia can attend to: "*sensory experiences and pleasurable experiences*". As Hove (2010, p. 24) highlights, the challenge for designers is in articulating how aesthetic judgements are made where "*words alone do not suffice in examining form expression*," and how they draw on sensory and haptic relationships with objects and environments.

In seeking to learn from the lived experience of people with dementia where conventional methods like interviews and questionnaires may be challenging my interest is in whether this tacit knowledge in design thinking can contribute to developing visual ways to elicit responses. As outlined in Chapter 1 this is based on an understanding that an embodied engagement with the environment is retained in dementia (Kontos, 2004). It is also the visceral and behavioural aspect of human relationships with everyday objects identified by Norman (2004) that are relevant to exploring how everyday aesthetic preferences are expressed in dementia, where an emotional rather than narrative memory is understood to be retained (Brown, 2017).

2.1.5 Evidence emerging from neuroaesthetics studies

The increasing sophistication of brain imaging technology has fostered the growing field of neuroaesthetics, that situates aesthetics in a framework of sense, meaning and emotion (Chatterjee, 2014), and attributes activity in certain areas of the brain to an experience of beauty (Zeki, 2019; Ishizu et al., 2011). Some studies support the view that there are universally agreed preferences to certain aspects of visual stimuli: in

terms of shape, colour, harmony, and symmetry. The findings from a study using basic shapes to stimulate responses Silvia & Barona (2009) supported the long-held view[12] that there are universal preferences for curved shapes and circles compared to angular, irregular shapes that are often associated with negative emotions. In a small study of 16 participants Vessel et al. (2012) that used brain scanning, found highly individuated emotional responses to artworks that suggest these experiences resonate with a sense of identity. This is a growing area of research, and some of the studies are very small. These findings might very well differ if the studies were replicated in different cultures.

2.1.6 Aesthetics or taste

The use of the term aesthetics rather than taste is intentional here. Taste is understood to operate on a culturally constructed level contingent on judgement (Bourdieu, 1984). Situated within this hierarchy (Fig.14) professions in arts and design become arbiters and influencers of what is considered "good taste" (Sontag, 2002). However, if dementia progresses towards an experiential self, everyday aesthetic experience might be intuitively informed by past tastes but situated in the present as an intuitive sensory response (Brown, 2017) This may mean that preferences will change. Likes or dislikes might also be influenced by culture, religious persuasion, environment, and choice might be limited by mainstream trends and fashions. Rather than being reliant only on knowledge about the person's past life, it is how to enable expression of preferences in the present that is of interest in this study.

Section 2.2: The role of aesthetics to support wellbeing

Within a hierarchy from fine arts to the everyday (Fig 14.), building on the benefits of arts engagement for people with dementia, this section considers whether this could be applied to everyday aesthetic experience.

[12] As detailed by Hogarth(1753) in The Analysis of Beauty who proposes "a line of beauty" (portfolio ◎ p. 59)

2.2.1 Benefits of engagement in visual arts viewing and participation

The value of engagement in visual arts (both viewing and creating) for people with dementia is recognised in UK public health policies (All Party Parliamentary Group, 2017). Evidence shows that these activities improve mood, attention, cognitive function (Rosenberg, 2009; Young et al., 2016), memory (Eekelaar et al., 2012).It is suggested that these benefits can challenge negative assumptions about capabilities in dementia and influence care partners' attitudes (Windle et al., 2020, Daykin et al., 2008)). However whilst this engagement with visual arts has apparent benefits there is little evidence of how design research could apply this knowledge to exploring relationships to everyday aesthetics in the context of home.

There is also some evidence that despite impaired cognition, people with dementia retain their aesthetic preferences. People with different types of dementia asked to choose from a selection of art works,made the same choices two weeks later, although they could not recall being asked (Halpern et al., 2008; Halpern & O'Connor, 2013). This appears to imply a visual recognition and intuitive response. Graham et al. (2013, p. 7) found retained "*esthetic stability*" equivalent to "*healthy older adults*" (apart from images with faces), in the absence of intact explicit memory. In art therapy, Byers (2011, p. 1) suggests that a preoccupation with arranging colours and materials, might imply they are "*searching for something aesthetically satisfying*". Specialists I interviewed agreed that in their experience, given the choice, people with dementia continue to engage with, choose and rearrange visual stimuli (ISP6, ISP1, ISP9, ISP2). Whilst these findings relate to visual arts and activities, this suggests that there are opportunities to explore how an expression of everyday aesthetic preferences could support personalised approaches.

If personal preferences contribute to a sense of self, commonly assumed to be lost as dementia progresses, then the experience of beauty as pleasure has relevance to the

assertion that although semantic memory becomes impaired, emotional memory is retained (Alzheimer's Society, 2021). The aim of this study is to explore responses to visual stimuli, and the capability to make "*not thought choices, [but] felt choices*" (ISP6 10-12-20) that reflect personal likes and dislikes and how that could support a sense of self.

2.2.2 The influence of the creative process on the ability to recognise

This continued ability to select and rearrange colours and patterns was demonstrated by participants living with dementia who were supported to create personalised tartan designs (Rodgers, 2015; Winton & Rodgers, 2019). A notable finding from this project was the participants' ability to pick out their own designs from a selection afterwards (Fig. 26). This may imply that there is something about being involved in the creative process and selection of colours that reinforces memory.



Figure 26: Selection of tartan designs (detail) (Rodgers, 2016, p. 27)

An evaluation of using creative activity with people with dementia also suggests that aesthetic sensibility is enhanced, and loss of inhibition enhances creativity (All Party Parliamentary Group on Creative Health, 2017). This implies that engaging in activities that involve making visual aesthetic judgements might reinforce recognition. If cognitive rehabilitation and sensory stimulation approaches are enabling people with dementia to

learn new skills (Clare et al., 2019; Pool, 2022), might thinking about everyday aesthetics reinforce the ability to express preferences?

2.2.3 Exploring everyday aesthetic preference in dementia

There appears to have been little research that explores response to everyday aesthetics in dementia. A recent study in care settings used aesthetics as a lens to explore preferences for clothing and textiles (Fleetwood-Smith et al., 2022). It builds on Buse & Twigg's (2015) findings about attachments to clothing in dementia care settings. This study draws on the application of salutogenic design approach in dementia care that focuses on the aspect of sense of coherence (SOC) as outlined above (1.4.2.2, p. 41) that attends to 'meaningfulness' (Golembiewski & Zeisel, 2022). Using a sensory ethnographic approach (Pink, 2015), Fleetwood-Smith's (2022) study explored individuals' responses to a selection of textiles in a dementia care setting. Whilst my study does not exclude the relevance of clothing, I am exploring more broadly, the relevance of everyday aesthetic preferences related to everyday objects and surroundings in the context of home. My interest is in how the immediate environment is experienced, and whether having choice over the ingredients can contribute to reinforcing a sense of self. By concentrating on relationships with everyday mundane objects and spaces in the home, I am seeking to gain insights that can inform the development of methods for enhancing personalisation within the immediate environment.

Section 2.3: Personalising the environment

2.3.1 The experience of personal space in the context of home

A key aspect of understanding individual everyday aesthetic preferences in the home is to consider how people choose to personalise their environment. The term "personal

space"[13] is usually understood to mean the immediate area surrounding and between one person and another and implies an (invisible) boundary that provides a sense of privacy. In constructing a framework of engagement (Chapter 3 and 4) I have used this term deliberately to infer this sense of territory: as a physical space that is within the persons' control. In terms of interpersonal relationships in the context of dementia, there tends to be an increasing reliance on others to make everyday choices on their behalf (Taylor et al., 2023; Bhatt et al., 2020; Keyes et al., 2019). My contention is that this evolving interdependence means that for people with dementia, the boundaries of their personal space become increasingly permeable. Findings from personal accounts reveal an experience of gradually shrinking control both physically and existentially "*where the walls keep closing in*" (Førsund et al, 2018 p.1)and the potential for personal space to support a sense of self by "*sustaining feelings of belonging, meaningfulness, safety, security and autonomy.*" (Førsund et al, 2018 p.23).

Section 2.4 Exploring everyday aesthetic preferences through objects

2.4.1 Object relationships and attachment to support a sense of self

There is a wealth of literature in the context of design research concerned with the meaning of everyday objects in terms of person-object relationships and emotional attachment (Woodward, 2020; Fisher et al., 2019; Craig et al., 2016). Some of this interrogates the factors that influence attraction and attachment to objects in the context of consumerism (Norman, 2004; Chapman, 2015). Against a cultural backdrop where consumer culture has led to a disposable consumerism, Csikszentmihalyi & Rochberg-Halton(1981, p. IX) consider whether objects continue to act as signifiers of personal identity and aspirations, where "*Past memories, present experiences and*

[13]Personal space: *"the physical space immediately surrounding someone, into which encroachment can feel threatening or uncomfortable*." Oxford English Dictionary.

future dreams of each person are inextricably linked to the objects that comprise his or her environment" and how mundane objects embody cherished memories. The importance of object relationships has been explored in the context of ageing and transitions to care (Chapman, 2006; Lee, 2019). Studies that have utilised the power of interaction with objects to support personhood in dementia have explored attachment to wearables such as jewellery (Wallace, 2007, Wallace et al., 2013), and clothes (Buse and Twigg, 2015; Culén & Finken, 2014; Fleetwood-Smith, 2020). However, studies that explored personal preferences for furniture, crockery, or décor have not been found.

Buse and Twigg (2014, p. 21) have applied this to exploring the significance of relationships with personal possessions in care settings: "*for understanding transition and meaning making in later life*". Their observations of female residents' increased attachment to their handbags imply that this is an intuitive response to hotel-like environments where residents do not behave as they would in their own homes.

2.4.2 Clothing as an expression of identity

One way that psychosocial identity is expressed can be through clothing. In the context of everyday aesthetics, certain studies with people with dementia have demonstrated efficacy in eliciting response to clothing (Iltanen & Topo, 2015; Buse & Twigg, 2016; Fleetwood-Smith, 2020). Twigg (2009, p. 223), building on the notion that an embodied sense of self is retained (Kontos, 2004), places an emphasis on the importance of clothing to "*offer us routes to access being and selfhood as they exist at a bodily level*". Although this will be contingent on income, class, occupation, culture and fashion, there can be an element of individual interpretation. Research exploring the importance of choice of clothing to support identity in dementia refers to "*appearance biographie*s" that are "*far from incidental for people with dementia. It lies at the heart of what we have come to understand as personhood and is a significant*

basis for telling a story of who we are" (Ward et al., 2014, p. 71). Wallace (2007) highlighted the power of attachment to significant personal possessions. However, there is little evidence of how these methods have been applied to personal preferences for everyday objects and environments.

2.4.3 The role of object relationships in supporting agency

In terms of how design knowledge can contribute to understanding how aesthetic judgments are made, as Hannan et al. (2022, p. 253) point out "*we all know what we like and what we dislike, but finding the words to articulate our preferences can often be more difficult*". This becomes more relevant in the context of dementia where word finding becomes an increasing challenge (Banovic et al., 2018).

As Chapman (2006, p. 208) proposes there is a value in using a "*new materialist lens*" in research to explore relationships with objects and environments to enhance "*understanding of later life identity construction with precious things*". A study interrogating human object relationships that applied the theory of Material Engagement (Malafouris, 2010), found that relationships to objects in dementia care settings can hold such potency that "*removing access to objects or other aspects of the material world is comparable to removing or damaging part of the brain*" (Yatczak, 2019, p. 226). Fletcher (2023, p. 6.) goes further by suggesting that using a "*new materialist gerontology"* as a lens in dementia research rather than a conventional cognitivist approach, will highlight the influence of objects and environments as participants that determine action. If dementia progresses over several years, there is a case to be made in preparing for the future, to attend to the importance of relationships with everyday objects and how they represent a subjective sense of self.

2.4.4 Familiarity and everyday aesthetic experience

Building on the importance of familiarity in environmental design for dementia (Fleming et al., 2020) and dementia care (Brooker & Latham, 2016), this study used domestic

objects and environments associated with everyday routines as a context to explore the impact of everyday aesthetic preferences. A key element in the transaction between objects and people is the potential for an aesthetic experience. In terms of everyday domestic objects my interest is in whether as Csikszentmihalyi and Rothberg-Halton (1981, p. 176) contend, the aesthetic qualities of the world around us are: "*not a rarefied frill, but a vitally important aspect of how we relate to the world.*"

In everyday life, Saito (2017, p. 11) proposes the notion of *"de-familiarisation",* where the aesthetic experience is reliant on a conscious attention to the familiar that might ordinarily go unnoticed: "*an experience one has every day, like drinking a cup of coffee, can become quietly exquisite and even strangely foreign when done with full attention*" (Irvin, 2008, p. 31 cited in Saito, 2017, p. 18). This resonates with the notion that an aspect of everyday aesthetic experience is the sensation that a familiar environment or activity is encountered for the very first time (Camus, cited in Nanay, 2018 p. 72). In that sense an aesthetic experience might resonate with what is understood about dementia where there is a capacity for engagement in the present moment that is not necessarily contingent on prior experience.

My interest is in the role of everyday objects as actors in everyday life, inextricably linked with everyday routines. Buse and Twigg's (2014, p71) research into the significance of everyday possessions in transitions to care settings, describe the meaning of home as a place where *"individuals can express their identities, their memories and biographies, through the symbolic use of material objects*". As De Beauvoir (1977, p. 522) observed, in later stages of life, associated with an increased time spent at home, relationships with familiar objects become more important. "*Clinging to one's habits implies an attachment to one's possessions: the things that belong to us are as it were solidified habits … this armchair waiting for me to sit in it every evening."* It is the power of this sense of familiarity to counter a tendency for

disorientation and insecurity in dementia that is of interest. Can these implicit relationships with everyday objects and environments reveal or trigger a continued embodied sense of self identified by Kontos (2004), that can contribute to supporting person-centred approaches advocated in dementia care (Brooker & Latham, 2016)?

Section 2.5: The role of colour in everyday aesthetics

The colour of domestic objects and environments is one factor that influences how everyday aesthetic judgements are made. Colour and its impact on human experience and behaviour can be considered from a variety of perspectives: colour science, colour psychology, physiological, neurological, as well as how it has been utilised in design and creative practice. In seeking to learn what is currently understood about how humans experience colour, the matter for conjecture in this study is how cognitive and sensory impairments associated with dementia might alter this understanding.

2.5.1 How decisions about colour preferences are made

In terms of how aesthetic judgments are made Whitfield & Destafani (2011, p. 291) have highlighted the lack of research into decision making in relation to what they term *"mundane aesthetics*" as opposed to "*art*". They question the limitations of *"laboratory methods*" that use controlled experimental conditions to measure responses to visual stimuli as "*no real rewards are attendant upon any selection; they are entirely abstract and outcome-deficient"* (Whitfield & Destafani, 2011, p. 293). Their study into how people selected colours to repaint a room in their home, proposes that a meaningful process contingent on context is necessary to explore "*actual aesthetic preference"* as an affective choice. This reinforces the importance of contextualising everyday aesthetic preferences. It helped to support the rationale for using a framework of engagement that uses participants' own possessions, and favourite spaces in their home to elicit expression of preferences.

2.5.2 Universal and personal preferences for colour

Whilst some research reflects evidence of universal human preferences for colour, the focus of this inquiry is on individual preferences. In 2017, G F Smith a company supplying coloured papers conducted an online global survey that generated 25,596 responses from over 100 countries and concluded that shades of blue and green were preferred, proposing a shade of teal as the world's favourite colour (Fig. 27).



Figure 27: Marrs Green (Smith, 2017)

Psychology of colour studies on human colour preference in controlled conditions have also found more people like blue and yellow and dislike greenish-brown, irrespective of their geographical location. The Ecological Valence Theory of colour preference developed by Schloss and Palmer (2016, pp. 436-451), attributes these preferences to associations with basic human survival in the natural environment. Blue being associated with clear skies and clean water, yellow with sunshine, whereas greenish brown is more often associated with rotten food, mucus or dirty water.

However from a behavioural science perspective as Emery & Webster (2019, p. 31) assert, individual differences play a part where "*color appearance manifests as a private experience, [so] the stimuli for unique hues are unique to the individual.*" Context, size

of stimuli, lighting conditions and the order in which choices are presented are all factors that could influence preferences. In the field of colour psychology Franklin, Director of the Sussex Colour Group at the University of Sussex, acknowledges that research that informs current knowledge about human colour preferences is limited to studies using colour swatches in controlled environments, separated from everyday contexts. She is seeking opportunities for cross-disciplinary knowledge exchange with design practitioners to understand more about how colour is experienced in real life contexts (Franklin, 29-03-23).

2.5.3 Colour discrimination and perception in ageing and dementia

In considering how to use colour as stimuli in this study, as dementia increases with age, it was important to consider age related changes in vision that affect the ability to discriminate certain colours, particularly where colour palettes are less vivid (Stevens et al., 2016; Gresham, 2017). Some of these changes in vision are specifically associated with dementia (Godwin, 2014; Stanzani et al., 2019). Specific attention to the saturation or brightness of colour and maximising visual contrast between key features is advocated to accommodate these issues (Fleming et al., 2020) to support spatial orientation in care settings (Halsall 2023; Bowes et al., 2018) and in the home (Designing Homes for Healthy Cognitive Ageing (DesHCA), 2023). There is some evidence that colour can enhance short term memory in object recognition compared to identifying an object simply by its shape (Cernin et al., 2003). Dalke & Matheson's (2007, p. 16) study found that colour can stimulate interest and orientation in contiguous spaces but questioned whether there was evidence of universal human colour preferences.

Whilst ability to discriminate between different colours gradually decreases with age, this is also dependent on size and saturation (Elliot et al., 2015). Although age-related

changes can cause a yellowing of the lens that affects chromatic sensitivities (Dalke & Matheson, 2007) there is evidence that the brain compensates to provide a more constant interpretation of the environment (Emery 2019, p. 29). A key matter for conjecture in this study is whether, if the ability to name colours is impaired (de Wijk et al., 1999), but visuo-sensory sensitivity is retained, does it also become heightened? One of the participants agreed: "*I feel more, I sense in every way more. So all the senses have sort of got magnified.*" (SH2-16, 27-07-23).

2.5.4 Learning from creative practice

In design practice, an understanding of the multiplicity of variables that impact on the appearance of colour in terms of light, materiality, shape and size of everyday objects and environments is constantly being evaluated. Devising accessible ways to present colour preferences to participants has been inspired by learning from designers concerned with colour and materiality, documented in the portfolio (◎ p. 56-57). These have been sourced from design education (Albers,2013); furniture and home décor (Jongerius, 2016); textile design (Klein, 1965) and architecture (Neutra, 1954). These designers have interrogated and documented their learning about colour and how it behaves in different contexts. Their work demonstrates a heightened sensibility and understanding of how colour is experienced and understood. As Albers' (2013) study of colour demonstrates, human experience and response to colour is both dependent on context, materiality, light conditions and how colours are juxtaposed. Reflecting on her experience of creating a colour archive for Vitra, Jongerius (2016,p 22), observes that: "*I truly do not have a favourite colour … the fact that there is no objectivity in colour is a blessing to me, it's a visual expertise, not a scientific one*." The proliferation of work created by these practitioners appears to feed and reinforce their fascination rather than causing fatigue. In Jongerius' view "*our world suffers from colour anorexia*" and she attributes this to a commercial context that limits the choice

of colours available (Sansom & Zerboni,, 2018 p. 105). The following tools used by designers to explore emotional, expression and personalisation through colour have been considered in the development of probes in this study.

2.5.4.1 Personal Colour Guides

In textile design Klein derived inspiration from the natural world to create dyes that specifically represent, for instance, a leaf at a certain time of day (Taylor, 2010). His assertion *"that colour is as important to our lives as words are; and words cannot be used as substitutes for colour….that can express a whole gamut of emotions in a quite different way from words*" (Klein, 1965, p. 51) supports the notion that as visual stimuli, colours offer a form of non-verbal communication.



Figure 28: Personal Colour Guide (Klein, 1965)

His Personal Colour Guide (Klein, 1965 pp. 95-110) used eye and hair colour to identify colours that would "suit" the person (Fig. 28). However, whilst these colours were aimed to compliment how the person looked to others they might not necessarily be what they enjoyed looking at.

2.5.4.2 Using colour to evoke personal meanings

In a critique on the lack of serious attention to an understanding of how to use colour in design education, Tebbe (2017, p. 78) asserts that "*sensibility of colour perception*" can be learnt by creating an "*archive of visual experiences*" that can reveal unconscious

meanings associated with individual colour preferences. She developed a method of organising colour that uses verbal prompts related to places, relationships and emotions terms as triggers (Fig. 29).



Figure 29: Color recollection, (Tebbe, 2017, p. 79)

2.5.4.3 The Aesthetics of Joy Toolkit

As an outcome of her investigation into the ingredients that contribute to an 'Aesthetics of Joy", Lee (2020) created a toolkit that uses word associations to provoke participants to think about objects, places and activities that provoke a sense of joy, and identify key aesthetic ingredients that evoke pleasure (Fig. 30).

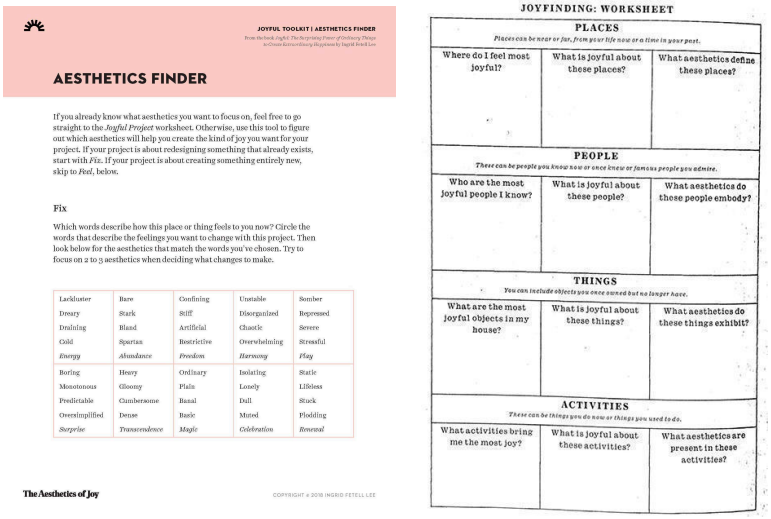


Figure 30: Examples from Aesthetics of Joy Toolkit (Lee,2020)

This study applied learning from these methods but has used visual rather than verbal cues to explore how these preferences can be expressed.

Conclusion

This interrogation of the literature on everyday aesthetics, object relationships and colour preferences has identified opportunities for research through design to explore how everyday aesthetics is experienced and expressed in dementia. It establishes the relevance of design thinking and understanding of the physical, sensory and embodied factors that influence how aesthetic judgements are made to contribute to developing accessible tools of engagement as an alternative to conventional questionnaires or interviews that use verbal communication. It establishes the rationale for exploring individual preferences using favourite spaces in the home, everyday mundane objects, and colour preferences as means of engagement. The next chapter presents the philosophical and theoretical basis for the design research methods used to gather and analyse the data.

CHAPTER 3: PRACTICE-LED DESIGN RESEARCH: METHODOLOGY

CHAPTER 3: PRACTICE-LED DESIGN RESEARCH: METHODOLOGY

Introduction

The aim of this study was to explore expression of everyday aesthetic preferences in dementia. This involved devising a method of engagement that provided accessible and inclusive ways to choose. This chapter establishes the relevance of exploring this topic from a design for health perspective. It sets out the philosophical and theoretical perspective that underpins my epistemological stance using a constructivist approach to this qualitative mixed methods study. It establishes the rationale for using practice-led design research in the development of a framework for engagement that uses everyday objects and visual stimuli, in the context of home to explore how everyday aesthetic preferences are expressed. It clarifies how this study is situated in the context of participatory design and outlines how ethical issues of concern were navigated in the recruitment process. Finally it outlines my approach to analysing the multimodal nature of the data. The icons used in the diagrams and in the text denote the following


Lovely Mug Ugly Mug exercise with participants without dementia


Lovely Mug Ugly Mug exercise with participants living with dementia


Colour choice exercise with participants without dementia


Colour choice exercise with participants living with dementia


Personal space exercise with participants without dementia


Personal space exercise with participants living with dementia

Section 3.1: Situating this study in a design for health context

This study explored how personal preferences influence the interrelationship between everyday objects and environments in dementia through design. The diagram below (Fig. 31) locates the methods adopted to explore this issue within a framework of design for health research: an emerging discipline that explores how design thinking can address the complexity and diversity of situations experienced by people with different health conditions and their care and support (Tsekleves and Cooper, 2017).

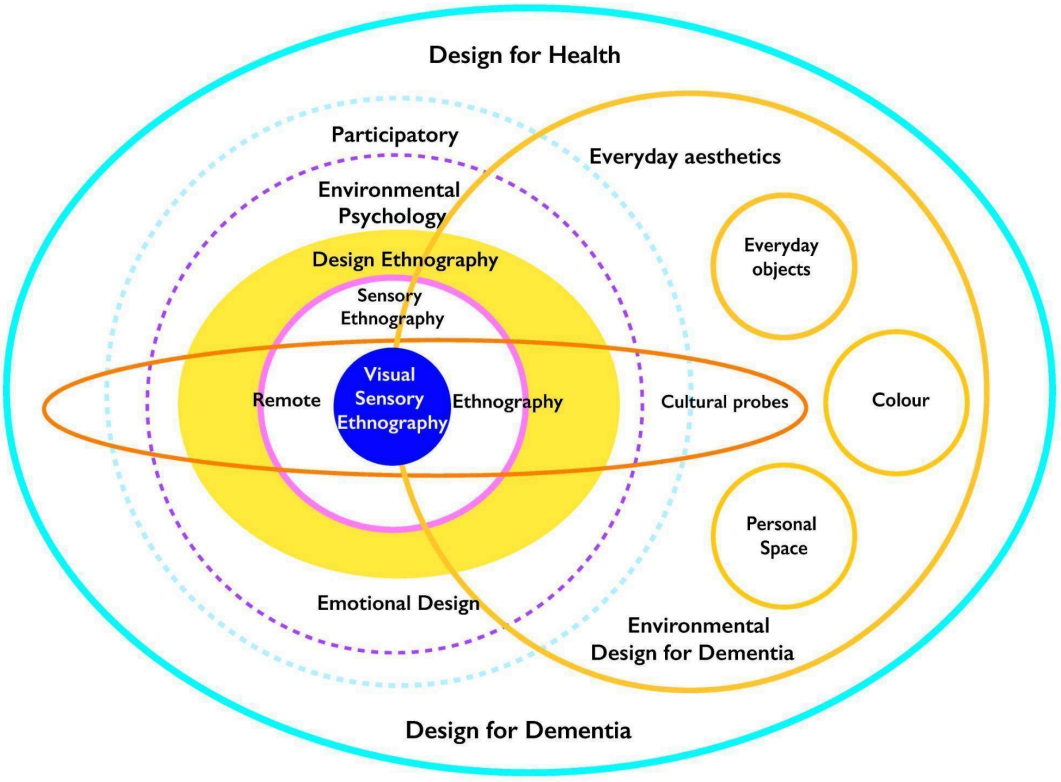


Figure 31: Situating the study in the context of design for health research

3.1.1 Design for Health: removing barriers to engagement

As identified in Chapter1, a combination of biopsychosocial factors relating to the social and physical environment can create barriers for people living with dementia to be actively engaged in making choices about their everyday lives. Whilst there continues to be no cure for dementia, non-pharmacological interventions can address

the social and relational impact of dementia, and support quality of life and wellbeing (Guzzon et al., 2023). This is being demonstrated by a growing voice of people with lived experience who are challenging assumptions about their capabilities (Ashworth et al., 2023; Charras et al., 2025). Langley et al. (2018) have explored how design research can contribute to knowledge about the impact of health conditions by forefronting the voice of the person living with the condition. This study explores how utilising these capabilities can be applied to supporting expression of preferences in dementia.

In the context of design for health, design for dementia approaches have utilised visual-sensory capabilities and an embodied sense of self that are understood to be relatively unaffected by dementia (Tsekleves & Keady, 2021; Rodgers, 2022). Visual stimuli are used to support communication and engagement (Chen et al., 2022). Visual access in environmental design (using sightlines, lighting, and visual contrast) has been proven to support independence and function in everyday activities (Fleming et al., 2020). Creating environments that are familiar and homely in appearance is advocated in dementia care settings (Chaudhury, 2018; Hoffman-Axthelm, 2014). However what is homely to one, may be alien to another. Whilst personalised care to support a continued sense of self and agency in dementia is emphasised, there is less evidence of how knowing an individual's everyday aesthetic preferences could contribute to personalising the environment (Bowes & Dawson, 2019). The need for research into how to attend to preferences has also been identified (Bowes et al., 2023). Whilst there is some evidence that people may retain their aesthetic preferences despite cognitive impairments (Halpern et al., 2008; Halpern & O'Connor, 2013), there is limited evidence of how this knowledge has been applied to understanding everyday aesthetic experience in dementia.

3.1.2 Bringing an Interdisciplinary perspective

As a reflexive approach I am mindful of how my experience, values and beliefs influenced how I facilitated the meetings. My interpretation of what is happening in my encounters with participants is inevitably subjective. I bring an interdisciplinary perspective to this study drawn from a combination of skills and experience in both design and healthcare, as detailed in the introduction. The idents in Figure 32, devised by Nesbitt et al.(2024) present a way to visualise the interdisciplinary contributions to research in design for health contexts. They provide a way for practitioners to reflect on where their respective experience, skills and perspectives are situated from health oriented (left) to design oriented (right) and whether a combination of both creates a balance (centre).Within this spectrum , my combined experience as a healthcare practitioner with design training means that my approach has oscillated between design and health according to: how I have developed my research questions; how I have used my skills to design a framework for engagement; how I have conducted meetings with participants; and how I have used design to interpret and analyse the data. My question is derived from both design and health through learning about the impact of visual access on behaviour in environmental design for dementia. I have brought my design skills to devise the probes. I have drawn on my skills as a healthcare practitioner in facilitating the meetings with participants, and a combination to interpret and analyse the data.

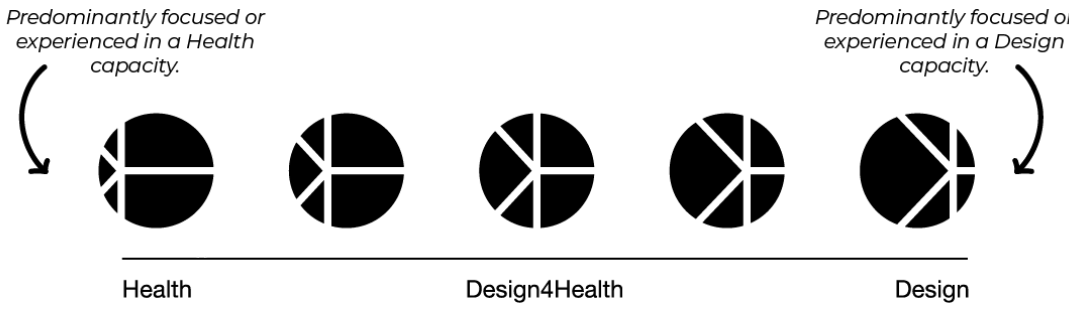


Figure 32: Visualising a spectrum of skills across Design for Health (Nesbitt, 2023)

My experience of working with people living with long term conditions, has convinced me of the positive impact that environments that are both accessible and attractive can have on wellbeing and motivation (Walker, 2017a; Habinteg, 2024). As detailed in the introduction, my practice is concerned with supporting meaningful engagement in everyday life. Central to this, from an environmental and design psychology perspective (Wiener and Pazzaglia, 2021; Israel, 2003; Israel, 2010), is an interest in the impact of the environment on behaviour and wellbeing.

To establish the rationale for a framework for engagement that was tested with participants, as a design-led study my approach draws on the Double Diamond process (Design Council, 2005): discover, define, explore, develop using a phased and iterative process of testing (Fig. 33). To account for the complexity of interdisciplinary factors that impact people with dementia this has involved a reflexive approach to examine the interrelationships between design, lived experience, research and practice.

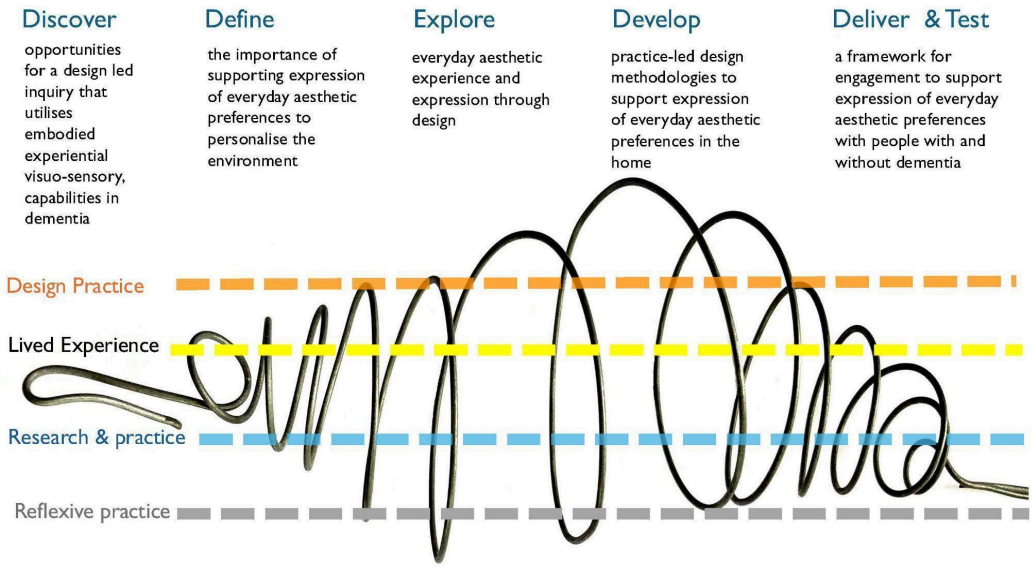


Figure 33: An iterative approach to design-led inquiry

In terms of design practice, the visual research, design development and design decisions that have informed the development, testing and interpretation findings from

the methods of engagement are documented in the portfolio: **Do you know what you like?** and signposted in the text as (◎).

3.1.3 Understanding everyday aesthetic experience through design

If as Whitfield (2005) proposes, design thinking operates at a sensory-perceptual level, then that understanding can contribute to the development of tools that elicit responses to everyday aesthetics in dementia where the relationship to the environment is through an embodied and "*experiential self*" (Brown, 2017 p. 1009). This study explores whether using visual stimuli to present and express preferences can contribute to making explicit an implicit internal understanding and response to everyday domestic environments. My mode of inquiry involved devising a framework of cultural probes (Gaver et al.,2004) and object elicitation methods (Woodward, 2020) to explore how preferences influence relationships with everyday objects and environments and how that impacts on how people feel about themselves. This open-ended approach aimed to elicit insights about the emotions, values and lifestyles of the participants.

The role of design in this study is both explicit and implicit. It is implicit in how an iterative framework of engagement and exchange was devised that invites participants to share their preferences for objects and environments. It is explicit in the creation of a set of colour cards to scaffold conversations from which contextual associations and meanings can emerge. Design was also used as a mode of interpretation through the creation of personalised booklets as a tangible record of participants' preferences and the meanings associated with them that are re-presented to them.

Section 3.2: Epistemological stance

To explore the importance of everyday aesthetics in the relationships people have with everyday objects and environments, I took a constructivist stance that enables

knowledge to be co-constructed through shared engagement between the participants and the researcher. This aligns with methods that aim to uncover participants' preferences by acknowledging the role of context and subjectivity in shaping knowledge (De Oliveira, 2024). By designing an accessible framework of engagement the method explores whether a process of sharing and looking can support "*mutual creation of knowledge by the viewer and the viewed*" (Charmaz, 2014, p. 510). Viewing is especially pertinent as both the means of communication, as well as the visual properties of how things appear, what things look like - to scaffold, elicit and support expression. As a solo study involving one to one meetings, this method also revealed insights about the impact of my presence in the interactions.

Within the constraints of this small scale time limited study conducted via videoconferencing, whilst this was not pure ethnography, my approach draws on elements of design ethnography in that it enabled a tentative exploration of, "*the grammar and patterns through which the reality of the lifeworld it investigates is produced, not to colonise the world with [my] own values*". Müller (2021, p. 18-19). However, whilst design ethnography that explores everyday experience starts with the premise that we have a basic understanding of who and where we are (Müller, 2021), in dementia, what we attend to or disregard as we navigate everyday life may be very different. As cognition, recognition, naming, and explaining becomes impaired or diminished, our attention may be drawn to things that would ordinarily go unnoticed.

In seeking to learn about how everyday aesthetics influenced participants' relationships with everyday objects and environments in the context of home, I took a reflexive, iterative creative approach to creating an accessible framework of engagement. This enabled me to personalise my responses to the knowledge particular to individual participants that emerged. Founded on the principles of inclusive design (Clarkson et

al., 2003) this involved identifying and adapting potential barriers to engagement that prioritised the use of visual stimuli and objects to scaffold conversations.

3.2.1 Mixed methodology



Figure 34: Shared Looking process

Using a mixed methodology, a framework of engagement was devised to explore how everyday aesthetic preferences are experienced and expressed. Entitled **'Shared Looking'**, the process involved three consecutive meetings that used different stimuli to scaffold conversations about participants' preferences (Fig. 34). Drawing on object elicitation methods (Woodward, 2020), the first meeting asked participants to share their favourite and least favourite mug. The second used a set of colour cards as a design probe (Gaver et al., 2004) to elicit colour preferences. The final meeting invited participants to share images of favourite spaces in their home. This approach draws on elements of sensory ethnography in the sense that it explores personal preferences for everyday objects, colour and favourite spaces in the home to understand the situated relationships the participants have with their home environment (Pink, 2015).

Adapting to the constraints of the social distancing restrictions imposed by the COVID-19 pandemic in the UK, on people living with dementia who were deemed to be vulnerable (Walker, 2023b), the study design adopted a form of remote sensory ethnography (Barker,2022) conducted via videoconferencing. Whilst this removed the opportunity to share the haptic, tactile, and spatial qualities of what was shared, it met the objective to explore visual-sensory relationships with objects and environments. As

an iterative process of exchange, following each meeting personalised booklets of images and quotes were sent to participants. These were created from close observation and immersion in the video and audio data generated from the recordings.

3.2.2 Objects and visual stimuli as cultural probes

A key objective in this study is to explore how relationships with objects can support decision making in the personalisation of the environment. Cultural probes in design research might take the form of giving participants tasks, diaries or cameras to record their experiences (Gaver et al., 2004). In this study the probes were a combination of the participants' own objects and places in the home, as well as a set of colour cards. The power of objects to scaffold conversations and reveal insights where conventional methods like questionnaires and interviews might fail has been effectively demonstrated in projects like "Exhibition in a box" (Craig et al.,, 2016). Using familiar everyday objects and domestic environments enabled an exploration of what everyday aesthetic preferences revealed about what matters to the person. These were chosen to utilise visuo-sensory and embodied capabilities to find out if they could " *elicit inspirational responses from people—not comprehensive information about them, but fragmentary clues about their lives and thoughts*" (Gaver et al., 2004, p. 53). embodied experiential self.

3.2.3 Capturing emotional responses

A key objective was to explore how the visceral response to the appearance and properties of objects and environments can provoke a sense of pleasure, aligning with Norman's (2004) perspective on the relationship between '*design and emotion'*. A process that involved thinking about and sharing likes had the potential to be enjoyable. The challenge was in whether these feelings of pleasure that are difficult to explain

verbally or with still images could be captured. An edited extract of moments from the recordings has therefore been used to convey participants' engagement and behaviour.

3.2.4 Remote sensory ethnography

An objective in this study is to explore whether visual-sensory capabilities can be utilised to scaffold conversations about everyday likes and dislikes in the context of home. It draws on elements of visual ethnographic methods used by design anthropologists to interrogate the complexity of situated experience (Pink et al., 2018). The key elements in this approach were visual elicitation using colour cards and participant-led sharing of preferences for objects and spaces in their own homes, and close observation of how their affective responses to these stimuli were expressed through gesture, gaze, and spatial positioning.

Provoked by the social restrictions imposed by the COVID-19 pandemic this evolved into a form of remote sensory ethnography (Barker, 2022) conducted via videoconferencing. This influenced the choice of techniques, the nature of the probes, and the design response to emerging data. An obvious distinction is that as this study was conducted remotely, from a sensory point of view I could only experience what participants chose to share visually, within the video conferencing frame. As a remote interaction the interpretation of the data was reliant on attention to the interrelationship between the visual non verbal demonstration of the haptic, tactile, and spatial aspects of their preferences and the verbal descriptions. My approach to the interpretation of this multimodal data (moving and still images and transcripts) is detailed in Chapter 5: Findings and Analysis, Sections 5.1.3 and 5.1.5.

As Pink (2021, p. 42) points out, visual experience cannot be entirely separated from other sensory and haptic material engagement, but "*offers a route to comprehending those aspects of experience that are very often, sensory, unspoken, tacit and invisible*". I was reliant on what I could see through the screen and what the participants shared about the material and sensory properties of their preferences. The data generated was limited to recordings from three videoconferencing meetings. Immersion in the data following each meeting enabled close observation of what participants chose to share, as a starting point for understanding the reasons for their preferences. The benefits and limits to the experience of using these methods are outlined in the Chapter 6: Discussion.

3.2.5 A phased approach to developing a framework for engagement

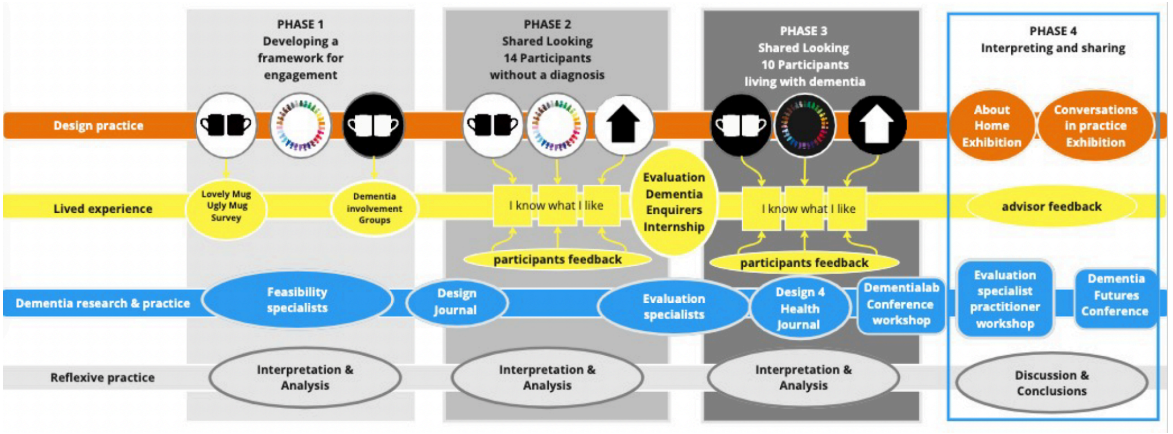


Figure 35: Phased approach

The Shared Looking framework for engagement was developed and tested using a phased approach (Fig. 35). Phase 1 involved exploring ways to support expression of everyday aesthetic preferences with people with and without dementia through email surveys and workshops. These experiments informed the development of the Shared Looking process tested firstly with participants without dementia in Phase 2. Informed by advice from specialists in design for dementia and dementia care, it was then adapted and tested in Phase 3 with people living with dementia.

The Shared Looking process draws on generative design approaches that employ what Sanders and Stappers term "*the path of expression*" (2012, p. 55-56), where interactions with objects and environments in the present can serve as means to reflect on the past, and can inform thinking about future preferences. It was devised to scaffold conversations that could provoke intuitive and immediate responses that might elicit personal emotional memories and support an embodied sense of self. A method of collaborative inquiry, loosely based on a semi-structured interview format where non-verbal prompts in the form of everyday objects, colour and favourite spaces in the home were used to provoke reflection and exchange about what people like and why.

3.2.6 Visual Thinking Strategies (VTS)

The development of accessible ways to facilitate and scaffold conversations about everyday aesthetic preferences in this study was informed by the Visual Thinking Strategies (VTS) methods found to be effective with people living with dementia in visual arts viewing activities (Windle et al., 2018; van Leeuwen et al., 2023). This approach, rather than referring to factual knowledge about the artist, context or methods (Yenawine, 1999; Housen, 2001), encourages the viewer to share their own interpretation of what they are seeing and experiencing (Hailey et al., 2015). Training in VTS methods via Zoom[14] (March 2022) informed development of the framework of engagement I called 'Shared Looking' to support expression of everyday aesthetic preferences outlined in Chapter 4. The training in using VTS via videoconferencing gave me an insight into how it could be adapted to thinking about everyday aesthetics. An underlying principle in this approach is that it is person-centred, and that there are no right or wrong answers. The facilitated process begins with silent viewing and then invites the viewer to comment using the following questions:

[14] Zoom videoconferencing platform https://www.zoom.com/ (accessed 27-01-25)

- *"What's going on in this artwork/image?*
- *What do you see that makes you say that?*
- *What more can you/we find?"*

(Van Leeuwen, 2022, p. 2)

The topic guide and my approach to facilitation draws on these methods to explore each aspect (everyday objects, colour, and favourite space in the home. (Appendix 7)

3.2.7 Subjective and reflexive approach to facilitation

My approach to my encounters with participants developed through a continuous and reflexive process of inquiry and response, observation and listening, during the meetings, to consider how this process works to scaffold engagement and interaction (Fisher et al., 2019). I tailored the ways I facilitated and responded to participants. Following each meeting a close observation and immersion in the data was used to capture insights and construct patterns of meaning. As an occupational therapist, whilst I bring skills in active listening, observation and attention, I was aware that my presence could bring an unequal power dynamic. As a subjective and reflexive approach I was mindful of how this influenced what I noticed, how I responded, and what follow up questions I used. Advice given by the Dementia Enquirers impressed on me the importance of investing time in establishing an atmosphere of trust: getting to know the participants, and letting them get to know me (Walker, 2023a).

To address issues that people living with dementia may have with verbal communication, my approach to facilitating the process in Phase 3 was informed by advice from a Speech and Language Therapist at the University of Sheffield. This included considerations on established ways to support engagement that incorporate, "*facilitating a means of communication, a reason for communicating, and the opportunity to communicate"* (Money, 1997). A key feature of this approach is one of active listening, mirroring and reflecting the comments made by participants back to them. It was important to factor in additional time for participants to process and

respond, and to pace interactions. An understanding of how knowledge was created through these interactions evolved through a process of ongoing reflexive analysis of each encounter that is considered and discussed in Chapter 5 and 6.

Section 3.3: Using a participatory mindset

The methods of engagement were deliberately devised to support a sense of agency for participants. My approach was to employ what Sanders and Stappers (2012, p. 21) describe as a "*participatory mindset*"in which the participants are seen as "*partners*" rather than "*subjects*" of the research. The framework for engagement was conceived to learn about participants' preferences using probes as "*generative tools*" to "*generate an infinite number of ideas through a limited set of stimulus items*" that could reveal knowledge about the reasons for their preferences (Sanders & Stappers, 2012, p. 24)

3.3.1 Enabling participation for people living with dementia

As Van Buuren et al. (2022, p. 91) point out, "*the preferences of people with dementia themselves are often not respected, and they are seldom involved in the decision-making process*". Wolstenholme et al. (2017) have highlighted the importance of finding ways to enable recipients of care to take a more active role in how they are supported. One of the questions this study seeks to explore is whether using accessible ways to express preferences can challenge negative assumptions about ability. If a person with dementia can be empowered to express their personal preference, how might this influence the attitudes and understanding of care partners? People living with dementia who are keen to be active participants in research have remarked on an experience of tokenism and exclusion (Davies et al., 2022). Certainly the significant cognitive challenges for people at later stages means they become increasingly reliant on others to judge their capacity to give consent. The recruitment criteria in this study were for people with mild to moderate dementia. This was partly

to maximise their ability to take part, but also to explore whether thinking about personal preferences in the present could inform the way choices are made when dependency on others increases.

3.3.2 Degrees of participation

Whilst the principle that informs this study is the importance of learning from people living with dementia as 'experts by experience', and the aim is to explore ways to support personalisation, it is not in its truest sense, person led. The participants were not involved in devising the process. The aim was to explore how design methods can enable participation to make everyday decisions about objects and environments that can support personalisation. Their contribution is in sharing their personal preferences and the associated meanings. At each stage the participants' feedback informed further iterations.

The methods aim to elicit responses that contribute to the knowledge about personal preferences. The selection of categories for the probes has scope to be individualised by the participant and is intentionally generative. This aligns with what Branco (2017, p. 1) describes as "*personalisation as a design strategy"* where participants were invited to contribute their own images to be used in a boardgame to sustain attention.

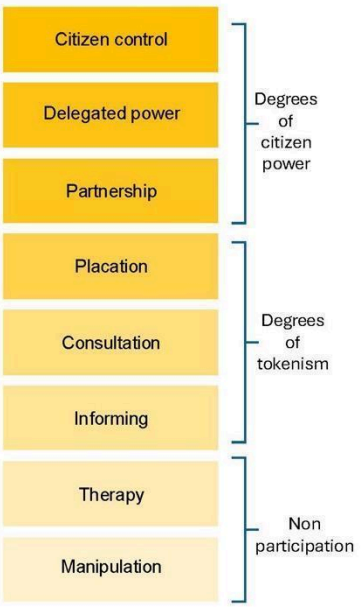


Fig. 36: Ladder of participation derived from Arnstein (1969, Fig.2, p. 217)

As partners in the process, within the framework of Arnstein's ladder of participation (Arnstein, 1969) (Fig. 36), the intention is that participants have retained a sense of choice and control during the process. In that sense it was important to ensure that it had value and relevance to the participants. One outcome of their participation are the personalised booklets that contain verbatim quotes as a record of their preferences and the meanings they attributed to them. Whether making the knowledge about the person more explicit will have longer term benefits is beyond the scope of this small scale, time limited study. However, feedback from participants on how the personalised booklets were used in the short term is considered in Chapter 5.

Section 3.4: Ethical considerations

3.4.1 Approach to obtaining ethics approval

This chapter now turns to how I have navigated and addressed ethical issues and concerns associated with this study that included human participants, including those deemed vulnerable due to a diagnosis of dementia. Ethical approval to conduct the

study with human participants was granted by Sheffield Hallam University Ethics Committee in Phase 1 (Appendix 8). This included a survey that asked people to share their preferences for a favourite and least favourite mug and the interviews with specialists. Further amendments were approved for permission to conduct videoconferencing meetings with participants without dementia in Phase 2.

3.4.2 Capacity and Consent

It is not uncommon for it to be assumed that a participant with a diagnosis of dementia does not have the capacity to give their informed consent. A culture of protectionism can exclude people living with dementia from opportunities to participate in research (Davies et al., 2022). As Fletcher (2021) warned, although well intentioned, the Mental Capacity Act can "*incentivise the exclusion of people with dementia from research*." In ethical terms, human participants living with dementia are defined as vulnerable. This inevitably raises concerns for ethics committees. For Phase 3 with participants living with dementia it was important to address concerns related to participants' rights, safety, and wellbeing.

To address these concerns I sought to ensure that the methods were as inclusive as possible; had value and relevance to participants; addressed issues related to informed consent; and had respect for dignity, privacy and confidentiality[15]. My proposed methods were informed by advice from academics who had used videography in participatory research methods with people with dementia (Campbell et al., 2023; Campbell & Ward, 2017).

As a healthcare practitioner I applied my professional standards of conduct and duty of care to clarifying my intentions and articulating the risk management strategies. As a

[15] ER ER25485303

design researcher I was motivated to overcome barriers that might exclude potential participants. My priority was to learn from the people living with dementia, and not second hand from care partners. This meant challenging assumptions that participants with dementia might not be capable of giving consent and should always be accompanied by a care partner. Whilst some of the participants were accompanied by care partners, this was mainly to provide technical assistance. The principle underlying my approach was to recognise the person as being an expert in their situation and their condition. As the sole researcher, the challenge was in being both facilitator and observer.

The protocol for engagement was informed by Dementia Empowerment and Engagement Project (DEEP) guidelines (Dementia Enquirers, 2023c) on how to include people with dementia in research that recommends that researchers should always begin with the assumption that people do have capacity. As set out in the Mental Capacity Act (2005) code of conduct, it should be assumed that (as applies to everyone) people with dementia have capacity and can make informed decisions and give consent to participate in research unless it can be proved that they do not. Capacity to make decisions would not be judged as a blanket one-off ability but checked in relation to ability to make decisions and express choices related to specific situations. To support my approach I completed Social Care Institute of Excellence (SCIE) training on the *Mental Capacity Act* and *Safeguarding adults.*

To address concerns about capacity, I proposed using *"'process consent"* recommended by Dewing (2007, p.11) where a baseline is established at the outset to understand from participants and, if necessary, care partners how they would express their wishes if they were not able to give written consent.This necessitated factoring in the time to establish rapport with participants and to understand how they, as an individual, would usually express assent. Care was taken to attend to any non-verbal

signals that indicated that the participant may be uncomfortable with the questions or the process. In line with this approach, informed consent to participate was obtained at the outset but checked at regular intervals during and at the beginning and end of meetings. Participants were given the choice to nominate a person for technical assistance and any other assistance they might require as part of the consent process.

Participants were reminded at the beginning and end of each meeting that the meetings are being recorded by audio and video. At intervals they were asked to express their consent for the recording to continue, and at the end for the recording to be saved. Their verbal consent to continue was recorded. They were given the choice to indicate their consent by saying Yes/No or to use a gesture (thumbs up/thumbs down). Participants were advised that they were entitled to withdraw at any time during the meeting. As outlined in the participant consent, following the meeting if they wished to withdraw from the study, they had up to two weeks (14 days) to let the researcher know.

3.4.3 Accessible Participant Information

The layout and content of the Participant information sheet (Appendix 9) was informed by the DEEP guidelines for writing information for people living with dementia (DEEP, 2013). This outlines the reason for the research, proposed activities involved, that meetings will be recorded and that participants can opt out at any stage. It explains how recorded data and digital media will be anonymised, stored, and used in accordance with the Data Management Plan (Appendix 10). Potential participants were offered an introductory meeting so that I could explain what taking part involved. This gave participants the chance to weigh up the pros and cons of taking part, and how it might affect them. The option to give consent by signing a form or by verbal recording on audio or video was offered. Clear, simple, verbal and visual information about what

was involved was set out in an explanatory booklet that served as an accessible Topic Guide V2 (Appendix 11).

3.4.4 Visual ethics and consent to use images

A guiding principle in the use of any images gathered from the recorded meetings took account of the respect for privacy and dignity of the participants. Participants were given a copy of the images selected from the recordings in the form of personalised booklets following each meeting. Consent for use of images captured from video recordings that might be shared in reports, blogs or presentations about the research was sought and in respect to their copyright for any of the images they provided (Appendix 12). To respect the privacy and dignity of the participants, it was not the intention to use any images that show the participants' faces. However if, for example, the facial expression or body language was relevant to indicate likes or dislikes or provided in images that participants gave to the researcher, express consent was sought to use these images, or narrative descriptions were used to document the reactions.

Section 3.5: Recruitment

This section outlines how the study was conducted as an iterative process in three phases (Fig. 35). that enabled testing ways to explore expression of everyday aesthetic preferences with participants. In Phase 1 participants without a diagnosis of dementia were asked to share images and the reasons for their choice of a favourite and least favourite mug via an email survey. In Phase 2 framework of engagement using three consecutive meetings to share preferences for a mug, colour, and favourite spaces in the home was tested with participants without a diagnosis of dementia. Building on learning from Phases 1 and 2, Phase 3 was adapted for participants living with dementia.

3.5.1 Participant profiles

Table 1: Participant profiles and methods of engagement

	Phase 1 **Lovely Mug** **Ugly Mug**	**Phase 2** **Shared Looking**	**Phase 3** **Shared Looking**
Data generation	mail Survey	Videoconferencing	Videoconferencing
Participants	25 participants without a diagnosis of dementia	14 participants without a diagnosis of dementia	10 participants with a diagnosis of dementia or Mild Cognitive Impairment
Gender	16 female, 9 male	10 female, 4 male	2 female, 8 male
Age range	not known	23-95	50-85
Contact	Email contact only	3 meetings with 12 of the participants; 2 meetings with 2 participants	3 meetings with 9 of the participants; 2 meetings with 1 of the participants

3.5.1.1 Phase 1: Lovely Mug Ugly Mug survey: Participants without a diagnosis of dementia

Initial explorations used an email questionnaire to ask participants to provide images of favourite and least favourite mugs, and the reasons for their choices (Appendix 13)[16]. Participants were recruited from research colleagues, personal and professional networks. Whilst this generated 24 responses (Appendix 14), as this method did not allow for ongoing exchange, a method using one to one meetings was devised.

3.5.1.2 Phase 2: Videoconferencing meetings: Participants without a diagnosis of dementia

Fourteen participants ranging in age from 23 to 95 were recruited from existing personal and professional networks. The sample is limited in terms of diversity across

[16] Ethics Approval Reference: Converis ER22515755

race, class, and educational background. From the interaction with them it was evident that they all fall into a broad bracket of educated middle or professional class. Depending on their availability they took part in two or three meetings. In total 38 meetings were conducted between April 2021 and April 2022. Data for the participants in Phase 2 was anonymised and coded for confidentiality as (SH1to14). (Appendix 17.)

3.5.1.3 Phase 3: Videoconferencing meetings: Participants with a diagnosis of dementia

Recruitment for the ten participants in Phase 3 was people who were self-selecting, identifying themselves as having a diagnosis of dementia or mild cognitive impairment. My approach to recruitment was targeted through local and national voluntary sector and user led groups. One was local from SHINDIG (SH2-2), the rest were from other parts of the UK. One was through attendance at the Alzheimer's UK Conference 2022 (SH2-1), one from my internship with the Dementia Enquirers (SH2-16); two from advertising through DEEP (SH2-5 and SH2-6)[17]. SH2-5, recommended me to two others (SH2-8 and SH2-9). Three of the participants (SH2-10, SH2-12, SH2-14) were recruited through National Institute of Health Research Join Dementia Research Network (JDR)[18] that holds a database of people living with dementia who are interested in taking part in research. Data for the participants in Phase 3 was anonymised and coded for confidentiality as (SH2-1to10) (Appendix 18).

3.5.1.4 Recruitment Criteria Phase 3: participants living with dementia

As Byers, A. (ISP 6 10-11-20) explained, for people with dementia "*the difficulty is we actually don't know what it's like*". Recruitment criteria was informed by inclusive design methods that attend to learning with and from people with lived experience

[17] DEEP UK Network of Dementia Voices: https://www.dementiavoices.org.uk/deep-groups-news/participants-wanted-for-research-in-to-how-design-can-help-people-with-their-personal-preferences/

[18] https://www.joindementiaresearch.nihr.ac.uk/ (accessed 04-02-25)

through what Clarkson et al., (2003, p. 54) term the "*critical users"* perspective as pertinent to the specificity involved in exploring ways to support individual personal preferences in dementia.

A question that this study explores is whether reflecting on, thinking about, and making preferences explicit might reinforce knowledge about likes and dislikes in the person. Building on the evidence that people with mild to moderate stage dementia can learn new skills, the recruitment criteria are therefore informed by those used in cognitive rehabilitation (Goal Oriented Rehabilitation in Early Alzheimer's and related dementias (GREAT) (n.d.)):

- People living with early to moderate stage dementia.
- Self-selecting through local user-led voluntary organisations concerned with supporting people living with dementia.
- With capacity to give informed consent in line with the Mental Capacity Act Code of Practice and guidance on Safeguarding.
- Living in their own homes.
- Comfortable with the use of web enabled video meetings with or without technical support.
- With a nominated person of their choice, if they wish, to accompany them and provide any technical support.
- Consent for the nominated person to be included in the recording if requested was also sought.

The content, scope, and timing of each meeting was negotiated, in agreement with participants, to ensure flexibility to accommodate capabilities as recommended by Branco (2017). Clear information was provided prior to and following each meeting, at each stage, and as a reminder that the process is time limited to a maximum of four sessions.

3.5.2 Accessible Recruitment Information

Following completion of Phase 2 (participants without a diagnosis of dementia), specialist practitioners were consulted on the factors to consider in the recruitment of people living with dementia. The design, layout and content of the recruitment leaflet (Fig. 37) was informed by DEEP guidance (2013) and feedback from my specialist advisor in accordance with making the information as simple and accessible as possible.

