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Self-expression and creative activities with elderly clients in CaringTV

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Abstract

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Self-expression and creative activities with elderly clients in CaringTV

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The main purpose of this study was to enhance self-expression of CaringTV clients. CaringTV is an interactive TV channel for elderly people and the clients were given the opportunity to discuss and remember their own life stories, dreams and wishes. A second goal was to find out how the clients react to the innovative program because CaringTV has not offered them these kinds of activities before.

Feedback was collected in the form of written notes and quotes from the clients during the sessions and a final feedback session which was recorded. In the end of the project, a feedback meeting with the working life partner was held to also hear their opinion. The eight programs in CaringTV were carried out in March and April 2012.

The SWOT analysis was carried out prior to the start of the project in order to be aware of possible shortcomings, but also strengths. Literature on the aging process and on creative methods built the framework of this project based thesis. It was assessed with the help of outcome evaluation because the clients' feedback was a central part of the results.

The results show that the elderly clients enjoyed the self-expression activities very much and wished for more programs of this kind. With our activities we helped to develop the quality of the programs that our working life partner offers to their clients. Because of their appreciation, it is important to continue with self-expression and creative activities in CaringTV.

Keywords: CaringTV, elderly clients, creative methods, self-expression

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Itseilmaisu ja luovat menetelmät HyvinvointiTV:n vanhustyössä

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Tämän opinnäytetyön tarkoituksena on lisätä HyvinvointiTV:n asiakkaiden itseilmaisua antamalla heille mahdollisuus keskustella ja muistella elämäntarinaansa, haaveitaan ja toiveitaan. HyvinvointiTV on interaktiivinen TV-kanava vanhuksille ja opinnäytetyössä pyrittiin myös tarjoamaan asiakkaille uudenlaisia ohjelmasisältöjä ja tutkimaan, voisiko niitä käyttää tulevaisuudessa.

Asiakkailta kerättiin palautetta muistiinpanojen muodossa ohjelmien lopussa ja viimeinen palautekeskustelu nauhoitettiin. Projektin lopussa palautetta kerättiin myös HyvinvointiTV:n työntekijältä. Opinnäytetyössä suunniteltiin ja toteutettiin kahdeksan ohjelmakertaa HyvinvointiTV:ssä maaliskuun ja huhtikuun aikana vuonna 2012.

Teoreettisena viitekehystenä käytettiin ikääntymisen prosessia ja luovia menetelmiä sosiaalityössä. Projektin alussa suoritettiin SWOT-menetelmään perustuva analyysi työn heikkouksista ja vahvuuksista. Lopussa opinnäytetyö arvioitiin tuloksiin perustuvan mallin avulla, jossa keskeisenä osana on asiakkailta saatu palaute.

Saadut tulokset osoittavat, että ikääntyvät asiakkaat nauttivat itseilmaisuharjoituksista ja toivoivat lisää samanlaisia ohjelmia jatkossa. He pitivät ohjelmista myös, koska ne olivat erilaisia verrattuna aiempiin ohjelmasisältöihin. Harjoitustemme avulla kehitimme HyvinvointiTV:n ohjelmatarjontaa ja näistä tuloksista voidaan päätellä, että itseilmaisu ja luovat menetelmät sopivat HyvinvointiTV:n työympäristöön ja niitä tulisi käyttää ja kehittää myös jatkossa.

Asiasanat: HyvinvointiTV, vanhustyö, luovat menetelmät, itseilmaisu

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1 Introduction

Finland is amongst the three countries in the world where the number of elderly people has grown the fastest. 16,5% of the Finnish population is older than 65 years and the life expectancy of Finns these days is the highest it has ever been. (Voutilainen class notes: 5) Higher life expectancy is due to better prenatal care, clean water, increase of food supply and control of infectious diseases, but also due to the fact that people take better care of themselves, plus advanced medical treatment. (Rowe and Kahn 1999: 3-4)

We decided to write our project thesis with the clients of CaringTV. CaringTV is an interactive TV channel and one of their aims is that their clients are able to live at home as long as it is possible and healthy. (Piirainen and Sarekoski 2008: 88) Many older people are reluctant to move to an elderly care home and want to live in their home as long as they can. This can only be made possible through enough support and maintained health.

The purpose of this thesis project is to enhance the clients' self-expression and give them the opportunity to discuss their life stories, opinions, dreams and wishes. Furthermore, our working life partner wants us to find out if self-expression and creative activities are valuable for their clients in the future. Most CaringTV programs are about healthy nutrition, home safety, getting around outdoors and exercise programs. (Piirainen and Sarekoski 2008: 51) We want to offer the clients something innovative and different.

This thesis project consists of planning and implementing eight sessions with the CaringTV clients. The shows are open for every CaringTV client. Each session consists of a warm-up exercise, a main activity and a closing discussion. The themes vary in each session and the activities are planned to be as interactive as possible. The theoretical framework used for this thesis consists of creative methods in social work, self-expression and theory on aging. Finally, we evaluate our thesis work using the outcome evaluation model.

The reason for choosing creative methods as a framework for our thesis is that all three of us are interested in this line of work. As a part of our Bachelor's degree, we had the opportunity to take part in creative methods courses at school. Since then we have used similar activities during our practice placements because we believe in the success of using creative methods in therapeutical client work. We developed a thesis topic in which it is possible to use our already gained skills from the courses at school. Additionally to that, we were excited to broaden our knowledge about creative methods by reading various types of literature.

Our sessions with the clients cannot be called therapy but we use different therapeutical methods in our programs. The difference between therapy and using therapeutic methods is simply that only psychologists and therapists can call their treatment therapy. Nurses,

practical nurses, social workers etc. can only do therapeutical work, meaning using various methods in order to help their clients. On the other hand, a long chat with a good friend, reading a book, listening to music or doing sports can also be therapeutic.

Before implementing the sessions, we analyzed our plan with the help of the SWOT analysis. We did this in order to find out possible obstacles and by realizing them, we wanted to prevent them. Furthermore, we would also like to point out our strengths in order to be motivated and self-confident about our thesis project. During the programs we asked the clients about their feedback on the activities and in the end of the program series, we collected more general feedback from the clients. A feedback session with our working life partner CaringTV was also scheduled.

We evaluate our project thesis with the outcome evaluation. In this kind of evaluation, feedback is a very important aspect. Thus, the outcome evaluation is a very client-oriented approach since the clients' views are central. Since we collect a lot of feedback we find this evaluation method to be suitable for our purpose. Furthermore, we also think that the clients' opinions matter most in our, or any other project because this is how projects can be developed the best.

After our project ended, we listened to and evaluated everybody's feedback. While doing this we came to the conclusion that our programs were a success. The clients enjoyed our activities very much and wished for more of its kind. Our tutor from CaringTV agreed with the clients and encouraged us to continue with these kinds of activities in the future.

2 CaringTV

2.1 CaringTV in Finland

In the 1990s it became popular for family members in Finland to take care of the elderly with the financial support of the municipalities. The Social Welfare Act 710/1982 includes laws for elderly services that the municipalities are responsible for. According to a survey conducted in Espoo in 2006, 74% of people thought that it is best for their elderly relatives to live at home as long as it is possible. Because of the aging of the population this is very important. Institutional care should be the last resort because it saves the state money. Thus, the central question in CaringTV is how the quality of life can be promoted together with the elderly while living at home. (Piiirainen and Sarekoski 2008: 8-9, 11,18)

CaringTV has been developed in three different projects; Coping at home during 2005-2006, KOTIIN project in 2006-2008, and the Safe Home research and development project in 2009-2011.

The Coping at home project was based on the Learning by Developing model and was funded by the European Union and the European Regional Development Fund and was implemented in three regions in Finland by Laurea University of Applied Sciences and Turku University of Applied Sciences. (Safe Home - Supporting wellbeing by e-services Brochure) The Coping at home project was included in a bigger initiative run by the Finnish Funding Agency for Technology and Innovation.

The KOTIIN project developed the service concept of offering CaringTV programs for home care clients in Espoo. In this project, CaringTV was tested in private households, assisted living centers and with clients of hospital rehabilitation units. The aim of the project was to develop the services so that elderly clients can live independently at home longer and thus, decrease the time spent in institutional care. (HyvinvointiTV)

The Safe home research and development project aimed to develop the e-wellbeing services further and to get other client groups involved in CaringTV. In addition to the elderly and family caregivers, CaringTV was now working with families, disabled persons and persons with mental health problems. The methods applied in the research process were peer support and consultation. These were used in order to support the clients' coping at home. (Turvallinen Koti - hanke)

2.2 CaringTV concept

CaringTV's main aim is to produce interactive and participating programs for the elderly. The content of the programs was based on the answers of the elderly in preliminary interviews. A research shows that students from Laurea University of Applied Sciences produce almost 80% of the programs, whereas professionals produce about 20%. The project workers by the City of Espoo provide support and feedback before and after the programs. This gives the students a chance to get familiar with working with the elderly and to increase their competence in the field of elderly care work. (Pirainen and Sarekoski 2008: 5, 48)

Gerontechnology also plays an important part in the CaringTV concept. The word consists of two parts: gerontology, which means the research of aging, and technology. In other words, it is a term used for technology especially designed for older people. (Stuart-Hamilton 2011: 363) Gerontechnology is based on the concept of elderly people wanting to be independent and active members of the society. Gerontechnology wants to empower the elderly, so that they can be active participants who share their life experience. Moreover, gerontechnology tries to make new technology as accessible as possible for the elderly. And nowadays, many elderly people are willing to learn how to use new technologies if they receive the proper guidance. (Pirainen and Sarekoski 2008: 12, 17)

Our working life partner is interested in finding out if the clients enjoy having self-expression and creative activities in the program schedule. They have not offered these kinds of programs before. Furthermore, our tutor from CaringTV told us that they would like to continue with social interaction activities based on creative methods in case the clients appreciate our shows. In this regard, we have the opportunity to develop CaringTV and to broaden the contents of the programs they offer their clients. This is of course a huge benefit CaringTV gets out of our thesis in return for being our working life partner.

The following figure shows what CaringTV offers their clients.

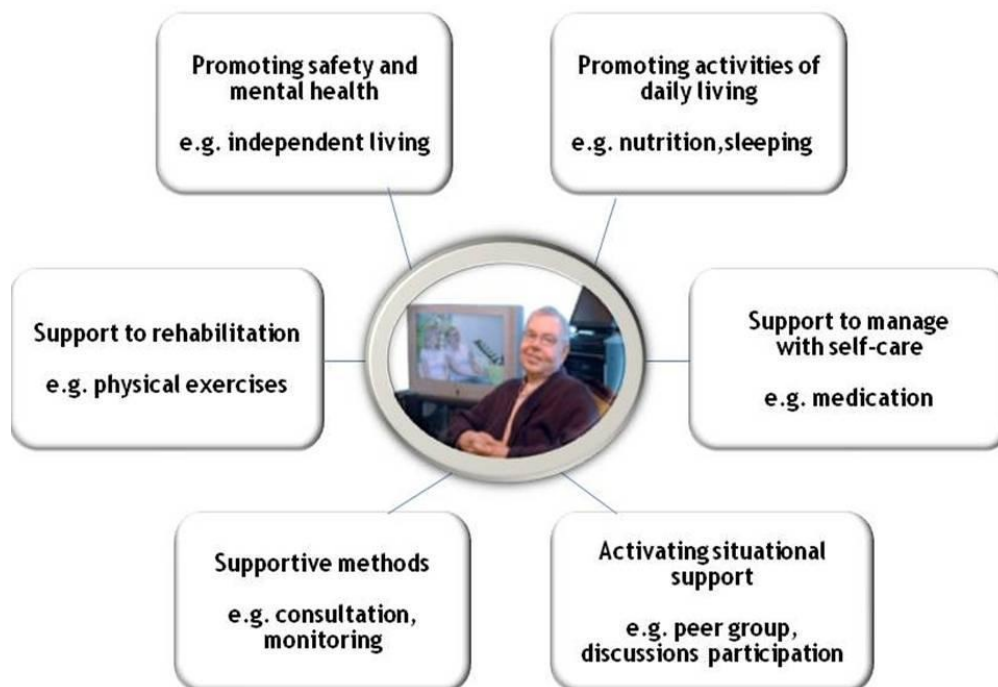


Figure 1 source: CaringTV website.

