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## Book Review

Review of Basting, Anne. *Creative Care: A Revolutionary Approach to Dementia and Elder Care*. New York: HarperOne. 2020. pp. 280. Price: \$23 (Hardcover); \$17 (Paperback); \$15 (eBook).

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*Creative Care* is Anne Basting's reflection on her decades of work facilitating joyful creativity and meaningful engagement with older adults, particularly those with dementia. The book brings together myriad techniques refined over more than two decades of research (Basting 2009) and couples them with stories of the transformative experiences of persons with dementia and their care partners to offer a new, practice-oriented primer to apply creativity to dementia and elder care. Her emotive, accessible writing style invites readers to follow her creative engagement process, and the book provides ample prompts and tips for engaging with the older adults in our lives, regardless of diagnoses or disability. Divided into three sections, the first part, "Finding Creative Care," recounts Basting's journey with creative expression and caregiving. She takes readers through key moments in her life history, which propelled her to explore the potential of the arts in long-term care settings: from grade school painting lessons to dissertation development. One especially poignant story describes an exchange with her grandmother, Alice, whose communication had dwindled to only "three tools": a single sound, a pointed finger, and widening eyes (18). Yet with these tools, Alice made Basting decide: "[e]nough with this arts stuff; I would help people" (18). As the book reveals, this advice ultimately made her mobilize the arts *as a way* to help people.

Part two, "Defining Creative Care," outlines the fundamentals of creative caregiving. Each of this part's chapters presents a perspective or approach to engage older adults meaningfully and creatively and is followed by a brief, open-ended 'how-to' guide for readers, which can be used at home or in formal care settings, one-on-one or with a group. For example, Chapter 5, "Beautiful Questions," explains a communication technique designed to "invite a person into contemplation without worry over right or wrong" by asking questions in a different way (76). Rather than seeking a conclusive answer, a beautiful question "gives the creative power to the listener, not the asker," and as such opens the door for continued creativity and expression (79). A beautiful question might ask, "What do you treasure in your home and why?" or "What is your safe harbor?" (79). These sorts of questions, Basting argues, communicate the belief "that the listener can do this and that the asker will receive and honor the listener's answer" (77).

"Changing Care Through Creativity," the third and final section, describes the emotional successes and logistical challenges encountered during Basting and her team's most notable projects and performances through the years. Some were full-scale theatrical productions, like the Penelope project

(Basting *et al.* 2016), a re-interpretation of Homer's *Odyssey* performed inside a care home. The play had a role for each resident, as well as for staff, students, and professional actors from a local activist theatre company. The team navigated the limitations of the setting, such as physical space constraints and scheduled mealtimes, by being flexible and fully collaborative. Ultimately, the success and power of both the process and final performance moved many to tears, resulting in what Basting describes as "a seismic shift for the care community" (158). Not all of the creative care described in this section was so grand in scale, however. In Chapter 11, "From Islands to Archipelagos," Basting outlines the piloting of a program for elders living alone at home or who were "'underconnected' to their communities" (162). Through Meals on Wheels deliveries, "Question of the Day" prompts were dropped off with meals. A team of researchers and volunteers collected over two thousand responses on these questions in eight months, both written and via a voice mail line. Through this seemingly small action, these elders were able to connect to others and share their experiences, knowing "they were being honored and heard" (169). The variety and scope presented in these final chapters illustrates one of Basting's key tenets: everyone can be creative, and everyone can incorporate creativity into care.

The positive tone and inspirational stories shared in this book contrast sharply with many of the medicalized, market-based realities of dementia care in the United States and elsewhere. Media discourse, driven by a mix of public health data and demographic predictions, has framed dementia as an impending epidemic of enormous proportions (Lock 2013). In the absence of an effective treatment or cure (though the search for both is only intensifying), advocacy organizations such as the Dementia Action Alliance have sought to change the narrative and combat the stigma associated with a dementia diagnosis by focusing on "living fully with dementia" (Dementia Action Alliance n.d.). Research funding is also diversifying, and the National Institute of Aging is dedicating a greater percentage of its resources to studies which focus on caregiving and quality of life for persons with dementia in the US. *Creative Care* contributes to this ongoing dialogue between research, advocacy, and practice by presenting research-based approaches to dementia caregiving which can be easily understood by a variety of readers and care partners and implemented in any care setting. It is an excellent illustration of the potential impacts of accessible applied research, as evinced through the successes of Basting's TimeSlips program, which has now trained over 900 creative storytellers around the world (TimeSlips n.d.).

The truly interdisciplinary approach of the book, merging research and methods from anthropology, gerontology, performing arts, disability studies, and psychology, among others, is both a key strength and a significant challenge, as these disciplines are often at odds. Yet, in focusing on the possibilities for creative action and the attainability of the 'good life with dementia,' the book avoids the most difficult aspects of care and only minimally acknowledges those care tasks which exist beyond the reach of playful creativity. In recounting a conversation with her parents about the future physical care needs of her mother, recently diagnosed with Alzheimer's, Basting concedes that "physical and emotional care are entwined" (51). She briefly touches on the deeply gendered and potentially exploitative nature of care work, to then quickly return to her argument for the power of positivity. She writes, "Creativity is the place we want to be. Care is the place we're forced to go, sometimes kicking and screaming. Yet when we bring them together, the tension between them vibrates with possibility" (55). The subsequent chapters are intended to guide readers into this realm of 'vibrating possibilities,' largely through the adoption of a new perspective on the part of the caregiver. She argues:

At its heart, creative care is not really about painting or singing, although those things certainly happen. Creative care is an agreement between people to imagine themselves, each other, and their worlds a little differently. It is an invitation to shape the world together. (57)

Although this invitation is extended to all readers, it is unfortunately not one that all are able to engage. Optimism is powerful, to be sure, but not omnipotent, and choosing to shift focus away from loss and towards creative possibilities requires a willingness and cache of resources (temporal, emotional, and financial) that many caregivers do not have access to for very different reasons. There are elements of care that exist beyond the reach of creativity; creativity does not reduce medical debt, for example, nor is it necessarily welcome in all care tasks, such as toileting or bathing. *Creative Care* does give family and other care partners a new and colorful toolkit to meaningfully engage persons with dementia, but these colors can sometimes render invisible those darker realities of care, such as grief, exploitation, and exhaustion.

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