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Place memory and dementia: Findings from participatory film-making in long-term social care

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Highlights

1) Given free choice people in long-term dementia care chose to make films about their early lives

2) Participants spontaneously recalled a variety of external geographical locations

3) Places associated with emotionally charged events in the past were foregrounded.

4) Key themes were freedom and escape, historical trauma, and overcoming adversity
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Abstract:

A participatory film-making study carried out in long-term social care with 10 people with Alzheimer-type dementia found that places the participants had known early in life were spontaneously foregrounded. Participants’ memories of such places were well-preserved, particularly when photo-elicitation techniques, using visual images as prompts, were employed. Consistent with previous work on the ‘reminiscence bump’ in dementia, the foregrounded memories belonged in all cases to the period of life between approximately 5 and 30 years. Frequently the remembered places were connected with major life events which continued to have a strong emotional component. The continuing significance of place in the context of long-term dementia care is considered from a psychogeographical perspective.

Key words: Alzheimer’s disease; residential care; autobiography; psychogeography; video.

Background

Traditionally, the medical model of dementia has tended to focus on the environment surrounding a person with dementia only in order to demonstrate his or her disorientation toward it. More recently there have been many projects to design therapeutic, or prosthetic, environments intended to compensate for such problems and a growth of interest in the strategies that people with dementia may use in order both to understand where they are within specific environments and to draw on concepts from the past in order to make sense of this information (see, for example, Orulv 2010).

This paper draws on findings from a small-scale, mixed methods participatory film-making study carried out between January 2013 and April 2014 to extend this debate. The participants were 10 people (eight women and two men) with an age range of 76-99 years.
(median 87) who had a diagnosis of Alzheimer-type dementia and were living in a long-term voluntary sector social care environment in the Northern UK. The overall aim of the study was to assess the impact of the film-making process on participants’ well-being and social participation. Participants were therefore selected on the basis that at the outset of the study their levels of social engagement were a cause for concern.

At present there are many initiatives nationally and internationally to create ‘dementia friendly communities’, typically in urban centres and public spaces (Keady et al 2012). In reality, however, our participants had very little access to the external world, or even to the immediate environs of the care facility where they lived. Dementia-friendly principles have, however, begun to be translated to residential care environments by researchers such as Davis et al (2009), reflecting a growing awareness of the importance of the environment and its hospitality, or indeed lack of hospitability, for people with dementia. A growing body of work has also started to focus on the ways in which people with dementia living in long-term care environments interact with spaces and places which are often not of their own choosing. Harnett (2013) notes, for example, how people with dementia ‘carve out spaces’ where they can obtain temporary respite from rule-governed and task-oriented institutional regimes, and identifies ‘recollection talk’ as one of two main tactics for framing such respite spaces.

The findings presented below add to this emerging body of data, by suggesting that much of this recollection talk relates to remembered geographical spaces that are meaningful to the person from his or her earlier life. Like McColgan (2005) we found that our participants had developed agentic strategies for resisting the present day constraints on their choices about how and where to live. We did not, however, find that their longing was always to return to what McColgan (2005: 411) describes as a ‘safe maternal space’. As Varley (2008) has noted, feminist writers have been at pains to deconstruct the notion of the home as a depoliticised place of refuge and, as will be seen below, our findings are more
complex in this respect. Some participants’ childhood homes had not been places of safety, and a number had previous experience of being displaced or ‘un-homed’ in some significant way which remained salient to their interpretations of being in a care environment in the present day.

**Key themes**

Findings on the formal measures used for the study (wellbeing, social participation and occupational diversity) were all positive (Ludwin and Capstick 2015). The present paper is based, however, on a secondary analysis of the content of the films themselves, and here we aim to enhance understanding of the historical significance of place in emotional memory for people with dementia by exploring in depth some of the ‘patterned regularities’ (Wolcott 1994) in participants’ choice of subject matter for their films. Through critical engagement with transcripts and fieldnotes three overarching themes emerged: freedom and escape, historical trauma, and overcoming adversity.