2.3 CaringTV clients

Even though technology cannot meet all the needs that older people have, it still has a lot of potential. (Stuart-Hamilton 2011: 368, 384) For CaringTV clients major aspects of the reduction in life quality are marginalization, mobility, loneliness and the person's relationship with different environments. Via CaringTV it is possible to get to know new people and even develop friendships because the elderly are being provided with opportunities to contact each other. These social contacts in turn promote health and

functional capacity. According to a CaringTV research done in 2007, CaringTV brings social support and new friends which plays an important role in the empowering process. (Piirainen and Sarekoski, 2008, 12, 77, 94) Currently, CaringTV has clients from all over Finland, from Sodankylä to capital area.

Four different client groups of CaringTV users can be distinguished according to Piirainen (2008: 72-75). Active users participate in the programs on their own initiative. These users like to be part of CaringTV and they like to be involved in its development. Silent users occasionally participate in a program. Often, they want personal guidance and service. Even though, they do not participate in many joint programs (probably because they have to take care of their significant other) they feel that the programs are beneficial for them (probably because this is their arena for coping with the current situation). They often prefer other clients to talk. Moreover, they participate as an individual and not as a family. Occasional users are usually very busy participants because they focus on the family care giving at home, thus use CaringTV in order to get helpful guidance and advice. They are not very committed to CaringTV and only use it as a source. The last group of users are called transferors. They quit using CaringTV after technical problems or due to the changes in their lives (e.g. an illness or death of a loved one). But they still keep the CaringTV devices for security reasons. Sometimes, they just quit for a short time and when their life situation has changed, they return and become actually active participants.

2.4 Previous studies of CaringTV

Many scientific papers about CaringTV have been written, for example Piirainen's and Saarekoski's "Client-driven CaringTV concept for elderly family care givers living at home" which is a final report of the Coping at Home research and Raj's and Lehto's "CaringTV as a service design with and for elderly people".

Furthermore, various theses in English and Finnish have been written with CaringTV as working life partner. Most of the students doing the research come from the nursing field though, thus their papers focus on the medical guidance CaringTV offers.

Our project is innovative because our group is the first one to do self-expression activities with the CaringTV clients. In that way, CaringTV is able to offer something new to their clients and if the feedback of the clients is positive, the CaringTV staff would like to offer more of these kinds of programs. Other students who are interested in implementing self-expression exercises with the clients, can then take our work as an example.

2.5 Interactive television for the elderly in other countries

CaringTV or similar TV channels are not only available here in Finland. Other European countries, for example, Austria and Spain also have interactive TV programs. In Spain, the TV channel was invented at the Public University of Navarre by Alejandro Fanjul Fernández. The programs offer support to people with long-term illnesses and the elderly, especially elderly persons who do not require a lot of control of their state of health. The program can even remind the client when to take his or her medicine by a beeping sound. It is also possible to watch "normal" TV programs while the interactive TV channel screen is seen in the background. (ScienceDaily 2007)

In 2009 also Great Britain drafted a plan for an interactive TV channel called Nexus TV targeted at the elderly and people in long-term medical care. (Rapid TV News 2009) The focus of the shows lies in giving medical advice and social networking. (Ocean Blue Software 2010)

Furthermore, there exists an interactive internet TV channel, called SeniorChannel, for the elderly developed by Indra which is a global technology and innovation company operating in over 110 countries. SeniorChannel allows the elderly clients to enjoy content especially designed for them and to interact with others. SeniorChannel is part of the European Union's Ambient Assisted Living program and is financed by the Ministry of Industry, Tourism and Trade. (Indra Company)

In 2010, Icareus, a Finnish TV company developed SeniorTV, which is also an interactive TV channel and targeted at senior citizens in Finland. SeniorTV provides entertainment for the elderly, but also videocalling and medical guidance from doctors and nurses. It also provides reminders to take medication. (itvt 2010)

3 Aging

3.1 Successful aging

It is difficult to define the exact age when people can be considered old, but for practical purposes an age between 60 and 65 is often used. In 2020 one billion people over 60 years of age are going to live in the world. (Stuart-Hamilton 2011: 17, 48) Considering this, it is very important to think about how we can age successfully.

The desire of most people in our society is to age successfully, but what does this actually mean? According to Rowe and Kahn, successful aging can be defined as "the ability to maintain low risk of disease and disease-related disability, high mental and physical function

and active engagement with life." (Rowe and Kahn 1999: 378) This definition shows that health certainly is an important component in the aging process because having a disease also implies that somehow a person has failed in his life. But it also shows that health is not the only key factor in successful aging. There is an interdependence between the three key characteristics because it is obviously easier to live an active life if one is healthy, but on the other hand, it is not guaranteed to be active when one is healthy. (Rowe and Kahn 1999: 38-39)

Crowther and colleagues (as stated in Stuart-Hamilton 2011: 49) state that a positive spirit is often forgotten when people talk about successful aging. A positive outlook on life is essential at any age, but especially in later life. Additionally, the concept of resilience plays a key role, as well. If a person can recover from stressful conditions fast and successfully, s/he is also more likely to age well. (Stuart-Hamilton 2011: 79)

Furthermore, maintaining social relationships and engaging in meaningful and purposeful activities is important for the well-being of the elderly, as it is for all people. They give meaning and excitement to life. Activities that offer closeness to others and are goal-oriented therefore are essential for successful aging. Offering people socio-emotional support, including expressions of respect and esteem shows a person that s/he is valued. (Rowe and Kahn 1999: 46, 47)

Moreover, relating to others, touching and talking is beneficial for our well-being. This does not only apply to children and old people, but to all of us. Social relationships keep us active and emotionally secure and they protect us; whereas loneliness and isolation often cause illness and thus early death, so one can say that people who have social connections and support (including family and friends) are likely to live longer. Nowadays, it is possible to have social support from family and friends via telephone, the internet or the TV (for example, CaringTV). On the other hand, unwanted or unneeded support can cause more harm than good because it reduces one's self-esteem and independence. (Rowe and Kahn 1999: 153-156)

All in all, one can say that many factors affect the aging process. The Growing Older Program in the UK listed the following key factors:

- good social relationships with family, friends, neighbors
- standards of social comparison and expectations in life
- involvement in social and voluntary activities
- pursuing personal hobbies and interests
- good health and functional ability

- living in a good home in a good neighborhood and feeling safe
- a positive outlook
- psychological and emotional well-being
- adequate income
- easy access to affordable transport and services
- feeling valued and respected by others

(Stuart-Hamilton 2011: 142)

Successful aging is dependent on many factors and not always a given because the problem for many elderly is that they are lonely and that their mobility is limited. Many of their former friends have already passed away or they are in a condition that does not allow them to move around much.

3.2 Previous studies on aging

Brown and Flynn (as stated in Cattan 2009: 15) find that family relationships and relationships with others, happiness, social and leisure activities, standard of living and health are important factors for the quality of life in older age. According to their study in 2004, religion and spirituality are important for the well-being of the elderly, as well.

In 2004, Windle and Woods (as stated in Cattan 2009: 16) researched the differences between men and women in later age. Their conclusion is that men and women are almost equal when it comes to well-being and happiness for people aged 70+. Whereas, Pinqart and Sörensen (as stated in Cattan 2009: 16) found that women have a slightly lower life satisfaction than men. The age group they studied included people from the age of 55 though.

The Ethnic Minority Psychiatric Illness Rates in the Community survey found that common mental disorders increased with age among Pakistani and Bangladeshi men and Indian women. (Cattan 2009: 16) Another study by Kahana et al. in 1995 (as stated in Cattan: 2009:16) reports that white Americans suffer from more psychological distress compared to black Americans.

According to Baltes (as stated in Cattan 2009: 17) research found that the subjective well-being of elderly people does not differ much from younger people.

The Scottish Executive survey in 2006 found that good health is very important in having a happy older age. Most health problems have been linked to poor life satisfaction levels. (Cattan 2009: 17)

The "A sure start to later life: ending inequalities for older people" report from 2006 (as stated in Cattan 2009: 50) highlights three factors that lead to social exclusion in later life. If a person is already excluded in mid-life it is unlikely that s/he will be included into the society in later life. Additionally, life events and age discrimination can also lead to exclusion.

3.3 Theories on aging

There are a lot of theories about the process of aging and they are constantly developing. In order to find out if they have an influence on mental health promotion activities, it is necessary to be aware of them. (Cattan 2009: 34)

The disengagement theory by Cumming and Henry was developed in 1961 and sees aging as a process in which people disengage from the rest of the society. They lose roles they used to have and do not have many social contacts anymore. (Cattan 2009: 34)

Riley introduced the age satisfaction theory in 1988. He introduced the influence of social structure on individual aging. He believes that the elderly befriend with only people who are about the same age because they share historical experiences. (Cattan 2009: 34)

The labeling theory by Becker (as stated in Cattan 2009: 34) sees old age as a deviant condition. People define themselves by the reaction they receive from the rest of the society.

In 1975 Dowd invented the exchange theory. It focuses on (non-) material goods and services in the society. When people get older, they become powerless and passive because they do not offer value goods to the society anymore after they retire. (Cattan 2009: 34)

The social interactionist (constructionist) theory is based on Mead and Berger and Luckman (as stated in Cattan 2009: 34). Aging is a product of the individual's experiences when they interact with the society. The entire concept of aging is a product of social interactions.

A recently developed theory by Phillipson and Baars from 2007 (as stated in Cattan 2009: 34) is the political economy theory. It takes into consideration that people age differently according to the basis of inequalities, for example class, gender and ethnicity. (Cattan 2009: 34)

The structured dependency theory believes that it is the society that makes older people dependent. Because society tells a person to stop working at a certain age, people become dependent on state support money. According to Wilson (as stated in Cattan 2009: 34), elderly people are not valued by the society because they receive pension money and are not useful for the state anymore. Respect from the society decreases and the separation increases because of mostly negative societal stereotypes about older people.

3.4 Prejudices against elderly people

In our society, stereotypes unfortunately limit many people's knowledge of aging. (Stuart-Hamilton 2011: 11) Also Rowe and Kahn (1999) state that there are a lot of myths when it comes to elderly people. The most frequently heard ones are, for example:

1. Old people are sick.
2. Old people are not interested in learning new things.
3. Old people think and act slowly.
4. The elderly are not useful for the society.

These stereotypes show us that our society has a lot prejudices against the elderly. We often see them as weak, disabled, passive and powerless. Through our self-expression activities we want to give the elderly a chance to be heard and by being interested in their stories, we aim to enhance their self-confidence.

It is a fact that in older age intelligence and memory abilities do decline which does not necessarily make the elderly helpless though. Living a healthy lifestyle and avoiding risk factors for diabetes and cardiovascular disease, for example, can help to fight the deficit. (Stuart-Hamilton 2011: 188)

Some people develop depression in later life. According to Cole and Dedukuri (as stated in Stuart-Hamilton 2011: 197), risk factors for depressive symptoms are disability, sleep disturbance, female gender and prior depression in life. Osborn et al. (as stated in Stuart-Hamilton 2011: 197) added life events and not having a trusting relationship to this list. Moreover, life events in childhood (for example, emotional abuse or neglect) and stressful relationships also belong to the list of risk factors according to Kraaij and de Wilde. (as stated in Stuart-Hamilton 2011: 197) Additionally, Prince et al. (as stated in Cattan 2009: 16) found that being widowed or separated was associated with an increase of depression symptoms.

