

OBSERVATION OF BEHAVIORS
AMONG MEMORY IMPAIRED ADULTS DURING A POETRY READING

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Abstract

While research for a cure for Alzheimer's disease (AD) continues, it is important to find new and innovative interventions that soften caregiver burden and increase the quality of life of those with AD. Using an adaptation of Watson's Theory of Human Caring as a theoretical guide, this research explores the use of poetry as a meaningful intervention in those with AD and their caregivers. A qualitative descriptive approach was used to describe behaviors during a poetry session while a phenomenological method was used to extract themes from the data. Poetry provided the conduit for eight memory impaired participants to express their memories in a caring environment. From the observations, poetry emerged as a positive intervention that allows for human connection and the resurfacing of self.

Chapter I

Poetry Readings to Persons with Dementia

“I never saw a purple cow; I hope I never see one. But I can tell you, anyhow; I’d rather see than be one.” The reader was poet Gary Glazner, rhythmically reciting the poem *Purple Cow*, by Gelette Burgess (Glazner, 2005), to a small group of memory impaired older adults. “I’ve never seen a purple cow. My eyes with tears are full. I’ve never seen a purple cow, and I’m a purple bull,” he finished, with a happy rumbling voice. The small group of dementia patients each responded in their own unique way: some smiled, some clapped, some laughed, and some did not react at all.

Poetry readings in the setting of dementia, especially of the Alzheimer’s type, might seem an unlikely pairing. However, as there is no current cure for Alzheimer’s disease (AD), investigation into new interventions for those with AD and their caregivers is essential. The lived experience of people with dementia and their caregivers is often one of isolation and inaccessibility (Snyder, 2001). Reading poetry to memory-impaired adults offers a potentially meaningful shared activity that may reduce feelings of separation, and increase the quality of life of the person with dementia, as well as their caregiver.

Purpose of the Study

The purpose of this study was to observe and describe behaviors of memory-impaired adults during a poetry reading and express any themes that might emerge. The idea for this research came about by coincidence. During an on-line search on the topic of Alzheimer’s disease, this author came across a group of poets who, with a small grant, began reading poetry to AD patients in nursing homes and adult day-care settings. In his

book *Sparkling Memories: The Alzheimer's Poetry Project* (2005), Gary Glazner tells the story of a man in late stage dementia who came alive during a poetry reading and even called out the exact last line of the poem being recited. This researcher was then compelled to wonder what other behaviors poetry readings might evoke in patients with AD, and what this might ultimately mean.

A review of current literature revealed very little on the combined topics of dementia and poetry. Anecdotal articles of poetry written by AD sufferers or their caregivers were abundant. Use of poetry as bibliotherapy in the field of geriatric psychiatry was also discovered. This form of non-traditional psychotherapy has been in use for many decades here in the U.S. and as far back as the first century A.D. in Rome (The National Association for Poetry Therapy, 2009). The scope of this study, however, was to discover the observed experience of poetry readings as a shared activity for persons suffering with dementia and their caregivers, rather than as a form of psychotherapy. This author decided, then, to embark on a discovery of how a person with dementia might react or behave during a poetry reading, what themes and potential benefits might emerge, and what direction further research might take.

The investigation was carried out in a Florida long-term care facility's inpatient memory care unit. Eight memory-impaired older adults served as subjects. As this was an observational investigation, basic behaviors were targeted to observe and analyze.

Significance of the Problem

In light of the absence of a cure for Alzheimer's disease, it is important for researchers and clinicians to continue looking for ways to enhance the lives of those who suffer with AD, and those who care for them. The magnitude of this task is colossal, yet

imperative, owing to the sheer number of current and future AD sufferers. Globally, it is estimated that today, 27 million people have Alzheimer's disease (Brookmeyer, Johnson, Ziegler-Graham, & Arrighi, 2007). In just 30 short years, that number is expected to balloon to 81 million dementia cases world wide. (Kalaria et al., 2008). In the United States alone, scientists believe 4.5 million Americans currently suffer from AD (National Institute on Aging, n.d.). AD most often occurs in those persons over 60, and the risk continues to increase with age. One half of all AD patients in the United States (U.S.) are over the age of 85 (National Institute on Aging, n.d.).

As the statistics reveal, Americans are living longer. This reflects a healthier generation than those of the past, while echoing a potential burden to society. The post World War II baby boomer generation, those born in the U.S. between 1946 and 1964, has begun to turn 60 years old. With reportedly 78 million plus baby boomers in the U.S., the aging of this enormous group will influence the incidence, prevalence, and burden of AD for decades to come. By 2030, when the last of this cohort has turned 65, it is estimated that 7.7 million Americans will suffer from AD. And just 20 short years after that, in 2050, nearly 13.2 million cases are likely to be reported (National Institute on Aging, 2003). In order to put these numbers into perspective, the current population of Indiana is about 6.4 million. Imagine two states of Indiana full of residents who have been diagnosed with AD. In light of an already strained medical system, these statistics are staggering.

In preparation for the future of AD in America, it is important to look at ground work already being utilized to manage current conditions. The year 2010 will mark the end of another decade of health related goals and objectives outlined within the Healthy

People 2010 framework. Goal number one remains essential for senior Americans suffering with dementia: to help individuals of all ages increase life expectancy and improve quality of life (U.S. Department of Health and Human Services, n.d.). Until a vaccine or cure for AD is found, simple approaches that are proven to enhance quality of life, if not quantity of life, are important to continue to research and develop. This study identifies specific behaviors of those with dementia when they attended a poetry reading. Identifying and qualifying these behaviors is a first step in ascertaining if poetry readings are a positive and useful intervention. If poetry readings are found to elicit positive responses, there is a potential for AD patients and their caregivers to feel more connected and less lonely, more peaceful and less frustrated, calmer and less angry.

Historical Background

The day to day life of those with AD, and those who care for them, is often reported as taxing, demanding, frustrating, and generally difficult. Fortunately, there are many evidence-based, non-pharmacological interventions confirmed to lower depression, reduce stress, and enhance the quality of life of those with AD and ultimately, those who care for them. These include support groups, education, exercise, occupational therapy, cognitive stimulation, bright light therapy, aroma therapy, pet therapy, reminiscent therapy, music therapy, and massage to name a few (Hersch & Falzgraf, 2007).

The use of poetry readings as a significant activity to enhance the quality of life of those with AD has not yet been studied or researched extensively. An online search using the words poetry and dementia, or poetry and Alzheimer's, brought forth numerous personal and anecdotal accounts of poetry readings shared by poets, students, volunteer groups, caregivers, physicians, and activity coordinators. On the other hand, any

evidence-based literature looks to be quite meager. However, it appears this lack of scientific evidence has not halted poetry projects. They are being carried out in nursing homes and adult day care centers across the country, with reportedly positive results.

Poetry readings appear to have the most in common with music therapy. The use of music in the setting of dementia is well documented in the literature. Music has personal significance, triggers emotion, and evokes intense remembrances of long-term memories. Anyone with an intact memory will tell you they can easily forget where they just put their keys, yet can disclose a full history of an event they link to a particular song. An 85 year old woman might well associate Glenn Miller's song, *In the Mood*, with the long ago send off of her beau or brother to war.

Poetry is essentially rhythmic lyrics without music. The elderly, like many people, initially learned poetry through the prose of the bible. The 23rd psalm and the Lord's Prayer are most often read in a poetic rhythm. They were then exposed to Shakespeare, Keats, Tennyson, Poe, Byron, and other poets in school. Poetry, at that time, was part of the curriculum. In his book *Musicophilia* (2008), Dr. Oliver Sacks asserts that "the response to music is preserved even when dementia is very advanced. Music memory and emotion can survive long after other forms of memory have disappeared" (p. 373). It follows that the memory of poetry might be just as durable and useful in evoking feelings of well being in those suffering with AD.

Theoretical Framework

Jean Watson's Theory of Human Caring provides the theoretical framework used to guide this study. Jean Watson (2007) defines her theory as a "caring science that encompasses a humanitarian, human science orientation to human caring processes,

phenomena, and experiences”. She contends that caring is the foundation of all health and healing professions. Investigations and research utilizing the Theory of Human Caring “embrace inquiries that are reflective, subjective and interpretive as well as objective and empirical” (Watson, 2007).