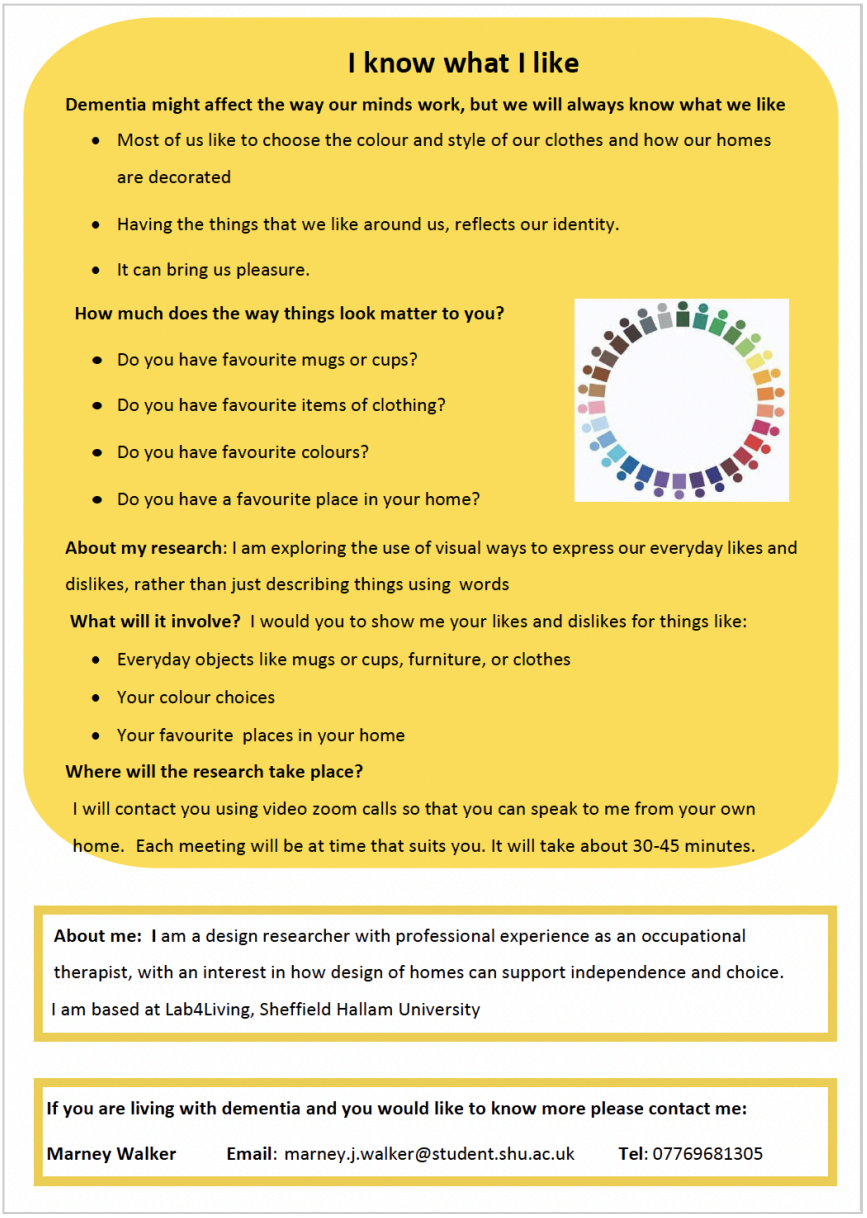


Figure 37: Recruitment flyer Phase 3

Section 3.6: Generating, analysing and interpreting the data

The learning from this study is constructed from an interrogation of the data gathered from my encounters with participants who were invited to share their everyday likes and dislikes. This section outlines the nature of the data generated from the interventions; the rationale for my approach to the analysis in line with the aim and objectives of this study; and how it was done. As a solo study involving one-to-one meetings with participants it has involved a reflexive approach which acknowledges that my experience and perspective influence how I constructed patterns of meaning from the data.

3.6.1 Data collection

The time span of meetings with participants varied and was tailored to individuals availability (Appendices17 and 18). The primary source of data is video and audio recordings and transcripts, as well as images provided by the participants, and images sourced by the researcher to represent what was described. Video recordings from Phase 2 and Phase 3 meetings with participants are from the videoconferencing platform Zoom. This constitutes video mp4 files, audio recordings, and an automatically generated transcript.

Following each meeting, the automatically generated transcripts were reviewed and edited for verbatim accuracy. The content of the data generated was co-constructed as an outcome of the interaction between the participant and me. These meetings have generated responses and personal accounts of the meanings associated with the preferences. Unlike video ethnographical methods where the researcher is in control of the camera, in videoconferencing I am more dependent on what the participant chooses to show me within the frame. The mirroring that videoconferencing offers, where participants can see themselves during the meetings, means that participants can

see what is being recorded. When they offer up a mug to the screen they can control how it is presented, how it is handled and turned to emphasise what they want to show me.

3.6.2 Analysing and interpreting the data

The nature of the data (video, transcripts, and images) necessitated a multimodal approach to the analysis. As outlined by Smith et al. (2023), for people living with dementia where verbal communication becomes more difficult there is a particular value in applying a form of multimodal interactional analysis (Norris, 2004) to capture how preferences are expressed through attitude and affect. Participants have expressed their preferences both verbally and physically by presenting their choices via the videoconferencing screen. Alongside the transcripts the analysis considers what non-verbal behaviour conveys about levels of engagement, expressions of pleasure, distaste (audible sighs, laughter, shape and speed of gesture, facial expressions) that it is not possible to convey effectively through verbal description or still images. As an additional method through which to present the nuances of these moments, an edited selection of moments of engagement from recordings was created (Chapter 5). A key element of this, where the participants are accompanied by their care partners is observing the nuance of their interactions when preferences are expressed and shared.

Videoconferencing recordings are peculiar in that they provide a record of both the researcher and the participant as an iterative process of continuous reflection. As a solo study my interpretation of what is happening in my encounters with participants is inevitably subjective. At the outset and throughout the process, I was mindful of how my experience, values and beliefs influence the way I have facilitated the meetings and interpret the situations I have encountered in the research process. My approach to how the meetings were facilitated developed through noticing what impact my

behaviour, attitude, affect and response might have had on the participants. At times my efforts to hear and understand what was being shared and said led me to frown with concentration. I was wary of how this might make the participants feel, and attempted in subsequent meetings to ensure my facial expressions did not imply criticism.

3.6.3 The aim of the analysis

The aim of the analysis was to consider what the findings can contribute to an understanding of the role of design in supporting expression of everyday aesthetic preferences. It sets out to understand what happened when a framework of engagement that uses everyday objects, colour choice and favourite spaces in the home was used to support expression of these preferences. It is underpinned by the theoretical assumption that people living with dementia continue to know what they like but their ability to express their preferences verbally becomes impaired.

In line with the aim and objectives of this study, and the questions it seeks to answer (p.13-15) the analysis sought to understand what the data revealed about:

1. Whether participants can express their preferences.
2. How those preferences are expressed.
3. How much these preferences matter
4. What role design has in supporting the expression of preferences.
5. What those preferences reveal about the participants and what matters to them.
6. How design can contribute to creating a record of preferences that can be created, shared and used by participants.

3.6.4 Reflexive approach to analysis

My approach to analysis and interpretation of the data is informed by my epistemological stance, as one of constructivism. Within a framework of qualitative research I have applied an inductively orientated experiential and reflexive approach that acknowledges my subjectivity in how I have drawn out and constructed patterns of meaning from the data. My interpretation of the data is influenced by my positionality as an interdisciplinary practitioner: an occupational therapist using a design lens to analyse, interpret and *re-present* the data to the participants. This involved close observation of what happened during the meetings, the participants' responses, and their subjective expression of their preference. The knowledge that was revealed about the participants' preferences and the meanings and associations generated from these encounters was co-constructed as an outcome of the interaction between the participant and me. The central organising concept around which the patterns of meaning have been organised is founded on the theoretical assumptions that although impaired cognition impacts on a narrative and biographical sense of self, people living with dementia continue to know what they like (Halpern et al., 2008; Halpern & O'Connor, 2013) and that this is expressed through an aesthetic emotional memory (Karen & Evetts, 2023) and an embodied sense of self (Brown, 2017; Kontos, 2004).

In seeking to understand how participants construct meanings from their responses to the design probes, my approach was informed by Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2019; 2023) to conduct a systematic interrogation of what happened during the encounters and how these meanings were communicated. This helped me to account for my perspective and bias as an occupational therapist using design as a lens to interpret the findings (Kennedy & Davis, 2017). As a relativist approach this acknowledges both my subjectivity as a researcher and the participants' subjective accounts of their preferences, contingent on the context of this study that invites them to share their everyday aesthetic preferences. It involved a continuous process of

immersion in the data through a review of the recordings following each meeting during the period of active research. The complexity and nuances of my interpretation of what I observed throughout the active research was documented and considered in reflective logs, during the active research process, to capture recurring themes from the data (Appendix 19 and 20). This involved a close examination of the multi-modal data generated following each meeting and following completion of the active research. It included reviewing the verbatim transcripts, listening not only to what is being said but noticing the pauses, and the tone of voice. I began to conceptualise initial patterns of meaning, that I subsequently revisited and revised following completion of the active research using a systematic process of constructing meaning from the transcripts and video recordings (Appendix 21).

As a solo study, my approach to coding of data generated in Phase 2 and 3 was influenced by my own subjective interpretation. The findings and insights are presented in Chapter 5. They consider what happened at each stage in the Shared Looking Process and how this contributed to building personal knowledge about the participants.

3.6.5 Visual analysis and interpretation

Following each meeting I reviewed the video recordings and automatically generated transcripts. Through a process of watching, looking, listening, correcting the transcripts, and capturing screenshots, I developed a deeper understanding of what the participants were sharing, and what was important to them. I noticed moments and what people had said to me that I had previously missed or misinterpreted in my own responses. I used reflective logs to record observations of what was revealed, what was implied and inferred from what happened in the meetings (Appendix 19 and 20). As the meetings progressed, I began to organise observations and insights into a

combination of semantic and latent patterns of meaning related to what might be inferred or implied from what was being shared and what I was being told. As an iterative process of continuous reflection, this influenced my approach to how the meetings were facilitated developed, being mindful of what impact my behaviour and response might have on the participants.

To draw what Pink (2013, p. 153) describes as "meaningful links" between the video, audio, still images and transcripts, I used design as mode of analysis and interpretation to create personalised booklets from the recordings. As an iterative method these booklets were sent to participants following each meeting, to seek their feedback on whether this felt like a representation of their preferences. In this sense RTA enabled me to use design as a creative approach to interpreting and presenting the data. This also included experimenting with three-dimensional interpretations of favourite spaces In the home (◎ p. 78-81), and colour preferences in terms of scale and context as design artefacts (◎ p. 88-91).

The still and moving images demonstrate how participants presented objects to the screen, the ways they were manipulated, that revealed an understanding of their embodied relationship with what they chose to share. Details in terms of materiality, shape and decoration were indicated physically. The ways that the colour cards were chosen, indicated, arranged, re-arranged and combined. These findings, combined with insights that emerged from sharing favourite spaces and how they support preferred activities contributed to building a picture of the person and what mattered to them.

This chapter has presented the theoretical and philosophical stance that underpins the methodology within a framework of design for health research. It establishes the rationale for using a mixed methodology of cultural probes, object elicitation and elements of visual sensory ethnography to explore expression of everyday aesthetic

preferences in dementia through design. It has outlined my approach to negotiating ethics, navigating recruitment and analysing the multimodal data. The next chapter explains how design-led methods were used to develop a framework for engagement entitled Shared Looking that was tested with people with and without dementia in a phased approach.

CHAPTER 4: DEVELOPING A FRAMEWORK OF ENGAGEMENT THROUGH PRACTICE

CHAPTER 4: DEVELOPING A FRAMEWORK OF ENGAGEMENT THROUGH PRACTICE

Introduction

The previous chapter established the philosophical and theoretical rationale for using a mixed methodology to explore how everyday aesthetics are experienced and expressed. As a practice-led study, this chapter documents how in Phase 1, I used visual research and empathic design methods to explore how everyday aesthetic preferences are experienced and expressed. It outlines how these initial findings informed the design brief and selection of probes and stimuli used in the **Shared Looking** framework for engagement. It summarises how methods to capture and interpret preferences informed the development of the personalised booklets. It details how people living with dementia and specialist practitioners were consulted so that the Shared Looking process could accommodate and adapt to the situated experiences of individuals living with dementia. The design decisions that informed this process are documented in the annotated portfolio **Do you know what you like?** This symbol ◎ inserted into the text is a signpost to the relevant sections of the portfolio.

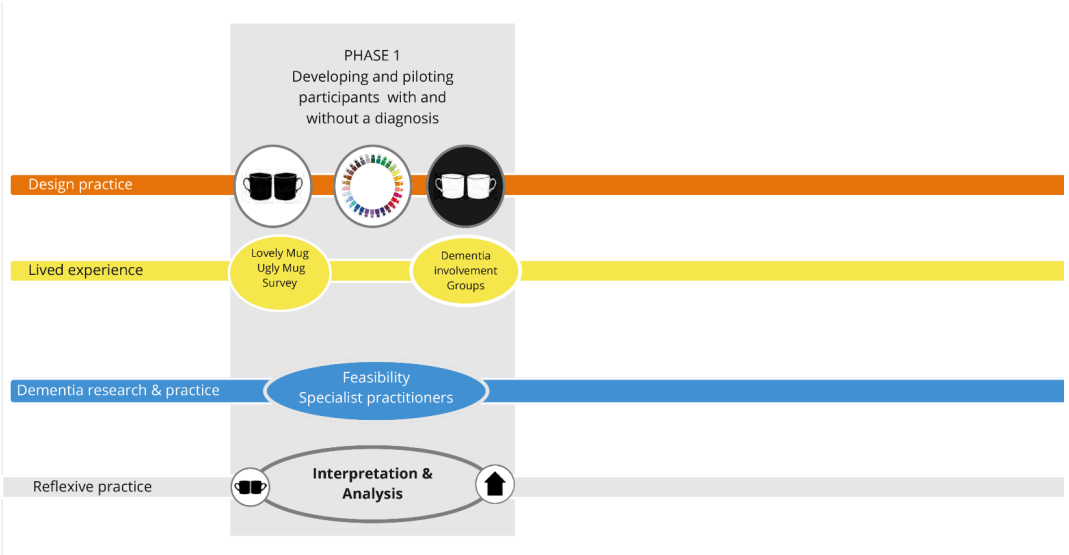


Figure 38: Phase 1 Development and testing with participants with and without dementia

Section 4.1: Sharing my own looking: Personal Space



4.1.1 Home and away: reflecting on my everyday aesthetic preferences

As Neutra (1954, p. 171) observes, "*Space is the stage on which the designer performs*". My personal circumstances at the onset of this study were a perfect opportunity to document and reflect on my own everyday aesthetic preferences and how they were formed. Phase 1(Fig. 38) of this study coincided with a time when I had relocated from my own home of 20 years to what was intended to be a brief house-sitting arrangement, extended due to the circumstances surrounding the COVID-19 pandemic. Surrounded by décor, furniture, and crockery that I had not chosen, I conducted a comparative visual analysis of my own home compared to my temporary home (◎ p. 26-37),that had a more neutral colour palette.



Figure 39: Home (left) and away (right)

While most of my possessions were in storage, the only object I had that encapsulated the more brightly coloured décor from my previous home was an orange mug that stood out against the neutral colour palette of temporary home (Fig. 39) (◎ p. 27,30, 31).

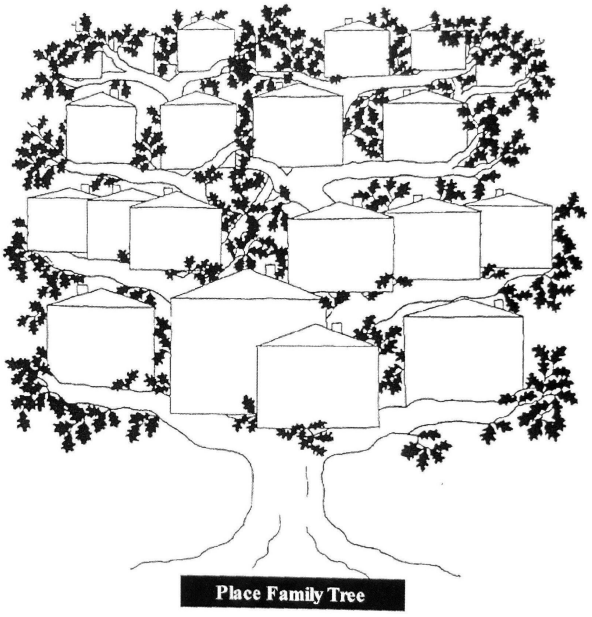


Figure 40: Place Family Tree (Israel, 2003, p.216)

I drew on methods used in environmental psychology developed by Israel (2003), who considers how environmental biographies (Fig. 40) might influence how that influences how environments are personalised in the present. I reflected on where my preference for orange might come from. I recalled a childhood home of 60s décor where an orange wall and a thick orange rug that I played on as a child (◎ p. 35) were prominent features. It caused me to reflect on whether personal preferences change or are reinforced. I suspect the positive emotional associations with this home and that time in my life reinforced this preference that has re-emerged later in life.

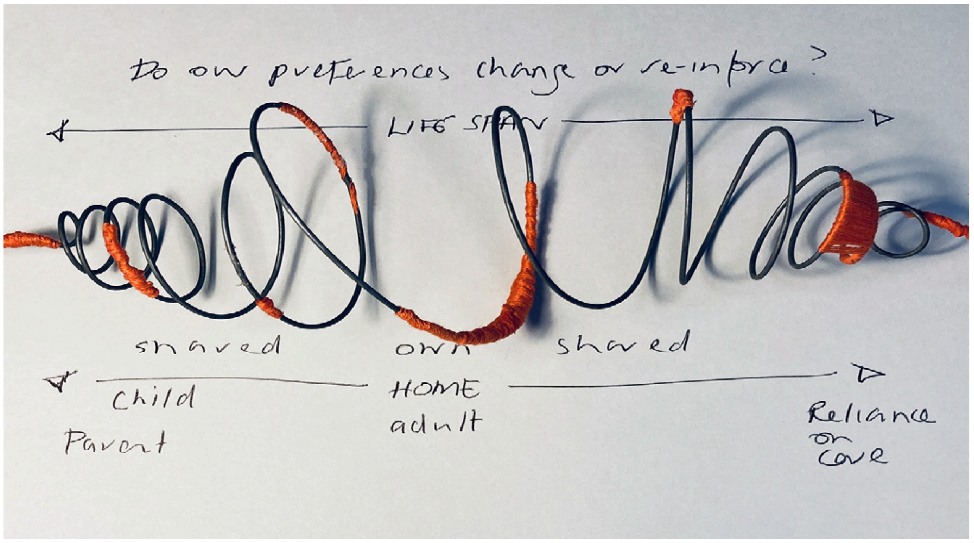


Figure 41: Fluctuating choice and control over everyday aesthetics in the home throughout life.

Throughout our lives, what home means to us and the extent to which we have choice and control over the way we use personal space may change: we may be part of a family, we may live alone or share our home, we may have many homes or be made homeless. Equally there will be practical and economic factors. These preferences are likely to evolve and change throughout our lives. The device in Figure 41 emerged to represent the extent to which my personal aesthetic preferences had been experienced and expressed to a greater or lesser extent throughout my life.

Section 4.2: Exploring ways to document aesthetic preferences

4.2.1 Sourcing images that represent personal preferences

First attempts at asking people about aesthetic preferences were limited to testing with family members and friends. The process proved challenging and time consuming. Collaborative conversations over several weeks involved sharing and sourcing images online. Thinking about aesthetic preferences in the broadest sense from fine arts to everyday objects resulted in the creation of "mood boards" generated from these conversations (Fig. 42 and ◎ p.55) Some of these preferences were manifested in

choice of clothing or domestic objects and environments. These initial experiments revealed insights into the challenges involved in communicating personal preferences for the way things look that are not easy to explain in words, even for people without dementia.



Figure 42: Exploring ways to document aesthetic preferences

4.2.2 Sensory Identity Pack

Whilst it was not within the scope of this study to consider a complete sensorium, initial explorations also considered how images can evoke memories of other sensory modalities. My collaboration with Seanin Passi, a practising designer and artist, led to exploring a potential methodology. Passi compiled an image bank related to her sensory preferences across modalities: visual, tactile, olfactory, gustatory, and audible(◎ p. 20-21). that I used to create a personalised set of cards that can be rearranged into different combinations according to changes in preferences (Fig. 43).

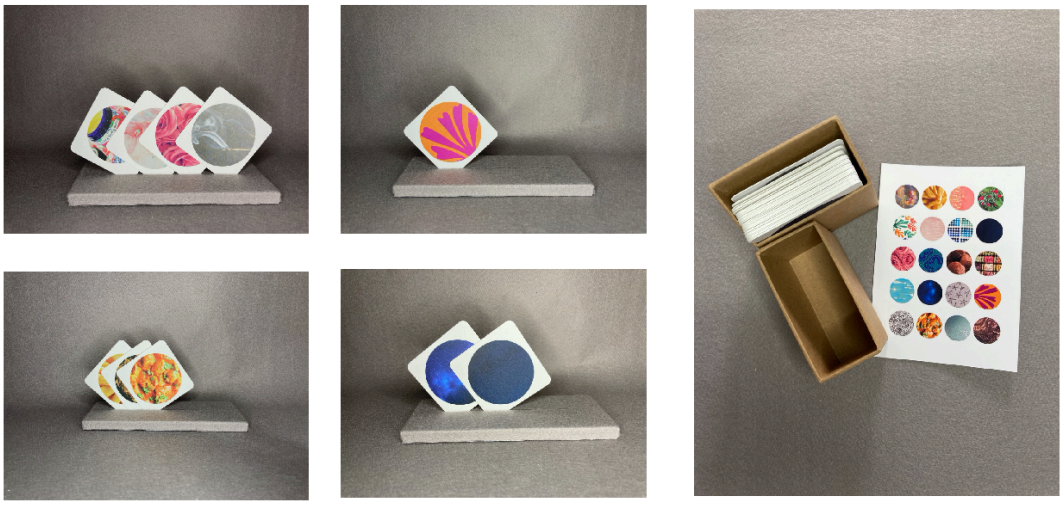
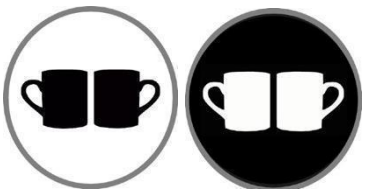


Figure 43: Sensory Identity Pack: created from images chosen by Seainin Passi, 2020

This suggested one way that visual representations of preferences can be created and re-presented as a personalised record of preferences. This informed the use of visual communication design as a mode of interpretation to document participants' preferences in the form of personalised booklets.

Section 4.3: Lovely Mug Ugly Mug



4.3.1 Using a mug as a device to explore everyday aesthetic preferences

The rationale for using a mug as an object elicitation method (Woodward, 2020) arose from personal reflections, and consulting practitioners and people living with dementia. As Claire Jepson (an OT specialising in dementia care) observes, plastic mugs used in care settings (ISP4 13-10-20) can be off putting. Whilst Yoxall et al. (2023) explored how the shape, weight and dimensions influence preference, the colour, decoration and

materiality were not considered. Within a hierarchy of needs (Maslow, 1943) a mug functions in maintaining hydration, and in dementia that can cause loss of feeling thirst (Barrado-Martin et al., 2021). It is a ubiquitous, mundane domestic object, a familiar part of daily routines. Being offered some form of beverage as means of shared social exchange and welcome is common across cultures. A central component of various informal, formal, private, and public rituals. A question underlying this study is whether aesthetics might be a motivating factor. By inverting the hierarchy of needs in this way could a favourite mug, as Sanders (2014, p. 25) suggests contribute to "*address relational and social dynamics*" for people living with dementia?

4.3.2 Lovely Mug Ugly Mug Survey: participants without a diagnosis of dementia

The feasibility of this concept was initially tested using an email survey[19]. A simple questionnaire (Appendix 13) asked participants to share images of their favourite and least favourite mug, and the reason for their choices.Twenty- five participants were recruited from existing personal and professional networks (Table 2).

Table 2: Lovely Mug Ugly Mug survey

Phase 1 - Email survey	
Participants	25 x participants without a diagnosis of dementia
Gender	16 female 9 male
Age range	25-95

[19] Ethics approval ER22515755 22-04-20

4.3.3 Lovely Mug Ugly Mug survey findings



Figure 44: Lovely Mug Ugly Mug Survey responses

Detailed data from this survey (Appendix 14), unsurprisingly generated a diversity of responses (Fig. 44 and ◎ p. 44-46). Attributing lovely and ugly to a mug can be interchangeable and dependent on individual preferences. Two individuals in one family separately attributed ugly/lovely to the same mug. The language was quite specific and refers to functionality. Subsequent anecdotal remarks made by participants revealed how asking these questions had provoked them to reflect on and become more consciously aware of their personal preferences.

4.3.4 Verbal Expression of preferences

The language used in the expression of dislikes was more vociferous with more emotive use of language, even amongst participants who remarked that the visual appearance of a mug was not an important factor. Terms used to express dislikes ranged from emphatic: "*naff*" (UM16), "*yuk*" (UM7), to emotive: "*annoying*" (UM13), "*drab*" (UM10), "*hate*" (UM5), "*frustrates*" (UM8), "*boring*" (UM17, "*despise*" (UM20),

"*hideous*" (UM22). Material qualities and weight, shape, size were also factors: "*too heavy*" (UM13), "*too big*" UM16), "*too fussy*" (UM16). Several respondents remarked that they no longer had their "ugly" mugs as they had cleared them out. These responses resonate with Saito's (2010, p. 13) observations that "*When confronted with negative aesthetic qualities, we generally don't remain a mere spectator but rather spring into action to eliminate, reduce, or transform them.*"

4.3.5 Changing Preferences



Figure 45: Changing preferences

Factors that influence how preferences and attachments are formed may change over time: "*For a while it was my 'favourite' and then one day it wasn't"* (LMUM14) (Fig. 45) and may reflect a natural human need for novelty, variety, and stimulation (Zeisel, 2006).

4.3.6 Limitations of using a survey

Whilst the survey generated images and a rich variety of verbal responses that supported the value of using the mug as a device to start conversations about everyday aesthetic preferences, the limitations of a questionnaire format became evident. It did not allow for interaction and exchange with the participant or the opportunity for follow up questions. It was not possible to capture the physical expression of pleasure or disgust through facial expression, tone of voice or body language. This informed the rationale for using meetings with participants in their own home via videoconferencing

in Phase 2 (participants without a diagnosis of dementia)[20] and Phase 3 (participants living with dementia).

4.3.7 Consulting people living with dementia

To test the suitability and relevance of my methods, I presented my proposal to advisors living with dementia at the South Yorkshire Dementia Research Advisory Group (SYDemRAG)[21], and the Sheffield Dementia Involvement Group (SHINDIG)[22]. During the COVID-19 pandemic both these meetings were conducted via videoconferencing. The SHINDIG facilitators and members advised on accessible ways to use simple questions as a framework for a session with six people living with dementia and seven carer partners about their favourite mugs (Appendix 20).

Feedback from these groups was invaluable in informing iterations to the study design. It helped me to learn about effective communication methods including how to frame the questions, and the importance of careful listening and pacing conversations. As well as testing the efficacy of using videoconferencing. Recommendations from SHINDIG included:

- "*That it should never be assumed that people with dementia are not capable of making choices*".
- Objects *"provoke positive memories*" and "*connections with loved ones*".
- Mugs provide *"comfort as they are not only pleasant to look at but also to hold*".

[20] Ethics Review ID: ER22515755 Amendment Title 1: Changes to procedures undertaken by participants 18-11-20

[21] South Yorkshire Dementia Research Advisory Group (SYDemRAG), now DRAiSY (Dementia Research in South Yorkshire) https://draisy.sites.sheffield.ac.uk/ is funded by NIHR Sheffield Biomedical Research Centre , provides feedback to researchers from a forum of people living with dementia.

[22] SHINDIG https://www.shsc.nhs.uk/get-involved/service-user-groups/sheffield-dementia-involvement-group-shindig (accessed 20-07-24)

- "*colour is a huge part in our choice of clothes and interiors and should always be considered*".
- "*Can virtual access to our homes/possessions via Zoom help us get to know each other better*?" [23]

SHINDIG facilitators observed "*a lot of depth in what the participants said*" (S. Byers, personal communication, 4-12-20). ISP5 reported "*positive feedback about the topic*" and emphasised the value of this approach in planning for transitions, where people tend to defer to an assumed power of the institutions of care in how personal space could be curated.

Section 4.4: Colour and everyday aesthetic preferences



As identified from the review, although environmental design principles recommend attention to colour and visual contrast to support function and orientation (Waller & Masterson, 2015; Feddersen & Lüdtke,2014) (◎ p. 7), it is less evident whether personal colour preferences might enhance levels of engagement and recognition in terms of familiarity.

[23] SHINDIG Report December 2020 https://www.shsc.nhs.uk/get-involved/service-user-groups/sheffield-dementia-involvement-group-shindig (accessed 20-07-24)

4.4.1 Experimenting with colour as cultural probe

As an alternative to verbal prompts using a cultural probe methodology (Gaver et al., 1999), I experimented with using colour cards to build an understanding of colour preferences associated with everyday possessions and environments. As explained in Chapter 3, using colour to elicit and document personal meanings and association draws on approaches used by specialists in design and colour including Tebbe (2017, p. 79) who proposes ways to "*raise sensibility of colour perception"* by creating personal colour archives. Initial experiments using a set of 100 ready-made colour cards[24] (◎ p. 52-55) provoked more immediate and decisive responses than simply asking people to tell me about their everyday aesthetics preferences.



Figure 46: Testing colour preferences with Pantone postcards

The process involved asking them to select and sort the colours firstly into likes and dislikes. A natural process of refining selections, and sorting into combinations evolved (Fig. 46, ◎ p. 54-55). During the process the participants remarked on how their colour preferences evoked positive associations with objects and environments from the past. These initial experiments suggested that colour can trigger memories as a biography of personal space.

[24] Pantone 100 postcards https://www.pantone.com (accessed 03-10-24)

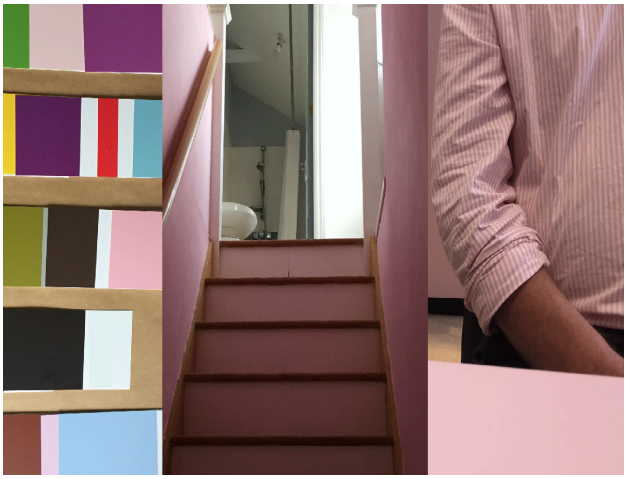


Figure 47: I like pink

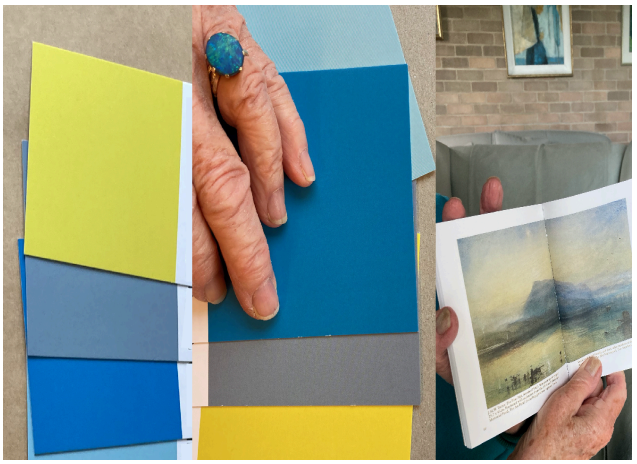


Figure: 48: I like blues and yellows

Provoked by these conversations, participants shared examples of their personal possessions that reflected their colour choices. Presented here as composite images (Figs. 47, 48) these are initial experiments with how preferences could be represented visually.

Section 4.5: Shared Looking: A framework for engagement

Drawing on the findings from reflections on relationships with personal space, experiments with using a mug, colour choice and favourite spaces in the home to elicit reflections on everyday aesthetic preferences was devised as a framework for engagement involving three consecutive meetings that I have entitled **Shared Looking** was first tested with participants without dementia in Phase 2.

4.5.1 Phase 2: participants without dementia

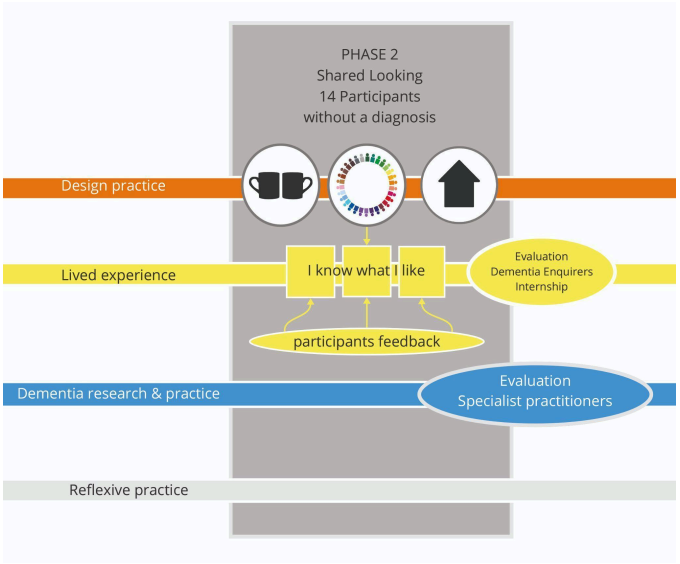


Figure 49: Phase 2 Shared Looking: participants without dementia

The Shared Looking process involved three meetings that incorporate time for reflection and exchange between meetings. The sequence of the meetings was devised to enable a natural development of the relationship between myself as the researcher and the participant to foster an atmosphere of trust. The first meeting, inviting participants to share their favourite mug, served as a natural way to meet, similar to being offered a drink as a visitor in the participants' home, and as a device to begin to share what participants like and why. The second meeting, using colour as a stimulus, aimed to elicit immediate, instinctive responses that would generate a diverse range of meanings and associations. As a process of getting to know the person, the final meeting, invited participants to share favourite spaces in the home (that might feel more private and personal) served to contextualise preferences. Participants for Phase 2 (Fig. 49) were recruited through personal and professional networks and ranged in age (22-95) and gender (10 female, 4 male). Timing of meetings were arranged to suit participants conducted and recorded via videoconferencing.[25] (Appendix: 14)

[25] ER22515755 Amendment Title: Changes to procedures undertaken by participants 18-11-20

4.5.2 Design criteria for shape, size and appearance of cards

Learning from these experiments informed the development. The number and range of colours selected to create a colour palette as a visual probe in this study was deliberately limited and approximate, intended to explore subjective experience of colour, a starting point for conversations about personal preferences. As the study was conducted via videoconferencing the design criteria were also influenced by what would be convenient to display on a table in front of a screen, and was easy to send in the post. Factors including size and shape to account for limited dexterity were considered. The card combines a colour spot surrounded by white and colour bleeding to the edge (Fig. 50). This allows for the colours to be viewed separately or placed next to each other to explore preferences for colour combinations. (◎ p. 62).

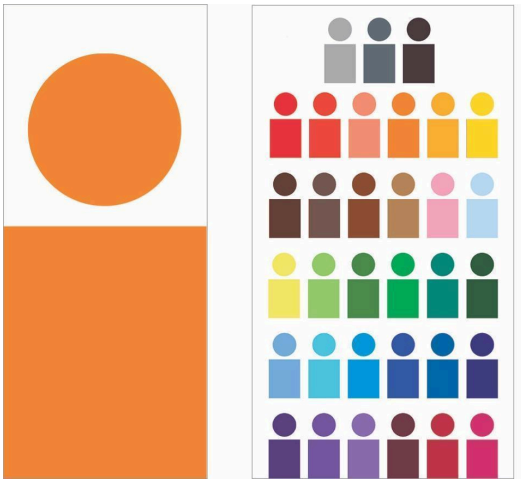


Figure 50: Card design and colour range

The colour palette presents a selection of primary and complementary colours. Factors such as hue, saturation, and the range of choice were considered to accommodate possible issues with age related sight loss and deterioration in colour discrimination that might be experienced by participants living with dementia. As Waller, a specialist in environmental design for dementia research advised, "*What we teach people to do when we're talking about design is to use high colour saturation*",

and, "*reduce the number of colours you offer, that might make it a slightly less sort of worrisome for people"* (ISP8 interview 29-06-22).

4.5.3 Pack sent to participants

The packs sent to participants include the colour cards, two A4 grey felt covered mats, a card holder and an explanatory booklet (Fig. 51).



Figure 51: Participants pack

The flexibility of the card holder was intended to make it as easy as possible to to extract the cards (◎ p.63, Fig 52)



Figure 52: Card holder

The way that the colour choices were shared depended on the devices participants use. Tilting a laptop screen enabled me to watch and record interactions (Fig. 53). This was the closest I could get to replicating sitting next to the participant at a table. However if participants use a tablet or a desktop computer, the cards need to be held

up to the screen. A card holder with a slot for displaying several cards at once was provided for this purpose (Fig. 51).



Figure 53: Shared looking framed by the screen

4.5.4 Topic guide

The topic guide took the form of an explanatory booklet that was devised to provide a source of reference during the period of involvement over three meetings. It explains what is involved in the process, using illustrations and prompt questions for each meeting (Fig.54), and pages for participants to add notes and reflections (Appendix 6).

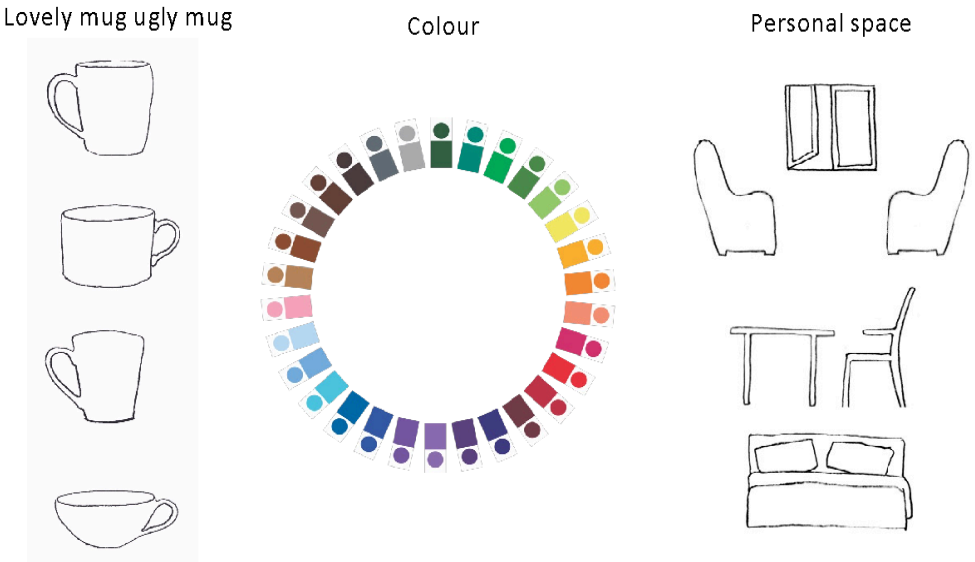


Figure 54:Topic guide illustrations

4.5.5 Approach to working with participants

The participants in the one-to-one meetings had control over what they showed me, how they shared these preferences, and what they chose to tell me about the reason for their choices. This involved a process of interpretation and exchange between me as the researcher, and the participant during, and between meetings. By incorporating sufficient flexibility, the degree and extent to which participants contributed to the outcomes was tailored to individual needs, preferences and capabilities. This supported the potential for a meaningful exchange whilst allowing for as much (or as little) involvement as the individual's capabilities and motivations allowed.

4.5.6 Interpreting and sharing preferences in personalised booklets

Design through visual communication served as a way to capture and interpret participants preferences. Building on the initial experimentation with documentation in Phase 1 (Figs 43, 47,48, ◎ p. 55), personalised booklets were sent to participants following each meeting. As an iterative process of exchange, these served as a way to interpret what participants had shared, and to check with them whether these represented what they meant. The content comprises a selection of images and participants' verbatim quotes from each recording. Some images were screenshots, some were sourced or created in response to what the participant described.

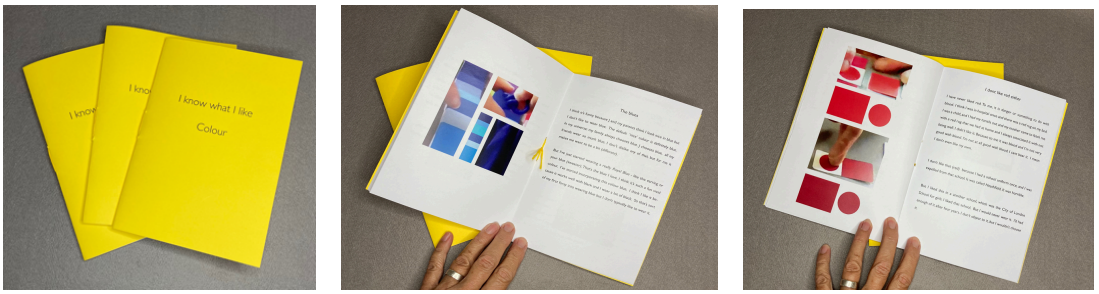


Figure 55: Personalised booklets

The format consistently displays an image on one side and text on the facing page (Fig 55) This also allows for a further iteration, where cards with an image on one side and the accompanying text on the reverse could be used (◎ p. 92-93).

Section 4.6: Phase 3: participants living with dementia

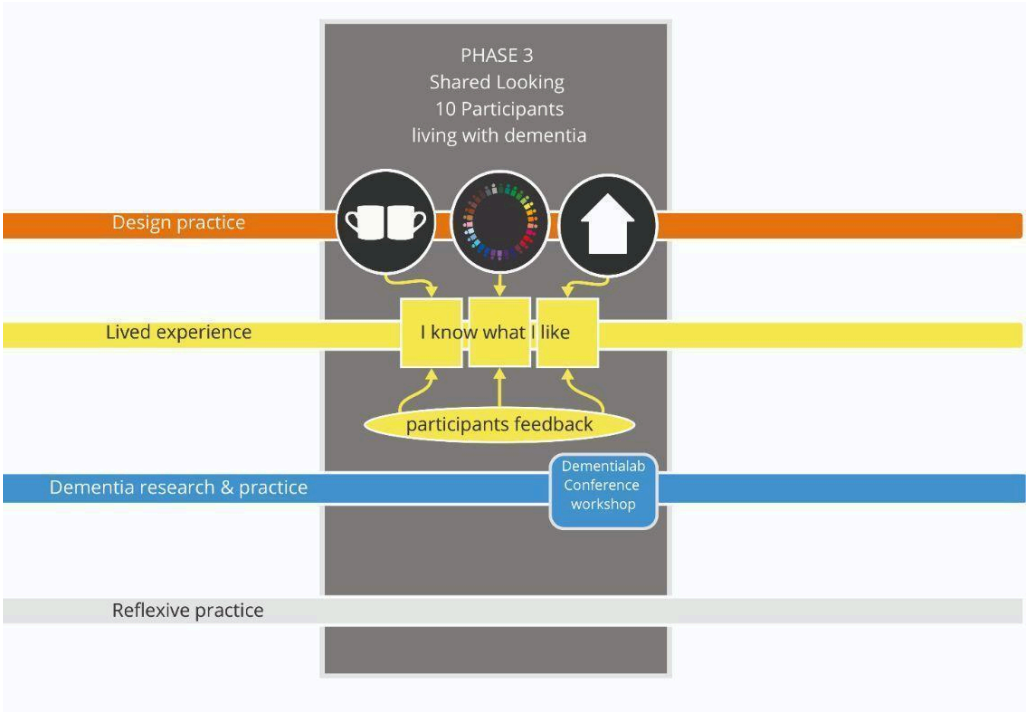


Figure: 56: Phase 3 Shared Looking

4.6.1 Adapting the process for people living with dementia

Phase 3 (Fig. 56) used the equivalent structure and approach as set out above. Adaptations to the process, informed by feedback from the specialist practitioners and the DEEP Dementia Enquirers Group, included changes to the layout and visual appearance of the explanatory booklet, recruitment methods, and how I conducted the meetings.

4.6.2 Learning about communication methods in practice

In the context of participatory design research with people with dementia, there is a value in the relational skills I bring as a health care practitioner using a person-centred care approach. My role in this process was as a facilitator during the encounter, and an interpreter of the data emerging from the recordings that could be used to support further interactions. ISP5 emphasised the importance of a warm reassuring welcome and enabling people to speak for themselves where care partners may speak for them. ISP6 advised on aiming for a balance between interruptions and suggestions, using pacing, mirroring techniques (Wray, 2020) that I observed in Life Story Sessions for people living with dementia at the University of Sheffield. I had met two of the participants at the Alzheimer's UK Conference (SH2-1) and SHINDIG (SH2-2). The rest I had not met before meeting them on Zoom. Although the written information in the explanatory booklet was intended to be as simple and accessible as possible, it became clear that emailing or posting information was insufficient to explain the project. A pre-meeting was arranged so that participants could get to know me and what was involved, before they gave consent to take part.

4.6.3 Consulting people with lived experience in preparation for Phase 3

Central to the development of this study was consulting user-led dementia involvement groups to ensure that both the aim and the methods used were relevant and accessible to people living with dementia. My internship with the Dementia Enquirers Pioneers[26] gave me the chance to consult them on my approach to recruitment and engagement with participants living with dementia. They advised me to invest time in establishing an atmosphere of mutual respect and trust. This included being prepared to share

[26] The Dementia Pioneers are a group of people living with dementia, part of the Dementia Enquirers programme that support user-led small-scale research projects. https://dementiaenquirers.org.uk/dementia-enquirers-pioneers/ (accessed 23-10-24)

information about myself, to be open and transparent about who I am and my motivations, before asking participants to share their personal perspectives. This was a timely reminder to be mindful of my subjectivity as a researcher and potential for making unconscious assumptions about the relative abilities and expertise of participants. Key to this was awareness of how my experience as a healthcare practitioner might influence my attitude and approach. As the group pointed out, they often felt patronised by healthcare practitioners. An emphasis was placed on creating an atmosphere of warmth and welcome that gives people confidence. This advice was invaluable for me in being conscious of how I conducted and facilitated the meetings with participants in Phase 3. I summarised the value of this advice in a blog on the Dementia Enquirers (Walker, 2023a).

4.6.4 Consulting specialist practitioners in preparation for Phase 3

Prior to recruiting participants with a diagnosis of dementia to Phase 3, I consulted the specialists I had interviewed at the beginning of this study and my advisor[27] on the process and tools I had used in Phase 2. My aim was to get their views on the feasibility of using this approach with people with dementia.

Key feedback that informed iterations to the Phase 3 methods and process included:

- Advice on revisions to the explanatory booklets to make them easier to navigate and understand including colour coding the pages, and how the questions were phrased (ISP1, ISP10, ISP4, ISP9). These were incorporated into a revised version (Appendix 11) (Fig. 57).
- To consider whether the number of colours could be overwhelming, and to avoid colours that are almost identical that might be difficult for people with visual impairments to discriminate (ISP8)

[27] Howard Gordon, a person living with dementia who has acted as an advisor on my study

- Questions about colour preferences might be too abstract if not made contextual. For instance, consider using questions such as: Is that a colour you would wear? Or use for décor? Or something else? (ISP9, ISP10)
- To provide a final combined version of personalised booklets from the three meetings at the end of the process (ISP1, ISP4).

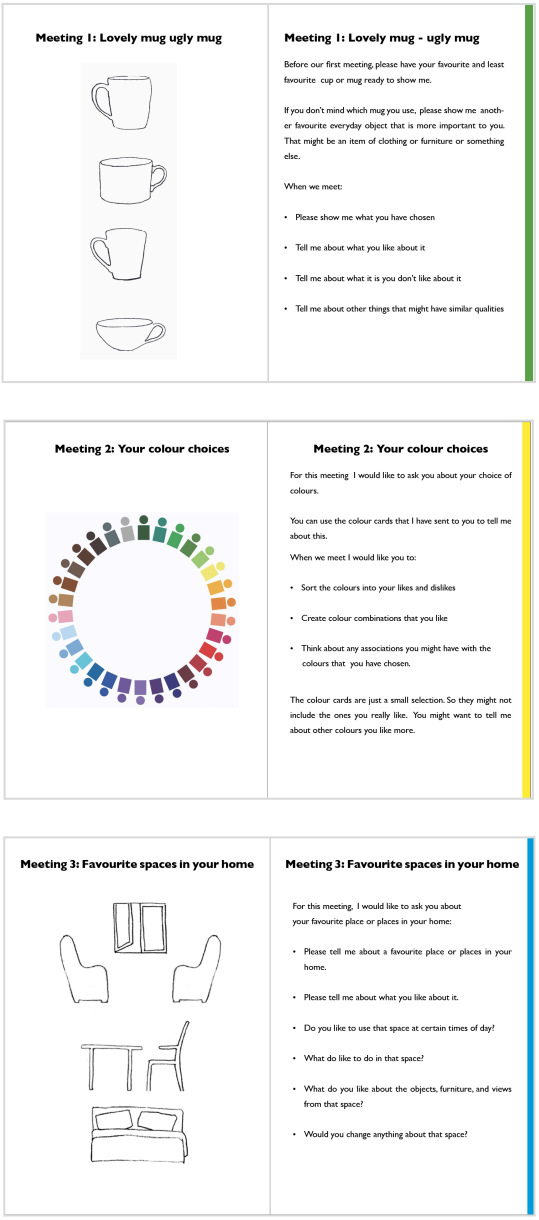


Figure 57: Revised topic guide (detail)

These conversations also generated suggestions as to how this process related to and could enhance current practice. Waller (ISP8) suggested that information generated

about a person's everyday aesthetic preferences could be a meaningful component of personal information documents such as the *This is Me*[28] document that accompanies people admitted to hospital. Redwood (ISP4) saw the value of the process as an alternative way to support Life Story Work that resulted in an invitation to collaborate on the My Home Matters project with her and Eley, founder of the Life Story Network (Appendix 3). This chapter has documented my phased approach to the development of the Shared Looking process framework for engagement that I used with participants without dementia in Phase 2, and how this was adapted to use with participants living with dementia in Phase 3. The following chapter presents the findings from data generated from the meetings with participants.

[28] This is me https://www.alzheimers.org.uk/sites/default/files/migrate/downloads/this_is_me.pdf (accessed 24-10-24)

CHAPTER 5: SHARED LOOKING: FINDINGS AND INSIGHTS

CHAPTER 5:

SHARED LOOKING: FINDINGS AND INSIGHTS

Introduction

As a reflexive approach to analysis, this chapter presents my understanding of what happened using the Shared Looking framework of engagement that was developed in Phase 1, through an examination of the multimodal data generated from meetings with participants in both Phase 2 and Phase 3.

The findings and insights constructed from the data consider how participants experienced and expressed their everyday aesthetic preferences. Patterns of meaning constructed from the visual and narrative data is firstly presented according to participants' responses to each meeting (lovely mug ugly mug; colour choice; personal space).

A selection of Phase 3 participants' personal stories then presents how engagement in the Shared Looking process built a picture of individual participants and what was important to them. Participants feedback on their experience of taking part is considered. Finally, a synthesis of the key findings considers their implications in terms of how the Shared Looking process contributed to participants' levels of engagement supporting a sense of competence.

NOTE : The quality of some images is reliant on what can be captured from Zoom recordings, causing them to appear blurred or overexposed.

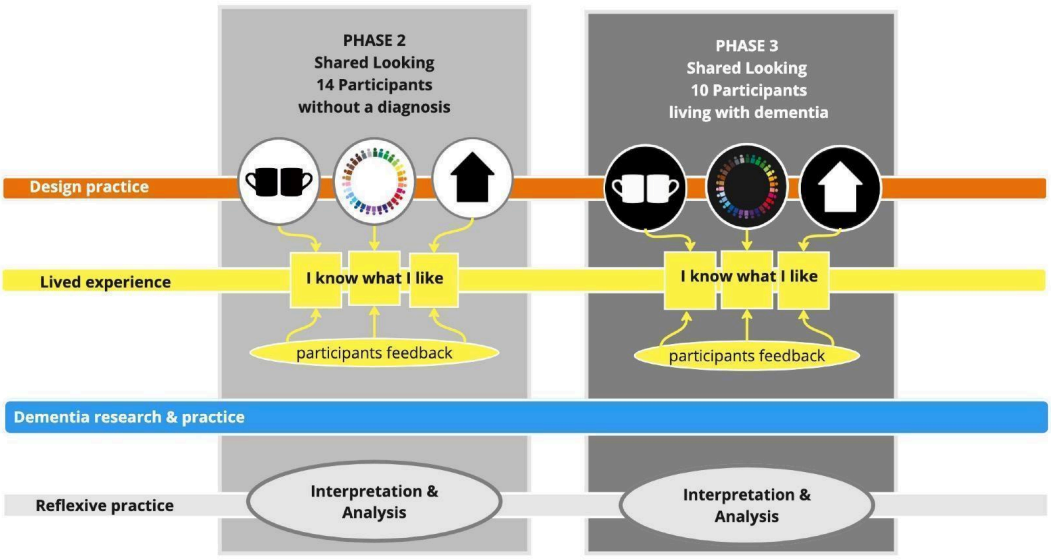


Figure 58: Phase 2 and 3: Shared Looking process

Section 5.1: Analysing and interpreting the data

5.1.1 Combined analysis: people with and without dementia

As documented in Chapter 4, through initial experiments and testing in Phase 1, at the outset it became clear that expression of everyday aesthetic preferences is not easy to access, whether people have dementia or not. As Saito (2017, p.11) has described, an everyday aesthetic experience is accessed through a process of *"de-familiarisation"*, where our attention is drawn to objects and environments that usually go unnoticed. The combination of object elicitation and cultural probes used in the Shared Looking process has been devised to facilitate this '*"de-familiarisation"* by inviting participants to bring these elements to their conscious attention.

Methodologically the framework of three consecutive meetings, the probes used to elicit responses developed in Phase 1 and how responses were interpreted in personalised booklets used in Phase 2, did not change in Phase 3. The main changes to the method used in Phase 3, to accommodate potential issues for people with dementia, were informed by consultation with specialist practitioners detailed in

Chapter 4, Section 4.6.4. This included minor changes to the design of the topic guide and adaptations to how the colour cards were presented to suit individual needs. As detailed in Chapter 3, other methodological differences in Phase 3 related to ethical considerations, the recruitment methods, and how meetings were facilitated and tailored to accommodate potential communication difficulties.

Whilst Phase 2 involved participants without a diagnosis of dementia, it was not meant as a baseline or comparative control. The findings from Phase 2 were not intended to be considered as standalone data. The intention of Phase 2 was to explore and trial methods that were then applied in Phase 3.The learning from Phase 2 was primarily through observation of how participants engaged, the types of responses, and how facilitation could support engagement and deeper insights into their subjective preferences, that are captured in the reflective log (Appendix 19).

The conclusions from the analysis of all the findings from both Phase 2 and Phase 3 did not reveal significant differences in the ability of participants with or without dementia to express their preferences. Key findings from participants' responses to the three meetings from both Phases (Fig. 58) have therefore been combined. This enables a more nuanced and inclusive interpretation that focuses on the central aim of the study to understand how everyday aesthetics preferences contribute to supporting a sense of self.

As identified in Chapter 1, a growing number of people with dementia are challenging assumptions about their capabilities (Ashworth et al., 2023). My experience of engaging with the participants has challenged my own assumptions about dementia and its impact on what people are able to communicate. It caused me to question whether, if I had viewed the recordings without knowing the participants, I would have known which of them had dementia. Combining the findings from Phase 2 and 3 provokes the

reader to reflect on their own assumptions from first impressions and to engage with the data on its own terms, rather than through a predetermined diagnostic lens.

Whilst the drawback to this approach is that it may obscure an understanding of the iterative development of the methodology, adaptations to the probes and the topic guide are outlined in Chapter 4 (4.6.4) and documented in the reflective logs. To mitigate against any misinterpretations, the analysis is presented as follows:

1. Throughout this chapter individual participants are clearly coded (SH for Phase 2 and SH2- for Phase 3).
2. Findings from both Phase 2 and 3 that are combined are in the responses to the three meetings (Section 5.2 Lovely Mug Ugly Mug; Section 5.3 Colour Choice; and Section 5.4 Personal Space)
3. The personal stories are only constructed from Phase 3 participants and demonstrate how the process revealed knowledge about what was important to them
4. Feedback on the personalised booklets is from Phase 3 participants to consider to what extent they could be used to support expression of their preferences

To build an understanding of expression of everyday aesthetics in dementia through design and its role in supporting agency and a continued sense of self, the findings were considered in line with OBJECTIVE 5 *to analyse whether using the 'Shared Looking' framework of engagement can reveal knowledge about the person and what matters to them* in relation to the following questions:

1. If people with dementia can express and retain aesthetic preferences, does this apply to their everyday aesthetic preferences ?

2. If visual stimuli can support orientation, function, engagement and communication in dementia do personal preferences for the way things look matter ?
3. How can design utilise emotional, embodied and visual-sensory sensibilities understood to survive dementia to create accessible ways to support expression of everyday aesthetic preferences ?
4. What factors influence choice of everyday aesthetic preferences
5. Can the ability to express preferences through everyday objects and environments support an implicit, embodied sense of self?
6. Could providing accessible ways to express everyday aesthetic preferences enable people with dementia to contribute to how their environment is personalised?
7. Can being able to express everyday aesthetic preferences challenge negative assumptions about capabilities?

5.1.2 Approach to Analysis

As set out in Chapter 3: my approach draws on methods used in Reflexive Thematic Analysis (RTA) (Braun, 2021) to construct patterns of meaning from the narrative data further supported by visual data in the form of still and moving images from the recordings, and shared images sourced by myself and the participants. As a reflexive approach the meanings are my subjective interpretation of what I experienced, observed and learnt through an iterative experiential, and inductive process.

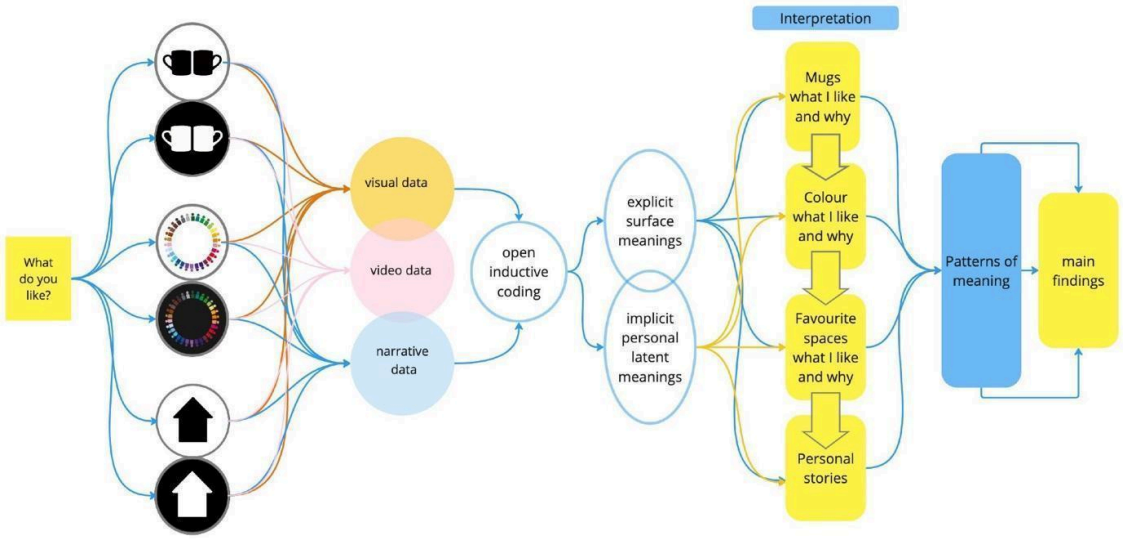


Figure 59: Constructing patterns of meaning from the data

Figure 58 sets out how I organised the analysis of the multimodal data generated from the three consecutive meetings (Lovely Mug Ugly Mug; Colour Choice; Personal Space) and the surface and latent meanings it revealed that are detailed in Appendix 21.

As detailed in Chapter 3, my approach to constructing patterns of meaning involved a continuous process of familiarisation with the data throughout the period of active research. I used reflective logs in each phase to document and organise initial observations (Appendix 19, 20). As outlined below the analysis is further supported by using design as a mode of initial interpretation in the form of the personalised booklets (Table 3 and 4). Following completion of the active research I then revisited the data, taking an inductive approach to identify surface and latent meanings and how these contributed to constructing patterns of meaning (Appendix 21). Surface meanings include observable and explicit accounts: what participants showed me, what they described. Latent meanings are both my interpretations of what this implies but also the emergent meanings and associations that participants attributed to their choices. This contributes to an understanding of what the data revealed about the person, their values, motivations and knowledge about their life and occupations.