These themes lend support to recent work which has suggested the need for a change of focus in social research on dementia, from psychological needs to human rights (Bartlett and O’Connor 2010; Gilmour and Branelly 2010). In relation to the theme of freedom and escape, it may, for example, be theorised that one of the ways people with dementia commonly resist the institutional regimes discussed by many previous writers from Gubrium (1975) onwards, is to make an imaginative retreat to a more hospitable or personally meaningful remembered environment. In other cases we found, that environmental or interactional features of the present day care environment appeared to trigger memories of location-specific traumatic earlier life experiences. Such experiences often intersected with social and national history in ways that have been somewhat overlooked in the literature; for example, two participants spoke frequently of experiences of being evacuated during WWII, suggesting that they drew parallels between this earlier life event and their current situation.
Participants frequently drew on concepts such as neighbourliness, community values or personal determination to explain how they had met, and continue to meet, such challenges.

Emotionally charged autobiographical memories laid down early in life are known to be less compromised in dementia than are more recent memories, with consistent evidence of a ‘reminiscence bump’ between the ages of approximately 5 and 30 years (Gluck and Bluck 2007; Thomsen and Berntsen 2008). Chaudhury (2008) found that memory for familiar places remained strong for people with dementia. Recent work by Bonifas et al (2014) among others, demonstrates that long-term care environments may often not be experienced by those who inhabit them as places that facilitate emotional or physical health and well-being, and although not explicitly related to people with dementia, Rose’s (2012) paper on therapeutic landscapes suggests that ‘landscapes of the mind’- that is, imagined spaces and places – can be drawn on in order to cope with less pleasant experiences in the here and now.

The significance of metaphor in the stories told about themselves by people with dementia has been noted by Cheston (1996). Previous narrative biographical work carried out in care homes as part of the Trebus Project, a London-based series of arts projects involving people with dementia, of which the first author is a co-editor, also demonstrated a strong and consistent tendency for people with dementia to locate their stories in geographical space and place. Analysis of Bryce et al’s text shows that, in response to the invitation, ‘Tell me about yourself,’ the majority of contributors mentioned a specific place early in their story. Leonard, for example, begins his narrative: “I was born directly – almost mathematically – opposite the Tube entrance in Hampstead…at the end of the street that runs straight down and curves to the right” (Bryce et al, 2010: 47). The regularity with which the narrators make such references suggests that there is considerable potential for applying psychogeographical theory to dementia.
Psychogeography and dementia

Originally associated with the work of the Situationists, psychogeography has been described as the study of the “specific effects of the geographic environment, consciously organised or not, on the emotions and behaviour of individuals” (Debord 1955). Later writers in this tradition have argued that such effects are as much, if not more, significant than names and dates in their connection with inner life. Bachelard (1994) tells us, for example that biography and autobiography are not merely a matter of narrative, but also involve what he terms ‘topoanalysis’, or investigation of the places we have inhabited. It has widely been assumed that psychogeographical practice necessarily involves walking, particularly in urban environments. Relatively less attention has been paid within psychogeographical studies to the application of psychological theory, including the impact of remembered places on emotional affect. As Coverley (2010: 68) reminds us, however, there is alternative tradition within psychogeography which has always embraced the concept of mental travel as a means by which to ‘survive in hostile territory’. Capstick (2105) suggests that psychogeographical concepts such as the dérive (or intentional ‘wandering’) may also offer many new insights into the spatio-temporal disruptions characteristic of dementia.

Wiersma’s (2008) study involving veterans with dementia notes that her participants’ construction of a sense of place in the present was often ‘viewed through the lens of the past’ and that the values and ethics they had previously brought to bear continued to be significant to this enterprise (Wiersma 2008: 791). Capstick and Clegg’s (2013) study of the war narratives of three men with dementia also notes that historical trauma can be reactivated with the onset of dementia due to a relaxation of cognitive control over emotional memory, and that this can lead to the emergence of counter-hegemonic versions of historical events. Rusby and Tasker (2009) found that wartime evacuation could have lifelong effects on mental health and well-being, with age at the time and quality of care being significant
factors. Cook et al (2003) note that many aspects of a care environment may act as reminders of traumatic experiences, including television news coverage, the sound of other people in distress, and loud noises. They note, for example, that ‘for women who have experienced captivity or violent assault, the presence of unfamiliar men or physical contact by male health professional may bring up unresolved trauma-related distress’ (Cook et al 2003: 1223). As the findings discussed below demonstrate this seemed to be the case for at least one of the participants in our study.

