OPEN DEMENTIA PROJECT:
Empathic tools between magic and everyday life

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ABSTRACT
In Chinese society like in many cultures, persons with dementia suffer some level of stigmatisation. For this reason a dementia research/care centre in Hong Kong (China) initiated the design of the “dementia experience tool”. Its main goal is to create public understanding through inviting the general public to experience dementia. The dementia research/care centre commissioned a social design research lab team (two of the authors are part of this) to create the tool, starting from designing empathic tools. One of the main challenges to design this tool was to find a way to empathise with a complicated condition such as dementia, which is an umbrella term for a series of symptoms, as traditional empathic tools mostly focus on simulation of a specific physical or mental impairment. Additionally, we explored the possibility of using the concept of magic. Magic can be defined as “mysterious tracks: a quality that makes something seem removed from everyday life, especially in a way that gives delight” [1].

“What if everyday objects become demented?” This was the speculative design statement to kick-start the creation of a set of empathic tools to experience dementia. The end result can be divided in three parts. The first part is the development of the Brain-man: a character/icon to present the project. Part II is about the “Demented City”, an infographic mapping out 11 common symptoms of dementia in such a way that they were not inanimate but set in a context. These symptoms were transferred into 11 sets of games, the “Demented Objects”. Part III is a set of objects mimicking existing everyday situations like taking an elevator or taking pills but they all hold a twist, a bit of magic through which the experience of having dementia is experienced.

Keywords: Empathic Tools, Design, Dementia

INTRODUCTION - WHAT IS DEMENTIA?
Dementia is an umbrella term used to describe a variety of psychiatric and cognitive symptoms. Psychiatric symptoms may include personality changes, depression, hallucinations and delusions. On a cognitive level persons with dementia (from mild to moderate) mostly suffer from a deterioration of memory (such as amnesia), difficulties in language and communication (aphasia), the inability to perform purposeful movements (apraxia) and/or orientation in time and place (agnosia) [2]. Furthermore, the large majority of the persons with dementia belong to the group of older persons who might need to deal with the physical
ailments like impaired eyesight, hearing or physical coordination [3], [4]. The way dementia affects daily life is different for each person.

Society’s view on dementia is heavily determined by two interrelated elements, the vision on the self and society’s vision on the condition the self is in. Two dominant visions on the self in relation to dementia exist. The Locke-Parfit-vision (LP) distinguishes the physical self (‘man’) from consciousness, self-reflection and reason, which makes up the ‘person’. Without the ‘person’, there is only a physical body, a ‘man’. The Locke-Parfit-vision also foregrounds connectedness and continuity: the ability to link the ‘person’ of today to the ‘person’ of the past. Without a memory of causes and effect that created the person, there is no self. Contrary to this, the notion of the Situated-Embodied Agent (SEA), sees the person as “a human agent, a being of this embodied kind, who acts and interacts in a cultural and historical context in which he or she is embedded” [5]. Both visions on the self have consequences on the vision on Persons with Dementia (PwD). The LP vision regards a person with dementia – with a distorted consciousness, frequent memory failures - less as a ‘person’ and more as a ‘man’, a body without mind. The SEA-vision provides for a vision in which a person with dementia in the uniqueness of her own existence and in relation to her day-to-day context can be involved as an acting participant of society. The different vision of the self will also define the concept of normality. In the Locke-Parfit vision, the disintegration of body and mind; of the now and the present will define the person with dementia as outside of normality. The vision of the person as a situated embodied agent however will see the person with dementia as a changed, but normal person.

The vision on dementia is also highly depending on the value that is given to the self. Normal and pathological ageing (like with dementia) tend to overlap and the demarcation line between both is set arbitrarily or as part of a social construction to create order from the disorder [6]. Societies in the west which value individualism, autonomy and agency tend to view the person with dementia as ‘not normal’ or ‘outside of society’, hence the focus on exclusion and segregation, taking the person with dementia to residential care facilities and the early stripping of agency of the person with dementia. This perspective is heavily linked to the carer or person(s) surrounding the person with dementia. When a mother with dementia becomes dependent on the support of her son or partner, the agency, individualism and autonomy of that family member is fundamentally challenged. When we in society are confronted with “the naked truth of the shattered lives” [7], segregation, exclusion and dehumanization is just around the corner. This relates to the social model of disability, which states that a person is disabled not through the condition, disease or disability but through society’s response.

The above suggests that the way dementia is thus perceived, comes from the way we perceive the self and how our society responds to the changed self. The created toolkit must thus take into account this vision on dementia and respond to it. One way in which the perception of persons with dementia is prevalent is in the use of language. In the next section we will go deeper into the way Chinese culture perceives dementia.

