Art, Affect and Aging: Creativity Vs Deficit.

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Abstract

As the median age of the global population increases a larger proportion of the population will be what is considered old. The aging process causes physical, cognitive and emotional changes and shifts the individual's perception of their world.

Artists and designers are increasingly working with practices that intervene, interact and bring about transformation. They engage with publics that operate as participants and co-creators and as such are increasingly likely to engage with older people.

Western culture has increasingly pathologized aging with a focus on countering its impact and delaying the inevitable end. The individual is addressed as a less able version of him or herself and assessed in terms of deficit, lack and loss.

Art and design projects with older people often get caught up in the pathologizing of aging. They are viewed and assessed in terms of art therapies or positioned as assistive technologies within medical, scientific and technological discourses.

This critical analysis explores how aging can be addressed in terms of the capacity and potentiality of older people. It investigates how, by employing ethnographic, person-centered approaches focusing on personhood and affect, artists and designers can challenge and transform accepted views of aging.

Keywords

Art, Design, Media_art, Aging, Dementia, Health, Wellbeing, Affect, Ethnography

Introduction

Artists and designers increasingly work with socially and culturally engaged practices and technologies that intervene, interact, bring meaning, develop understandings and facilitate transformation. They engage directly with publics, are embedded within communities that operate as audiences, consumers and co-creators, and facilitate exploration of novel technologies and practices. The median age of the global population is increasing significantly with more people living longer. As a result a higher proportion of the population will be over 60, an age often considered the entry point to 'old age'. Therefore, the publics that artists and designers encounter will inevitably include older people including those, pre or post diagnosis, dementia. So, how do we ensure that older members of the public have access to the challenging and transformational aspects of art and design and are not limited or compromised by current perceptions of what it means to be old?

The increase in the median age of the population will have significant impact socially, culturally and economically. This shift will bring challenges to nation states, families and individuals. In addition, it will also challenge our perception of the aging process and what it means to be old, or be considered old. Western culture in particular, pathologizes the aging process, prioritizing scientific ways of understanding and situating aging within the domain of medical science and research. The focus here is on countering the impacts of aging, such as the perceived decrease in physical and cognitive functioning, and in delaying the inevitable end. The older individual is addressed in terms of a less able version of him or herself, or is compared, unfavorably, to an idealized younger societal norm. Thus the individual is viewed in terms of deficit, lack and loss

Art and design projects that engage with older people and communities, or age-related conditions such as dementia, all too easily get caught up in the pathologizing of aging. Projects are frequently assessed in terms of art therapy in the service of mental health professionals; craft is subjugated to occupational therapy or positioned in relation to restorative therapies such as reminiscence theory or behavior management. Here art is no longer an experience in itself, but operates as distraction. Design is no longer about choice, preference, and opportunity, but viewed in terms of its assistive potential.

Health care systems and health professionals are increasingly turning to person-centered care for older people and those with dementia. This involves embracing the concept of personhood, finding alternative approaches to care, that focus on quality of life and reassess the frequency of scientific and medical interventions. It involves a shift away from the pathologizing of aging and dementia and embraces positive approaches that recognize the capacity and potential of every individual throughout their life-course. It recognizes that aging and dementia involve changed perceptions of the world.

This analysis will provide an overview of the extent of the aging population and the changes in perception that occur as a result of aging and dementia. It will briefly comment on socially engaged practices, the impact of technology, and suggest that as art and design increasingly draw on medical and scientific practices and technologies, they can also draw on ethnographic methods to question the assumed aesthetics of deficit and counter the overwhelming scientific and medical discourse.

The aging population

Successes in scientific discovery, medical research and intervention, and improved social and economic conditions have resulted in people living longer and with the potential for more people to live well-beyond 100 years. The extended lifespan together with a reduction in fertility rates is causing an ongoing significant global shift in the median age of the population. More of the population will be in an age group that is currently considered old. The number of people over 60 is set to more than double by 2050 and

those over 80 will increase to almost four times that of 2001. By 2100 a substantial number of countries will have a median population age above 40. [1]

This substantial shift in the median age of the global population presents challenges. It will bring about change in relation to infrastructure, health and welfare systems, jobs and housing and resources generally. In addition, there are social and culture implications. Globally countries that have institutionalized aged care are now moving towards deinstitutionalization — driven, in the large part, by economics. Care of the elderly will increasingly be reliant on informal carers and immediate family members as older people 'stay in place' and remain in their homes and in their communities longer. As people live longer there is a predicted increase in prevalence of age-related conditions, such as dementia, which will inevitably become more apparent in many areas of everyday life.