*Ethics*

Ethics approval for this study was granted in September 2012 by the Social Care Research Ethics Committee for England (SC-REC) under Sections 30-33 of the Mental Capacity Act (2005) which applies in England and Wales. Seven of the ten participants were assessed not to have capacity to consent for themselves to taking part in the study. They were therefore appointed either personal or nominated consultees able to give an opinion on their likely wishes and decisions. Ongoing process consent was negotiated at each new aspect of the intervention and took into account non-verbal as well as verbal indicators of withdrawal of consent, such as tiredness or anxiety (Dewing 2007). Participants made editorial decisions about the content of their films and any material they were unhappy with has been removed. Place names are inevitably highly significant to our discussion here. In order to preserve anonymity we have, however, used generic terms such as ‘the street’; ‘in the town’ or ‘a Northern city’ rather than specific place names. In order not to disrupt the flow of direct extracts from speech we have substituted these terms without the use of square brackets or other indicators. All photographic images are used with permission. The participants and host organisation have been anonymised throughout.
Materials and Methods

The research site was one where we had previously carried out another film-making project in the day care wing of the facility, and as a result had established good relationships with the staff and some of the families involved. Each of the ten participants was allocated six hours one-to-one contact with a researcher in order to co-produce of his or her film. Including initial time spent building rapport and familiarising ourselves with the care environment and the residents, this was an immersive process that took place over several months. We had anticipated that some participants might want to make a film about a specific event or hobby, but this proved not to be the case. All participants spontaneously told us about their own early life and the places and people associated with it. The resulting films therefore have some of the characteristics of the form described by Squire et al (2013) as visual autobiographies. Films were made using a free software download which takes the form of a slideshow of still images which were cumulatively edited together over the six-week period resulting in a film narrative, in which the voice of the person with dementia provides the commentary. Panning within each image was used to give a greater sense of movement and to focus on key details. Although movement within the films is thus considerably slower than in mainstream TV, for example, the impression of moving image proved important for both the participants themselves and other audiences. As Mullarkey (2007: 54) among other writers has noted it is the movement in film, which makes it ‘come alive for us…at a very present and real level of our perception’. Subramaniam and Woods (2012) found that many people with dementia preferred moving image to static life story books or albums.

A variety of methods was used in order to elicit content for the films, including participant observation (informal conversation and joining in with activities), detailed ethnographic fieldnotes, and audio-recording of participants’ spontaneous speech. Photo
elicitation was used both to facilitate communication with participants, and to build content for their films. As Van Auken et al (2010) among other proponents have argued, although relatively participation and produce different categories of information from other qualitative methods. Looking at photographs and other images together was used initially as a route into discussing potential subject areas for each participant’s film. Once we had gained an insight into places, subjects and people that were of interest to the participant we began to build up a bank of images that consistently gained the most positive response, or generated further information. This was done iteratively; many of the images we used were discarded because they did not elicit the strong response we might have expected based on previous conversations. Nora, for example, told us she enjoyed watching tennis, but then showed little interest in pictures of well-known players from the 1940s-60s. By contrast she always responded animatedly to pictures of the sea, and particularly the coastal town in the North East of England where she had lived between the ages of about five and 11. Our fieldnotes provide further detail of the photo-elicitation process:

11/6/13 (KL extract from fieldnotes) We talked for a few minutes and Nora told me that she had grown up in a coastal town…She said that she really liked the sea, and being near the sea, and we looked at a book about the seaside that happened to be on the book shelf.