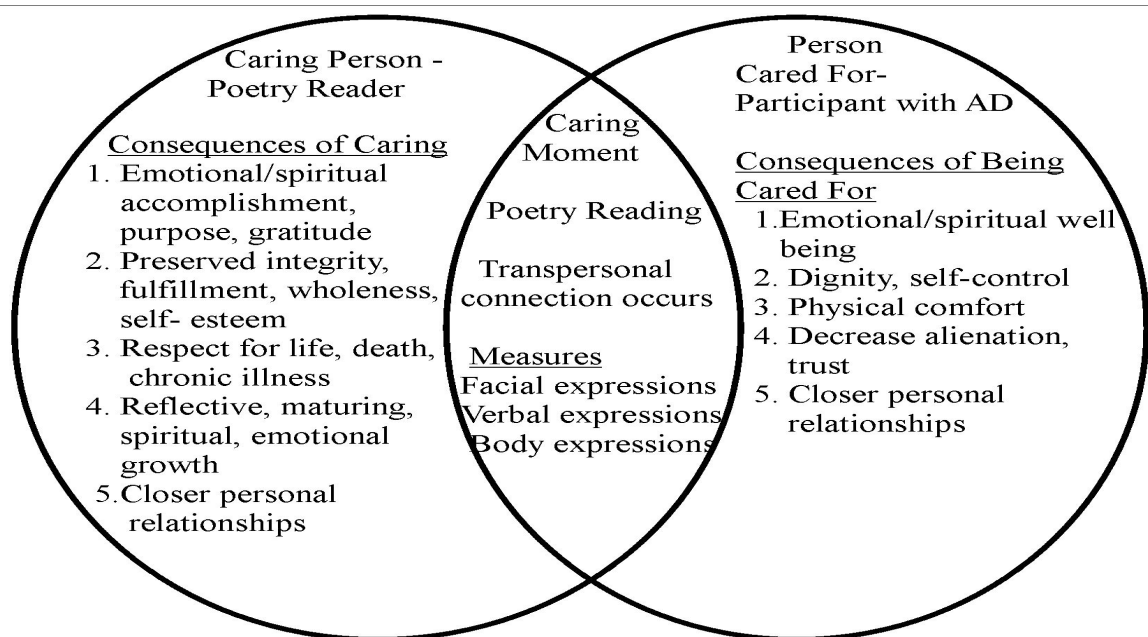
The Theory of Human Caring is composed of three major elements: clinical caritas processes, the transpersonal caring relationship, and the caring moment. The transpersonal caring relationship and the caring moment were used as a framework to guide the research questions, data collection process, analysis, findings, and future research inquiries outlined in this study.

The transpersonal caring relationship is defined as individuals coming together to form a unique, symbiotic connection, in which both parties “join in a mutual search for meaning and wholeness of being to potentiate comfort measures, pain control, a sense of well being, wholeness, or even spiritual transcendence of suffering” (Watson, 2007). The caring moment occurs when both parties choose to come together in physical space and time, human to human, to engage in a “human experience consisting of feelings, bodily sensations, thoughts, spiritual beliefs, goals, expectations, environmental considerations, and meanings of one’s perceptions all based on one’s past life history, one’s present moment, and one’s imagined future” (Watson, 2007).

The Theory of Human Caring, specifically the formation of transpersonal caring relationships and caring moments, is an especially appropriate framework for this study. Watson’s theory is one of physical, environmental, emotional, and spiritual caring and healing, not curing. Poetry readings are certainly not meant to be curative, however, they do become an opportunity to share a transpersonal connection during a caring moment.

The Theory of Human Caring provides the model, concepts, measures, and outcomes necessary to investigate poetry readings as a meaningful, shared activity for those with AD and their caregivers. Key concepts include the person cared for and the caring person. In this study, the persons cared for were the participants with dementia. The caring person was a professional poet serving as the poetry reader. However, in this model, the future caring person could easily be a family member, nurse's aide, activity leader, nurse, physician, or any other lay person with caring intent. The consequences of caring and being cared for, noted in Figure 1, are based on the analysis of 130 empirical nursing research studies of the state of caring by Dr. Kristen Swanson (as cited in Watson, 2005) and provide measurable endpoints for future research. The current study focuses on the observed behaviors of dementia participants including their verbal, facial, and bodily expressions. Themes and potential connections to the listed outcomes are explored.

Figure 1. Structure of the Theory of Human Caring adapted for this study.



Research Questions

Again, reading poetry to persons with dementia might seem to some an odd research query. However, as historical and future statistics reveal, there is no time to waste in searching for ways to better the lived experience of those with dementia and their caregivers. The first question posed is: *What behaviors do those with dementia exhibit when attending a poetry reading?* A poetry reading in the presence of AD is a rather novel subject in modern research. This study focuses on the very basics of the activity. Watson describes her caring moment in detail as “a time of authentic connection with each other’s spirit and centered through actions, words, behaviors, cognition, body language, feelings, intuition, thought, and the senses” (Watson, 2007). Using her caring moment as a guide, behaviors in this study include description of facial, verbal, and bodily expressions. The second question is then: *What do the described behaviors mean in the setting of the poetry reading?* Describing the observed facial, verbal, and bodily behaviors and determining any themes that might emerge is a first step to understanding if this activity should be studied further. In the future, utilizing Swanson’s outcomes or consequences for the caring person and the person cared for could certainly guide examination of the lived experience of caregivers and care receivers through their own words.

Summary of Study

There is no doubt that dementia, in the form of Alzheimer’s disease, has a devastating progression and prognosis for those with the disease, and for those who care for them. What is now a societal dilemma is likely to grow into a full blown crisis for individuals, families, governments, and health care systems. While researchers continue

to search for a vaccine or cure, interventions to improve quality of life must continue to be sought and researched. It is proposed by this author that poetry readings that occur in the context of a caring environment, where a transpersonal connection occurs, and a caring moment is shared, offers another means of enhancing the well being and quality of life for all involved. This study provides a new phenomenological glimpse of the observed experience of people with dementia in the presence of a poetry reading, as well as lays a foundation for further investigation of the process.

Chapter II

Review of Literature

Introduction.

Alois Alzheimer described the condition of presenile dementia to the world in 1906, and Alzheimer's disease was officially born. Research was begun and has continued at record pace. Unfortunately, researchers have found no cure and no effective way to slow or halt the disease. The physical, emotional, spiritual, and societal tolls of the disease are enormous and present colossal challenges.

While medical research continues to make strides in treatment options, establishing evidence based methods to improve the quality of life for those with the disease and their caregivers is paramount. Poetry reading to those with AD is investigated in this study as a potential quality of life enhancing intervention. The purpose of this study is to observe and describe behaviors of memory-impaired adults during a poetry reading and express any themes that might emerge.

For this review of literature, databases were searched from 1991 to 2009 to identify articles with the following key words: dementia, Alzheimer's, memory, self, poetry, quality of life, music, reminiscence, caring, and transpersonal relationships. Data sources included Cumulative Index of Nursing and Allied Health Literature (CINAHL), Ovid, EBSCO, PubMed, and web based search engines such as Google and Yahoo. Due to the uniqueness of this qualitative study, use of literature greater than five years old is included to enrich the history and foundation of the topic.

As the review of literature will support, poetry readings in the setting of AD is a rather novel topic of investigation. Thus, alternate avenues of review are explored and paralleled.

Memory loss and loss-of-self in AD are examined. The use of poetry readings as an intervention in this study is based on the notion that the poetry reading may spark memories, even in those with moderate to severe cognitive impairment, and produce positive responses in the participants. To fully explore this combination, the pathophysiologic effects of AD on memory are reviewed. There is literature to suggest that loss of memory is the root cause of loss-of-self, a prevalent theme in AD. And it is this loss-of-self that leads to a diminished quality of life for the person with AD and those who care for them.

The use of poetry, to purposefully form connections between people, is found in the literature and explored. A foundation for poetry, as a potential intervention in the AD setting, is investigated through parallel antecedents to poetry: music and reminiscence therapies. And finally, relevant articles describing use of Watson's Theory of Human Caring as a framework for research, as well as a basis for integration of evidence based findings, are reviewed.

Literature related to the pathophysiological effects of AD on memory.