The potential effects of an aging population on artists and designers are multifarious. Art and design, as acts of *doing,* engage with the social through an 'aesthetics continuum' that connects art to everyday life. [2] The majority (but, arguably not all) of art and design has a relationship, albeit often mediated, with an audience, consumer, user, co-creator or co-participant. Electronic immersive, interactive and screen-based works frequently foreground this relationship. As artists, designers, curators and theoreticians envisage an audience for these works, in the near future the audience will inevitably include older people and people with dementia.

However, it is not to suggest that artists or designers become intentioned about making work solely for older people or people with dementia. The issue is one of not unnecessarily designing out accessibility. It involves recognizing how the social is framed, and questioning what informs our understanding of what it is to be old. Artists and designers (who are also increasingly likely to be older people themselves) can then facilitate access to critically engaged work and transformative experiences for people regardless of their age.

Pathologizing of aging

While some cultures regard aging as the getting of knowledge, experience and wisdom, in Western culture the perception of aging is frequently one of decline of the body, mind, abilities, and functioning. [3] These views reflect a pathologizing of aging that can be located within the discourse of the 'medical gaze' identified by Michel Foucault. [4] Here the body is situated within scientific and medical domains. [5] Pathologizing leads to a medicalization of the aging process with the potential for over-reliance on pharmacological interventions. Such approaches focus on maintenance of the failing body and mind in order to achieve long-life, often to the detriment of the quality of that life. [6] The perception of deficit, lack and loss are compounded in relation to persons with dementia. The disruption to memory processing, that occurs in many dementias can signal the loss of the person. With loss of memory the body is seemingly 'emptied' of the mind and with it the person that once was. [7] A diagnosis of dementia can change how family and friends view a person, almost overnight. Focus shifts from ability to lack and loss. [8]

Simon Biggs suggests that the perceived 'failings' of the body and mind have broader implications leading to the construction of perception of aging as, not only physical decline, but also a process of economic and social decline. [9] The aging person, then, is positioned in terms of what they are no longer able to do, achieve, or generate, as 'failing', lacking, having deficits, and not the person they once were.

The 'system' of caring

This 'loss of person' also has implications for how the individual is treated and cared for. [10] The pathologizing of aging is predominant in health and social care systems and impacts, often to the detriment, on how people — who enter the 'caring professions', with the intention of improving quality of life — provide care. All too often health care professionals are not given time or resources to even get to know the person they are caring for. [11]

There is growing concern about how quality of care is delivered and assessed. Particularly in relation to the increased focus on 'evidence-based' standards of assessment through 'data gathering'. Increasingly, claims are made that the top-down approaches to quality care, which frequently require such measurement are not conducive to individualized quality care. [12] Over emphasis on data and measurement serves to reinforce perceptions as body as object, rather than body as subject. [13] Whereas alternatives such as ethnographic and narrative approaches can bring insight and meaning to what warrants successful or quality care. A recent colloquium of health professionals, academics and patient representatives in the UK identified tensions between scientific and person-centered approaches, these included:
— biometric assessment versus affective engagement;
— measurement versus description;
— scientific evidence versus imagination;
— treating the person as the 'end' versus treating the person as the 'means';
— knowing versus not knowing;
— universal generalization versus local experience;
— trust in 'practice' versus confidence 'in the system'.

[14]

Person-centered and embodied

Healthcare professionals are now exploring ways to ensure that quality health care focuses on the needs of the individual as they transition through the aging process. This involves organizing systems that meet the needs of individuals, engaging in person-centered care, and creating person-centered environments. [15] The aim of such an approach is to recognize that every journey through the aging process is individual and different, and none more so than for those impacted by the many forms of dementia. Person-centered care focuses on Personhood, that is, it recognizes

every individual as an individual with capacity and potentiality. [16] While such approaches do not reject medical intervention and scientific research they present a stark contrast to the view the 'medical gaze' gives us of aging and dementia as ongoing deficit, lack and loss, without reprieve.