5.1.3 Analysis of multimodal data

The data generated from the recordings of the meetings is multimodal (video, audio, and transcripts). Participants' preferences were expressed verbally, nonverbally (through body language, gesture and facial expressions), and vocally (through intonation, tone and pitch). As Norris (2011) has highlighted, these nonverbal responses are not necessarily subordinate to the verbal, particularly in the context of participants who may have word finding difficulties. To support the interpretation of the findings, quotes, screenshots and images sourced and shared with participants serve as illustrations. An edited selection of moments from the videos was created. In the interests of confidentiality th is only accessible via an encrypted password protected link.[29]

5.1.4 Narrative data

Narrative data derived from the transcripts provides examples of both explicit descriptive reasons for participants' preferences and latent meanings and associations that emerged during the process.

5.1.5 Visual data

The elements of visual data considered comprises screenshots, images shared by the participants and images I sourced to represent what participants described some of which are also used in the personalised booklets. As personal preferences, by their very nature, these visual representations of preferences together with the meanings attributed to them, are unique to each participant and therefore inherently subjective. They serve to build an understanding of the person and what matters to them. The visual data is not the focus of the analysis in terms of its quality or content. It is rather

[29] password protected link to video- restricted access

what the visual data conveys about how preferences were selected, shared and expressed, and how that supports the narrative.



Figure 60: "*Small things, like this is flared."* (SH2-10)

For instance, this screenshot of the mug that the participant showed me demonstrates that they have made a choice (Fig. 60). It is not what the mug looks like that is the subject of the analysis, but how the participants express what they like or dislike about it. Screenshots capture examples of how physical interactions conveyed likes and dislikes; how material and decorative features and qualities of mugs were indicated; or how colour cards were selected and arranged.

5.1.6 Video data

My impression from participating in the meetings and examining the recordings is that non-verbal embodied response to thinking about and sharing preferences is evident. Purely documenting these moments through conventional methods, using quotes from transcripts and screenshots was insufficient to convey the complexity of how preferences were expressed. As SH2-5 observed from her experience of taking part: "*I think by doing it this way you get a lot of the unspoken words like, body language and facial expression. You know whether somebody is enjoying it or not*."

To demonstrate how the nuances of expressions of pleasure, distaste, realisation, recognition, and recall are expressed through body language, facial expression, gesture,

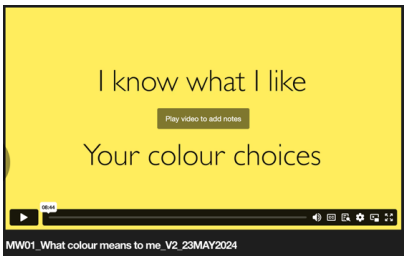
tone of voice, the following links provide edited extracts that support the findings. Timestamps to key moments are referenced in the text.

NOTE: CONFIDENTIALITY – These videos are password encrypted and were provided for the sole viewing of supervisors and examiners; they are not to be shared.

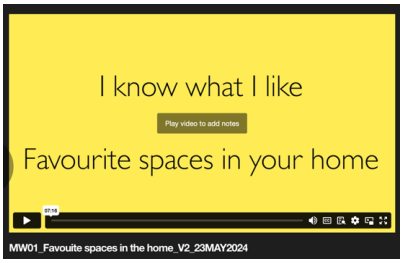
I know what I like: Lovely Mug Ugly Mug



- I know what I Like: Colour



- I know what I like: Personal Space



- Living with Dementia



5.1.7 Personalised booklets as a mode of interpretation

Following each meeting, images and direct quotes selected from the recordings that represent what I judged to be key moments during the meetings were compiled into personalised booklets and sent to the participants, as a tangible record of what they had chosen and shared. The format and layout (Fig. 55, p.122) was devised to be as accessible as possible. Decisions about font size and amount of text follow good practice guidelines on information for people with dementia (DEEP, 2013). A double page spread presents verbatim quotes opposite images of what was chosen or described, as a record of key moments from the meetings. As an iterative process, the participants were asked at subsequent meetings to share their views and experience of receiving these booklets. In response, some booklets were revised to incorporate either alternative found images, or images provided by the participants that they felt better represented what they described.

Table 3 and 4 below list the personalised booklets that can be viewed as pdfs in Appendix 25, 26 and 27

Table 3: Phase 2 personalised booklets

PHASE 2 – Participants without a diagnosis of dementia	
Participants	Meetings: Mug - Colour - Personal Space
SH1	Appendix 25
SH2	Appendix 25
SH3	Appendix 25
SH4	Appendix 25
SH5	Appendix 25
SH6	Appendix 25
SH7	Appendix 25
SH8	Appendix 26
SH9	Appendix 26
SH10	Appendix 26
SH11	Appendix 26
SH12	Appendix 26
SH13	Appendix 26
SH14	Appendix 26

Table 4: Phase 3 links to personalised booklets

PHASE 3 – Participants with a diagnosis of dementia	
Participant	Meetings - Mug - Colour - Personal Space
SH2-1	Appendix 27
SH2-2	Appendix 27
SH2-5	Appendix 27
SH2-6	Appendix 27
SH2-8	Appendix 27
SH2-9	Appendix 27
SH2-10	Appendix 27
SH2-12	Appendix 27
SH2-14	Appendix 27
SH2-16	Appendix 27

5.1.8 Constructing patterns of meaning

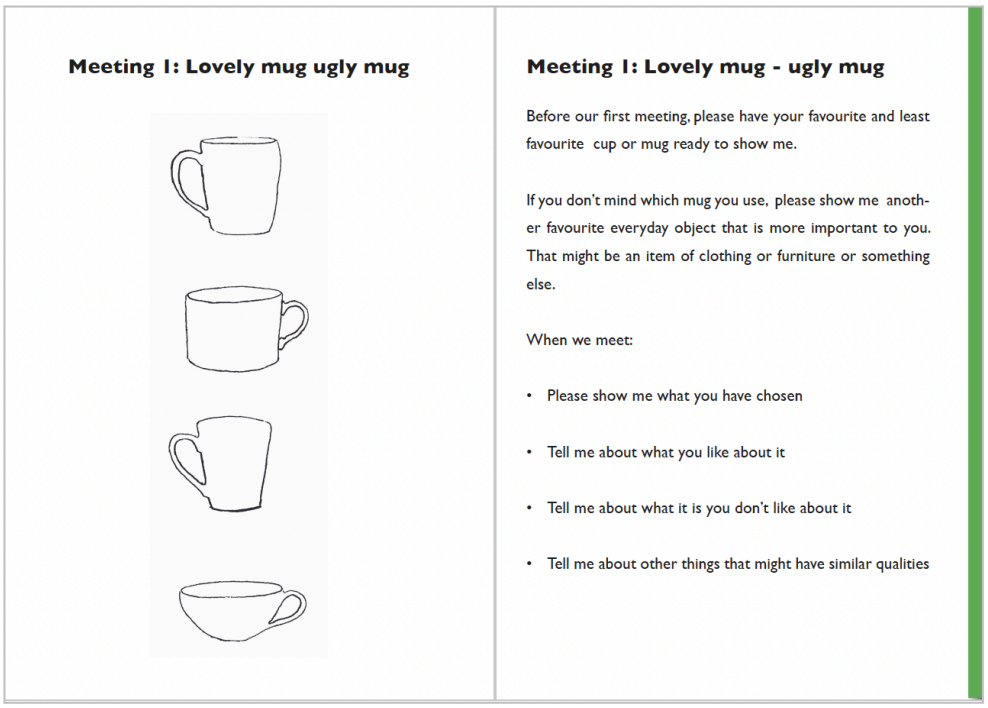
Following completion of the active research, the data was revisited using a combination of transcript analysis and examination of non-verbal expression in the video and audio recordings to support or refute initial codes and insights captured in the reflective logs.

These findings were then organised into patterns of meaning to consider what can be learnt from using the Shared Looking Process and how this contributes to understanding the role of design in supporting expression of everyday aesthetic preferences. (Appendix 21)

Section 5.2: Lovely Mug Ugly Mug: Findings



This section documents what happened when I asked participants to share their favourite and least favourite mugs using the framework of questions set out in the Explanatory Booklet (Fig. 61) below, as a starting point for conversation about what they like and why.



Meeting 1: Lovely mug ugly mug

Meeting 1: Lovely mug - ugly mug

Before our first meeting, please have your favourite and least favourite cup or mug ready to show me.

If you don't mind which mug you use, please show me another favourite everyday object that is more important to you. That might be an item of clothing or furniture or something else.

When we meet:

- Please show me what you have chosen
- Tell me about what you like about it
- Tell me about what it is you don't like about it
- Tell me about other things that might have similar qualities

Figure 61: Instructions for Meeting 1

5.2.1 How preferences were shared

Participants demonstrated what they liked or disliked about their mugs through their visuo-sensory and haptic interaction (◎ p. 47). This included how they held the mugs

up to the screen, how they manipulated them and indicated certain features. The more explicit reasons in terms of materiality, shape, form, function or surface decoration were indicated or described. The more implicit meanings and associations that these choices had for people in relation to people, places or experiences recalled, emerged from the process of sharing and thinking about what they liked or disliked.

Findings that emerged from an analysis of the Lovely Mug Ugly Mug data were grouped according to how participants choices related to:

5.2.2 How much does it matter?

5.2.3 Personal habits and routines

5.2.4 Emotional association

5.2.5 Reliving experiences

5.2.6 Function and materiality

5.2.7 Personal significance

5.2.8 Occupational knowledge

5.2.2 How much does it matter?

The extent to which a choice of mugs mattered to participants varied. As SH3 asserts, "*It makes a big difference, Oh yes! There are some mugs that I don't want to drink out of at all".* Being able to choose was important: "*I like them because I chose them*", (SH2-5) and conveyed the importance of agency. Some expressed their "dislikes" in more vociferous terms: *"There aren't any in this house, because I've got rid of them*" (SH3). Some said it would affect whether they used it: "*I don't enjoy drinking the tea, and I don't think I ever finish it,*" (SH2) and "*I wouldn't drink out of it*" (SH6). Some had disposed of mugs they disliked (SH2-1, SH2-5, SH3). SH2-10 remarked "*it's destined for the bin! - it's heavy weight, a decorative style. I really don't like this sort of thing at all."*

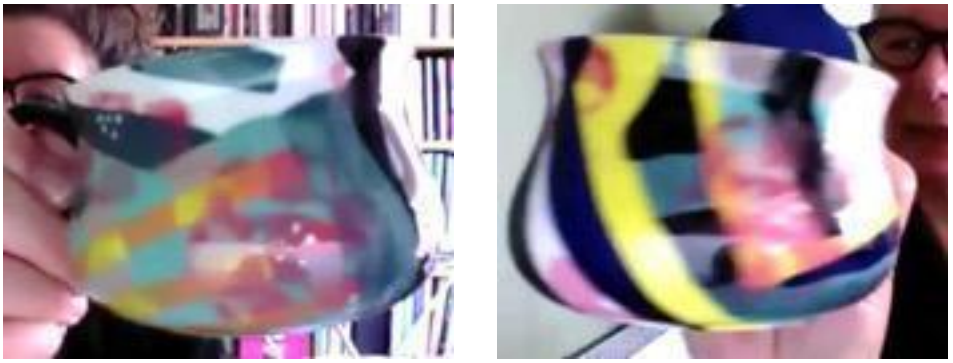


Fig 62: SH2 Ugly mug

For SH2: *"That's the most objectionable pattern to me. …The colours are horrible, the patterns are horrible, there's lines all over it. It's 'stencilly': there's nothing nice about that."* (Fig. 61).Some mugs are kept despite being disliked, because they were gifts: "*I test myself to see if I can get past the aesthetics, but it's really hard … I don't enjoy drinking the tea, and I don't think I ever finish it.*" (SH2).

For some, a mug was inconsequential. Other objects were more important. Instead SH2-12 told me about his favourite garden fork. For SH2-8, his attachment to a favourite spoon was more important (Fig.76).

5.2.3 Personal habits and routines

As an object that meets everyday needs for sustenance and hydration, and everyday routines some participants were particular about using different mugs for tea or coffee (SH2, SH7), according to time of day, or as part of different activities (work, leisure (SH5), rest (SH1)) They described how this impacted on their criteria. SH9's morning mug was related to the shape: *"When I have a cup of tea in the morning … because this is quite wide - my drink cools down a bit faster, - it kind of accommodates for me always being in a rush, which is quite nice."* (Fig. 63).



Figure 63: Morning mug (SH9)



Figure 64: Afternoon mug (SH1)

For SH1, a large mug meant a longer break: "*That's an afternoon mug… for a long sit, because more tea means having to sit on the sofa for longer.*" (Fig.64)

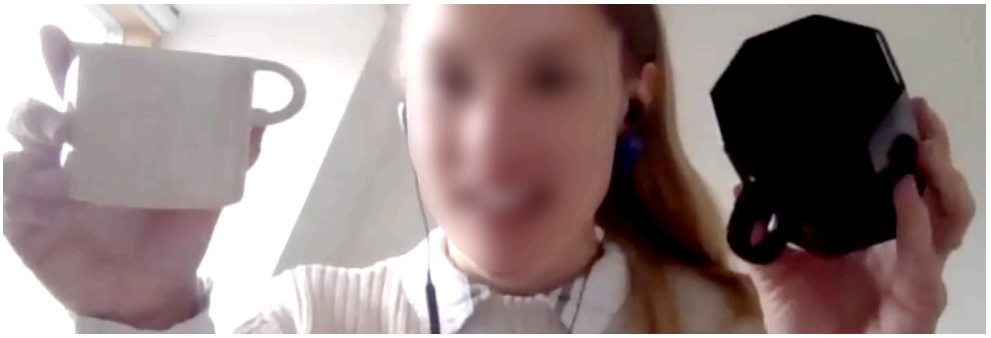


Figure 65: Weekend and work mugs (SH5)

SH5 chooses different mugs for leisure or work: "*A little coffee on the weekend on more like a sunny day*" whereas the black one "*feels a little bit more like a meeting, or a serious, or a thinking coffee*" (Fig. 65).

5.2.4 Emotional associations

Some participants remarked on how emotion influenced their choices, either as a reflection of how they felt or to improve their mood, "*Do I feel quite sombre? I'll go for black. Or do I want something really bright? And because I feel bright. Actually, I do. It reflects my mood* " (SH2-5B) (Fig. 66).



Figure 66: Choice reflecting mood (SH2-5)

SH5 described how the appearance could induce a sense of calm, "*they're still subdued colour wise. They're not super peppy. I find them quite calm. There's a different vibe, a different energy.*" (SH5, Fig. 67);



Figure 67: Calm mug (SH5)

SH7 described how she bought this mug during : *"It really cheers me up"* (SH7, Fig.68).



Figure 68: Cheerful mug (SH7)

This correlates with the notion that emotion contributes to an implicit aesthetic appraisal where "*appreciation, pleasure, interest, attraction all denote a variation in the arousal levels and valence"* (Palumbo, 2019, p. 265).

5.2.5 Reliving experiences

The process of sharing favourite mugs provoked re-enactments of experiences associated with images on the mugs.



Figure 69: Rabbit mug

SH2-5 shared a mug depicting rabbits (Fig. 69) as a reminder of pets she had before she had dementia. The pleasure she expressed in recalling this can be viewed in the video extract: (time stamp 1:40-2:06 password protected link restricted access).

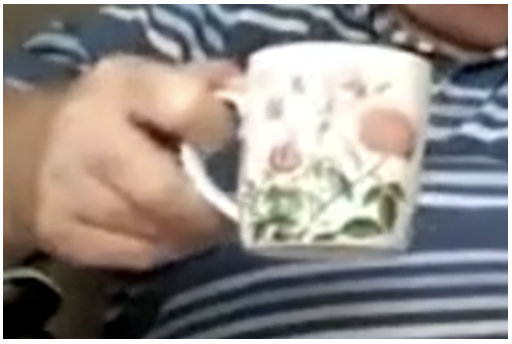


Figure 70: Flowery mug

SH2-6's mug (Fig. 70) prompted him to recall his passion for gardening (Video extract 5:12-6:00)

5.2.6 Function and materiality

As might be expected, function was a factor that influenced the choice of mugs. As SH2-1 points out, "*I'm a pragmatist. If it was a china mug in the right size. I probably wouldn't care what was on it.*" Participants described and demonstrated how the material, shape, size, weight and feel contributed to usability, how easy it was to hold (SH2-10, Fig. 70), how nice it was to drink from (SH2-1, Fig. 71) and how well it kept

the drink hot (SH3, SH7, SH2-10). As outlined above, whilst shape, size, are important, function is also related to daily habits and routines.



Figure 71: Easy to hold (SH2-10)



Figure 72: Nice to drink from (SH2-1)

SH1 described a friend's mug she particularly disliked using gestures as shown in Figure 73: "*It goes up like this … about this tall … there was like a curve in the middle, so I guess your hand fits around that bit*" (SH1).

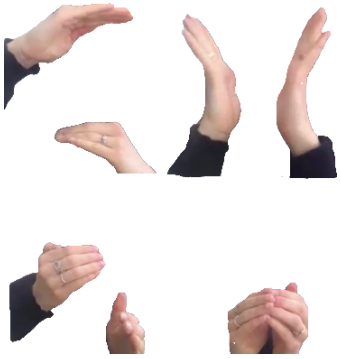


Figure 73: Gestural description of shape (SH1)

The ways that participants interacted with the mugs suggests an embodied engagement with the haptic and tactile elements of these objects, where the connection is not only visual but multi-sensorial. However the visual appearance might be more important than practicality (Fig 74). SH5: "*I like that the different size handles suggest that these are handmade and how the glaze is different on each of them.*"

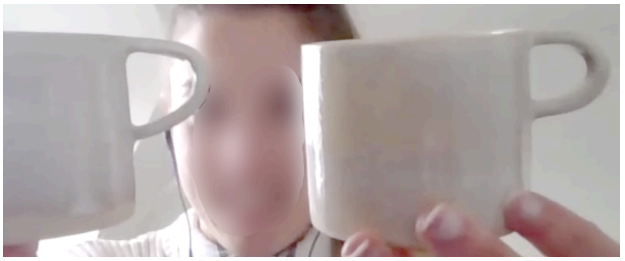


Fig. 74: SH5 Handmade mugs

5.2.7 Occupational knowledge

Knowledge about how things are made appeared to enhance attachment. Some of this was explicit knowledge about how things are made and how that affected their appearance and function. These participants made more detailed observations of the nuance of colour and materiality. Their knowledge, expertise, and interests emerged from sharing what they chose and attention to certain features. This would correlate with what is understood to affect aesthetic evaluation in art. Palumbo (2019, p. 267) refers to differences in how experts and novices make aesthetic judgements, suggesting "*lay people would probably engage more with the implicit, automatic components (sensorial, emotional and associative) or the aesthetic experience.*" Participants' knowledge of visual aesthetics emerged from reflecting on their choices. Some were creative practitioners (SH2, SH7, SH3), or designers (SH4, SH14). One was a creative therapist (SH1). SH2-1, a surveyor who advised on colour in the décor of healthcare settings, was also a keen dressmaker. SH2-12 described his enthusiasm for abstract painting, and his experience in set-painting in amateur dramatics. SH2-16 was an expert calligrapher in several languages. SH2-10 was an engineer with a keen eye and appreciation for the way things are made.

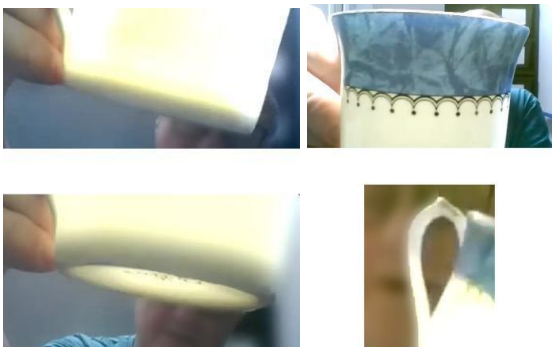


Fig 75: Porcelain mug

SH2-10 revealed an understanding and connection with the material properties of his favourite mug (Fig. 75):

> *I've always liked delicate and well made. It's translucent. Which means it's really thin porcelain. Being translucent, it's basically thin. It should ring. I was married to a ceramicist … So I had a lot to do with making pottery.*

He demonstrated how this is manifested through his physical, tactile and haptic interaction with the mug. (video extract 6:37-7:36).

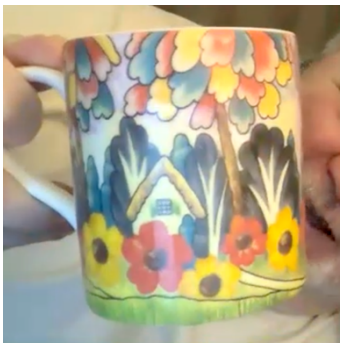


Figure 76: SH2-14 Clarice Cliff Mug

As a collector of vintage Art Deco Clarice Cliff ceramics (Fig 76), SH2-14 acknowledged that his everyday choices, like mugs and furniture, were shaped by their colours and styles.

The participants' choice of everyday objects also revealed information about the person's occupation, their workplace or preferred leisure or hobbies. SH2-8 chose a spoon (Fig 77) instead of a mug:



Figure 77: My favourite spoon (SH2-8A screenshot)

> *That is my favourite spoon, an old army spoon. You dig yourself out. It's really good. I quite enjoy it. It doesn't make any noise. It was when I was a warrior. I have had it a long time. Since I was a boy soldier*. (SH2-8)

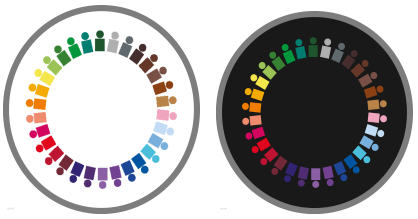
For someone who found it difficult to make himself understood verbally this object was evidently important: *"I get annoyed sometimes because someone is using my special spoon*." and "*it's the security of it. Nothing's going to happen when I am in this*." He explained that "*it gives you confidence - it's the security of it".* It was intriguing to discover the significance of spoons in army mess kits. Sharpened spoons can serve a dual purpose, whilst knives and forks are discarded. As SH2-8 explained, "*it does everything, all the requirements you need, of a knife and fork. That may sound silly with clinking".* For SH2-8 the spoon, as a significant object in his everyday life in the army, was associated with both security and survival. This resonates with guidance in design for dementia on the need for familiarity (Fleming et al., 2023, p. 246) but also the importance of knowing what is familiar for that individual.

SH2-12 insisted he had no strong feelings about mugs, but chose his garden fork as a favourite everyday object as an essential tool for his main passion: gardening. The specific features of this extra-long garden fork enabled him to manage a steep and sloping allotment site. This provoked stories about the crops, the tasks shared with his wife during the harvest, the seasonal variations, and the location. In this way the participants' choice of everyday objects revealed connections with their occupations and interests. In the final meeting, it emerged how their favourite spaces in the home supported ongoing engagement in these activities.

5.2.8 Personal significance

The more implicit layers of meaning associated with attachment to certain objects, relationships, and events emerged during the meetings. Associations with positive emotions related to important relationships and enjoyment in certain activities. Whilst two participants (SH2-6 and SH2-9) "*grandad/great grandad*" mugs provoked accounts of important family relationships, their personal favourites related to their own interests. SH2-2 kept a mug as a reminder of her sailing days. SH2-9's D-Day mug revealed his keen interest in militaria: "*any sort of conflict anywhere throws up an interest*" inspired by a childhood growing up with relatives who had served in both world wars. These findings resonate with observations by Csikszentmihalyi and Rochberg-Halton (1981) on how attachments to objects are informed by personal histories and interests. Thinking about reasons for likes and dislikes provoked reflections on how object relationships are formed and developed: "*It's only by living with them that you know if they actually work. It's like a relationship*" (SH7).

Section 5.3: Colour Choice: findings



This section sets out what happened when participants were invited to share their likes and dislikes for colours using the colour cards. As a semi-structured, open-ended approach this was based on the framework of questions set out in the Topic Guide (Fig.78) below.

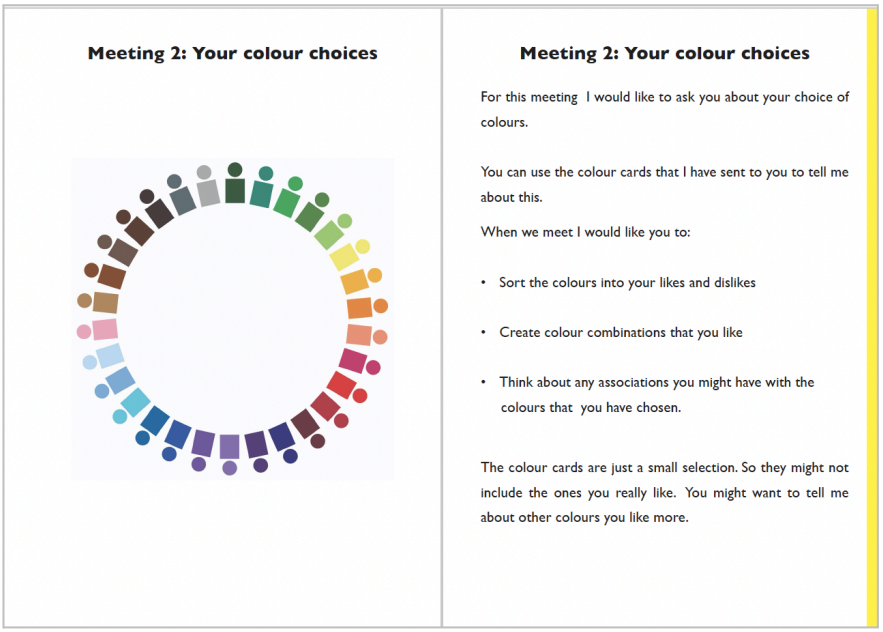


Figure 78: Instructions for Meeting 2

5.3.1 How colour preferences were shared

All participants, irrespective of whether they had a diagnosis of dementia, were able to select their likes and dislikes using the colour cards that were sent to them. Participants sorted colours into their "likes" and "dislikes". Some grouped the colours into combinations (Figs. 79, 80). This correlates with research that found that whilst the ability to name colours can be affected by dementia, the ability to arrange colours in order of preference is not (Wijk et al., 1999).

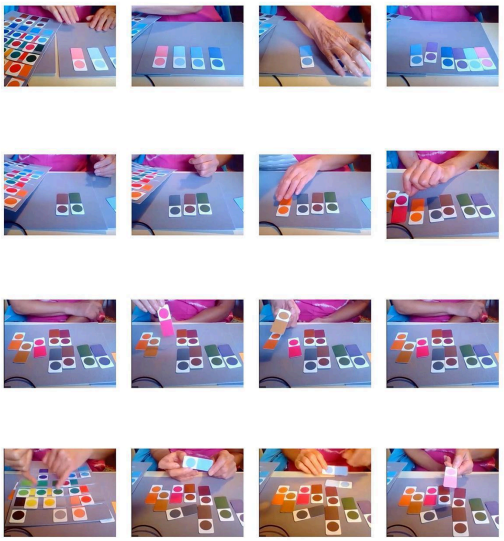


Figure 79: SH2-1 colour sorting

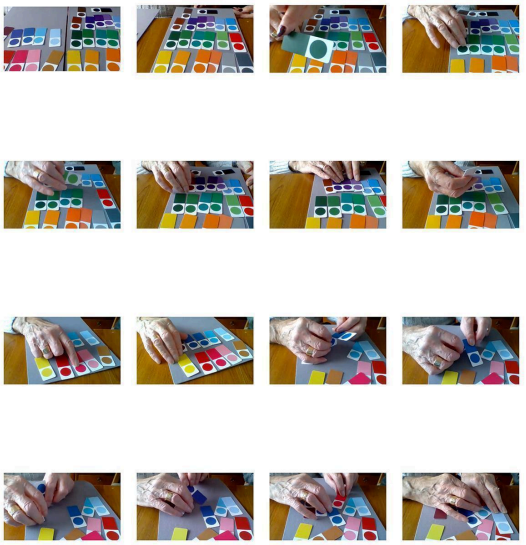


Figure 80: SH2-9 colour sorting

Unsurprisingly, each participant made different choices. Alongside the personalised booklets visual ways to present the colours and combinations participants chose are presented in the portfolio (◎ p. 66-73, 77, 90-91). Two participants (SH3 and SH5) said they liked all the colours. SH3 was subsequently prompted to use the cards to create a variety of combinations (◎ p. 71) that informed her own creative practice. More nuanced discussions emerged about how certain colour combinations impacted on a colour that was initially liked or disliked.

Presenting participants with a limited palette proved to be an effective tool to provoke memories, meanings and associations. The process of selecting and thinking about colour preferences led to various insights into their life stories, occupations and relationships. In this way it revealed knowledge about the person and what influenced their choices. Key insights emerging from the data are organised and presented in the following themes:

5.3.2 Context

5.3.3 Social and relational

5.3.4 Colour in the mind's eye

5.3.5 Personal significance

5.3.6 Universal colour preferences

5.3.7 Emotional associations

5.3.8 Cultural associations

5.3.2 Context

The need for further research into how context impacts on colour preferences has been highlighted by experts in colour and design psychology (Franklin, 2023[30], Whitfield & Destafani, 2011). Most of the participants in this study, pointed out that their choices were contingent on the context, dependent on whether it was crockery, furnishings, everyday objects, décor, or clothing.

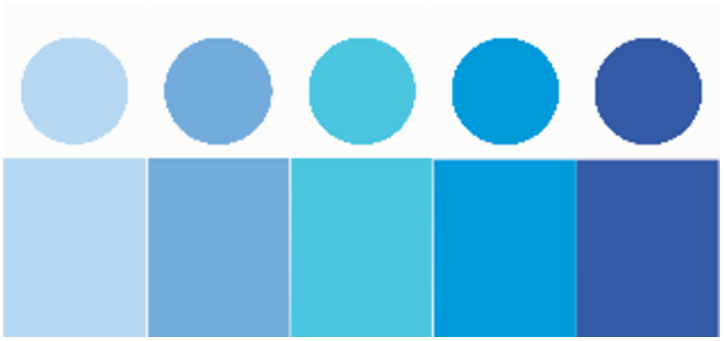


Figure 81: I love blue (SH2-5)

"*Some colours I like because I like to wear them, but I wouldn't like them in my home. Like blue. I love blue. I wear blue, but I wouldn't have a blue bathroom or a blue room"* (SH2-5) (Fig. 81)

[30] Professor Anna Franklin, Director or Sussex Colour Group, University of Sussex in a lecture at the Royal College of Art 30th March 2023

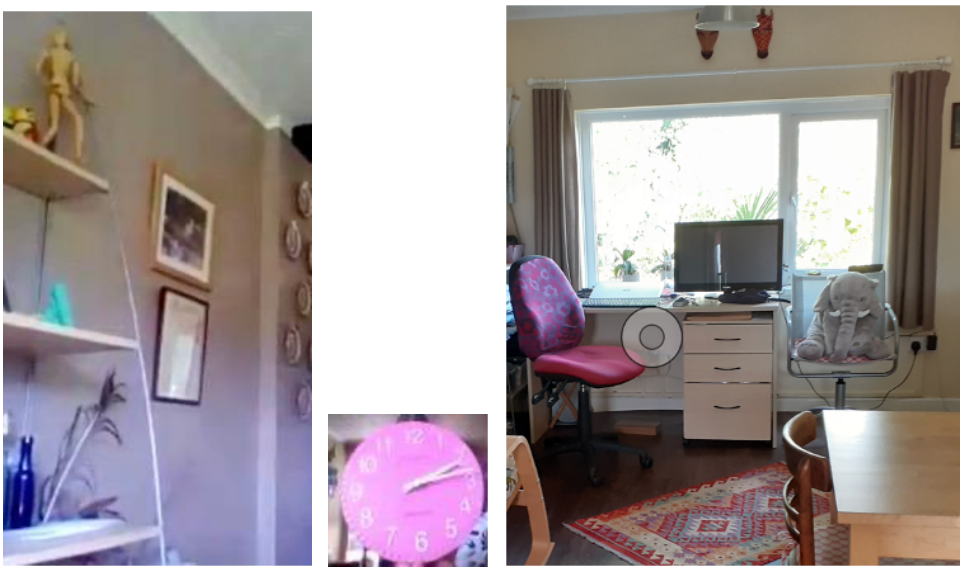


Figure 82: SH2-1: A bland palette [and] highlighting colour

When considering their preferences one participant remarked that "*none of the colours here really are my decorating colours. They are a little bit [bright] certainly for wall decorations. I do sort of a bland palette … and I warm things up with other things."* (SH2-1). She used bright pink "*as a highlighting colour - The clocks and the towels and things like that."* (SH2-1) (Fig. 82) but agreed she would like several of the colours in clothing.

Another agreed that "*I wear a lot of clothes of this kind of colour. I wouldn't paint a wall that colour. But I would have a sofa in that colour"* (SH10) (Fig. 83).

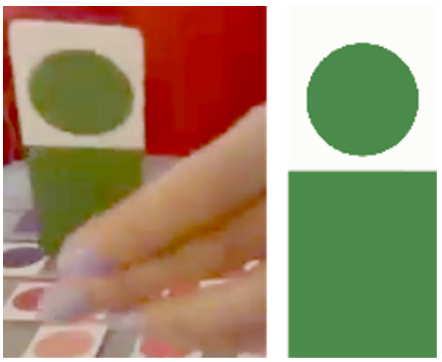


Figure 83: I would have a sofa that colour (SH10)

5.3.3 Social and relational

Colour preferences particularly in relation to clothes revealed insights into how choice was influenced by social and relational factors. Some were reminded of how their preferences in clothes were influenced by peer pressure. More muted or monochrome colour palettes expected in work environment contrasted to what they chose to wear at home, "*When I was working I would generally wear black or navy blue trousers or skirt and jacket with then a blouse of some colour, - a muted cream, white or pale pink"* (SH2-1) (Fig. 84).

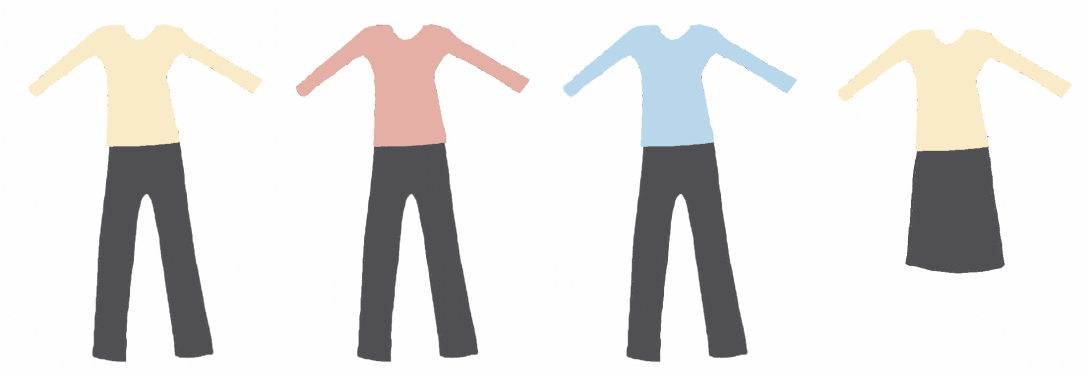


Figure 84: SH2-2 Work colours

SH2-12, who liked bright colours (Fig.85), spoke at length about attitudes and expectations he experienced as a city council accountant where even a brightly coloured tie would be deemed out of place. This revealed insights about how he enjoyed challenging these conventions.



Figure 85: SH2-12: I like bright colours

> "*You're all in the office with your traditional white shirts. Sometimes I wore different coloured shirts. You had to be a bit careful with ties* (Fig. 86)*. It was an element of conformity and with that there's a bit of dullness.*"



Figure 86: SH2-12 My Bart Simpson bowtie

More recently, his wife reported a remark made by a neighbour about his red shirt (Fig.87): "*God that's a bit loud isn't it*?" (SH2-12X). He hadn't worn it since, "*I'd probably keep away from it, yes, as a result of that. You don't feel you're necessarily looking odd in that sense*" (SH2-12). This might imply that his previous defiant attitude has changed since his diagnosis.



Figure 87: SH2-12: "*I do like red as a colour"*

Others remarked on the importance of what they wore as a way to challenge attitudes: "*"People say to me, 'You don't dress like you've got dementia.' "* (SH2-16)

5.3.4 Colour in the mind's eye

Although the range of colour in the cards was limited they were sufficient to elicit memories. Participants appeared to be recalling both general associations and specific colours in their "mind's eye". Typical remarks included: "*I used to hav*e" (SH2-14); "*we decorated our kitchen with that colour*" (SH2-9); "*I had a car that colour*" (SH2-9) and "*Maybe not quite that colour, a bit darker*" (SH2-1). Whilst the colour choices initially

appeared to be intuitive SH2-9 made several remarks about his associations with different colours. The brown reminded him of chocolate, and how this relates to having a sweet tooth, whereas his dislike for yellow reminded him of oil seed rape "*They grow a lot of it round here. We all seem to develop coughs*" (SH2-9).This implies that whilst people with dementia may not be able to name colours (Wijk, 1999), they may retain a nuanced visual memory of colour (Ivanovic, 2024).

These recollections often related to objects and environments that had personal significance, and how attachment to these had been formed and sustained. Personally meaningful associations with former possessions, homes, or life experiences emerged.

5.3.4.1 The green suit



Figure 88: "*I had a suit that colou*r" (SH2-9)

SH2-9 chose all the greens, and told me he wears mostly green clothes. This reminded him of a suit he wore as a young man (Fig. 88). Searching for images that represented what he described was an interesting challenge. It took several images to find a match to the "*teal green suit*" that he recalled. This provoked an exchange with his wife about what he was wearing when they first met:

> "*It cost me a fortune! I'll tell you a secret there, I didn't buy that suit all in one go. I bought the pair of trousers, and I liked the green so much I went and ordered a jacket made up as well.*" (SH2-9B)

His pleasure in recalling this experience is conveyed in the video extract 7:15-7:45).

5.3.4.2 The green sofa

SH2-14's preference for a particular shade of green associated with his preference for "*art deco green*" prompted recollections of a sofa he had owned. This provoked an exchange of images between myself and SH2-14. He sent me an image of a sofa that was not the right shape but closer to the colour (Fig. 89).



Figure 89: "*Sorta that colour"* (with permission of SH2-14)

I then sent him an image that might be closer to the style and shape he had described (Fig. 90). His immediate response was "*No. lol*" (SH2-14).



Figure 90: Was it like this?

Several months later he sent an image of the armchair that matched the sofa he had described (Fig. 91), *"That is the chair from the green art deco sofa. I wish I could have that sofa again. I really liked it. If I won the lottery I'd have one custom made"* (SH2-14). The significance of this exchange was the extent to which it had provoked recollections that the participant continued to think about and was keen to share some time later. This implies that this participant retained a nuanced visual and colour memory (Ivanovic, 2024).



Figure 91: The matching chair (with permission of SH2-14)

5.3.4.3 Air force blue



Figure 92: Air force blue

A striking account of how a colour provoked a recollection was when SH9 explained his preference for this blue (Fig. 92). Itrelated to childhood experience of living on the South Coast of England during the Battle of Britain in the Second World War.

> *About the Air Force Blue: when I was very young. I don't know whether I had started school just then. You could at one time tune your radio in and pick up speech from fighter aircraft. You could pick up the dog fights that we're going on above you.*" (SH2-9)

In response to this recollection an image was found and checked with the participant to make this recollection more explicit (Fig.92).

5.3.5 Personal significance

Accounts of experiences, and environments that held personal significance emerged from thinking about colour choices. Whilst initial remarks were descriptive: "big, bright, bold" (SH9), more implicit associations emerged:

> *Looking at these colours now - these tones, in particular the reds and oranges , I used to have a pet snake, that was red and orange like these tones so - that's probably why I like them. Or maybe it's the other way around, maybe I chose this snake because I liked the colours? It's interesting how - these things do just come to mind slowly, as you sort of speak them out loud.* (SH9).



Figure 93: Corn snake colours

An image of a corn snake, checked with the participant, was subsequently added to make a visual connection (Fig. 93). This participant, a zoology student, then recounted his learning about the relevance of aesthetics in terms of ecological charisma and the way certain colours stand out in the natural environment (Lorimer, 2007)

5.3.6 Universal preferences

Whilst the aim of this study is to learn about personal, not universal preferences, several participants included colours that correlate with large scale global studies on human colour preferences suggesting predominance of preferences are due to associations with the natural environment (blue sky, yellow sun, green nature) (Elliot et al., 2015). Several participants chose blues (SH2-1, SH2-5, SH5, SH14), yellows (SH7, SH8, SH2-12, SH5,) and greens in their preferences (SH2-10, SH8, SH2-9). Several participants associated a preference for the colour green with enjoyment of natural environments: "*I like flowers. … egregious greenery. We tend to have quite a lot of greenery around the house and plants growing here, there, and everywhere … So in those terms I quite like greens*" (SH2-10) (Fig. 91). For SH8, green provokes "*the idea of going out walking in the countryside is lovely as far as I'm concerned. It's like natural gravitation.*" These associations correlate with a growing body of evidence of the benefits of biophilia in terms of wellbeing (Yassein & Ebrahiem, 2018).

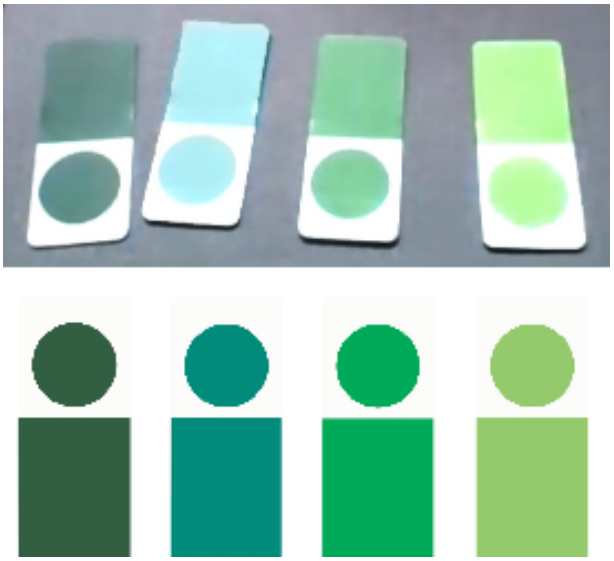


Figure 94: Egregious greenery SH2-10)

5.3.7 Emotional associations

Whilst Palmer & Schloss (2010) attribute the reasons for a universal preference for yellow to associations with sunshine and warm weather, a number of participants also associated it with positive emotions: "*I associate yellow with positivity."* (SH5) (Fig 95) and "*I bought [the yellow mug] in the darkest part of a lockdown … it reminds me of my front door growing up … it was a very happy time*" (SH7).



Figure 95: SH5 I like yellows

Colour preferences provoked both positive and negative responses and were expressed through emotive language. Words associated with positive feelings "bright", "cheerful", "calm" - were used (SH8, SH14, SH7) when describing feelings related to

colours that participants preferred. "*I associate it with being playful … that makes me happy*" (SH1). This aligns with design research that has found yellow associated with positive emotions (Venn, 2018; O'Brien ◎ p. 60). Participants' reasons for their preferences also imply that there can be what Norman (2004) refers to as a "visceral" response to certain colours: "*I'd like kitchen tiles and those kinds of things [those colours]. Just because they are quite nice and warm and happy*" (SH10).

Some colours provoke more decisive, stronger reactions whether positive or negative (Fig.96). Red, for instance, drew more generally recognised associations (danger, blood, heat) emotions (love, anger).

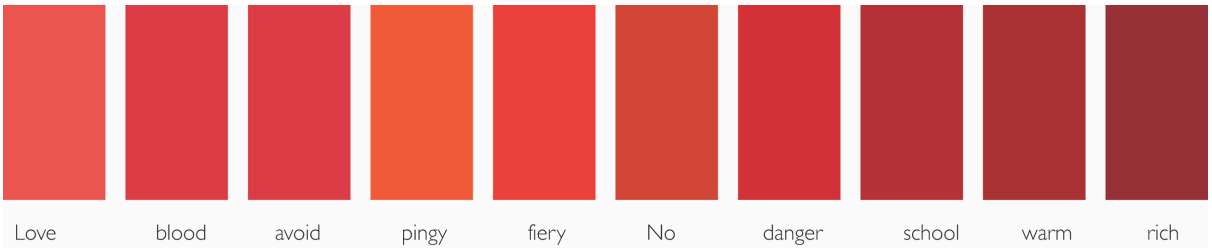


Figure 96: What red means to me

> *I associated red with anger, and that kind of – a fiery person. And I think at that particular time in my life, with personal things as well, there was too much red in my life, not the colour but the fieriness and the hostility.* (SH2-5)

5.3.8 Cultural associations

Although data on ethnicity and beliefs was not collected during recruitment, certain cultural associations emerged through the process. For SH2-16 this green held religious significance (Fig.97):



Figure: 97: Medina dome

> *This green. This is associated or it's got a link with the faith. It has a religious meaning to me. Because the Dome in Medina, the Prophet's Mosque is green, and because of that, a dark green colour has a significant part in my life.*

The importance for SH2-16 is emphasised in how he reflects on the experience of going to Medina (video extract 2:19-2:33).

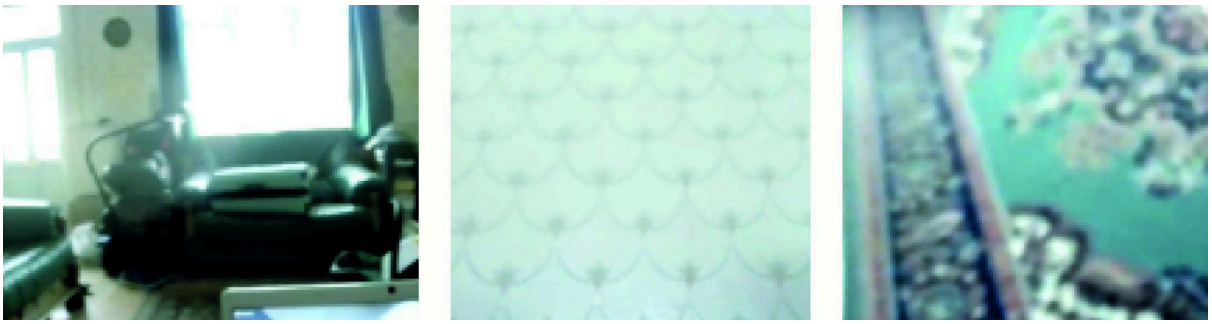


Figure 98: SH2-16 decor

Whilst the decor in his home reflected this (Fig. 98) As a sacred colour, these associations mean that for him:

> *It's a personal thing. I would think that I am not pure enough to wear that. I'm not good enough to associate myself with that. I have a scarf or a hat in green. I've done that, but not clothes.* (SH2-16)

SH5 referred to conflicted feelings about red and white associated with the Canadian flag. SH2-5 a practising Wiccan[31], explained how her understanding of the healing

[31] SH2-5 explained: "*When things become too much, too much, and the world becomes too busy, and too chaotic, that's when I retreat into my Covenstead. My spiritual room. It's a Covenstead, because I'm a Wiccan. The heading is paganism. The umbrella term is paganism and under paganism you've got Druids, Wiccans, all different groups, and splinter groups.*"

power of certain colours and its impact on mood influenced her choice of everyday objects. In terms of gender, the feminisation of pink, SH5, SH13, and SH14 all referred to how this influenced their preferences (◎ p. 74).

Section 5.4: Personal space: findings

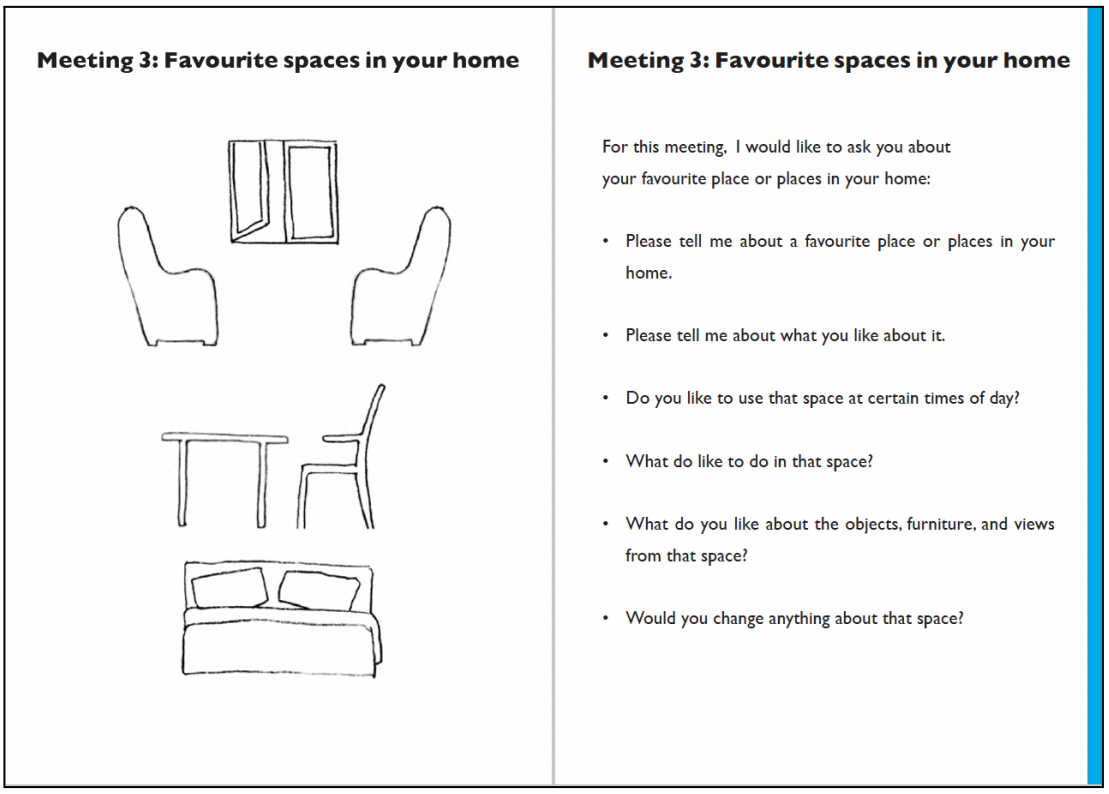


Figure 99: Instructions for Meeting 3

This section considers the outcomes of meetings that asked participants to share favourite spaces in their homes (Fig. 99).

The process of interacting and sharing images of personal spaces in the home provoked reflections on personal preferences in the context of décor, furnishings and everyday objects and to what extent participants have choice and control over the personalisation of their immediate environment. A key theme that emerged was whether the environment supported engagement in activities that enable them to

maintain their skills and experience a sense of competence. Key patterns of meaning include:

5.4.1 Choice and control

5.4.2 Sensory regulation

5.4.3 Occupational engagement

5.4.4 Public and private

5.4.5 Changing preferences

5.4.1 Choice and control

An underlying principle in design for dementia is that it should, "*accentuate the freedom of people living with dementia to make choices*" (Fleming et al., 2021). When I asked about a favourite space in the home and how it was arranged and decorated, the responses were partly contingent on how much choice and control participants have over their personal space, and whether or not it was shared. SH1, who is keen on bright colours, has developed strategies to accommodate her husband's preference for a more neutral palette in their home décor (Fig. 100):

> *I've come to learn that he likes to accessorise with colour and then we have a muted palette. That's why I have things like a shelf of curated items that are all coloured. That's how I keep all the candles and stuff.* (SH1)



Figure 100: A shelf of curated items

SH2-5 described a period of transition, following both a diagnosis of dementia and divorce, and the positive aspects of moving to a home where she now lives alone: "*I'm not selling my house at all. To me, it's priceless … It's my sanctuary*".

5.4.2 Sensory regulation

One participant remarked on the sensory ingredients of his favourite space and how these impacts on his ability to concentrate. SH2-2 chose this room as a space that he found free from uncomfortable distractions (Fig. 101) as "*peaceful, easy, accessible*" and "*nice big room, space and area.*" He retreats to this room when "*there's family here and I don't need to be with them*". Contrary to the notion that views of natural environments are beneficial, his preference is to sit on the seat facing the wall, with his back to views of the garden, to avoid times when "*it's windy out. So, I'm seeing the bushes moving about … it just seems a bit of a distraction*" (SH2-2).



Figure 101: "*No bad obstacles*"(SH2-2)

SH2-5 also emphasised the importance of how she organises her possessions: *"With me it's about aesthetics. if it's all muddly it makes me feel muddly"*. As outlined in

Chapter 1 (1.4.2.2, p.45) this need to avoid the "*muddly*" is recognised in salutogenic design in dementia care (Golembiewski & Zeisel, 2022) that identifies three factors (comprehensible, manageable, and meaningful) that contribute to a meaningful sense of self to achieve a sense of coherence (SOC). These strategies that SH2-5 has adopted demonstrates a resilience in her capacity to recognise that she needs to make her environment 'comprehensible' described by Eriksson & Contu (2022, p. 80) as the "*ability to create order out of chaos*".

5.4.3 Occupational engagement

Rather than aesthetics, for many participants, it was whether the ingredients of personal space supported activities they enjoy that was important. These accounts revealed knowledge about their skills and expertise. Their growing confidence in recounting these activities conveyed a sense of competence that challenged my own expectations and assumptions about their capabilities. For these participants, it was how the space and layout could support and maintain existing skills. This resonates with the importance of familiarity in environmental design for dementia guidance (Fleming et al., 2020 pp. 41-44).



Figure 102: "*My house is like a library*" (SH2-16)

For SH2-16 who speaks 14 languages and spent a lifetime as a translator, calligrapher and accountant, describes feeling:

comfortable here because in my sane life I used to spend a lot of time here. All the books that I have I don't have to look. I can just go like this and pick out the one I want, because I know where everything is. (SH2-16) (Fig. 102)



Figure 103: "*The blue room*" (SH2-1)

Similarly SH2-1, a keen dressmaker, describes this room as: "*one of my favourite spaces because it's where I sew and potter"* (Fig. 103) She described how, since her diagnosis, she has adapted her dressmaking skills by making toiles, rather than relying on measurements, because calculations are no longer possible. This room is therefore very important: "*The sewing machine has pretty much always been out in that room.*" As recommended in environmental design for dementia, keeping things in view supports independence in activities (Halsall et al., 2023).

From an occupational therapy perspective these accounts are a perfect example of how the Person Environment Occupation (PEO) (Law et al., 1996) model of occupation outlined in the Introduction, helps us to understand how the ingredients of an environment can either help or hinder an individual's ability to maintain engagement in preferred activities at home.

5.4.4 Public and private

How much we know about people is reliant on what they choose to share and how they present themselves to us. For SH6 the favourite space in her home was a private space, a spare room where she likes to get cosy and read: *"I make a sort of nest of cushions. If I have friends [visiting] that's downstairs in the big room. The whole point is, in the little room, I want to be alone"* (Figs.104,105).

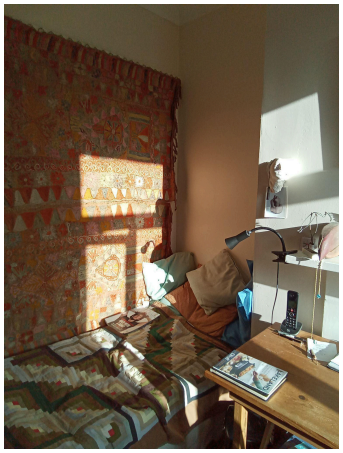


Fig 104: Private



Fig 105: Public

SH2-5's account of a favourite space in her home, led to a detailed description of a room that contains all the artefacts and books associated with her practice as a Wiccan: "*I would just close the door and sit there. Light a candle, and it's safe. Really extra safe.* "

5.4.5 Changing preferences

For SH2-5 and SH2-2 everyday aesthetics were deemed to be especially important in terms of the way things are arranged and their visual appearance. As described above (Section 2: Lovely Mug Ugly Mug), colour preferences influenced by moods may change from day to day. Some mood changes are expressed in choice of clothes (SH2-10, SH4, SH8) but SH2-5 selects mugs to reflect changing moods, and accessorises her home to reflect changes in seasons "*you can see it's very autumnal isn't it*?" (Fig. 106)



Figure 106: Seasonal accessories (SH2-5)

SH3 described a strategy they use to experiment with changing colour preferences with bed clothes (Fig. 107). SH6 described how she rearranged her washing for visual appeal.



Figure 107: "*Each time I make the bed I try and make a different combination*" (SH4)

Ingredients of spaces might also be related to how collections were displayed. For SH2-9 this was militaria[32], for SH2-14 it was cabinets for his Clarice Cliff collection, and shelving for his Hitchcock DVDs[33].

[32]SH2-9 Appendix 27
[33] SH2-14 Appendix 27

These findings demonstrate how the Shared Looking process contributes to meeting Objective 1: To demonstrate the importance of supporting people with dementia to have choice and control over how their environment is personalised.

Section 5.5: I know what I like: Personal stories

The three consecutive meetings in the Shared Looking process were deliberately constructed as a framework for engagement to progress from more universal and publicly shared experiences (mugs, colours) to more private and intimate details of how people curate the favourite spaces in their homes. This section provides a selection of Personal Stories from Phase 3 participants that serve to illustrate how the Shared Looking process built a picture of the individual and what was important to them.

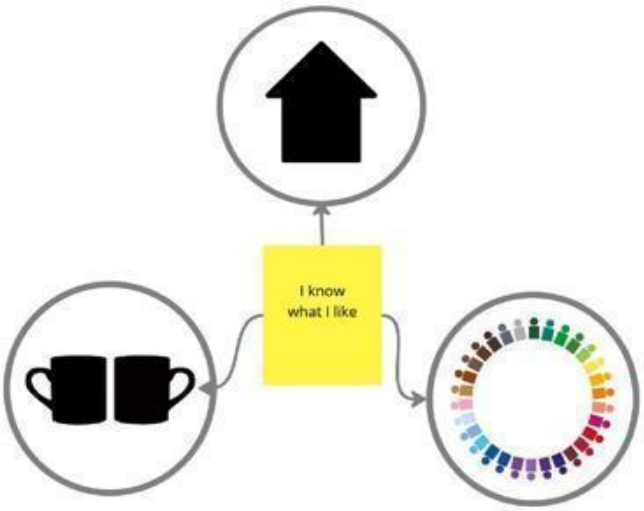


Figure 108: Constructing personal stories

The three separate booklets created and sent to participants following each meeting were combined into single editions. Links to page turning software are listed in Chapter 4 and Appendix 21. These provide a visual and narrative account of personal stories that emerge about the participants in their own words. A selection of these personal stories (Fig. 108) is presented here to provide an account of how the Shared

Looking process revealed insights about the individuals and what was important to them.

5.5.2 SH1-1 I know what I like

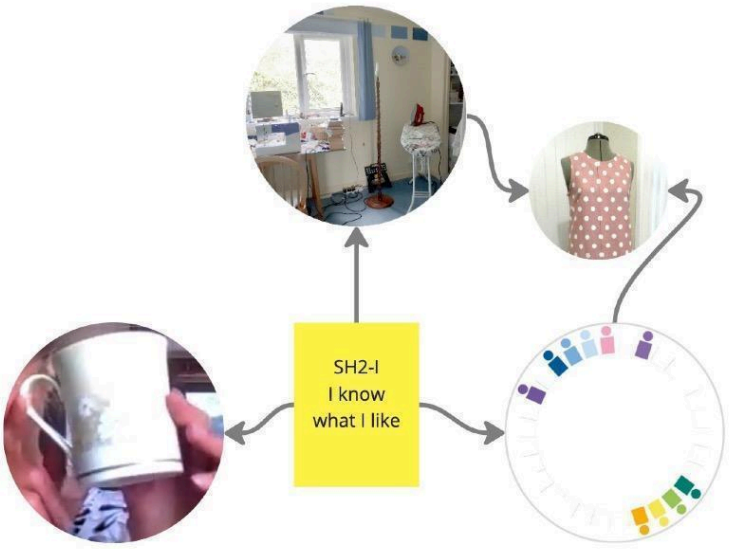


Figure 109: SH2-1 personal story (Appendix 27)

SH2-1 described herself as pragmatic. The explicit criteria she gave for selecting her favourite mug had more to do with function than appearance. It was the right size for the amount she likes to drink, it was easy to hold and drink from. What these haptic and tactile qualities meant to her are conveyed in the video extract.[34] For her, the more layered personal meanings related to the mug's significance as being part of a matching dinner set that she and her husband invested in when they moved into their present home 40 years ago. The decoration reminded her of her garden that she liked

[34] I know what I like: Lovely Mug Ugly Mug (time stamp 02:06-02:39 password protected link restricted access)

to spend time contemplating the natural environment and watching the birds and wildlife.

Her reflections on her colour preferences revealed knowledge about her skills and expertise in dressmaking, an activity that she continues to pursue. Whilst she described how much she likes patterns, similarly it is the feel and behaviour of the fabric and how it drapes that is equally important. The process SH2-1 went through thinking about colours for is conveyed in the video extract[35]. She shared several images of the clothes that she has made. One of the favourite spaces in her home is the room she uses for sewing and storing her collection of fabrics (Fig.109).