As further details emerged we were able to move away from generic images and find, or create, ones that were more specific to the participant’s own story:

18/6/13 (KL extract from fieldnotes) Earlier in the week, I drove to Leeds and took pictures of the street where Jean had grown up […] and various buildings on the street where I think the maternity hospital (now closed down) used to be […] When I showed her a photograph of the street sign, she immediately recognized it. I’d taken
some pictures of big houses that I thought might have been the maternity hospital, and one of them particularly struck a chord with her.

Although the response was not always what we had expected, often one set of images would lead to a new source of information that enabled us to keep building new resources for working with the person in question.

23/8/13 (KL fieldnotes) Although Lily didn’t necessarily seem to recognise any of the pictures, one of them depicted a tram with a Tizer advertisement on its side, and this prompted her to tell AC that her dad had worked at Tizer.

Interestingly we found that the use of contemporary black and white photographs was sometimes less successful than more recent colour images. Hope, for example, did not recognise a black and white photo of the printworks where she had told us her father worked in spite of it being a very striking building. She did, however, recognise a present day colour photograph of the same building. This is almost certainly because it is a redbrick building, and this was not apparent in the black and white image.

The study also generated a large volume of qualitative data in the form of audio-recorded participant narratives, some of which have been used as the soundtracks for participants’ films. Analysis of this data was carried out using a phenomenological frame of reference in which themes were identified as they emerged, without preconceptions, and were discussed between the researchers and other colleagues (they were, for example, discussed during a qualitative methods workshop) and refined using continual comparison (Kleiman, 2004). We identified three interrelated and recurring overarching themes related to place memory, which are discussed in the next section: freedom and escape, historical trauma, and overcoming adversity.
Results

The ten finished films ranged in length from approximately 3.5 minutes to 12 minutes. The main subjects of each film are listed in Table 1.

Whilst the sample size is small, the findings are very consistent regarding the foregrounding of place memory. A specific place memory was almost always the starting point for each participant’s personal narrative. Whilst family members, lived experiences and former occupations also featured, it was their location in specific geographical places that was most noticeable. Discussion of content was also often accompanied by statements about wishing to return, to ‘go home’ or to be reunited with people from the past.

‘We’ll have to start looking round everywhere….. We’ll have to go and have a look around the town now, if it’s there, or what it’s like… We’ll have to take a move some time, and get round to seeing things.’ (Florence).

When asked what they wanted to make a film about, participants often replied with direct reference to the place in question

AC: If you were going to make a film, Nora, what would it be about?

Nora: If I was going to make a film? Oh, go on, then. Well – I’ve always loved to be beside the sea…

Other participants responded with spontaneous references to a place that was personally meaningful. For example, Florence talked about the area of a city where she had lived as a young girl. When shown a picture of one landmark in the area she would then refer spontaneously to others which helped to build her story: ‘Oh yes, the railway bridge… Oh, aye, I know that well… We used to go to Anakins and Boots and […] Woolworths, yeah. Oh
aye, oh aye we always went under the bridge.’ Rita explained where she lived as a child by giving detailed directions: ‘At the side of the market, there’s a road going along, and the hill comes off it; go up the hill - where all the houses are - and that’s where we lived’.

In the following discussion we explore in more depth the main themes to emerge from analysis of our fieldnotes and audio-recordings.

_Freedom and escape_

Several of the participants made comments which suggested that they preferred thinking about places they had known in the past to being in the present day care environment. In some cases this was expressed directly; for example Nora, consistently referred to the beach in the town where she lived from the ages of around three to 11 as ‘heaven for me’, and ‘a dear little place’.

So any way I could get along the sands I would do it, ‘cause I loved it. [...] We only had to go p-p-p and you were there, you know. It was my mother who loved it. She absolutely adored it. By Jove, we used to say ‘Do you want to go?’ ‘Course I want to go!’ People started to realise that they could go places…

In other cases a comparative lack of freedom in the present day was also commented on explicitly. In this extract Frank has earlier been talking about how he used to walk over the moors to go to work. Asked if there’s anything he would like to do now, he says (without any further prompts)

There certainly was one night when I was going to go out and the staff quizzed me, and in the finish I didn’t go. And I accept that, that I couldn’t satisfy them that I was safe to be let out… I only wanted to go to church… but they weren’t very happy about it. I think that it was a bit careful, but sensible… I think I could have gone down to
church and found, got back quite safe, I was only going to go to the evening service
that was all […] You have to accept that in this place you’re in someone’s control,
you’re in someone’s charge and they can’t release you unless they have some
guarantee you’re going to be safe. Fair enough; that was it.