**LANGUAGE AS A SOCIAL CONSTRUCTION**

Before setting a tone for everyday behaviour, we try to understand the social discourse of a disease, which we believe could both represent and construct the social condition of a disease or a condition. Language is an essential part of this discourse, and as a matter of fact, the translation and naming of dementia in Chinese Societies do take a specific trajectory through the years.

The naming of the condition of dementia is highly influenced by the Chinese language. Korean and Japanese languages rely on many Chinese characters and many Asian medical names were adapted from those used centuries ago by Chinese practitioners who called illnesses after symptoms, instead of the causes. But this habitual practice more often than not results in quite some pejorative terms, which is especially the case for dementia. This situation is no different in most Asian countries. It is however to be noted that after 2000 many countries in the area have made different efforts to rename the condition. The general name Chinese has been using to label the dementia-condition is 老人痴呆症 or more officially 老年癡呆症, for which the first part 老年 means “ageing”, and the second part 痴呆 means “insane and
ignorant” or “dull and stupid”. The Chinese translation of 老人痴呆症 has a strong influence in the naming of dementia in many East Asian countries. This term is based on the medical term which is today still embraced by quite a number of members from the medial disciplines. The term is obviously a stigmatisation as it reduces the person with dementia to the condition they are in and links a negative qualification to this condition (dull, idiotic, insane). In this way, this term links back to the Locke-Parfit vision where the person is seen as disconnected from their past and present; as body and not man. Next to this, the term also works on a different level as the term links dementia to the normal or natural way of ageing. This link makes the public perceive dementia as part of the natural ageing process, instead of a condition that needs special resources and attention from the whole society. China later on tried to introduce the new name as 痴呆综合症 (“disease of being idiotic and dull syndrome”), which removed the part of ageing but still sticks to the symptoms. The term that means syndrome instead of disease is also adopted for this new name.

Taiwan started very early in East Asia for pushing for a less negative term for dementia in their own language. Back in 1998, Taiwanese has already been pushing for a new translation of 失智症, which could be translated to “loss of wisdom/intelligence”, which avoid the old tracks of symptoms or behaviours to the effect of the disease. This paved the way for a new way of thinking for a different translation of dementia. This new translation is then a widely accepted way of naming as it is in line with the clinical term, as the USA started to use “major neurocognitive disorder” for dementia in recent years [8].

Hong Kong has been using the term 老人痴呆症 (translated as “Aged idiotic disorder”) similar to the term used in the mainland China. It was not until in October 2010 a new term was introduced after an open call asking the public to rename the old term. The campaign, organised by the Jockey Club Centre for Positive Ageing (JCCPA), wanted to avoid any possible prejudice because of the negative connotation of the original name. The chosen name by popular vote is 脳退化症 (translated as “brain degenerative disorder”). This way of naming tries to highlight the cause of the disease. This could urge the public to perceive the person with dementia as having a specific medical condition instead of someone merely acting “insane”. However, little time after the launch of this new term controversy arose. The Hong Kong Psychogeriatric Association pointed out that not all the cases of diagnosed dementia in Hong Kong are caused by brain degeneration, with one third of them are induced by stroke. Despite this controversy, the new term is now widely adopted in Hong Kong at least for the mass media.

It is thus clear that still a large portion of the people of Hong Kong define dementia and the persons with dementia as ‘strange’, ‘bizarre’, outside of the normal, something that is not a person, but more of a body acting strange (a man, not a person; a static disintegrated someone, not a historic and culturally embedded person). The interplay between what is normal and what is abnormal is what is at stake when working with persons with dementia. The symptoms that come about when being confronted with dementia is what lead normal or ‘neuro-typical’ persons to respond with distance, anxiety or reluctance to get in contact with the person with dementia. The conceptualisation and design of the toolkit discussed in this paper had as a goal to reduce this type of negativism and enhance the understanding for dementia, letting them be perceived as a person and not as a dehumanised body.

OPEN DEMENTIA PROJECT: GIVING INSIGHT IN HOW DEMENTIA IS EXPERIENCE

With the risk of exaggeration, the general perception of dementia, especially with the older population in Hong Kong is considered as part of the natural ageing process, and, thus, receiving little special attention. Additionally, dementia is being ‘kept’ outside of public life in Chinese society. Moreover, dementia suffers from some level of stigmatisation, being linked to mental illness and therefore not openly discussed within the close group of family and friends. This is the rationale of developing a dementia awareness toolkit initiated by a dementia research/care centre in Hong Kong.
The main goal of the toolkit is to create public understanding through inviting those not familiar with dementia to experience dementia directly. This is why we entitled the project: Open Dementia Project to encourage general public to have an open mind to this stigmatising disease or disability.