5.5.2 SH2-6 I know what I like

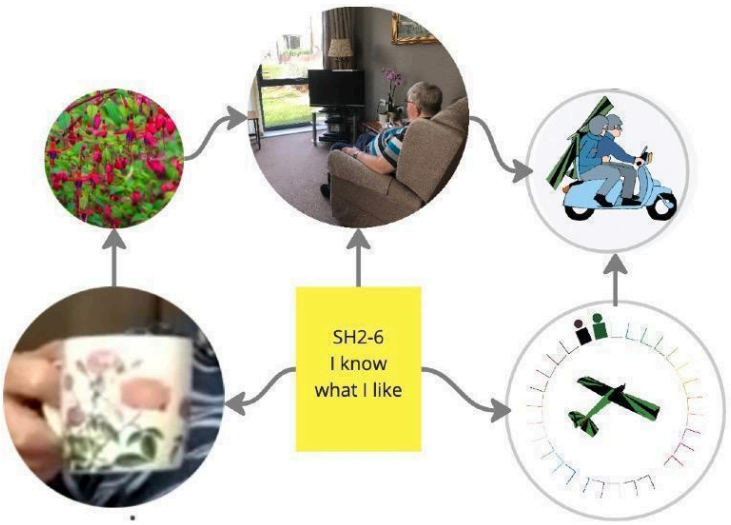


Figure 110: SH2-6 personal story (Appendix 27)

[35] I know what I like: Colour(Time stamp 02:54-03:44 password protected link restricted access)

For SH2-6, his choice of mug represented his enjoyment of gardening (Fig 110). He recalled taking a cutting from a neighbour that grew into a huge flowering fuchsia bush. In his present home he really likes the large picture windows. He prefers not to watch TV but enjoys people watching and observing the wildlife he can see from there. He described how much he enjoyed spotting the foxes, woodpeckers, hedgehogs, and magpies, and laughed about watching the care staff on their breaks, giving them nicknames like "Cigarette Lill".

Whilst SH2-6 chose only two colours (green and black), he named this as 'racing green'. The importance of these choices provoked a 40-minute account of his lifetime interest in aviation including his time as an air cadet and his enthusiasm for making and flying model airplanes. He recounted the details of how the planes were made and operated, and how he transported the planes that had a 5-foot wingspan tied to his wife's back, riding pillion on his scooter to join other enthusiasts on Epsom Downs (Fig. 110). The re-enactment of these experiences and the laughter it provoked between him and his wife is shown in the video extract: 03:46-07:14).

5.5.3 SH2-16 I know what I like

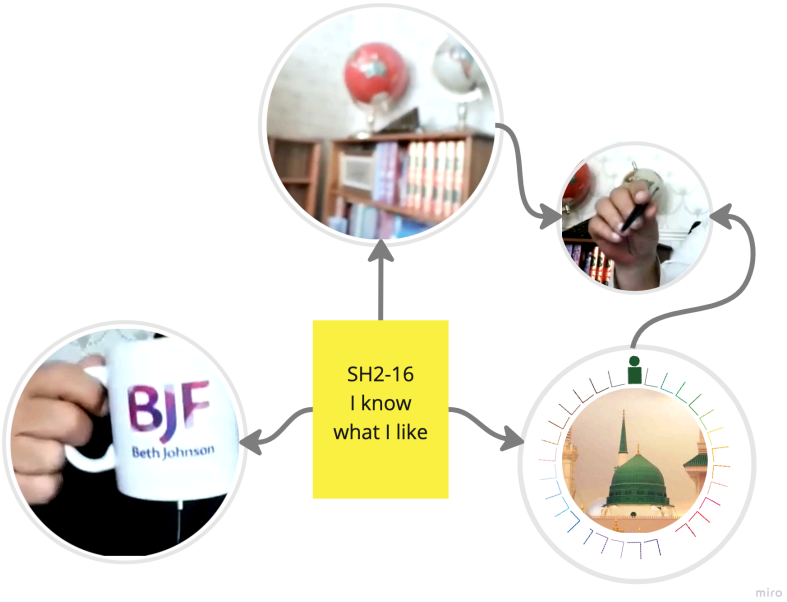


Figure 111: SH2-16 personal story (Appendix 27)

For SH2-16 the choice of mug was what it signifies in terms of how he identifies as a person living with dementia, and his active involvement with this local dementia support group. He is keen to challenge assumptions about capabilities in dementia. As a member of the Dementia Enquirers[36] he is also active on a national level speaking about his lived experience and taking part in research. The favourite space in his home reflects his lifetime skills, knowledge and experience as a translator and calligrapher. He showed me how his books and pens are arranged all within comfortable reach from where he sits.

For SH2-16 this green has special associations for him, as a reflection of his faith, as the colour of the dome at Medina. The significance of this to him is conveyed in the video extract 01:41 to 2:52) (Fig. 111)

[36] The Dementia Enquirers project was founded to develop an approach to dementia research that was led and controlled by people with lived experience https://dementiaenquirers.org.uk/dementia-enquirers/ (accessed 28-05-25)

5.5.4 Revealing meanings and associations with everyday aesthetics

These accounts suggest that a colour as a visual stimulus can provoke embodied sensory experiences, identified by Kontos (2004) and Brown's (2017, p. 1009) observations of progression to "*an experiential self"* in dementia. Participants expressed strong connections and associations with visual aesthetics of objects and environments. SH2-5 chose the visual appearance and colour of mugs to reflect changing moods. SH2-10 explained how his knowledge about materiality and craftsmanship influenced his preference for a bone china mug, drawing attention to its translucent qualities. SH2-6's favourite mug had flowers, a reflection of his enjoyment from gardening: "*I had some beautiful fuchsia plants … and they're lovely*" (SH2-6). SH2-12 described how he expressed his preference for bright colours through wearing brightly coloured shirts or ties and choosing a bright orange car. These responses to everyday aesthetics contribute to the existing evidence identified in Chapter 2 of the value of arts viewing and arts activities to provoke engagement in fine arts (Windle et al., 2018; Hui et al., 2021; Tischler et al., 2019; van Leeuwen et al., 2022). In contrast, for these participants, the impact of engagement with everyday aesthetics was not contingent on access to museums or organised activities.

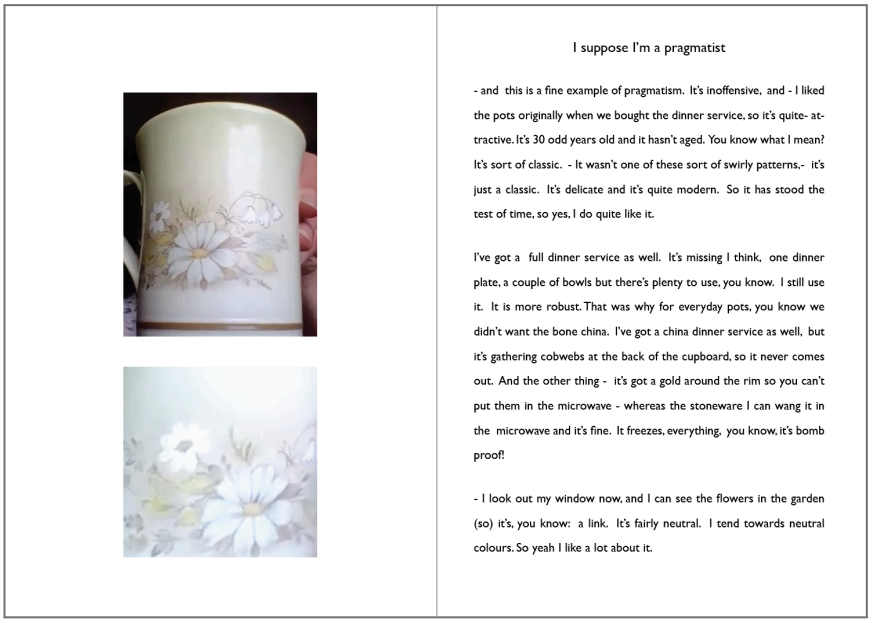
Section 5.6: Participants' experience of taking part

This section provides an account of the participants' views on taking part in the Shared Looking process and the personalised booklets.

5.6.1 Participants' feedback on the personalised booklets

A booklet of selected quotes and images from each encounter provided each participant with an explicit record of their remarks and choices. I used subsequent meetings to check with participants whether these booklets represented what they intended or felt, and whether these sentiments had changed.

Whilst it is beyond the scope of this small study to prove that these insights would not have been revealed solely from a verbal exchange, feedback from participants on the experience of being provided with personalised records of their responses suggests that there is value in using this approach to support the expression of everyday aesthetic preferences. Participants with a diagnosis of dementia reflected on what had emerged from thinking about everyday likes and dislikes, and what it felt like to have them represented in booklet form.



I suppose I'm a pragmatist

- and this is a fine example of pragmatism. It's inoffensive, and - I liked the pots originally when we bought the dinner service, so it's quite- attractive. It's 30 odd years old and it hasn't aged. You know what I mean? It's sort of classic. - It wasn't one of these sort of swirly patterns,- it's just a classic. It's delicate and it's quite modern. So it has stood the test of time, so yes, I do quite like it.

I've got a full dinner service as well. It's missing I think, one dinner plate, a couple of bowls but there's plenty to use, you know. I still use it. It is more robust. That was why for everyday pots, you know we didn't want the bone china. I've got a china dinner service as well, but it's gathering cobwebs at the back of the cupboard, so it never comes out. And the other thing - it's got a gold around the rim so you can't put them in the microwave - whereas the stoneware I can wang it in the microwave and it's fine. It freezes, everything, you know, it's bomb proof!

- I look out my window now, and I can see the flowers in the garden (so) it's, you know: a link. It's fairly neutral. I tend towards neutral colours. So yeah I like a lot about it.

Figure 112: SH2-1 personalised booklet

SH2-1 remarked that initially, she found the verbal transcription of what she had said, odd:

> *It's really good because, yeah I wouldn't have ever articulated anything like that, before about my mug. I found it strange, but then sort of realised that that was the way you say it isn't it? I was quite pleased with it.* (SH2-1) (Fig. 112). (Appendix 27)



It was a mug, not quite as big as that one, but there was a relation to –"that's my mug". Plus, you know, (I definitely have had it for a while) I recognize, that you kind of try to put your finger on what's happening. What I'm trying to say is that it's better to have things that are yours, and you have a connection with, you know?

So if you go to the cupboard, I like to get my mug out. Because that kind of sounds, sensible, organized, and it's it's kind of keeping things normal in a way? It's a little bit of routine.

So my house keys, (I'm just looking over there to the side). I've put them on the side, because I know I'm going out this morning. I'm pretty sure I won't forget them, (although I have done), but I've put them on the side, and my wife's al-right with that, because it's like that reminder.

I have to do things like that, you know. If somebody moves something, then I wouldn't remember, and I wouldn't even know until it was too late.

Figure 113: SH2-2 personalised booklet

SH2-2 appreciated that the quotes reflected his own thoughts, although he could not recall what he had said.

> *I thought you put some good … like details in, and how you kind of put it across were like, it were accurate. It needed what it needed to say. I think you saw … it kinda in … I could relate to it. So therefore you'd seen it how I'd seen it.* (SH2-2)(Fig. 113) (Appendix 27)





When I see all this array of mugs – it's how do I feel? What do I feel? How do I feel today?

Do I feel quite sombre? I'll go for black.

Or do I want something really bright? - because I feel bright.

Yes I do actually, I do. It reflects my mood

Figure 114: SH2-5 personalised booklet.

I really love that booklet. Absolutely … It's beneficial to me even long after this project has ended because um, now and again … I just like to know who I am. It's just wonderful. And also, thank you for capturing my words. … It's captured perfectly … Nothing to put right or anything like that. No. (SH2-5) (Fig. 114) (Appendix 27)

5.6.2 Feedback from friends and family

Care partners provided feedback on how the booklets were used and shared, and how the images served to stimulate new stories. Eaton, a person living with dementia, introduced me to two of the participants (SH2-5 and SH2-6) and supported SH2-6 and his wife (SH2-6X) to use Zoom during the meetings. As a silent observer during the meetings,and then subsequently when he was shown the booklets (Figure. 115), Eaton recalled what this provoked in SH2-6:

> *I think that it's safe to say your book was the portal to those lives. It wasn't just a book. It wasn't just a flat dead reflection of something that happened in the past. They went through it like a portal and then they were there, and that's very hard to get.*



We had a moped and SH2-6BX sat on the back and I used to strap the plane on her back. They are big. You've got a wing span of something like five feet wide. And on the way round Tattenham Corner with SH2-6BX sitting on the back, I had to take care when I rode the bike because if we went too fast we'd take off! It was great fun!

How she put up with it I don't know. We had great fun didn't we?

SH2-6BX :Yes you did, didn't you? !

SH2-6B: People used to say: "Look at them go!" With SH2-6BX on the back. With it strapped to her back. It was great fun.

I had to buy plenty of perfume for her! She used to go to work smelling of meadow fields!

Figure 115: SH2-6 personalised booklet

> *SH2-6 re-lived those moments when you were talking about it and recording it, and then he re-lived those moments again when SH2-6X was showing him the book. Then he relieved those moments again when SH2-6X showed me the book, and SH2-6 was telling me all about it. It was magical.*" (Eaton, 13-11-22) (Appendix 27)

Whereas the text provides care partners with insights into the meaning of these personalised images, for the participants, Eaton (interview, 13,11-22) sees these as "*a portal to reliving the experience. It's not that he was going through the words, he was responding to the pictures."*

5.6.3 Phase 3 Participants' feedback on the experience of the process

Conventional methods of gathering anonymised feedback were not deemed appropriate in the context of this study as devices such as questionnaires are challenging for many people with dementia. I was also wary that participants may not be inclined to be critical. However as SH2-5 pointed out:

> *What I've realised is the actual people with dementia, because the filter has gone, that they just tell the truth. It's not always to your liking, but they will tell you… It's much easier to say it's truth than to try and think up a lie. It's easier to tell the truth because you feel like you feel it rather than trying to please somebody.*

and the personal nature of the interaction was important:

> *I really appreciate the way that, (for me), that I have one-to-one sessions on Zoom works for me. However I don't think an online generic, where you put it all online, there's no person involved, it's just a sort of 'fill in your answers', I probably wouldn't do it at all. I think engage with the person, personal approach. A questionnaire, I might not know what it meant?*

The use of probes to elicit responses and the value of providing a tangible record:

> *I think it enhances when you are given a specific thing, a task to do. I really appreciate the way you did this, because it worked well for me, and also I appreciate the little books that came through with what we've been talking about. It's helpful to me as well, even so now, and especially in a few months' time, I can look back and see what I've been doing. So it's a good all-round thing to do. I appreciate that. I think the way you've gone with this is good. It's very helpful, very helpful to me, anyway. Give it a few weeks, a few months – my books that's a link to what happened. What's past is past now? It's like a very*

shut locked door. There is no way of getting that information by just thinking about it (SH2-5).

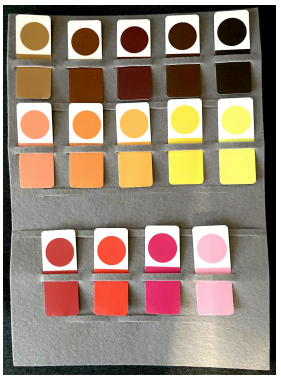
A longitudinal study could explore whether the reflections captured from these encounters continue to resonate, and what might change.

5.6.4 Participants' feedback on colour cards

Considerations on the choice, number, spectrum, and hue of colours and how they were displayed is outlined in the Study Design. The choice is intentionally limited to a simple range of primary and secondary colours that are strong in hue to address potential issues with colour discrimination associated with age related sight loss. The overlapping display (Fig.116) provides some potential for considering how colour combinations can influence choices.



Figure 116: Card holder V1



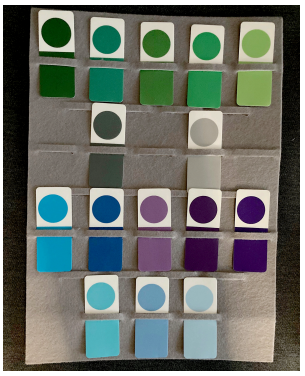


Figure 117: Card holder V2 separated

Some of the participants said they found the display overwhelming (SH2-1 video extract0:15-0:20). As SH2-5 remarked, *"It's kind of like overwhelming overpowering, it's like: Oh it's too busy. It's too much. I like bite size, little chunks*". In anticipation of this, subsequent participants were asked about this in advance so that the way the cards were displayed could be adapted (Fig. 117). "*This is great because you've got all the colours on there, and they're different*" (SH2-5).

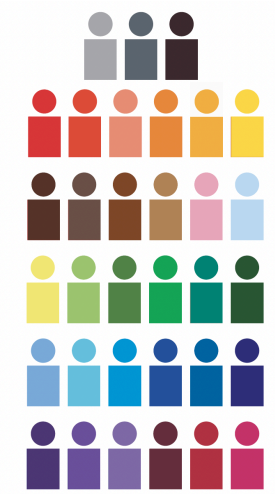


Figure 118: Colour card selection

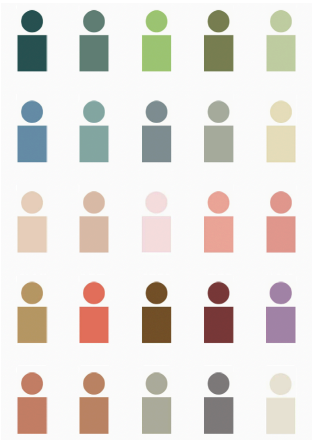


Figure 119: Muted Palette

Restricting the selection to primary and secondary colours of a strong hue (Fig.118) does limit the choice and exclude potential alternatives. Most participants used the cards provided as an approximation and comparison to their personal preferences. One participant did remark on not being able to find ones they liked from the choice provided: "*I think your colours are very blatant. There aren't many subtle colours there. That doesn't necessarily leave much in the way of positive results*" (SH13). Further exploration with this participant using a large deck of colour cards resulted in an alternative, muted palette (Fig. 119) that was shared and tested with the public, alongside the original palette in an exhibition (◎ p. 85).

Section 5.7: Patterns of meaning and their implications

As detailed above, an interrogation of the narrative, visual and video data generated from the three consecutive meetings revealed several insights. Some of these differ according to the type of stimuli, and some recur. The meanings and associations that emerged contribute to an understanding of how the Shared Looking Process contributes to knowledge about the person and what matters to them.

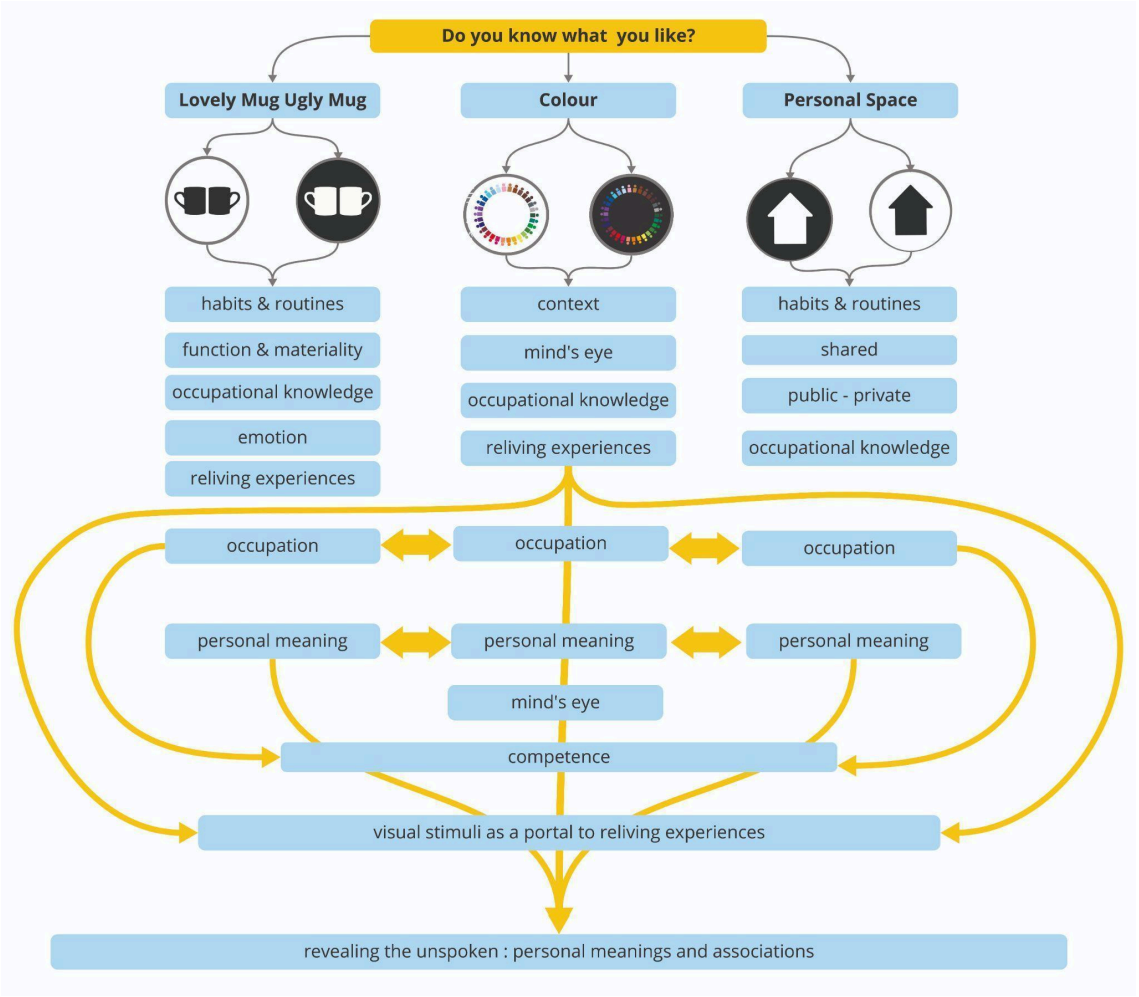


Figure 120: Synthesising the findings

5.7.1 Synthesising the findings

The diagram above sets out the key patterns of meaning that have been revealed from the findings from each of the three meetings (Fig. 120). It shows which of these are specific to the nature of the stimuli, and how these were synthesised to reveal the most significant findings from using the Shared Looking process.

In summary, the key findings from an analysis of the data in this study are as follows:

- All participants in this study have and can express personal preferences.
- Sharing and thinking about preferences for everyday aesthetics can reveal layers of personal meanings and associations about what is important to them.
- Meanings relate to relationships, places, and experiences that hold personal significance.

- Meanings also relate to participants' knowledge, skills and interests.
- Colour can be an effective tool to provoke personal memories.
- Memories of colour associated with certain objects and environments appear to be held in the mind's eye.
- Images can act as a portal to reliving experiences.
- Everyday objects reveal knowledge about habits and routines.
- Ingredients of spaces in the home that enable engagement in activities that participants enjoy can support a continued sense of competence**.**
- The ways that participants in this study engaged with and expressed their preferences suggests an enhanced sense of agency, that provoked positive emotions and reinforced a sense of self.

5.7.2 Does knowing what you like help you to know who you are?

The participants made immediate and intuitive choices. Insights about personal interests emerged through thinking about the reasons for their choices. Their levels of sustained engagement when sharing their preferences provoked accounts of personal skills and activities they enjoyed that demonstrated competence and a growing sense of confidence.

Contrary to expectations the decor and furnishings of their favourite spaces were less important than whether the ingredients supported them to engage in activities they enjoyed. The images that represented these choices acted as a portal to reliving experiences, and revealed personally significant information about each individual and what was important to them. Whilst it cannot be proven that this would not have emerged from conversation, it suggests that the methods that utilise visuo-sensory sensibilities have provided easier access to an embodied and experiential sense of

identity (Kontos & Martin, 2013; Brown, 2017) and emotional memory (Treadaway et al., 2019), understood to be retained in dementia.

These findings have revealed that for these participants personalisation involves more than just a single preference. It involves considering a combination of factors related to both function and emotional associations. If the appearance of environments and objects respond to personal context this can contribute to supporting a meaningful sense of self and emotional wellbeing. Their preferences revealed a nuanced sense of preferences. This could contribute to how a sense of what is personally familiar that is recommended in dementia care (Brooker & Latham, 2016; Fleming et al., 2020) could be achieved.

DISCUSSION

CHAPTER 6: DISCUSSION

Exploring everyday aesthetic preferences in dementia through design has been a way to consider what this can reveal about the person that might be difficult to explain verbally. The findings suggest that using the Shared Looking process was an effective way to evoke memories and associations with objects, environments and experiences that held personal significance for participants within this study. Whilst the analysis considered data generated from both participants with and without dementia, this discussion is largely concentrated on what the findings revealed about Phase 3 participants living with dementia. It reflects on whether the findings addressed the questions this study sought to answer (p13+135) in the following ways:

1. Participants made intuitive and decisive choices. The more implicit reasons for their choices emerged through the process.
2. The comparisons participants drew from their choice of colours implied that a visual memory reinforced a sense of what is personally familiar to them. Engagement with the chosen objects and colours provoked participants to recall and re-enact enjoyable experiences
3. The use of object elicitation and design probe methods within a framework of design and sensory ethnography contributed to making the Shared Looking process accessible. It provided a way to scaffold conversations about personal preferences for objects, colour and environments. Design also served as a mode of interpretation to create a tangible record of participants' preferences and reasons for them.
4. In the context of home everyday aesthetic preferences cannot be separated from utility. Participants preferences were also contingent on function, usability and context.

5. Thinking about and sharing everyday aesthetic preferences revealed insights about relationships, places and experiences that held personal significance and evoked a sense of competence and positive affect.
6. · Understanding an individuals' everyday aesthetic preferences could provide a sense of familiarity that is recommended in environmental design for dementia in terms of what is personally familiar to them. However, when asked about favourite spaces in the home, it was how the ingredients of the space supported them to engage in activities they enjoyed that was more important than the appearance of the décor.
7. Care partners and friends of the participants in this study observed that participants demonstrated sustained levels of engagement and remarked that they had learnt things about the person that they had not known before.

Section 6.1: Reflections on the methods and the key findings

6.1.1 Expression of everyday aesthetic preferences

Whilst the context of this study is the circumstance of people living with dementia, where there is a gradual reliance on others to make decisions on their behalf, the findings revealed little difference between the ability of participants with or without dementia to express their everyday aesthetic preferences using the Shared Looking process. In terms of whether these preferences were important, participants made immediate and intuitive choices in responses to colour, everyday objects and environments. As identified in Chapter 5 through a process of de-familiarisation the method was devised to draw conscious attention to the meanings associated with implicit and intuitive response to everyday objects and environments that ordinarily go unremarked. The personal meanings and associations emerged. In terms of circumstances where choice and control over personal space may fluctuate throughout

life (Fig. 121) this suggests the potential for further research in using the Shared Looking process as a transferable methodology to explore the importance of everyday aesthetic preferences, at different points of transition where people become disconnected from the things that matter.



Figure 121: Fluctuating choice and control over everyday aesthetics

6.1.2 Separating aesthetics from utility

As Saito (2017) established, it is important to recognise that in understanding how everyday aesthetic preferences shape relationships with objects and environments in the home, appearance cannot be separated from utility. Building on the growing discourse on the relevance of new materialism to the lived experience of dementia (Fletcher, 2023), the Shared Looking methods investigated the complexity of everyday aesthetic experience where objects are "*simultaneously connected and disconnected from the habitus of origin*" (Yatczak, 2019). By inviting participants to share their favourite mugs and spaces in the home it questioned what factors influenced preferences. Although Yoxall et al. (2023) found that ease of handling of mugs can support hydration, appearance was not considered. Whilst the extent to which aesthetic appearance is a motivating factor cannot be measured in this qualitative study, choice was evidently important. For most participants in both Phases 2 and 3 the appearance of favourite mugs revealed personally significant knowledge as well as how

shape, size and materiality affects temperature, tactility and taste. However as identified and discussed below (6.1.9), the appearance of their environment mattered less than whether the space supported them in engaging with activities they enjoyed.

6.1.3 Colour as a tool to support expression of preferences

Building on knowledge of the efficacy of visual stimuli to elicit "*thoughts, feeling and preferences*" (Chen et al., 2022, p. 59) asking participants to choose from a limited palette of colours was found to be an effective way to elicit responses about preferences. As Wijk et al. (1999) found, although colour naming might become difficult for people with dementia, Phase 3 participants' ability to make choices was not affected. Although practitioners I consulted advised that using colour out of context might be too abstract (ISP9, ISP10), the aim was to explore what an intuitive response to colours would elicit. In accordance with Pink's (2018) assertions, contextual associations about their situated experience emerged. Memories and associations with objects, environments and experiences that had personal significance surfaced. Although emotion cannot be measured some participants remarked on associating colours with feelings (SH2-2, SH2-5). Whilst colour does not add to or detract from utility, for these participants it revealed insights into the reasons for their everyday aesthetic preferences. Although it was beyond the scope of this study to re-test preferences, the fact that they triggered significant associations implies that these preferences are influenced by earlier life experiences. Phase 3 participants' ability to associate their colour preferences with preferred activities, objects, and environments suggests that colour choice could support expression of how environments are personalised.

6.1.4 Does the Mind's Eye remain intact?

Although not everyone has a visual memory, some experience what Ivanovic (2024, p. 67) calls "*memory colour*". The findings from this study suggest that for those with visual memory, this ability remains intact as dementia progresses, aligning with some evidence that visuo-sensory sensibilities are relatively unaffected by cognitive decline (Chatterjee, 2014; Van Leeuwen et al., 2022). Drawing on learning from neuroimaging in Alzheimer's Disease and Semantic Dementia, Irish and Piguet (2013) point to evidence that retrieval of autobiographical memories is reliant on both semantic and episodic memory. Subjective recall of personally significant memories engages episodic memory to recall the associated feelings and "*sensory-perceptual details*" (Irish & Piguet, p.3) as well as the semantic: the circumstances, where it happened and how. Using the colour cards as visual stimuli, participants in Phase 3 matched colours to memories associated with activities, objects, and environments that had positive emotional associations and personal significance. Their recollections (SH2-9's suit, SH2'6's model aeroplanes, SH2-14's sofa) and their responses to an exchange of images suggested that they recalled specific details in their "*mind's eye*", that generated personal narratives about the objects and the circumstances surrounding how they were acquired and used. The way that the Shared Looking process provoked an exchange of personally significant images builds on knowledge of the efficacy of visual communication (Chen et al., 2022). It also reinforces the suggestion that sensory, embodied, and emotional aspects of implicit memory (Baddeley et al., 2015) might survive in dementia (Zeisel, 2010). Further studies could explore whether using images as a means of exchange can support people to elaborate on or reinforce their ability to express their everyday aesthetic preferences.

6.1.5 Environments that support doing, being and becoming

Whilst the visual appearance in terms of décor was one ingredient of favourite spaces in the home, for many of the participants the importance was whether it supported engagement in activities they enjoy. Accounts of how these environments support a sense of self through occupations that are personally meaningful, emerged (SH2-1, SH2-16, SH2-5, SH2-10, SH2-12, SH2-16, SH2-14, SH2-9). This resonates with the importance people with dementia place on maintaining engagement in personal interests (O'Malley et al. 2022; Mitchell, 2018a). An understanding of how the environment can be personalised to support individuals preferred activities could contribute to this. In terms of the impact that dementia has on health and wellbeing, this resonates with an understanding of what Wilcock (1999) describes as "*doing, being and becoming"* where "*being*" is "*about being true to ourselves and our individual capacities in all that we do*" and "*becoming"* relates to notions of "*self-actualisation."* If environments can reinforce a sense of competence through engagement with preferred activities, there is potential to challenge existing paradigms and sets of assumptions about capabilities in dementia.

Whilst it is not possible to measure confidence or enjoyment, sustained levels of engagement by some of the participants suggested that thinking about what they liked evoked a sense of competence. A significant moment was in the levels of engagement, enthusiasm and laughter in SH2-6's 40 minute account of his hobby making and flying model airplanes, prompted by his favourite colour: "racing green". In terms of personalisation, this goes beyond supporting competence in daily living activities to highlight the importance of enriching rewarding activities.

Thinking about favourite spaces in this way reveals both the affective and practical impact of the environment, inverting the hierarchy of needs. Participants' accounts of the favourite spaces in the home revealed what Sanders and Stappers (2012, p. 52)

term "*latent*" and "*tacit*" knowledge about them. As outlined in the introduction, this aligns with the PEO model of occupation (Law et al., 1996) that attends to how the environment contributes to a person's ability to do what they choose in everyday life. It contributes to the importance of developing assets-based approaches that utilise embodied and experiential relationships to environments. It offers insights into how personalising the environment can contribute to a continued sense of competence that can influence motivation. It presents opportunities to consider in greater depth how this approach to personalisation can support a continued sense of self that can be assumed to be lost in dementia.

6.1.6 Design as mode of interpretation

Design served both to elicit responses, in the form of probes (colour cards, personal objects and environments) and as a mode of interpretation. The personalised booklets created acted as a material tangible interpretation that demonstrates how, as Knutz and Markussen (2019) assert, both artefacts and methods can emerge from an inductive approach to design-led inquiry. When the colours elicited recollections of particular objects, environments or experiences, the process involved finding images that might represent what participants recalled. Some of these were sourced by me as a researcher (the dome at Medina (SH2-16); the matching dinner set (SH2-1)). Some were provided by participants (SH2-6's model airplanes, SH2-14's sofa). As Bardzell et al. (2016. p. 105) identified, design documentation can be "generative, in that it 'talks back' to us as designers and researchers." As visual communication the booklets offered a way to "talk back" supporting a continued exchange with participants. The format with images accompanied by text on facing pages was devised for its potential to support dyadic care relationships. As SH2-9's wife observed, sharing the booklet with family and friends, the same image would provoke various stories: "*He can talk about the subject to me, talk about the subject to you, and talk about the same subject*

to someone else and each one of us are getting something different from that subject" (SH2-9X).

6.1.7 Using videography to present research findings

Whether thinking about and sharing everyday aesthetic preferences generates positive feelings is open to interpretation. What can be inferred from an analysis of screenshots and verbal transcripts is limited. As Smith et al.'s (2016) study observed and SH2-5's feedback reinforced (Chapter 5.1.6), working with people with dementia where verbal communication is challenging can make it difficult to discern what they are experiencing. The participants' sustained levels of engagement (SH2-6's 40 minute account of his interest in aeronautics) and remarks (SH2-9 "*I've been looking forward to this … you've reminded me of so many things I haven't thought of for years*") imply an enjoyment in taking part. The edited extracts from the video recordings convey some of the nuances of non-verbal communication.[37] Whilst access to this documentary account is restricted to the supervision team and examiners, it offers an alternative and more accessible way to share findings. A further study could revisit the recordings with the participants in Phase 3 to explore whether this was accessible to them and whether it might provoke further insights.. As Henriksen & Mishra (2019) observed in educational research, sharing video data can contribute to an understanding of this as a transferable methodology in design for health research.

6.1.8 Shared Looking as a transactional process

As a constructivist approach (De Oliveira, 2024), sharing preferences provoked an exchange between myself and the participant contributed to how meaning was created. This builds on evidence of the efficacy of using objects to scaffold conversations to

[37] password protected link to video - restricted access

support occupational identity (Craig et al., 2016), by exploring personal preferences in the home. It demonstrates how applying methods used in Visual Thinking Strategies (VTS) (van Leeuwen et al., 2023) to elicit personal interpretations of fine arts in dementia, can be used to explore everyday aesthetic preferences. As a form of visual ethnography this aligns with what Pink (2021) refers to as *"intersubjectivity"*, where what the objects meant to the participants emerged but was also influenced by how I interpreted and responded to what I was being shown. SH2-6's flowery mug, for instance, prompted me to ask him about gardening.

6.1.9 Making the implicit explicit: Revealing the unspoken

According to Palumbo (2019) aesthetic appreciation is informed by a complexity of "*interconnections between different dimensions (perception, emotion, and cognition), which entail multi-level processes (implicit and explicit) and feedback loops (bottom-up and top-down).* (Palumbo, 2019, p. 257). Phase 3 Participants' choices of everyday objects and colour were firstly demonstrated through physical interaction. They presented, handled, and manipulated the mugs to indicate certain features. They also selected and re-arranged colours into different combinations**.** Sometimes this was accompanied by verbal descriptions of the qualities and features. Personal meanings and associations with things participants enjoyed emerged and were made explicit during the process.

Saito (2017) asserts that everyday aesthetic experience requires a process of de-familiarisation, dependent on bringing things to conscious attention, rather than as an unnoticed part of everyday life. However in environmental design for dementia the importance of familiarity is emphasised to support a sense of self (Lindemann, 2009; Chaudhury, 2018). Where disorientation and not being able to find things is common, and keeping things in view can support function, attention to the visual appearance

becomes more important. If people with dementia are increasingly responding to and making sense of the world on a visual-sensory level then colour, shape, and materiality contribute to this sense of familiarity. Rather than going unnoticed, it is the familiarity that is noticed. This study employs a process of de-familiarisation, where participants are invited to bring a conscious attention to their favourite mug and spaces in the home. Only a few were indifferent to which mug they used. This implies a continued ability to make connections with things that provoke positive emotions. In design terms, this resonates with the notion that it is an intuitive visceral response identified by Norman (2004) that contributes to how everyday aesthetics are experienced.

6.1.10 If you don't use it you lose it

For participants in this study their implicit relationships with objects and environments revealed meaningful associations that became more explicit. Whilst it cannot be proven within the confines of this study, Hebb's notion (1969) that "*neurons that wire together fire together*" could apply to utilising visuo-sensory sensibilities in dementia. Several personal accounts of people with lived experience support the notion that continued and active engagement in everyday life helps them to maintain abilities (DEEP, 2024). Cognitive rehabilitation for people living with dementia is now recognised as an effective tool to support people to learn new skills at early and moderate stages of the disease (Clare et al., 2019). A further study could explore whether, if sharing and thinking about everyday aesthetic preferences could be a motivating factor in making subconscious and intuitive interaction more conscious and explicit, then practising this could make it easier to express and share them.

6.1.11 Impact on the dyadic care relationship

Whilst well intentioned, it is common for care partners to speak for the person (Niemann-Mirmehdi et al., 2019). Facilitators of community groups described

addressing this by separating care partners from those with dementia, and how this enabled people to speak for themselves (ISP4 and ISP5). Three of the Phase 3 participants' (SH2-6, SH2-8, SH2-9) care partners were present throughout the meetings. This sometimes interfered with how much the participants spoke. However, two of the care partners (SH2-8X; SH2-9X) remarked that they had learnt things about the person that they had not known before. Eaton, who assisted with facilitating the videoconferencing, noticed that SH2-6 spoke and engaged more than he would usually: "*He has really enjoyed the chance to really speak for himself.*" This suggests that sharing and thinking about things that are enjoyed confers a sense of confidence and might alter how the person is understood by others. Eaton remarked on how the dynamic between SH2-6 and his wife had changed: "*by the end she was almost … a bystander, SH2-6 was flowing … she has learnt so much through the experience of how to deal with communications now.*"

Section 6.2: Challenges and limitations

6.2.1 Subjectivity and reflexivity

I have taken a reflexive approach to acknowledge how my experience influenced how I shaped the study and interpreted the findings. My interdisciplinary experience caused my perspective to shift back and forth between the domains of design, healthcare and creative practice. Each of these perspectives influenced how I conducted the meetings and interpreted the findings. The Dementia Enquirers'[38] accounts of being patronised by professionals reminded me of the potential power dynamics in my relationships with participants and the importance of establishing trust. Rather than taking a distanced, objective approach, they recommended I invest time in letting the participants get to

[38] As a successful applicant to the Dementia Enquirers mini internship in July 2022, I had the chance to consult them on my methods and approach https://dementiaenquirers.org.uk/news/exciting-new-opportunity-for-early-career-researchers/

know me as a person such as sharing examples of my own likes and dislikes as a way to equalise the exchange.

Although the probes were effective in scaffolding the conversations, participants remarked that their experience of taking part was influenced by how I facilitated the meetings. As Eaton, who introduced me to SH2-6 and SH2-5 observed, "*it's that interaction with you that kind of makes it really personalised. That's the gravy on the meat, the little bit of the salt and pepper that makes the flavour of the encounter that much better."* This may be partly due to my experience as a healthcare practitioner. A further study that engaged a community of practice across disciplines could unpick how particular disciplinary skills across design, health and facilitation contribute to, enhance or detract from the efficacy of the methods used in this study. This could be pertinent to exploring how this methodology can contribute to how participatory design research is conducted.

6.2.2 Limitations of using a mug

A mug, as a mundane handheld object associated with everyday routines in the home, has potential to be familiar, within certain cultural parameters. In terms of a hierarchy of needs, hot drinks may be a universally recognised as a basic way to meet hydration needs and familiar as part of habitual daily routines. However the extent to which personal preference of everyday objects has importance may be less relevant in different cultures. Within the limits of this small-scale study that used targeted community based recruitment methods it was not possible to ensure that participants were representative of cultural diversity in the UK.

6.2.3 Preferences changing over time

As a time limited study it was not possible to re-visit participants to check whether their preferences had changed. A notable finding that indicated this might be the case was a respondent to the Lovely Mug Ugly Mug survey who described a mug that had been their favourite becoming their least favourite (LMUM 14, Chapter 4, p. 11). However the significance of the associations that participants described about the places and experiences they recalled, imply that some key ingredients such as colour might endure.

6.2.4 Using colour preference as a probe: practical considerations

The number of colours, the way they were displayed, and the saturation and hue were all factors that influenced how easy it was to engage in the process. Some of the participants in Phase 3 found the display overwhelming (SH2-1, SH2-2, SH2-5). This would correlate with how dementia altered visual perception affecting figure ground perception that makes some colour combinations and patterns disturbing (Armstrong, 2009; Lawrence et al., 2009). This prompted adaptations to the ways that colours could be displayed (Fig. 118). One participant disliked all the colours, finding them too "blatant" (SH-13) This provoked creation of a more muted palette that was incorporated into the interactive elements of the About Home Exhibition (◎ p. 82-87). Further studies could explore different ways to present the colour choices. There are several variables that are outside of the control of this qualitative study, including participants' visual acuity, visual field and contrast sensitivity, their mood and motivation, and lighting conditions. Cultural influences, taste and fashions (Dalke & Matheson, , 2007, pp. 345–347) will also influence choices. However the intention of this study was not to find out whether there are similarities in preferences but whether a colour palette of this kind can support expression of preferences in terms of individual differences.

6.2.5 Universal and individual preferences

Whether there can be universal criteria for beauty is a continuing subject of debate in the field of aesthetics (Hoge, 1995; Hogarth & Burke, 1955; Landow, 2015). Although Kant's notion of aesthetic appreciation as disinterested, that disregards subjectivity and individual agency, has been widely contested (Nanay, 2019), the review found evidence of universal preferences for colour associated with natural environments (Schloss and Palmer, 2017). Certainly, when asked, participants remarked on their preference for green in everyday objects, and furniture being associated with nature (SH2-5, SH2-8, SH2-16).

6.2.6 Conducting this study during COVID-19 pandemic

Throughout this study I was keen to ensure that the aims, objectives, and methods I developed have value and relevance to people living with dementia and those involved in their care and support. As the first phases of the study were conducted during the COVID-19 pandemic, social distancing restrictions in the UK removed opportunities to engage with, learn from and observe people living with dementia. Interviews with specialists in research and practice were therefore used as an alternative resource. It was learning from their experience of what works, and why, that informed the criteria for the tools I used in the Shared Looking process. The feedback from members of SyDEMRAG and SHINDIG on their experience of the Lovely Mug Ugly Mug exercise via video-conferencing meetings was therefore vital in testing the feasibility of my approach in Phase 1.

6.2.7 Videoconferencing: the virtual threshold

Conducting this research via videoconferencing provided a virtual threshold through which to facilitate my encounters with participants as an alternative to visiting them in their own homes where they had convenient access to the everyday objects they wished to share. It was initially adopted to overcome the social distancing restrictions in the UK during the COVID-19 (Walker, 2022). Although I assumed this would limit the abilities of participants to take part, and what I could learn, it revealed some unexpected benefits. The global nature of the pandemic provoked uptake of videoconferencing systems for communication in all walks of life (Parasian & Yuliati, 2020). Videoconferencing platforms were used across public, private and voluntary sector services in the UK (Shaw et al., 2021). Anecdotally, many people used it to communicate with relatives who were shielding. For the participants in this study it had become a familiar mode of communication.

Whilst digital exclusion could have been a limiting factor, some people with dementia had been using videoconferencing as a preferred mode of communication for several years prior to the pandemic, to access peer support around the UK and globally (Davies et al., 2022, p.133). My advisor Howard Gordon, a person living with dementia, provided technical advice on its use to several local and national dementia groups. A SHINDIG facilitator remarked on observing more active engagement by some online than they had experienced in face-to-face meetings (ISP5 17-12-20). The Phase 3 participants were able to maintain sustained engagement during the videoconferencing meetings for longer than I anticipated. It enabled me to reach participants further afield than would have been practically possible. It also allowed for spontaneity, and flexibility in timings and duration to suit the participants. As ISP16 demonstrated, participants had choice and control over when to join and when to leave (video extract time stamp: 01:10-01:30. password protected link - restricted access)

However as Barker (2022, p. 10) found, when applying the sensory ethnographic methods advocated by Pink (2015) to an online study, the challenge is, in "*Not Being There*". It removed opportunities for me to experience the tactile, haptic and embodied experience of objects and environments that participants shared. I was reliant on what participants chose to share, and what I could see through the screen. Conversely this can address power dynamics in the researcher-participant relationship. The participants had more control over how much I could see. The digital threshold is potentially less invasive. Not being there in person removes the potential of my physical presence being perceived as an intrusion. It removed the need to use recording paraphernalia and the presence of a camera that might influence participant behaviour. I could observe how participants engaged with the probes, during the meeting as well as examining recordings. A particular feature of videoconferencing is that it provides a mirror for the participant during the meeting. They can see themselves and what they are doing throughout the encounter. This mirroring provides a constant reminder of how they appear, and what they choose to share. The proximity of the screen (30/40cm distance) necessary to see what they chose to share meant I was much nearer, if only virtually, than might have been comfortable if I had been there in person. There is something about this that contributes to the intimacy of the encounter.

6.2.8 Ethics: Justifying inclusion rather than exclusion

In terms of ethics, people living with dementia are classified as vulnerable, raising ethical concerns for university review boards. While safeguarding is essential, strict requirements can inadvertently exclude them from research. Protecting individuals who may not fully understand what they are consenting to is crucial, but as Fletcher (2021, p. 303) warns, the Mental Capacity Act, despite good intentions, can "*incentivise the*

exclusion of people with dementia from research." The Dementia Enquirers also point to how overprotection contributes to this (Davies et al., 2022). Their guidelines, advocating an assumption of capacity (DEEP, 2023) and the use of process consent (Dewing, 2002), supported ways to justify inclusion in the engagement protocol (Appendix 8). My combined skills as a healthcare practitioner, training in safeguarding and mental capacity assessments and time spent with people with dementia contributed to how I navigated these issues and facilitated the meetings.

6.2.9 Perceived stigma as a barrier to recruitment

Recruitment of people with early to moderate stage dementia has presented several challenges. Stigmatising attitudes can make people reluctant to identify as having dementia. Even those who have become the public voice of lived experience acknowledge this: "*Maybe in the future we'll be able to openly talk to anyone about our diagnoses, but until we reach that utopia, peer support offers the safest, most relaxed, and non-judgemental environment for many of us"* (Mitchell, 2022, p. 222).

In accordance with the recruitment criteria I sought participants who were self selecting. I was reliant on reaching potential recruits through voluntary sector services. Facilitators of dementia groups[39] invited me to present my research to members. However, even in these settings many were reluctant to identify themselves as having dementia. Facilitators acknowledged that although these groups are advertised as support for people with dementia, they tend to avoid using the word "dementia" during the session. This echoes what Clare et al. (2022 p. 528) identify as "*perceived stigma*" associated with a diagnosis and being "*treated with less respect*" that is also

[39] Darnall Wellbeing https://darnallwellbeing.org.uk/home/signposting/dementia-support/ (accessed 27-01-25); Rosemary Memory Cafes https://www.ageuk.org.uk/sheffield/our-services/dementia-cafes/ (accessed 27-01-25)

cited as a reason for delays in seeking diagnosis.[40] This presents further challenges to reaching people who might benefit most from engaging in this process to prepare themselves for future transitions. SH2-1C, who had sought an early diagnosis herself having learnt from the impact a delayed diagnosis had on her father, questioned whether I would be able to reach people who were at an early stage who would be able to engage with the proposed methods. To overcome these barriers I recruited participants through organisations that encourage people with dementia to share their experience (Chapter 3).

6.2.10 Shared Looking : the sequence of the meetings

As outlined in Chapter 4 the sequence of meetings in the Shared Looking Process was intended to reflect a natural progression that served as a way to establish an atmosphere of trust between the participant and the researcher. Beginning with inviting participants to share preferences for a mug as a mundane everyday object that is often used in first encounters, and progressing to asking about favourite spaces in the home that might be considered more private, intimate and personal. Whilst the primary subject for the meeting sometimes led to discussions about how the home was personalised, the sequence was maintained in that order in both Phase 2 and Phase 3. Further studies could explore whether changing the sequence or using only one element would generate different insights.

[40] Alzheimer's Society
https://www.alzheimers.org.uk/get-involved/our-campaigns/improve-dementia-diagnosis
(accessed 27-01-25)

Section 6.3: Sharing Shared Looking

6.3.1 Peer reviewed

As an interdisciplinary study that spans design and healthcare, my methods and findings were shared within academia and dementia care practice and with the public. This included papers in peer reviewed journals (Walker, 2022, 2023b, 2024, 2025), facilitating a workshop at the Dementia Lab conference 2022 (◎ p.76) and presenting at Dementia Futures Conference in 2023. I also presented an account of a key finding from my study at Dementialab 2025: Ethics + Aesthetics in design (Walker, 2025).

6.3.2 Using exhibition to disseminate design research

In line with the UK Research and Innovation (UKRI) public engagement strategy (UKRI, 2024), I used interactive installations, exhibitions and workshops as a design method through which to share and further evaluate my methods and findings with audiences beyond academia. By inviting visitors to actively engage in sharing their preferences for mugs and colours this served to demonstrate how exhibitions can make 'embodied experience explicit' (Niedderer, 2006, p.5) through interaction (Chamberlain & Yoxall, 2012). These exhibitions (About Home ◎, pp.82-85) and Conversations in practic/se pp.88-89) were also an opportunity to share experiments with creating tangible ways to interact with the visual data using interactive three dimensional devices *Fold up homes* (◎, pp.78-81) and *Conceal and Reveal* (◎, pp.. 88-91) as experiential prototypes (Appendix 24).

6.3.3 Contribution to practice

I was keen to explore whether the Shared Looking methods could contribute to, and did not duplicate, existing dementia care practice. Eley and Redwood founders of the Life Story Network, who saw its' potential to enhance LSW methods led to

collaborations on a poster for the Dementia Congress 2022 and a series of articles for Journal of Dementia Care (Eley et al., 2023a; 2023b; 2024). Positive feedback from a workshop with practitioners documented in Appendix 24, during the About Home exhibition (◎ p. 86-87) suggest potential for further research into how these methods could be applied in practice that interrogate how the role of facilitator influences outcomes.

CONCLUSION

CONCLUSION

Exploring the expression of everyday aesthetic preferences in dementia through design

The aim of this study was to build an understanding of how everyday aesthetic preferences are experienced and expressed in dementia through design. Using the Shared Looking method to explore everyday aesthetic preferences, the participants in this study revealed knowledge about what matters to them and why. Within this time-limited study that explores the experience of people living with a long-term progressive condition it is not possible to know whether these preferences will change or endure. However, the Shared Looking tools provide a way to elicit preferences in the moment. The findings suggest that providing accessible ways to think about everyday aesthetic preferences, has enabled expression of preferences that could challenge assumptions about how much people with dementia can contribute to making decisions about how their environment is personalised.

Meeting the objectives

OBJECTIVE 1: To establish why it is important for people with dementia to have choice and control over how their immediate environment is personalised. (Chapter 1)

As established in Chapter 1, the focus of this study is important and timely because it responds to the growing voice of people living with dementia who are challenging

negative assumptions about their capabilities that can lead to decisions about their everyday lives being made by others on their behalf (Ashworth et al., 2023). Faced with the prospect of living with a deteriorating condition that typically progresses over several years (Alzheimer's Association, 2024), people who have been diagnosed with dementia are looking for advice on planning for the future (Redwood et al., 2016). A person-centred approach is advocated, where people living with dementia should be "*at the centre of decision-making and processes related to them and that they should be enabled to be self-determining as far as is possible*" (Redwood et al., 2016, p. 16).

In the absence of a cure for dementia, the value of non-pharmacological interventions is being increasingly recognised (Fletcher, 2023). A review of current practice and research identified opportunities for design to utilise capabilities retained when cognition is impaired. This informed the approach to this study that explores accessible ways to express everyday aesthetic preferences through design. The findings reinforced the importance of the environment to maintain skills and support engagement in preferred activities.

OBJECTIVE 2: To identify opportunities for a design-led inquiry that takes an assets-based approach to create accessible ways to express everyday aesthetic preferences (Chapter 1 + 2)

As an iterative approach I applied Zeisel's (1984) notion that inquiry through design spirals through a process of imaging; testing and then re-imaging, to the Double Diamond process (Design Council, 2005). This required reflexivity to account for my personal and professional bias. As an occupational therapist specialising in inclusive and accessible design it was supported by a review of evidence from design research, creative practice, dementia research and practice in dementia care; learning from lived

experience; and my own creative practice, that has been documented in the annotated portfolio (◎).

A review of the literature and practice highlighted that visual stimuli can support function and orientation (Bowes & Dawson, 2019; Bowes et al., 2023; Marquardt et al., 2014; Fleming et al., 2020) and communication and engagement (Tsekleves & Keady, 2021; Rodgers, 2022; Kenning, 2018; Branco, 2017) in dementia. However there is little evidence that this knowledge has been applied to exploring preferences for the way things look. The importance of familiarity, domestic characteristics, and enabling people to choose objects to personalise their environment is recognised (Chaudhury et al., 2018; Fleming et al., 2020). The significance of attachment to personal possessions and clothing has been demonstrated in care settings (Buse & Twigg, 2015; Wallace, 2007; Fleetwood-Smith, 2020). Lee (2019) has highlighted the importance of everyday objects to support continued habits and routines in care settings. However, there is less evidence of exploring how preferences for everyday objects and environments can contribute to how the environment is personalised.

As identified in Chapter 2 there is a wealth of evidence that arts viewing and participation can improve mood (Daykin et al., 2008), attention, communication (Ekelaar et al., 2012; Rosenberg 2009; Young et al., 2016) and dyadic care relationships (Windle et al., 2020b). As Saito (2010, 2017) proposes, everyday aesthetics has a significant role to play in supporting a sense of wellbeing. However there is little evidence of how this knowledge has been applied to explore the importance of everyday aesthetic experience and preferences.

By exploring ways to support the expression of everyday aesthetic preferences through design at early to moderate stages of dementia, the findings from this study suggest

that these methods could help people at earlier stages in the disease to prepare for possible future transitions.

OBJECTIVE 3: To establish the rationale for using a design-led inquiry that employs a qualitative mixed methodology to explore and analyse how everyday aesthetic preferences are experienced and expressed (Chapter 3)

Chapter 3 presents the rationale for taking a constructivist approach, where knowledge is generated in partnership between the researcher and the participants (De Oliveira, 2024). As a qualitative mixed methodology drawing on design ethnography (Muller, 2021), this study has taken an assets-based approach that employed object elicitation (Woodward, 2020) and cultural probe methods (Gaver et al., 2004) to reveal an understanding of the situated experience of participants. It presents the rationale for using a reflexive approach to analyse and draw meaning from multimodal data, addressing ethical issues of concern, and negotiating barriers to recruitment.

OBJECTIVE 4: To use practice-led design methods to create an accessible framework of engagement through which to present, share and document everyday aesthetic preferences (Chapter 4)

The methods explored how to utilise visual-sensory capabilities (van Leeuwen et al., 2022; Chatterjee, 2014), an embodied (Kontos, 2004) and experiential (Brown, 2017) sense of self; and emotional memory (Treadaway et al., 2019) to create accessible ways to explore how everyday aesthetics are experienced and expressed. Design methods and thinking (Cross, 2006) were instrumental in creating accessible inclusive (Clarkson, 2003) and empowering ways (Charras et al., 2025) to create a framework for engagement using a combination of visual stimuli, objects and environments to facilitate

a framework for engagement that I called Shared Looking. The reflexive visual and empathic research methods that informed the development of these methods is documented in the portfolio **Do you know what you like?** (◎)

OBJECTIVE 5: *t*o analyse whether using the 'Shared Looking' framework of engagement can reveal knowledge about the person and what matters to them.

As outlined in Chapters 5 and 6 the findings from this study have demonstrated that Phase 3 participants living with dementia were able to express their everyday aesthetic preferences using the Shared Looking process.

The findings from this study demonstrate how design thinking and methods (Cross, 1982) can contribute to an understanding of how aesthetic judgements are made and expressed. As a form of remote sensory ethnography via videoconferencing it was primarily the visual qualities of the stimuli that were used to elicit initial responses. The meanings and associations with preferences did not appear to be immediately evident but gradually emerged during the process of thinking about what they had chosen. There was little difference between the ability of participants with and without dementia to respond to the stimuli and select their preferences. Whilst it is not possible to measure comparative levels of engagement, in Phase 3, all participants continued to interact and respond for between 45-60 minutes in each of the three meetings without observable signs of fatigue or loss of interest, This challenges assumptions about how much people with dementia can continue to make and express everyday choices. It challenged my own assumptions about how much the participants with dementia would be able to tell me about the reasons for their preferences.

Findings from Phase 3 also revealed information about participants' knowledge and expertise in a variety of interests (dress-making, calligraphy, aeronautics, art-deco, engineering, gardening) and spiritual beliefs. This suggests that personalising the environment can support people to participate in the activities they enjoy. Their levels of engagement and enthusiasm in explaining these interests conveyed a sense of competence. This is especially important when living with a condition that can result in people with dementia being seen as incompetent (Marques et al., 2024; Ashworth et al., 2023).

Design as a mode of interpretation using personalised booklets provoked further engagement and interaction. Care partners and friends of the participants observed that the images in these booklets have the potential to act as a "*portal*" through which people can relive experiences that are important to them. As Eaton described when observing SH2-6 recalling his trips to fly model airplanes, "*He was feeling the excitement he was feeling, the being on the bike, the pull on his arms, of the of the plane.*" This suggests that enabling people living with dementia to express their everyday aesthetic preferences could support a continued sense of self, through an embodied recollection of experiences they enjoy.

The participants' ability to express their preferences and their sustained engagement in the process imply a sense of agency and positive affect. Their feedback on their experience of taking part (Chapter 5 Section 5.6)supports this. These findings suggest that design as a way to elicit and communicate everyday aesthetic preferences can challenge assumptions about the capability of people with dementia to contribute to how their environment is personalised.

OBJECTIVE 6: To consider the potential for these methods and tools as a transferable methodology in dementia care practice and design research (Chapter 6 Annotated Portfolio, Appendix 24)

As documented in Appendix 24 and outlined in the Discussion and the portfolio (◎), the development, methods and initial findings from this study were shared through publications in design research, and with a wider audience through exhibitions and workshops. Feedback from sharing the findings and method with specialists in dementia care practice suggests that there is potential for further research to explore how this methodology is transferable to different contexts.

Contribution to knowledge

This study builds on evidence of the value of visual stimuli to support orientation, function and communication, as well as arts viewing and activities to improve mood and engagement. This study questions whether these benefits can be applied to explore the impact of everyday aesthetic experience in the home. It explores how design can be used as a language through which preferences for everyday aesthetic can be offered, expressed and shared. It has done this by creating an accessible framework of engagement that uses visual-sensory stimuli to elicit embodied, and emotional responses that can contribute to knowledge about a person and what matters to them. The findings from this study:

1. Demonstrate how design can contribute to creating an accessible framework of engagement to support the expression of preferences using visual stimuli.
2. Demonstrate how colour can be an effective tool to provoke memories and associations that can reveal knowledge about the person and what matters to them.

3. Reveal insights into the importance of environments to support engagement in activities that people enjoy that can enable them to experience a sense of competence that can influence motivation.
4. Suggest how personalised visual stimuli can be used in design research as a portal to reliving experiences, for those who find verbal communication difficult.

As an interdisciplinary study situated in the context of design for health the findings contribute to knowledge in both design for dementia and dementia care. The learning has been constructed in partnership with those taking part in the Shared Looking process. It makes a methodological contribution to the broader body of knowledge about how people with dementia can participate in research by offering an accessible framework of engagement.

In the context of research in environmental design for dementia it provides an accessible framework of engagement that can empower individuals with dementia to express everyday aesthetic preferences. These methods could be utilised by designers to enable people to contribute to personalising the environments. This could apply to several other circumstances where transitions impact on choice and control over personal space.

Recommendations

Further research could test the transferability of this method in different contexts.

- Tentative explorations from sharing these methods with specialists in dementia care suggest potential for further research into whether this methodology is transferable to dementia care practice, and where it could be most effectively positioned along the Dementia Care Pathway, post diagnosis.