Alzheimer's disease is a disease that affects the brain. Destruction of neuronal brain tissue by the formation of beta amyloid plaques and neurofibrillary tangles occurs in the cerebrum. The cerebrum, particularly the amygdala, hippocampus, and cerebral cortex, is responsible for higher brain functions such as planning, problem solving, reasoning, speech, movement, behavior, and memory (DiPiro et al., 2005). Mild memory

lapses are often a first sign of very mild cognitive impairment noticed by those with AD and those around them (Alzheimer's Association, 2009). Latter stages of the disease rob a person of the awareness of recent experiences, events, and their own personal history (Alzheimer's Association, 2009). Memory loss ultimately sets the stage for the loss of connection with self and others. To gain a better understanding of the deterioration of memory processes in Alzheimer's disease, the literature is reviewed.

Human memory is a complex phenomenon. Two specific forms of memory affected by AD include episodic memory and semantic memory. Episodic memory is the memory of personally experienced events. Eustache and Desgranges, (2008) describe episodic memory as mental time travel in which one recalls a personal episode and thus becomes aware of one's own identity in the present through the memory. The exact location in the brain where episodic memories are formed is not exactly known. However, research has narrowed the area down to the entorhinal cortex and hippocampal regions. These regions work together to process incoming stimuli. The medial entorhinal cortex helps place events into the context of where and when, while the hippocampus proceeds to encode the event for future recall (Lipton & Eichenbaum, 2008).

Semantic memory refers to an understanding of words, concepts, and general facts of the world independent of one's self (Eustache & Desgranges, 2008). An example of semantic memory is a person's ability to recall the name and function of a hammer without actually having ever used one. Researchers believe semantic memory arises from multiple areas in the brain including the anterior and inferolateral portions of the temporal lobe and hippocampal areas (Rogers & Friedman, 2008).

Alzheimer's disease reeks havoc on both episodic and semantic memory due to the formation of amyloid plaques and neurofibrillary tangles which leads to neurodegeneration and neuronal death. As these plaques and tangles spread, memory and higher level functions of the brain begin to deteriorate (Rogers & Friedman, 2008). Interestingly, amyloid plaques tend to form in the cerebral cortex, mostly affecting semantic memory, while neurofibrillary tangles tend to develop in the entorhinal cortex, affecting episodic memory (Nelson, Braak, & Markesbery, 2009). This multidimensional memory loss affects daily functioning, self-esteem, relationship dynamics, and often leads to feelings of being isolated and devalued as a human being (Snyder, 2001).

Literature related to loss-of-self in AD.

The idea of memory being connected with a person's sense of self, or their personal identity, is found in early writings. The 15th century English philosopher, John Locke, stated identity of self is found looking backwards into one's memory. A person who remembers nothing of his past has no identity (Kihlstrom, Beer, & Klein, 2002). Gradual loss of one's episodic and semantic memories can lead to a shift in a person's sense of self to an earlier time in their lives, even to their childhood (Chaudhury, 2008). The person with AD is then often viewed by others as losing their personhood, of no longer being whole (Pearce, 2007). Sadly, loved ones and caregivers often begin to withdraw and avoid all communication or activities other than those related to tasks (Tappen, Williams, Fishman, & Touhy, 1999). There is a loss of camaraderie with society, family, friends, and even the joy of being, with the gradual loss of memory (Snyder, 2001).

Pearce (2007) asserts that “persons who have dementia need to feel a part of the flow of the intangible gifts of humor, wisdom, and understanding found within the person-to-person connection” (p. xvi). However, within the context of their loved one’s memory loss, caregivers are often left with their own profound sense of fear and hopelessness when they try to connect with the person with AD. The person with dementia often “forgets the rules for connection” (Pearce, 2007, p. 11). The fearful caregiver then admonishes or puts down unacceptable behaviors. This in turn can lead to feelings of diminished social self worth and identity (Chaudhury, 2008). The person with dementia withdraws even further, and the vicious cycle continues.

Chaudhury (2008) seemingly concurs with Watson (2005) when he writes that the caregiver and care receiver must transcend the disease of dementia, honor the sacred self, and identify the spiritual basis of the person’s self-identity. Chaudhury (2008) challenges caregivers to affirm the person’s remaining memories and life experiences. To value a person with dementia, the caregiver or professional must relate to the person as they are in the here and now (Pearce, 2007). Moment to moment memories can provide the opportunity for spontaneous simple events that produce excitement and profound meaning (Snyder, 2001). Through poetry readings the caregiver can potentially “join the person in their world and share an experience that moves us out of isolation and hopelessness” (Pearce, 2007, xvi).

Literature related to reminiscence therapy in AD.

Poetry readings to persons with dementia resemble a currently used intervention: reminiscence therapy. Reminiscence therapy typically involves group meetings in which participants are encouraged to talk about the past (Woods, Spector, Jones, Orrell, &

Davies, 2005). The poetry reading conducted in this research project included not only the reading aloud of poems to a group of memory impaired adults, but also involved the contribution of participants in the making of their own poem. The poet (caring person) started by asking each participant the same question, soliciting each to draw responses from their own memories and experiences. He then used the answers to form a larger poem that he recited back to the group. This is an example of a personal connection and dialogue which allows the person with dementia the freedom to speak from memory or imagination, releasing them from the often stifling reality of time and place (Basting, 2001). The link between reminiscence work and poetry is found in the interaction or caring moment shared by the caring person and the person cared for. It is this meaningful communication and interaction that ultimately contributes to the participant's sense of life satisfaction (Moss, Polignano, White, Minichiello, & Sutherland, 2002).

The act of reminiscing involves emotion and visualization. It requires the withdrawal of information from both the semantic and episodic memory areas of the brain (Svoboda, McKinnon, & Levine, 2006). Unfortunately, the ongoing formation of neurofibrillary tangles during the progression of AD leads to deterioration of episodic memory in particular. However, a meta-analysis of research trials of reminiscence therapy reveals evidence that cognition, mood, and behavior were statistically and significantly improved for those persons with dementia who participated in reminiscence therapy (Woods et al., 2005). The same analysis also revealed that caregiver strain was significantly decreased (Woods et al., 2005). Better communication and increased trust between caregiver and receiver are two more benefits found in reminiscing therapy

research (Moss et al., 2002). These positive outcomes closely parallel the consequences of caring and being cared for in Watson's Theory of Human Caring.

Literature related to music therapy in AD.

In company with reminiscence therapy, music has long been used as an adjunctive therapy in people with dementia and AD. The practice is fortified by evidence based research findings along with the Music for Older Americans Act of 1992, which has afforded reimbursement for sessions by Medicare and Medicaid (A Place for Mom, 2009). Music therapy is carried out by certified music therapists (American Music Therapy Association, 2009). Music therapy consists of passive therapy involving only listening, and active therapy which requires the participant to sing or play an instrument (Aldridge, 1998).

The benefits of music therapy in dementia and AD populations are found in the literature. These include mood improvement, stimulation of speech, and reduction of the use of hypnotics as tranquilizers (Aldridge, 1994). Significant reduction in agitation, need for physical or chemical restraints (Witzke, Rhone, Backhaus, & Shaver, 2008), and increased language ability were again noted (Suzuki et al., 2004).

Improved cognition in the dementia population is a stated goal of music therapists (American Music Therapy Association, 2009). The Mini Mental Status Exam (MMSE) is the tool most often used to measure cognition before and after music therapy. It is conceivable that future poetry research could utilize the MMSE as a measurement tool. Music therapy research has shown some small cognitive improvements among those with the disease (Bruer, Spitznagel, & Cloninger, 2007). While these benefits may be small and often short lived, music therapy has proven to be a catalyst for meaningful

interactions among persons with dementia and all those who surround and care for them (Gerdner, 2005). Music therapists, caregivers, and care receivers benefit from these personal connections with increased comfort, well-being, and expression of emotions (Bergold & Alvim, 2008). These findings also support Watson's Theory of Human Caring outcomes.

Literature related to poetry, medicine, and healing.