Sustainability of existing care systems

The sustainability of existing healthcare systems, and in particular aged care, is in question as both established and emerging economies seek solutions for how to shape and support the healthcare needs of an aging population. Social, cultural and economic imperatives are increasingly driving towards effective alternatives to expensive clinical interventions and increased self-management of general good health and wellbeing by individuals, carers and communities. Visions of future healthcare systems foresee individuals negotiating health systems (as opposed to *healthcare* systems). In these scenarios "Super-empowered individuals" will manage their own health and wellbeing through "healthy living" and lifestyle decisions, with access to medical and social support as consumers, and systems that enable community engagement and participation. [17]

Perceptions of aging

The view of older people remaining engaged and active and retaining agency over their own lives for longer is increasingly being reflected back to society through media and marketing. Western culture, in particular, is embracing the notion of active, wealthy retirees. Slogans abound that encourage older people to go 'SKIing (Spending the Kids Inheritance), to go Gramping (camping with their grandchildren), to engage in 'adventure before dementia', and to become a 'gray nomad' and spend the 'gray dollar'. While not everyone has the financial freedom or inclination to travel or take on extreme challenges marketed to them, older people and those facing retirement frequently stress their desire and need to remain engaged, active and to contribute. [18] With the sheer numbers of 'baby boomers' reaching retirement age, the economic implications, and issues of sustainability means that their needs are more likely to be acknowledged than at any time before. [19] Supporting healthy, engaged older people is now becoming an imperative and increasingly our expectations are beginning to be challenged with regard to the visibility and engagement of older people in public sphere(s); the agency afforded older individuals; and how to meaningfully engage in negotiations between generational groups. [20]

Increasingly focus has turned to the importance of creativity and the role of the arts. Community interventions have been established to enable groups to engage, interact and participate in art and design projects. [21] However, we might question the extent to which artists, engaging with older publics in creative projects, are operating with assumed, inherited, and pathologized understandings of what it is to grow old, think of oneself as old, or be considered old.

Old age happens to the majority of people. Aging brings challenges, but also has potentialities. It is a process of ongoing change that is personal, individual and transformative. [22] Changes happen physically and psychologically; there are socio-cultural shifts; there are changes to environments as a result moving house, home, workplace or in giving up work; there are changes of status at home, in work, in social relationships; changes to the individuals' sense of self, belonging, who they are and what they like to do. [23] Aims, ambitions, desires and needs are refocused. Overall there is a change of perception, a change in how the world is viewed and how meaning is made. [24] For persons with dementia the physical, psychological and social changes are likely to operate at greater speed and the change of perception is profound. [25]

The contribution of art and design

What then is the role of artists and designers? How do they work with concepts of person-centered and personhood, and in creating art and design practices and experiences that are inclusive for older people and people with dementia? Socially engaged art and design and practices that foreground their relationship with an audience aim to engage with and challenge perception. But, whose perception? Aging as a process begins from birth physical changes to the brain and body continually impact on how the world is sensed. The aging process causes physical changes to, for example, the eyes. Aging and dementia can bring about a changed spectrum of color and color intensity. [26] Sound is spatially shifted and 'flattened' and older people are sometimes not able to differentiate between foreground and background noises. Taste and smell and propriocentric and kinesthetic functioning are attuned differently. [27] Our perception of the world is constituted through our bodies. In bringing about a transformative experience art and design engage with embodied experiences. If we accept that aesthetics "is primarily concerned with material experiences, with the way the sensual world greets the sensate body, and with the affective forces that are generated in such meetings" then we must also give consideration to the potential range of aesthetic experiences and bodies experiencing. [28] Focusing on the aesthetic and the embodied, lived experience, foregrounds the ongoing capacity of the aged body. This body viewed through personhood reiterates the concept of a person endowed with capacity and potentiality even in late stage dementia. [29]

Works that aim to directly address older people or persons with dementia often by default focus on deficit. For example, on memory loss and memory recall. It should not be taken as given that addressing memory loss is necessary, wanted or is helpful for the older individual or person with dementia. Families and carers may take comfort in displays of memory that enable stories to be shared, or to see that their loved one is 'still there'. But this approach does not necessarily address personhood and the capacity and potentiality of the individual.