Nevertheless, most elderly people want to be independent. They want to be able to do their shopping, dressing, washing and cooking without the help of others for as long as possible. Many people fear to be dependent on someone at some point in their lives. Therefore, it is easy to understand that older people are often oversensitive when they notice that they are not able to perform any of the above mentioned things anymore. (Rowe and Kahn 1999: 42-43) Self-efficacy, which is the thought of being able to handle different situations, in old age is another important aspect. Being self-efficient improves our performance and therefore gives us good self-esteem. Feeling productive in old age is important, as well. In fact, most elderly living at home do unpaid volunteer work, gardening, home maintenance, housework etc. because the feeling of being needed keeps many of us going. (Rowe and Kahn 1999: 134, 170)

Culture and gender also play an important role when it comes to aging. Some cultures (as it is the case in Finland) make sure that the elderly have access to public transportation and healthy food while other cultures believe that they should stay at home with family and friends (which is the case in many Southern European countries). The roles that men and women play in the society also determine the way we age. Men are traditionally more often exposed to hazards, so many people think that it is more acceptable for older men to become bitter and sad than for older women. They are often seen as less valuable than older men simply because they are women. (Stuart-Hamilton 2011: 62-63)

Even though many people think that all old people are the same, elderly people are actually the "most heterogeneous segment of the population". (Stuart-Hamilton 2011: 63) As in many social work fields, the question about nature and nurture also plays a role in the work with elderly people. Most people tend to think that it "runs in the family" or depends on the genes if a person ages well and reaches a high age, but recently the nurture aspect has won more importance than the nature aspect. (Rowe and Kahn 1999: 59-60) Of course, the genes may determine how long a person lives, but lifestyle choices, for example, physical activity and nutrition, environmental determinants and health and social care determinants play an important part, too. (Stuart-Hamilton 2011: 63-72) The heritability index determines how likely it is to suffer from a disease or to inherit a personality trait due to our genes. This can be handy at any age because if you know how much your genes dictate your life or to what extend your environment and habits control your life, you can make behavior changes. (Rowe and Kahn 1999: 59-60)

4 Creative methods in elderly care work

Naiman (2011) states that creativity turns new and imaginative ideas into something real. Therefore, creativity involves two processes: thinking and producing. And Salminen (2009) finds that creativity is a source that helps one to build up confidence and to build a connection between oneself, one's environment and other people.

According to Land (as stated in Naiman 2011), we are naturally creative, but many of us lose their creativity while growing up. Creativity is a process that can be developed and managed though. We can be creative by exploring, experimenting and questioning. It takes a little practice to learn how to be creative, but it is like a sport: the more you practice, the better you get at it. According to a study at Exeter University this thought holds true. The outcomes of the study show that creativity is fostered by encouragement, training, motivation and opportunities, instead of being born with the talent. (Naiman 2011)

Many psychologists and therapists acknowledge and value the benefits of using creative methods in therapeutical work with their clients. Traditional models of helping people by talking and listening to them are still in use, but nowadays there are many different kinds of therapies available where creative methods are used. Creative methods can be for example, creating or talking about art, doing sports or social drama. These days, there are many different therapies, from horseback riding therapy over writing therapy to gestalt therapy, and they all use a different approach to work.

Using creative methods in elderly work can help the clients to accept the changes that take place in old age. In addition to physiological, biochemical and behavioral changes, attitudes and stereotypes related to aging can cause difficulties in adjusting to this life phase. Instead of respecting the wisdom and experience that older people have, the society seems to perceive aging as a negative change which needs to be addressed through a so called "anti-age" lifestyle. These kinds of societal attitudes related to aging can cause distress for a person who is experiencing significant life changes such as retirement and decreased health. Offering support and means to express emotions and thoughts can help an elderly client to develop a new self-image which is not valued on the basis of work or other responsibilities. Taking the time to understand that now is the time to take care of oneself and enjoy meaningful activities can lead to a satisfying life phase. This understanding can be achieved through creative activities and self-exploration.

4.1 Related research work

Cultural and free time activities can work as a preventive working model in elderly care. In Finland, the municipality of Kuusankoski implemented a project in 2002 where the political strategy for elderly care included the development of cultural activities for senior citizens. It was referred to as developing a new 'senior culture'. This kind of innovative approach created demands for co-operation between cultural offices and social and health care services but it offered elderly clients the chance to be active in using their creativity. The aim for this kind of work is to narrow the gap between generations but also to improve the mental and social wellbeing of senior citizens. The project aimed at improving elderly peoples' status in cultural politics and cultural services as their needs and wishes would be heard more than before (Pilkama 2005). Our thesis work developed the services of CaringTV, so that the programs offered would include more art and culture and thus hopefully get the elderly clients interested in creative activities. Including activities related to reminiscence and self expression would broaden the spectrum of programs and be a part of an entity that answers to the clients' different needs.

Leonie Hohenthal-Antin (2001) studied in her thesis 'Luvan ottaminen - ikäihmisten teatterin tekijöinä' how elderly people started a theatre group and how it benefited their wellbeing. The feedback from the participants showed that theatre offered them a chance to be active in implementing their own creativity instead of passively experiencing creative activities. Hohenthal-Antin states that good old age is not difficult to achieve - you only need meaningful experiences and joy.

In addition, clinical studies about the positive health effects of art and culture show that people who do not participate in any cultural activities have approximately 50% greater chance of some kind of illness. Boinkum Benson Konlaan (2001) studied in his study 'Cultural Experiences and Health. The coherence of health and leisure time activities' the connection between culture and health and results showed an increase in the so called 'wellbeing hormones' adrenalin and prolactin amongst those who participated in cultural activities compared to those who did not. Also, mental health problems and heart and cardiovascular diseases decreased amongst those who participated in museum, art gallery and cinema visits. Another result was that those who did not previously participate in cultural activities but started to, achieved the same level of health as those who did participate for a longer period of time.

Britt-Maj Wikström (1994) studied the clinical effects of art work in her thesis "Pleasant Guided Mental Walks via Pictures of Works of Art" in which participants were showed

carefully picked out works of art. These pictures promoted discussion and the participants also wrote about their mental images and emotions. The results showed that the participants became more lively, active and creative, went out more and socialized more than those clients who had not taken part in the art activities.

Even the Ministry of Education and Culture in Helsinki acknowledged the importance of art in old age and has made a proposal for an action program from 2012 until 2014 called "Art and Culture for Well-being". Its aim is to "promote health and well-being through culture and to strengthen social inclusion at the individual, communal and societal level." (Liikanen 2010: 8) According to the Ministry of Education and Culture, everybody must have the chance to engage in art and the political, administrative levels must acknowledge the importance of culture on the promotion of well-being and health. (Liikanen 2010: 8-9)

4.2 Self-expression

Self-expression is a conscious attempt to understand and study ourselves; a process in which we turn our thoughts and feelings into something that can be viewed by ourselves and others. It is about presenting our own individual personality and at the same time learning how to present important parts of ourselves to others and to relate to the world around us. Thus, self-expression becomes a journey of self-discovery in which we consciously aim at understanding ourselves and also get feedback from other people around us. This understanding can be exciting and rewarding when we realize who we have been and what we are becoming through different creative tools such as art, photography and writing. Especially, as in our present culture we are not often encouraged to spend time thinking about who we are. (Ramsay and Sweet 2008)

Self-expression proves us with a creative outlet as we can take something from inside of ourselves and create a concrete way to show it to others. Even though we are not all big artistic talents, every one of us can benefit from creative methods and processes. The main issue to concentrate on is to be open to the new experiences that come along through self-expression. Turning our beliefs and feelings into something tangible can lead to personal fulfillment and emotional growth.

Understanding the events that happen in our lives can change us for the better; even though some changes can seem very dark we can still learn from them and use them for personal growth. Thus, every turning point and changing moment has a purpose which can be found through self-expression. In addition, we are also influenced by the important people in our lives and some parts of our identity are very much connected to our families. Learning to view changes and people in our lives objectively develops through experience and critical

examination. Doing activities related to self-discovery can help us gain new perspectives about our life path and improve our understanding about our purpose in life. This ability to step outside of ourselves is important for good mental health and in psychotherapy this is called “the observing ego”. In order to find joy and purposefulness we should separate from who we really are from the person others expect or want us to be. (Ramsay and Sweet 2008)

During self-examination, clients may find that they are changing from what they used to be into something else. This might lead to identity confusion as the concept of ‘self’ seems both permanent yet changeable. Helping the clients to reflect on how their identity is changing and how to adjust to the transformation is an important part of self-expression. Sometimes clients feel reluctant to change even though it might be inevitable. This might be the case in elderly work where clients are adjusting to big life changes such as retirement, loss of a partner and health problems.

Another important part of understanding ourselves is recognizing the roles that we have. Many of them are driven by circumstances which we are not able to control. Such issues are, for example, our family background, the historical time in which we were raised, our race, gender and ethnicity. Other roles are more flexible as we can choose which ones relate to our personality and essence that we want to portray to others. In everyday life we tend to follow a pattern of roles in order to reinforce the self-image that we have and stay safely in our routines. Thus, when given the opportunity to present alternative views of ourselves we can learn about the hidden part of our personality called the “shadow self” according to psychologist Carl Jung (1970). In his theory, a healthy person strives to know his shadow self, which is often inconsistent with the common image that we present to others. The danger of not exploring our shadow side is that we remain incomplete and detached from some parts of ourselves. Self-exploration gives us the opportunity in being more active in creating who we are and want to be and this knowledge helps us to have a positive outlook on our whole life.

“As we thoughtfully examine our past, we can better understand our present, and then make more informed decisions about our future.”

(Ramsay and Sweet 2008)

4.3 Art gerontology

Elderly work is facing changes as it is being generally discussed that elderly clients’ welfare includes more than just physical care. As mentioned earlier in this paper, elderly clients benefit from having a variety of free-time and cultural activities. These will have a more important part in elderly care and social work in the future. (Jämsen, Syrjäläinen and Tedre

2004, in Hohenthal-Antin 2006). Socio-political decisions about elderly care have been influenced by an institutional view point even though only five to seven percent of those aged 75 and above are being taken care of in institutions (Hohenthal-Antin 2006). That is why it is important to develop working models that support elderly clients to live at home for as long as possible and this is where creative methods come to matter alongside more traditional models. It is not often recognized that old age is as individual as any other life phase and that elderly people need joy and purposeful activities as any other individual human being.

As new working models are being developed in elderly care there is a clear need to research elderly clients' art activities. Hanna-Liisa Liikainen (2003) has studied in her thesis work 'Taide Kohtaa elämän' how art is being implemented in different service units in Eastern Finland. In this research, Liikainen describes the social effects of art and cultural activities which she calls the 'invisible social politics'. According to her, the experiences and pleasures that art gives to clients can be added to the set of every person's needs, and cultural activities have a clear connection to good health. These kinds of creative free-time activities help to develop the feeling of community and networks which support the individual's coping skills in life.

Creative activities and experiences give elderly people the possibility to feel the meaningfulness of life and be active in a community where they are able to express themselves. Through creative methods, the elderly client is able to have a dialogue with the surrounding community and be something else than just an old person and a client in social and health care services (Hohenthal-Antin 2006). Creative activities support the feeling of community; something which is at risk of fading away in the modern world.

4.4 Socio-cultural encouragement

Socio-cultural encouragement is a philosophical-methodological approach to social work which includes participatory and functional working methods which encourage individuals and the community to be active in the development of their own life and the whole community. It originates from France after World War II and has its basis on voluntary work which aims at rebuilding the society through socializing and pedagogical working methods. The approach includes different variations in different countries; in France hospitals have culture co-ordinators, in Great Britain artists work in co-operation with hospitals and other institutions, and Finland has traditionally had various arts and crafts counselors in the social work field. The purpose of socio-cultural encouragement is to create social networks for the individual through free time activities and to awaken different emotions and new interests in the person. (Kurki 2000)

In this working model people are not clients but members. According to this approach elderly people are the result of the history that they have lived, and acknowledging your own historical and cultural background is a resource in managing your life. The methods of the social-cultural approach do not require any special skills in art. For the professional worker, it is often enough to be able to entice creativity in clients and having some inventiveness in everyday settings (Saarinen 2008). Because reminiscence is not therapy, even though it is an empowering and uniting working method, professionals do not need extensive training for it.

4.5 Clinical art and encounter art

Clinical art comes originally from Japan and is often used in working with demented clients and elderly who suffer from Alzheimer's disease. (Our commitment to clinical art: 11) It found its way to Finland through the co-operation with Laurea University of Applied Sciences and Tohoku Fukushi University in Japan. In 2006, the clinical art method was introduced at the Sendai-Finland seminar. Tiina Pusa who is a Finnish senior lecturer at Laurea UAS spent two months in 2008 in Japan in order to get to know what clinical art is really about. Now she is the first and only Clinical Artist in Europe. From 2006 to 2009 clinical art was practiced in Finland under the name active art. Later the name was changed into "Kohtaamistaide" (Encounter Art). (Niiniö and Pusa: 1)

The core of the clinical art approach is art-oriented interaction. It must not be mistaken with art therapy though. Even though the basis of art therapy and clinical art are very similar, the objectives are different. Encounter art in Finland is rehabilitative and not based on the framework of mental health work, like in art therapy. The aim of encounter art is to support the client's functional abilities. (Pusa 2009) In our thesis we also interacted with the elderly clients through art in order for them to express themselves. For example, the story cubes are a wonderful means to create a story together and the old black and white pictures remind the clients of their childhood.