- Larger studies might evaluate separate elements of the methods (the use of the mug, colour, and favourite spaces in the home). A key element of this would be to evaluate the role of the facilitator in supporting engagement with participants.
- In dementia care practice, a comparative study that analysed how the Shared Looking process was conducted by different professionals, compared to care partners, and how it might work as a self-reflective process would also be interesting to explore.
- A further study that engaged a community of practice across disciplines could unpick how particular disciplinary skills across design, health and facilitation contribute to, enhance or detract from the efficacy of the methods used in this study. This could be pertinent to exploring how this methodology can contribute to how participatory design research is conducted.
- Building on existing practice in cognitive rehabilitation (Clare et al., 2019) that demonstrates the ability to learn new skills in early to moderate stages of dementia, a longitudinal study could explore whether thinking about and sharing everyday aesthetic preferences could be defined as a skill that could be learnt that could contribute to supporting agency in planning for transitions into care at later stages.
- Design research could explore how these methods could be adapted to explore whether everyday aesthetic preferences have meaning to more diverse populations in terms of ethnic and cultural background, or to support participation.
- During the consultation with specialist practitioners on the suitability of the method, Waller suggested that further explorations into the ways that everyday aesthetic preferences are expressed using visual stimuli could contribute to support tools that enable person-centred care such as the Alzheimer's Society "This is me" document.

- For people at earlier stages of dementia who are looking for ways to prepare and plan for their future (Redwood et al., 2019), the Shared Looking framework of engagement offers alternative ways to think about and document what matters to them. Further studies could explore how these methods could complement practice in Life Story Work.

The aim of this study was to explore whether expression of everyday aesthetic preferences in dementia could be supported through design. In the context of becoming increasingly reliant on others to make decisions on their behalf, the intention was to explore alternative ways to express preferences when verbal expression becomes more difficult. Faced with a diagnosis of a condition that can progress over several years, people are looking for ways to support them to live well and plan for future transitions, if it becomes difficult to make themselves understood. Findings from this study suggest that thinking about and sharing everyday aesthetics preferences at earlier stages could support people to plan for their future when it is important to create environments that are personally familiar to them at times of transition.

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https://www.alzint.org/u/WorldAlzheimerReport2020Vol1.pdf
https://www.alzint.org/u/WorldAlzheimerReport2020Vol2.pdf

Appendices

Definition of Terms

AESTHETICS

The rationale for exploring everyday aesthetic preferences through design is set out in Chapter 2. The following provides an elaboration on some of the key terms used.

Aesthetic emotion

Whilst this notion is contested in the literature (Menninghaus et al, 2020) in this context refers to how feelings of pleasure and displeasure in response to sensory stimuli, objects and environments, contributes to how aesthetic judgements are made. It emphasises the subjectivity of aesthetic experience. It suggests that aesthetics can be experience on an intuitive, visceral level.

Aesthetic pleasure

Described by Dutton, 2009, cited in Blijlevens et al 2017 as *"the pleasure people derive from processing the object for its own sake, as a source of immediate experiential pleasure in itself, and not essentially for its utility in producing something else that is either useful or pleasurable*"

Aesthetic judgements

In the context of design education, Hove (2020) questions whether aesthetic judgements that are apparently subjective, tacit, and intuitive part of a design process can be taught. She describes deciding when something is 'right' as an intuitive process where words are insufficient to explain the complexity of the design decisions that led to these decisions.

USE OF LANGUAGE

The use of language in relation to disability and dementia is continually evolving and can be significant in influencing and challenging attitudes to dementia.

In dementia

I have used the phrase in dementia has to encapsulate the impact of dementia on lived experience. Elsewhere I have used people with lived experience of dementia, or people with dementia as the preferred terms in accordance with DEEP (2014) guidelines on preferred use of language.

Care partners

I have used this term in preference to 'carers' or 'caregivers' in accordance with advice from Dementia Alliance International Environmental Design Special Interest Group.
https://dementiaallianceinternational.org/get-involved/special-interest-groups/ed-sig
(accessed 28-02-25)

Dementiability
A term I have coined to encapsulate the capabilities that are understood to survive in dementia despite cognitive impairments. This includes the coping strategies that people with lived experience develop to compensate for issues related to memory, processing and word finding.

INCLUSIVE AND ACCESSIBLE DESIGN

The terms inclusive and accessible in the context of the study have been used to describe my approach to identifying and reducing or removing potential barriers to usability. This is I line with what are understood to be 'dementia friendly' principles drawn a variety of sources including enablingenvironments.com.au (accessed 27-03-25)

- **Unobtrusively Reduce Risks**: Create safe spaces by minimizing hazards without drawing attention to safety features, thereby preventing frustration or agitation.
- **Provide a Human Scale:** Design environments that are manageable and not overwhelming, considering the number of people, overall size, and individual components to promote comfort and ease of navigation.
- **Allow People to See and Be Seen**: Ensure clear sightlines to key areas like lounges, dining rooms, and outdoor spaces, aiding orientation and encouraging engagement.
- **Manage Levels of Stimulation:** Balance sensory stimulation by reducing unnecessary noise and clutter while optimizing helpful cues, such as using contrasting colors for important features, to support cognitive function.
- **Support Movement and Engagement:** Design spaces that encourage physical activity and social interaction, providing clear pathways and accessible communal areas to promote independence and participation.
- **Create Familiar Spaces:** Use recognizable design elements and personal items to evoke familiarity, helping individuals with dementia feel more comfortable and oriented in their environment.
- **Provide Opportunities to Be Alone or With Others:** Offer a variety of spaces that allow for both private reflection and social interaction, catering to individual preferences and needs.
- **Provide Links to the Community**: Design environments that facilitate connections with the broader community, enabling participation in social, cultural, and recreational activities.
- **Respond to a vision for way of Life:** Ensure that the design reflects and supports the individual's lifestyle and personal history, promoting a sense of identity and continuity.

Key principles include:

- **Clarity and Simplicity –** Using clear signage, familiar layouts, and distinct landmarks helps individuals with dementia recognize and navigate their surroundings.
- **Sensory Considerations** – Minimizing glare, excessive noise, and complex patterns can reduce confusion and agitation.
- **Safety and Independence** – Features like handrails, non-slip flooring, and well-lit pathways enhance mobility while maintaining a sense of autonomy.
- **Flexibility and Adaptability** – Designing environments that accommodate changing needs ensures continued usability over time.

Access intimacy

In developing the methods I have aimed to achieve what Mia Mingus describes as 'access intimacy' that describes "that elusive, hard to describe feeling when someone else 'gets' your access needs." And how this impacts on "*the way your body relaxes and opens up with someone when all your access needs are being met*." Mingus (2017 Access Intimacy: The Missing Link https://leavingevidence.wordpress.com/ (accessed 27-03-25)

COLOUR

Terms used to describe the properties, and qualities of colour relate to how they appear:

- Hue the pure spectrum colours : primary (red, yellow, blue,) and secondary (orange, green, violet)
- Brightness
- Saturation - the intensity of color in an image. In technical terms, it is the expression of the bandwidth of light from a source.

Metamerism

If two objects have identical tristimulus value under a particular illuminant, it is not necessary that they have identical tristimulus values under other illuminants too. Two objects, therefore, may look alike under one light source, but they may look different under other light sources. (Choudhury, Principles of Colour p. 174)

MEMORY

Long Term Memory

A system of systems assumed to underpin the capacity to store information over long periods of time (Baddely, Eysenck and Anderson, 2015 p13). Part of long-term explicit memory comprises each person's unique recollection of specific experiences, events and situations (Schacter, Gilbert & Wegner, 2009).

Explicit/declarative memory
Memory that is open to intentional retrieval whether based on recollecting personal events (episodic memory) or facts (semantic memory). (Baddely, Eysenck and Anderson, 2015 p13)

Implicit/non declarative memory
Retrieval of information from long term memory through performance rather than explicit conscious recall or recognition (Baddely, Eysenck and Anderson, 2015 p13)

Semantic memory
A system that is assumed to store accumulative knowledge of the world. A form of long-term memory that comprises a person's knowledge about the world. Along with episodic memory, it is considered a kind of explicit memory, because a person is consciously aware of the facts, meanings, and other information that it contains. (Baddely, Eysenck and Anderson, 2015 p14)

Personal semantic memory
is a term that describes semantic memories about one's own life. These are related to episodic memories, but are considered distinct, since they do not require revisiting a specific moment. While remembering what attending a great concert was like would count as episodic memory, knowing that it was one's favorite concert is an example of personal semantic memory.

Episodic memory
A system that is assumed to underpin the capacity to remember specific events (Baddely, Eysenck and Anderson, 2015 p14) a form of long-term memory that captures the details of past events that one has personally experienced. Along with semantic memory, it is considered a kind of explicit memory, because a person is consciously aware of the details that are reproduced.

Emotional memory
Generally, emotions associated with a memory tend to raise the likelihood that that memory would be recollected more easily and more vividly (McCloskey, Wible & Cohen, 1988).

Short term memory (STM) A term applied to the retention of small amounts of material over a few seconds. (Baddely, Eysenck and Anderson, 2015 p12)

Working memory : A memory system that underpins our capacity to "keep things in mind" when performing complex tasks (Baddely, Eysenck and Anderson, 2015 p12)

Sensory Memory : A term applied to the brief storage of information within a specific sensory modality (Baddely, Eysenck and Anderson, 2015 p10)

Visual memory
Visual memory is described by Ivanovic 2024, p.59 as, *the ability to encode, retain and recall visual information from environmental information and past experiences*. Whilst not everyone has visual memory, for those who does it means

Executive function
A set of cognitive processes and mental skills that help an individual plan, monitor, and successfully execute their goals. The "executive functions," as they're known, include attentional control, working memory, inhibition, and problem-solving, many of which are thought to originate in the brain's prefrontal cortex.

https://www.psychologytoday.com/gb/basics/executive-function

Occupational engagement
is vital for physical and mental health, as it promotes a sense of accomplishment, social connection, personal growth, and overall life satisfaction.

Personhood
"..*A standing or status that is bestowed on one human being by others, in the context of relationsip and social being. It implies recognition, respect and trust. Both the according of personhood, and the failure to do so, have consequences that are empirically testable*."
(Kitwood, 1997, p8)

Prosopagnosia - the loss of ability to recognise familiar faces can be a feature of both semantic and frontotemporal dementias (Kumfor et al., 2015)

Saccadic eye movement refers to eye tracking, a faculty that can become impaired in dementia, impacting on ability to scan a room when looking for things.

Visuo-sensory
The definition of visuo-sensory used throughout is understood as "pertaining to or involving visual perception of sensory signals" (Oxford English Dictionary, 2024).

Contextual Review Search Strategy

As an interdisciplinary study situated in design for health an ongoing contextual review has spanned disciplines in psychology, neurology, neuroaesthetics, participatory and co-design, design for dementia, environmental design, design for health, occupational therapy,

The aim of the review of current research and practice was to understand :

- Lived experience of dementia
- Impact of the design of the environment on lived experience
- Knowledge and understanding of how dementia impacts on cognition, perception and sensory sensibilities.
- The rationale for and efficacy of non- pharmacological interventions in dementia care
- How design and design research has been used to explore lived experience and support people living with dementia
- Keep abreast of innovations in research and practice in the above

Key texts that have informed the impetus for this study include:

- Byers, A. (2011). Visual aesthetics in dementia. International Journal of Art Therapy, 16(2), 81-89.
- Halpern, A. R., Ly, J., Elkin-Frankston, S., & O'Connor, M. G. (2008). "I know what I like": Stability of aesthetic preference in alzheimer's patients. Brain and Cognition, 66(1), 65-72.
- Halpern, A. R., & O'Connor, M. G. (2013). Stability of art preference in frontotemporal dementia. Psychology of Aesthetics, Creativity, and the Arts, 7(1), 95.
- Saito, Y. (2010). *Everyday aesthetics*. Oxford University Press.

Academic Literature	Search Terms
Aesthetics	Aesthetic experience Aesthetic emotion Everyday aesthetics Aesthetics + dementia Neuroaesthetics
Cognition	Cognitive + impairment + resilience + rehabilitation + stimulation

Dementia / Alzheimer's	Dementia or Alzheimer's Dementia discourse Disability research Dementia + aesthetics + design + environment + home + identity + sensory + visual + visuo-sensory + lived experience + visual arts
Design research and practice + dementia	Design + Behaviour + Environment + Emotion + Health + interaction + psychology +ethnography Neuroaesthetics Neuroarchitecture
Design practice – with a focus on colour	Interior Design / Interior Architecture Textile Design Materials
Design Research Methods	Sensory Ethnography Ethnography Remote Sensory Ethnography Object elicitation Participatory Co-design Co-creation Co-production

Colour	Colour + psychology + behaviour + architecture + preference
Sensory	Sensory + multi + visual + perception + processing
Vision/ visual	Vision/ visual + acuity + perception + ageing + dementia + alzheimer's + recognition
Inclusion criteria	Early to moderate stage dementia Mild Cognitive Impairment Living at home English language All ages Non-pharmacological interventions Transitions to residential care
Exclusion criteria	Philosophy of Aesthetics Pharmacological treatments Accounts of different types of dementia
Databases	Art and Architecture Index Art and Design Databases on Proquest CINAHL Design and Applied Arts Index DAAI Directory of Open Access Journals DOAJ Disability Studies Google Scholar

Occupational Therapy	Occupational Therapy + dementia + meaningful
some of the key Journals	Journal for Dementia Disability & Society Design for Health Design Research Dementia the International Journal of Social Research and Practice
Conferences	Dementialab Dementia Congress UK Alzheimer's Disease UK Conference Alzheimer's Disease International Conference https://www.alzint.org/what-we-do/adi-conference/adi-conference-2022/ (accessed 25-04-24) Nightingale Hammerson Care Home Research Forum https://nightingalehammerson.org/news/care-home-research-forum/ (accessed 25-04-24) 100/6000 Deepness Conference Sheffield https://www.deepnessdementiamedia.com/updates/dementia-conference-2023-sheffield (accessed 25-04-24)
Organisations	Alzheimer's Research UK Network https://www.alzheimersresearchuk.org/research/for-researchers/network-centres/yorkshire-network-centre/ (accessed 25-04-24) Join Dementia Research https://www.joindementiaresearch.nihr.ac.uk/content/researchers (accessed 25-04-24) SHINDIG Sheffield Dementia Involvement Group https://www.shsc.nhs.uk/get-involved/service-user-groups/sheffield-dementia-involvement-group-shindig (accessed 25-04-24) Dementia Alliance International – Environmental Design Special Interest Group – member
User led organisations	DEEP The UK Network of Dementia Voices https://www.dementiavoices.org.uk/

	(accessed 25-04-24) Dementia Enquirers https://dementiaenquirers.org.uk/ (accessed 25-04-24) 3 Nations Dementia Working Group https://www.alzheimers.org.uk/form/join-3-nations-dementia-working-group DEEPness Dementia Radio SHINDIG Sheffield Dementia Involvement Group https://www.shsc.nhs.uk/get-involved/service-user-groups/sheffield-dementia-involvement-group-shindig (accessed 25-04-24)
Centres of excellence	UK • Dementia Services Development Centre, University of Stirling • Dementia Services Information and Development Centre https://dementia.ie/ (accessed 25-04-24) • Centre for Applied Dementia Studies, University of Bradford • Association of Dementia Studies, University of Worcester https://www.worcester.ac.uk/about/academic-schools/school-of-allied-health-and-community/allied-health-research/association-for-dementia-studies/ads-research/ (accessed 25-04-24) • Dementia and Ageing Research Team (DART) University of Manchester • Lab4Living Sheffield Hallam University • Imagination Lancaster, Lancaster University • The Thinking Eye https://www.thinkingeye.org/ (accessed 25-04-24) • Created out of Mind : Wellcome Collection Residency 2017-2018 https://wellcomecollection.org/pages/Wuw2MSIAACtd3SsQ **International** Academy of Neuroscience in Architecture Dementia Alliance International Dementia Alliance International: Environmental Design Special Interest Group

Grey Literature	
Personal accounts	Books Dementia blogs Dementia diaries DEEPness Dementia Radio
Guidance	Environmental design guidance from UK, Eire and International World Alzheimer's Dementia Care Guidance • Pool Actitvity Level • VIPS • Teepa Snow
Voluntary organisations and networks	Age UK Alzheimer's Society Creative Befrienders Lets talk about dementia https://letstalkaboutdementia.wordpress.com/2023/01/26/lets-talk-about-partnership-working-and-practice-education-with-3rd-sector/ (accessed 25-04-24)

Specialist practitioners - interviews

Number	Specialism	ISP interview date	Shared Looking Pack sent	Feedback on Shared Looking interview
ISP1	Creative arts practitioner in dementia care: Nigjhtingale Hammerson - specilises in activities using pottery and basketmaking - encourages personalised creative practice	09/10/2020	20/06/2022	29/06/2022
ISP2	Occupational Therapist experienced in working with people living with dementia in the community and using Cognitive stimulation and Cognitve Rehabilitation approaches	17/10/2020	20/06/2022	02/08/2022
ISP4	Occupational Therapist experienced in mental health and demenita care settings. Lead co-ordinator of Sheffield Dementia Involvement Group - SHINDIG	13/10/2020	20/06/2022	05/08/2022
ISP5	Alzheimer's Society Support Worker and co- facilitator for Sheffield Dementia Involvement Group (SHINDIG) local involvement group. Experience in providing short term interventions service, facilitating and running peer support groups, dementia engagement, and dementia awareness. Personal experience as a full-time carer for her mother who had dementia that provoked her to develop a passion for supporting people to live well with dementia using a person centred approach that accounts for emotional, spiritual and cultural needs. Background in creative arts projects. Experienced in Rogerian counselling ang the power of self. Believes people with dementia can benefit from reflective approaches.	17/12/2020	not available	not available
ISP6	Art Therapist whoseraccounts of working with people with dementia describe non-verbal communications in an art therapy group, the creative sorting of art therapy materials and the retention of aesthetic pleasure in dementia. Her reflections are from her experience from work until she retired in 2013, so was keen to point out that here experience is not current.	10/12/2020		14/06/2022
ISP10	Specialist practitioner in Life Story Work using photography and conversations around the meaning of personal possessions. Prior training in Neurolinguistic programming informs her approach	08/12/2020	20/06/2022	11/07/2022
ISP7	Consultant Psychiatrist, East London NHS Foundation Trust Honorary Clinical Senior Lecturer in the Centre for Psychiatry, Wolfson Institute of Preventative	25/11/2020	20/06/2022	reschedule
ISP8	Associate Specialist Association for Dementia Studies, University of Worcester. Design for Dementia research, programme director on Enhancing the Healing Environment programme Kings Fund.	23/11/2020	20/06/2022	29/06/2022 AM
ISP9	Design for dementia researcher using creative methods to explore relationship of clothing and textiles with people livign with dementia in care settings	08/12/2020	20/06/2022	21/07/2022
ISP11	One of the founders of the Life Story Network and My Home Matters a tool to support people to think about future transitions. Delivers training in life story work in health and social care settings.	22/03/2021	20/06/2022	01/07/2022
ISP12	Artist and Designer Dementia Going /OK Dementia Project–Artistic Director of the Enable Foundation	09/03/2021	16/11/2022	11/11/2022
ISP13	Member of Dementia Enquirers, DEEP network lived experience - observer of SH2-6 and SH2-5 sessions	N/A	N/A	08/082022

Conducting Interviews and recruiting a cross-disciplinary focus group

Rationale for ethics approval application to conduct semi-structured interviews reference: ER25485303

Proposed Interview Schedule
This application is for ethics approval to conduct semi-structured interviews with specialists with experience of work or research with people living with dementia, as one part of the larger study outlined below

Semi-structured interviews
Semi-structured interviews are proposed to give me the space to use a framework of open questions intended to gain insights and views from the participants. It will allow me to probe the knowledge and opinions of the participants, and to ask to follow up questions, so that they can expand on their answers.

This is understood to be relevant to a phenomenological approach where the objective is to interrogate the subjective meanings that respondents ascribe to concepts or events. Probing will allow for further exploration of any accounts by the interviewee that had not been originally planned as part of the interview but may help towards meeting the research objectives

(A framework of potential questions that can be tailored to each interview is attached to the application)

The intention of these interviews is to meet the objectives of the larger study and inform the study design for the larger project:

Can the ability to retain aesthetic preferences support identity in dementia
To explore whether the ability to respond on a sensory level to the visual elements of everyday objects and environments can enhance the ability to express individual preferences, in the context of becoming increasing reliant on help and support due to cognitive impairments.

In the long term the intention is to test the efficacy of interventions with people with early stage dementia and their principal carers to explore the ability to use non-verbal communication to express personal preferences.

Seeking the views of cross disciplinary practitioners and their expertise of relevance to the enquiry
The potential interviewees have been identified as part of the ongoing review of research and current practice in dementia care. The review has revealed a broad spectrum of knowledge and expertise that has relevance to the focus of the larger project.

In the context of people with living with dementia, evidence has been found on:

- The value and impact of visual arts appreciation and activities in engaging people living with dementia [1]
- The ability to learn new skills[2]
- The value of sensory stimulation[3]
- The use of visual communication[4]
- Practice based design research methods that use photo and object elicitation as methods of enquiry[5]
- Evidence from neuroasthetics on human preference and ability to retain aesthetic preference in dementia.[6]

This proposal to conduct cross disciplinary interviews is to gain further insights from their views and experience in these areas, not available in published research, to further inform the development of the study design which will be people living with dementia and their personal assistants.

COVID-19 Pandemic and mitigating risks to research

The proposed schedule to complete these interviews has been delayed, as it was felt inappropriate to approach the clinical practitioners who would be concerned with supporting their clients or being redeployed to front line roles in health and social care during the pandemic.

As the lockdown begins to lift, and it is possible to approach clinicians and practitioners in the voluntary sector to request interviews, the intention is that these proposed interviews will also mitigate the risks to the research by helping to inform the study design until a time when it is deemed safe for me to have more direct contact with the client group through volunteering ,shadowing and visiting facilities that are providing direct support.

The need for these interviews has become more necessary as the researcher has not been able to spend a period of immersion in the context (Community and voluntary services for people living with dementia) which would have enabled the researcher to make observations from direct contact, due to these services being suspended during the COVID 19 period of lockdown

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[1] Daykin, N., Byrne, E., Soteriou, T., & O'Connor, S. (2008), *'Review: The impact of art, design and environment in mental healthcare: a systematic review of the literature'*, Perspectives in Public Health, vol. 128, no. 2, pp. 85-94

[2] Bahar-Fuchs, A., Clare, L., & Woods, B. (2013). *Cognitive training and cognitive rehabilitation for persons with mild to moderate dementia of the alzheimer's or vascular type: A review*. London] : BioMed Central Ltd. doi:10.1186/alzrt189

[3] Treadaway, C., Fennell, J., Taylor, A., & Kenning, G. (2019). Designing for playfulness through compassion: Design for advanced dementia. *Design for Health, 3*(1), 27-47

[4] Talking Mats, Photovoice cited in Phillipson, L., & Hammond, A. (2018). More than talking: A scoping review of innovative approaches to qualitative research involving people with dementia. *International Journal of Qualitative Methods, 17*(1), 1609406918782784

[5] Wallace, J., Wright, P. C., McCarthy, J., Green, D. P., Thomas, J., & Olivier, P. (2013b). A design-led inquiry into personhood in dementia. Paper presented at the *Proceedings of the SIGCHI Conference on Human Factors in Computing Systems,* 2617-2626.

[6]Chatterjee, A., & Vartanian, O. (2014). *Neuroaesthetics*. Kidlington, Oxford, UK] : Elsevier Science. doi:10.1016/j.tics.2014.03.003

I am seeking ethical approval for these interviews now so I can begin to schedule interviews on the telephone and using video conferencing methods.

Selection and Recruitment of Interviewees

I am an occupational therapist with specialist experience in the design of inclusive and accessible environments for older people. The potential interviewees with relevant knowledge and expertise have been identified through my existing professional networks, recommendations from my supervisory team, specialists in the field at Lab4Living, and an ongoing review of the literature and current practice in dementia care.

Contacting participants

Potential participants will be contacted via email contacts publicly available on service websites, via published research and through consent via professional networks.

Invitations to participate

Participants will be invited by email with a brief introduction of nature of the research and the purpose of the request which will be detailed in the attached participant information sheet that includes an outline summary of the research proposal and lines of enquiry, and the participant consent form. The email invitation will offer the option for the researcher to call to explain the purpose of the interview in more detail before they consent, if required

Health Care Practitioners

Participants who are health care practitioners will be asked if they are happy to volunteer their time for interview outside of everyday clinical practice, so that this will not interrupt or interfere with their practice. Initial conversations with potential interviewees is that they see this as an opportunity to share their views and experience, to meet their personal or team objectives to participate in research, and as part of their continuing professional development objectives. It is understood that this should therefore avoid the need for further HRA approval.

Interview – structure and recording

- It is anticipated that each interview will take 30-45 minutes.
-Within the proposed framework each interview will be bespoke and flexible to the experience and context of each individual interviewee
-With permission of the participant video conferencing software will be used to communicate and record the interview. WebEx has been recommended by Sheffield Hallam University as a secure platform.
-If a phone interview only is permitted, this will be recorded using a digital voice recorder
-Recordings will be stored and encrypted in accordance with my data management plan.
-Recordings will be transcribed using WebEx and manual transcription onto MS Word documents and stored in accordance with my data management plan.
-As outlined in the data management plan consent for to contact the participant following the interview by email will also be requested, in case of need to clarify or further interrogate particular areas of relevance to the research enquiry
- At the close of the interview the participant will be asked if they would be interested in consenting to be part of a focus group meeting at a later stage to review my proposed methods to work with participants living with dementia

Data: Transcription and Analysis

-The process of transcription will enable a close review of the content as valuable means to reflect and thoroughly interrogate the data generated.
-The interview transcripts will be further analysed to identify themes. The use of discourse analysis as a means to reveal these themes will be explored.

Disciplinary perspectives of individual participants to include:

- Health Care Practitioners with experience in working with people with dementia
- Voluntary sector providers with knowledge and understanding the efficacy of visual arts activities and their value for people living with dementia and their families and cares
- Specialists in Life Story work who can comment on their experience and the tools and strategies they use to elicit experiential knowledge
- Creative Practitioners who are using visual arts, craft and design activities to engage with people living with dementia
- Neuroscientist with a specialist interest in neuro-aesthetics in relation to dementia
- Practice Based Design Researchers using critical artefacts as probes with people living with dementia
- Sensory Ethnographers whose research involves working with people living with dementia
- Designers with specialist knowledge and interest in the use of colour and its application in objects and environments
- Specialists in the development and application of design for dementia

Rationale for interviews with Health Care and specialist practitioners

Interviews with health care and other specialist practitioners working with people living with dementia will seek their views and observations on:

- Their experience of the needs, abilities and priorities of people living with dementia
- Their understanding of what is meant by a person centred approach and how this is applied in practice
- Strategies and techniques used to communicate if verbalising becomes a challenge
- Their observations of behaviours in relation to making choices about colours, materials,
- Their observations about how people with dementia respond to visual appearance of objects and environments
- Strategies and techniques used in practice to support and maintain identity
- The capacity people living with dementia have to learn new skills
- Techniques used to teach new skills and adaptive techniques in this context
- The impact of visual stimuli and its relevance to supporting identity
- The strategies people use to overcome the challenges of cognitive impairments associated with dementia
- The efficacy and value of existing techniques, adaptations, equipment, products or devices available to support choice and control

Rationale for the interviews with researchers

Interviews with researchers with expertise in using sensory ethnography; participant observation; or use of critical artefacts as probes a is to gain a deeper understanding from them of their experience and views of how these methods and approaches work in practice, that cannot be derived purely from published research.

Dependent on their specific areas of expertise, from these interviews I will seek their views on, and experience of using:

- Methods, tools and techniques used, and how these might be adapted for use in remote online interactions

- Best practice in terms of ethical issues in different contexts and ensuring participants are able to make informed choice at each stage of the process about how their data is created and used
- Collection and creation of data with participants
- The value and limitations of participant video diaries/ photo diaries as a means to gather insights via online interactions.
- The process involved in developing critical artefacts and probes
- The value and challenges in using object elicitation as a research method
- Their understanding of the value of the experience for the participants
- If relevant to their experience - the ethical issues associated with conducting research with people living with dementia who limited recall of recent events and their ability to give consent
- What worked well and what they might have done differently

Rationale for interview with specialist in Neuroaesthetics

The interview with the neuroscientist with a specialism in neurasthenics is to gain a better understanding of the published research related to the ability of people with dementia to retain aesthetic preferences, that can inform the

From this interview I will seek their understanding of:

- What is happening in the brain in response to visual stimuli
- The capacity of people living with dementia to develop sensory skills
- The impact of dementia the brain in on cognitive processing
- The ability of the brain to develop new neural pathways
- The impact of dementia on the parts of the brain concerned with pleasure/disgust amygdala
- The ability to retain aesthetic preferences as dementia progresses
- The ethical issues associated with conducting research with people who limited recall of recent events and their ability to give consent

Rationale for interviews with design for Dementia specialists

The interviews with specialists in design for dementia is to gain a better understanding of reasoning underlying design for dementia principles and their application to objects and environments

From these interviews I will seek their views on:

- What aspects of design for dementia principles should be prioritised?
- The application of design for dementia principles to objects and environments
- The use of design for dementia in different contexts
- The pros and cons of using design for dementia
- Their views on the ways that these principles have been applied in practice

Recruitment of a cross disciplinary focus group from interviewees

The intention of the interviews is to provide me with insights from their experience and observations that will inform the study design and my proposed approach to my research with the client group (people living with dementia and their primary carers).

- It is hoped that the responses from the interviews will give me a deeper and wider understanding of existing practice, techniques and innovations across contexts, and situations and types of people living with dementia.

- The participant information sheet explains that, at the conclusion of the interview interviewees will asked if they would be interested in participating in a focus group meeting at a later stage in the research. Their consent to participate in this meeting will be sought at a later date

- The intention of the focus group will be to seek their advice and guidance as a means to appraise whether the study design is feasible and appropriate, to ensure best practice and approach, before approaching the proposed client group and their principal cares, who are deemed to be vulnerable due to their situation and diagnosis.

- For practical reasons and in view of the ongoing uncertainty of safety related to COVID 19 it is envisaged that the focus group would be conducted remotely using video conferencing. (WebEx is recommended as a secure platform compliant with GDPR by SHU)

- The focus group meeting would be anticipated to take no longer than 1 hour

- With consent of the participants the focus group meeting will be recorded and transcribed in the same manner as detailed in the interviews above and stored as outlined in the Data Management Plan

Howard Gordon: Advisor living with dementia

Howard Gordon has provided me with advice and feedback throughout my study. This has included how to use videoconferencing, feedback on recruitment criteria, and recruitment materials and commenting on the findings. He has early onset dementia. He was diagnosed with Alzheimer's and Frontotemporal Dementia in 2017. Prior to that he had worked for over 20 years as an auxiliary nurse in healthcare settings. He is also a talented musician and song writer.

He is actively engaged with campaigning and is a member of several organisations that seek to challenge negative and stigmatising attitudes to dementia. This includes:

- Dementia Engagement and Empowerment Project (DEEP) as one of the Dementia Enquirers Pioneers https://dementiaenquirers.org.uk/dementia-enquirers-pioneers/ (accessed 23-03-25)
- Dementia Alliance International https://dementiaallianceinternational.org/about/resources/our-voice-matters/hello-my-name-is-howard-gordonnational (accessed 23-03-25)
- Sheffield Dementia Involvement Group (SHINDIG) https://www.shsc.nhs.uk/get-involved/service-user-groups/sheffield-dementia-involvement-group-shindig (accessed 23-03-25)
- Contributing to Dementia Diaries https://dementiadiaries.org/entry/10322/howard-gordon-this-is-me/ (accessed 23-03-25)
- He is one of the founders of Deepness Dementia Media a not-for-profit organisation, run by people living with dementia and cognitive impairment for people living with dementia and cognitive impairment. https://www.deepnessdementiamedia.com/about-us (accessed 23-03-25)
- He is the Manager, Producer, and Presenter on Deepness Dementia Radiohttps://www.deepnessdementiamedia.com/deepness-dementia-radio (accessed 23-03-25)
- He was an organiser of the 1 in 100/6000 Dementia Conference in Sheffield 2023 run by people living with dementia for people living with dementia. People who wished to attend who do not live with dementia were invited to attend as observers. https://www.deepnessdementiamedia.com/updates/dementia-conference-2023-sheffield (accessed 21-03-25)

Howard used his prior experience and understanding of using the Zoom videoconferencing platform to advise Dementia groups to continue to support their members remotely during the COVID19 social restrictions.

Sheffield Dementia Community Services

Organisation	No of Contacts	Contact/Visit/Presented/ Volunteer	Website	Regular meetings/ cafes	Contact name/s	Role	Address	phone	email / website
Age UK Sheffield Wellbeing Centre	3	Visited	https://www.ageuk.org.uk/sheffield/our-services/dementia-cafes/	Nofolk Park thursdays / group outings	Charlotte Malin / Joanne Marshall	Dementia Services Co-ordinator	Norfolk Heritage Park, Guildford Ave, Sheffield S2 2PL	Tel: 0114 250 2850. / Jo mobile 07852184969	Charlotte.Malin@ageuksheffield.org.uk Joanne.Marshall@ageuksheffield.org.uk
SHINDIG Shefield Dementia Involvement Group	20	Volunteer 2021-2025 / Presented Research		Quarterly meetings - Planning meetings and community presentations					
Rosemary Café Bents Green	4	Visted/ Presented Reseearch		Bents Green Dementia Café runs on the 1st and 3rd Thursday of every month from 2pm - 4pm	Eliza Groark	Community Development		07384 833594	eliza.groark@ageuksheffield.org.uk.
Rosemary Cafes Dore	2	Visit		1st and 3rd Tuesdays of the month from 2pm - 4pm	Eliza Groark	Development Worker	Dore Methodist Church Hall on Savage Lane.	07384 833594	eliza.groark@ageuksheffield.org.uk.
Rosemary Cafes Fulwood	1			Fulwood	recuriting new staff				
Sheffield Dementia Action Alliance	1				Rebecca Ling	Sheffield Dementia Action		0114 250 2857	Rebecca.Ling@ageukshefield.org.uk
SADACCA	2	Visit	www.sadacca.org.uk	Association	Sylvie Manga	Pharmacist	Sheffield S3 8JU	07712245298 or 01142817009	Sylvie.manga@sadacca.co.uk
SACHMA Health and Social Care	2	Visit	https://www.sacmha.org.uk/	Lunch Club Thursdays 11:30 -2:30	Corinne Moss	Community Support Woker	3rd Floor the SADAACA building and 48 The Wicker S3 8JB	07725204574/ 0114 272 6393 Option 1	c. moss@sachma.org.uk
Israac Somali Community Centre	2	Visit	https://israac.org.uk/	Advice and Support Tues/Weds/Thurs 9am-1pm Womens Coffee Morning Tuesdays - 10am-12pm	7662/Khadija Yasin 07572 067203/Barbara Sharp /Sahra		Vestry Hall, Cemetery Road, Sheffield, S11 8FP	0114 278 7662	info@israac.org.uk
Heeley City Farm	2	Visit			Lee Pearse			0114 258 0482	lee@heeleyfarm.org.uk
Heeley Institute	2	Visit							
Zest	2	Visit	.co.uk/services/dementia-friendly-services-at-zest/	Dementia Friendly Social Dining Group Thursday lunchtimesl	Laura Whitfield Rachel Guilford	Services Manager	ZEST Library, 18 Upperthorpe, S6 3NA	2043 m: 07871757047 07572 643207 or 0114 2702040	rachel.guilford@zestcommunity.co.uk. health@zestcommunity.co.uk
Darnall Welbeing	6	Visit	https://darnallwellbeing.org.uk/	Making Memories Dementia Café Every other Wednesdays 1-3:30pm (6th April - 20th April - 4th May - 18th May)	Jo anne van Levesley	Senior Health and Wellbeing Worker	St Mary's Community Hub, 402b Handsworth Rd, S13 9BZ	Jo-Anne on 07495 548929 or 0114 249 6315	jo@darnallwellbeing.org.uk enquiries@darnallwellbeing.org.uk
Pakistani Advice & Community Association	2	contact					Same address as below ?		pacfirvale@aol.com
Firvale Community Hub	1			Memory Café (English/Urdu/Punjabi) Thursdays 11:30am - 1pm			Firvale Community Hub, 127 Page Hall Rd, S4 8GU	Saima - 07897324285 0114 261 9130	info@firvalecommunityhub.org.uk
Stocksbridge Community Care	2	Visit		Musical Memories Event, a Musical Memories on Tour and a Memory Time Cafe.	Dave Cooper		Stocksbridge Community Care		davidcooper345@hotmail.com
Stocksbridge Community Care	4	Zoom meeting		Life Story Work	Samantha Devine		Stocksbridge Community Care		
ShipShape	2	Visi	https://www.shipshape.org.uk/dementia-programmes	Central café last Friday of the month dementia café - future uncertain	Nur ali	Community Development and Health	The Stables, Shirrow Ct, Nether Edge, Sheffield S11 8AE	0114 250 0222	n.ali@shipshape.org.uk
Manor & Castle Development Trust	2	Zoom meeting	https://manorandcastle.org.uk/	Carers Group meeting online - Fortnightly Wednesday evenings 6:30-7:30pm	Nigel Lamb	Health and Wellbeing Worker	Manor & Castle Development Trust Ltd. Community Space 51 Manor Park Centre	Tel: 0114 265 5145 option 1. Mob :07918 054 103	nigellamb@manorandcastle.org.uk. dementia@manorandcastle.org.uk
Parsons Cross	2	Visit		Forget me not Café - Mondays, Tuesdays, Fridays	Louise		Development Forum S5 9NB	0114 327 927	louise@pxforum.org louisec@pxforum.org
Dementia Welcome Café	1			Dementia Welcome Cafe Wednesdays 11am-1pm 199 Verdon St, Sheffield S3 9QQ	Nick		199 Verdon St, Sheffield S3 9QQ	7725569380	
Shiregreen Memory Café	1	contact		Thursdays 2pm – 4pm: 3 rd March, 31st March, 28th April, 9thJune, 7thJuly	0114 245 9200		Shiregreen Neighbourhood Centre,	0114 245 9200	
Dementia Café & Singalong	1			Dementia Café & Singalong (Live Singer) Also do coffee mornings and tea & cake afternoons Thursdays 2pm – 4pm: 10th March, 7th April 5th May, 2ndJune, 30thJune	Anne		Wincobank Village Hall, Newman Road, S9 1LQ	07799 404525	
SOAR - Dementia Friendly North Sheffield	1	contact		https://www.soarcommunity.org.uk/_files/ugd/ca79f2_67af89a19b134c08a733c29ed8894967.pdf	Rosie Strathearn-Brady	Dementia Development Worker		07538 100 375 0114 213 4065	rosie.strathearn@soarcommunity.org.uk
Sheffield Dementia Linkworkers	4	Presentation	www.enrichmentfortheelderly.org	Dementia Link Workers	Grace Stead	Director of Enrichment for the Elderly		0796 7729699	gracestead@enrichmentfortheelderly.org
Sheffcare	4	Workshop			Kathryn Rawling				
Hillsborough Dementia Wellbeing Day Service	2	SHINDIG Workshop			Naghat Basharat				Naghat.Basharat@shsc.nhs.uk
Sheffield University Life Story Sessions	4	Zoom meeting and Visit							
South Yorkshire Dementia Research Advisory Group	4	Presented Research							
SUFC Dementia Group	4	Visit and meeting							
Lab4Living	6	Ongoing							
Sheffield Dementia Conference	**4**	Volunteer scribe		Sheffield Dementia Conference March 2022	Howard Gordon and Ron Coleman				https://www.deepnessdementiamedia.com/updates/dementia-conference-2023-sheffield

Life Story Work (LSW)

As LSW has obvious overlaps with my study and the methods I used, I sought to understand more about this approach and whether everyday aesthetic preferences are routinely captured. Whilst Personal information documents include questions about personal preferences in relation to habits and routines, and food and drink, everyday aesthetic preferences are not routinely captured. Sally Byers dementia care practitioners at Sheffield Teaching Hospital until 2024, whose practice is concerned creating dementia friendly hospital environments remarked on how knowing a patients colour preference might support orientation.

A review of the literature, interviews with practitioners and observations of sessions revealed a diversity of practice. Life Story Practitioners (ISP10, ISP11) identified from the literature (Kaiser and Eley, 2019), and locally at Stocksbridge Community Care Group were interviewed. In Sheffield I attended and observed Life Story sessions for people living with dementia facilitated by Speech and Language Therapy (SALT) Students, led by Dr Catherine Tatersall, an academic and Speech and Language Therapist, and Emma Yarwood, Dementia Clinic Lead, in the Department of Human Sciences at the University of Sheffield. This was also an opportunity to observe the use of SALT techniques including 'mirroring' where repeating and reflecting back comments can facilitate the flow of conversations.

LSW can involve different methods and approaches. Kaiser and Eley (2017, p. 16) founders of the Life Story Network[1] describe it as a way to: " … *elicit, capture and use stories about a person, in order to promote their personhood and their wellbeing and keep them connected with family, friends and communities*.". It is often co-produced as part of a one to one or group process. It might be facilitated by specialist practitioners or by family and friends and may evolve and develop over time.

[1] *The **Life Story Network** offered training, resources and consultancy to promote the value of using life story work to enhance people's well-being and affirm their identity, especially for people with dementia and their carers. Its aim was to enable paid staff and unpaid carers to get to know the person's wishes and aspirations in order to support them better and respond more appropriately to their needs. In 2023, LSN's training and consultancy offer was assimilated into Together in Dementia Everyday (tide), which had grown out of LN and became a registered charity in 2019. Email from Ruth Eley 11-07-23*

Some LSW involves the creation of documents that capture significant relationships, life events and activities. An evaluation conducted by Gridley et al. (2020) found that approaches to LSW vary widely. Although reflecting on the past can inform future aspirations, the type of images used tend to be photos of family and friends at different points in the lifespan (Gridley et al., 2016). However people may be unable to recognise photographs of older versions of themselves or significant others as dementia progresses.

Seeking to explore whether a visual record of everyday objects and environments would be more meaningful led to sharing aspects of my methods alongside the My Home Matters tool (Tide, n.d.) that Redwood and Eley developed to support people to plan for future transitions. This included a Poster presentation at the Dementia Congress 2022, a webinar for Housing LIN (2022) and in papers for the Journal of Dementia Care (Eley et al., 2022, 2023; 2024).

Timing is also a factor. Samantha Devine has used creative methods to create illustrated personalised books that are less concerned with autobiographical facts than documenting personal possessions and environments. This can involve as many as 20 one-to-one meetings. She describes the value of this process as one that : " … *opens a door into lots of other things and every possession in the house, everything they've chosen to keep, there is a really important story behind it that's completely not obvious to anyone else… you get so much about a person's personality and their history and their story from those items*". (ISP10 interview 8-11-20)
She emphasises the importance of thinking about personal preferences as way to plan for future transitions "*the earlier we can have those conversations … the easier it will be for the family … It's stressful for them to have to think, what do I need to do here.? What do I need to take? What would my mom or dad like to have with them?*" (ISP10 – date).

It is the importance of finding visual and physical rather than verbal ways to elicit and record this knowledge about the person that underpins the rationale for this study. I have been keen to establish that my study was not replicating existing practice.

Howard Gordon (12-04-24) advising me from his perspective of living with dementia sees that this approach : *“can help with things like life story work. I think it would add to life story work, (but also) your approach would add to any research to make it more accessible .”*

I know what I like

I know what I like

My research is exploring how much our likes and dislikes reflect who we are as individuals, and how much being able to choose what we have around us can support a sense of identity.

Each of us will have a different idea of what we find beautiful. Most of us make choices about the colour and style of our clothes, the way our homes are decorated. Many of us will have a favourite jumper or hat, or scarf. Or a favourite mug. The pictures we choose to put on our walls may have a particular meaning for us. For some of us, the way things look may be more important than others.

I would like to talk to you about your tastes and preferences. About the things you use and have around you in your everyday life.

I am particularly interested in talking to you about what you like about the way things look, and your preferences for colour and shape.

I am also interested in the places within your home that you particularly like and what is special about them.

Process

I would like to use video (zoom) calls to talk to you about your preferences for everyday objects, colours, and spaces within your home, as a way to talk about your likes and dislikes. This will be in 3 parts:

1. **Talking to you about a favourite mug or cup** (or if you really don't have one, another everyday object that you particularly like to use)
2. **Your choice of colours and colour combinations** from the cards I have enclosed.
3. **Your favourite place or places in your home**

I have found that using 3 separate conversations, helps to allow time for reflection in between. I have provided this booklet with space for thinking about the choices, before and after our meetings. I might send you images of what you have shown me that can be stuck into the book, or you might like to add your own.

Of course, it is entirely up to you if you do not wish to continue with the whole process, or if you prefer to complete this all in one meeting.

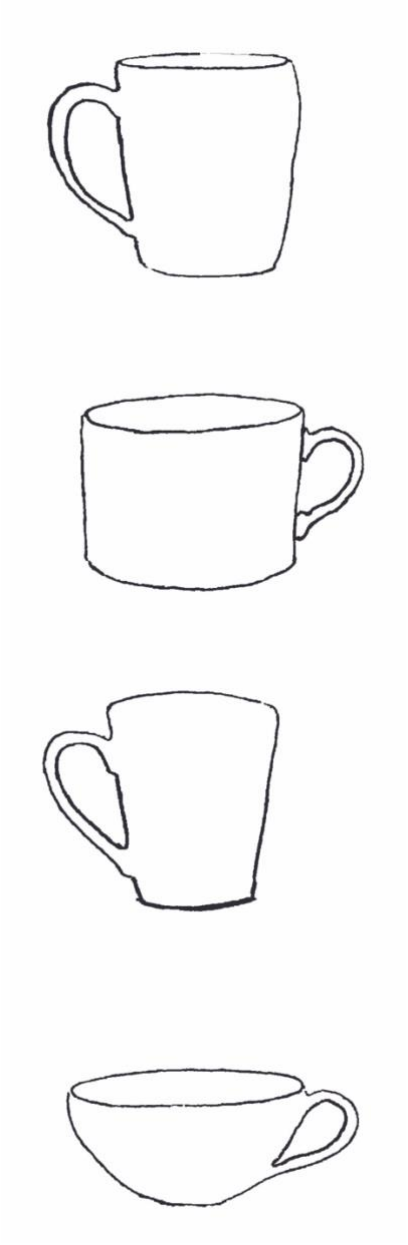
Please don't hesitate to contact me if you have any queries

Marney Walker

T: 07769681305 E: Marney.j.walker@student.shu.ac.uk

Many thanks for your interest in this research

Lovely mug ugly mug



Lovely mug ugly mug

Before our first meeting, please have a favourite cup or mug ready to show me. For contrast you can also show me your least favourite mug or cup. If you really dont have particular preference, and there is another everyday object or item of clothing that matters more, feel free to do that instead.

When we meet:

- I would like you to show me what you have chosen

- Tell me about what it is you like about your favourite mug

- Tell me about what it is you dont like about your least favourite mug

- Whether you have other things that have similar qualities

Colour options



Colour options

For the second meeting I would like to talk to you about your choice of colours from the cards I have sent to you.

When we meet I would like you to:

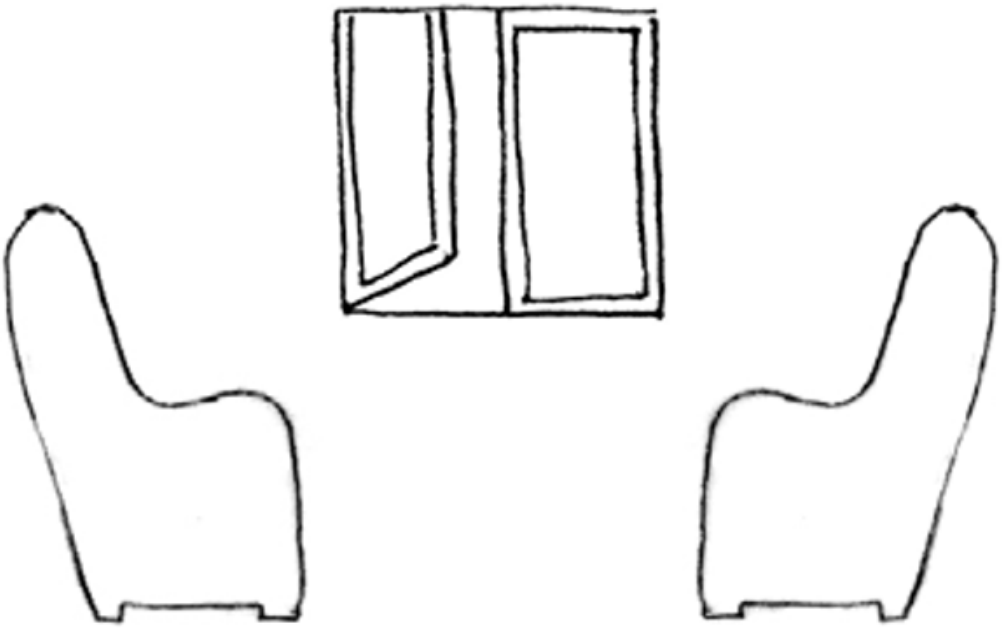
- Sort the colours into your likes and dislikes

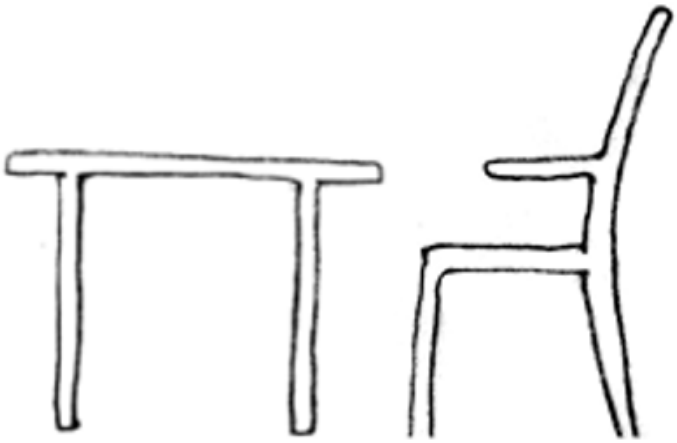
- Make a selection of your particular preferences

- What colour combinations you like

- Whether any of these colours have particular associations or memories

- Whether there are other colours that are closer to your particular preferences







Personal Space

For our third meeting I would like to talk to you about a favourite place or places in your home. If you are happy to, I would like you to :

- Show me your favourite place or places in your home

- Tell me what it is you like about it

- Whether there are particular times of day you spend time there

- Whether there are particular things you like to do in that space

- Talk about the objects, furniture and views from that space

Ethics applications and approvals

Thesis chapter	Research study	Ethics review reference	Approval Date
Chapter 3 and 4	***Can personal aesthetic preferences act as a means to preserve identity for people with dementia?*** Phase 1 Lovely Mug Ugly Mug email survey	**ER22515755**	20/4/2020
Chapter 3 and 4	Phase 2 remote conversations via recorded video interactions on preferences for everyday objects, colour and personal space within the home (very low risk human participants	Amendment 1	18/11/2020
Appendix 24 Portfolio	Gathering anonymous data on choices of colour and mugs from visitors to an exhibition (very low risk human participants)	Amendment 2	08/02/2023
Chapter 3 and 4	***Can the ability to retain aesthetic preferences support identity in dementia?***	**ER25485303**	28/09/2020
	Interviews and focus groups with specialist practitioners online (Very low risk human participants studies)		18/11/2020
Appendix 24 Portfolio	Focus group with specialist practitioners - in person - very low risk human participant	Amendment 1	07/03/2023
Chapter 3, 4 and 5	***How can design support the expression of personal aesthetic preferences in dementia?*** Conversations via recorded video interactions on preferences for everyday objects, colour and personal space within the home (vulnerable human participants) permission to recruit participants living with early to moderate dementia (all other human participants)	ER34886509	02/02/2022
Not used	Face to face in participants home conversations via recorded interactions on preferences for everyday objects, colour and personal space within the home (vulnerable human participants)	Amendment 1	03/08/2022
Apppendix 24	Permission to co-facilitate a workshop in residential care facility (vulnerable human participants)	Amendment 2	03/08/2022
Chapter 3	On substantial amendment to include 'Join dementia research' (JDR) as an additional participant recruitment strategy	Amendment 3	06/09/2022
Chapter 5	To cover temporary, supervised, sharing of data for a period of maximum 7 days with an approved video editor in order to create an edited sampler of clips that convey the embodied express	Amendment 4	21/03/2024

PARTICIPANT INFORMATION SHEET (Phase 2)

Title of Study

Can the expression of aesthetic preferences support identity in dementia ?

About my research

My research is investigating how we define what it is we like and what we don't like. Does being able to choose what we use and have around us in our everyday life, make a difference to our sense of identity ? Does it say something about who we are?

This is an initial exploratory exercise at an early stage in my research to help me to understand how we all make these choices. I will use the findings to inform the methodology I use with people living with dementia **.**

I would like to talk to you about what it is you enjoy or dislike about the everyday objects you have in your home, such as your favourite and least favourite mugs, and colours from a set of cards I will send to you.

I would like to contact you using a short online video meetings so that you can show me your choices and talk to me about them. I expect these to take maximum 30-45 minutes. If you do not wish to share video, we could have a conversation about your choices on the phone.

I may use images of what you show me, and quotes from what you say about the reasons for your choice (anonymised) These will be used to illustrate initial findings that inform my research design.

If you are interested in participating - Please complete the attached consent form

This study was approved by UREC with Converis number ER22515755

Information about what is involved and how your responses will be used

Why have you asked me to take part?

At this initial stage in my research – I am using this as an exercise to test ways to understand more about how people make choices about everyday objects. I am contacting people I know, who have already given me their email contact details, who may be interested in providing me with their views. At this stage I am not contacting people who may be defined as vulnerable

Do I have to take part?

It is up to you to decide if you want to take part. A copy of the information provided here is yours to keep, along with the consent form if you do decide to take part. You can still decide to withdraw at any time without giving a reason, or you can decide not to answer a particular question.

What will I be required to do?

- Talk to me about your favourite and least favourite mug/cup and/or any other everyday objects you would like to show me.

- Talk to me about your colour preferences using a set of colour cards I will send to you
- Talk to me about favourite spaces in your home
- This will be done via an online video call. It you prefer not to use a video you can talk to me about your choices on the phone.

Where will this take place? *At your convenience in your own home*

How often will I have to take part, and for how long?

The process usually takes 3 separate meetings the time it takes to think about your choices, and to talk to me about the reasons for your choices., Also any time it may take to ask me any questions. Estimated time maximum 3-45 minutes.

- **There is no element of deception involved in this exercise**
- **There is no anticipated risk involved in this exercise**
- **There are no obvious benefits or disadvantages in taking part in this exercise**
- **You are welcome to contact the researcher if you have any questions about how to complete this exercise**

How will the information I provide be stored*?*

- All information will be coded for confidentiality
- All the data (recordings and digital images) from this exercise will be stored anonymously with a simple number coding system using the number on the participant consent form.
- The coded person identifiable information (name/email) will be stored separately
- All information will be encrypted if temporarily held on my personal laptop or mobile and then stored securely on the Sheffield University Research Q Drive

Who is ultimately responsible for responsible for all of the information when this study is over? Director of Studies

Will anyone be able to connect me with what is recorded and reported? No, only the researcher and research team will have access to the information

What will happen to the information when this study is over?

The information will be stored as detailed in point 10. above. It will not be used for commercial gain. Images and/or quotes might be used **anonymously** in presentations, websites and blogs. If you prefer I can check with you which images I use before I do this

How will you use what you find out?

The intention of this exercise is to develop a methodology for my formal research. The findings will be used to inform my research design I may use the images and quotes from the responses to questions in presentations and in an online blog

How long is the whole study likely to last?

3 years – anticipated submission of final thesis March 2023

How can I find out about the results of the study? Please see Contact details below

Researcher/ Research Team Details:

Researcher: Marney Walker Marney.J.Walker@student.ac.uk

Director of Studies : Professor Paul Chamberlain

Research Supervisor: Professor Peter Lloyd- Jones
Research Supervisor : Dr Melanie Levick-Parkin

You should contact the Data Protection Officer at DPO@shu.ac.uk if:

- You have a query about how your data is used by the University
- You would like to report a data security breach (e.g., if you think your personal data has been lost or disclosed inappropriately)
- You would like to complain about how the University has used your personal data

You should contact the Head of Research Ethics : Mayur Ronchordas ethicssupport@shu.ac.uk
If you have concerns with how the research was undertaken or how you were treated

Legal basis for research for studies.
The University undertakes research as part of its function for the community under its legal status. Data protection allows us to use personal data for research with appropriate safeguards in place under the legal basis of public tasks that are in the public interest**.**

A full statement of your rights can be found at https://www.shu.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-research.

However, all University research is reviewed to ensure that participants are treated appropriately, and their rights respected.

Further information at https://www.shu.ac.uk/research/excellence/ethics-and-integrity

I know what I like

How can design support the expression of personal aesthetic preferences in dementia?

About my research

Dementia may affect the way we think but we will always know what we like. My research is exploring our likes and dislikes about the things we have around us in everyday life.

Being able to choose what we use and have around us can preserve a sense of identity. If it becomes more difficult to explain ourselves in words, are there visual ways to express our personal preferences? If we become more reliant on help from others, could this help us to express our personal choices?

What will it involve?

I would like to talk to you about your likes and dislikes in your everyday life:

- The everyday objects you have in your home, such as your favourite and least favourite mugs,
- Your favourite colours
- Places in your home where you like to spend time

Where will the research take place?

I would like to contact you at home using online video meetings. There is no need to travel. I will not be visiting you at home.

How often will I have to take part, and for how long?

- I would like to arrange 3 or 4 online video meetings with you so that you can show me your choices and talk to me about them. I expect each meeting to take about 30 minutes.
- The meetings will be spaced out over approximately 6 weeks to 2 months. This will allow for time for reflection between meetings. I will send you a selection of images and quotes from the recordings of our meetings.
- The meetings will be recorded.

What will happen to the recordings of our meetings?

All the recordings will be kept anonymous and stored securely. I may use anonymised images and quotes to illustrate my findings.

Do I have to take part?

It is up to you to decide if you want to take part.
You can decide to withdraw at any time without giving a reason.
You can choose what you would like to show me or talk about

Benefits of taking part

There are no obvious benefits or disadvantages for you in taking part. I have been told by other participants that they have enjoyed the process of thinking about their personal preferences.

Risks of taking part

- There are no anticipated risks involved in taking part
- There is no element of deception involved

- The meetings can be arranged at a time that suits you
- If you find the process tiring you can stop at any time to take a break.

How will the information I provide be stored*?*

- All the information you provide will be coded for confidentiality
- All the data (recordings and images) from this exercise will be stored anonymously with a simple number coding system using the number on your consent form.
- Your name and/or email will be stored separately
- All information will be encrypted if temporarily held on my personal laptop or mobile and then stored securely on the Sheffield University Research Q Drive

Who is ultimately responsible for all the information when this study is over?

My Director of Studies, Professor Paul Chamberlain Director of Lab4Living at Sheffield Hallam University

Will anyone be able to connect me with what is recorded and reported?

No. Only myself as the researcher and my supervision team will have access to the information

What will happen to the information from this study?

The information will be stored securely. It will not be used for commercial gain.
Images and/or quotes might be used anonymously in published papers, presentations, websites, or blogs about my research. If I am going to use specific images, I will request your consent before I do so.

How will you use what you find out?

I am hoping that the findings from this study will help me to develop visual methods to support choice in dementia. Making it easier to express personal aesthetic preferences if explaining things in words becomes more difficult.

How long is the whole study likely to last?

The anticipated submission of my final thesis March 2023

If you would like to ask me anything about what is involved, before you decide to participate, please contact me:

Marney Walker
Marney.j.walker@student.shu.ac.uk

This study was approved by the University Research Ethics Committee ADD REF

Researcher: Marney Walker Marney.J.Walker@student.ac.uk
Director of Studies: Professor Paul Chamberlain
Research Supervisor: Professor Peter Jones
Research Supervisor: Dr Melanie Levick-Parkin

You should contact the Data Protection Officer at DPO@shu.ac.uk if:

- You have a query about how your data is used by the University
- You would like to report a data security breach (e.g., if you think your personal data has been lost or disclosed inappropriately)
- You would like to complain about how the University has used your personal data

You should contact the Head of Research Ethics Professor Ann Macaskill a.macaskill@shu.ac.uk **if:**

- You have concerns with how the research was undertaken or how you were treated

Legal basis for research for studies.

The University undertakes research as part of its function for the community under its legal status. Data protection allows us to use personal data for research with appropriate safeguards in place under the legal basis of public tasks that are in the public interest**.**

A full statement of your rights can be found at https://www.shu.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-research.