However, there are some excellent art and design projects that draw on memory that do not dwell on recall, nostalgia and reminiscence, but offer experience, capacity and

potential. [30] Certeau offers a view of memory as construction, possibility, and potential, related to social and sensory experience. He suggests:

> [memory's] details are never *what* they are: they are not objects, for they are elusive as such; not fragments, for they yield the ensemble they forget; not totalities, since they are not self-sufficient; not stable, since each recall alters them. [31]

So, in coming to understand personhood, the capacity and potentiality of the individual constituted through the aged body we might begin to think the individual through construction rather than recall, and in terms of changed perception, aesthetics, and affect rather than deficit and loss.

Affect

Eliciting affective response and engaging with the experiencing body has long been the domain of art and design. Affect arrives through "visceral perception"; through the sensate body". [32] Feeling builds on affect, and implicit memory builds on feeling to create emotion. The body throughout the life-course retains sensing and is receptive to the forces and intensities of affect and to feelings and emotions. [33]

Research in relation to persons with late stage dementia shows that while explicit memory, memory of events, places, people, may be lost, implicit, tacit, procedural and pre-reflexive memory is retained. Unconditioned physiological responses and emotional responses continue to be accessible to the individual throughout the life-term, and the potential to experience in the moment joy is retained. [34]

Examples of affective responses can be seen in a number of videos released to YouTube by various organizations advocating for a broader understanding of capacity and potentiality of aging persons and persons with dementia. For example, Henry, a person with late-stage dementia is withdrawn with only limited abilities to verbally communicate and engage. But, he is physically and mentally transformed when listening to music. Gladys is seemingly an example of the 'loss of a person' as a result of dementia, but, she is able to re-engage and connect through singing. [35] These examples reiterate how affective responses show potentiality and capacity, or personhood, and reveal the presence of the individual. Furthermore, what such examples can show is the contagious nature of affect. They show how, as Anna Gibbs suggests: "Bodies can catch feelings as easily as catch fire; affect leaps from one body to another…" (quoted in S. Ahmed). [36] However, we are not speaking of one affect that is generalizable, but affects; operating in a myriad of ways and operating at different levels of pre-personal, precognition, pre-reflexivity. [37]

Socially and culturally engaged practice

In engaging with aesthetics and affective experiences artists and designers draw on a range of practices and technologies to promote engagement, interaction, and to challenge and transform. Artists are increasingly working outside the 'studio' and seeking alternative ways of engaging with publics. Such approaches are couched in terms of so-

cially engaged art, community-based art, experimental communities, dialogic art, littoral art, interventionist art, relational aesthetics, social justice art, participatory art, contextual art and social practice. [38] These approaches focus on processes such as activating communities, increasing public awareness of social issues, and expanding models of art. They are characteristic of art practices of the last twenty years and may be considered a 'social turn' they produce effects and affects instead of placing a focus on form" Such works have been undertaken in school, prisons, hospitals and supermarkets and are designed to integrate with and challenge the everyday. [39] Projects that engage with publics will inevitably include older peoples and persons with dementia, pre or post diagnosis. An example of a successful projects\ that explores the capacity of older people can be seen in the work of the Danish art group Superflex and their project to set up internet streaming for older members of a Liverpool community. [40]

While some of these projects signal that they are 'art' through performative and theatrical approaches the 'art' element is not always clear. There is often a tension with regard to whether the projects is assessed as 'art' —which may set up an hierarchy — or through its efficacy. [41] This tension is compounded when socially engaged art projects engage with older publics and persons with dementia. For example, how does a socially engaged art project in an aged care center retain it's art status when the flow-on effect of the pathologizing of aging means that art that has any engagement with older people or age-related conditions, is at risk of being reconstituted and represented as therapy; addressing perceived deficit and loss. In addition, they may be couched in such terms to 'tick the boxes' or satisfy Key Performance Indicators (KPIs) of funding organizations. Such issues have been prominent in relation to socially engaged practices from their outset. As Hal Foster suggests in 1996:

> artists today may seek to work with sited communities with the best motives of political engagement and institutional transgression, only in part to have this work recoded by its sponsors as social outreach, economic developments, public relations…or art.
>
> [42]