In working life, art activities open up new possibilities of interaction between the worker and the client. Individuality in the different expressions are important and have to be appreciated by the worker. Making art and supervising others in art activities are empowering and beneficial for the clients. (Niiniö and Pusa: 2-3)

Clinical art always involves some kind of emotional communication with the clients which in the best way leads to the expression of their feelings and soul. It aims at regaining lost self-confidence and maintaining their individuality and personality. (Oshiro et al.) We aimed for an open and honest interaction with the clients where nobody feels pressured or insecure to share their experience with us.

Creating one's own art is important and improves the quality of life (Our commitment to clinical art: 4, 10), which is something our thesis aims at as well. We wanted to enhance the client's well-being, including self-confidence and self-awareness through art which is also an objective of encounter art. Another goal that clinical art and our thesis have in common is to bring joy and positive thinking to the lives of the clients by creating art. (Laurea Vantaa)

4.6 Creating your own life story

Earlier in this chapter the meaning of self-exploration was discussed, and creating one's own life story is one method of reviewing one's life and coming to terms with the events and choices that one has experienced. As stated earlier, the importance of dark events is not always as obvious as it is with moments of happiness and satisfaction. But even the darkest moments have their meaning in one's life and when we are able to see them as meaningful and important, we grow wiser and more tolerant towards changes.

The narrative approach is one method of reviewing your own life story. The basis for this approach can be traced to the work of philosopher Alasdair MacIntyre who presented the thought that human beings live their lives as though they were the main characters of a story. We structure the variety of life events with the help of narration and construct a consistent entity of them in our minds. (Katajainen et al 2003) Often we are not aware of our own story, and finding new perspectives to our life can have empowering and strengthening effects during difficult life phases and major changes. The narrative approach becomes especially important when a person has to face a completely new life situation which separates us from our normal routines. Thinking about your own life and assessing your own satisfaction and wellbeing works as a basis for interacting with the world around us.

In addition, reminiscence empowers the elderly clients whether they do it together with a professional or in a group led by a professional. Even though the individual client gets less time to talk in a group, sharing experiences with those who have a similar background can work as a stimulus for the client's own process. The basic idea of reminiscence work is that elderly people give and receive pleasure through sharing life experiences with those interested in listening. During reminiscence the clients can assess their life and organize various life events into a continuum. They are also able to put their own, individual experiences into a wider, socio-historical framework and see that they have participated in making history instead of being victims of it. Reminiscence brings out everyday happenings but also knowledge about how big events affected peoples' lives. This kind of information makes history alive and connects it to the reality of today (Moilanen 2005). It can also work as a bridge between generations as younger people can hear personal experiences of a time they do not perhaps know so much about.

We have all created one life story in our minds which guides how we reflect on the events that we have experienced. If we only concentrate on the failures and injustices in our past and see future as a series of threats and disappointments, we tend to see our life through a tragic point of view. However, this story is only one of many possible ones and it is important to realize that each of us is responsible of how we interpret our life and what kind of stories we make of it. It could be said that life is a narrative project in which we are the story-tellers. (Katajainen et al 2003) Changing your narrative point of view is a powerful experience and in client work it can be very useful to strive to find new life stories when clients are in difficult life situations. In addition, a client's life story can help the professionals in their work as they can better understand the client's background and how he has developed into the person that he is. This way, creative activities can be adapted to meet individual needs as the clients are the reason to implement such activities in the first place.

5 Implementation

5.1 The activities

In our thesis work, we aimed at promoting discussion and developed our activities according to this. Instead of offering the clients information about certain topics or presenting them something about ourselves, we used the activities as tools to hear about the clients' thoughts as much as possible. The activities worked as a basis for the discussion topic but the clients were free to express other thoughts and opinions as well if those came to their mind. The purpose was to offer the clients meaningful moments through self-expression and creative methods, and to allow them to reminisce their life and reflect on their present life situation.

We often worked with pictures and/or paintings during the activities in order to promote discussion amongst the CaringTV clients. We believe that images work as stimulus that reminds the clients of topics that they would not otherwise start to talk about. We used a variety of pictures; old photographs, pictures of famous people and art work. We talked about things they would not normally talk about in everyday life settings, for example childhood dreams and heroes.

Our activities had slightly different purposes but still all had elements of self expression and creativity. We wanted to discuss about their memories and similar life experiences and thus promote their social networks. We asked them to reflect on their own personality and also to reminisce the dreams and wishes they had when they were young. There is creativity inside all of us just waiting to be inspired and brought into action. Older people can also find

their creative side but it rarely comes out on its own and they might need some help in relaxing their high level of self control. (Hohenthal-Antin 2006)

5.2.1 First program: Introduction and historical events

We started the program by greeting the clients and telling them about our thesis project. We said that we are using creative methods and self expression as our theory basis and that we will do eight sessions with them during the following weeks. Furthermore, we told the clients that we will do eight different activities with them and that we hope they will enjoy them. We also explained that each program will have a short warm-up which is followed by the main activity and a short discussion as a conclusion.

This was also the warm-up for this first program. There were seven clients present, and also our contact person from CaringTV was there to support us. As our main activity we showed pictures of important people and events that have perhaps had an impact on the clients' world view. We aimed at having a general discussion with them about their opinions and experiences. We showed the pictures in PowerPoint slides so that the clients could see both the pictures and us.

First we showed a childhood picture of Tarja Halonen and asked the clients to guess who it is. They guessed it quickly and we talked about their opinions of having a female president in Finland and how they felt when she was elected. The clients participated actively and shared some memories and thoughts from that time. We asked the following questions as planned: "Was it a positive or a negative thing that she was elected?", "Do you think it was a good choice now that you think about it?", "If you could have the chance to meet her, what would you ask her?" and "What do you think about our current president and the previous elections?" With these questions, we aimed at giving the clients a chance to express their opinions and try to get them to reminiscence about that time some years ago.

We showed them another picture about the Twin Towers in New York and wanted to hear where they were when they first heard about the attack and everyone (including us and our CaringTV tutor) participated. We asked the following planned questions: "Did the world change in your opinion?", "Did it change your feeling of security?", "Were you worried that it could happen again or here in Finland?"

Even though we had other pictures to show, the clients talked so much about the first one that we did not have much time left for all the planned discussion topics. In the end, the discussion drifted back to the first topic as the clients started to share their opinions about some other previous presidents as well and discussed politics for a while. Unfortunately, we

then ran out of time as we had already used the 45 minutes which is the maximum for one program.

In the end, we asked the clients what they thought about this kind of program and having discussions about world events. One of them said that not even an hour is enough for these kinds of conversations. Later on, we heard from our working life partner that we should avoid discussing upsetting topics as we would have talked about school shootings if we would have had time. In this session, we had a lot of help from our CaringTV contact who gave the clients turns to speak and guided the program through. This helped us because we were nervous about how the program would go as we have not done any CaringTV programs together before. We noticed that time management can be a bit difficult during the programs as you never know how much the clients participate and because it takes some time for them to warm-up for the discussion, especially when the topic and the program hosts are new for them.

5.2.2 Second program: The open window exercise

For the warm-up, we asked the clients how they are feeling and what kind of day they have had. After this, one client said that he wants to tell us something before we start and he told the group about a client who passed away during the same day. Understandably, all the clients got very upset and sad about this and we could not proceed along as planned.

Therefore, the session was started by a guided discussion by our CaringTV tutor on their loss where they talked about the person who passed away and shared their thoughts. This was needed as they were quite shocked about this sudden event. We could not participate that much in the discussion as we did not know the client and all we could do was listen and take part in their sorrow and the moment.

Later on in the show, we changed the task so that the clients were asked to look out of the window and draw or write what they saw or whatever comes to their mind. Mostly the clients just spent the time reserved for the task grieving but some were able to put something on paper. Every client was given a chance to share and express their thoughts and grieve out loud. One client sang a song on her turn to share. The discussion was mostly dominated by the sad event and our original task was not executed in the planned way.

5.2.3 Third program: Pictures of childhood and youth

We chose to work with pictures in this session because according to Rubin (2005), older clients enjoy the possibility of having a life review which can be both verbal and visual. Photographs from the past can help in this process of reviewing memories together with others in supportive surroundings. Art and other creative methods can be used in several ways in order to therapeutically process life events that aging brings, such as inevitable losses of loved ones, societal roles, health and mobility. Images can be used to organize confusing perceptions which might be caused by a neurological deficit or memory loss. Some clients may have difficulties in verbalization and images can support them in self-expression. In addition, some people think more in pictures than in words. We all form mental pictures when we interact with other people and yet these are not used as much as they could. (Rubin 2005).

Invented by Havighurst and Albrecht in 1953, the activity theory suggests that in order for one to experience fruitful aging the elderly need to maintain their attitudes and activities, that they had during the middle part of their life, for as long as they can. (Cattan 2009: 34) For this reason we planned our activity to be as interactive as possible so that the clients have a chance to share their important memories from their past and really focus on what has been important to them.

The warm-up for this session was a general discussion on how the clients were feeling that day and what their first thought in the morning was when they woke up. Four to eight clients took part in this program and they seemed to be in a good mood.

The main activity for the session was related to childhood and youth. Our working life partner asked the clients to bring a picture from their youth earlier that day because we found it inappropriate to mention it in our previous program. We showed two pictures of our own to the clients which started the discussion. The atmosphere was positive and after a struggle to get the conversation going it was a very lively interaction on their childhood memories. We asked the clients what they saw in the picture. Where they thought it was taken? What kinds of emotions are related to the picture? What is the first memory that comes to their mind when they think of their youth? It became evident in this discussion that it takes time for the clients to get ready to share their memories and thoughts even after the warm-up exercise.

We did not get a chance to have a proper ending for the discussion because we had not anticipated for the clients to be so talkative and active. We did not want to interrupt anybody because the whole purpose of the program was for the clients to be able to express their thoughts.

5.2.4 Fourth program: Who is your hero?

The theme for the day was to discuss important people in the clients' lives and what kind of heroes they had when they grew up. There were seven clients present when we started. The warm-up was a picture quiz where we showed three pictures of famous people and the clients tried to guess who they were. The aim of this was to get the clients to think about well-known people that might have affected them when they were young. When we asked the elderly about heroes they did not quite seem to understand what we meant by hero and we quickly changed the topic to role models and other important people. Most of the clients talked about their families and what kind of skills they learned from their parents or grandparents. It was challenging to get them to participate and we asked a lot of questions to get them to open up more. We felt that it was difficult for them to come up with people who have influenced their lives and we did not get that much reflection from them. The clients still concentrated on the skills and tasks they had when they were young and shared common memories of what they did during childhood and young age. Even though we did not get answers to the questions we had drafted beforehand, the clients still got a chance to reminisce their past with each other. In the end, we felt that the clients enjoyed the warm-up quiz most but could not name any heroes of their own.

In this show, we noticed how important group dynamics are and that they can have a big effect on the outcome of our sessions. Especially in the CaringTV programs it is important to keep in mind the theory of group dynamics because the groups always change. The clients come and go in the programs because the groups are open so that no one feels left out. Besides group dynamics also other factors like personality traits and the current mood play a role in how the session works out, of course. Because the group dynamics were so obvious in this program, we decided to concentrate more in detail on it.

Actions, processes and changes that occur within a group are called group dynamics. Kurt Lewin first described this phenomena in 1951 and gave it its name. It means that groups are powerful and influential. Groups can have a big impact on the individual as they can shape actions, feelings and thoughts. (Forsyth 2010: 2, 14, 18) During all of our sessions with the clients, we noticed that group dynamics played an important role in the conversation flow and thus, had an impact on the results and feedback of our thesis. Especially in this program the group dynamics were very observable though because the conversation went a little slow and two of the clients said that they do not have a hero. After the program our tutor from CaringTV told us that new clients from different cities in Finland joined in this show. Together we came to the conclusion that one reason for the clients' hesitation could have been the new clients since there were three of them joining us in this show.