However, all University research is reviewed to ensure that participants are treated appropriately, and their rights respected.

Further information at https://www.shu.ac.uk/research/ethics-integrity-and-practice

ER34886059 Data Management Plan

Remote meetings with participants with dementia V3 Amendment 07-03-24

Title of Research: *How can design support the expression of personal aesthetic preferences in dementia?*

Researcher: Marney Walker Contact: marney.j.walker@student.shu.ac.uk

Data Management Plan: Remote meetings with people living with dementia
Converis Ref ER34886509

1. **What data will you collect or create?**

Digital recording and transcript using Zoom in accordance with Sheffield Hallam University - Guidance on Using Zoom for collecting research data which states : Guidance has been produced after consultation with DTS. Zoom can be used for research by staff and students as long as some sensible precautions are taken. These should be followed to ensure the most secure use of Zoom for collecting research data including :

- All Zoom files audio, video and voice activated transcript to be uploaded to Sheffield Hallam University Q Drive
- Meeting ID and Personal ID will not be shared in email headings or on social media.
- Dedicated security tab will be used, and meetings will be password protected.

Digital video and audio recordings of the participants choice of objects and explaining the reason for choices to the researcher.

File formats will be mp4 recordings, MS Word doc/vtt for transcript, jpg/png/pdf for images captured from video recordings and Excel for coding of participants

2. **How will your data be documented and described?**

- All information will be coded for confidentiality.
- All the data (text and digital images) from this exercise will be stored anonymously with a simple number coding system using the number on the participant consent form.

3. **How will your data be structured, stored, and backed up?**

- The coded person identifiable information (name/email) will be stored separately.
- All data will be downloaded onto researchers encrypted hard drive for a maximum of 24 hours and then uploaded onto the Sheffield Hallam University Research Q Drive.

DATA SHARING DURING VIDEO EDITING

- *To create an edited sampler of clips from video recordings that will only be shared with the named examiners via encrypted access.*
- *To enable temporary supervised sharing of the data with an approved video editor, video recordings form the meetings with participants will be stored securely on the researchers (Marney Walker) encrypted drive for a period of maximum 7 days so that the approved company Nice Media can work with the researcher, to provide video editing services in accordance with the Non-Disclosure Agreement and Client Engagement Forms MW01 (Attached)*
- *The editing process will be supervised by the researcher in person working alongside the editor from Nice Media using the encrypted drive. No data will be kept or stored by Nice Media*

4. How will you manage any ethical issues?

Ethical approval has been requested via Converis from Director of Studies (ER34886059)-

The potential benefits, risks and approach to mitigating risks has been detailed in the application This is an exercise involving human participants who have lived experience of dementia.

This enquiry is founded on the principles of a person centred approach to supporting wellbeing that is recommended in all interactions with human participants. Careful attention to respect for privacy and dignity is central to ensure that the recording, collection, and storage of data is confidential and anonymized.

The planned approach to interactions is strengths based, focused on abilities retained in dementia, rather than difficulties. This study is exploring the potential for the use of non-verbal stimuli in communication to support a sense of competency personal identity and agency. The intention is to avoid methods of interaction that involve excess questioning, attention to difficulties, for example the need to name or recall certain facts.

The aims of these sessions are to encourage active engagement by the participants. This approach is intended to address any potential power dynamics and empower the participant to feel comfortable and in control of what they wish to contribute.

Criteria for recruitment will be:

- People living with early to moderate stage dementia.
- Who are self-selecting through local user led voluntary organisations concerned with supporting people living with dementia.

- With capacity to give informed consent in line with Mental Capacity act code of practice and guidance on safeguarding
- Living in their own homes
- Comfortable with the use video platforms either with or without technical support
- With a nominated person of their choice, if they wish, to accompany them and provide any technical support.
- Consent for the nominated person to be included in the recording if requested will also be sought.

The proposed method is a series of meetings of a duration and timing to be arranged at the convenience of the participant via remote video calls that gives participants the potential to control what they share, what is seen by the researcher, and to time, begin and end meetings when they wish within the safety and security of their own homes.

- Consent for ongoing participation will be sought prior to, during and at the end of each meeting. (See consent and participant information form)
- Participants will be asked if they wish to nominate a person to provide technical assistance to set up the video calls and a person to provide any other assistance they might require during the meeting. This might be the same person or different people.
- Consent will be sought from the nominated person or persons to provide assistance as outlined above (see Nominated Person Consent Form)
- Participants will be reminded regularly that they are entitled to withdraw during the process and up to 14 days following the meetings.

5. What are your plans for data sharing after submission of your thesis?

- Data coded for confidentiality with names and contact details anonymised may be shared in the publication of the thesis, in blogs/websites/presentations related to the research. The raw data will only be accessible to the researcher and the supervision team.
- Permission to use any particular images captured from video recordings will be sought from participants if they are going to be used on blogs or websites or in presentations. None of the images to be shared will show participants faces unless express permission is given by the participant. Faces that form part of the image will be obscured or blurred. (See consent to use images form)

- Attention to copyright of images in respect of whether the images are deemed the copyright of the researcher, or the participant will be documented and consent to use images copyright of participants will be sought. (See consent to use images form)

6. What are your plans for the long-term preservation of data supporting your research?

Anonymised Data will be Archived on the University Research Q Drive and then deleted after 10 years

I know what I like

About this research

This project is exploring how much our likes and dislikes reflect who we are. How much being able to choose what we have around us can support a sense of identity.

Each of us will have a different idea of what we find beautiful. Most of us make choices about the colour and style of our clothes, and the way our homes are decorated. Many of us will have a favourite jumper or hat, or scarf, or a favourite mug. The pictures we choose to put on our walls might have a particular meaning for us. Some of us might find the way things look more important than others.

I would like to talk to you about your likes and dislikes for the things you use and have around you in your everyday life. I'd like you hear about what you think about the way things look. Your preferences for colour, shape, and pattern.

I'd also like to know about your favourite places in your home and what is special about those spaces.

What does this involve?

I would like to talk to you using video calls in your own home about your likes and dislikes for everyday objects, colours, and spaces within your home. This will involve 2 or 3 meetings:

Meeting 1

For you to show me your favourite and least favourite mug or cup (or another everyday object that you particularly like to use)

Meeting 2

For you to show me your choice of colours and colour combinations from the cards I have enclosed.

Meeting 3

For you to tell me about a favourite place or places in your home

Each meeting is recorded and takes about 30-45 minutes. It can take longer if you would like more time. The separate meetings allows time for you to think about what we have talked about.

If you have any queries

Please contact me:

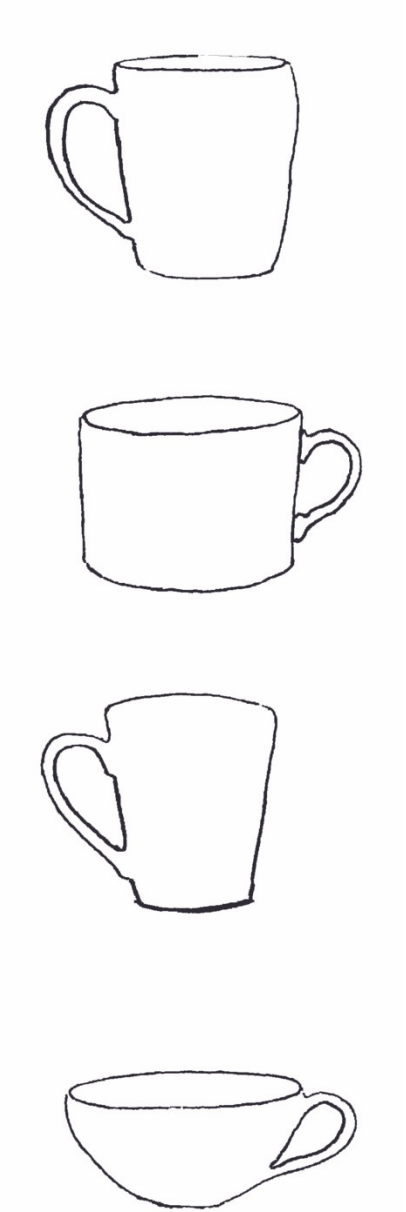
Marney Walker

Tel: 07769681305

Email: Marney.j.walker@student.shu.ac.uk

Many thanks for your interest in this research

Meeting 1: Lovely mug ugly mug



Meeting 1: Lovely mug - ugly mug

Before our first meeting, please have your favourite and least favourite cup or mug ready to show me.

If what your mug is like doesn't bother you, please show me another favourite everyday object that is more important to you. That might be an item of clothing or furniture or something else.

When we meet:

- Please show me what you have chosen
- Tell me about what you like about it
- Tell me about what it is you don't like about it
- Tell me about other things that might have similar qualities

You can use this page to make notes or sketches

You can use this page to make notes or sketches

Meeting 2: Your colour choices



Meeting 2: Your colour choices

For this meeting I would like to talk to you about your choice of colours.

You can use the colour cards that I have sent to you to tell me about this.

When we meet I would like you to:

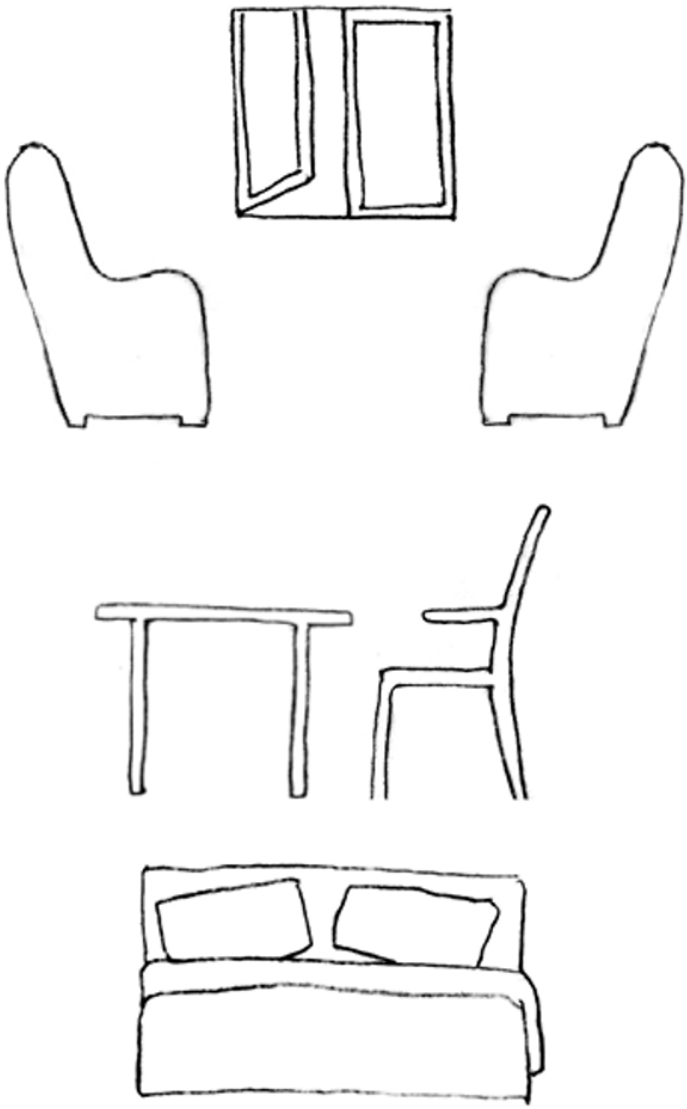
- Sort the colours into your likes and dislikes
- Create colour combinations that you like
- Think about any associations you might have with the colours you have chosen.

The colour cards are just a small selection. So they might not include the ones you really like. You might want to tell me about other colours you like more.

You can use this page to make notes or sketches

You can use this page to make notes or sketches

Meeting 3: Favourite spaces in your home



Meeting 3: Favourite spaces in your home

For this meeting, I would like to talk to you about your favourite place or places in your home:

- Please tell me about a favourite place or places in your home
- Please tell me about what you like about it
- Do you like to use that space at certain times of day?
- What do like to do in that space? What do you like about the objects, furniture, and views from that space?
- Would you change anything about that space?

You can use this page to make notes or sketches

You can use this page to make notes or sketches

You can use this page to make notes or sketches

You can use this page to make notes or sketches

Lab 4 Living

Sheffield Hallam University

PARTICIPANT CONSENT FORM

How can design support the expression of aesthetic preferences in dementia?

Please answer the following questions using an X to indicate your response in each box

	YES	NO
I have read the **Information Sheet** for this study and have had details of the study explained to me.		
My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.		
I understand that the meetings will be recorded by audio and video		
I understand that I am free to withdraw from the study at any time during the process and up to 14 days after our meeting , without giving a reason.		
I understand that I can decline to answer any questions		
I wish to participate in the study under the conditions set out in the **Information sheet**		
I consent to any information used from recordings that is anonymised, so that I cannot be recognised by name		
I have signed the **Consent to use Images** form		
I nominate the following person to assist me setting up the video call at the start and end of meetings Name: Email: Phone No:		
I nominate the following person to assist me if I request it during or after the meeting (This may be the same person as above or another person) Name: Email: Phone No:		

(If it is not possible to print or scan this form, if you type your name here this will indicate your consent to take part in this study)

Participant Name _____**Signature** _____**Date:** _____

Participant contact details

Address: _____

Email : _____**Phone :** _____

Researcher's Name Marney Walker **Researcher's Signature:** [redacted]

Researcher Contact details: E: Marney.J.Walker@student.shu.ac.uk
Lab4Living, The White Building, Sheffield Hallam University, 10 Fitzalan Square, Sheffield S1 2AZ

Please keep your copy of the consent form and the information sheet together

PARTICIPANT CONSENT FORM FOR USE OF IMAGES

TITLE OF RESEARCH :**How can design support expression of personal aesthetic preferences in dementia?**

Phase 2 – Participants with lived experience of dementia

- This research involves audio and video recordings of your meetings with the researcher that will be stored securely on the Sheffield Hallam University Q Drive.
- Images captured from the video recordings will be selected to create booklets of anonymised quotes and images from our meetings that will be provided to you following each meeting. These images will also be used to illustrate findings from the research.
- Most images will ony show your hands/ handling objects, colour cards or places in your home that you choose to show me.
- Where your face is visible this will be obscured or blurred so that you cannot be recognised.
- You might provide the researcher with photographs that you have of objects, pictures or places as examples of your personal preferences

These images will not be used in any way that would show you in a bad light.

- They may be used in my research thesis, research reports, journals, or conference presentations, websites or blogs summarising the research

Please answer the following questions by using an X to indicate your response in each box	YES	NO
1. I agree to a blurred image of my face being used if it is part of an image taken from the video recordings		
2. I understand that my name will not be linked to any of the images		
3. I understand that I will not be given credit for my appearance in any photograph(s).		
4. I give the researcher permission to:		
Put any photographs that I provide to the researcher into the booklets created after each meeting and on websites or blogs related to the research		
Use any photographs that I provide to the researcher in printed material (e.g. reports, leaflets)		
Use any photograph that I provide to the researcher in presentations (e.g. at conferences or seminars)		

(If it is not possible to print or scan this form, if you type your name here this will indicate your consent to take part in this study)

Signature of participant: _____ Date: _____

Name of participant _____

Signature of investigator: [redacted] Date:

Marney Walker – marney.j.walker@student.shu.ac.uk
Lab4Living, Sheffield Hallam University, Cantor Building, 153 Arundel Street, Sheffield, S1 2NU

Lab 4 Living

Sheffield Hallam University

NOMINATED PERSON CONSENT FORM

How can design support the expression of aesthetic preferences in dementia?

Please answer the following questions using an X to indicate your response in each box

	YES	NO
I have read the **Information Sheet** for this study and have had details of the study explained to me.		
My questions about the study have been answered to my satisfaction and I understand that I may ask further questions at any point.		
I understand that the meetings will be recorded by audio and video		
I understand that I am free to withdraw from the study at any time during the process and up to 14 days after our meeting , without giving a reason.		
I consent to be the nominated person for : Name of participant…… to provide assistance to set up the video call at the start and end of the meetings.		
I consent to be the nominated person for : Name of participant…… To be contacted if they need assistance of any kind during the meeting – This maybe the same person as above		
I understand that Name of participant…… would like me to be present during the meeting		
I understand that Name of participant…… would prefer to be alone with the researcher during the meeting but that I will be available if they request my assistance at any time during the meeting		
I consent to the information from my participation, to be used for the purposes of the study, anonymised so that I cannot be identified by name.		
I have signed the additional **Consent to use Images** form		

(If it is not possible to print or scan this form, if you type your name here this will indicate your consent to take part in this study)

Nominated Person for technical assistance

Name _____**Signature** _____**Date:** _____

Nominated Person for any other assistance (may be the same person or different from above)

Name _____ **Signature** _____**Date:**_____

Nominated Person Contact details:

Address: _____

Email : _____

Phone : : _____

Researcher's Name Marney Walker **Researcher's Signature:** [redacted]

Researcher Contact details: E: Marney.J.Walker@student.shu.ac.uk

Lab4Living, The White Building, Sheffield Hallam University, 10 Fitzalan Square, Sheffield S1 2AZ

Please keep your copy of the consent form and the information sheet together

LOVELY MUG – UGLY MUG Survey

My research is investigating how we define what it is we like and what we don't like.

- Does being able to choose what we have around us in our everyday life, make a difference ?
- Does it say something about who we are?

This is an initial exploration at an early stage in my research to help me to understand how we make these choices. I am interested in your choice of mug or cup as an object that most of us use to meet a basic everyday need - a container for hot drinks**.**

Please send me images of your favourite and least favourite mugs/cups that you use and add your comments below.

I may use your images and responses to these questions (**anonymised**) to illustrate initial findings that inform my research design in presentations or blogs.

If you would like to participate, please read the **Participant Information Form** and complete and return the **Participant Consent Form** attached with your response.
Many thanks for your time.
Please contact me if you have any queries marney.j.walker@student.shu.ac.uk

Lovely Mug Please send me a picture of your **favourite** mug/cup
What do you like about this mug?
Is it the colour(s) YES/NO If the answer is yes do you have other things this colour?
is it the shape? YES/NO If your answer is YES do you have other things this shape ?
is it the pattern? YES - If your answer is YES do you have other things this kind of pattern? Please list/describe.
Is it the weight or the material ? YES/ NO -If your answer is YES please describe what it is about the material.
Are there other reasons why you like it?

Ugly Mug Please send me a picture of your **least favourite** mug/cup
What do you dislike about this mug?:
Is it the colour(s)? YES/NO please explain
is it the shape? YES/NO . please explain
is it the pattern? YES/NO - please explain.
Is it the weight/ the material ? YES/NO please explain
Are there other reasons why you dislike it?
If you don't like this mug – why do you keep it?.

Sheffield Hallam University

LOVELY MUG UGLY MUG SURVEY: PARTICIPANT INFORMATION SHEET

TITLE OF STUDY
Can the ability to retain aesthetic preferences support identity in dementia ?

Legal basis for research for studies.
The University undertakes research as part of its function for the community under its legal status.
Data protection allows us to use personal data for research with appropriate safeguards in place under the legal basis of **public tasks that are in the public interest.** A full statement of your rights can be found at https://www.shu.ac.uk/about-this-website/privacy-policy/privacy-notices/privacy-notice-for-research.

However, all University research is reviewed to ensure that participants are treated appropriately and their rights respected.

This study was approved by UREC with Converis number **ER22515755**. Further information at https://www.shu.ac.uk/research/ethics-integrity-and-practice

Opening statement:

My research is investigating how we define what it is we like and what we don't like in the context of home.
Does being able to choose what we have around us in our everyday life, make a difference to our sense of identity ? Does it say something about who we are?
This is an initial exploratory exercise at an early stage in my research to help me to understand how these choices are made. The information will help to inform the research study design and the methodology I use with people living with dementia
*A mug or cup is an object that most of us use to meet a basic every day need - a container for hot drinks**.***
If you give consent to part in this exercise , Please send me images of your favourite and least favourite mugs/cups and respond to the questions about the reasons for your choices in the attached document. ***Lovely Mug Ugly Mug My Choice***
I may use your images and responses to these questions (anonymised) to illustrate initial findings that inform my research design. Please complete the attached consent form

1. **Why have you asked me to take part?**

At this initial stage in my research – I am using this as an exercise to test ways to understand more about how people make choices about everyday objects. I am contacting people I know, who have already given me their email contact details, who may be interested in providing me with their views. At this stage I am not contacting people who may be defined as vulnerable

2. **Do I have to take part?**

It is up to you to decide if you want to take part. A copy of the information provided here is yours to keep, along with the consent form if you do decide to take part. You can still decide

to withdraw at any time without giving a reason, or you can decide not to answer a particular question.

3. **What will I be required to do?** *Provide images of your favourite and least favourite mug/cup and answer a few simple questions about the reasons for your choices*

4. Where will this take place? *At your convenience in your own home*

5. **How often will I have to take part, and for how long?** *Only once. For the time it takes to think about your choices, take the photographs, answer the questions and send the email. Also any time it may take if you have any questions before you complete the exercise. Estimated time maximum 30 minutes.*

6. **There is no element of deception involved in this exercise**
7. **There is no anticipated risk involved in this exercise**
8. **There are no obvious benefits or disadvantages in taking part in this exercise**

9. **You are welcome to contact the researcher if you have any questions about how to complete this exercise**

10. **How will the information I provide be stored***?*

- *All information will be coded for confidentiality*
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- *The coded person identifiable information (name/email) wil be stored separately*
- *All information will be encrypted if temporarily held on my personal lap top or mobile and then stored on the University Research Q Drive*

11. **Who is ultimately responsible for responsible for all of the information when this study is over?**
    Director of Studies

12. Will anyone be able to connect me with what is recorded and reported?
NO

13. Only the researcher and research team will have access to the information

14. What will happen to the information when this study is over?
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15. How will you use what you find out?
The intention of this exercise is to develop a methodology for my formal research. The findings will be used to inform my research design I may use the images and quotes from the responses to questions in presentations and in an online blog

16. How long is the whole study likely to last?
3 years – anticipated conclusion December 2022

17. How can I find out about the results of the study? Please see Contact details below

Researcher/ Research Team Details:
Researcher: Marney Walker Marney.J.Walker@student.ac.uk
Director of Studies : Professor Paul Chamberlain
Research Supervisor: Professor Peter Jones
Research Supervisor : Dr Melanie Levick-Parkin

You should contact the Data Protection Officer if:	**You should contact the Head of Research Ethics (Professor Ann Macaskill) if:**
• you have a query about how your data is used by the University • you would like to report a data security breach (e.g. if you think your personal data has been lost or disclosed inappropriately) • you would like to complain about how the University has used your personal data	• you have concerns with how the research was undertaken or how you were treated
DPO@shu.ac.uk	a.macaskill@shu.ac.uk

Postal address: Sheffield Hallam University, Howard Street, Sheffield S1 1WBT
Telephone: 0114 225 5555

Sheffield Hallam University

LOVELY MUG UGLY MUG: PARTICIPANT INFORMATION SHEET

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A mug or cup is an object that most of us use to meet a basic every day need - a container for hot drinks.

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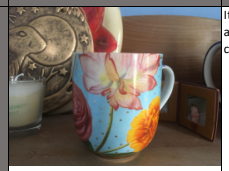
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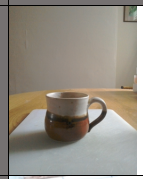
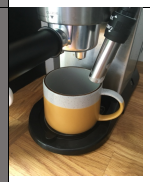
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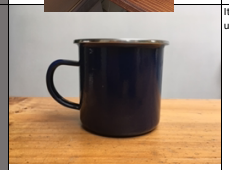
LOVELY MUG		What do you like about this mug?	Is it the colour?	Is it the shape?	Is it the pattern?	Is it the weight or the material?	Are there other reasons why you like it?	OTHER COMMENTS
LM1. F		It's a gift from my best friend	Yes, I do have quite of clothes in black, and gold jewels, as white shirts		I'm happy that this pattern is peculiar of the mug, it makes it more special.	The material is ceramics and is quite nice, I do like that is not light, otherwise I would feel like it is cheap.	The size is quite good for my hand	
LM2. F		This little mug or expresso cup was in my grandma's buffet, where a huge collection of china's porcelains cups, tea or coffee set are stored and accumulated over the year (my grandma is 78yo). This cup was like a survivor, resisting the risk of breakage through time. As it was the last of a previous set, I asked my grandma about the story of this tiny cup and if I could take it with me.	I guess the dark red/Bordeaux colour is in the palette of colour I am using when dressing or decorating my home. I am attracted to this kind of shade without always picking the exact same.	Very unique shape. I really like it size, it is really tiny. I do have a certain liking to tiny object to tell the truth! I Ido like tiny mugs - I have another one, really different in terms of style, to drink Japanese green tea.d	The pattern is really quitch - I can even say a bit ugly and not well crafted - but I find myself really attracted to this mug! It makes it really unique even if it is not really refined.	It is again like to the size that is really comfortable when drinking. Also, we can observe the effect of time as the parts that have been glued back together and some of the pattern has -gone due to the repetitive washing of 3 generations. It is the only cut I have in china porcelain – most of the cup I have our cheap / classic ceramic so it is the lighter of my collection as well due to the "finesse".	I supposed the fact that it holds the memory of my grandma and her parents as it was from the first set she had when she left her parent's place and got married.	
LM3. M		It keeps the hot drink warmer for longer.	The colour is quite honest and I like that, it's the colour of the actual material. I have lots of objects in this colour/material.	The lip on the edge is smooth and comfortable to drink from. It's slightly smaller than normal mugs and I like that because I never finish a full cup of coffee of tea as it always seems like too much.		The aluminium is lightweight too so it's ideal for carrying when going on walks.	It reminds me of holidays as it's in my campervan	
LM4. F			YES I do like the white colour and do have quite a lot of other white, or pale crockery (mugs, jugs, storage jars). Also walls mainly painted white in the house, white kitchen cabinets and small pieces of white furniture.	YES It's a standard size and shape but I have other mugs that are a bit smaller and/ or wider, that either don't hold enough. or let the hot drink go cold too quickly. The handle is comfortable to hold too. Have other mugs this shape, plus jugs and vases. In fact, looking around the kitchen, most crockery, containers etc have a very simple, straight up & down or slightly conical, form	YES Not many things with this kind of pattern/graphic, but I really like the simple line drawing. Have a small plant pot with a similar kind of graphic – but it's more colourful (bought by nieces and nephew)	Weighs noticeably less than some other mugs. The material (bone china) has a translucent quality and also allows the wall and lip of the mug to be thinner, which makes it really nice to drink from.	It makes tea taste good! And it makes me smile.	
LM5. M		The mug works as a whole ad needs to be picked up and handled in order to appreciate it. Photos are only an introduction and a wide angle 'phone picture distorts the shapes	Yes – in the use of colours in the slip painting and the glaze	Yes – general form and proportion - we also have smaller versions	Yes – free brushstroke slip decoration, repeatable but not identical –see above	Yes – an fairly large mug which is very comfortable to use	I like this potter's work generally	
LM6. F			Yes I like the strong clear colour. Yes we have a yellow kitchen/ dining room, and spare bedroom and yellow sheets and towels and I have quite a lot of yellow clothing. We also have a lot of other artefacts in strong plain colours and this range of mugs (from David Mellor's) comes in eight shades. We have seven of them	Yes I like the shape, a strong vertical with the elegant curved base	I have reservations about the pattern. When I first saw this range of mugs I was disappointed by the straight lift from the British Standard Colour Chart. It was too self conscious perhaps, too much what 'designers' might choose to own. Lacking imagination. However I was swayed by the colour range and the lack of satisfactory plain coloured mugs in the shops. And now I like them and will definitely replace breakages	I like drinking out of porcelain, it has a finer lip and is lighter and these mugs are a generous size.		

LOVELY MUG		What do you like about this mug?	Is it the colour?	Is it the shape?	Is it the pattern?	Is it the weight or the material?	Are there other reasons why you like it?	OTHER COMMENTS
LM7. F		Its pretty and beautiful colours and the right size for my morning coffee	I have loved turquoise for a long time – also pinks . I have turquoise jewellery and my staple hill-walking waterproof jacket is turquoise, also a a couple of clothing items , and Ihave many many pink accessories – water bottles, back packs and again a few clothing items	Its not so much the shape – more the size	The pattern is quite a classic kind of , almost liberty type pattern . I have always loved beautiful fabric, (did a lot of dress-making when I was younger) and havemade curtains and things – always choosing beautiful, tasteful? (only my taste I suppose) patterns in gorgeous colours	Don't think so although maybe it's the weight of the china maybe ?	My best friend bought me it and even though it has a wee chip in it it is still my favourite morning coffee mug – I have different favourite mugs for morning tea and afternoon tea. Strangely its still my favourite even though my best friend of 34 years who gave me it many years ago , cut me out of her life 4 years ago (TMI)	It made me think of my Granny Mac (Macgergor) , my mums mum. We didnt have an awful lot when we were growing up - lonfg story - will tell you over a glass of wine sometime . But my mother came from a family with a bit more - My Grandpa MacGregor was a chemist . Anyway my Granny Mac was quite a charachter and she had beautiful taste . Latterly she sold her house in Perth and went to live in a converted coachouse in Crief at the bottom of my Uncle Sandy's garden (her son) . It was beautiful and was full of beautiful colours and fabrics and furniture. She also always had had a coffee bean grinder and real coffee in proper china was really important to her - she had class ! and taste Maybe I am secretly a bit of a snob So - thats probably all way too much information but your questions really got me thinking - thank you. If I had dementia and I was in a care home and someone gave me instant coffee in a rubbish mug Id probably throw it back at them.
LM8. M		What do you like about this mug?: The decoration is from a designer I respect. Milton Glaser – I (Heart/Love) NY. Its simple, and a good weight.	NO	Somewhat. We have over 20 coffee mugs. This one feels the most normal, has no bumps, isn't too large or small. Handle is a good size for holding	Somewhat. The minimal look and simple graphic is clean. Not having any other decoration is a good thing.	I know that this is not an expensive mug to have been made, but the handle feels firmly attached, the size is a good coffee portion size, and the weight is slightly heavier then most giving it a feeling of security that it won't tip or break easily during use, cleaning or storing	I love New York.	
LM9 M		I like the graphic forms of technical diagrams and this cup has the periodic table of elements printed on it. I like the fact that this chart simplifies in essence everything in the known universe (apart from the element of surprise). Moreover I can hold a graphic representation of everything in my hand including the coffee in the cup.	– I like the colour combination, both warm and cool at the same time. The cup is a good size, practical and has a comfortable handle.	Yes, I like the shape –which is very conventional but practical	Aside from the meaning of the printed image, I like the regularity of this pattern, divided into a grid of colours with lettering of the elements revealing the neutral ground tone	Yes, it's solid, but not too heavy.	Something about its depiction of a rational ordering of the world is reassuring and inspires the motivation to act in an organised way, which isn't my natural inclination, particularly early in the morning before I've had a dose of caffeine.	
LM10. M		the design of the image and the image content	olours chosen to suggest relationships of elements of four-set Edwards-Venn diagram, with intention to appear 'positive' and 'primary' (though they're not all primary colours)	Shape of mug is determined by generic commercial company offering print service	well it's not actually a pattern but a design, but that design and the 'content' it contains and organises is key	If your answer is YES please describe what it is about the material again, weight/material determined by generic commercial company and wouldn't have been my first choice.	A team of people contributed to the design aspect, in order to inititially porcude a banner. This is an adaptation of that work, which I subsequently rolled out to other similar designs for mugs, including 'neoliberalism', 'managerialism' (which I gave to X!), and 'populism'.	
LM11. F		I think its beautiful and it reminds me of a happy positive time	Yes – yellow is my favourite colour. I usually have something yellow with me, a scarf, hand bag or pen for example	To be honest, it's a little too small – I don't have espressos often so I only use it once a week maybe. But this isn't a bad thing, it probably makes it more special rather than it being an everyday mug	It's less so about the pattern – I like it but it's more about the colour and the 'other' reason. Is	It is really nicely made so I appreciate this	It was a gift at a really positive point in a relationship whereby I felt that he really understood me – my love for coffee, my love for yellow, my love for design, my love for mugs! It was given to me on a sunny bank holiday in Wales and I was really surprised. So I get a really positive feeling when I look at it, and often send him photographs when I'm using it.	

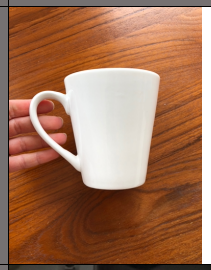
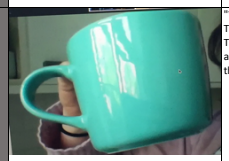
LOVELY MUG		What do you like about this mug?	Is it the colour?	Is it the shape?	Is it the pattern?	Is it the weight or the material?	Are there other reasons why you like it?	OTHER COMMENTS
LM12. F			Yes, this icy blue colour is one of my favourite colours for home accessories, it's subtle and calm, goes well with whites and neutrals.	Yes, I like that the shape is a cylinder with straight sides, not curved, many of the other items I choose for the home are also straight rather than curved	•Yes, the pattern is textured and imperfect, making it feel more organic, which I also like in the woods, concretes, and other ceramics we have around the home	No, the weight is not a factor in why I like it	It was thoughtfully handmade by a woman who also lives in East London, so I can enjoy this mug as a piece of art that matches my aesthetic taste and also know that I'm supporting a local artist. Because this mug is small, I don't use it every day, I use a larger plain white mug for my functional weekday coffee and I use my small special mug when I want to slow down and feel like I'm having a treat.	
LM13. F		It was given to me by my daughter - I liked the shape	I have some bowls of a similar colour	I have other pottery like this	I like the pattern of the olives around the mug	It is nice to hold a drink from		
LM14. F		When I bought this mug (in Habitat circa 2003), I was very drawn to it. I experienced what capitalist would call an acquisitive urge. I was in a shop (as opposed to a museum or private home) and thus in a position, to gratify this urge. It was not cheap and I was not rich and this tension added to the desire and sense of relief when the decision was made to buy myself a mug. A mug of my own choosing, rather than one acquired by happenstance or donation	I love the colour. It is the very deepest, almost black, Monestial blue. A Very celestial if nocturnal ambiguous colour.	I find the curved shape very satisfying, you can cradle it in your hands.	There is no pattern as such, but there is a highly reflective glaze on the mug which picks up reflections from all around it- including that of the drinker. This gives it a slightly ninja quality- despite its curvy presence- it sort of disappears into its surroundings.	It is made of stonewear- so it feels very substantial. And is labelled with dishwasher and oven proof signs- so notionally very practical too.	I like the Japanese-style aesthetic	
LM15 F		(I hope it is okay but I have put in both my favourite mug for tea, and favourite cup for coffee "Tea/mug on left – it isn't the most attractive or artistically pleasing mug but it has meaning and is just the right size for the amount of tea that I like. Cup – I love the colours and plain, ergonomic shape which allows you to hold it easily. I also love it's individuality."	Mug – no, it is the image which is cute and in some ways is supposed to represent me and my husband, but particularly the saying which is a Scottish saying and one of affection. It took me a while to find it, having originally bought him a card with the same image. Cup - yes	Mug – yes, I like the shape and size Cup – yes, I love the way it feels when I hold it	Mug – yes, I like the image and phrase – as per explanation above Cup – yes, I love the pattination/cracking of the blue inside	Mug – yes, it is not too heavy Cup – yes, it is light but also the material is very smooth, plain and ergonomic	Mug – sentimentality and wording	
LM16 F		I like that it keeps the tea hot for a good period of time and fits with the shape of my hand and the handle is the right proportion. I like the fineness of the lip, this fits well with my mouth.	No - I don't like the look of this mug at all, its got writing and drawing on it and is very scratchy and busy. It reminds me of a national trust gift shop, which isn't a good thing really. I don't use it when people come round because I'm embarrassed of it.	YES - I quite like the shape, it works, the gentle curve at the lip is a good detail, it has a kind of elegance	No - I actually react to the pattern, I don't like mugs that have a load of writing on. I just want it to be a good mug, I don't want it to educate me about a herb. I can look on google for that.	I love the weight and the material. It is lightweight but strong, hasn't ever cracked. Quality bone china.	I have no idea where it came from, so there is no sentimental value for this mug. I guess it hasn't broken and therefore I feel a certain loyalty and affection towards it for giving good service. I like to hate it, sometimes I wish it would break.	

LOVELY MUG		What do you like about this mug?	Is it the colour?	Is it the shape?	Is it the pattern?	Is it the weight or the material?	Are there other reasons why you like it?	OTHER COMMENTS
LM17. F		This mug has been made on a wheel by a potter especially for drinking coffee	Colour suitable for coffee	The shape keps the coffee hot . The rim is not too thick	Yes I have a set of six	Well thrown so quite light		
LM18 F		What do you like about this mug? Perfect shape, smoothness and thickness for a mug to retain heat and be a pleasure to touch with lips. Colour: The perfect brightness and shade of yellow, the delicate almost translucence of the white, and the contrast and simplicity of the font of the words. The feel: perfect size for my hand, the shininess and smoothness of the texture. It just looks perfectly put together. It is a pleasure every time I look at it and washing it up is a pleasure.	Actually not that many, but the things I do have are special. One thin cotton shirt which I have had for a while I consider it my spring shirt, I feel like a primrose or a daffodil when I wear it. I don't wear it in the winter but I like to see it hanging in my cupboard. I have recently painted 2 very small tables yellow, a similar shade as I felt the need for yellow. Now I come to think of it I had a pale yellow vest about 35 years ago. It was very cheap about £1 and I found it very much by accident, I have never found another one like it.	As it is a mug, yes I do	No -	material It is the feel of the wight in my hand, it feels just right, not too heavy but not too flimsy or insubstantial in the hand, it feels comfortable because of its size and is easy to hold.	I just do! It was a revelation to me that MUGS could bring me such pleasure! Every stage of making a cup of tea is that bit extra special with my yellow mug. Then I wash it up and put in the same place every time, on an open shelf where I can see it. Thank goodness my favourite mugs have been with me throughout Lockdown!	
LM19 M		Its elegance (arising out of its practicality in my opinion). The volume of coffee (I would not use it for tea or soup, say) contained in it is ideal for me. I once e-mailed Illi to ask where I could get these but no response was received. The fact that the cup and saucer were stolen pleases me, and gives me a trill. I had another, a second set, but the saucer was dropped and broke: this increases the value of the existing one from me	NO	YES Its elegance (arising out of its practicality in my opinion)	Kind of: I don't mind advertising Illy and associate them with the Italian Left for some reason, and/or moments of reasonable decadance	Yes Yes it seems just right for purpose, not too delicate, not too heavy	The fact that the cup and saucer were stolen pleases me, and gives me a trill. I had another, a second set, but the saucer was dropped and broke: this increases the value of the existing one from me	
LM20 F		I love its form and how it feels cupped in my hands. It serves to both comfort me through the warm form as much as the drink itself. And fits under our coffee maker. All other cups we own dont work with the machine. The combination of form, colour and its craft look fits my style and personality	Yes - the colour plays out in my home. 1 full room is painted a similar tone with a lot of autumnal tone. It also fits with another of the same cup but in a different shade, so that both sit together, though I thought would use as his and hers but his preferences werent as I expected. I also like the two tone of the cup but I dont know why	I love the shape of this cup and happy to show a picture of it in my hand also . It has stability and acts like an orientation for me when I am trying to study. Cupping it gives me security and a sense of comfort!	I know the two tone stripe has drawn my attention to buying it but I dont know why. I guess when I look it does fit with the style of my kitchen. Actually it adds to the style as a pattern in itself I think so that it contrasts with other cups and is easy recognisable for me to grab from the cupboard.	Definitely the weight is important. The layered shape gives security and the material sits steady with the weight so my clumsy hands dont knock it over. This characteristic is probably most important to me if I was placing a hierarch on colour, shape , pattern , weight	Its easy to see . Its distinct compared to the rest in the cupboard. It is MINE!	Confused by YES/NO - maybe which is more important to you ? The colour, pattern, weight , material or a combination ?
LM21 M		It is my perfect size for a cup of tea. We have a pretty small and ragged collection so the competition is not great.				It comes from a line of catering table ware that is virtually indestructible. I have two and they have been with me for years despite dropping them many times.	It has a good weight and the handle is a comfortable fit.	

LOVELY MUG		What do you like about this mug?	Is it the colour?	Is it the shape?	Is it the pattern?	Is it the weight or the material?	Are there other reasons why you like it?	OTHER COMMENTS
LM22 F		Its hard to tell from the picture but its such a wide mug. It feels such a nice weight in my hand, its sturdy. I like this because I have a tendency to knock things over and this mug feels safe. It has a wide handle great for dexterity when I am trying to carry too many things at once! I like its lines round the side they remind me of levels of liquid. I like the bluey turquoise element I find it calming and it always makes me think of a holiday or an artist from the 60s. Its great for herbal tea. It feels like a grown up mug.	YES - I like that the mug is ivory, it somehow feels earthy and a bit of a posh mug.	Yes - really like the its breadth it feels good because when drinking herbal tea it lets it cool down faster as I am impatient	Yes I like it reminds me of levels of liquid.	Yes -It's the perfect weight. . I think I am attracted to slightly weighty things, I can be very clumsy and often spill things. I also loose/forget things often somehow the weight of it reminds me it exists and reminds me to take another sip as often I completely forget I'm drinking thing and will find half teas everywhere	It somehow reminds me of being by the sea. It also reminds me of an old artist lady who lives by the sea.	
LM23 M		I like its sense of confidence. The mug is confident in that although it is small and holds little, it has weight. A weight of how it feels in the hand, and its weight of colour that to me makes it feels vital, it has an energy of being "alive." Normally I might think this extra weight, its feel in the hand, suggests cheap materials are being used. For example, a teacup would use fine china. However, this coffee mug goes in the other direction. It uses weight to make a statement of intent. It design and material selection is purposeful so as to make you recognise every time you pick it up that you have decided to choose it, that your choice reflects your expectations of how this circular conversation will unfold	The mug's green colour projects its aliveness, its vitality. I see the colour in the plants I own. From cacti to a Madagascan Dragon Tree. But, perhaps more relevant than the things I own, it is how this is a colour of nature – of living plants. Of how I see the colour green in spaces all around me, that they support me, and distinctly, they are free to be gazed upon. I do not own then. Consequently, I am understanding my mug through my understanding of the living plants around me.	Only other mugs				
LM24 M		The size - the sentimental value	NO -	This cup is one of a kind in the household . The shape is the largest mug we have in the house - which is the contribution factor for why it is my favourite	NO	NO,	The mug was given to me for my 21st by a friend whilst at university which is the primary reason why it is my favourite	
LM25. F		This is my favourite mug that I own at the moment, but it isn't my dream mug (yes I do have my eye on my dream mug but haven't splashed out yet)	NO - I wanted brighter colours but the shop only had white, however it was near enough to the sort of thing I was looking for at the time (and I was running out of mugs) so I bought them	YES - The shape is curvy and comforting, nice to hold in the hands.	YES - It has a sunken pattern and a glaze effect, giving it a hand-made feel although it is mass produced.	YES -looks a bit rustic despite it being mass produced.	It holds slightly more than average amount and I like a good size cup of tea / coffee. I bought the set myself.	
UM1		The shape is just weird, and it doesn't have character.	YES the colour is nothing special, just plain.	YES.The shape drives me nuts, I just don't understand it, it feels quite aggressive.				

UGLY MUG		what do you dislike about this mug?	Is it the colour?	Is it the shape?	Is it the Pattern	Is it the weight or the material?	Are there other reasons why you dislike it?	If you don't like this mug why do you keep it?
UM2		There is nothing special about this mug and that is why it is my least favourite. I bought it for it purpose and it is not that ugly, but it is not interesting visually.	Really neutral, as it is grey and beige – kind of "suits every house and style" mug, so it is not holding any personal story or represent what I like.	The shape is quite nice actually! My hand can nicely fit around it to enjoy the warmth of the brew inside	Even if neutral in terms of colour, I do like the "tie-and-dye" pattern. Actually, I do have a cushion with this pattern too, but with a very nice blue colour instead of grey, which fits better my taste in term of home décor.	It is too heavy and a bit chunky! That is also why I am rarely using it, as I find it not as comfortable to use as the other cups I got. I like to drink my tea or coffee on my sofa/daybed so the time the cup is travelling from the coffee table and my lips is longer than during breakfast at the dinner table. So, the weigh makes it difficult to stabilised and so I stained and burnt my laps many times!	Maybe… I bought two mugs like this one in London when I moved in, one for me and one for my boyfriend. I moved out and broke up with him, so I don't see the point of having two of the same mugs in my cupboard. Not that it is a very sad or painful memory, it is just a change that has affected many objects I used to have as well. I suppose it is part of the construction of a new life to forget some of them and to get new ones.	I guess it is because it could be handy if I have guests. It twin (because I bought two of them at the time) is at my work place, as I don't have a huge emotional attachment to it, I am not afraid if it breaks or if it gets lost.
UM3		It burns my hands and lips every time I use i	NO	YES The lip is very annoying and hard to judge when you drink from it.	NO	YES, the steel is a really bad design decision making the experience a poor one.	The handle shape and the tinny sound it makes.	This was in the attic along with all the other unwanted stuff up there. It's in the charity shop pile.
UM4			YES This is an old mug. It complimented the colours of the kitchen in the house I lived in at the time. I still quite like the colours but they don't really go with anything anymore. The main reason I don't like it is that the yellow inside colour makes tea look a strange colour, so it's a last resort mug these days.	NO Don't mind the shape, although prefer the Lovely Mug	No pattern	It's not too bad on weight and material but the wall/ lip is thicker than the Lovely Mug and lacks that translucent quality and visual lightness	No	
UM5		I hate chipped mugs	No	No – basic ok	No pattern	No – well balanced, handle works ok	My wife is left handed, so chipped edge is not the side she drinks from. And we use it as an outside and/or builders mug	I recently gave the mugs I really didn't like to a charity shop. This is one that I like least of those I still have. There are a couple, including this one, that the builders used when renovating the house. They all got very dirty and although they cleaned up ok, I kept most of them for emergencies and dirty builders!
UM6			Yes the plain whiteness is unexciting. There's too much polite plain white china around now	es I don't go for the beaker shape. 'Beaker' is a word I associate with 1950's school dinners. The anomie of childhood.	Well there is no pattern	t's quite chunky despite being porcelain and it's rather smaller than I like mugs to be.	It's probably the dullest mug in the cupboard.	I've got rid of all the ugliest mugs accumulated over our lifetime (including coronation mugs) . This mug is quite neutral and I use it to measure out porridge most mornings

UGLY MUG		what do you dislike about this mug?	Is it the colour?	Is it the shape?	Is it the Pattern	Is it the weight or the material?	Are there other reasons why you dislike it?	If you don't like this mug why do you keep it?
UM7		Its big and ugly and cheap - its all of the below						Its Lawrie s favourite – builders tea , preferably drunk when cold – YUK . Its common
UM8		The shape and decoration and weight.	Gold, Rose Gold in fact, being used on a mug that is cheaply made, looks tacky and cheap, with a phrase that holds no meaning, and within this context becomes trivial and pointless	slightly too big around.	This pattern and design epitomises commercialism taking visual and verbal communication and manufacturing it purely because it is easy and lazy design, using colours to create an elegant aesthetic when this context does not apply to the function	This mug frustrates me as it feels like it is purely sold to profit, and not to perform the function of being a strong, resilient mug. It is light, and feels ready to break during washing and storage	? Especially in the context of the mug I do love, these are both showing 'Graphic Design' but one was carefully considered during its inception, this one was not.	Because I am not allowed to throw it away or give it to a charity shop.
UM9		It's too big for a drink, not to cool. I didn't buy it, it was free with a chocolate Easter egg. It now serves as a receptacle for pens	Although the colours are bright and jolly they aren't particularly pleasant shades	The shape is ok, but it is overly large.	The pattern is simple, but not particularly well crafted.	Yes, as it's too big –Its also too heavy.	No, I'don't dislike it that much and it serves a purpose.	I bought an Easter egg for my daughter, which this came with –and it reminds me of her and the pleasure of buying a surprise for a loved one
UM10		well, I'm ambigiuous as I like the design but am politically opposed to the subject and content ('neoliberalism') – hence my slightly jokey choice of 'ugly' mug.	deliberately designed to look drab and 'black and white' in contrast to colourful 'corbynomics' above.	please explain as above generic commercial availability determined shape	as above, the design (using four set Edwards Veen format) is pleasing, though the 'content' is antithetical to my politics (intentionally)	again commercial availability		It's part of a set, and works in contrast and comparison with others
UM11		It was in my apartment left from the previous owner, so they obviously didn't value it very much. Mainly, I don't like how it's stating the obvious 'coffee'.	I really dislike a mug that is black inside as you can't tell how strong your tea or coffee is (as I take mine black)	No	Yes – it's the 'coffee' up the side – just so unimaginative and stating the obvious	No –	don't think I've ever valued it partly because the previous owner didn't either. It sat at the back on my cupboard for 5 years, never used, and so I finally got rid of it last month (hence the stock image).	I think I kept it for 5 years as it's still useful as a mug – I couldn't throw it away because it was still useful. But I realised it's useful but not being used, therefore it went to a charity shop. –

UGLY MUG		what do you dislike about this mug?	Is it the colour?	Is it the shape?	Is it the Pattern	Is it the weight or the material?	Are there other reasons why you dislike it?	If you don't like this mug why do you keep it?
UM12			No, I typically like white objects	Yes, I typically like the shape of the mug itself but I dislike the shape of the handle, too big and curvy, to me it doesn't match the straight angle of the mug	No pattern, which I also typically like		I didn't choose it It doesn't have a pair, so you can't share a drink in the same mug as a friend	We're low on mugs so we need to use it every so often
UM13		It is too heavy	No	Too big	No I like the pattern	Too heavy		We brought it back from Australia so it has sentimental memories
UM14		Over-time and put to use the mug's qualities changed in my experience of them in daily life. For a while it was 'my' favourite mug and then one day it wasn't. The following is a post-rationalisation of that shift in feeling. The mug is now rarely, if ever used.	The dark blue colour is on both the inside and the outside of the mug, which means that the colour of the drink- any drink looks murky and indeterminate. It turns out that what I like about the colour- its ambiguity, gives the contents an equally ambiguous quality- perhaps even a sense of something toxic. What Derrida would call 'undecidable'. In the realm of health, this is not desirable- I discovered that I prefer mugs with white interiors so I can see the colour of the liquid I am drinking.	The curvaceous shape, which is nice to hold, has a fairly, fine lip-edge and the interior surface falls away from that edge towards the outward curve. What this means is when you drink from it, it is slightly harder to control the amount of liquid that reaches your mouth. The shape it turns out is an eye thing, not a mouth thing	The shiny glaze, does hold finger prints and rarely looks very clean- but this is a minor issue- it is still good to look at.	The substantial feel of the stonewear is not well balanced by the handle- with the extra weight of liquid, especially hot liquid it is difficult to keep the mug level.	It acquired a very small chip on the lip by the handle. I find this off-putting.	For all the reasons that I originally chose it.
UM15		I don't have any mugs I dislike but have listed below the reasons I would not like a mug/cup; If they are too small and difficult to hold/not easy to grip If they are too big/heavy to hold and difficult to grip. If they are too 'fussy' with dated or 'naff' images (despite my choice of mug above!) I probably wouldn't like mugs which are pastel or insipid colours However, saying that I do like some very old cups and saucers?! (sorry)						? If I did have a mug I disliked it would probably be because it had sentimental value e.g. someone I liked gave it to me, the person who gave it to me was likely to come to tea (!)
UM16		"What do you dislike about this mug?: The weight, size and thickness of it. The handle doesn't work for the size and shape of my hand, so slips when the mug is full"	Is it the colour(s)? YES / NO - please explain- No, I love the colour, I bought it because this colour is good.	is it the shape? YES/ NO – please explain YES - The tea tends to dribble down the chin as the lip is so fat.	is it the pattern? YES/ NO - please explain YES There is no pattern as such, I like that it is plain.	"Is it the weight/ the material ? YES/ NO - please explain YES - It's too big and weighty for my hand, especially with tea in it. "	"Are there other reasons why you dislike it? It's too big, so the tea goes cold before I've drunk half way. "	If you don't like this mug – why do you keep it? It is a beautiful colour. I think that some of my friends might like it and not feel the same way. It may fit their body shape better and be more proportionate to their scale.

UGLY MUG		what do you dislike about this mug?	Is it the colour?	Is it the shape?	Is it the Pattern	Is it the weight or the material?	Are there other reasons why you dislike it?	If you don't like this mug why do you keep it?
UM17		Everything	The colour is boring	The shape is clumsy	N/A no pattern	It is heavy	Not pleasant to drink out of	Given to me by a friend who would be hurt if I got rid of it
UM18		The shape	No I quite like the colours	For some reason it feels too short, ie the height isn't right...sort of squat	Because of its proportions I feel it loses heat quicker than mugs which have a smaller surface area relative to depth -But the shape is not comfortable in one hand...too broad and wide.	No	Because of its proportions I feel it loses heat quicker than mugs which have a smaller surface area relative to depth	I quite like the colour... It isn't too bad. Also I bought this one and another one, it seems a waste to get rid of them...but I may in time! I have got rid of all mugs that I really didn't like!
UM19		I have never liked these standard 3inch diameter cylinder shaped mugs. It seems they are neither one thing nor the other. I prefer to drink tea is smaller quantities. Perhaps they make sense for soup. Occasionally I use the to contain a boiled floury potato, cut open on top, with some butter or equivalent and salt and eat with a spoon because it's a childhood memory: my grandmother used to present these beauties to us. When I am lazily given one of these mugs as a present I look forward to the day they will break. Occasionally I put then to other uses such as washing my hair in the bath	No	I just don't like the scale: they are too big for most purposes, and the thickness seems to serve no purpose. My favourite cup is thick too but there it adds a kind robustness.	No	Yes		As I say, I am generally given these. I look forward to the day it breaks. Occasionally as a last resort I might use. Others in my household use.
UM20		I despise it. Any time my partner uses this to make a cup of tea for me I send dagger looks. It is just aking for an accident, spilling over work. It is so unstable, has no character and is so dysfunctional	Boring white - but more to do with its appication to form	Yes - most definitely - I normally choose for the look of objects but this confirms to me the importance of getting the basics right. It does not look like its steady, no one can convince me it is otherwise	Not relevant	Yes		Good question. You are welcome to it but technically it is not mine ! A hoard of cups from partner combined with my own contribution
UM21		Everything.	It has no colour	– It is too small.	The sentiment written on it is trite.	YES – It is made of glass which it a terrible material for hot drinks.	? It was a gift from my wife's school in recognition of "Teacher Appreciation Day". We both feel a cash bonus would have been better.	It seems irresponsible to consign it to the rubbish dump. We would put it on the street for someone to take but one of the school directors lives 5 doors down and we are nervous about them seeing it discarded

UM22		I mean its hideous. The shape is so flimsy and the brim at the top feels unstable	I like blue usually but it looks photocopied and very unnatural sort of grainy and pixelated.	its too slim it feels a bit pointless.	I love kittens but its very kitch, I actually wouldn't mind it if there wasn't the blue background.	It's very thin and feels cheap.	Rubbish handle.	For nostalgic reasons, I used it at my grandmothers who I adored. Some days ugly things make me laugh.
UM23		Sorry, I don't have any ugly mugs. This is perhaps because I've moved house a bunch of time in the recent years and have only mugs left that I like/need.						
UM24		The size (voume) ; The material		The size is too small to hold a decent amount of fluid for either a drink to quench first or for a cjup of tea		The mug is made of pressed metal with a thin wall thickness. If using the mug for a hot drink it can easily burn your hand whilst holding	I like WW2 memorabilia and bought the mug at a souvenir shop at a museum	
UM25		boring shape, I guess actually it looks more masculine against the more feminine cup I love	Quite like the colour and had a whole set of them all deep blue, but it doesn't fit with my other kitchen things any more.	It just doesn't invite me in, It feels clunky and unattractive.	I do like the pattern, but on the mug it appears too graphic and bold, and stands out as too clunky.	Heavy, unattractive	This mug was given to me as a set by my mum. She has a habit of buying me mugs because we tend to smash them quite regularly. When they were gifted as a set they all had eachother so didn't stand out so much. I now want to fill my cupboards with only things in a particular style, and this mug doesn't fit in any more	I'm not very good at buying things I need, and actually don't have that many mugs, so it is useful at the moment.I expect this mug will get smashed at some point so i'm not too worried about it's presence.

Shared Looking record of participation - Phase 2

Code	package sent	Single/ Couple	Age range	A Mug	BOOK SENT	B Colour	BOOK SENT	C Personal Space	BOOK SENT
SH1	15/04/2021	C	25-35	21/04/2021	X	28/04/2021	X	06/10/2021	14/12/21
SH5	17/04/2021	C	25-35	20/05/2021		29/06/2021	17/08/2021	23/11/2021	06/01/2022
SH3	04/05/2021	C	65-75	08/05/2021	15/05/2021	21/05/2021	25/06/2021	02/09/2021	07/11/2021
SH4	04/05/2021	C	65-75	08/05/2021	15/05/2021	21/05/2021	X	02/09/2021	07/11/2021
SH2	04/05/2021	C	55-65	07/05/2021	19/05/2021	21/06/2021	23-/07/21	06/09/2021	18/09/2021
SH6	05/06/2021	S	95-100	12/06/2021	05/08/2021	12/06/2021	05/08/2021	04/12/2021- aborted due to tech issues - 2nd attempt 19/01/22	14/02/2022
SH7	05/05/2021	S	45-55	17/07/2021	10/08/2021	14/08/2021	17/08/2021	06/10/2021	06/11/2021
SH8	29/08/2021	C	65-75	11/09/2021	17/09/2021	16/10/2021	06/11/2021	25/11/2021	10/12/2021
SH9	09/09/2021	C	15-25	23/10/2021	06/11/2021	31/01/2022	07/02/2022	29/04/2022	07/05/2022
SH10	09/09/2021	C	15-25	02/12/2021	21/12/2021	31/01/2022	14/02/2022	31/03/2022	07/04/2022
SH11	09/09/2021	C	25-35	07/10/2021	06/11/2021	18/11/2021	14/12/2021	17/12/2021	05/02/2022
SH12	19/10/2021	C	45-55	02/11/2021	12/11/2021	19/01/2022	01/02/2022	28/03/2022	14/04/2022
SH13		S	75-85	14/12/2021		16/12/2022	28/12/2021	12/01/2022	20/01/2022
SH14	08/01/2021	C	55-65	24/01/2022	X	03/03/2022	01/04/2022	03/03/2022	01/04/2022

Phase 3- Participants and process 05-22 to 08-23

Code	Gender	Age range/ DOB	Single/Co	Recruitment source	intro email	Intro meeting	package sent	Consent received	A MUG	BOOK SENT	B COLOUR	BOOK SENT	C PERSONAL SPACE	BOOK SENT
SH2-1	F	55-65	S	ALZ UK conf	26/05/2022	27/05/2022	28/05/2022	X	21/07/2022	06/08/2022	17/08/2022	27/08/2022	31/08/2022	07/09/2022
SH2-2	M	45-55	C	SHINDIG		14/06/22 F2F	15/05/2022	X	12/10/2022	20/10/2022	26/10/2022	04/11/2022	11/11/2022	13/12/2022
SH2-5	F	55-65	S	DEEP	08/06/2022	20/06/22 joint Zoom with SH2-6	04/07/2022	X	05/09/2022	07/09/2022	03/10/2022	11/10/2022	17/10/2022	31/10/2022
SH2-6	M	75-85	C	DEEP		20/06/22 Zoom Joint zoom with SH2-5	04/07/2022	X	24/08/2022	03/09/2022	23/09/2022	11/10/2022	03/11/2022	02/12/2022
SH2-8	M	65	C	LB rec	07/10/2022	17/10/2022	18/10/2022	26/10/2022	04/11/2022	10/11/2022	15/11/2022	24/11/1933	05/12/2022	28/12/2022
SH2-9	M	85	C	LB rec	07/10/2022	28/11/2022	18/10/2022	02/12/2022	05/12/2022	13/12/2022	21/12/2022	13/01/2023	23/01/2023	08/02/2023
SH2-10	M	19/01/1948	C	JDR	07/10/2022	26/10/2022	26/10/2022 - 11/11/22 email reminder	15/11/2022	21/11/2022	13/12/2022	27/01/2023	14/03/2022	did not continue	
SH2-14	M	15/05/1950	C	JDR	24/10/2022	intro calls 29/10 and30/10	31/10/2022	15/12/22 follow up TC - landline not working but does want to take part - will send consent forms - 05/01/23 - TC - has moved - does want to take part - arrange to visit to sign consent 09/01/23	02/02/2023	09/02/2023	21/02/2023	15//03/2023	24/04/2023	09/05/2023
SH2-12	M	17/05/1944	C	JDR	26/10/2022	intro call 28-10-22	29/10/2012	05/11/2022	10/11/2022	16/11/2022	23/11/2022	06/12/2022	21/12/2022	27/01/2023
SH2-16	M	66	C	Dementia Enquirers			22/03/2023	13/04/2023	21/04/2023 - rescheduled 24/04/23	30/04/2023	04/05/2023	18/05/2024	27/07/2023	25/07/2023

Shared Looking Findings and Reflections Phase 2

Learning from participants

- Engagement provokes conversations that reveals their knowledge and expertise (SH2 artist, SH3, Textile designer, SH4 designer, SH5 architect, SH9 – zoo-ology student)

Insights

- Could a record of your preferences include wild cards?
  A tool for planning for the future
- What if a care home was something to look forward to?
- Recruitment limitations – how to reach a more diverse sample of people?