Often the theme of escape was expressed more symbolically and related to a transition
that had occurred earlier in life, as with Florence’s recurring story about how her family had
moved from a slum clearance area to one of the first social housing estates in the 1930’s.
Prior to the move Florence expressed a sense of freedom associated with being able to run
down the street to her grandmother’s shop. Her grandmother would give her a sweet and a
‘butty’ (sandwich). Her parents had not been entirely in agreement about the house move,
with her father being ‘determined’ to go and take advantage of the better living conditions,
garden and indoor bathroom, and her mother being more reluctant to leave the old
neighbourhood and extended family: ‘Dad heard about some new houses being built outside
Liverpool – that’s when they started wanting to move away. Yeah, we moved to a house with
a nice garden, and an indoor lav. That was the gear!’

In Florence’s story there is a sense of ambivalence about the house move; the
necessary ‘trade off’ it involved between being with her family and friends and having
freedom of movement on the one hand, and the need for secure and convenient
accommodation on the other. Stories such as these were quite common and, we came to
suspect, were often a participant’s way of expressing feelings about their present day living
situation as a similar type of compromise.

Cinemas and dance halls were also frequently referred to as places of escape, although
these cultural references were not always immediately recognisable to the ear of an outsider.
Florence referred to the local cinema as the “picturedrome”, for example – a term we were
not familiar with and Rita talked about a local dance hall The Scala (pronounced ‘Scaler’).
which could easily have been misunderstood without further research into to popular culture of the time. Cycling had been an important way of gaining freedom and independence for Henry and Eileen in particular. Fieldnotes for Henry report that while evacuated from the East End of London he took on several part-time jobs and “managed to save up enough money to buy his first bike…cycling then remained a lifelong passion for him”. Eileen identified her cycling strongly with a sense of personal freedom and achievement, of release from the care home environment where she had grown up.

I know when I got me first racing bike…. Oh, I were like a kid with a new toy […] I joined this cycling club. Yeah, yeah we used to… I can honestly say that were the best part of my life, that time, yeah… all I wanted to do, ever, was cycling, and I did it.

Historical trauma

Unsurprisingly, given their coming of age in the early decades of the twentieth century, memories of generalised poverty and hardship were frequently associated with places in which the participants had grown up. We have used the term historical trauma here primarily to indicate any kind of traumatic event related to past events which intersect with social or national history. Beyond this, however, we also want, to draw on LaCapra’s (2001) use of the term to relate to memories in which past and present interpenetrate or repeat to some degree, and where ‘the sense that one will not be understood, the pain and feeling of shame attached to the event’ often impede disclosure (LaCapra 2001: 185).

Several of our participants made reference to the poverty of their upbringing, for example, and this could sometimes be associated with perceived difficulties with paying their way in the present day care environment. Nora, for example, was born in Jarrow on Tyneside in the NE of England in 1927. Infant mortality at the time was almost three times as high there as in the Home Counties (those counties which make up London, UK and the
immediately surrounding area) with more than one in ten Jarrow children not surviving their first year of life (Barker 1975). As Barker points out, moreover, “the people had to bear the further burden of knowing that they and their culture were under oppression from the wealthier, better-fed, better-housed.” A sense of injustice was still present in Nora’s many references to the material reality of social divisions, to teachers and employers who were “absolute rotters” and to the “posh end” of town.

She said the teachers at her school were awful, and did ‘as little as possible’. At one point she says that Tynemouth was ‘a primitive area at the time’, and although some people were ‘really, really nice’, others were snobs.