5.2.5 Fifth program: Food for thought pictures

Our theme for the day was art and what it means to the clients. Pictures and paintings are universal as one does not need to know a foreign language in order to understand a foreign image. That is why images are easy to use in creative activities as everyone can say something about them and relate to them in some way. By expressing yourself with the help of images, you can achieve a deeper understanding about your own emotions and thoughts that you might not have been aware of before.

We aimed at having discussion through a series of paintings. There were four clients present when we started. We did not have a specific warm-up activity but instead reminded the clients about our thesis, its purpose and aims. The main activity was constructed through a PowerPoint slide show where we showed famous paintings from Finnish and foreign artists. We concentrated on asking the clients about the mood of the paintings and what emotions the pictures awaken in them. The clients participated very well and we gave them turns to speak and asked everyone individually about their thoughts. The elderly described the paintings well and seemed to enjoy the activity. They recognized the different atmospheres in the paintings and discussed some details in them with each other (“The other man has shoes but the other one doesn’t”, “Why is that white bird located above those other ones?”). We found that the discussion was rewarding as all the clients were active and shared in-depth thoughts and opinions about art and the paintings.

Moreover, the ability to form mental images connects a person’s inner self with the surrounding world (Heikkilä et al 2000). This ability is the basis of all of creative activity both in art and in everyday life from making dinner to making decisions and planning ahead. In this program, we wanted to enhance the clients’ chance to talk about what they see in the pictures and what kind of mental images the pictures awaken in them. In art therapy, one important goal is to improve the ability to imagine but also to name and recognize aspects in the pictures and to have discussion about them (Heikkilä et al 2000). Even though we are not performing art therapy with the clients, we used this aspect of art therapy in this activity.

5.2.6 Sixth program: Roles of our lives

The topic for the day was to reflect on the different roles that we all have in our lives and to think about how they have changed or stayed the same. As a warm-up we asked the clients how they are instead of implementing the planned warm-up as we wanted to save time for the main activity and discussion because we noticed in the previous shows that the clients always need to warm up for the main topic, even if we had a real warm-up before. We

started the activity by explaining what a role is and then discussed our own roles in order to get the sessions started. At first, we felt that the clients did not quite understand what a role is but they started to discuss their life stories and what kind of different jobs they have had. But as the discussion progressed the clients started to name various roles related to work and family. The clients seemed to be very eager to share their life stories as most of them gave quite a long description about their lives which made us worry that we do not have enough time for each of them.

With this exercise we wanted to encourage the clients to take a moment to reminisce the roles they have had in their life and to think if they have changed. We wanted to give them a chance to share the most important roles they had in their life and have a moment where they can share a part of themselves to others and feel appreciated. During the program the clients were able to interact with a peer support group to reduce possible feelings of isolation and enhance their feeling of self-worth.

Furthermore, the roles that we have in our life determine the way we see ourselves. With aging some roles are lost but through our activity we wanted to encourage the clients to adopt new roles in order to prevent their self-esteem from suffering, which might happen if lost roles are not replaced. (Cattan 2009: 34)

5.2.7 Seventh program: Story cubes

For this session we planned to use the story cubes and make a story together with the clients. According to Rory O'Connor, the inventor of the story cubes, we are living in a rapidly changing world in which we need to connect and innovate. Thus, creativity and imagination are very important. Our brain thinks in pictures and the story cubes help to exercise one's imagination. Rory O'Conner's aim was to invent a simple creativity tool which can be used by all groups of people with different backgrounds. The cubes, which were invented in 2007, consist of nine 6-sided dice with different pictures on them (for example, a moon, a question mark, a key, etc.). They are being thrown and a story is invented by including the pictures on the dice. "It brings people together to share the magical invention of a story that did not exist before the roll" (O'Connor and Murphy 2012)

The story cubes can be used for therapeutic storytelling. Stories use images to change the way we see our lives which can offer healing and growth to the story teller and listener. Furthermore, they connect us to each other and they are helpful in finding meaning and hope which especially in old age is important. Within this intimacy between the teller and listener, the therapeutic aspects of storytelling take place. (Williams 2008-2012)

When we started the program we had six participants. We planned to do a warm-up exercise using pictures of ink stains where the clients would use their imagination in saying what they see in the picture. Unfortunately, we could not implement this exercise because the staff had technical difficulties with the Caring TV computer. Instead we just asked the clients how they are feeling and told them that unfortunately we could not implement the planned warm-up exercise. Then we moved on and presented the story cubes and how they work. One of us started the activity by throwing a dice and starting the story. The clients seemed to be a little skeptical about the activity so we emphasized that this is a fun activity which should not be taken too seriously and that we can all help each other out. We went forward with the activity by giving each of the clients a turn to contribute to the story according to the picture on the dice. We proceeded in the order in which we saw them on the screen and threw the dice on their behalf. After a rather hesitant start, the clients became more talkative and participated eagerly. When someone did not know what to say, the other ones helped out. Moreover, one of the clients started to sing a song about the picture on the dice when it was her turn. During the activity, one of us was in charge of writing the story down as they told it and in the end, we read it out loud (see appendix 1 for full story and appendix 2 for a picture of the story cubes).

Because the last session was two weeks later we decided to collect already feedback on the program series after the activity. We put together all the feedback we got from the clients during our programs and added it into the evaluation chapter.

5.2.8 Eight program: Dream shop and feedback

Because we had not seen the clients for a couple of weeks, we started the session by asking them how they have been. We had a planned warm-up for this session but we decided not to implement it as we wanted to have more time for the main activity and feedback. The topic for this session was to talk about the clients' dreams, hopes and personalities. The planned activity in this session was a 'dream shop' where we would have created a place where the clients have a chance to buy and sell aspects of themselves. For example, one could sell His/her jealousy to buy optimism instead. We noticed in earlier sessions that we need to give simple instructions in order for the clients to understand them, so we modified the main activity slightly.

As in the previous programs, we gave the clients turns to speak and asked everyone the same questions so that each of them got a chance to participate in the discussion. We discussed their thoughts about their best qualities and what they would still like to develop in themselves. We also asked them what part of their personality they value the most and would like to share with other people. The clients seemed to enjoy the topic as they were willing to

share. Maybe this was also due to the positive atmosphere that we aimed at having by giving them a chance to praise themselves. We encouraged them by saying that now is the time to say good things about yourself and share something that the others do not know yet. The session went very well and the clients participated actively.

The continuity theory was introduced in 1989 by Atchley. It suggests that when people retire from the working life they try to keep their life stable like it used to be when they were still working. This process is highly dependent on reflecting and processing the past and making new goals for the future. (Cattan 2009: 34) We wanted to encourage this process in this activity. We planned a future oriented exercise where the clients get a chance to really focus on what they still want from their lives and from the future. When you say your hopes and dreams out loud to others, it makes them more real and we wanted to offer the clients the opportunity to do so.

In the end of the show, we recorded the feedback. The questions were made to be as easy to understand as possible. We aimed at making them open ended and not leading. Later on we listened to the feedback and wrote it down. Because we noticed in the past that it was challenging to lead the discussion and write down comments at the same time, we decided to record the feedback.

5.2.9 General comments on the program series

Throughout the program series, we aimed at having open discussions and a safe and trusting atmosphere and from the active participation and feedback received we can conclude that we reached these aims. The feedback is described more in detail in the evaluation chapter. In addition, we noticed that the sessions were similar in the way that the clients became more talkative after a while and often we had to end the session even though the discussion still continued. We also learned from the programs that group dynamics affect the general atmosphere and the level of activity varied according to the client group and how well they knew each other. During this project, new clients participated in the programs but they were not as active as those who had been there before, and in addition, this might have affected how much the other clients wanted to share personal information.

6 Evaluation

6.1 SWOT-analysis

Before implementing the sessions, we analyzed our plan with the help of the SWOT analysis. The letters in SWOT-analysis stand for strengths, weaknesses, opportunities and threats. It is used to evaluate projects according to these qualities. The SWOT-analysis is especially used for analyzing project plans. By using SWOT, it is easier to identify possible obstacles and threats in a project which is valuable before the implementation. Furthermore, it is also possible to point out strengths in order to be motivated and self-confident about a project. In the analysis, strengths and weaknesses refer mostly to the internal factors of the project group whereas opportunities and threats refer to the external environment such as the working life partner in our thesis. We are going to evaluate the entire project with the outcome evaluation later on. Below there is a table of our SWOT-analysis that we drafted according to our thesis plan. It shows the internal and external factors that we thought would affect our project work.

	Internal	External
Strengths	<p>-Very thorough theory base: we each familiarized ourselves with the relevant theory parts.</p> <p>-Language: two of the group members are native Finnish speakers and the third member has intermediate Finnish language skills which is helpful for the communication with the clients because they are Finnish speaking.</p>	<p>-Innovative concept: our group is the first one to do self-expression exercises with the CaringTV clients. Also, it is good for CaringTV to be able to offer their clients something new.</p> <p>-Students: other students get an example in doing self-expression exercises in CaringTV.</p>

	<p>-Group support: we have worked as a group several times during our studies and we know that we can count on each other.</p> <p>-Motivation: the whole group is interested in using creative methods with the client group and we are excited about working with the modern equipment available in the CaringTVs studio.</p> <p>-Budget: the project is not dependant on a budget.</p> <p>-Experience: the whole group has worked with CaringTV before.</p> <p>-Implementation: we are able to implement the activities according to our timetable. The activities are not dependant on a certain time of the year or a certain event.</p>	
Weaknesses	<p>-Gender balance: the group has only females in it and maybe for the male clients it would be easier to relate to a male group member.</p> <p>-Experience: the group has little experience in working with the elderly.</p>	-Plan: the clients did not get a chance to contribute to the plan.

<p>Opportunities</p>	<p>-Clients: we gain experience in working with the elderly.</p> <p>-Thesis: the project is an opportunity for the group to finish our thesis.</p>	<p>-Future vision: depending on how successful our project will be, CaringTV is planning is planning on continuing our idea so that more students have a chance to implement self-expression activities.</p> <p>-Clients: will be introduced to new ways of expressing themselves.</p>
<p>Threats</p>	<p>-Schedule: we are all working at different times so it is challenging to work together as a whole group.</p> <p>-Mood: our changing life circumstances affect our ability to work and function.</p>	<p>-Technology: the whole project is depending on the technology available and in case something goes wrong with the equipment we have to reschedule the session.</p> <p>-Clients: our project is dependent on the attendance of the clients.</p> <p>-Mood: like all humans the clients might not always be in a good mind-set for the activities.</p>

6.2 Outcome evaluation

Nowadays there is a need to evaluate health care and social welfare projects because funding can be difficult to find and also keep, even though a program would be successful in the eyes of the workers and the clients. Policymakers and funders are focusing more on costs and service development and that is why it is so important to be able to point out the outcomes and positive changes of a certain project. Outcome evaluation uses person and organization-

referenced outcomes to determine whether a program meets its objectives and whether it made a difference compared to an alternative program. (Schalock 2002)

We chose outcome evaluation because we wanted to show the importance of creative activities and self-expression in elderly work and how applicable they are in the CaringTV settings. In our thesis, we collected feedback both from our working life partner CaringTV and the clients. We based our evaluation of the project on our observations and the client feedback. We asked the clients for feedback multiple times after our activities and in the last show we reserved time to collect feedback. We gave the clients more time to evaluate each of our program independently and our whole program series. The last feedback session was recorded and afterwards we wrote down the clients' answers. Even though we aimed at collecting as much feedback as possible, we did not receive that much in-depth information which is why we had to base some of our evaluation on our own observations as well. Furthermore, it is difficult to measure well-being and self-expression even though the clients gave positive feedback.

From the outcome evaluation perspective, we could conclude that we achieved service development at least to some point as we implemented new kinds of activities with the clients and they proved to be successful. In figure 2, we divided the outcomes of our project to organizational and individual separating performance and value outcomes. According to Schalock (2002), organizational performance outcomes include service coordination, financial stability, health, safety and staff turnover. Evaluating the performance of an organization is important in order to assess the effectiveness of the services offered.

During our project work we were not aware of financial or staff related issues in CaringTV because it did not affect our work there. We did not use any materials that would have needed financial support, and that is why we conclude that our programs would be beneficial for the working life partner from a cost-effective perspective as well. In addition, our activities could be implemented by the CaringTV staff as they did not require any specific training, only a positive and encouraging attitude. The activities could be implemented with other client groups as everyone can easily participate according to their own skills and preference.