Need for Novelty/ Changing preferences

Changing Preferences

- Variety
- Changing colour schemes
- Changing clothes
- Changing arrangement of furniture
- Environments that offer different views
- SH5C – https://www.rymanhealthcare.co.nz/ offer décor preferences in care homes
- Wild Cards
- Novelty – Variety - Strategies to accommodate changing preferences – Rearranging
- SH11C – travelling – "There's definitely something about newness that whatever it is that humans just innately want isn't there? "
- Temporary
- SH5C – the element of surprise – has anyone said they like to be surprised?
- SH10B – using a chalkboard and coloured chalks so that you can change things
- SH3 – using different coloured sheets to make the bed
- SH6 – hanging up the washing in different arrangements pleases me
- ME re Neutra : *And he was saying that if you decorate the problem with interior decoration is that you paint a wall one colour and it's a flat colour and he was saying it's human nature to like variety. – he uses large windows to bring light coming into his buildings so that the light, so the colour changes because of the quality of the light throughout the day in the shadows and everything. - deliberately trying to introduce variety into the environments.*
- SH7 – often re-arranges furniture

- Me reviewing – SH7C 03-11-21 - Novelty – introducing wild cards – things you don't know you like because you have never seen them before
- Turn these images and text into cards shuffle the text and the images – which story belongs to which image e.g. anonymised
- Or sharing what people have

- SH5 C – William H White. Study in public spaces in the sixties in New Yor,
- They never just sat down on how the chair was. They always moved it even just a centimetre for sitting down because it made it their own position. And, like, people he has videos. Like, we will move it. And then they went back to where it was in the first place. He said 'don't forget people truly love deciding where they want to sit in a great park. chairs removable in a public space. Where he saw that people always adjusted their chair when

chairs are movable in public spaces Movable chairs enlarge their choice."
"https://www.bloomberg.com/news/articles/2012-10-08/the-power-of-the-movable-chair

- Arranging - rearranging space
- SH5C – how objects are arranged on surfaces -

Keeping things in view / out of view / tidy/ untidy

- SH5C books etc
- Me re SH11C -What about nomads/ travellers

What people think about the colour cards

- Too many , too few, too bright, I like them all
- It depends on the context

Knowledge influencing preferences

Knowing about colour

- SH4 Advising that the grey mats are mid tone used in colour analysis / chroma
- SH4 Do you choose colours separately or in combinations?
- SH2 how light behaved in three dimensions colour in carpets and mosaics
- SH3/ the colour patterns – gardening that provides inspiration

-

Knowing how things are made

- SH8C –I am totally besotted with the front door - I enjoy nothing more than to see good craftsmanship (that Frank Brangwyn dresser)
- SH6 – being a potter the joins on the mug – being a gardener and what to grow where that inspires
- SH1/being a potter - the yellow jar
- SH4/ the table – understanding joints

SH2/ the personal space – making a studio – ingredients of spaces that support making and inspiration – gardening as inspiration

SH9 – zoology – colours in natural world and how they work –the notion that charisma as a factor in preferences for research in natural world :" *there's more funding for all of these species which people can relate to more or have more charisma*" (Lorimer, 2007)

(SH1/SH2/SH3/SH4/SH5/

ME _ Looking – why are we drawn to something visual in particular See – Csikszentmihali - The Art of Seeing

Process

- Mug limits choice – but anchors the discussion whereas colour enable exploration and reflection (SH4)

Translating the recordings into booklets

- How much is verbatim and how much are re-ordered to create a more convincing narrative?
- Edited to only record the participants voice not mine
- Participants go back and forth in their meanings and associations and their realisations of i.e. what emerges during the process
- Could I return to the participants much later and ask them whether it changed the way you think?

Object relations/ Object Attachments

- Relationship To objects In confinement – Home –during Covid lockdowns
- More intimate relationship to objects
- More intimate relationship to space
- Increased awareness of preferences
- Increased awareness of quality of light to support activity
- In lockdown – it's like a relationship (SH7A)
- Spending more time with objects
- The material qualities
- Sitting with it
- Out of the corner of your eye (SH7 and SH4)
- Getting rid of the things you really don't like (because they are in your face more?)

ME Explaining the transactional nature of the mug as an object in the reliance on others

SH7 – effect of Lockdown on object relations : "*objects surrounding me I'm spending a lot more time with because of the nature of the lockdown so they were much more present. Rather than me just sort of coming home / going off again. You're so steeped in the objects around you. So the relationship to them is much more intense than it would be if you were having a more fluid mobile life*"

Verbal descriptions of qualities

' Posh' – e.g. SH7 coffee cup Branksome China
SH4 – how far does that memory go beyond a verbal description?

Aesthetics and Art

Having your own or other people's work in view
SH4: *I don't like things that aren't big enough to absorb you (e.g. A3 photographs)* re his own work and size and scale

What happened?

- What I learnt from participants
- What I know now that I didn't know before
    - Strategies to introduce or give yourself colour into your life (SH2/SH3/
    - How colour behaves – surface / SH2 mosaic / Jongerius metamerism/
    - Knowing how things are made – sensibilities
    - What keeps a drink hot or cool
    - Knowing the maker SH4
- Participant bias

SH4 *If you design for a certain person or a certain (handicap) that is the thing you feature, you feature the desire - what do they want to use it to do, what do they want to achieve with it.*

Meaning and associations

- Does the process of acquisition reinforce the memory?
- Decorating a home – the process of choosing the colours, living with them, painting the walls

SH8 – Book –

- drawings are misleading
- in agreement with everything that's been said
- Guessed the spoons -very close – that's fine
- Photos sent by SH8
- Re: table – not into things that are overly elaborate – tend to things that are more plain and simple
- I am a` bit of a squirrel

What influences preferences – values

Father had a quaker background – hence my interest in Arts and Crafts
Being conscious of what we use and how we use it and not being wasteful

- Re-cycling Charities people who need clothing

Carer/ Caregiver/ Care partner experience

- SH8 re mother : "*I don't think you have any idea what it's like to wake up in the morning, not knowing why you were there, what you're doing and who you are, .she said, it is absolutely terrifying*"

ME Positionality -

- Challenging my own practice – capabilities rather than disabilities
- My practice –as spatial practice – impact of the environment on human behaviour how it supports or prevents engagement, interaction, active engagement, participation, privacy, choice and control
- 29-06-21 ME *Its quite a good contradiction to me because I realize how much it's informed by my experience, because I'm used to talking to people about what they do in their home – and instead of talking about people's problems Im talking about what they like it's just quite a nice inversion for me- it's quite good*

Everyday Aesthetic Sensibility /Everyday Aesthetic Skills – Exploring Materiality

ME: *I'm quite interested in whether this process might be about developing skills - like skills in personal everyday aesthetics, you know so that you get even closer to what you like, if you notice me until you're like in ecstasy*!

SH7 – As a therapeutic process

- non-directive –
- Being mindful of not imposing your point of view –
- deep listening and reflecting back

Personal Space - Names for spaces

- SH3C - den
- SH2C – studio
- SH6 - nest
- SH1C- ???a place to work – making space
- SH4C- workshop?
- SH7C – ledge / cliff / inside outside – moving nomad

Active – Passive?

Personality

- How does it make you feel / affect you?
- Whether personality is reflected in choice
- SH9 – I am quite an ordered person (block colours)

What is not there? – not being able to see what they are talking about

- SH11C – transient traveller – a window – a ceiling – narrative descriptions
- SH13C – sitting in the dark talking about a conservatory
- SH6C – using a laptop – not knowing how to send photos on a tablet
- How can people show you the favourite spaces in their homes?
- Technical issues re use of desktop / laptop / tablet / phone
- What was there before ? – an awareness of the history
- SH6C – Victorian houses – descriptions of cupboards -no cupboards – bricked in fireplaces
- ME is there something about our knowledge of space that is retained? Space memory?
- Getting away / Escapism
- SH9C – feedback booklet use of images layout of images one page/ across the page
- SH9C Choice and control at times of transition, leaving parental home : just my own personal sort of area to do with as I please, which is quite nice.

Visual Access/ Sightlines

- how views between spaces matter SH4 -consecutive spaces

Experiencing Space- Transitions

SH4 *You don't show the whole of anything that you want as a sequence you just show elements of the sequence pop pop, pop, - what's going on as you move complimented without actually making, you have the experience to completely you're not trying to play a musical score. No you're constructing a graphical hospital where the continuity between being on the top of the building and smashing yourself into the car and the pavement is in one frame.*

Routines

SH4C –

- having several mugs that you are accustomed to liking
- Associated with daily routines and times of day

Everyday activity

- Cleaning / tidying / would we miss it ?
- SH3C – embodied and habitual routines
- SEE ISP – Byers Feedback on surfaces – I was just thinking about cleaning the surface and what that means (see also Poetics of Space)
- Sorting rearranging –tidying space – SH3C
- Cleaning

Indifference

- SH4C – and the reasons for indifference

Inspirations

- books
- looking at your own work SH3C
- Pictures

- Bed clothes SH3
- Flowers SH3

Environment

- Is the concept of the environment a human construct ?
- Spaces that support flow (SH2C) – activity – concentration – attention – mood

Personal space

- whole house or just a room? / Privilege – life circumstances / age
- Whole house – allows for places for different activities
- One room – and lockdown e.g. SH12A
- SH2B – The idea of being beside colour
- More intimated relationship with objects during lock down SH7B
- Moving between spaces – SH4 transitions
- Playing with colour in personal space SH3B
- SH5 Personal Space The reveal

Exterior / Interior Views

- 26-10-21 –ME *the photo I took 2 years ago when I saw the leaves of bush turn red outside the window – a new view caught my eye – and again this week 2 years later without thinking I am drawn to it.*

Points of view

- Sightlines SH4C – the game with the photo of Proust's house viewed through consecutive spaces
- Sightlines ME -to SH4C - *I have never really thought about the view the view inside the way you're showing me the view from one (space) to another and being up to see through is very, very it really opens up your mind doesn't it?*
- Obvious views – garden /
- Transitional views / interconnection of space SH4C / sightlines
- SH5 and the reveal – using a mirror - we basically want to try to reframe in that. Lines as like a reveal, so instead of walking in and getting it all at once you walk in, you get the living room moment. Yeah, exactly. You make. And then you have the reveal in the second reveal. So that it's the surprise moment again

Light

- How the shape of a space and the way the light works in the space and how you choose and use colour on different surfaces (SH4 – painting the attic stairs)
- Metamerism see Jongerius on colour

Making Spaces

SH1C – Importance of tables being able to leave things out

- SH5C – ME talking about tables with drawers All that stuff about being able to leave things out so that you will, but there's definitely that's a feedback. , I keep thinking about those tables that have, uh, you know, those clever tables where you've got things, um, well, more, like, drawers in them or something so that you can bring the things out again.
- SH1X – people in care homes squirrelling away food in drawers
- Places that work examples
- SH1C – re Nightingale Hammerson space
- Garden museum
- Chelsea
- Creating environments that can support people to experience a sense of competence

Body Position

- Sitting feet on the floor
- Sitting feet up
- Standing
- Leaning
- Foetal – SH1C
- Nest – SH6C
- Leaning
- SH7 – working from home

Workspace /

- Mug Graveyards
- Unwanted mugs Left at work SH7/ SH10
- Charity shops Rejected mugs
- What does that say about us
-

Shared spaces/ Social/ Relational

- SH8 -never lived alone – share houses, marriage – adapting to others – shared workshops
- SH9 – leaving home share houses developing preferences
- SH7 hot desking
- SH10 compromise
- SH1 curated shelves
- Shared space at home
- Talking about we and I / how much is what we do and how much is what I do (SH3/SH4/SH1/SH2)
- Shared space at work
- Thresholds and transitions (SH2/SH4) – connections and sightlines – permeable transitions
- Other people's stuff SH3C Y rocking chair – X pictures
- Relationships – extended family – partners children grown up children
- Visitors – SH4C all the space will be filled

Control

- ISP10 – what is within your control – where you live – inside outside what is beyond your control weather ,neighbours
- SH13C *one is lucky to have lived where one chose you know. Hopefully that will carry on*.
-

Compromise – Shared Space

- ISP10 choosing colours
- SH1A – white v colour – have a shelf of colour
- I like bright he likes white
- Knowing what others like

What does red mean to you?

- Common themes about not having large areas of red
- Dominance – (SH4B)
- Red rag to a bull SH4B
- Red shirt
- Red berries
- Red
- Tribal
- May be personal or associated with belonging to a group / tribe / occupation

One To One V Group – further studies could explore exchanging preferences in groups

- Permission to share what one person says with another (anonymised)
- Joint group work ?
- Communities of shared preferences /
- SH2B Enjoying what other people are wearing
- Or not liking people because of what they are wearing … judging people by the colour or style of their clothes
- This notion of first impressions

Social Pressures

- What you accept when you are in a friend's house/ in social situations that you wouldn't want in you
- SH14A – special occasion mugs – having people round

Understanding/Knowing Others' Preferences

- GIFT Giving
- knowing what people like –SH7 – even people you know well
- being given something back
- Charity shops being the unwanted – not quite right
- Giving – owning –
- SH2A – giving husband the favourite mug
- Me -giving J his favourite
- SH1A – knowing what her mum and her friend likes

How much do people know what they like ?

- e.g. buying clothes and living with things until you find out through living with the objects or the clothes
- Co-dependency
- SH5C – experienced a strong sense of identity in older people – research that on average we are happier and more content as you get older therefore you focus on things that matter
- The stronger your sense of identity the less vulnerable you are – the more control /agency you have

Cultural references / Taste / Class / Brands/+ve/-ve

- What factors (age/experience/ familiarity of social media) – impact on how much you are influenced by trends/fashions
- Commercial pressure
- SH9B – Smeg –
- SH14A – marketing – brands –
- SH3C Brands (Conran/Ikea/African/habitat/ / Costs – Expensive Cheap
- Origin handmade / expensive fabric
- SH5C –
- ME graphic 3D journaling using the spirals / Fiddle – a more conscious interactive – thought pieces
- Vintage / 50s cardigans
- Habitat / Farrow and Ball
- Hospital Aesthetics -
- Cheap colour / expensive colour
- To brands or not e.g. vintage (SH5) / habitat Conran drab and Greige John Lewes (SH4) and Le Creuset SH9/ SH10

Choice informed by past for the future

Transitions to care SH7 – children as well as older people

- Ryman Healthcare
- Providers who do give people choice
- e.g. in transition – Ryman – New Zealand – retirement – giving people a choice of paint colours
- Brio help with the move
- How do they do that

SH11C –ME ask the question does your mood affect your colour choices?

- Environment and colour options – quality of light by the Coase

Dementia

- talk about their own experiences of dementia with their parents or grand parents
- SH8 both parents / SH12 grandmother / SH2 father /
- SH1 – working with people living with dementia
- Common refrains – e.g. Dementia Programme – October 2021 – I don't want to end up in a care home / I will never put my mum in a care home e
-

Colour and context

- SH12A Colour and context Wearing things for practical reasons – a colour that:" I would never, ever wear"

Transition–

- planning for transitions rather than sudden removal – at times of crisis and never go back
- SH7C – if you are really ill or getting old does it matter less??
- Does it matter more to us than it does to them – e.g. your mum
- Do we need more variety – more novelty , more change more ebb and flow , flotsam and jetsam not clutter ?

Transitional Objects

- SH7 on foster care and being removed
- What you take with you and why
- SH7C on children being removed – given new things – not asked what they would like to take with them – transitional objects : "*what are you projecting onto that object that is accessing part of you ? it's just functioning as a key…. when children are disconnected from their home environments no matter how chaotic or dysfunctional. You know it's their link. I really advocate for them maintaining that they want to wear their dirty clothes, let them. They want to sleep in dirty sheets, let them.*"
- Are we making assumptions??? – maybe they don't mind it that much ?
- Are we making assumptions
- What if we thought I am really looking forward to a time when I can be in a care home??

Practicalities – how to explain the process – improving the instructions

Explaining/ instructing – how I explain it

-
- You need a table space large enough
- What about the lighting??
- Reminding people to look at the feedback books before meeting
- Asking people to think about responses
- Explaining before hand – at the beginning
- How to tilt the screen

- Giving me time to capture screenshots
- Allowing time – average has been 90 minutes/ Not 30
- Tipping the screen downwards
- How you layout the mats
- How the video can capture what the participant is doing

Experiential ---
Timelines and people having enough time to do it
Recruitment

How you ask the questions
- Would you accept that if you were in a friend's house
- How many people offer choice of mug ?
- Does it really matter ?

Iterative process
- How what happens in one interview – informs what you ask in the other
- How much do you share what other people think with others?
- 31-10-21 – look at Palmer on visual aesthetic preferences and Indifference – Kant – e.g. says it is not about desire
- Comments like – I don't know I just like it – does it have to have an association or a meaning ? or does knowing the meaning enhance the feeling/emotion or not ?
- Changing the way the feedback is given
- Turning it into book s
- Adding page numbers – 31-10-

Technical –
- how much zoom has become a universal experience
- Zoom – what you can see – and what you can't see
- Does that correlate with how you see yourself and others see you
- How you present yourself
- Is it more revealing or less revealing

- Does seeing someone on zoom – what you cannot see – beyond the frame – somehow correspond to how you get to know someone with dementia – gaps missing g
- Check out zoom forums
- Screen freeze
- Not being able to see what they are looking at/talking about –or moving too fast for screen capture (SH6AB – SH2 – SH7)
- Can you hold it up please
- Object handling (remember V and A) Reference literature and processes
- Zoom settings when I speak I can't see them in the recording

- Laptops – position of screen
- Tablets – How to screen share

Non-verbal communication and documentation/
portrayal of facial expressions and gesture/ body language -04.08.21
- How to anonymise facial expressions???
- Pencil drawings – see images

- How to anonymise – gesture (using photoshop – quick select/ select and mask / threshold/ gaussian blur / grey, white contrast
- Save to pdf/ save to jpeg/ save to peg/
- SEE SH5B – turning photos into graphics
- SH7B – decapitating – crop to capture gesture
- Blurring faces
- Screen shots
- Mirroring – being opposite the person – is what I see what they see?
    - The process of transcription and punctuation
    - how do you convey tone of voice/ emphasis/ sounds
    - How do you convey gesture
    - Spoken word v written word Participants finding it odd – but OK
    - Like a play script
    - Transcript – script
    - Interview conventions (INTERVIEW)
    - Whether to add my voice / My questions / My prompts / My reflections
- Tone of voice
- Laughter / giggling – pleasure??
- Sound of dislike – eeeugh

- SH6B finger on the spot – that green
- Kathy Doherty and Julia Calver comments on Impact presentation 16-09-21

My Reflections

I don't want to end up in a care home basically no one says oh I'm looking forward to the time when I can go into a care home. You don't see that, very often, but that's us projecting how we might feel in the future. It'd be quite interesting to.: talk to people who are living in care homes to see how much we are projecting that onto the people that we're going to visit. Because a lot of it is that contained accounts really isn't it by the time you have to go into one. So it's an interesting point, but I do I think that there certainly are things about everything I have read because it might even be like you say about variety and it's taking away people's agency in the sense that they might not need much, they don't actually have to have everything done for them, but they do have everything done for them

So if you have always made your own cup of tea, or at home you've just always gone around wearing your dressing gown, you can't do that anymore in a care home because you have to get dressed to go into a shared lounge . There are all sorts of weird things about the hotel experience that.: And so i'm thinking about what you said about the therapeutic experiences. .There's something about the whole private, public thing, how you are in private and how you are in public and how you would like to be seen. And the therapeutic process is a bit like you're kind of perhaps creating a place of trust that allows people to reveal themselves in a way that they wouldn't in public or.: And then I know somebody I keep remember being reminded about.

That's why I was interested in the Charlotte Perriand because of the potential for those environments to reveal and conceal things you know, it's something I really appeals to me that sliding door thing that you can reveal things or hide them. Someone told me that he found something his father kept in a little drawer. It was just a button from his army coat but there was something very poignant and personal about why he kept it. But he was upset that his son had found it. It was probably a private thing he wanted to keep he didn't want to have it in view, but he had it.

Sensory Identity Kit

- What comes first the thought or the sense ?

- Is it sensory reflex like a burn – body responds before brain does
- Do we think we want a cup of coffee or is it the smell of the coffee that makes us want a cup of coffee?
- So – does seeing a yellow flower make us think we like yellow

Visual Nutrition

Impacts
- Eve Stirling comment about impact not on people / object orientated

Cultural and Occupational
- Conflicted associations- National pride / Canadian flag/ loss of pride
- SH5 – wearing black / associated with occupation

Colour
Green – SH9 :" *in our eyes, we have the greatest number of receptors in our eyes, so we can detect the most shades of green out of any colour… I think that was because we serve evolving in forest regions so it's quite hard to tell depth in green environments, unless you have that acute sort of sense for the different shades of green."*

Biophilia
- References people make to natural environments, plants, views

Strategies people use to choose /give themselves colours
- Bed clothes- SH3B
- Add an earring – bright colours
- Strategies creative practitioners use with colour – collection colour cards
- Little boxes of colours SH2B
- Washing on the line SH6C

Reproducing colour
- Back lit
- Printed
- Lighting during meetings
- Change in light metamerism
- Facets
- Presenting colour cards at angle
- Materiality
- Surface
- Back lit light boxes?
- How can they change or add things?

Subtlety nuance perception
- Are we looking at the same colours ? – brown, black SH7B?

colour relativity
- Skin tones

Colour cards
- provoking reflections and stimulation

- Limit of materiality matt/semi reflective – no texture / no depth
- Limited palette – to 25-30 colours across the spectrum
- Colour reproduction – does it really matter – is it to prompt a memory? Or is it to

Colour associations and meaning

- REF The Master and his Emissary : The Divided Brain and the Making of the Western World, McGilchrist, 2009
- Black
- Vantablack
- PINK – gender
- SH2B – Some people like the changes SH2B: I think some people like the colour changing fashions ..They just like pink because they see a lot of pink.
- Men wear it, whereas the rest of us will just think oh Fuck I've got a year .pink turn it wouldn't
- SH1B – like the tree zesty green / or the cardigan I am making
- SH2B col

Clothes preferences / identity / mood / occasion / occupation

- SH4B red shirt or neutral palette depends on mood
- SH5B – adding colour to black and white
- SH1B/SH6 – potters and earth / clay / palette
- SH7B – working with children / colourful / business-like / professional / avoiding demonstrations of style and wealth in social care
- SH13B – the tyranny of pink -
  SH2B – The idea of being beside colour

referring to domestic abuse escape (MAID) –not knowing what your favourite colour is related to trauma

Talking about/naming colour

Should I be asking people to name the colours that they choose?
What would you call that colour? How would you describe that colour?

- More chalky –
- Check SH1B - mixed
- Colour names : Vocabulary
- Saxon Yellow / India Yellow / Olive Green/ Amethyst/
- Mauve
- and SH3B on mixing colour – bringing colours down
- Cultural/class references – brands – habitat / john Lewis / hospital happy colours
- Filthy dirty mustard yellow SH2B
- Neoprene pink
- School uniform red SH6AB
- SH7B – poo brown

Choice of colours - limited

SH13B Yes, I think I think your colours are very blatant there aren't many subtle colours there.- Very upfront primary or verging on primary – I think perhaps it might be more interesting to have some subtler colours

And more variety – pattern etc

Developing/ changing relationships with colour

- influence of friends
- early memories
    - SH6 – red blanket / school uniform /
    - SH7 yellow front door
- Influence of travel/ quality of lite (SH7B)

Explicit – Implicit – Tacit/ Subconscious

- SH7B – implicit and explicit – black as safety caves dwellings forests – survival instinctive – and red berries/ hunter gatherers – EXPLICIT berries
- Place of safety – hiding places
- SH2C - a form of habitual thinking - intimate, private - a very tiny distance outside your mind - akin to animal behaviour
- How much are our preferences informed by subconscious – (long forgotten memories / associations?) SH5B red poppy earrings

Ways of thinking

SH9 feedback book as a record of your train of thought – how things

Intrinsic / Extrinsic

In your mind's eye

- What do people have in their minds eye (dementia and ability to imagine?)
- How accurate is visual memory ?
- Using visual memory/ or mental image to seek out colours (SH7B) SH2B

Describing colour –

what does that do to your relationship with the colour

- Naming colour

SH7 : *those things matter to me those little so i've collecting loads of colour swatches from everyone from Farrow and Ball to you know Little Green, Dulux to you know the whole lot and they all do it differently and I love the names, a bit like a chocolate box when you get you know the shape it's very fetishistic isn't it? You get a colour and then you give it a name, then your imagination fires off. .. i'm very interested in that if you name, something you project something on to a colour and then suddenly it becomes…*
You know. I mean it is just a colour.

Provoking feelings / emotions

- Beauty and pleasure
- Ugly and disgust
- Likes dislikes expressed in words
- Likes dislikes expressed in sounds
- Likes dislikes expressed in facial expression
- Likes dislikes expressed in gesture
- - contemporary references to Joy

Mood – and not wanting to be noticed SH9A/ SH4

How to ask questions about the experience

- What is the experience
- Does the process make
- Has it changed anything about what you do?
- 29-10-21 How to ask the questions

- If you could personalise it
- If you could customise it

Feedback / Interpreting giving back

- Should I reverse the image to show them exactly what they are looking at e.g. I am seeing it upside down??
- What do they think about the feedback books – is it for me or is it for them ?
- SH2 – mosaic
- SH3 – Howard Hodgkin
- SH7 – Rajasthan colours/ 50s cardigans
- Should it be a display or a pack of cards?
- Book or Loose leaf
  Receiving updates
  SH5B: I like being able to see them all to choose from and how they kind of relate to one another.
- Booklets – why am I giving them back on white backgrounds?
- Should the colours be printed on grey ?? on Matt ? Texture
- Interactive cards?
- Textiles?
- Beads
- Badges
- Brooches
- Swatches

Balancing function with aesthetics- Design decisions

- SH3 – leaving an annoying handle in for aesthetic reasons
- SH7 and to differentiate them from other things otherwise everything would look the same – function based rather than identity based
- SH13A – white mugs stain inside / dark inside /

What do you learn from the participants?

- About them
- About colour
- About personalising space
- SH3 – primary and tertiary colours
- SH4 – how function should be acknowledged and ignoring function should be conscious
- SH2 – how surface like mosaic/carpets affects how we see colour
- SH6 – how to make left-handed mugs
- SH5 – Enlarging choice – W.H.White / chairs in public spaces
- SH5 – how colour for interiors should be displayed on the plane it is being used. E.g. Don't put wall tiles on a flat surface
- SH4 and SH5 – sightlines, transitions, the reveal
-

Difficult colour

- Shocking pink SH5 I'm not quite confident enough with my colours to know what to do with this one, I admire people that are, though, when people just go for it.
- SH4 said something similar ?- about not knowing what to do with it

Colour Theory

- SH3 – PRIMARY TERTIARY
- SH5 – colour wheels

- SH4 – mid tone grey as ground

Context

- is it to wear, or an object or décor or furniture,
- SH5 – don't usually like burgundy but saw these mugs that were that colour was nice
- Or pairing with another colour
- SH3 It depends on what it's for
- SH3/SH4/SH2/SH1 - check
- SCALE – how much red would you have (e.g. SH5B – kettles/)
- ISP10 – dislike blue -but have blue flowers
- Blue grey in images due to associations

Colour combinations

- ISP10 – combinations- don't like this dark blue but goes with this peach
- SH6 You could go on forever with these colour combinations
- SH5 – colour likes change if combined with something else e.g. add something to brown

Knowledge / Exposure/ Practice

- SH2 – knowing about colour
- SH3 – colour as practice
- ISP10 – photographer
- SH5 – architect – geometric mug structure and materiality
- SH2-1 Surveyor – colour swatches and dressmaker
- SH2-10 – ceramics and colour coding – engineer
- SH2- 9 cars
-

Positionality professional practice – problems v what you like

- Instead of talking to people about difficulties I am talking to people about what they like
- Strengths led
- Person centred
- Power of researcher / influence
- Power dynamics in care
- What I am wearing
- My background – e.g. Chrissy Buse advises –avoid pattern / clutter
- Participants talking about what I am wearing (SH5B and SH7B) blue
-

Selection process bias

- friends –
- middle class, white, educated
- creative practitioners
- Age range

My bias

- I am talking to people who are like minded – and does that matter?
- Are some people less fussy ?
- How does this challenge assumptions?
- How does this support social interaction?
- e.g. are others' attitudes changed if you have a more distinctive outfit?
- Visual cues and visual clues – to who we are
- Compared to wearing a uniform

- Uniformity – v Variety – conformity

My own assumptions/ triggers/ rationale

- What draws us to look at something ?
- Point of view – fixed by position, fixe
- Relationship of making space/creative space to stimulation
- Reference in practice – Dementia Care and sensory stimulation Byers Dementia Practitioner

Private and public –

SH2C – not inviting people in / being in control of your own space
SH6C – where I like to be when I am alone – not when I have visitors

Domestic space and making space

SH2C discussion about validity of a workspace being like a domestic space
And Charlotte Perriand
https://www.barbican.org.uk/our-story/press-room/how-we-live-now-reimagining-spaces-with-matrix-feminist-design-co-operative

Being a recipient of care

- CARE – see Handler and Pallasma
- Intimacy and privacy in decisions – having to discuss them openly
- Having to instruct people on your preferences
- Giving and receiving
- Recognising and dismissing /overlooking
- Looking with care
- Care and attention
- Diadic care relationships :How much do we really know about each other's personal preferences
- Does it really matter?
- How much does it matter
- When carers come in its an invasion of privacy – you are living your life in public (See SH3C)

Questions to ask

- What would you consider private space
- What would you like to keep private?
- Who would you keep it private from ?

Ethics/ video ethnography – learning from experts

- Learning from others Christina Buse
- Sarah Campbell
- Sarah Swift Sarah@stir.ac.uk

Using personal space to inspire your creative practice

- SH3C 32:53
- SELF

Relationship with yourself

Revealing one side of yourself and another side of yourself – dependent on mood /inclination e.g. SH4 red shirt – or neutral

- OR SH2 – likes dull colours but collects pockets of bright colours that are kept hidden
- Me – I wonder if it would make a difference not what you are wearing but what other people are wearing – i.e. what you can see

- Does this suit me ? SH3B red makes me look pale – I am not an extrovert
- SH3B – people have their own colour pallet
- Self-conscious
- Self-critical
- Self-awareness

What other people think (of you) / social anxiety
SH3C – being bothered about what other people think – and/or thinking that things don't suit you e.g. red beret

What the process feels like/ has it made you think differently?
SH7B thinking about colour and what I will wear today
SH4B – no it will be more useful for you than me
SH3B – I am using the cards as a device to play with colour
SH13C- Definitely. I don't go in for introspection too much normally .
SH2C *and now I think I see them because that conversation made me so much more aware of that a collection method I use. And it's funny that it it's habitual isn't it and I think probably it's interesting these conversations that you're having with people mastery real kinds of habitual thinking. In a really positive way in a nice way, I mean I'm really pleased that I do that. Il don't know why, but it really pleases me, but I do that*
yeah it's very intimate and private. It's like a very tiny distance outside of your mind
it does seem akin to animal behaviour to me.

ME how people give themselves moments of pleasure in different ways by the end it's not it does it does appear to be quite sort of subconscious until you start talking about it.

MY questions…. Are these usually subconscious responses personal or more instinctive, primal or do we associate them with a sense of attachment an occupation, or a team of Is it about individual differences or what …. or more universal?

BACK TO THE LITERATURE / REFERENCES/ theory / Practice

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  Bachelard, G., & Jolas, M. (2014). The poetics of space. New York: Penguin Books
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- McGilchrist, I (2009) The Master and his Emissary : The Divided Brain and the Making of the Western World - making the implicit explicit
- Tebbe, F. (2017). Understanding Color: Hear Green, Think Yellow.(ref SH2B)
- Campbell being in the moment – dementia
- CARE – see Handler and
- Pallasma
- Co-dependency – knowing what you like can protect your boundaries
- Kassia St Clair – The Secret History of Colour
-

BACK TO PRACTICE

- See care experience SH1B comments and description of flower
- Equivalent research methods and experience of researchers e.g. Buse – / gardens project
- Sophie Tauber Arp – from colour drawings/ to materials – paint to beads/ tapestry
- Charlotte Perriand – revealing and concealing – storage and sightlines
- Sarah Dalke : Handiwork – workstations
- Sol Calero https://www.whitechapelgallery.org/exhibitions/desde-el-salon/
- Bridget Riley talking about her work
- Judd, on colour and everyday
- Nathalie Elemento – sculpture
- On Touche Avec Les Yeux Touching with your eyes
- To look, for my part, is not touching but rather touching intensively with our eyes, getting closer and closer, trying to understand, willing to embrace all the possibilities. In hindsight, distance is necessary to approach an object otherwise it means that we are the object, or at least at the
  same place. All is said, without distance we are doomed to have merely one view angle.
- https://www.fondation-pernod-ricard.com/en/event/motivus-on-touche-avec-les-yeux-nathalie-elemento-map
- I am more specifically interested in the etymology of the intimate, which is the "most inward", the "most essential" (language). Beyond everyday life, it is our capacity for "inner" adaptation (the "locus-dit", the "Decorum") that interests me by questioning our way of approaching certain functions of objects. I have also worked on the constructions and personal arrangements (psychic and physical) that we all have to create to live and survive. Elemento – http://www.elemento.fr/curriculum.php

INTERELLATIONSHIP

de La Bellacasa, M. P. (2017). Matters of care: Speculative ethics in more than human worlds (Vol. 41). U of Minnesota Press.

Co-dependency – knowing what you like makes you less vulnerable/ protects your boundaries ?

Shared Looking Phase 3 Reflections

MY APPROACH

Reflections on my approach to facilitation / communication/ how I respond

Explaining the process, explaining the reason for the study –

- ME My research is trying to work out. If there's ways of um visualizing people's stories, especially when it might be difficult for you to explain everything. You know
- *ME really, what i'm trying to find out is whether these, : particularly things like images and pictures and colours and things help you to provoke… and well, and it's about the things that you like doing or the things that remind you of things that you enjoy. So that's the main reason for doing it.*

Process issues

- SH2-6 had sorted their preferences before the meeting- therefore not able to view the selection process – does that matter?
- Limitations of not having time to spend or sit next to people
- Should I be asking them not to do it 'Live'
- Some people do it beforehand but have difficulty explaining
- Shall I ask for feedback from couples? E.g.
- SH2-16 Confusions over which book is which – the instruction booklet and the feedback booklets are the same colour
- Should I ask for them to send me pictures of favourite spaces first so that I can ask them questions about it?

Getting to know the participant

- SH2-12BX – pointed out that he can't remember me or doing it– his wife suggests sending a photo of me with the booklet (Also I had my hair up)
- Is it mirroring or putting words into their mouths? – managing conversation and exchange
- SH2-16B Importance of my body language, nodding, smiling – positive feedback – zoom v face to face
- My attitude and affect
- Participants asking about me and my life / location etc.
- Being naturalistic in conversation whilst trying to pace and be precise in my questions
- **A**void jumping from one subject to another
- Avoid talking to much interrupts a train of thought
- Active listening -pacing waiting : 00:44:38.780 --> 00:44:39.649 SH2-9A : *I was going to say something, and I've lost it – I lose the thread of what I'm saying*
- Don't ask ts e.g. when/who/where…. Difficult to answer
- We are racing ahead – we need to slow down
- I say wow a lot – i.e. I am impressed (it is genuine) but does it seem patronising? Or encouraging?

- E.g. SH2-12 / SH2-14 from Brighton my hometown. Knowing the area, knowing the council , knowing the schools -helps with reflection – shared knowledge
- My age and being able to remember the things people are talking about – phone boxes etc.
- Me : putting words into others' mouths, guessing
- Be careful not to interrupt or is it interject?
- How to continue the conversation
- Guessing – putting words into others mouths e.g. SH2-5C 56 Do you get drawn?
- Being given advice by the participants
- Sharing likes and dislikes – me and orange
- Knowledge exchange –
- Should it be done more frequently
- Could you have a texting dialogue ?
- Should I include things that are about difficulties and inabilities
- Is that giving back negatives?
- ME : repeating – affirming – elaborating – maintaining curiosity
- Me – being shown things and not knowing what they are – being told what they are – an exchange – learning through objects a reciprocal conversation ME: I think you said – the first time we met…
- Mirroring / reflecting – what was said before (in previous meetings)
- Check reference SALT – methods of interaction
- The method as a process of exchange e.g. shared looking
- Impact on the participant and the informal carer and the researcher
- What makes you happy? What makes you secure? What makes you safe?" check Fetell Lee
-

Changing the way I ask the question

- Are these colours that you would wear
- Are these colours that you decorate your home
- Are these colours that you would choose for furnishings

What I say back to the participant

- I can relate to that - letting participant know that you understand what they mean
- Should I say I see- I understand

Questions that I could ask

- Is it to do with the size?
- Is it do with what its combined with e.g. in a pattern?
- Would you like a small object or feature in that colour?
- What colour combinations would you like
- How much it has to do with combinations – in pattern

What I didn't ask

- How does that make you feel? E.g. when you wear that dress?
- Or would you choose different colours according to your mood?
- Have your tastes changed?
- How much time do you spend there?
- Where do you like to sit

- Has there been anything that surprised you ? about your likes and dislikes or the why you liked them?

What I haven't asked before

- Do you find it difficult to hold a colour in your mind? or has that changed ?
- Patterns

Transcribing

- There's a roundabout way that SH2-2 talks despite best efforts he's trying to get to the point which means that if I interrupt there's a greater risk that he will lose his train of thought
- Difficult to get the balance between – using mirroring reflecting techniques to re-iterate
- How to if find the quotes
- SH2-2 talks a lot about how prior to this he had an impeccable memory and would for example never have missed his stop on the tram before – so his 'normal' /his pre-morbid self was more precise, more organised. – *I held it all in my head*
- The hesitations the sounds of um and aah – do they reflect or represent a thinking process ?
-

Being able to record how people speak – vocabulary – phrasing – capturing verbatim

- The words that they use – the rationale – 'the predecessors' -SH2-1A – the 'classmates' the vocabulary – would being able to say their descriptions and their narratives that back to people in their own words make a difference?
- (check out the charity that captures phrases and makes books)

Personalised booklets -sourcing images

- Image manipulation – e.g. SH2-8 medals what I crop – what I enhance / adjustments to contrast, colour -according to what is being described
- People routinely using technology to look things up –

Portrayal of dementia

SH2-1A 21-07-21

- – it's that little old lady in the corner of the care home -

Material sensibility

- Descriptions of surfaces – vinyl / cushion floor / stone floor – walls – SH2-1A
- Materiality – the way it drapes SH2-1A
- SH2-1A – not China- stone floors – anaglypta doesn't trap the damp in

Mugs for me and mugs for visitors

- SH2-1A – the others are for visitors

18-08-22 SH2-1B

Demonstrating the process – colour choice

Explaining mats positioning - - being able to see – they can't see what I can see
Can you see that?

Choosing things to make something with

- Decorating
- Making clothes *SH2-1 I go through the stash*
- Highlights in a room

Strategies : forward planning

Reasons for preferences
SH2-1C *It just isn't me*

What are the things that people haven't told me about ?

- the patterned fabrics on the chairs
- the elephant in the room that has its own chair

Visual analysis – what I give back to the participant and further analysis of the images they have chosen to send to me e.g. the rugs

Strategies used to 'hide' all my problems
How I manage the public space
Planning / researching a new thing before you do it to reduce anxiety

Using colour as a

how to ask the questions recommended:

Campaigning – being an Advocate
SH2-5B – mutual support / peer support / impact on YOAD / loss of income/ campaigning for workers' rights

SH2-2A 13-10-22

Choice Pros and cons

- SH2-1A – having to decide food or drink tea or coffee – *it's like torture- Its stressful making decisions – I just say Yeah – don't pressurise me*
- SH2-1A So although making choices is difficult this is helping me to *:" remind me what can and cannot deal with*"
- Not being able to choose is upsetting – not wanting to try new things
- Stick to what you know

SH2-5 17-10-22

- Re divination bowl – it's got to be right

REVEALING THE UNSPOKEN

Learning from lived experience

- Glimpses of memories SH2-5C
- Stress from making choices SH2-6A
- Meanings and associations
-

Retaining visual memory Describing knowing/remembering / seeing in your mind's eye

- SH2-2B 'momentarily' - and SH5- a 'nanosecond '? and then it's gone - *I can see a nanosecond glimpse of what the shop looked like what the street looked like, but I I don't know where it was now.*
- SH2-2 I've gone to pick something up and I have missed
- Can you think of places where you feel calmer?
- SH2-2B – ME difficulties forming sentences – repeating editing am I taking out too much and correcting grammar, and accents..
- ME – what if you took photos when you saw things that made you feel calm or comfortable
- SH2B : *I think that would be really good because it's almost as if there were a program an app, you know. Yeah. So when It's like It's like learning for later Learning for later on? Because H – it's like Its backwards way round to the way you evolve isn't it?*

Describing places and pictures

- How much the pictures are provided by the person or the researcher?
- ME Delayed response – when the booklet isn't there
- Make sure the participant has the booklet with them – so that they can talk about the pictures

Views People watching
SH2-6 I enjoy what I watch –
ME -it's all about the view. Viewpoint
is it more about the people than the place??

Working out the meaning
- the spoon in the army – dual purpose knife and fork

Understanding the instructions / topic guide
- SH2-8A: *That's OK I just have to. I mean you looked at it all when it came didn't you. But today, because I had the book out open I'm ready*
- **Care partners interrupting**
- *SH2-8A he turned page onto the next bit and started talking about the colours and I said no you need to keep it on..but he turned the page over and..*

Object attachments
- SH2-12 Long Handled Fork
- Objects associated with activity /occupation/ meaningful / routines
- Is function more important or cannot it not be separated from appearance?

Dementia and inhibition / stigma
- **SH2-12A –** relationships – speaking for the other person – how much to let the other person speak when you're getting to know someone
- Investing time in getting to know the person
- The carer is given that role at time of diagnosis e.g. as someone from SHINDIG remarked you go in as the wife and you come out as the carer
- SH2-2 explaining why having a diagnosis helps. Or and using the card gives him a moment to calm down and work it out for himself
- Relevance of diagnosis and pre diagnosis – how long have you had it before you are diagnosed
- Sometimes I have to, uh kind of look around for clues to who are you? Who am I?

Feedback on the personalised booklets
- SH2-2 *I thought you put some good, I thought you put good like details in, and how you kind of put it across the like,*
- Me: rationale for not including quotes of me fore fronting the persons voice e.g. using the images and recording to provoke the person to speak
- to augment communication
- SH2-2C : *but not to say that a visual might be better than an actual description. You know, or sometimes.*
- ME – Picture and caption – visual communication augmented .. ?

Body language/ facial expressions

- Communication and what it conveys
- Demonstrative communication
- Physical re-enactment of activities remembered
- SH2-2 Moves head in reaction to memory of too many colours
- Vocal sound : wooom and gesture to indicate disturbing dimming of lights
- Moments of intimacy – SH2-9 turning to his wife
- SH2-6 miming controlling the model airplanes doing loop the loop
- SH2-6 gestures to describe size and shape of planes
- SH2-6 miming pasting the paper on the model planes
- SH2-6 miming the care staff having a fag
- SH2-9 recalling visits to military graveyards to find his great uncle

V**ideoconferencing**

- Position of screen for user
- Asking participant to turn the screen around to see what the person is looking at
- SH2-2C : Cupboards behind, and that's not moving, is it? That's probably a good thing
- Being Tidy
- ISP1 or ISP2 –arranging space to provoke engagement in arts crafts activities
- Distractions on the screen SH2-8 – checking the football (while the World Cup was on) while his care partner carries on talking
- Position of participant – i.e. back to window glare – moved to back to wall with light on
- *SH2-16B : No! so Zoom helped me. There is a barrier, . You're not close to a person*
- *and that's there and I think it made me open up more.*
- Whereas *SH2-1 describes* SH2-1A 21-07-21 describing the experience of using zoom – difficulties if you have dementia when you cannot see 'body language' (The importance of body language in communication)
- Not being able to see me when looking at the cards (laptop method)
- SH2-10 Design – technology – finding out how to unblur the screen
- SH2-10B: *hmm mm mute.. Oh hells bells why don't they put it somewhere handy?*
- Reading out all the options
- Positioning mats and having a large enough table – in front of the laptop
- *SH2-16 not having a table*
- ZOOM – Consider your background what the participant can view - not distracting – for you and the participant

Personal space shared space

- SH2-2C *There's a time in a place when everybody should be kind of pushed to that, definitely, because things in. Well, (laughs) listen I didn't say earlier, but it's like It's a bit like being together with as a couple or marriage. It's a compromise*

Word finding/ perseveration

- SH2-10 Not being able to remember names and facts that you could before
- Using the wrong word SH2-2 gave examples e.g. **Rugby** instead of **football** or **watching** instead of **playing**

- Repeated phrases – funnily enough - / in a sense / moved on /
- Repeating and repeating but each time adding a little more information – connections, associations , details , building on the repeated phrase. Varndean Boys Varndean Girls – repeated and expanded on each time it comes up – like a stuck needle but reiterating from the central fact. ..

Memories of sad or shocking experiences

- SH2-8 i.e. serving the in Northern Ireland
- SH2-9 stories of relatives dying in wars

Life Story Work

- How much is this about complementing a Life Story Process ?
- Check with Jane McKeown

Questions to ask in feedback

- How did you feel
- About the length of the meetings
- Was it too short
- Too long
- Tiring
- What would you change?
- About what you were ask
- Would you have liked to spend more time / Less time

Participants feedback

- ME : Okay. Well, thanks very much. Thanks so much for your time. It's always been I'm learning so much
- *SH2-8B: So am I! I'm glad you're here!*
- *SH2-9*: *I've been looking forward to this , you've made me think about things I haven't thought about for years"*
- **SH2-6** – *feedback on booklet – SH2-6X the pictures were the best bit. I think you did really well um sourcing out all the uniforms and the plane*
- SH2-5B advice on how to ask questions *what makes you feel calm?, what makes you feel reassured?*
- SH2-5 *It's much easier to say it's truth than to try and think up a lie or – It's easier to tell the truth because you feel it rather than trying to please somebody.*
- SH2-5 *you're the right kind of person to do this sort of thing. but this is the right temperament and relaxed.*
- SH2-5 (re booklet) *This will be beneficial to me even long after this um project is ended because um, now and again, I just like to know who I am*
- SH2-5 Appreciating the verbatim quotes -a being exactly what they said: *" I thank you for capturing my words"*

Meaning – does it really matter why?

Colour and clothing

- SH2-12 Being bothered by what others think – conforming or not conforming
- Or enjoying not conforming
- Reacting to other people's views what they think of you – putting you off wearing something e.g. the red shirt SH2-12

Functional aesthetics

SH2-10 *I like functional aesthetics. Or aesthetic functionality. So if it works well to me, I mean it's like a work of art then.*
SH2-5 – for me its all about aesthetics, if its muddly its too much

Knowledge influencing preferences /Occupation/ knowledge

- How occupation impacts on how you make choices
- Strategies you use to make choices
- Making clothes – how it influences your experience
- On what you wear at work compared to what you work at home / in retirement
- pre-requisites/ for i.e. an attuned sensibility – haptic/sensory / through occupation – as a mechanical engineer, and or understanding of materials,
- knowing how things work?
- *SH2-10A: Yeah, yeah, you know, especially people who actually worked with their hands on physical jobs who are demented the background and that sort of thing.It probably means that actually they've got a lot of hidden skill. You can use that to communicate?*
- *SH2-10A Well in engineering. If you're hardening and tempering things- that's taking something that's a high carbon steel, and you know, turning in something. But you want the outer skin to be hard, or maybe- a lot of that involves temperature and colour. So you can tell if somethings got to the right temperature because as it heats up it oxidises and you're looking for a particular colour. So you might heat it from the bit that doesn't matter if it goes soft . You harden it initially, quench it. You may heat it up to red hot, quench it in cold water, clean it. And then you heat it from the bit you want to be malleable or not fracture. So like a chisel. You let the colours run down until they reach the edge, and then, when you've got a light straw colour, you know that's really hard, but not so hard. It'll break. Simple as that*

Would they have said the same without the prompts ?

- SH2-9A 05-12-22
- How much have you heard that story before
- How some stories are clearer they've been told many times
- Wife of SH2-8 says she had found out things that she didn't know i.e. why the spoon was so important
- Friend of SH2-6 –observed that he talked much more than usual
- SH2-9A needed occasional prompting / reminding by his wife

- How much the person who does not have the condition learns about the person who does. E.g. *Care partner of SH2-8 : I think I'm doing quite well with this army stuff because I never used to take much notice did I?*
- *SH2-9* Care giver noticed when sharing the booklets Each time he tells the story he says something different

Colour discrimination

- And colours fading???
- SH2-2B They're not necessarily bright … are they like pastel colours ? -
- **Me he's**– seeing things differently to what is usually perceived as strong/bright colours

Dexterity –

- SH2-9 – Allowing time where limited ability to manipulate/ pick up cards
- how things are held – and manipulated , turned , held up ,
- SH2-10 Preoccupied with trying to put the cards back in

Too much choice

- Strategies to cope with overwhelming amount of choice
- E.g. Menus Having to cover up the top part
- Going back to the beginning
- SH2-8C : *It was exactly the same When we went to dinner, wasn't it? And there was too much on the menu for you to take in.*
- it was easier for SH2-8's care partner to choose for him same as SH2-2C
- SH2-2A – the way things are presented is important - presentation – e.g. the way food is on a plate If it's all piled up : *" that to me would be horrible, terrible and almost it would be off-putting " " If doesn't look good, then you can bet that it isn't (good)?"*
-

Visual recognition / understanding images

- Are maps more difficult to understand
- Or if you have been good at map reading ?
- SH2-12 did not appear to recognise map/location of his allotment ..whereas photo/view on the hillside -he knew it wasn't quite the right place…

Personal space : changing preferences

- No longer comfortable with old habits of being indoors in favourite chair – affected by dementia e.g. not being able to read the newspaper, preferring to be out
- *SH2-8X It would last him the whole week and he would read it everything in it . And then dementia came. So you don't do that quite so much now but as I say, I think the walking and the getting out and about has taken over because he just doesn't like to sit still.*

Dementia impact

- SH2-10 Effects of dementia – *reversing letter, numbers , actions , operating machines* (sequence)
- SH2-10 Revealing the unspoken - *do an awful lot of thinking. And that is invisible to other people*
- *SH2-16 The thought of having an incurable disease worse than the disease itself*
- Not being able to read the books anymore – *I hold the books*

Confidence/inhibition

- Being told you are wrong, and believing it – because you can't trust your own memory when you might be right e.g.
- *SH2-8CX : You played last week.*
- *SH2-8C : No I don't think I was there last week.*
- *SH2-8CX : No you did. You played last week. You played 9 holes last week.*
- *SH2-8C : Oh did I?*
- *SH2-8CX : No sorry, you got down there, and they said it was waterlogged so you couldn't play .That's right.*

Knowledge informing Coping strategies

- Pre-existing skills e.g. SH2-10 being an electrician, being an engineer, being organised
- SH2-16 accountant, calligrapher, translator, 8 languages
- SH2-2 -Risk assessment trainer
- SH2 -5 – the importance of seasonal aesthetics understanding colour and atmospheres – as a practicing Wicken
- Impacts on coping strategies
- SH2-1 -matching fabrics *Taking scraps in my bag – in case I find something when I'm out*
- SH2-1 copinf with dyscalculia – making clothes – not coping with measurements numbers -Copying rather than measuring (using a toile rather than noting measurements)

Colour discrimination

Knowing the difference between one brown and another SH2-9
SH2-12C: Bright yellow ? Oh ? Yes they didn't look bright yellow then.

Colour and context

- SH2-1 – small pops of pink against neutral background
- SH2-5 – would wear blue but not as décor -too cold
- SH2-10 I like bright colours – clothes, orange car
- SH2-9 – purple décor , green clothes

Colour associations

- Associations with place (oil seed rape – we get a lot that grown in this area
- Associations with activity (SH2-9 dog fights) (SH2-6 model airplanes
- Associations with taste / food – sour sweets / chocolate/ raspberries (SH2-9)
- Associations with medals? (SH2-8)

- Associations with feelings red – anger (SH2-5)

Colour –and clothing peer pressure – attitudes of others

- Leading by example -wearing brighter different colours in a conventional work setting – challenging conventions (SH2-12)
- A culture of ' relaxed' e.g. Brighton gay city festivals pride etc
- Needing to get the stuff out
- SH2-1 Associations with how you feel about yourself in relation to others- work
- 'relaxed' attitudes
- *SH2-16 My appearance is my identity, and it's important*
- Being conscious of Appearance – how you look to others
- SH2-16 deliberately changes clothes for different meetings **"***so that at least it shows out there that we are conscious of the way we appear."*
  SH2-16 people say to me "You don't dress like you've got dementia"
- A heightened self-consciousness?

Colour memory

- SH2-6 model airplanes/ air cadets
- SH2-9 suits
- SH2-14 sofa
- SH2-9 Talking about the colour – sage green suit not right – none of the colour cards match *" More of a teal green'*

Vocabulary

- SH2-9 'subtle' ' nuance'
- SH2-10 ' egregious' resistor, orientation , code
- SH2-9 explanation of the origin of the word shrapnel

Understanding images

- The photo that has been taken is " too shaded , too dark"
- SH2-9 Attention to quality of pictures back and forth and on recordings e.g. grandmother old photo and very blurred on zoom …

Knowledge informing preferences

- SH2-9 interest in militaria - technical details of ammunition clips
- SH2-10 colour as a coding method in wiring
- SH2-16 collector of art deco
- SH2-1 colour combinations in dress fabrics
- SH2-1 Surveyor in healthcare settings colour and decor

Knowledge and capabilities retained / revealed

- SH2-*10 this discussion is revealed to me that my knowledge of colours and use of colours in different situations unaffected virtually….if I picked up a resistor now, I would know what the value of it just by looking at it*
- Occupational knowledge - Our understanding and our occupations e.g. electrician – associations

Acquisition process reinforcing memory/ object attachment

- SH2-9 Remembering where he bought things , e.g. street auction, or a boot fair – describes the exchange he has with the seller and how much he bought it for
- SH2-8 - spoon essential piece of kit
- SH2-10 –building a workshop in Cuba

Objects supporting preferred activities – reinforcing a sense of competence

- SH2-10 tools and devices
- SH2-12 spade and allotment
- SH2-1 – sewing machine
- SH2-5 practicing Wicken
- SH2-16 calligraphy

Impact of presence of care partners

- Interruptions, taking the object away – speaking for / explaining for/ contradicting
- Having the time to speak for yourself
- Taking the object out of the participants hands
- Zoom issues
- SH2-8 Sitting at the back of the room behind the participant
- SH2-8 taking the object away – speaking for / explaining for/ contradicting
- SH2-9 Having the time to speak for yourself
- Me/ Care partner : trying to guess why
- SH2-9C First smile – when left alone to carry on
- SH2-8 significant word finding and inhibition – interrupted and spoken for
- SH2-6 speaking more and for longer than he would have done (reported by friend observing)
- **Shared memories**
- How much is it about sharing the knowledge e.g. working it out together?
- SH2-8 and care partner – speaking for him
- SH2-9 and care partner – exchanging recalling the suit, the kitchen décor, the
- **Absence of care partners** Are they more capable of speaking for themselves when alone? SH2-12/ SH2-16/ SH2-14/ SH2-5/ SH2-1/ SH2-2

Care partners speaking for the person pros and cons

- SH2-8BX (SH2-8 Care partner) :*And there is no real reason why you like the colours was there? And you said No, And I said Well does anything mean anything to you? And you were like well, they're just nice colours, they're just vibrant colours*
- Care partners as witnesses

Clothes and personality

SH2-10 *I'm not really an extrovert in that sense..*

-

Describing colour –

does it look different on the screen to reality?

Meaning of images –
SH2-14 Images on mugs that represent reflects me – 7 dwarf sleepy mug – *that's me always sleepy*

Associations with activities
- *SH2-6 my garden*
- *SH2-5 memory of pet rabbits*
- *SH2-1 sailing*
- *SH2-16 visiting medina*

Mood influencing preference / preference influencing mood
SH2-14 *Giving me pleasure - and it just brought me so much pleasure when I opened it and the fact that it has survived all these*
SH2-5 – I feel bright yes it makes me feel bright

Function and materiality
SH2-14 The ugly mug – *I don't like the size* / heavy / pottery/ handle
SH2-10 - China the translucence, the sound the feel, the shape
SH2-1 – the curve of the rim and feel against the lip, easy sipping

Sourcing images
- SH2-14B : using Facebook groups as a source of images – sunset groups –
- *This is the colour of the moment* – (seasonal) sunsets)
- *SH2-6 And you know, I am what, nearly eighty, and I can look back at those years, and SH2-6X got this Kindle and if we see something we knew . And she can go onto Kindle, and she can tell me what they've done in their life.*

Colour as coding – **visual cue**
- *SH2-10 but if I had them in front of me and I was using them I would very quickly. you know the association would be there immediately*
- SH2-10 –Understanding the value of colour as coding
- - signalling from sailing and – electrical wiring – colour recognition rather than words – *no need to have it the right way up*
- SH2-5 – using colour to code journeys e.g. which bus to get to a Pilates class
- SH2-1 Describes often going to the wrong cupboard and thinking that colour might be a way to make it easier to find things
- *SH2-1 I like that yellow, so if I were really struggling to identify some essential places for ..So let's say a plate or let's say a cutlery drawer and things and I could have - a bit like your labels, you know your cards I could have yellow things, and they could be everyday routine things.*
- **Invisible controls** – SH2-10 black controls black on black not able to use
- **Keeping things in view**
- *SH2-14B: Exactly, you can never have enough shelves. And if you have a hobby, you can never have enough shelves. If you put things in cupboard, you just forget about them.*

Capabilities retained

- *SH2-16A : What I look at is , I look at the abilities that I have retained not the ones I've lost. So I don't even bother with that. Right now . I'm sitting in front of you, talking to the professional on a professional level. That dementia is not with me. It's locked up upstairs in the bedroom*
- SH2-16A – having to give up work
-

Sensory sensibilities

- Having a heightened sensitivity
- SH2-16A: *I feel that my senses. The 5 senses that we have. I feel that they are magnified? I hear more. Hmm. I see more .I feel more, I concentrate more, and I think it's all because of the fact that I've got a condition, and I need to pay attention on all those things. So therefore all these things have become extra sensitive, if you like and have increased in a manner that is positive for me.*
- SH2-2 *– colour that's troubling, distressing …. fierce*
- SH2-2B *too much'*. **ME** Colour as stressful - visual noise?

Challenging attitudes

- Did it change the attitudes of cares SH2-8B said she was learning things she didn't know before from her husband i.e. using this as a technique
- SH2-16A being bi-lingual and delays in changing from one language to another – misinterpreted as cognitive impairment
- SH2-16A: - attitudes of professionals – not being person centred – "They don't practice it"
- SH2-16A – being humiliated by tests
- SH2-16A – *professionals need to listen to the people living with dementia when they talk to people who are actually living with it*.
- *SH2-16A: Get people involved and not just hear them. Listen to them.*
- SH2-16 The value of peer support and learning
- SH2-16A*: you won't find any of that in the textbooks*
- SH2-16B *-: You see to me that highlights something that the professionals ignore. and that shows that we are all unique.*
- *SH2-16C: It's just perceptions. They don't. Don't look at the person they look at the disease and that's where the problem*
- *Professional attitudes, patronising*
- *SH2-16 And I said to them, I said memory is the least of my problems*

Peer support

SH2-5/ SH2-8/ SH2-9 remark on the value of peer support –
Me as a Community of lived experience ?

- *SH2-16 DEEP has been the backbone to my recovery. They acknowledge us. They us you know, and they empower us*

Cultural associations

- SH2-16B 04-05-23Medina and the green dome

Dementia and sensory sensibilities

- SH2-16B – *I think that the senses that we have, the five sense that we all have. I think mine have magnified to the stage now where I hear more, I see more , I smell more, I pay more attention*
- *SH2-16 But I can see better, I hear more. You know, I feel more, I sense in every way more. So all the senses have sort of got magnified*
- SH2-16 Reflections on the experience of sensory awareness – and whether concentrating more and being aware of diagnosis makes you practice more
- Practice /learning new skills?
- *"Maybe it's that concern that makes you a bit more aware of what you're looking at and what you're listening to it, who you're talking to, and therefore you concentrate more"*

Embodied memory

- SH2-16 – describing his study/workspace Knowing where everything is , like driving – Embodied memory – knowing where the things are around you – having private space –
- SH2-10 strategies to organise space - knowing where everything is

Other observations

- SH2-14 – *I'm too old to care* [what other people think] – *have you reached that point yet?*
- SH2-14 – maintaining focus – let's get back to the pictures…(Is that because he's reluctant to talk about those memories?)
- SH2:14B on colour cards - *these are reminding me of paint things* Like DIY paint
- SH2-16 The fear of the disease affecting ability -public speaking
- Zoom as helpless self-conscious?
- Design of apps: *And so your brain's having to work unnecessarily hard to sort it out*
- SH2-14 Keeping a picture *Like it because it was a picture that was done for me* - ??
- ME - how much do people actually get asked about their preferences?