While the crux of this study focuses on the use of poetry in the setting of dementia and AD, it is nevertheless important to review the history of poetry's use in medicine. The art of poetry in medicine is found in the literature. Physicians, nurses, and other persons with medical backgrounds personally use the reading and writing of poetry, in private or in groups, as an outlet for self expression and stress relief (Karkabi, Ungar, Kaffman, Castel, & Bar-El, 2008). Physicians report they are often more reflective, creative, and compassionate practitioners when they take time to read poetry (Coulehan & Clary, 2005). Healthcare professionals, who read or write poetry, report they find themselves more empathetic and self-reflective (Charon, 2000). Literature and poetry are often reviewed and published in medical journals: most notably in the medical journal *The Lancet*. The benefit of poetry is thus found in the injection of art back into the science of healing (Bromberg, 2008).

Another use of poetry is as a healing therapy. Many modern day mental health professionals began using poetry as therapy in the early 20th century, following in the footsteps of a 1030 B.C.E. Roman physician who prescribed tragedy for his manic patients and comedy for his depressed patients (The National Association for Poetry Therapy, 2009). Poetry is used in palliative care to evoke feelings, inspire personal self

reflection, and bring about a sense of well being (Robinson, 2004). Encouraging a person with stress or disease to read or write poetry can often bring physical and emotional relief and healing (Carroll, 2005). Poetry therapy has also been used in those with the Human Immunodeficiency Virus and found to improve quality of life as documented by participant self-assessments (Brown-Favrot, 2002). Again these findings are consistent with Watson's consequences of caring and being cared for.

Literature linking music and poetry in dementia and AD.

Anecdotal articles were found in journals and media reports on the use and benefits of poetry in the dementia population. Poetry is being written and read in dementia groups at New York's Museum of Modern Art in their Memory Tree Program. According to the Web site, poems that participants likely learned as school children are chosen in the hope of opening up channels of communication through a shared experience (The Memory Tree, 2009). Poets in the Alzheimer's Poetry Project are taking their poetry on the road to nursing homes and dementia care centers across the country in hope of injecting a bit of humor, sparking memories, and generally bettering the quality of life in those who participate (Glazner, 2005). A teacher and poet in Norway, Aadlandsvik (2008), explored how a group of three early dementia patients functioned in a creative writing and poetry group over one year. Their subjects reported that they felt valued, less lonely, and found joy in the process of contribution. Aadlandsvik (2008) and his associates felt they had learned that these patients with dementia were able to express humor and pain, happiness and suffering, strength and weakness, and even self-irony within the process.

After a thorough search, few research articles measuring the effects of poetry in the dementia or AD population were found. However, research articles on the topic of music and dementia were discovered. Thus, it seems logical to explore the connection between poetry and music so inferences may be made.

Music and language were once thought to be initiated in distinct hemispheres of the brain: music in the right and language in the left. However, studies using magnetic resonance imaging have contraindicated this belief. In neural imaging studies, Koelsch et al., (2002), found a strong interaction between both hemispheres during the processing of music and language. Koelsch et al, (2002), also found similar areas in the cortical brain are activated during music and prosody; the latter being the intonation, rhythm, rhyme, meter and verse patterns of speech, especially that of poetry (Dictionary.Com, 2009). A study by Lerdahl (2001) came to the same conclusion: grouping, meter, and timbre of words, as in poetry, are shared by similar areas in the brain.

In his book *Musicophilia: Tales of Music and the Brain (2008)*, renowned neurologist Oliver Sacks recounts multiple amazing stories of the memory of music in the presence of traumatic brain injury, amnesia, stroke, and AD. He asserts that music is heard, processed, remembered, and responded to in multiple areas of the brain allowing music to still be perceived, enjoyed, and responded to in the presence of progressing AD (Sacks, 2008).

Cuddy and Duffin (2005) tested the music recognition and memory of an 84-year-old woman with severe cognitive impairment as a result of AD. Her mini-mental status score of 8 out of 30 confirmed the late stage of her disease. She was noted to respond to, and even sing along with, familiar melodies. She also could begin and continue singing a

song when the lyrics were started for her in conversational voice rather than music.

Cuddy and Duffin (2005) along with 30 plus years of observations by Dr. Oliver Sacks, confirm there is often a sparing of musical memory in those with AD. This memory is only now beginning to be measured quantitatively through behavioral observations.

Memory for poetry in a non-demented population has also been tested and found to be better preserved than that of prose alone (Tillman & Dowling, 2007). The authors suggest the rhythmic structure along with the meaning-based context of the poetry played a particular role in the longevity of the memory.

After this review of literature, this author would like to suggest that the memory for poetry is often as preserved as music and autobiographical memories are in AD. The literature bears out the positive effects of music and reminiscence therapy on the AD population. The impetus for this current study was to ultimately look for ways that might enhance quality of life for those with AD and their caregivers. While poetry has yet to be recognized for its healing powers (Reiter, 1994), it is known that non-pharmacologic interventions that include personal and emotion-oriented approaches such as music, aroma, and sensory therapies are often effective for individuals with preserved verbal capacity (Kverno, Black, Nolan, & Rabins, 2009). It seems clear from this literature review, there needs to be ongoing research to provide solid evidence of the effectiveness or ineffectiveness of poetry as a life enhancing intervention among those with dementia.

Literature related to Watson's Theory of Human Caring.

Watson's Theory of Human Caring, specifically the transpersonal caring relationship and caring moment, were used as the theoretical framework for this study of

the behaviors of those with AD during a poetry session. Watson's theory is documented in the literature as a contextual base for research, and is discussed here.

Nascimento and Erdmann (2009) carried out a qualitative study in an intensive care unit (ICU) setting using Watson's Transpersonal Caring Theory as their framework. Through observations and interviews, themes emerged such as care as a practice, loving care, interactive care, and care as a value, to name only a few. These dimensions were described in depth with each section referencing concepts based on Watson's theory. They concluded that care in their ICU is reciprocal, dynamic, and multidimensional. They purport to have met their aim of broadening the understanding of the dimensions of care in an ICU setting, with the hopes of bringing insight to the caregiver and receiver as total human beings.

In 2008, at the University of Wisconsin-Green Bay, 10 nursing students were asked to acknowledge caring actions in an ICU unit through patient stories based on Watson's Theory of Human Caring. Through their analysis of 126 stories, they found that Watson's theory "came to life" (Gallagher-Lepak & Kubsch, 2009, p. 179). The results were three fold. Patients responded to the intentional transpersonal caring moments in positive ways which were documented in the stories. The nursing students became more aware of and exercised a more holistic approach to patient care. And finally, guidelines for transpersonal caring interventions based on Watson's Theory of Human Caring were defined as activities and outcomes that could be integrated and measured in virtually any patient care setting.

Another research team (Favero, Meier, Lacerda, Mazza, & Kalinowski, 2009) performed a systematic review of 34 studies based on Watson's Theory of Human

Caring. Most of the studies were qualitative in nature. They found that Watson's concepts were often reinforced through the phenomenological process of the studies. However, they also found that concrete applicability of the theory was lacking overall.

While not research-based studies, Watson herself has published a few articles that seem to refute the in-applicability of her theory in practice. In a recent Brazilian publication, Watson (2009) defines and describes her transpersonal caring relationship and caring moment concepts in detail. She goes on to tell of at least ten hospitals here in the U.S. that have implemented her Caring Theory within their organizations. She explains ways to implement caring programs, as well as ways to measure the outcomes of caring.

In another article, Watson (2006), describes how the presence or absence of caring can have positive or negative consequences on any relationship. In this article she again focuses on using her caring processes and transpersonal relationships to form an ethical basis for theory-guided practice.

Watson's idea of using the concept of caring as a model or framework of practice challenges the practice of nursing, especially advanced nursing, to consider the healing potential of every encounter with every human being (Hagedorn, 2005). She challenges us to role model caring through transpersonal relationships and caring moments to help others reflect on what it means to be human and afforded a good quality of life (Bernick, 2004). Neither Bernick (2004) nor Hagedorn (2005) provide research-based findings in their articles. However, they both challenge the reader, especially advanced practice nurses, to tread ahead with qualitative research based on Watson's Theory of Human

Caring. They both allude to the unique position care givers are in to blend medical treatment and cure with caring moments that better the whole existence of the receiver.

Summary of Literature Review

Those with AD are subjected to memory loss of the cruelest kind. The loss of episodic memory or one's own autobiographical memories is often correlated with loss of self. The loss of memory for everyday concepts and tasks often leads to isolation from family, caregivers, and society. This double threat ultimately diminishes quality of life.