**Design Methodology 1: Empathising Dementia**

The toolkit discussed in this paper was partly set up by a non-profit organisation of researching dementia and running a care home for dementia patients that has been established in 2000. Its main goal is to promote dementia care and the knowledge of dementia in general. Next to managing a centre for day care and residential care for persons with dementia, the centre also focusses on the training of formal and informal caregivers and the education of the larger public. For these last two objectives the centre reached out to two of the authors to see where design can aid in these goals. The main project question was thus: how can design aid in (1) giving an insight in what dementia is; (2) helping a general audience understand that the prevalence of dementia is quite high and that persons with dementia are thus an integral part of our society and, in providing this insights, the toolkit hopes to raise empathy for the persons with dementia.

In dementia care, the now ruling paradigm is Kitwood’s person-centered care [9]. Person-centered care starts from the idea of “seeing the person with dementia as an individual with rights and a need for sensitive interaction” [10] both in the literal taking care of the person with dementia as well as in the view of the person with dementia in society or the way a person with dementia is approached in day-to-day interaction. Though person-centred care can mean different things, it can be summarized by the VIPS acronym: (V)aluing people with dementia and those who care for them; Treating people as (I)ndividuals; Looking at the world from the perspective of the (P)erson with dementia; A positive (S)ocial environment in which the person living with dementia can experience relative wellbeing.

Empathy is one of the key components of person-centered care. To try to gain insight in the way a person with dementia perceives the world is thus important, as it is the stepping-stone to gain empathy. As the empathy-altruism hypothesis [11] states, feelings of empathy towards another human being will evoke altruistic motivations and thus empathy seems to be key in better understanding and acting upon being confronted with persons with dementia. Stein defines empathy as the experienced emotions of joy, distress or irritation of the other, “though I lack his or her actual perception, I can understand what the person is perceiving as I can relate it back to similar feelings” [12].

The way a person with dementia perceives life is something that is made known through diaries autoethnographic accounts or graphic novels of personal experiences living with dementia [13] [14] [15] [16], or, caring for and living together with a person with dementia. Movies such as *Still Alice* or the French movie *Amour* try to tell the story of life with dementia opening up this fragile topic for a mainstream audience. Although these provide an insightful look into the world of a person with dementia, it still stays hard to fully grasp life living with dementia. Direct contact and spending time with the person with dementia is one effective, but time-consuming form of gaining empathy [17].

The Open Dementia Project intended to find a way to –in a format that can easily be reproduced and shared- have participants better understand the world of a person with dementia hoping that this would lead to a greater form of empathy. The end-goal then is to have participants change their response when being confronted in a day-to-day interaction with persons with dementia. Based on the abovementioned care paradigm and the notion of empathy, the design team chose to conceptualise the toolkit not through the experience of media (such as film or a graphic novel), but in trying to engage the participants more actively through ‘acting out’ [18] elements of dementia and stimulate the evocation of “resonance” feelings [19] (feeling as if you have dementia). For this reason the everyday life in the city (and how it affected persons with dementia) was chosen. It supports the participants of the workshop to better identify and understand how their life could be affected. Next to this everyday setting, performance is used as a way to act out elements of dementia.

Additionally, traditional empathic tools focus on stimulation of specific physical or mental impairment. A good example of this is Ford’s Third Age Suit that wants you to experience the reduced mobility or impaired eyesight of a 100-year-old person. Simulating a cognitive condition such as dementia is however more
complex. Moreover, these empathic tools that focus on physical and bodily experiences may limit the possibility of gaining empathy as they focus solely on physical and bodily experiences and disregard the cognitive, mental or social consequences of a certain condition and thus does not offer changing perspective beyond the physical. Hence, the specific challenge of replicating the cognitive condition when being confronted with dementia poses both a challenge and also a possibility.

**Design Methodology 2: Disrupting the everyday through magic**

To overcome the challenge of experiencing to have dementia, we used the notion of magic. Magic can be defined as "mysterious tracks: a quality that makes something seem removed from everyday life, especially in a way that gives delight" [1]. Moreover, magic is defined by cultural anthropologist Kottak as the "use of supernatural techniques to accomplish specific aims" [20]. Keesing and Strathern’s definition of magic focuses on how magic "represents human attempts to manipulate chains of cause and effect between events that to us are unrelated, in ways that to us are irrational..." [21]. The first definition takes into account that which goes beyond the everyday life. From the last two definitions we took along the notions ‘supernatural’ and ‘irrational’. While the latter can be seen as a negative term, both focus on that what is different than normal, cannot always be explained logically or goes beyond what is natural to do. Combining these three definitions we see a tension between the everyday and the supernatural, the rational and irrational, the normal and the not normal. The design team used these frictions as a starting point in their design trying not only to focus on making something highly stylistic, but an artifact that would play with all these tensions, being both everyday and out-of-ordinary, rational and irrational.

In what follows we will go deeper into the actual design phases.