Constructing patterns of meaning from the narrative data

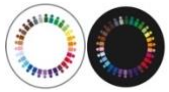
Stimuli/ Probe	Source	Quote (example)	Surface / explicit	Latent / implicit	Patterns of meaning
Lovely Mug Ugly Mug					
	SH1A	*"That's an afternoon mug that's OK for a good amount of tea for a long sit.."*	Uses a bigger mug for a longer break	How the shape and size of the mug is associated with different activities	Personal habits and routines
	SH5A	*"More like a meeting, or a serious, or a thinking coffee"*	Associates the design with concentration	Appearance of mug conveys a sense of formality	
	SH5A	*"These are more like it if I wanted a little coffee on the weekend on more like a sunny day "*	Favourite handmade mugs associated with relaxing	Practicality being less important than enjoyment	
	SH2-1A	*If it was a China mug in the right size. I probably wouldn't care what was on it."*	Material more important than appearance	How the material affects function and feel	Function and materiality
	SH2-1A	*".. They are too heavy. When it's full I can barely lift it. And they're thick"*	How the weight influences choice	Practical factors influencing preference	
	SH2-1A	*"a China mug, which is nice and then, when you drink from it. It's nice and thin."*	Finds China mugs more pleasing to drink from	The impact of the material on the embodied relationship with the mug	
	SH5A	*"I like that the different size handles suggest that these are handmade .And how the glaze is different on each of them"*	How they were made	Feeling a connection to who made the mug	
	SH6	*" Turns in at the top keeps it hot"*	Demonstrates how the shape affects the temperature	Understanding how the mug has been made	Occupational knowledge/ Function and materiality

Stimuli/ Probe	Source	Quote (example)	Surface/ explicit	Latent / implicit	Patterns of meaning
Lovely Mug Ugly Mug					
	SH2-5	*"Do I feel quite sombre? I'll go for [a] black [mug]. Or do I want something really bright? And because I feel bright."*	Mood influences what mug she chooses	Strategies to accommodate changing moods	Emotional associations
	SH-7	*" It really cheers me up "*	Colour of mug influencing mood	Impact of appearance on mood	
	SH2-14	*" It brings me pleasure "*	Finds particular designs pleasing	Impact of appearance on mood	
	SH2-10	*" My wife was a potter, so I know a lot about that making and what have you"*	An understanding of the making process	Appreciation of things that are well made	Occupational knowledge
	SH2-1	*"– I'm dreadful when i'm in a fabric shop because it's all about the feel of the fabric, and the look of it."*	Knowledge of dressmaking	An understanding of materials and how they behave	
	SH2-10	*" I like things that are fine and delicate. Porcelain, China*	Preference for material	Appreciation of craftsmanship	
	SH2-5	*" I like them because I chose them"*	Being able to choose	Having a sense of agency provokes positive feelings	How much does it matter?
	SH2-10	*""it's destined for the bin! - it's heavy weight, a decorative style. I really don't like this sort of thing at all."*	Will throw away what he thinks is ugly	Objects that are disliked don't get used.	
	SH3	*"If I go to someone's house and I see a mug,[I like] - I say :'Can I drink out of that mug? "*	Preference mattes so much they will ask for the one they like	Being able to express preferences	

	SH11	*"It's got to be the right one"*	Describing the process of choosing a travel mug	How much the shape and appearance matter as well as the function	

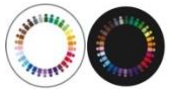
Stimuli/ Probe	**Source**	**Quote (example)**	**Surface / explicit**	**Latent / implicit**	**Patterns of meaning**
Lovely Mug Ugly Mug					
	SH2-9	*"I like to use the great grandad mug. It's not putting my granddaughter's nose out of joint. She's got no problem with it at all."*	Choice of mug associated with significant relationships	Positive relationships	Personal significance
	SH2-9	*"I'm in the habit of If I spot in anything that's remotely militaria and I have to buy it and bring it home"*	Collector of militaria	Interest in militaria provoked by relatives who served in world wars – associations with world events	
	SH2-1A	*" I like it, because it has it has memories of sailing and doing but it's small: too small for a proper cup of coffee"*	Associated with enjoying sailing	Imbues a sense of competence related to knowledge and skill in certain activities	Reliving experiences
	SH2-6A	*"This is the cup I use all the time, with all the flowers and everything round it, they're nice…. I do like gardening"*	Associated with enjoying gardening	Imbues a sense of competence related to knowledge and skill in certain activities	

Appendix 21

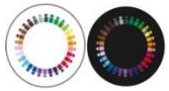
Stimuli/ Probe	Source	Quote (example)	Surface/explicit	Latent / implicit	Patterns of meaning
Colour					
	SH2-10A	*" I don't mind the odd splash of colour but not too large"*	Preference for white walls	Controlled amount of colour	Context
	SH2-5	*"Some colours I like because I like to wear them, but I wouldn't like them in my home"*	Described associating blue with a cold temperature	Associations with colour affecting choice	
	SH2-1	*"I know I'm wearing a bright pink dress. ...I wouldn't want sort of - a feature wall in that colour. I wouldn't want to be surrounded by that.*	Showed me wearing a bright pink dress, has pink clocks, pink chair covers and , taupe walls	The size and location of colours and combinations matters	
	SH2-1	*"Small pops of pink against neutral background"*	Preferring small areas of bright colours	An understanding of décor from working as a surveyor	
	SH9-	*"But I probably wouldn't wear them"*	Chose bright colours as favourites	How you are seen by others	Context / Social and Relational
	SH8	*"I had a black car which I loved dearly it was known as my mafia car."*	Described enjoying that the car conveyed this impression	Using an object to project a particular self-image	
	SH7	*" cheerful" / happy/ sunny*	Associating yellow with feeling good	Colour having a positive impact on mood	Emotional associations

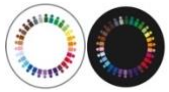
	SH2-10	*"It has a religious meaning this has"*	Described the dark green as being the same as the Dome at Medina	Faith	Cultural influences

Appendix 21

Stimuli/ Probe	Source	Quote (example)	Surface/explicit	Latent / implicit	Patterns of meaning
Colour					
	SH13	*" The blue and green I wore at my wedding"*	An important outfit	An important life event reinforcing preferences	Personal significance
	SH7	*" .. we had a yellow front door – it was a happy time"*	Memories of a childhood home	Preference being associated with positive experiences	Personal significance / Emotional associations/ Colour in the mind's eye
	SH2-9	*" I had a green suit "/ " he likes wearing green"*	Has a lot of green clothes	Colour preference influencing clothing	Colour in the mind's eye
	SH7	*" That salmon pink cardigan" – I looked for another one the same*	Fond memories of a cardigan	Clothing that makes the wearer feel good	
	SH2-14	*"I had a sofa that colour"*	Described the process of choosing and purchasing a suite of furniture for a new home	Does the process of acquisition reinforce the memory?	
	SH2-12	*" The dome at Medina"*	Described the importance of visiting Medina	Colours associated with values and beliefs	Cultural associations/ Colour in the mind's eye
	SH2-6	*" that's racing green. I used to make model airplanes and racing green means it goes faster"*	Participant chose only two colours green and black	Associated with knowledge and expertise about an enjoyable activity	Reliving experiences

Appendix 21

Stimuli/ Probe	Source	Quote (example)	Surface/ explicit	Latent / implicit	Patterns of meaning
Colour					
					
	SH2-10	*" Egregious greenery"*	Describes having a lot of plants	Nature associated with wellbeing/ biophilia	Universal preferences
	SH8	*"Natural environments"*	Associates green with his enjoyment of nature	Nature and its associations with being outdoors / biophilia	
	SH13	*" Yellow is definitely my favourite colour"*	Describes being drawn to the colour yellow	Resonates with research on universal preferences for yellow	
	SH2-16	*"My appearance is my identity, and it's important."*	How people see me	Importance of appearance maintaining a sense of self	Social and Relational
	SH2-9	*"Yes, although SH2-9BX says I don't wear a lot [of blue], I do.*	Others not knowing what you like	Demonstrating expression of preferences	
	SH2-16	*"People say to me, 'You don't dress like you've got dementia.'"*	Describing what people say	Challenging negative attitudes about dementia	
	SH2-12	*"Leading by example—wearing brighter, different colours in a conventional work setting."*	Expectations in work settings	Likes to challenge conformity	
	SH2-12	*"I'd probably keep away from it, yes, as a result of that. You don't feel you're necessarily looking odd in that sense"*	Described how attitudes of others impact on choice	Dementia affecting confidence	
	SH2-12	*"Leading by example—wearing brighter, different colours in a conventional work setting."*	Expectations in work settings	Likes to challenge conformity	
	SH6/ SH9/SH12	*" School uniforms"*	Several participants colour dislikes were associated with school uniforms	Over exposure to certain colours affecting preferences	

Stimuli/ Probe	Source	Quote (example)	Surface/ explicit	Latent / implicit	Patterns of meaning
Colour					
	SH2-9	*" I had a green suit "/ " he likes wearing green"*	knowing what you like to wear	Maintaining preferences throughout life	Colour in the mind's eye
	SH7	*"That salmon pink cardigan" – I looked for another one the same*	Pink cardigan	Memories of possessions	
	SH13	*" The blue and green I wore at my wedding"*		Special occasions	Personal significance
	SH9	*" It's quite difficult to say because when I think about - .it's very rarely that you have yeah this much colour"*	Too much choice	Overstimulation affecting ability to make choices	Sensory regulation
	SH2-5	*, "It's kind of like overwhelming overpowering, it's like: Oh it's too busy. It's too much. I like bite size, little chunks".*	Too many colours all together	Colour cards create a busy pattern that	

Appendix 21

Stimuli/ Probe	Source	Quote (example)	Surface/ explicit	Latent / implicit	Patterns of meaning
Personal Space					
	SH4	*".there's some things that you just know stay with you, almost life long and there's other things come and go"*	Maintaining and changing preferences	Preferences influenced by early life experiences	Changing preferences
	SH2-5	*"Each season with accessories. I change the cushion covers in my lounge"*	Preferences reflecting seasonal changes	Understanding colour reflect seasons	
	SH4	*"I think most a lot of things that we get or buy whether or whatever else. are drawn from a limited palette of availability"*	Limited choices available	Consumer choice controlled by the market	Choice and control
	SH6A	*" if you're in a home, well, you can't be choosy can you?"*	Contemplating what it would be like to be in care	Situations that limit individual choice and control	
	SHI	*" He likes a white, I like bright colours*	Knowing what others like	Reciprocity as mutual and negotiated space in shared living	
	SH2-5	*"As soon as I stepped in here and it was like, yes, this is home, my home.*	Moving from a shared home to living alone	Not having to compromise	
	SH2-16	*"I didn't have to look, I knew where my [pens were]. It comes second nature, you know. It's like driving the car, you know exactly where everything is."*	Describing how the space and layout supports calligraphy and translating	Embodied sense of space	Occupational engagement
	SH2-1	*"I think the sewing machine is pretty much always, has always been out in that room"*	Keeping the sewing machine out as still makes own clothes	Ingredients of space contributing to maintaining skills	
	SH2-10	*if you're setting up a workstation - putting things in the most convenient position*	Describing the importance of space and layout in shed he is building	Experience as engineer informs how he	

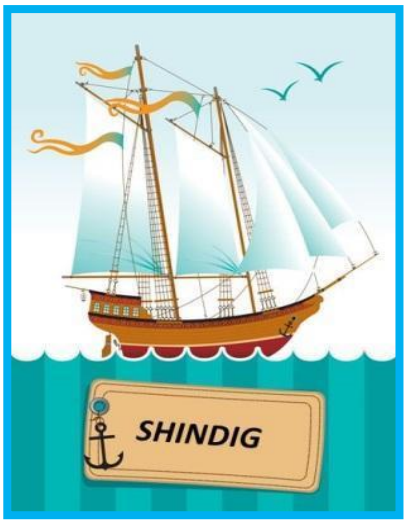
Appendix 21

Stimuli/ Probe	Source	Quote (example)	Surface/ explicit	Latent / implicit	Patterns of meaning
Personal Space					
	SH2-2	*"Peaceful, easy, accessible"*	Describes his favourite room as easier to cope with	Reflects a growing intolerance for overstimulation in dementia	Sensory regulation
	SH2-5	*"With me it's about aesthetics. If it's all muddly, it makes me feel muddly if it's not just right.*	Describing how her lounge is organised to be calming and restful	Reflects a growing intolerance for overstimulation in dementia	
	SH6	*"In the little room, I want to be alone*	Describes favourite room as a place where she can be alone	Reveals the difference between how we present ourselves to others and what we prefer in private	Public and Private
	SH2-1	*"The glory hole"*	Describes rooms she likes but are messy compared to rooms for visitors	How different environments support places for guests compared to messy rooms for making	

Appendix 21

Patterns of meaning	Descriptors
How much does it matter	To what extent personal preference mattered and why
Function and materiality	Function, usability, shape, weight, size of a mug as factors influencing preferences
Emotional associations	How choice of objects, colours and environments influence or are influenced by emotions
Personal habits &Routines	The role everyday objects play in personal habits and routines
Personal significance	Meanings and associations about reasons for preferences related to relationships, places and events that held personal significance
Sensory regulation	The extent to which sensory stimuli can impact on choice of personal space
Reliving experience	Reasons for preferences eliciting recollection and re-enactment of experiences
Occupational knowledge	Participants knowledge about the way things and understanding of how materials behave influenced their preferences
Context	Preferences for colour were dependent on the context, whether the colour was for an object, décor, col
Social and Relational	Social factors including peer pressure, attitudes of others, and sense of identity influencing preferences
Colour in the mind's eye	Colour eliciting associations with certain objects, environments and experiences that had personal significance
Universal preferences	Colour preferences resonating with knowledge about colours that are universally preferred related to natural environments
Cultural associations	Preferences influenced by beliefs, values, faith, culture and gender
Changing preferences	Strategies participants used to accommodate changing preferences
Choice and control	The amount of choice and control individuals have over personal space and whether this compromises their preference
Occupational Engagement	How the ingredients of a favourite space support activities skills, special interests and preferred activities
Public and private	Favourite spaces in the home for privacy and solitary activities

Sheffield Dementia Involvement Group



December 3rd, 2020

I know what I like

Looking at our tastes and preferences in everyday life

SHINDIG is a collaborative project between Sheffield Health and Social Care NHS Foundation Trust and The Alzheimer's Society. Our aim is to provide a forum where

people living with Dementia, their family and supporters can have their voice heard around a particular topic. Topics relate to living with Dementia and health and social care services.

This SHINDIG was attended by 6 people living with Dementia and 7 carers. Apologies were received from 5 people due to illness or other commitments. There currently remain 25 people interested in attending virtual SHINDIGS. Some people recently contacted have declined to continue due to not being keen on the virtual approach or not being able to use the technology required. Changing health situations have also been given as a reason to end involvement by some couples.

The theme for December SHINDIG was brought to us by Marney Walker. Marney is an occupational therapist. Her work involves advising on the design of housing to make sure that homes are easy and safe to live in as we age. She is interested in how design can help people living with dementia to continue to do what they would like to be able to do in their everyday lives. Her research is looking into the importance of being able to choose the things that suit our personal tastes and preferences. Marney is based at the **Lab 4 Living Research Centre** at Sheffield Hallam University. **Lab4Living** specialises in design research that supports health and wellbeing.

Summary

- For some people the objects they liked often reminded them of family and loved ones.
- Objects that were shown to the group lead to people sharing stories. This often resulted in laughter and new knowledge.
- What people had chosen to have in their homes often celebrated where they had travelled and what they have achieved.
- People took pride in showing each other things in their home that they had made themselves. For example furniture and paintings.

- By seeing inside each other's homes we learned about what people had done for a living and what hobbies they enjoy.
- Some objects were valued because they made daily life safer and easier and maintained independence. For example a mug with a lid that was easy to carry.
- Many people held on to things that had been given to them as gifts even if they didn't particularly like the object. The kind act of giving was highly valued.
- People kept some objects for decades as they triggered important memories and sentiment.
- Some objects were simply too precious to use. These were usually objects given by the younger generation as gifts.
- Being able to make choices was deemed extremely important and described as both freedom and a human right.
- There was a consensus that choice is currently very much restricted as a consequence of Covid19

Main Report

Attendees were invited to talk about their tastes and preferences in everyday life. People had been asked in advance to have their favourite mug or an object they really liked with them. Facilitators encouraged everyone in the group to show their mug/object and say why they liked it.

The group commented on their mugs/objects

One person had brought a re-usable coffee mug with a lid, he explained that he loves coffee in the morning and likes to take it back to bed. He spoke about the practical benefits of his chosen cup.

"It's too hot in an ordinary cup I would spill it. With this cup, with its lid, I can take it back upstairs and have coffee in bed. I use two walking sticks so carrying an ordinary cup is too difficult. I take it up my upward slide."

Similarly, another mug was shown with a ceramic lid.

"It's for when you are in the garden and don't want bugs getting in your coffee"

Another person always picks a mug that he decorated himself, it was brightly coloured and had his name on it.

For one lady it was the design and colour of her cup that was important.

"Roses are my favourite, a nice pink. Cuddly toys I love them. I lived with Grandma, and she had flowers all over her house. This is when my love of flowers started."

One person Showed a mug that read '*the Atlantic bridge over the ocean'* and said he got it when on a Highlands Heritage holiday. This resulted in the sharing of an amusing story:

"After the 45 rising Scots were banned from wearing kilts. Islanders would keep a pair of trousers in the pub on the island so they could put them on if crossing the bridge and then swap them back later"

The same person talked about liking objects that told a story of where you've been.

The Sharing of favourite mugs lead to people sharing other aspects of their homes. Things that held real value to them and that they were proud of.

We were shown a dresser made by someone's ancestors and told about a big wooden box that had been made into a cottage and a farm and given to a little girl. One couple showed us a really colourful splash back behind their cooker which had made from photos that they had taken of flowers and other colourful objects.

People spoke about how they had adapted their own homes.

"I learnt how to wallpaper the ceiling by watching videos on YouTube. The things I like around me are those I've made or done myself. This gives me a sense of pride. When I got married I bought a ten-bob tool kit and still use it"

"My husband used to paint pictures and do woodworking. He had a studio in the cellar. We sent pencils to Swaziland and other bits to start art. He would not sell his paintings for more than a penny"

A carer spoke about her husband's skills at work

"He used to work as a very good decorator and has done the decorating for everywhere in this house. This wallpaper was put up in 1966. He used to sign all his walls before papering them".

There was a discussion about people painting or papering over and over, creating layers. One person described stripping wallpaper in their house in the 1970s and uncovering drawing pins from the 1940s used to attach blackout material.

Some people had mugs that were far too precious to use, they held great sentimental value. This often related to who had given them or what images or text was featured on them.

"Here's mine, worlds best nan. We've both got one, but he doesn't use his as he doesn't want to break it".

The group were asked if there were other things in the house that they liked for similar reasons.

A 'family forever' cushion was then held in the air; it featured a photo montage of a grandchild as a baby.

"He sit's and talks to it all the time and says she waves and smiles at him"

This person then squeezed the cushion, giving it a hug and smiled.

Objects frequently had connection to family and familiarity. At times they reminded us of what we are missing as a result of Covid 19 and lockdown.

"This willow mug is from a set we use for everything. We bought them when we moved here 20 years ago. I like them because they are all same and we like the story of the willow pattern. We use them every day, for breakfast, dinner and tea. We would miss them; we associate them with get-togethers".

For some people objects had been with them for years. They triggered significant memories which clearly brought comfort and joy.

"My grandson made this wall hanging when he was 10 years old, it says nanan and granddad"

"My mum made this Dusty Bin was for me to match my bedroom"

"My camera is always with me. It has lots of daft things on it. The old pantry downstairs has a lot of junk in it. I used to dance and found a gold medal from 1951. I was really chuffed when it turned up"

"I have a sewing box which was given to me as a present during the war. 70 years I have had it. Brings back childhood memories"

" This decanter and glasses are from Venice I cherish them. I have a cabinet full of memories. They become more cherished over the years. I can't throw them away"

Attendees were asked how important it was for them to be able to choose the things they liked.

"It's very important, it's part of freedom".

" Yes, it's a human right"

"You only live once so choice is important"

"Take away choice and I would not be very happy"

"Something that is important to you stays with you"

"Choices include health issues and where you live"

"COVID has meant I can't go and buy stuff. It has taken choice away"

People were also asked how they felt about others making choices on their behalf?

"Sometimes it's ok, not others"

This led to conversations about clothes and colour preferences. Strong opinions were voiced and there was a lot of shared humour.

"I like blue. I knitted my husband a blue sweater, but his father would not let him wear it because he was a United fan".

"I bought a green suit, but my wife said I shouldn't wear it as green is unlucky"

"Never would I wear red. I like sparkly things; I don't like dark colours"

As with objects that held special memories people had also held on to items of clothing.

"I have the dress I first wore when I met my husband. I can't throw it away"

"I still have my trench coat; it brings back some memories"

People tended to prefer making their own choices but would at times take into account their spouses' preferences as well. Choices relating the home and decor were perceived as the wife's role in some couples it whereas others made joint decisions.

"We would choose together we liked old fashioned furniture"

"Usually a joint decision then I say 'whatever you like' my wife used to make all her own dresses. We worked on Doncaster market"

Two individuals offered practical advice on how they organise their clothing to make things easier.

"I have a system for clothes I put clothes in one end of the wardrobe and shuffle them to the other side depending on the season. It stops me having to think first thing in the morning and saves my neurons"

"I used to work with a lady who would work out all her clothes for the week on Saturday evening and they looked so lovely all lined up in the wardrobe"

Have you noticed a change in your likes and dislikes?

When asked if taste and preferences have changed there was a mixed response while one group all agreed that

"You get more fixed in what you like and don't like when you get older"

In another group it was suggested that change is inevitable and a positive thing.

"Tastes change, what appealed 20 years ago doesn't now, especially in how things look. There is a distinctive look to each decade like 70's 80's. I'm a bit of a hoarder and have boxes of stuff that can't throw away. They might come back into fashion. It's nice to be able to have a change"

It was recognised that other people don't necessarily know what 'we like' and several people spoke of receiving things they would never have purchased themselves.

However there was a consensus that such items should be kept as the gesture of being given a gift was valued.

"Someone bought me an animal print cardigan last Christmas; it's not really me but I wear it when I see her as don't want to hurt her feelings. Sometimes things don't match your personality, someone else sees you differently don't they"

"A friend got me a present saying 'you're going to really love it' but I couldn't stand it! And now I can't get rid of it! My house is full of things I haven't got the heart to get rid of because they were given to me"

"Everyone's different, if people give you something it's a gift, kindness, I would keep it. It's like the doll's house, it's about kindness we put love into what we are doing, like we're doing here in this group"

Does being able to choose the things we like make a difference to how we feel about ourselves?

Accepting compliments about the Christmas jumper he had chosen to wear allowed one person to speak about roles that were of value to him. Recent work with university students had triggered positive memories of him dressing up in different costumes to entertain others.

"I used to dress up as Father Christmas for the last ten years. The life story work with the students has brought this all out. I would like to thank those students and staff. I also used to do clowning for my grandson"

Recommendations

- It should never be assumed that people living with Dementia are unable to make choices about their preferences.
- Objects that people like can be used to generate discussion and positive memories.
- The objects we possess can also be used to maintain connection with loved ones.
- Colour plays a huge part in making choices about what we wear and how we decorate our homes. This should always be taken into consideration.
- Objects within the home can help us maintain our sense of identity and celebrate our achievements.
- Consideration needs to be given to the practical aspects of the objects we use. Can they do the job safely?
- Some objects can be used to comfort as they are not only pleasant to look at but also to hold.
- Can virtual access to our homes/possessions via zoom help us get to know each other better?

Conclusion

This SHINDIG provided opportunity for people living with Dementia, their carers and supporters to share opinions on what they like. Through three small discussion groups we explored the importance of being able to choose the things that suit our personal tastes and preferences.

For more information please contact SHINDIG co-ordinators:
jo.wallace@alzheimers.org.uk or claire.jepson@shsc.nhs.uk

If anyone would be interested in being further involved in Marney Walkers research or have any questions or comments please contact her at:

Email: marney.j.walker@student.shu.ac.uk

Lab 4 Living https://lab4living.org.uk/

Sharing Shared Looking

To ensure its credibility in the field of design for dementia research I have published in peer reviewed journals and presented at conferences. This is detailed in Chapter 6: 6.3.1. In Phase 4 (Figure A) , in line with the UK Research and Innovation public engagement strategy that advocates sharing the findings of research beyond academia (UK Research and Innovation, 2024), I also used exhibitions as a mechanism to engage with non-academic audiences. This included a workshop with specialist practitioners to evaluate the potential for the Shared Looking process as a transferable methodology

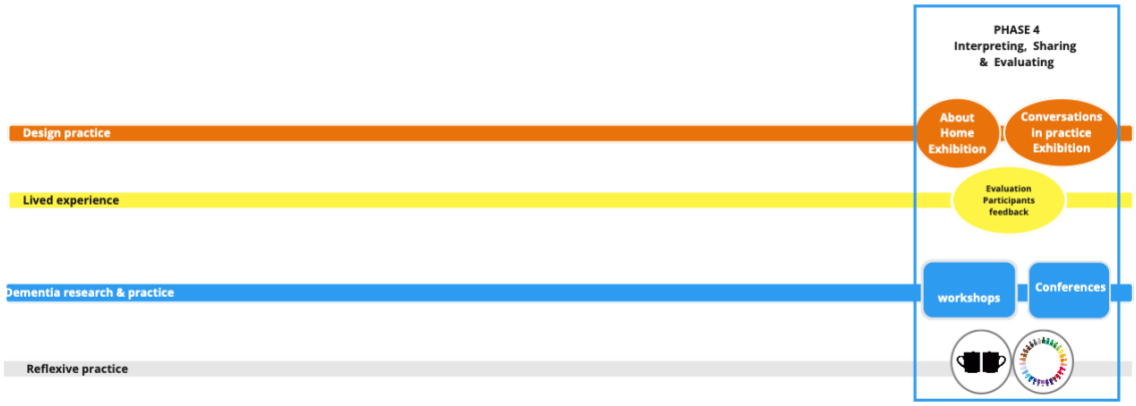


Figure A: Interpreting and sharing the findings in exhibitions and conferences

Dementia Futures Conference

In September 2023 I presented my findings to the Dementia Futures Conference, Sheffield Institute of Translational Neuroscience (SITraN)[1]. This conference aims to provide a platform for presentations by doctoral students primarily from the field of neuroscience, but includes presentations of user-led research and voluntary sector organisations. There is a mixed audience of academics, medical practitioners, and voluntary sector practitioners. Presenters are required to devise presentations of their research that can be easily understood by members of the public including those living with dementia. Members of the Dementia Research Advisory Group South Yorkshire (DRAiSY)[2] assess the presentations.

[1] SITraN https://www.sheffield.ac.uk/sitran/research/dementia (accessed 25-10-24)

[2] DRAiSY https://draisy.sites.sheffield.ac.uk/ (accessed 25-10-24)

Exhibitions

About Home Access Space March 2022



Figure D: Do you know what you like? About Home: Access Space Exhibition March 2023[3]

In March 2023, fellow Lab4Living doctoral candidate Jackie Leaver and I presented our work in progress as: '**About Home'** in a pop-up community arts space on a main shopping street in central Sheffield. My installation '**Do you know what you like?**' included a selection from the personalised booklets presented as banners (Fig X), and tables arranged with displays of mugs, and colour cards from which to choose (Fig X). The subject and content was devised to be as inclusive and accessible as possible. The ubiquitous nature of the mugs is largely familiar to people living in the UK. The colours presented out of context, are immediately accessible for anyone without significant visual impairments.

About Home included banners that displayed examples from initial findings, and interactive displays that invited visitors to actively engage in sharing their preferences for mugs and colours and is documented in the Annotated portfolio These exhibitions (About Home ◎, pp.82-85). This served to demonstrate how

[3] About home exhibition https://access-space.org/portfolio/about-home-marney-walker-and-jackie-leaver-friday-3rd-to-sunday-5th-march-2023/ (accessed 28-04-24)

exhibitions can make ‘embodied experience explicit’ (Niedderer, 2006, p.5) through interaction (Chamberlain & Yoxall, 2012). It was also an 89) were also an opportunity to share experiments with creating tangible ways to interact with the visual data using interactive three dimensional devices *Fold up homes* (◎, pp.78-81).

Conversations in Practice July 2023

As a joint exhibition with peers involved in art and design doctoral research this exhibition was an opportunity to share an alternative to interpret the data from generated to consider how the size scale of colour preferences were contingent on context. *Conceal and Reveal* (◎, pp.. 88-91) an interactive experiential prototypes.(Appendix 24).

The Conversations in practic/se exhibition[4] was an opportunity to collaborate with peers in the Art and Design doctoral research community at Sheffield Hallam University, to share outcomes from our research in progress. My installation Behind closed doors: Conceal and Reveal played with ways to represent the data from conversations with the participants about colour preferences.



Figure P: Conceal and Reveal

[4] Conversations in practice exhibition https://blogs.shu.ac.uk/c3riimpact/conversations-in-practice/ (accessed 25-10-24) at Persistence Works in Sheffield https://artspace.org.uk/articles/persistence-works/ (accessed 25-10-24)

As a speculative proposition, this installation experiments with using everyday furniture in the form of mundane storage systems to provide interactive elements that can conceal and reveal colour preferences in terms of scale and combinations. It applies the visual access principles in environmental design for dementia that recommend that essential items are kept in view. It plays with an aspect of cognitive impairment that causes a loss of 'object permanence' where people have difficulty believing that objects continue to exist when they are out of sight, or behind closed doors. The holes in the doors provide a glimpse of the colour and the sliding doors enable the contents to be revealed (Fig X).

Dementia Congress and Dementia Journal Story Work

My interviews with Penny Redwood, a specialist in training in dementia care and life story work, led to an invitation to collaborate with her and Ruth Eley, founder of the Life Story Network, on articles for the Journal of Dementia Care (Eley et al., 2023, 2024). This included contributing to a poster presentation of the My Home Matters project[5] at the Dementia Congress[6] in November 2022 (Figure C) that enabled me to share my research in progress with a mixed audience from the public and voluntary sector as well as people with lived experience.

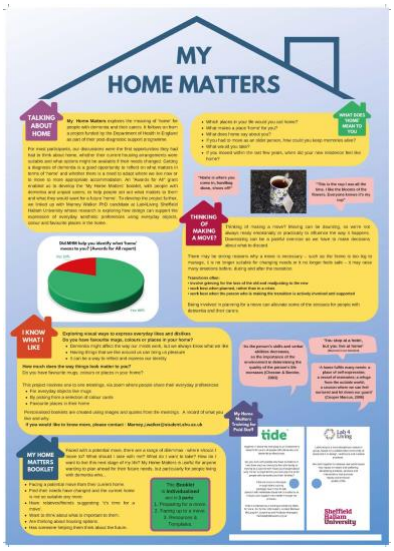


Figure C : Collaborating with the My Home Matters Project

[5] My Home Matters project hosted by TIDE (Together in dementia everyday) https://www.tide.uk.net/resources/my-home-matters1/ (accessed 23-10-24)
[6] Dementia Congress is an annual event hosted by the Dementia Community https://journalofdementiacare.co.uk/ (accessed 25-10-24)

Dementia Futures Conference

In September 2023 I presented my findings to the Dementia Futures Conference, Sheffield Institute of Translational Neuroscience (SITraN)[7]. This conference aims to provide a platform for presentations by doctoral students primarily from the field of neuroscience, but includes presentations of user-led research and voluntary sector organisations. There is a mixed audience of academics, medical practitioners, and voluntary sector practitioners. Presenters are required to devise presentations of their research that can be easily understood by members of the public including those living with dementia. Members of the Dementia Research Advisory Group South Yorkshire (DRAiSY)[8] assess the presentations.

Sharing the Shared Looking process with dementia care practitioners



Figure S : Specialist Practitioner workshop

During the About Home exhibition a workshop with dementia care practitioners aimed to consider the potential for the Shared Looking as a transferable methodology, and where that could be situated in terms of the phases of

[7] SITraN https://www.sheffield.ac.uk/sitran/research/dementia (accessed 25-10-24)

[8] DRAiSY https://draisy.sites.sheffield.ac.uk/ (accessed 25-10-24)

dementia post diagnosis described as 'supporting well' and 'living well' along the Dementia Care Pathway[9]. The objectives were to gather feedback on the feasibility of the process and how it might apply to their practice. Six practitioners from public sector, voluntary sector and research perspectives based in Sheffield attended:

- Sally Byers, Dementia Practitioner, Sheffield Teaching Hospitals Trust,
- Jo-anne Van-Levesey, Senior Health and Wellbeing Lead at Darnall Wellbeing[10] and Making Memories dementia cafe organiser,
- Claire Jepson, Co-ordinator of SHINDIG Sheffield Dementia Involvement Group funded by Sheffield Health and Social Care,[11]
- Charlotte Sutcliffe, Dementia Focused Occupational Therapist, Occupational Therapy & Adapted Housing, Adult Care and Wellbeing Directorate, Sheffield City Council,
- Elsie Ledger, Community Projects & Development Lead and Facilitator for the Rosemary Cafes Bents Green and Dore for Age UK,
- Katie Zwerger, doctoral student at the University of Birmingham.

Following a brief presentation about the project and the rationale for focusing on visual ways to support expression of everyday aesthetic preferences, the participants were invited to work in pairs, as facilitator/participant, to try out the process using the mugs and the colour cards. They were invited to provide feedback using the following questions:

[9] National Collaborating Centre for Mental Health (NCCMH) (2018). *The Dementia Care Pathway. Full implementation guidance*. London (pp.12-14) https://www.rcpsych.ac.uk/docs/default-source/improving-care/nccmh/dementia/nccmh-dementia-care-pathway-full-implementation-guidance.pdf (accesed 29-10-24)

[10] Darnall Wellbeing https://darnallwellbeing.org.uk/home/about/team/ (accessed 29-10-24)

[11] SHINDIG https://www.shsc.nhs.uk/get-involved/service-user-groups/sheffield-dementia-involvement-group-shindig (accessed 29-10-24)



Figure T: Practitioners sharing mug preferences

Feedback Questions for exercises Lovely Mug Ugly Mug and Colour Choice

- Is this exercise like any other approaches that you already use?
- What do you think are the pros and cons of this exercise?
- In what context might you use it?
- Would you use it one to one, with the person and the caregiver, in groups?
- What other everyday objects would you ask people about ?
- What would you change about this exercise?

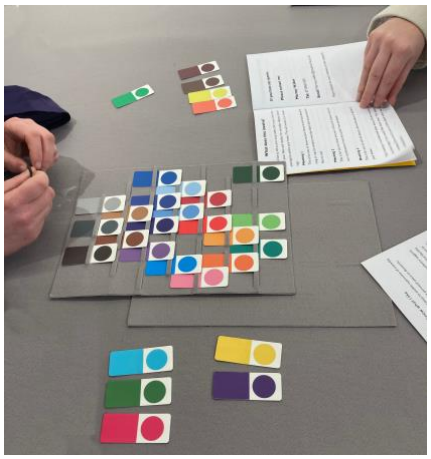


Figure U: practitioners sharing colour preferences

Feedback from practitioners on the exercises

A selection of the feedback from the practitioners that is documented more fully in the Appendix, suggests that these methods and tools could contribute to existing practice in a number of ways. As Katie Zwerger suggests, there is potential for how it compares to and could contribute to life story work, in the way it provokes responses in the present that can elicit meanings and associations from the past:

> "*I think what is so vital about both exercises in your study is the fact that you are engaging with the preferences of the here and now. Instead of asking people to reflect on what their preferences were, you are respecting who they are now. Other creative approaches in dementia research, like life story work, are important and useful, but are focused on the past. I think these approaches allow current preferences to be informed by life history (i.e. from the stories that are told using them) while capturing who they are now*."

Charlotte Sutcliffe reflected on what her experience had provoked:

"*Definitely great food for thought and ideas to try in my own practice. Good way to get to know someone, build relationships and optimise engagement. So much potential. For all activities to optimise engagement and reduce agitation in relation to dislikes*."

This demonstrates the tools' value in helping to establish rapport and understand the importance of knowing about personal preferences in a variety of situations.

Training in maintaining hydration

Since her participation as a facilitator at the SHINDIG meeting in Phase 1 when I tested the use of a favourite mugs with the members, Sally Byers, a Dementia Practitioner at Sheffield Hospitals Teaching Trust, has informed me that she has been using the approach in staff training sessions on improving hydration and nutrition:

> "*We invite staff to discuss whether they have a favourite mug and what they like about it. In their answers, you quickly find out what people like to drink, when and in what circumstances. You often get an insight into how the mug connects people to a loved one or reminds them of an important event and their routines and how they like to do things. Very quickly you find out how everyone has their individual preferences and how these connect into their identity. It's a good way to get them thinking and reflecting on the value of knowing these little bits of personal*

information and how helpful they can be in personalising care for people."
(email from Sally Byers 20th July 2022)

However, in considering whether this method is universally applicable, Byers also remarked on some feedback from her colleague:

"This activity isn't effective for everyone, in her experience younger staff or international nurses, so we may think about how we could adapt a bit to make sense to a wider audience."

This also resonates with some feedback I have had from a meeting with local Dementia Link Workers[12]. A facilitator of a Dementia Support Group for Asian women questioned whether those members would usually have different personal mugs or cups, whilst other aspects of home such as bed coverings might be personalised. This suggests opportunities for research that can consider cultural differences in the way that everyday aesthetic preferences are experienced and expressed, and whether or not they are important.

Facilitating discussions in dementia care settings

The recruitment criteria for this study were deliberately confined to people with early to moderate stage dementia. This was because the intention was to explore methods of supporting people to think about their preferences at earlier stages that could help at times of future transitions. However, given that the length / duration and progression of dementia can vary widely, it was useful to see how it might work with people at later stages.

In July 2022 Katherine Rawlings, Dementia and Wellbeing Manager at Sheffcare,[13] invited me to facilitate a session using the mugs and colour cards in a care home. This was a group session with four of the residents. Whilst all the participants were evidently able to make decisive choices, there were limitations to how much they could contribute to a discussion, Some of this was related to hearing loss, and the challenges of communication for Kathryn as

[12] Sheffield dementia link workers https://www.ageuk.org.uk/sheffield/our-services/dementia-services-professionals/home-care-toolkit/practical-ideas-to-support-a-person-with-dementia/community-support/ (accessed 29-10-24)
[13] Sheffcare https://www.sheffcare.co.uk/dementia-care.html (accessed

facilitators wearing masks. One of the participants was colour blind. Whilst this might have been a barrier for him to engage with the colour cards, he spent some time in animated discussion talking about the strategies he had used to overcome his colour blindness and how it had impacted on his choice of occupation. His response to this task became a useful way to think how colour blindness might be addressed as an iteration of this tool.

In June 2024 I facilitated a session at Darnall Dementia Group allotment meeting using the selection of mugs from the exhibition, co-ordinated by Joanne-Van-Levesley:.

> " *Marney demonstrated the ability to adapt her original activity to fit with the Dementia Group 'On the Plot' first session. (This was made up of people with Dementia and their Carers and Volunteers supporting the activity) – It reiterates how important it is to recognise and understand our personal preferences and choices – how these stay with us on our journey of life and enable us to still enjoy the things we love the most!- we revisited this across other sessions this growing season*."
>
> (personal communication from Jo-anne Van-Levesley, 2nd August 2024)

The initial positive feedback from these practitioners suggests that there may be potential for testing these methods in different settings. This might include testing separate elements of the process, sharing preferences in groups, and evaluating to what extent the way the tools are facilitated by different practitioners plays a part.

Design for dementia research literature review summary

	Sources – summary	Stage/ context	Stimuli/ method	Activity/ outcome
	Reviewing the review Tsekleves, E., & Keady, J. (2021). Design for people living with dementia: Interactions and innovations. Routledge.			
1	Anderiesen, H., Scherder, E., Goossens, R., Visch, V., & Eggermont, L. (2015). Play experiences for people with Alzheimer's disease. International Journal of Design, 9(2). Guidance on design of games to suit people at different stages of Alzheimer's disease - sensation and reminiscence continues to be relevant until later stages P161	All	Literature Review of Games + AD	Recommendations for games tailored to different stages
2	Branco, R. M., Quental, J., & Ribeiro, Ó. (2017). Personalised participation: An approach to involve people with dementia and their families in a participatory design project. CoDesign, 13(2), 127-143. Personalised participation to develop artefacts designed for engagement and interaction between pwd and families – findings emphasise establishing empathy, trust	PWD + family Stage not specified	Participatory – personalised reminiscence	Therapeutic games
3	Brankaert, R. G., & De Jong, H. J. (2015, July). A point in the right direction: a simple navigation device for people with dementia. In 3rd European Conference on Design4health.	E/M	Navigation device	Navigation/ orientation
4	Casiddu, N., & Porfirione, C. (2017). Design for Dysphagia: a new hardware-and-software mobile system to monitor patients' swallowing. The Design Journal, 20(sup1), S2078-S2089.	Stage not specified	Monitoring device	
5	Darby, A., & Tsekleves, E. (2018). Mentian: Developing design fiction for dementia policy. In Proceedings of the Design Research Society Conference 2018: pp.2407-2421 Limerick : Design Research Society used design fictions to envisage future technologies that could communicate co-morbidities common in older people living with dementia that are not easily communicated or understood due to impaired cognition	practitioners + older people with experience of dementia	Co-morbidity sensors	Speculative solutions to NVC of health conditions
6	Favilla, S., & Pedell, S. (2013, November). Touch screen ensemble music: collaborative interaction for older people with dementia. In Proceedings of the 25th Australian Computer-Human Interaction Conference: Augmentation, Application, Innovation, Collaboration (pp. 481-484).	Stage not specified	Music/software design	Therapeutic/ engagement
7	Garde, J. A., Van Der Voort, M. C., & Niedderer, K. (2018). Design probes for people with dementia. Exploring the efficacy of probes to elicit response – using images writing, objects describes whether the probes allow for open or close As Garde identifies probes can be used to provoke inspiration and insights – There are two types of probes, inspiration oriented probes, like the probes by Gaver et al (1999), and information oriented probes (Boehner, Vertesi, Sengers, & Dourish, 2007)	N/A	Design probes – open/closed	
8	Gowans, G., Dye, R., Alm, N., Vaughan, P., Astell, A., & Ellis, M. (2007). Designing the interface between dementia patients, caregivers and computer-based intervention. The Design Journal, 10(1), 12-23.	e/m/a /l	Computer VR	Communication/ cognitive stimulation

	Sources – summary	Stage/ context	Stimuli/ method	Activity/ outcome
	Reviewing the review contd. Tsekleves, E., & Keady, J. (2021). Design for people living with dementia: Interactions and innovations. Routledge.			
9	Hanson, E., Magnusson, L., Arvidsson, H., Claesson, A., Keady, J., & Nolan, M. (2007). Working together with persons with early stage dementia and their family members to design a user-friendly technology-based support service. Dementia, 6(3), 411-434	E	Computer interactive LSW using ACTION	Communication reminiscence
10	Hattink, B. J. J., F. J. M. Meiland, T. Overmars-Marx, Marike de Boer, P. W. G. Ebben, M. Van Blanken, S. Verhaeghe et al. "The electronic, personalizable Rosetta system for dementia care: exploring the user-friendliness, usefulness and impact." Disability and Rehabilitation: Assistive Technology 11, no. 1 (2016): 61-71. Computer interactive systems that support memory with reminders, , monitor behaviour , incorporate warnings that can reduce risks and engender feelings of security How to make a sensory room for people with dementia	All stages	Computer monitoring system	Monitoring managing behaviour/ function
11	Iltanen-Tähkävuori, S., Wikberg, M., & Topo, P. (2012). Design and dementia: A case of garments designed to prevent undressing. Dementia, 11(1), 49-59.	L / Care home	Clothing – function v aesthetics	Overall for pwd to wear in care homes
12	Jakob, A., & Collier, L. (2017). Sensory enrichment for people living with dementia: Increasing the benefits of multisensory environments in dementia care through design. Design for Health, 1(1), 115-133. A critical analysis of on the failure of MSE products to provide meaningful experiences and guidance on how to improve https://assets.kingston.ac.uk/m/8239cb81e12f2cb/original/How-to-make-a-Sensory-Room-for-people-with-dementia.pdf	L / Care home settings	Analysis of application of Multi sensory environments in care settings	Guidance to improve application of MSEs / and sensory regulation
13	Kenning, G. (2018). Reciprocal design: inclusive design approaches for people with late-stage dementia. Design for Health, 2(1), 142-162. Personalisation of interactive objects by providing and then interpreting choice Whilst recognising the need for personalisation acknowledging the challenges in terms of time and resources by enabling participants to contribute :" to engage 'in the moment' and to experience 'in the moment' pleasure" p144 "..design becomes a research process to collect data for analysis that can inform a wider audience including dementia discourse, dementia studies, dementia care and design for dementia." p148	L / care home settings	Inclusive accessible participatory approach using Personalised interactive objects	Reciprocal approach to participatory design to maximise engagement by pwd
14	Kenning, G., & Treadaway, C. (2018). Designing for dementia: iterative grief and transitional objects. Design Issues, 34(1), 42-53 sensory engagement personalisation and bespoke solutions	L/ End of life care setting	Personalised blankets	Personalised sensory textiles
15	King, A. P. Y., & Siu, K. W. M. (2017). Participant observation in cognitive gameplay as a rehabilitation tool for living alone elderly with dementia in Hong Kong: a pilot study. The Design Journal, 20(sup1), S2426-S2438.	L/ living at home	Analysis of game play application of universal design principles	Cognitive rehabilitation
16	Lazar, A., Thompson, H., & Demiris, G. (2014). A systematic review of the use of technology for reminiscence therapy. Health education & behaviour, 41(1_suppl), 51S-61S. Value of ICT to support Remote Therapy using reminiscence – and support capabilities e.g. sensory awareness, emotional memory – Reminiscence Therapy having benefits to improve mood, cognition and behaviour but lacked clear evidence of what stage of dementia it might be most beneficial – Tech potential to use missed media resources	E/M	Reminiscence Therapy Tech systematic review	Reminiscence using technology

	Sources – summary	Stage/ context	Stimuli/ method	Activity/ outcome
	Reviewing the review contd. Tsekleves, E., & Keady, J. (2021). Design for people living with dementia: Interactions and innovations. Routledge.			
17	Mihailidis, A., Blunsden, S., Boger, J., Richards, B., Zutis, K., Young, L., & Hoey, J. (2010). Towards the development of a technology for art therapy and dementia: Definition of needs and design constraints. The Arts in Psychotherapy, 37(4), 293-300.	Survey art therapists stage not specified	Interactive technology	Design of Computer tools to support art therapy
18	Morrissey, K., Wood, G., Green, D., Pantidi, N., & McCarthy, J. (2016, June). 'I'm a rambler, I'm a gambler, I'm a long way from home' The Place of Props, Music, and Design in Dementia Care. In Proceedings of the 2016 ACM Conference on Designing Interactive Systems (pp. 1008-1020). Experience Based Design (See Mcarthy and Wright)project exploring to what extent people living with dementia participate in interactive musical activities found value in paying attention to the quality of props engagement and degrees of participation "Allowing space for authorship by people with dementia in design processes – even though that authorship may not manifest in "expressly making devices – is a way to ensure final designs reflect the experience of people with dementia." Page1015	Care settings	Experience Centred Design using percussion instruments	Movement to music
19	Müller-Rakow, A., & Flechtner, R. (2017). Designing interactive music systems with and for people with dementia. The Design Journal, 20(sup1), S2207-S2214. Developing access to music – exploring interfaces and materiality	E/M	Participatory design methods to operate music	Recommendations for accesilbe interfaces to play music
20	Murko, P., & Kunze, C. (2015). Tangible memories: exploring the use of tangible interfaces for occupational therapy in dementia care. In Proceedings of the 3rd European Conference on Design4Health (Vol. 13, p. 16). Developed methods and content of the media used in simple games using touch screen technology identified positive impact on well being and engagement but did not compare these to equivalent activities that do not require the software	All	Touch screen Visual	Games
21	Oven, P. Ć., & Predan, B. (2015). A Set of Social Games for Senior Citizens with Dementia/D9. In Proceedings of the 3rd European Conference on Design4Health (pp. 1-11). – Addressing the dyadic care relationship by developing games that have degrees or difficulty to maintain engagement by caregiver and pwd	All	Interactive games – visual	Supporting dyadic care relationship
22	Pedro M., Costa, A and Lopes, L. (2015) Dementia – Stimulation of memories in Proceedings of 3rd European Conference on Design4Health (Vol. 13, p.16)	N/K		Social interaction
23	Rodgers, P. A. (2018). Co-designing with people living with dementia. CoDesign, 14(3), 188-202. Involvement in design process –cultural familiarity in tartan, participants identified own designs from others	Not specified	Participatory design Interactive visual media - ribbons	Tartan designed by participants
24	Smeenk, W., Sturm, J., & Eggen, B. (2018). Empathic handover: how would you feel? Handing over dementia experiences and feelings in empathic co-design. CoDesign, 14(4), 259-274. – development of an empathic dementia simulator to capture a 'harvest of lifelike experience" (p264) in a domestic environment	M	Empathic design using VR simulator	Dementia simulator product

	Sources – summary	Stage/ context	Stimuli/ method	Activity/ outcome
	Reviewing the review contd. Tsekleves, E., & Keady, J. (2021). Design for people living with dementia: Interactions and innovations. Routledge			
25	Subramaniam, P., & Woods, B. (2010). Towards the therapeutic use of information and communication technology in reminiscence work for people with dementia: a systematic review. International Journal of Computers in Healthcare, 1(2), 106-125. --Use of technology to support reminiscence – types of reminiscence and life review summary SEE SECTION LSW – and Kawahara video phone	N/A	Systematic review Tech reminiscence	Efficacy of remote methods to support reminiscence
26	Tobiasson, H., Sundblad, Y., Walldius, Å., & Hedman, A. (2015). Designing for active life: Moving and being moved together with dementia patients. International Journal of Design, 9(3), 47-62.	M/L Care settings	movement	Games/ exercise
27	Treadaway, C., Prytherch, D., Kenning, G., & Fennell, J. (2016). In the moment: designing for late stage dementia.	L /Care settings	Tactile stimulation = wellbeing	Importance of playful, sensory stimulation
28	Van der Linden, V., Van Steenwinkel, I., Dong, H., & Heylighen, A. (2016). Designing "little worlds" in Walnut Park: How architects adopted an ethnographic case study on living with dementia. Proceedings of DRS2016: Design+ Research+ Society-Future-Focused Thinking, 8, 3199-3212. Architects learning from accounts of people with lived experience of dementia developed the concept of 'little worlds' inspired by an account of coping strategies people adopt when they experience disorientation in the environment and the growing importance of smaller spaces, a chair a table a views , PAGE 6	Care setting	Ethnographic people with lived experience strategies to cope with disorientation	Importance of choice and control over personal space
29	Van Hoof, J., Blom, M. M., Post, H. N., & Bastein, W. L. (2013). Designing a "think-along dwelling" for people with dementia: A co-creation project between health care and the building services sector. Journal of Housing for the Elderly, 27(3), 299-332.	Home	Demonstration dwelling tested with specialists not pwd	Design solutions to support independence + orientation

	Sources – summary	Stage/ context	Stimuli/ method	Activity/ outcome
	Rodgers, P. A. (Ed.). (2022). Design for people living with dementia. Routledge, Taylor & Francis Group.			
	Winton, E., & Rodgers, P. A. (2022). Designed with DeMEntia: Building long-lasting collaborative care. In Design for people living with dementia (pp. 39-50). Routledge. Devising collaborative approaches to co-design with people with dementia by creating accessible methods of engagement through interaction with materials , collage , colours.	Not specified	visual / tactile	Participatory collaborative design – engagement
	Brankaert, R., & den Ouden, E. (2022). Design for People Living with Dementia: Considerations and Qualities for Technology and Design 1. In Design for people living with dementia (pp. 51-64). Routledge. Identifying the factors that improve engagement with technology : sensory, familiarity , social	Not specified	Factors to consider in design for dementia	Simplicity Personalisation physicality Familiarity (avoid) stigma
	van Buuren, L., van Delden, L., & Mohammadi, M. (2022). Dementia Architecture: Designing Typological Floorplans Using the "Research through Design" Approach. In Design for people living with dementia (pp. 91-107). Routledge.	No input from PWD	Space layout	Orientation
	Campbell, S. E., Frohlich, D., & Alm, N. A. (2022). Exploring the role of everyday sounds to support people living with dementia. In Design for people living with dementia (pp. 237-248). Routledge.	Not specified Living at home	Everyday Sound as a reminiscence tool	Engagement - evoking memories
	Robertson, L., Lim, C., & Moncur, W. (2022). Interactive textiles for well-being in dementia-friendly communities. In Design for people living with dementia (pp. 13-24). Routledge. Using participatory creative methods in the design and making of interactie textiles Demonstrates ability to actively contribute to creative process and participants helping each other	community groups	Textile Tactile Visual	Engagement peer support Wellbeing Supporting dyadic care relationships
	Danckwerth, J. (2022). memories: Designing wearables technology for people living with dementia. In Design for people living with dementia (pp. 25-38). Routledge. NOTE -Addressing issues with reluctance to use wearable devices that are stigmatising / unfamiliar	living at home with carers	Clothing / wearables	Importance of familiarity in Customisable Wearable technology
	Treadaway, C. (2022). Designing nurturing experiences for people living with advanced dementia. In Design for people living with dementia (pp. 65-76). Routledge. Building on understanding of the power of human touch to engender wellbeing and nurturing behaviour –caring behaviours associated with pets and infants	Late	Human touch	Compassionate design approach
	Jakob, A. (2022). "Paradise Room": How the Sensory Room Can Become a Desirable Destination for Residents in Care Homes. In Design for People Living with Dementia (pp. 133-149). Routledge.	late	Multi – sensory Familiarity Aesthetics	sensory room with affordances for personalisation

	Sources – summary	Stage/ context	Stimuli/ method	Activity/ outcome
	Other key texts			
	Astell, A. J., Smith, S. K., Potter, S., & Preston-Jones, E. (2018). Computer interactive reminiscence and conversation aid groups—delivering cognitive stimulation with technology. Alzheimer's & Dementia: Translational Research & Clinical Interventions, 4, 481-487. Demonstrated benefits in cognitive stimulation and quality of life measure using interactive touch screen technology data base of images	Care settins	Computer Group interaction	Reminiscence Cognitive stimulation Quality of life
	Bowes, A,, Davison, L., Dawson, A., Pemble, C., Quirke M., & Swift, S. (2023) Housing Design Evaluation Research for People Living with Cognitive Change: A Systematic Literature Review, Journal of Aging and Environment, DOI: 10.1080/26892618.2023.2223589	All	Housing design	Environmental design principles
	Buse, C., & Twigg, J. (2016). Materialising memories: Exploring the stories of people with dementia through dress. Ageing & Society, 36(6), 1115-1135.	Care settings	Wardrobe interviews/ visual/sensory ethnographic	importance of narrative + identity through dress
	Crete-Nishihata, M., Baecker, R. M., Massimi, M., Ptak, D., Campigotto, R., Kaufman, L. D., ... & Black, S. E. (2012). Reconstructing the past: personal memory technologies are not just personal and not just for memory. Human–Computer Interaction, 27(1-2), 92-123.		Computer / digital stimuli	
	Fleetwood-Smith, R. (2020). Exploring the significance of clothing to people with dementia using sensory ethnography [Doctoral dissertation, University of West London]	Care settings	textiles	Aesthetic + sensory empowering,
	Gaver, W. W., Boucher, A., Pennington, S., & Walker, B. (2004). Cultural probes and the value of uncertainty. Interactions., 11(5), 53–56. https://doi.org/10.1145/1015530.1015555 NB designing for pleasure rather than function – uses probes – to embrace uncertainty "*Probes are evocative tasks meant to elicit inspirational responses from people—not comprehensive information about them, but fragmentary clues about their lives and thoughts* "(,p53) *Over time, the stories that emerge from the Probes are rich and multi-layered, integrating routines with aspirations, appearances with deeper truths. They give us a feel for people, mingling observable facts with emotional reactions* (p55) "*probology" is an approach that uses Probes to encourage subjective engagement, empathetic interpretation, and a pervasive sense of uncertainty as positive values for design*" (p.56)	N/A	Cultural probes in design research	various
	Golembiewski, J. A., & Zeisel, J. (2022). Salutogenic approaches to dementia care. The Handbook of Salutogenesis, 513-532 A salutogenetic approach in environmental design for dementia seeks to achieve a sense of coherence (SOC) by attending to the social and environmental factors that can help to develop resilience and hence support active engagement in the lived experience of dementia (p48) SRR Social Resistance Resource and how that relates to dementia where processing and interpreting environmental and social stimuli can be overwhelming. .SEE hope and despair diagram Key components of a sense of coherence (SOC) (comprehensible, manageable, meaningful) seek to address the social and physical resources required to cope with environmental stressors, and the motivation to find emotional meaning (see also p80 Eriksson & Contu in Mittelmark et al. (2022). The handbook of salutogenesis.	M/L	Sensory regulation and integration	Environmental design for dementia
	Gramegna, S. M., Biamonti, A., & Fossi, L. (2023). Developing a community-engaged homemaking approach to elicit a sense of belonging in people with dementia. In Proceedings of IASDR 2023: Life-changing Design (pp. 1-12). Design Research Society.	Day care	Interior design / home space making/ favourite space	Archetypes to support personalisation of space
	Iltanen, S. and Topo, P., (2015). Object elicitation in interviews about clothing design, ageing and dementia. Journal of Design Research, 13(2), pp.167-184. Object elicitation in design research	Care settings	Object elicitation / garments	Issues re exclusion of pwd

	Sources – summary	Stage/ context	Stimuli/ method	Activity/ outcome
	Other key texts			
	Kwai, C. K., Subramaniam, P., Razali, R., & Ghazali, S. E. (2019). The usefulness of digital memory album for a person with mild dementia. Int. J. Adv. Nurs. Educ. Res, 4, 1-12.	Mild	Digital	
	Pedell, S., Favilla, S., Murphy, A., Beh, J., & Petrovich, T. (2020). Promoting personhood for people with dementia through shared social touchscreen interactions. Design of Assistive Technology for Ageing Populations, 335-361. In the findings from a study on using touchscreens to promote personhood Pedell (2020) recommends the following features : • Design for rich and stimulating exploration • Design for responsive and expressive interaction • Provide Participants with Identifiable but Equal Active Roles • Encourage engagement with each other in the moment (Social Connectedness) • Simple Interaction Design but non-patronising content • Minimal Scaffolding (Short Demonstration) for skill development	Care settings	Touch screens Interaction Participatory	Sense of self Personalisation
	Van Steenwinkel, Iris, Chantal Van Audenhove, and Ann Heylighen. "Mary's little worlds: Changing person–space relationships when living with dementia." Qualitative Health Research 24.8 (2014): 1023-1032. A case study that describes how smaller things and details became more important and a way of making it easier to cope was creating 'little worlds' a single cupboard with cup, glass, cereal – a chair with possessions close at hand gave a sense of control and agency..	Case study E/M	Personal space	personalisation
	Wilkinson, Andrea, and Niels Hendriks. "Getting to know you the best we can; embedding design in a dementia ward." Proceedings of the Third European Conference on Design4Health 2015. 2015. bespoke solutions that support a feeling of home through supporting ability to engage in everyday activities such as in making a hot drink or soup by using visual images of for example the steps involved in peeling and chopping a vegetable.	Care settings	Everyday domestic activities	Personalised bespoke solutions
	Wallace, J., Wright, P. C., McCarthy, J., Green, D. P., Thomas, J., & Olivier, P. (2013b). A design-led inquiry into personhood in dementia. Paper presented at the Proceedings of the SIGCHI Conference on Human Factors in Computing Systems, 2617-2626.	E Living at home	Design probes / digital Personal possessions jewellry	Reinforcing a sense of self through personal objects and possessions
	Wright, P., & McCarthy, J. (2015). The politics and aesthetics of participatory HCI. Interactions, 22(6), 26-31. Used designed objects as containers to capture reflections on the social and relational experiences nuances of the person, their personality , behaviours and relationships that evoke personalised to evoke lived experiences, using collected but also – creates a legacy	N/A	Participatory design and creative projects	Benefits of non-hierarchical approaches and mutual learning