The literature, however, reveals evidence based, non-pharmacologic interventions, such as reminiscence and music therapy, lead to better overall quality of life for those with AD and their care givers. Poetry is linked to these proven therapies through the literature. Informed by Watson's Theory of Human Caring, it is with optimism that poetry readings in the presence of those with dementia will someday be proven to provide an improved holistic existence to all affected by AD.

Chapter III

Methodology

Persons with AD are unfortunately on an ever dynamic, intersecting course with loss of memory, loss of self, loss of relationships, and a loss of their overall quality of life. Efforts to improve quality of life include engaging interventions such as exercise, music, and reminiscence therapies, and as in this study, poetry readings. Poetry readings are a simple act of caring and connection between a poetry reader and a person or persons with AD. The literature review points to poetry readings in the setting of AD as a new phenomenon for research and study. The novelty of poetry as an intervention in persons with AD lends itself to a qualitative style of inquiry. Thus, a mixed research method is chosen to answer the questions posed in this study. A qualitative description and phenomenological approach are combined.

Basic qualitative description involves the presentation of observations utilizing everyday language (Sandelowski, 2000). The novelty of poetry readings to those with AD lends itself to the basic process of generating first a summary and description of the session itself. Qualitative description, a straight forward description of an event that is less interpretive in nature (Sandelowski, 2000), is used to answer the first key question of this study: *What behaviors do those with dementia exhibit when attending a poetry reading?* To answer this question, the observed behaviors in this study are described literally in terms of the participants' facial, verbal, and body expressions.

A phenomenological method was used to answer the second question posed in this study: *What do the described behaviors mean in the setting of the poetry reading?* Descriptive phenomenology emphasizes the meaning of human experience (Polit &

Beck, 2004). In answering the second question, there is an effort to focus beneath the surface of the session and behavioral observations in an attempt to articulate themes that emerge (San Filippo, 1991).

A combined method of inquiry allows for a rich description and interpretation of the poetry reading in this study. Watson's Theory of Human Caring is used as a guide for the revelation of behaviors and themes during the poetry session.

Setting and Population

Alzheimer's disease is a malady of the elderly. To facilitate the study, it was necessary to find a setting where those with AD lived together or met regularly. Fortunately, such a setting was accessible. The investigation was carried out in a Florida long-term care facility's inpatient memory care unit. This author was allowed access to the facility by virtue of being on-site daily, while completing a master's level nursing course in the primary care of the elderly. Approval for the project was submitted and sanctioned by Indiana Wesleyan University's Institutional Review Board and the Medical Director at the participating institution.

Sampling Strategies

Convenience and purposive sampling were used for this research study. The targeted population included all of the memory impaired adults residing in the Florida long-term care facility (LTCF). The convenience sample consisted of a list of all of the members of the memory care unit. After that list was obtained, the physician, nurse practitioner, staff psychologist, director of nursing, nursing, and ancillary staff was consulted to determine which patients might be able to attend and sit through a poetry reading. The number was reduced to 10 appropriate candidates comprising the purposive

sample. From that sample of 10, eight candidates were approved to attend by virtue of their own ability to read, understand, and sign the consent form as well as gaining the approval and consent of family members.

Human Rights

Persons suffering with dementia or Alzheimer's disease, and those who are institutionalized, are considered to be vulnerable subjects, according to U.S. federal research guidelines (Polit & Beck, 2004). To protect potential vulnerable participants, an overview of the project, the participant information sheet, and participant consent form were all submitted to the Indiana Wesleyan University (IWU) Institutional Review Board (IRB). The IWU IRB approved the investigation with two modifications to the consent form, which were made before consents were obtained. The IRB approval was then sent to the LTCF medical director, who met with this researcher and ultimately gave final approval to proceed with the project. Once the eight candidates for participation were decided upon and permission granted for the project, this author met again with the nurse practitioner, the staff physician, and the staff psychologist to further review any potential ethical pitfalls. While it was felt this research involved minimal risk, or "risk anticipated to be no greater than those ordinarily encountered in daily life or during routine physical or psychological tests" (Polit & Beck, 2004, p. 146) it was mentioned that this group of participants might be unable to easily verbalize distress during the poetry reading. Signs of distress might also be missed by the author during the data collection process as well. To remain sensitive to potential unanticipated risks, as well as those outlined in the consent form, a third, non-biased party was present during the poetry session assigned to watch for signs of distress among the participants.

Issues of privacy, anonymity, and confidentiality were expressly written into the information and consent form. The identity of all participants was strictly protected with identifying information removed from all papers and replaced with identifying numbers. Only the primary researcher is privy to the identity link between each participant and their number. Only one video tape of the session exists. Arrangements have been made for the burning of the video upon completion of this study. No extra copies of the video were made, distributed, or published on any publicly or privately viewed medium.

Each of the eight participants was asked if he or she would like to participate in the poetry session. Details of the research were given verbally to each participant. In this case, two of the participants were able to read and understand the participant information sheet and thus, sign their own consent forms. The other participants verbalized their understanding and agreement of participation. However, complete details of the investigation were also faxed or mailed to the next-of-kin or guardian noted in the medical record. A phone call with each guardian was completed, and a copy of the signed consent was obtained by fax or mail. To this researcher's pleasure, the six guardians were all very delighted and excited about their loved one's participation in the poetry reading.

Data Collection Process

Data was collected in this study by the process of observation during one poetry session. The poetry session was videotaped. The camera was out in the open, in a corner, away from, but facing participants. This author did not interact with the participants during the poetry reading except to say hello during their entry into the room. This author, as well as the third party observer, remained in sight of the participants during the session. Every attempt to remain visually neutral during the session was made. Once the

poet began the session, observations of facial, verbal, and body expressions were videotaped for further review and analysis.

Data Analysis Process

Guided by Watson's transpersonal connection and caring moment concepts, a phenomenological approach was used to identify themes that emerged from the observed behaviors. Each participant was observed on the videotape no less than three times for the entire 30 minute session. Facial, verbal, and body expressions were identified, organized, and reported for each participant in table format. The video and subsequent narrative of the poetry session, combined with the observed behaviors of the participants, provides a richly ornate picture of the participants' experience from an observer's point of view. Reflections, themes, and insights are discussed.

Summary of Methodology

The mixed research methodology used in this study included a qualitative descriptive and phenomenological approach. The qualitative descriptive approach was utilized to describe the observed poetry session and the behaviors of the participants. A phenomenological approach was used to discover and interpret themes and meanings from the descriptive data. The research methodology used in this study was expanded upon further through the general discussion of the research setting and population, sampling technique, human rights, privacy, and ethical provisions. In addition, the data collection and data analysis processes were expounded upon.

Chapter IV

Data Analysis and Interpretation

Purpose of study and key questions reviewed.

Attempts to create an improved quality of life for those with AD continue daily by caregivers across this nation. New and innovative interventions and solutions are continually being sought and researched. The purpose of this study is to ultimately gain basic knowledge about the use of poetry sessions in older adults with memory impairment.

As has been stated before, poetry readings to those with memory impairment are occurring in settings throughout the country. However, according to an exhaustive literature review, it has not been rigorously studied or documented in many research settings. Fortunately, the opportunity to record and interpret a poetry session to memory impaired adults became a reality.

To better appreciate the data interpretation process, general information about study participants and a written summary of the poetry session itself is provided. This study's two key questions are then addressed. Question one: *What behaviors do those with dementia exhibit when attending a poetry reading?* is analyzed through tables consisting of observed behaviors from each participant. As poetry readings in a research setting are a new phenomenon, this qualitative description seeks to simply describe the participants' responses during a poetry reading. Question two: *What do the described behaviors mean in the setting of the poetry reading?* is examined through a phenomenological approach of extracting themes and meanings from the observed behaviors as guided by Watson's Theory of Human Caring. The summary of the poetry

session and exploration of the study's two key questions will illustrate the observed experience of participants in this study. The data analysis will then provide a departure point for practical implications, recommendations, and future research questions.

Study participants.