The value outcomes of an organization include access to services, consumer satisfaction, staff competence and family/community support (Schalock 2002). Evaluating our project from a value perspective, we can conclude that we reached customer satisfaction according to the feedback received. Because our activities did not demand any specific materials or in-depth instructions, the clients could easily access our activities and were also eager to take part in them. Because of the time limit of the programs, we planned the activities to be light and adjustable so that we would be able to improvise according to how the clients participate.

In addition, we found out how enjoyable creative activities are to implement from a worker's perspective because you get to know the clients personally when you listen to their thoughts and stories. That is why we can easily recommend using creative methods in client work because it gives so much to the professional and would definitely be rewarding for the CaringTV staff as well.

The individual outcomes are also divided into performance and value outcomes. The performance outcomes include physical wellbeing (health status and wellness indicators) and material wellbeing (employment/living/education status). During our sessions, we could see that the clients were in a good and positive mood which indicates that they were feeling well. They joked with each other and seemed to have mutual trust as they could share personal information with each other and us. These performance outcomes reflect the value outcomes of CaringTV and our programs because active participation and trust indicate social inclusion and emotional wellbeing. Other individual value outcomes are personal development and self-determination. (Schalock 2002).

Because our activities aimed at enhancing self-reflection, we also wanted to encourage the clients' towards personal development but this is challenging to measure. After listening to the feedback it became clear that the clients developed their self-awareness through sharing experiences and memories with each other, and that the activities strengthened the group spirit and developed the interpersonal relations of the client group.

	Performance	Values
Organizational outcomes	-Service development: affordable and easy to implement programs -activities could be implemented with other client groups as well	-Customer satisfaction -Staff competence -Family/Client support -Community support
Individual outcomes	-Physical wellbeing: -Wellness indicators -Active participation -Sharing of personal memories -Good, positive mood	-Emotional wellbeing -Self-expression -Interpersonal relations -Social inclusion

Figure 2. Outcome evaluation: performance and values

According to Schalock (2002), outcomes can also be divided into short and long term outcomes. In figure 3, we divided the outcomes according to three different point of views; from the individual client, the working life partner's and the authors' point of view. The short term outcomes take place during the activity and the long term outcomes are more in-depth and have a long-term effect.

The individual short term outcomes include opportunities to share and discuss opinions and thoughts as we could clearly see that the clients enjoyed this possibility and used it actively. The clients enjoyed the sessions and received joy from the positive group atmosphere. During the session we also noticed that the clients sometimes talked very enthusiastically and we had to give them turns so that everyone would be able to participate equally. This shows how important it was for them to be able to take part and contribute to the activities through expressing their mind. This certainly had an effect on their self-worthiness as everyone was heard and everyone's opinion was taken into consideration. The sessions were also flexible in a way that the clients were able to affect how the discussions develop; if they had a specific topic that they wanted to share, we gave them time to do so.

The long term outcomes on an individual level include getting to know each other better and developing a certain open mindedness towards new things. This was especially important as new clients were introduced to CaringTV and we hope that our activities helped them to become a part of the client group. We intended for our sessions to offer new experiences and encouraged the clients to try out different things that are out of their comfort zone, e.g. singing, telling a story and dreaming together. In addition, a long term outcome for the clients is that they got the possibility to reflect on their lives.

The short term outcomes for the working life partner include free work contribution from the project group which enabled the CaringTV staff to do other tasks during our sessions. Furthermore, we also offered new ideas for future programs through our innovative activities and working methods.

The short term outcomes for us were difficult to identify. However, we acknowledged many long-term outcomes that have developed our professional skills. During the sessions we learned about group dynamics and how to lead a client group which is an important skill in this profession. We also got the possibility to try out different activities and could see what works and what could be done differently. On occasions, we were nervous about how the clients would react to our topics but we were positively surprised how receiving and positive they turned out to be. Thus, we cannot say that any of our activity would have failed. In addition, we developed our improvisation skills which we consider to be a highly important skill in CaringTV and other client work as well. As a worker, you never know how the clients

are feeling that day and you need to adapt according to the situation. Even though it is essential to plan a project with the clients, you can never work only according to your plan because it might not suit the moment. We succeeded well in combining our plan and improvisation when necessary. Another important outcome for us is that we got work experience with a client group that was not familiar for us before. We got the possibility to work with clients who contradicted all the negative prejudices about elderly people and who welcomed us openly into their group. We see these activities as resource for future client work and strive to use the exercises in the future as well. This thesis work was also an opportunity for us to network with the CaringTV staff and to learn how they work in this kind of environment.

OUTCOMES	<u>Short term</u>	<u>Long term</u>
For individuals	<ul style="list-style-type: none"> -opportunities to share and discuss opinions and thoughts -enjoyment -self worthiness; clients feel important because they are heard 	<ul style="list-style-type: none"> -getting to know each other better (especially the new clients) -"food for thought" after the programs -open mindedness towards new things
For the working life partner	<ul style="list-style-type: none"> -free work contribution -more time to do other tasks 	<ul style="list-style-type: none"> -more variety in the content of the programs: program development -innovative ideas and working methods
For the authors of this thesis	<ul style="list-style-type: none"> -implementing creative activities with clients 	<ul style="list-style-type: none"> -professional growth; what worked and what did not -learning about group dynamics and how to lead a client group -improvisation skills -working experience with elderly clients -activities as a resource for future client work -networking

Figure 3. Short and long term outcomes.

6.3 Client feedback

Outcome-based evaluation divides the individual outcomes to performance and value outcomes. In our work, we could conclude performance outcomes through active participation and client satisfaction as they were eager in sharing their personal memories and life stories with each other. The clients were also in a good mood throughout most of our programs which shows that they enjoyed the activities.

In our last session we asked the clients for feedback. We recorded the feedback session and listened to the recording afterwards. We asked the clients the following questions and translated their answers.

1. How to develop Caring TV? (Our working life partner requested for this question to be asked)

- In an emergency you could get help directly from Caring TV at any hour.
- That Caring TV would act as an ordinary TV and have a remote control.
- There are so many different topics that there is something for everyone.
- The evening discussion opportunity is very good and there are always many people participating and it would be good if it would continue in the future.
- We are listened and our wishes are taken into consideration.
- It is good that there are students doing these shows because it works as a two-way system; both get something out of it.
- The technology needs to work properly and the professionals need to develop it.

2. What did you think about our programs?

- Interesting and different life paths are discussed.
- Time passes fast with you.
- The programs are pleasant for old people who can't move.
- Brain exercise.
- Discussions are the best.
- There are no gloomy topics here because mostly we are happy here.

- You hear about the events happening in the world.
- Say that more of these kinds of programs in the future.
- You are so happy; it is a nice thing!
- It is interesting how you can get discussions out of topics that you first think that would not awaken any thoughts.
- These should continue.
- The discussions from your programs stay in your mind and are talked about in other shows as well.
- Very rewarding and pleasant programs.

6.4 Feedback from the working life partner

On 27.03.2012, we had a feedback session with our tutor from CaringTV, who commented on our work and programs. She said that the themes were good and interesting and that the atmosphere during the sessions was peaceful. Additionally, she said that the programs were well planned and innovative since programs like these had not been done before. Even when big challenges came up, for example in the second program, we handled the situations well.

We discussed about the importance of group dynamics which we had not thought about before implementing the programs but which has a big effect on the atmosphere and communication with the clients. We noticed that new CaringTV clients had an influence on the sessions as they were not that familiar with the other clients and did not participate that much.

During the meeting, we also discussed future improvements for CaringTV as our tutor asked for our opinions and thoughts about the sessions. We mentioned that there could be more variety in the content of the programs if the clients could have different materials needed for activities. Several times we asked the clients to bring materials to the sessions, for example photographs, pen and paper, but they did not have them ready for any program. Also, our CaringTV contact reminded the clients in previous programs about the materials. Perhaps we did not make it that clear that the activities would have been better with the materials and that is why the clients did not think it was that important. In addition, our tutor suggested that the material required for each show could be mentioned in the time table so that the clients could see them beforehand.

Furthermore, the issue of language came up during the discussion because one of the group members is not a native Finnish speaker. We talked about each other's thoughts about how it affected the implementation of the programs since our tutor wanted to make sure that none of us felt left out. We agreed that it did not affect the outcome of the thesis project even though the implementation was divided differently than we had planned in the first place.

Moreover, we talked about how we are going to evaluate and collect feedback from the clients in the last show, and our tutor suggested that we could record the feedback discussion. Since we found it challenging to take notes and interact with the clients at the same time, we thought that this is a good idea. Moreover, we were flattered when we were asked if we would like to continue implementing programs in CaringTV for their social services theme weeks because we felt that this was a proof for a job well done.

6.5 Britta's reflections on the programs

Before the first session I was rather nervous because I did not know what to expect. I have done one session in CaringTV earlier during my studies, but that was about two years ago and implementing a thesis there is certainly different than a "normal" show. The first show went very well in my opinion, even though it took the clients some time to get started and to take part in the conversation. In the end, they did not want to stop talking and it was difficult to close the program. After this experience I was quite confident for the second show, but this show did not go as well as planned because one client passed away in the morning that day. Because of that, I was again not sure what to expect in the third show and was wondering if the clients are still full of sorrow, but the session turned out very well. From then on it felt absolutely normal, like going to work, to go there to do the rest of the programs.

For me personally, the times and dates of the sessions were not very good because I work and since CaringTV is not very flexible with the times of the shows (for good reason) it was difficult for me to arrange time. It was a very draining and hectic time in my life, but I managed quite well.

I do not have a personal favorite session when it comes to the activities, but I was positively surprised about the fifth program where we talked about art. In earlier sessions I got the feeling that the clients are not very fond of art, but this show went very smoothly with everybody participating. One of the reasons was probably that there were only a few clients (3-5) and they knew each other very well. It felt like an intimate and peaceful atmosphere to me.

Of course, the second session was very challenging, but I also thought that the sixth show called "Roles in our lives" was difficult, especially in the end. There were many new clients and some had problems with the technical devices. They did not hear us, but we heard them, so it was very confusing in the end because everybody was talking at the same time. However, the start and main part of the session went well, it was only in the end that the difficulties arose.

Another important factor for me during the implementation of the sessions were my Finnish skills. Before every program I was really nervous about what I would have to say and if I was able to say something at all. I do have intermediate skills, but it is a big challenge for me to actively speak the language. Since we divided the programs into three parts (warm-up, main part, closure), I thought it would be easier for me to divide the parts between the three of us before the sessions, so that I could already think about sentences or questions for the clients. It turned out that it was easier for me to participate in the warm up activities since these activities were more open and general than the main part where it was important to go into detail and focus on what the clients said. I did not understand everything the clients said, but we always discussed about it as a group after the programs.

I learned from this thesis project that working with elderly clients can actually be fun. I never thought that I would like to work with this client group, I wanted to give it a chance though by writing a thesis on elderly clients. I have to admit that I had prejudices against elderly, for example that they are not enthusiastic about anything and that they live quite boring lives, but the sessions with the CaringTV clients proved me wrong. Now, I really think that everybody can be inspired and enthusiastic about different things/activities as long as the person who implements the sessions believes in them and has a positive attitude towards the work. The CaringTV clients seemed so happy and most of the time in a good mood for the shows. Of course, elderly people have bad days sometimes, like everybody else, but mostly our clients were open and looking forward to the activities. This project diminished my prejudices a great deal and I am actually applying to work in an elderly care home for the summer. Furthermore, I realized once again that it is good to have a plan, but that one also needs to be able to change the plan according to the situation. Especially when one works with people it is important to be spontaneous and adjust to the new situation instead of desperately trying to stick to the initial plan. Moreover, the activities we implemented can be used for various client groups and I am sure that I will make use of them in the future.

Generally, working with CaringTV as a working life partner was a very positive experience for me. My attitude towards CaringTV changed quite much during the thesis process and it was often very emotional to listen to the stories of the clients. They reminded me on my grandfather because when he was still alive, he enjoyed telling me about his past and I liked to listen to his stories. I realized that elderly people have so much to say and most of them

would like to share their experiences, but this can be difficult if they do not have family and friends. CaringTV is like a family for the clients and I think that it is important to keep self-expression activities in the program.

6.6 liris` reflections on the programs

I learned a lot from this project. Working with elderly was completely new for me since I have only done a few small projects with that client group. This thesis though gave me more insight to how it is working with elderly. For one it is very rewarding or at least it was with our clients since they seemed to be very grateful for the activities we did with them and the time we had to listen them.