Nora had a consistently strong response to photographs of the Jarrow Crusade, a hunger march by unemployed miners and shipyard workers from the North East of England to Parliament, which took place in 1936 when she would have been around nine years old.

Oh, look, those poor men. Ey, dear. Because it must be awful. It must be awful, mustn’t it? They’d to go and ask for everything, hadn’t they? I think it’s awful. Well, people hadn’t the money that there is now. I don’t think, anyway. I mean, you went to work, and that was it…

In Eileen’s case the traumatic memories were related to her treatment in a children’s home, and she raises concerns about the staff’s credentials to carry out the work:

It was hard, it was a hard time, yeah. ‘Cause the staff there were, they were all for theirselves. We got a lot of beatings, that’s true. That is true. We got knocked about quite a lot. Because they weren’t trained to look after us.
On one occasion Eileen mentioned a specific staff member in the care home, who she said had invited a male friend to come and watch while the children were having their baths. While she was keen to emphasize that she did not receive poor treatment in the current care environment that was in any way comparable with the children’s home, she often complained about the lack of activity, and said she regretted giving up her own home. She talked about how, when she was at the children’s home, there was no ‘mixing’ with locals so that she and the other children were kept very segregated from the local community, and this also had similarities with her current situation, which was one of living in relatively a closed community.

4.4.14 (KL fieldnotes) Eileen said it was time to move on from here and likened the experience to being in the children’s home. She remembers feeling it was time to leave back then, and now feels the same, making a direct parallel between the two.

Henry had a different experience of being ‘unhomed’, in this case due to evacuation during WWII and being separated from his parents and siblings. Although he was always keen to describe his ‘time in the countryside’ as a great adventure, the traumatic backdrop to his experiences was still evident in passages such as the following:

At that time, we were having bombings in London. We were missing it all, only me Dad was back there. She [his Mother] was concerned that he was there She wanted to go back to him, so she went, and went with the baby. But, without realising it, I must have known. I must’ve known that, well, I might be forever on my own. I knew they were getting bombed and all that kind of thing was going on, and that I might not see them again. I knew in my mind, even if I didn’t want to admit to it. I knew there was a chance that I possibly wouldn’t see them again. But, there you are, that was the luck of the draw […] I don’t think it played on my mind or worried me. I just knew that
that was the fact. That was the way of life in those days. That was it. I could be away now, and tomorrow, any one of ‘em could, or all of ‘em, could be gone. Nothing I could do about it, was there? So I accepted that. Well, I looked after meself.

Rita’s memories were similar, in that they related to the bombing of her school and her subsequent evacuation during World War 2. Like Henry, she had the experience of being separated from her parents as a result. She was the oldest of four sisters and the first school she attended was very close to the family home. After one night when the bombing had been particularly bad, she looked out of the window and saw that her school had been hit by a bomb which could easily have hit their house. That this was still a very strong, and indeed visceral, memory was emphasised by her comment – pointing towards the garden outside the lounge window - ‘It was about as far as from here as to that tree’. The pupils from Rita’s school were sent initially to another school further from her home. Later, the whole class, including the teacher, was evacuated to the countryside. Her mother and the two youngest children were billeted in one place, and she and her younger sister in another. After a while her father came and took them all home, not because the bombing had stopped, but because it was ‘worse to be split up’.

Rose – at 99 the oldest participant in the study – told us she remembered waving her father off at the station when he went to serve in the First World War. Her husband, a serving naval officer, was drafted into active service during the Second World War soon after their first child was born. She describes this period in her life as one when she felt abandoned and deserted, alone with a small baby who was so ill that he ‘never opened his eyes until he was three weeks old’ and was given the last rites by a priest. Her description of the house where they lived includes an uncanny historical image; a geographically-accurate reference to the worst battle ever fought on British soil: ‘There was a lovely long garden, and then a big
rockery, a right steep rockery, and then at the bottom, the river that ran red with blood, for the battle of Towton.’

_Overcoming adversity_

In spite of the frequency with which the participants had experienced either generalised hardship or specific traumatic events, we found that an almost universal sub-text of their film narratives was how they had overcome early problems associated with the places in question. Whilst this was rarely an overt theme it was, again, one which often linked past and present, at least metaphorically. Lily, for example, often talked about how she had overcome a childhood stammer with the help of teachers at her school.