Eight memory impaired adults participated in a single poetry reading session: four females and four males. All participants still retained varying degrees of verbal skills. Each participant's medical record was reviewed. Each person was noted to have a documented diagnosis of mild to moderate dementia of the Alzheimer's type. Participants were placed in a semi-circle in the room where the session was held: four females to the left and four males to the right. For purposes of identification, each was designated the letter F for female and the letter M for male. Table 1 illustrates participants seating, age, and documented stage of dementia.

Table 1

Participant Seating Chart

Participant	F1	F2	F3	F4	M1	M2	M3	M4
Age	83	86	82	88	87	87	79	93
Stage of AD	Mild	Mild	Mild	Moderate	Moderate	Mild	Moderate	Mild

Narrative of poetry reading.

On a mild, sunny Florida morning, eight residents of an LTCF memory care unit were gathered together in a large kitchen area to participate in a poetry session. The group consisted of four men and four women. In consideration of the physical environment, the room was well lit and of a comfortable temperature. Each participant

was seated in either a wheelchair or a regular chair and placed in a semicircle for optimal visual contact with the poet and each other. This researcher, a third party observer, and the poet were the only others in the room. No family members or staff elected to attend the session although all had been invited. A small video camera on a stand was located in a far corner at least 10 feet away from the participants.

The poet began by introducing himself to each person while gently shaking their hands and asking their names. Once the introductions were finished, he started reciting a poem and engaging each participant with hand shaking to the rhythm of the poem. Over and over again he repeated the William Blake poem “Tiger tiger burning bright, in the forest of the night. Tiger tiger burning bright, in the forest of the night” (Glazner, 2005). Each participant responded by returning the hand shake and verbally repeating the poem’s meter. Throughout the session, the poet used the method of call and response to engage the participants. He would deliver a simple line and point to the participants to respond. All eight participants were observed responding to the poets call and response.

A total of six poems were recited over a time period of about 30 minutes. During the second to last poem, the poet challenged each participant to respond to the question “What is the most beautiful thing you’ve ever seen?” The poet then used their responses to make one large poem. In the hope of enriching the summary of the poetry session, the following is an edited script of the creation of the group poem.

Poet: What’s the most beautiful thing you’ve ever seen?

M4: My wife.

Poet: The most beautiful thing he’s ever seen is his wife. What a great answer. I like that. Thank you. What’s the most beautiful thing you’ve ever seen?

M3: A beautiful woman.

Poet: So we've got a theme going here. We've got his wife and a beautiful woman. So can I ask you a question? What is the most beautiful thing you've ever seen?

M2: My wife on our wedding day.

Poet: That's great. I like it. Now we've really got a theme. The most beautiful thing I've ever seen is my wife. The most beautiful thing I've ever seen is a beautiful woman. The most beautiful thing I've ever seen is my wife on our wedding day. You're standing there with the preacher and you're looking into each other's eyes. And then there's the moment he says you can kiss the bride. And you kiss. And then the preacher says we're married!

Can I ask you a question? What is the most beautiful thing you've ever seen?

M1: Two feet of fresh powdered snow while skiing out of an airplane up in Canada.

Poet: Snow is beautiful isn't it? What do they say about snowflakes? That each one is different. And do you know what else is different? Each bride is different aren't they? Each beautiful woman is different. Each wife is different. We've got quite a poem going here don't we?

Group: Yes.

Poet: What is the most beautiful thing you've ever seen?

F2: My flowers on my wedding day, lilies.

Poet: Were they pink lilies?

F2: No, white lilies.

Poet: How did they smell?

F2: They smelled not like any other flower I've ever smelled.

Poet: That's beautiful. That's a poem isn't it? The most beautiful thing I've ever seen were the flowers on my wedding day. They smelled not like any other flower I've ever smelled. Because those flowers hold on that day your hopes and your dreams and your love for your husband. Those flowers and that smell. You can feel that can't you.

F2: Yes. (Takes a deep breath)

Poet: I think we have our poem now. Are you ready to hear it?

Group: Yes

Poet: The most beautiful thing I've ever seen is my wife. You look into each other's eyes. You can feel the electricity.

M4: Oh yes.

Poet: The most beautiful thing I've ever seen is a beautiful woman walking down the street. The most beautiful thing I've ever seen is my wife on our wedding day. The beautiful gown, the love of our family and lifelong friends, celebrating that union, that love.

M2: Yes

Poet: Two feet of fresh powder and leaping out into it. It billows up around like clouds and it feels like you are flying. It's white and silent and each snowflake is unique like a wife and a husband. The most beautiful thing I've ever seen is here and now, here and now.

The poet finished the session with a poem by Edward Lear called The Owl and the Pussy-Cat (Glazner, 2005). During this poem, the poet spoke the verses more slowly. F1, F4, and M3 each appeared to know the poem and chimed in early each time they remembered pieces of the rhyme.

At the end of the session, the poet shook each participant's hand and thanked them for participating. According to Pearce (2007), the simple expression of thanks validates each participant's unique contribution and strengthens the personal connection between the caring person and person cared for.

Key questions answered.

The previous descriptive narrative tells the story of who participated and what occurred during the poetry session. The next logical inquiry is why should there be poetry readings to those with memory impairment and what are the potential benefits? While the scope of this study is not that broad, answering the study's two key questions does facilitate an initial look at the observed significance of the intervention.

Watson describes the caring moment as a time when a caring person and a person or persons cared for come together in a meaningful way (Watson, 2007). During the poetry session, the poet (caring person) and the participants (persons cared for) came together in a specific place at a specific time to share a unique experience. The transpersonal encounter, according to Watson (2007), is grounded in the participants' behaviors, including through expression of their words, their feelings, and their body language. Question one asks what behaviors do those with dementia exhibit when attending a poetry reading. Tables 2 and 3 provide a break down of the observed experience by detailing the participants' foremost facial, verbal, and bodily expressions.

Table 2

Observed behaviors of memory impaired adults during a poetry reading: F1-F4

Participant	F1	F2	F3	F4
Facial	Smiles. Frown. Eyes track poet. Eyes watch others. Eye contact with poet. Looks down when not actively engaged.	Smiles. Eyes track poet. Eye contact with poet. Eyes frequently look at others. Looks down when not actively engaged.	Smiles. Eyes track poet. Eye contact with poet. Looks at others. Furrows brow as if in thought. Looks down when not actively engaged.	Smiled almost entire session. Eyes tracked poet. Occasionally looked at others. Eye contact with poet and very rarely looked away, even when not actively engaged.
Verbal	Answers questions appropriately. Responds to call and response. Recites some poetry from memory. Laughs.	Answers questions appropriately. Responds to call and response. Verbally details memories. Laughs.	Answers questions appropriately. Responds to call and response. Laughs. Full out giggle.	Answered questions, occasionally answers off course. Responded to call and response. Laughs heartily.
Body	Head nods. Body turned in chair toward poet. Claps. Shakes hands.	Head nods. Claps. Shakes hands. Waves at camera 1 time.	Head nods. Leaned toward poet. Shifted in chair. Shakes hands.	Head nods. Shifted in chair. Frequently mimicked poet's gestures. Leaned forward. Used arm gestures when describing her memories.

Table 3

Observed behaviors of memory impaired adults during a poetry reading: M1-M4

Participant	M1	M2	M3	M4
Facial	Smiles. Frequent frown with look of frustration on face. Eyes track poet, but little direct eye contact. Eyes watch others. Looks down when not actively engaged.	Smiles. Frequently grins. Eyes track poet. Eye contact with poet. Looks at others. Furrows brow often. Rarely looks down when not engaged.	Smiled or grinned entire session. Eyes track poet. Eye contact with others. Rarely looks down when not engaged.	Smiles. Frequently grins. Eyes track poet. Eye contact with poet. Looks at others. Occasionally looks away when not engaged.
Verbal	Answers questions appropriately with frequent pauses before response. Responds to call and response less than half the time. Verbally details memories. Laughs occasionally.	Answers questions appropriately. Responds to call and response. Verbally details memories. Laughs.	Answers questions with short answers. Responds to call and response although words not always coherent. Laughs.	Answers questions appropriately. Responds to call and response. Verbally details memories. Laughs.
Body	Head nods. Legs crossed. Shifted in chair. Shakes hands. Claps half of the time when called upon.	Head nods. Claps. Shakes hands. Specifically shook hand of M1 during poem building.	Head nods. Claps. Shakes hands. Occasionally mimics poet's movements.	Head nods. Claps. Shakes hands.