Methodologies for engagement

Socially engaged art approaches are complex and often problematic as negotiations are undertaken between the art, the social, and the practices. In engaging with publics such approaches involve "careful listening, thoughtful conversation and community organizing". [43] Adaptations of anthropological and ethnographic methodologies are employed to understand the environment, the people and the social practices at play, with varying successes. Artists draw on interviews and methods of observation to research and gain an understanding of existing social and material practices, communities and customs. However, Bishop suggests embracing positivist social sciences approach from which these methodologies emerge is not always useful. [44] Foster also highlights the problematic position of artists engaging unconsciously in such practices and ap-

proaches and the risk of becoming the self-other in taking on the role of the anthropologist or ethnographer. [45] Facilitating the co-constructed, the collaborative, and the participatory, requires breaking down 'othering', and reflectivity and reflexivity from the artist on their position as artist and researcher. However, this should not deter artists from engaging in empirical research using interpretive and critical qualitative anthropological and ethnographic approaches to enable artists to challenge existing discourse; observe; engage with social practices; experience in an informed and embodied way; and to affect and be affected.

Design

It is not within the scope of this paper to fully explore the blurring boundaries between art and design. However, it is useful to note how artists employing socially engaged practices operate within design parameters. Here the 'art' work requires creative design approaches to structuring, logistics and planning, organization and in investigating social and material practices. Similarly, designers frequently use art practice approaches in the production of one-off designs, or 'design art', they work with socially engaged practices in the form of co and participatory design, and offer transformative possibilities through affective engagement. When electronic media and new technologies are brought into this mix we see individuals and groups operating as both artist and designer at once, using scientific technologies to explore aesthetic experience and affective responses. It is useful to note the role that technology has played in contributing to the amorphous nature of art and design. Particularly in relation to media art practices and the use of 'new' technologies. [46]

While socially engaged art projects are positioned in terms of a 'social turn' or 'affective turn' design is engaging with a 'semantic turn'. [47] It's role is not to make objects for manufacture and distribution *per se,* but to provide meaning and "to support a society that is in the process of reconstructing itself in unprecedented ways". So while design may include the production and distribution of objects, it exists in the "*proposition* of the realizable". Designers are motivated by

> challenges, troublesome conditions, problems, or conflicts that have escaped (re) solution; Opportunities to change something for the better — not recognized by others — to contribute to their own or other communities lives; possibilities to introduce variations into the world that others may not dare to consider…creating something new and exciting…aimlessly and for fun. [48]

As with socially engaged art, this semantic turn heralds a shift towards engaging with the social and the individual. Human-centered and user-centered approaches explore how technologies impact on what human beings are, can be and what it is to be human. In claiming a human, or person-centered approach, designs' challenge, then, is to truly prioritize the human, the person, and embodied enacted experiences. Assistive technologies and design then become ways to *extend* what it is to be human. This extension can only occur when design is not the technology, but be-

comes part of language and is implicated in the development of meaning. Design can become a condition for understanding self, other, and of enacting reality, presupposing the bodily participation of human beings. It becomes a constructivist enactment of understanding. [49]

In understanding design as a language we understand that design describes what is already in existence, contributes to the ongoing construction of meaning, and in doing so changes phenomenon. Design as language is subject to the restrictions of language, in that it opens up possibilities while also creating traps that can restrict and confine. For design discourse is developed in and through the artifacts created.

With a focus on embodied, human centered, individualized approaches, design is shifted from one of a top down technical problem solving approach to one that accommodates the participation of stakeholders at the very core of the design process. [50] It takes into account existing social and 'everyday practices', 'ways of operating', and ways of doing. Things, are not the 'obscure background' of social activity, but the very essence. [51]

In the same way that Bishop cautions artists against qualitative positivist social science approaches, designers aiming to assess human experiences, or user-experiences, need to engage with embodied perception. This requires interpretive and critical qualitative approaches. Ethnographic approaches can allow the designer to gain an understanding of the aged person at an individual level to counter the existing pathologizing discourse, to engage meaningfully with the person in person-centered and human centered approaches.

Electronic arts, new media, and digital technologies.

The difficulties facing artists and designers using electronic and digital media are compounded. For the most part art and projects are not about technology *per se* but how technology facilitates interaction, engagement and aesthetic and affective experiences. [52] Artists working in this field face the same issues discussed with regard to socially engaged practices that focus on the human being as source and form. [53] In addition, they are also impacted by the legacies of the military, industry complex and scientific approaches that have shaped expectations of, responses to, and the form of many of the technologies currently used. [54] In addition, artists working with scientific and medical data, such as neuro imaging, Magnetic Resonance Imaging (MRI) and biometrics etc., risk being caught up in the scientific paradigm.