You see once, when I were younger, I had a stammer and it wasn’t very nice. When it were my turn at school, I dreaded it. In fact, I used to refuse to try and say anything….. [K: did it make you feel quite self-conscious?] _Exactly!_ I used to dread anybody asking me anything, in case I couldn’t tell ‘em.

Lily would often conclude on a note of triumph ‘And do I stammer today? Have you ever heard me stammer?’ Lily has insight into her current problems with memory and orientation, and it seemed that the story of how she overcame her stammer stood as a metaphorical statement about how, with similar help and determination, she might overcome these problems too.

In his seminal work _The Classic Slum_, Roberts (1971) mentions that despite the hardships of the backstreets ‘Someone was always whitewashing walls, and folk strolled chatting in and out, all in the spirit of good neighbourliness’. In very similar terms, Lily discussed her own birthplace as though it was somewhere she could still revisit and find unchanged. ‘About once a year’, she said, she would go back and visit everyone:
There’s a lovely atmosphere - it's homely. Doors are always open. If they hear anyone chattering, or talking or laughing and they're in the house doing nothing, they'll come out and join you…We were all in’t same boat, none of us had a lot of money. Nice comfortable homes, but not a lot of money to spend. We all lived well, on homemade stuff. But everybody helped one another.

Frank was born in Northern Ireland and migrated to England in the 1930s. He talked about the Troubles, and about having to avoid certain areas of town if he didn’t want a beating. He felt he had advantages over many of the boys he went to school with, and that they helped account for his subsequent career setting up post-War Employment Bureaus all over Britain in the post-War period.

There aren’t many people who came to this country, ended up as a controller, opened offices all over the country…I had no great trouble in accepting people and I think they had no great trouble accepting me…the fact that I was the boss, or the controller, or whatever the hell I was, was entirely a question of good fortune, rather than remarkable ability and achievement…

Henry similarly believed that being evacuated gave him a strong sense of independence and self-sufficiency. He described this as being the time that he first encountered the countryside and country life – a sharp contrast with his East End of London birthplace - which he fell in love with, and went onto pursue throughout his life. Later in life he moved to Yorkshire to be in the countryside and work out doors, taking on a rural milk round among other jobs. Phyllis too associated her ability to overcome her marital problems and provide for her young son with taking a job in a local department store, which became ‘her life:’ “I worked. I worked till I was 60. And I made that me life. I made the shop me life.”
Place memories were thus often presented as a starting point from which a participant could go on to develop a narrative that attested to positive social roles, courage in the face of adversity, and making the best of things. These resources and attributes were frequently connected with a stoical or hopeful attitude toward life in the present day care environment, and in some cases to plans for leaving it. Close to the end of the study Eileen told us, for example, that she and Rita were going to look at a ‘little cottage’ where they were planning to live together, a reflection perhaps of previous statements she had made about her philosophy of life when leaving the children’s home where she grew up:

But ‘cause, you see, the fact that, I were brought up the way I was brought up, I did me own thing. Whatever I wanted to do, I did it. Cause I knew, I wouldn’t have had a chance before, to do it, so I did it. I just always did me own thing.”

Conclusion

All ten participants referred consistently to places they had known, lived, or worked in during the ‘reminiscence bump’ years identified by Thomsen and Berntsen (2008) between approximately 5 and 30 years of age. Whilst Rose (2012) discusses the concept of therapeutic landscape in intentional treatment regimes, including in mental health contexts, it seems that at least some of our participants were engaging spontaneously with ‘landscapes of the mind’ in order to make sense of, and cope with, their current situation. As Wiersma (2008) also notes, our participants drew frequently on values and ethical codes formed early in life in order to do so. Place memories were often triggered because of associations with events in the present day, and this alerts us to the possibility that particular stories – particularly if they are frequently repeated – may serve as metaphors for feelings about living in long-term care. In order to understand participants’ stories, it was, however, often necessary to undertake some social history research in order to understand the precise references that were made; not
infrequently the places that had narrative import had changed considerably or even disappeared in the intervening years.