All eight participants shared many of the same facial, verbal, and body expressions during the poetry session. All were seen smiling, nodding, and visually tracking the poet and each other. All participated verbally to some degree with the poet. All were noted to laugh during the session. Laughing ranged from barely a chuckle to a full out belly laugh. And lastly, all of the participants had physical contact with the poet via multiple hand shakes during the reading. Aside from an occasional shifting or readjustment of position in a chair, none of the participants appeared to be in any physical or emotional distress. None of the participants verbalized their wish to discontinue the session.

The narrative and table provide a detailed account of the poetry reading session. Answers to question number two, what do the described behaviors mean in the setting of the poetry reading, further elucidate the observed experience through the development of themes. Watson's concept of the transpersonal connection guides the construction of themes, ultimately giving meaning to the observed event.

The transpersonal connection, according to Watson (2007), occurs when participants come together within the caring moment and form a symbiotic connection. The first theme to emerge from the observation of behaviors is the concept of connectedness. The poet (caring person) immediately connected with the participants (persons cared for) through eye contact, gentle physical touch, and light verbal banter during the introduction. During the session, the poet's use of simple techniques such as call and response and clapping to the rhythm of a poem elicited a shared interaction between the caring person and the persons cared for.

Watson (2007) asserts that physical and verbal connectedness, between caring persons and persons cared for, initiates a mutual sense of wholeness and well-being, which transcends disease or suffering. While the participants' personal reflections were not measured during this study, it is noted that the topic of AD, or the participants' specific ailments were never mentioned before, during, or after the poetry reading. The caring moment and transpersonal connection observed during the poetry reading allowed the participants to disregard their immediate physical, emotional, and psychosocial issues, and connect with the caring person and each other through poetry.

The second theme to emerge from observing the session was one of awareness of self. Watson (2007) contends that the meaning of our human existence is found in our past memories, our present thoughts, and our future imaginations. AD cruelly strips people of their past memories, their present identity, and their future idea of self. However, during the poem building exercise in particular, the poet challenged each participant by asking a simple question. The participants were encouraged to express a response from memory, from current thought, or even from their imagination, without threat of reproach. M4's skiing experience, which was later confirmed as real, was expressed with such divine recollection. Self awareness was exuded through the memory. The expression on his face was one of transportation back to the moment of the event. Another example arose when F3 engaged the poet with a stunning description of her flowers on her wedding day. We were treated to not only the memory of the type of flower, but a description of the color and smell as well. The poet's technique of weaving a poem from each response, whether real or imagined, seemingly affirmed each participant's meaningful contribution to the process.

Summary of Data Analysis and Interpretation

The goals of this study were met. Poetry served as the catalyst that brought a caring person (poet) together with persons cared for (participants), thus transforming a poetry session into a meaningful event. A deeper understanding of poetry readings in the setting of AD was revealed through the process of narrative description, observations of basic behaviors, and the development of themes associated with those behaviors. The participants were observed often deep in consideration, often verbally and physically participating, often engaged with the poet, and quite often smiling and laughing. There was an observed connectedness between each participant and the poet, and often with each other. There was an observed engagement of self by each participant through their responses, interactions and behaviors. And finally, there was an observed sense of enjoyment by all those involved in the poetry session. The data analysis and findings provide a basic starting point for further research inquiry.

Chapter V

Findings

The objective of this research was to tell a story: the story of a new and innovative intervention with the potential of improving the quality of life for those with AD and their caregivers. The intervention in this case was the use of poetry in the setting of memory loss: specifically Alzheimer's disease. The goals of the study were to observe and describe behaviors of memory-impaired adults during a poetry reading, and express any themes that might emerge. The goals were accomplished utilizing a combination of research methods: qualitative, descriptive, and phenomenological method.

This study represents an attempt to add to the knowledge base of non-pharmacological interventions available for those with AD. From the literature review, poetry has the most in common with music and reminiscence therapies. These two therapies and their reported outcomes in the AD population are found grounded in the literature: The use of poetry in the same population is not.

The observation of behaviors in this study's research participants are found similar to those reported in the literature for music and reminiscence therapies. Music has been found to be perceived, remembered, sung, and enjoyed by those with AD (Sacks, 2008). The participants in this study were observed to also perceive, remember, recite, and enjoy poetry as evidenced from their verbal and facial responses. For example, two participants finished the poem *The Raven*, by Edgar Allan Poe, reciting "never more" from their own memory without prompting. In general, the participants were observed to be attentive and to enjoy themselves, as evidenced from multiple episodes of laughing and smiling.

Reminiscence therapy has been found to encourage communication in those with AD (Moss et al., 2002). Again, observed behaviors during the poetry session reinforce this assertion. Every participant was observed actively listening to and verbalizing rhymes with the poet for the majority of the 30 minute session.

Researchers of music and reminiscence therapies purport the activities as forms of meaningful human interactions that promote well-being, trust, comfort, and an increased quality and satisfaction of life for those with AD (Gerdner, 2005; Moss et al, 2002). The theme of connectedness in this study mirrors the concept of a meaningful human interaction ascribed to music and reminiscence therapies. A meaningful human interaction or transpersonal connection occurred as the poet and the participants related on a physical, emotional, and verbal level. Participants connected with the poet physically by shaking his hand, clapping together to a rhyme, and tracking his movements with their eyes, heads, and bodies. Connection on an emotional level was evidenced by shared smiling and laughing. Connection on a verbal level included participants dialoguing with the poet: answering specific questions and verbalizing responses. The theme of self-awareness was specifically recognized during the intimate process of creating a group poem. Participants' episodic memory was challenged through this activity. Self-awareness was evident in their responses of personalized memories. The poet and participants were observed to increase their one-on-one physical, verbal, and emotional connection during this exercise.

As mentioned, well-being, trust, comfort, and an increased quality of life for those with AD are reported outcomes of music and reminiscence therapies. Results of this study do not confirm or deny these outcomes as they were not specifically measured.

However, Watson's consequences of caring adapted for this study, as shown in Figure 1, allows for future research of these outcomes.

Study limitations.

Researcher bias is the largest limitation in this study. The overwhelming desire for positive results merged with the single-session, single-method, single-observer, and single-theory design, ultimately skews the results. Two poetry sessions with the same poet and attendees were planned in this study. Unfortunately, only one session occurred. In the future, data and analysis should be reviewed by multiple sources. Data, such as the observations in this study, could also potentially be bracketed or coded for a more in-depth interpretation. The lack of comparable studies was another limitation.

The sample is another weakness and consideration in future research. It is important to remember that AD is not only a health problem, but a social problem as well (Ferrara et al., 2008). The all caucasian, middle to upper-class sample did not allow for any cultural, social, or economic diversity. For instance, is poetry even valued in those with AD of another racial, cultural, social, or educational background? And to consider further into the future, such as in 50 years, will poetry even be on the radar of the current iPod, cell-phone, "there's an app for that" generation? This opens an entirely new avenue of consideration into what interventions might motivate future generations who will suffer with AD.

Study strengths.

Advanced practice nurses are charged with contributing to the knowledge base of nursing. This research accomplishes that by using a qualitative approach to better understand poetry as an intervention in an AD setting. The story of a poetry session was

permitted to unfold, and meaning was extracted from the event. All research must start somewhere. This study adds new information not currently available in the literature, as well as provides a foundation for future study.

Utilizing a nursing theory in this study strengthens the gravity of the research. Watson's Theory of Human Caring served as the framework to organize the process, guide data collection and interpretation, and afford direction to measure outcomes in the future. Conversely, the results of this study also lend support to Watson's theory. Description of the data and underlying themes corroborate Watson's concepts of the caring moment and transpersonal relationship.

Implication of Results

Overview.

The description of a poetry session, behaviors of participants, and emerging themes is a first step to understanding the potential of poetry as a quality of life enhancing intervention. The results of this study parallel those findings related to music and reminiscence therapies. These similarities in findings suggest persons with mild to moderate AD responded positively during a poetry session. These subtle results pack a powerful punch for AD sufferers, caregivers, healthcare providers, and society at large. Could this be another simple, effective, low-cost tool to add to the AD, non-pharmacologic intervention arsenal? If after further investigation the answer is yes, everyone stands to benefit.