Our plans did not always work out as we had anticipated. We had a few tough situations but we managed to get through them with team work. I feel that one of the most important things that I learned from this thesis project was the fact that you cannot always plan everything and you need to be flexible in all situations. It is important to be able to read between the lines and detect the different tones in peoples' speech and to see how they are feeling and then adapt to that. The more you have practice with being exposed to situations like these the easier it gets. Of course it is important to have a plan but the most important help you can have is a partner or a group who you know are going to be there for you if you are stuck and do not know how to proceed. We were lucky to have a good group because this process has been long and there have been many disappointing setbacks but we managed to get through them all. This kind of long group work really teaches you a lot about yourself and that you have to learn to make decisions bearing in mind all the time that they involve also the rest of the group. But it is also a good example of how great it is when in a group everybody has their own strengths and how great the outcome can be when everyone can contribute in their own way and with their own abilities. A group can also be a good motivator when you know that the outcome of your work also affects other people.

I felt good about doing our thesis using creative methods because all the activities we did were something I could stand behind one hundred percent. I really believe in them and what can be achieved through them and I am hoping to get a chance in the future to use them with different client groups as well. Not all the topics we covered were easy and they might have taken a turn to the 'sad' side depending on the clients will to share but they were there to give a frame for the discussions. It is a big responsibility to do these kinds of exercises because you need to be able to deal with whatever answers come from the clients. Traumatic events and sad feelings cannot just be ignored because it is sometimes the easiest thing to do. You need to be able to handle the negative issues as well. But that is a big part of this job and that is a big part of life in general. I do not think it's as useful to just be in your comfort

zone and talk about 'happy' subjects because sometimes there might be a very big need to have an outlet for the 'not so positive feelings' as well, and I think that Caring TV has big potential to be that outlet.

Sometimes our questions were not really understood in the way we intended for them to be understood but they still worked as a conversation started and we heard many different kinds of life stories. I think that every human being needs to be seen and heard in order to feel well and I believe our activities gave us a chance to do that for our clients.

It was also nice to see how the CaringTV staff started to trust us and let us do our work without supervision but they were there if we ever needed any help. They were always very open to our ideas and made us feel like a valuable part of their team.

On a professional level this project was a huge growing experience. It is so different to work with the elderly then it is to work with for example children. The elderly have so much more life experience and you feel really humble at their presence. Nevertheless, they never made you feel redundant, on the contrary, they always told us that our project is a two way street: we give them something and they give us something. We were equal.

6.7 Minna's reflections on the programs

CaringTV was a familiar setting for me as I have done other course work there, and therefore it felt quite natural to return there and implement more programs. We drafted our activities together and I found them to be client-centered and empowering because through them we aimed at encouraging the clients to participate as much as possible. The starting point for our programs was that we would offer the clients a setting where they could reminisce their life together with other people. Before each show, we thought about questions to ask if there would not be that much discussion and we concentrated on asking about emotions, opinions and thoughts.

During the implementation of the programs, it was interesting to see how the discussions developed and even they sometimes de-railed from the topic, the clients seemed to enjoy sharing their life stories and asked each other questions. While our aim was to concentrate on emotions and thoughts, the clients concentrated more on concrete memories; their work career and childhood tasks such as picking berries and crafting tools. It was touching to hear how they had been helping their parents since young age by doing hay work and taking care of younger siblings.

Even though the programs were short, from 30 to 45 minutes, it took surprisingly much energy to be concentrated on the clients and try to encourage them to talk even though sometimes

they were very active. I had not thought about group dynamics before implementing the programs but I learned that it affects how the clients participate. The art session where we discussed various paintings went very well because there were only four clients present and they knew each other well. On the other hand, the session where we asked the clients about their childhood heroes was more challenging as there were new clients present and the discussion was not as in-depth. However, I also noticed that as we got more familiar with the elderly, the atmosphere was warmer and more open as they could start singing or telling jokes whilst doing an activity. This was very heart-warming and I felt more comfortable being with the clients after each session.

As an evaluation, I would say that our activities were a success and the clients seemed to enjoy having something new and different in the CaringTV setting. In my opinion, the most important feedback came from one client who said that our activities worked as “food for thought” after the sessions and that they would discuss them with each other even the following day. This is exactly what we were hoping for because our sessions were so short that we could not discuss the topics that broadly. I think that our work in CaringTV was an excellent opportunity to implement creative activities and to gain self-confidence for my future career. The activities were definitely the best part of this thesis work and I would like to implement similar sessions again with elderly and other client groups as well.

6.8 General thoughts on the outcome

From the clients and working life partner’s feedback we conclude that we succeeded in offering the clients rewarding programs. The clients appreciated the positive atmosphere of our programs and participated actively. Overall, we felt that the elderly wanted to share more of their own experiences and thoughts but often we ran out of time and had to lead the discussion to a closure. We asked the clients how they would like to develop CaringTV and many wished for technological improvements. They mentioned that they feel that they are listened to when planning different programs. They also enjoy that students often implement programs there. When we asked for feedback about our program series, the clients gave very positive comments about them and said that they work as ‘brain exercise’ and that the discussions stay in your mind after the programs.

The aims of our thesis were to enhance the clients’ self-expression through creative activities and to study whether creative methods could be used more in the CaringTV setting. We consider these aims to be reached because the clients shared their life stories eagerly and discussed with each other actively. The notion that the clients said that they got ‘food for thought’ from the activities shows that they reflected on their own life even after the

programs. Considering the feedback we received from the clients we conclude that the project was a success and that similar programs could be implemented in the future.

7 Ethical considerations

As we performed the activities with CaringTV clients, we did not know the backgrounds of the target group, only the information that the clients wanted to share with us. We did not collect their names or any other personal information and therefore we can only recognize them by their faces. This way the clients' privacy is kept. The information shared in the programs were not recorded in any way and therefore cannot be used by anyone else. The final feedback discussion was recorded though, but after listening to it and writing it down the material was deleted.

7.1 Informed consent

Informed consent means that the researcher ensures that the clients give their full consent in participating in a research project (Ansdell 2001). A written and signed form is the best option for achieving this instead of a verbal agreement. Considering our project, it would have been difficult to obtain such written forms as the clients live all over Finland. Also, as the clients are already participating in the programs, they are prepared to share what they feel comfortable sharing with other clients and program hosts, and furthermore, they are never pressured to share anything they do not feel comfortable with. In our programs, the clients were allowed to stay quiet if they wish so.

Moreover, the researcher should inform the clients about why their participation is needed in the research and what benefits the study holds for them. The clients should also be informed how the study develops the profession and the client work. Other issues to inform the clients include the number of participants needed for the study, what happens with the information collected and what is done with it after the project is over and how privacy and confidentiality are ensured during the whole process (Ansdell 2001). During our thesis work, we informed the clients about our project and its topics in the beginning of almost every program. In the last program we reserved time for feedback and discussed what we are going to do with the collected material after the programs are over.

In addition, clients should be informed that they can leave the study at any time and that they will not be pressurized to feel embarrassed or guilty for quitting in the project. They should also know that they have the right to make complaints if they feel unhappy about the

project (Ansdell 2001). Informed consent means that there exists trust and respect between the clients and the researcher.

7.2 Confidentiality

The code of ethics of The Canadian Association of Social Workers (CASW) is divided into seven statements of ethical obligations which a professional has to follow. The primary obligation is to work in the best interest of the client which also includes being aware of the right for confidentiality. If any of the obligations is violated against, the professional can be faced with legal repercussion. In case of an ethical dilemma, the CASW recommends a seven step resolution plan which is very beneficial. (Lundy 2004: 92-94) During the whole thesis process, we were aware of the code of ethics and worked in an ethically sustainable manner.

As mentioned earlier in this chapter, before starting to work with a client or a group of clients, one has to get a valid and voluntary consent. It must include information about the service being offered and also limits to confidentiality. In order for the consent to be valid, the person has to be legally competent and understand the information given. (Lundy 2004: 96) For our thesis work, there was no need for a written consent according to our working life partner because the clients already signed a similar form when they started to participate in CaringTV.

As mentioned above, social workers are obliged to keep confidentiality, but in two cases disclosure can take place: when the client gives his/her permission or when the law requires it. Moreover, the social worker can talk about the issue with others when s/he thinks that the client is a danger to himself or others. (Lundy 2004: 97) There was no such case of this during our thesis work, but we would have discussed this issue with our working life partner. Also, when talking to our family and friends about our project, we never mentioned any names or locations of the clients since especially here in Finland the circles are very small. Furthermore, we never left our notes about the sessions in public places.

8 Discussion

The aim of this thesis was to enhance the clients' self-expression and to find out if self-expression exercises are suitable in the CaringTV programs. Many Laurea students implement sessions in CaringTV but these shows are mostly implemented by physiotherapy and nursing students and thus the topics focus on exercise and health. Our approach was different because we concentrated more on mental wellbeing and social interaction. The number of clients varied in each of our sessions, but there were always between four and ten clients

joining our shows. The activities took place in March and April 2012 in the CaringTV studio at the Active Life Village in Otaniemi, Espoo. We collected feedback from the clients and our contact person from CaringTV who helped and observed us during most sessions. From this feedback we reason our conclusions in the evaluation. Our conclusions are tied to our exercises with the clients and therefore cannot be generalized to other CaringTV programs.

Even though our sessions were appreciated by the clients, one has to think about if our activities really reached the right people. The CaringTV clients are generally very open and interested in the programs they are being offered, but what about other elderly people who do not have the privilege of having CaringTV devices installed in their homes? Our activities would have probably turned out very differently with these clients and it would have been more difficult to get them to trust us in the beginning. The CaringTV clients are used to students since 80% of the contents of the programs is developed by students. In fact, in the feedback session the clients said that they enjoy students implementing programs. We did not advertise our self-expression exercises as such, so the clients did not take part because they were interested in expressing themselves, but they took part because the topic of our sessions sounded interesting to them or simply because they had time.

Our findings support Crowther and colleagues (2002) who stated that a positive outlook on life is especially important in older age. We found that most CaringTV clients are positive and enthusiastic. We realized that our clients are not at all like society often sees older people. They were not sick, slow, isolated or depressed which are only a few prejudices younger people often have towards the elderly. During our project we saw that Rowe and Kahn (1999) were right because according to them, older people want to live an independent life and be self-efficient. We perceived the CaringTV clients as outgoing and interested elderly.

If this is true, then the CaringTV clients either developed their positive spirit because of CaringTV or they have always been like that. If the latter one is true, then we have to ask ourselves where the value in CaringTV lies. Where are the people who could really profit from CaringTV and our programs? How can they be reached to take part in CaringTV? If the participants are already open-minded, enthusiastic and independent do they still need our help and support? One CaringTV client said to us "there are only happy people here". So does that mean that CaringTV is a place for happy people to meet in order to get even happier? One of the weaknesses of our project is that the people who could most benefit from our activities are those who could not take part because they are not CaringTV clients.

CaringTV has to think if and how it is possible to extend their services so that also people can take part who do not have social relationships and are lonely and sad. It would be valuable and important for these people to be able to express themselves. CaringTV is a good project, but it would be even better if it was possible to get other people involved who really need the service badly because they are isolated and therefore their voices are not heard.

According to Ramsay and Sweet (2008) self-expression is a process in which thoughts and feelings are being shared with others. This is what happened in our programs with the clients and they even spent time processing and discussing our after our sessions in their free time.

During our evaluation process, we also considered the limitations of our evaluation methods. We received a sufficient amount of feedback from the clients but nevertheless, the feedback session could have been structured differently so that the clients would have had more time to reflect on the questions. In addition, we thought that our feedback questions could have been more precise (for example, What was your favorite or least favorite show and why? Do you feel more empowered to express yourself now?) to get a better understanding of what exactly made it a positive experience for the clients. But on the other hand, the two questions we ended up asking already seemed challenging enough for the clients. We felt that the questions should be kept easy to understand so that the feedback session would be more like an open discussion instead of us trying to get the “right answers”.

Even though the feedback was positive we were left wondering if the clients were hesitant in expressing negative thoughts to us because everybody said something positive about the programs. Maybe they did not dare to share their real opinion in this environment. The lack of negative comments could also be due to the fact that the clients had not participated in similar activities before and did not have anything to compare them to. The only negative aspect was the time. Most clients agreed that 30 or even 45 minutes are too short for our sessions.