The analytical process undertaken here, which Wolcott (1994: 256) describes as ‘positioning and examining patterns as reflected in life cycle events, pervasive themes, annual cycles of activities…’ resulted in the identification of three themes which, taken together, could be described as a ‘world view’. Participants continued to make sense of the present day by referring to analogous places and events in the past, and by identifying strategies for overcoming the emotional demands placed upon them by group living and care regimes that are not of their own choosing.

The findings indicate that the uses of metaphor identified by Cheston (1996) persist in more severe cognitive impairment and in long-term care environments. From the perspective of care practice these findings have a number of implications. First, they suggest that care providers should be on the alert for any environmental triggers that might reactivate traumatic memories from the past. Second, they indicate that personalised social history and archive research may be more helpful in maintaining a sense of identity and agency than are generic reminiscence aids. These findings add to the growing body of research suggesting that dementia is better to be understood through incorporation into a whole-life narrative.

Finally, an aspect of the recent welcome moves toward recognising the social citizenship of people with dementia which has still not received sufficient attention is the historicisation of the lived experiences of those men and women who have now reached the peak ‘at-risk’ period for the onset of dementia. Life history and reminiscence work have often tended to take a de-historicised stance, and to overlook the intersectionalities between the lives of those with dementia and major historical events. However, historical trauma is far from unusual in people who grew up in the first half of the twentieth century. Several participants in this study had experienced such trauma, and at least one reported an
experience consistent with the ‘captivity and abuse’ discussed by Cook et al (2003). Within the broader literature on trauma and abuse we find many references to responses such as withdrawal, repetition compulsion, and ‘acting out’, yet these approaches to understanding the words and actions of people who have dementia are severely under-used. As suggested by McColgan (2005) and First author and Another (2015) there is a need for more work on, and recognition of, such strategies as agentive and embodied resistance to the prevailing norms and regimes within care environments.

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References


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Wolcott, Harry F (1994) *Transforming Qualitative Data: Description, Analysis and*
Interpretation. London: SAGE Publications Ltd.
Table 1: Places foregrounded in participants’ films

<table>
<thead>
<tr>
<th>Study name</th>
<th>Current age</th>
<th>Content</th>
<th>Approx age at time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Henry</td>
<td>85</td>
<td>The fenland village in the English countryside where he was evacuated during WWII</td>
<td>11-16</td>
</tr>
<tr>
<td>Florence</td>
<td>88</td>
<td>Moving with her family to a new social housing estate in NW England</td>
<td>7-11</td>
</tr>
<tr>
<td>Eileen</td>
<td>76</td>
<td>The children’s home in a Yorkshire city where she grew up</td>
<td>10-16</td>
</tr>
<tr>
<td>Jean</td>
<td>92</td>
<td>A maternity hospital where she worked as a young woman</td>
<td>Early 20s</td>
</tr>
<tr>
<td>Nora</td>
<td>87</td>
<td>The NE coastal town where she grew up in the 1930s</td>
<td>5 - 11</td>
</tr>
<tr>
<td>Lily</td>
<td>86</td>
<td>A close-knit urban area in the Yorkshire city where she grew up</td>
<td>5 - 11</td>
</tr>
<tr>
<td>Rita</td>
<td>81</td>
<td>Local schools she attended before and after WWII bombing and evacuation to the Lincolnshire countryside</td>
<td>9 - 14</td>
</tr>
<tr>
<td>Rose</td>
<td>99</td>
<td>Her home as a newlywed and the department store where she worked</td>
<td>Early 20s</td>
</tr>
<tr>
<td>Frank</td>
<td>92</td>
<td>His first school in Ireland</td>
<td>8 - 11</td>
</tr>
<tr>
<td>Hope</td>
<td>81</td>
<td>A specific road in the Yorkshire city where she grew up</td>
<td>5 - 11</td>
</tr>
</tbody>
</table>