Implication of poetry research to persons with AD.

Currently, there is no cure for AD. Therefore, strategies to enhance the quality of life for those with the disease must be sought. Effective, non-pharmacologic interventions

already include physical, cognitive, music, and reminiscence therapies. The results of this study point to adding poetry to this list of life-enhancing tools. Participants were observed smiling, laughing, clapping, and actively engaging with the poet and each other during the session. No apparent ill effects were witnessed or reported by participants. With further research, perhaps poetry may become a proven intervention which improves the quality of life in those with AD.

People with AD have often lost the ability to engage in activities they once enjoyed. They experience loss of relationships, loss of identity, and face feelings of isolation as their disease progresses. As this study suggests, poetry is a meaningful activity that facilitates a connection between participants. During the poetry session, each person is encouraged to interact with each other and the poet. In this study, poetry facilitated participants to freely express feelings and articulate thoughts and memories in a non-judgmental environment. As outlined in Figure 1, a poetry session carried out in an intentional caring paradigm has many implications. These include an increased connection with self and others physically, emotionally, and spiritually, with a noted ability to transcend their disease during the session. Other inferences include a decrease in alienation and isolation. Ultimately, participants in poetry sessions should feel supported, valued, loved, and cared for. These implications provide a vast opportunity for further research. Until then, this study sheds light on poetry as a meaningful, joyful activity that should be utilized while research continues.

Implication of poetry research to caregivers.

Caregivers of those with AD, whether they are family, friends, or health care workers, face a burden many do not understand. As the person with AD progresses in the

disease, caregivers often begin to detach from any meaningful communication other than what is necessary to complete the tasks of daily living. For family members in particular, their loved one's memory loss is often perceived as the death of part of their own past. However, poetry has the potential to strike a synchronous chord between players. Imagine for a moment if participant M4's son had been in the session when his father spoke so eloquently of the snow skiing they often enjoyed together. This certainly would have provided a moment of connection.

Watson's Theory of Human Caring adapted for this study, as shown in Figure 1, outlines the potential implications of a poetry session for caregivers. Through poetry, caregivers have the opportunity to reconnect with their loved one and experience the consequences of caring: feelings of gratitude, purpose, integrity, self-esteem, and a closer personal relationship with their loved one. Both participants benefit from the shared experience. These endpoints provide additional fodder for poetry research.

Implication of poetry research to society.

People are living longer. With an aging population, baby boomers in particular, the prevalence of AD will only continue to increase. Unfortunately, the increase in prevalence means an increase in the overall cost of AD. AD is the third most costly disease in the US after cancer and coronary heart disease (Meek, McKeithan, & Schumock, 1998).

The total cost of AD to society can be broken down into three categories: direct, indirect, and intangible. Direct costs include medical and nonmedical care. In the year 2000, direct costs of AD in the US were estimated between 80 and 100 billion dollars (Zhu & Sano, 2006). Indirect costs refer to those resources lost to illness, lost

productivity, and unpaid caregiver time (Zhu & Sano, 2006). Indirect costs, while more difficult to value, are quite costly to society. Intangible costs are “those related to pain and suffering endured by patients and families, and those related to deterioration of patient and caregiver quality of life” (Zhu & Sano, 2006, p. 146). Poetry is not touted as a treatment or cure, and is unlikely to greatly reduce any direct or indirect costs to society. This study’s findings focus mainly on reduction of the intangible costs.

In research, it is important to show the direct, indirect, and intangible costs of an intervention. While this research did not focus on the medical benefits of poetry in the setting of AD, intangible benefits were found. This study found that participants were able to form a meaningful connection with each other in space and time. They were able to engage in an exercise that stimulated memories and inspired a renewed sense of self and identity. This study encourages and allows for future inquiry into quality of life outcomes that may lessen the burden patients and caregivers face. Research into the tangible dollar cost of poetry sessions would certainly be advisable to potentially deepen its credibility as an AD intervention.

Implication of poetry research to geriatric advanced practice nursing.

This study has multiple implications to the practice of advanced geriatric nursing. They include integration of Watson’s Theory of Human Caring into everyday practice, inspiration for further nursing research, and the development and implementation of poetry sessions in LTCF settings.

Watson’s Theory of Human Caring is serving as an advanced practice model in settings across the country (Watson, 2006). Geriatric nurse practitioners recognize the value of practicing from a set of underlying ethics and values. Watson asserts that “the

nursing essence is built upon the relationship with the other human being” (Favero et al., 2009, p. 2). When an advanced practice nurse adopts the concept of holistic caring as a core practice, relationships are then built upon the caring processes, the caring moment, and the formation of the transpersonal relationship. This study’s findings exemplify the caring moment and transpersonal relationship formed between the caring person and the persons cared for. Poetry, in this case, represents another meaningful activity nurses can adapt into practice, which transcends disease and meets participants in the here and now.

Advanced practice nurses are charged with delivering the highest quality of care in the most caring, compassionate, and cost-effective manner. They are responsible for incorporating evidence-based research into their practice. They are also expected to research and produce new knowledge through nursing research (Polit & Beck, 2004). This study provides a modicum of new and interesting findings about poetry and AD. Its design and use of a nursing theory provides an opportunity for further research into the validity of poetry as a life affirming intervention. Specific outcomes, as shown in Figure 1, may be used to develop and design future inquiries.

And lastly, advanced practice nurses can use the data and findings of this research project to modify and design a poetry session in their own LTCF environment. There is certainly more research to be done to definitively declare poetry as a credible life enhancing intervention. However, as no harmful effects were noted during this study, immediate implementation of poetry sessions is certainly a worthwhile endeavor. If this is not feasible, the advanced practice nurse can simply encourage any loved one to use poetry with their own family member with AD. The cost is zero, but the results might prove astonishing.

Recommendations

There is a fundamental need for further research into the intervention of poetry sessions in the setting of AD. First, the findings in this qualitative account mirror some of the positive findings already validated in music and reminiscence therapy research. These parallel findings endorse further research, and provide study replication opportunities. And secondly, validating interventions that improve quality of life is paramount, as the AD population begins to explode. The following list includes future research questions and ideas.

1. Future studies should certainly explore the lived experience of participants to extract an even richer story, find deeper meanings, and validate or nullify the poetry experience.
2. What does quality of life mean to those with AD and their caregivers? What tools can be used to measure quality of life in this population? Does poetry actually enhance quality of life as defined by participants?
3. Specific outcomes (see Figure 1) can be used as endpoints in poetry research.
4. Barriers to poetry as an intervention experienced by participants and process developers can be explored. Do caregivers need to be trained in the art of poetry? And if they do, is it feasible, and how is that accomplished?
5. Costs of program development and implementation, as well as the intangible costs, may be surveyed.
6. The study should be replicated in the same population and in other culturally diverse populations to appreciate any generalizability of results.
7. Can poetry be individualized for better connection and response? What are

some ways of increasing this individualization?

8. The use of poetry in future generations should be examined for its suitability as a viable intervention.

Conclusion

Alzheimer's disease is an insidious disease whose population of sufferers keeps growing at an alarming rate. Research is occurring at a frenzied pace to find a cure. Until that time, it is vital to research and promote viable alternatives able to soften the burden of AD on caregivers, and improve the quality of life for those with the disease. This contemporary look at the use of poetry in those with AD affords a portrait of a poetry session, the observed behaviors of participants, and themes that emerge. It also provides an avenue for further research.

This study provided a snapshot in time of a poetry session to those with AD. The poetry session became the caring moment during which time transpersonal connections occurred among participants. The lived experience of persons with AD, and all who are touched by them, is often described as arduous, complicated, and exhausting.

Observations during the poetry session showed a group of people who were unfocused on their disease or day-to-day existence. They were, however, focused on a caring person who encouraged them to laugh, clap, and express memories, thus affirming their connectedness and sense of self.

I never saw a purple cow; I hope I never see one. But I can tell you, anyhow; I'd rather see then be one. I've never seen a purple cow. My eyes with tears are full. I've never seen a purple cow, and I'm a purple bull (Glazner, 2005). Can a poem spark memories of the past? Can a poem become a tool that connects people with AD with their

caregivers? Can a poem inspire a reconnection with self? Can a poem bring people together in a meaningful way? The findings in this research declare a resoundingly poetic yes.

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