All in all, this thesis reached its aims. We enhanced the clients self-expression and found out that the clients would like to have more of these kinds of activities. According to the clients, they thought about our discussions even afterwards and sometimes the conversation even continued in the next CaringTV program.

CaringTV was interested in knowing how the clients feel about self-expression activities and asked us if we would be interested in finding out for them since they did not offer these kinds of activities to their clients yet. Since the client feedback was so positive, they can and should offer their clients more of them in the future. Other students can use our thesis work as a backup when preparing for their own sessions. Moreover, our exercises are not bind to CaringTV. One can use the activities with different kinds of client groups.

We learned a lot about the elderly client group during the thesis project. We noticed how it was really important to try to create a peaceful atmosphere in every show, so that it would be easier for everyone to speak and share their thoughts. We also noticed how our own presentation affected the clients, for example, it was important to speak in a calm way even when we were a little bit nervous.

There was not a lot of things we would have done differently in terms of the programs and the content of them. One thing that we considered was that if we were to repeat this kind of a project then maybe a closed group concept should be considered. We were lucky to have consistency in our clients and they did not change too often but it could have been different if we would have had new clients every time.

A future consideration could be to vary the client group so that more people could benefit from this. Even though the clients appreciate the programs maybe they have accustomed to them during the years they have participated. We acknowledge that the aim of CaringTV is to support long-term relationships but maybe the program time could be divided so that new clients could participate as well. The old clients could participate still but a new client group would be introduced.

As we noticed during our sessions, creative activities sometimes need more time than half an hour and longer sessions could be implemented in the future. For example, expanding the time from 45 minutes to 60 minutes would give the workers more time for a warm-up exercise and a closing discussion.

As a future recommendation for CaringTV we were thinking of the possibility to make material packages for the clients and send them to them in the beginning of every month. They would include all the materials (e.g. pencils, paper or texts to be discussed in the program) they would need to participate fully in each program. This would of course require money but it would ensure that all the clients have the materials they need for each session. We experienced that the concept of having something prepared for a session was quite new to them and it was also usually neglected which sometimes meant that we had to change the way a certain exercise was implemented. We also suggest for the whole staff of CaringTV to be fully trained and experienced in using the technical equipment in the CaringTV studio, so that all occasions where the session cannot be implemented in the planned way because of technical difficulties would be eliminated.

CaringTV encourages students to keep a light and a positive mood throughout the programs because they feel that the clients have so many difficult things in their life already and they need to get something positive out of the programs. We feel that the people doing the shows should be able to discuss difficult and sad topics as well. It would be more empowering to share and discuss painful memories and issues occasionally. The clients would have a safe forum to share these thoughts and have somebody listening to their concerns, so their thoughts and worries would not grow out of proportion in their mind.

The activities we implemented with the clients were close to our hearts and something we can really stand behind. It was heartwarming to see how the clients slowly started to open up more and more each time and trust us in the sense that they were able to let their guard

down and fully participate in the activities. It gave us the confidence to always push a little further and deeper. Activities we did in the end were something we never thought would work in the beginning. What the clients got out of our programs was very individual. But it made us realize how important it is for a human being just to be heard and seen. Hopefully, we were successful in making the clients realize that they matter and that everyone's thoughts are equally as important as anyone else's.

Most of all, this thesis work has been a learning process for the three of us. We did not intend to produce a major research or present big findings, but the entire thesis process helped us to develop our theoretical and practical knowledge, as well as to understand how important it is to produce a scientific paper. It needs careful planning and most of all enough time. We are aware of the fact that we rushed through the process a bit too fast because we underestimated the work load. Nevertheless, we worked hard and intensive for months and are proud that we managed to plan and write a decent thesis in five months. Our differences taught us a lot about team work skills that we will need in the future in working life. This thesis provided us with theory and practical experience that we will make use of in our future work places.

References

Ansdell, G. 2001. *Beginning Research in Arts Therapy: A Practical Guide*. Jessica Kingsley Publishers, London, Great Britain.

Birch, A. 1997. *Developmental Psychology*. Second edition. Palgrave Macmillan, Great Britain, Norfolk.

Cattan, M. 2009. *Mental health and well-being in later life*. Open University Press, Berkshire, England.

European Union. European Regional Development Fund. *Safe Home - Supporting wellbeing by e-services Brochure*.

Forsyth, D.R. 2010. *Group Dynamics* 5th edition. Wadsworth Cengage Learning, Belmont, CA, USA.

Heikkilä, T. & Paloheimo, L. & Taipale, I. (edit.) 2000. *Mieli ja taide*. Printway oy, Vantaa.

Hohenthal-Antin, L. 2006. *Kutkuttavaa taidetta. Taidetoiminta seniori- ja vanhustyössä*. PS-kustannus, Juva.

Katajainen, A. & Lipponen, K. & Litovaara, A. 2003. *Voimavarat käyttöön*. Duodecim. Gummerus, Jyväskylä.

Kurki, Leena. 2000. *Sosiokulttuurinen innostaminen: Muutoksen pedagogiikka*. Tampere, Vastapaino.

Liikanen, H.L. 2010:9. *Art and Culture for Well-being - proposal for an action programme 2010-2014*. Publications of the Ministry of Education and Culture, Finland.

Lundy, C. 2004. *Social Work and Social Justice - A structural approach to practice*. Plymbridge Distributors Ltd.

Piirainen, A. & Sarekoski, I. 2008. *Client-driven CaringTV concept for elderly family care givers living at home*. Edita Prima Oy, Helsinki.

Ramsay, G. & Sweet, H. 2008. *Creative Guide to Exploring Your Life : Self-Reflection Using Photography, Art, and Writing*. Jessica Kingsley Publishers, Great Britain, London.

Rowe, J.W. & Kahn, R.L. 1999. *Successful Aging*. Dell Publishing, New York.

Rubin, J. 2005. *Artful Therapy*. Hoboken, NJ, USA.

Saarinen, E. & Tarvainen, M. 1/2008. Asiakkaiden ja henkilökunnan luovat kyvyt käyttöön. Sosiaaliturva.

Stuart-Hamilton, I. 2011. An introduction to gerontology. Cambridge University Press, New York.

Electronic sources

CaringTV. e-services.

http://www.caringtv.fi/services_introduction.html

Read 15.04.2012

HyvinvointiTV. KOTIIN-hanke.

<http://kotiin.laurea.fi/kotiinhanke.php>

Read 14.04.2012

Indra. Indra brings television of the future closer to the elderly. 2012.

<http://www.indracompany.com/en/prensa/actual-indra/edition/2011/10/indra-brings-television-of-the-future-closer-to-the-elderly-1113>

Read 18.05.2012

itvt. Icareus develops OTT interactive TV service platform for senior citizens. 2010.

<http://www.itvt.com/story/7294/icareus-develops-ott-interactive-tv-service-platform-senior-citizens>

Read 18.05.2012

Laurea Vantaa, Regional Unit Review. Encounter Art.

<http://www.laureavantaareview.com/index.php/activities/53-activities/256-encounter-art>

Read 03.03.2012

Major, R. RapidTVNews. Interactive TV for the young-at-heart. 2009.

<http://www.rapidtvnews.com/index.php/200907094222/interactive-tv-for-the-young-at-heart.html>

Read 18.05.2012

Moilanen, M. Muistelutyöstä iloa vanhuksille ja työntekijöille. Sosiaaliturva 15/2005

http://www.sosiaalitieto.fi/mp/db/file_library/x/IMG/35044/file/Moilanen-muistelu-Kotka15-2005.pdf

Read 10.03.2012

Naiman, L. What is creativity? 2011.

<http://www.creativityatwork.com/what-is-creativity/>

Read 18.05.2012

Ocean Blue Software. 2010.

<http://www.oceanbluesoftware.com/nexus-tv-healthcare.html>

Read 18.05.2012

O'Connor and Murphy. The journey to Rory's Story Cubes. 2012.

<http://www.storycubes.com/our-story/>

Read 26.02.2012

Pilkama, A. Kaakkois-Suomessa kehitetään kulttuuri- ja harrastustoimintaa vanhustyön ehkäisevänä muotona. Sosiaaliturva 15/2005

http://www.sosiaalitieto.fi/mp/db/file_library/x/IMG/35046/file/Pilkama15-2005.pdf

Read 10.03.2012

Schallock, R. 2002. Outcome Based Evaluation. Second Edition. Hingham, MA, USA: Kluwer Academic Publishers. Downloaded from Ebrary.

<http://site.ebrary.com/lib/laurea/Doc?id=10053415&ppg=35>

Read 26.04.2012

ScienceDaily. New interactive television to assist patients and elderly. 2007.

<http://www.sciencedaily.com/releases/2007/03/070323104734.htm>

Read 18.05.2012

Turvallinen Koti - hanke.

www.turvallinenkotihanke.fi

Read 14.04.2012

Williams, M. Introducing therapeutic storytelling. 2008-2012

<http://www.allthingshealing.com/healing-through-storytelling.php>

Read 26.02.2012

Unpublished sources

Niiniö, H. & Pusa, T. From pilots to Official Structures - Finnish Active Art goes Encounter Art.

Oshiro et al. Clinical Art for the Elderly.

Our commitment to clinical art.

Salminen, P. Art Therapy - class notes. 2009.

Voutilainen, R. 00348 Foundations of Elderly Care - class notes. 2010.

Appendix 1

The story cubes story.

1. kuva: Laskuvarjo
"Olipa kerran rohkea mies laskuvarjohyppääjä, joka lähti hyppäämään suurelle seikkailulle."
2. kuva: Silta
"Hyppääjä laskeutui sillalle ja nukahti sinne."
3. Lentokone
"Sillalta laskuvarjohyppääjä lähti lentokoneella Helsinkiin."
4. Puu
"Sitten lentokone laski päin puuta."
5. Suihkulähde
"Onneksi puun juurella oli suihkulähde ja lentäjä laskeutui sinne."
6. Salama
"Suihkulähteeseen iski salama."
7. Kilpikonna
"Suihkulähde oli täynnä kilpikonnia."
8. Lammas
"Yhtäkkiä suihkulähteen luo tuli lauma lampaita juomaan."
9. Kukka
"Lampaat söivät kukkaset suihkulähteen ympäriltä."
10. Ampiainen
"Yhdessä kukassa oli ampiaisen, joka pisti lammasta."
11. Talo/koti
"Lampaat juoksivat kotiin, koska yhdelle tuli pipi."
12. Kerrostalo
"Horisontissa häämötti kerrostaloja, ja lentäjä päätti lähteä niitä kohti, koska talossa oli vain ampiaisen jäljellä."
13. Sateenkaari
Yksi asiakas alkoi laulaa laulua, joka hänelle tuli mieleen sateenkaaresta."
14. Surullinen ihminen
"Surullinen ihminen ei kuulu tähän porukkaan, hätistetään se pois."
15. Naama
"Lentäjällä oli vapaan ihmisen naama."
16. Käsi
"Käsi heiluttaa lentäjälle, heihei!"

Appendix 2

Pictures of the story cubes in the order we used them for the story.



Appendix 3

Work division as planned before the implementation.

First program: Introduction and historical events

Warm-up & introduction- liris

Main exercise: Minna in charge of leading the exercise (everybody takes one/ two events)

Minna– Tarja Halonen, school shootings

Britta- 9/11, internet

liris- Euro

Ending: Britta (mention pen and paper for next session)

Need: power point pictures

Second program: The open window exercise

Warm-up: Minna

Main exercise: liris

Ending: Britta (remind about the pictures for the next session)

Need: pen& paper

Third program: Pictures of childhood and youth

Warm-up: Britta

Main exercise: Minna

Ending: liris

Need: power point pictures

Fourth program: Who is your hero?

Warm-up: Britta

Main exercise: liris

Ending: Minna

Need: power point pictures

Fifth program: Food for thought pictures

Warm-up: liris

Main exercise: Minna

Ending: Britta

Need: Power point pictures

Sixth program: Story cubes

Warm-up: Minna

Main exercise: Britta

Ending: liris

Need: story cubes

Seventh program: Roles of our lives

Warm-up: Britta

Main exercise: Minna

Ending: liris

Eight program Dream shop

Warm-up: Minna

Main exercise: liris

Ending: together