If engagement and interaction is to be meaningful with human beings then acknowledging that our perceptions of each other are socially and culturally constructed, mediated and framed. This is key to facilitating authentic and transformative experiences. To this end increasingly ethnographic methodologies are being employed in researching the audience, user, consumer and in facilitating co-participatory and co-design approaches. [55] In addition, such approaches can provide deeper foundational insights for artists seeking to gain access to the person behind the

data, and as source material and form for media art works. [56] Such approaches not only enrich 'data gathering', they provide insights about human beings as potential audience, user, consumer, co-producer, co-designer, source, content, and form of work but also reveal how particular groups are framed.

Discussion

Artists are increasingly working in socially engaged practices; designers engage in meaningful non-hierarchical collaborative, participatory, co-design approaches; and electronic, digital and media artists foreground the relationship with the audience. There is usually intent to intervene, interact and facilitate transformative experiences. Inevitably as the population ages these approaches will engage with older members of the population. As incidences of dementia grow at significant rates artists and designers will engage with people pre and post-diagnosis dementia. But, all too frequently older peoples voices become lost, as they are perceived as lacking, this is particularly so for persons with dementia, who from the time of diagnosis undergo 'prescribed disengagement' where they increasingly have less power over their own lives and reduced access to social and cultural interaction. [57] The aims, ambitions, and desires, and perception of the world, differ for older people and people with dementia. Therefore, as artists and designers gain an awareness of the different views of aging it may prompt them to engage with individuals as subject rather than object.

In attempting to gain an understanding of aging publics artists and designers encounter risks when borrowing from other disciplines. In trying to understand older publics as audience, participators, makers, and collaborators, artists and designers, and the sponsoring institutions, organizations and funding bodies, all to frequently adopt a scientific and medical approach of pathologizing the aging process and age related conditions. This means aging individuals are addressed through deficit and lack, and art and design projects positioned as therapy and assistive technologies rather than about experience, meaning, and potentiality. Ethnographic approaches borrowed from the social science risk 'othering'. 'Borrowing' scientific and medical understandings and technologies may bring with them pathologizing and quantifying tendencies not appropriate to human or person-centered art and design practices.

However, artists and designers can learn from some of the advances that are being made in health care particularly in relation to the increasing focus on person-centered care, person-centered environments and personhood. In focusing on quality of life such approaches are embracing a whole range of alternative 'therapies' and lifestyle possibilities alongside the medical and scientific. The aim being to take a broad approach in exploring capacity and potentiality—personhood—and in provide meaningful opportunities to individuals, throughout the life course. Artists and designers have the potential to be co-facilitators, and enablers, not in addressing deficit, but contributing to potentiality through offering art and design experiences, not as therapies.

Conclusion

Art and design engages with emotional and affective responses and can promote wellbeing, be transformative and have physical, cognitive or emotional therapeutic, and assistive qualities. However, if the therapeutic and assistive aspect of art and design are the only aspects that older people or persons with dementia have access to or are made inclusive of, quality of life, capacity and potentiality are being curtailed. Art and design for older people or those with age related conditions can challenge, provoke and broaden horizons and need not be reduced to therapeutic outcomes or be limited by the perceived deficit that a particular view of aging gives us.

While recognizing the important role of clinical and therapeutic approaches this analysis challenges the scientific and medical dominance of the aging process and suggests that art and design practices can challenge the existing discourse that pathologizes aging and dementia. Assumed hierarchies need to be questioned with regard to the contribution they make to societal quality of life. Again we might look to de Certeau in discussion of art and science and the complementarity:

> …art is a kind of knowledge essential in itself but unreadable without science. This is a dangerous position for science to be in because it retains only the power of expressing the knowledge which it lacks [58]

Art and design has opportunities to engage meaningfully with publics consisting of older people and persons with dementia and those with different perceptions of the world and improve quality of life. By engaging with ethnographic and approaches on more than a surface level, artists and designers can gain a critical understanding of the current state of the domain. By thinking of audiences in terms of personhood, that is, capacity and potentiality; affect; meaning; and by building on pre-existing social practices, artists can gain alternative perspectives on aging. Artists and designers are then in an informed position to include older publics in a meaningful way, offering engaging, challenging and transformative experiences that enhance quality of life.

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