**OPEN DEMENTIA TOOL 1: A CHARACTER WITH DEMENTIA**

The design team realised at an early stage that in order to connect with the public about dementia, a ‘gripping’ story should be told and to tell this story, it would be done better through a character. A character dealing with dementia was created in order to ameliorate identification.

With the cultural context of relating dementia with the ageing population in Hong Kong, the research team started with a simple baseline of a character that does not have any indication of age. After a further discussion, the team came to a conclusion that the character should not have any suggestion of belonging to any social category, or suggest age, gender or even race. The team found it to be best if the final character is a non-human being, however having a humanoid physique that can perform daily tasks and have the facial expression to show the psychological states of the character. The character would also highlight dementia as a medical condition but not a natural ageing process, and so in another words not the natural characteristics of older people. With reference to the name of dementia in Chinese, the team chose to highlight the brain as the main standout point of the character. The team then discussed with an illustrator who created the blue character of 腦人 (Brain-man) Figure 1. The illustrator added in the eraser over the brain to represents the degeneration of the organ.

**Open Dementia Tool 2: The Demented City Map**

As a start of the project the design team together with the “dementia experience” training programme managers from the centre mapped out the several symptoms persons with dementia can be confronted
with. The different symptoms were visualised in a city context showing Brain-man-figures. The everyday activities (like withdrawing money from an ATM, cooking or going to the bathroom) that are performed are however distorted by the symptoms the Brain-men with dementia are dealing with. The other inhabitants of the city are portrayed as responding with misunderstanding, irritation or anger upon being confronted with the persons with dementia.

At the beginning the design team has considered several different logics to map the symptoms. One of the options was to map the symptoms according to different parts of the brain (which symptom is related to which part of the brain). This approach is more explanatory, illustrating some basic knowledge about the causes of different symptoms of dementia. The game changer came when the team tried to approach the way of visualisation by asking a different question, “what if the whole city has dementia?”.

According to SCOPE, UK’s leading disability charity, “the social model of disability says that disability is caused by the way society is organised, rather (than) by a person’s impairment or difference.” [22] This leads to the final discussion of visualisation dementia in different levels: the domestic level, the community level and also finally at the city level.

![Figure 2. Structure of the dementia map (Left) & Figure 3. Open Dementia Map (Right)](image)

With the help of the information from the dementia centre, the team started to draw sketches of different scenarios that a person with dementia would encounter on a day-to-day basis, and then according to the loci of different scenarios, grouped them into home, community and city respectively. The final map is an illustrated map that shows a modern city with the character Brain-man encountering different ‘problems’ from different layers of city lives: from home to city (Figure 2). As Brain-man now forms the main population of the “Open Dementia City”, the map also serves to show that being perceived as abnormal, irrational or out-of-the-ordinary are not intrinsic to the symptoms or condition of dementia, but are shaped through the environment, i.e. the others in the city (Figure 3). This echoes the situated embodied agent (SEA) vision mentioned above.

THE OBJECTS WITH DEMENTIA
The objects in the toolkit are named the “Demented Objects” and they mimic existing everyday situations (like taking an elevator) or artifacts which we are confronted with on a daily basis (like a signage plaque or
All these objects are made by redesigning everyday objects that actually let the participants live through the experience of being a demented person. The aim is to bring empathy to the participants. There is however a “twist” or a bit of magic involved in the use of the objects or the performance of the everyday situations: while following the instructions for pill sorting, the seemingly normal pill box seems to have its own logic (mixing up days) and its clear cut instructions turn out to be illogical. For example, in the tool focusing on memory loss, the participant of the workshop receives an instruction and is asked to write down a complex series of events in the agenda. In the course of doing this, one has to go back reviewing earlier dates only to find out that they have disappeared from your agenda. By using “magical ink” that disappears after a 5-minute period, the tool tries to mimic the feeling of loss and bewilderment a person with dementia experiences when being confronted with failed short-term memory.

The “Demented Objects” consists of 11 sets of objects (Figure 4), divided into “mild stage” and “moderate stage” packs. Each of the “Demented Objects” corresponds to a specific symptom of dementia, which all magically will dement the participant temporarily. Table 1 shows how the 11 Demented Objects can make people to experience being demented.

<table>
<thead>
<tr>
<th>STAGE</th>
<th>ACTIVITY NAME</th>
<th>CORRESPONDING SYMPTOMS</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild Stage</td>
<td>日期與活動 (Date and Activities)</td>
<td>Memory loss</td>
<td>At this action, one of the participants will be asked to mark down several appointments with the provided notebook and ball pen. But the ink actually would disappear in a few seconds. Which make the participant unable to repeat to the other participants while asked later in the action.</td>
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<td></td>
<td>迷失的眼鏡 (Glasses of Lost)</td>
<td>Decline of orientation</td>
<td>The participant will be asked to put on a pair of disorienting glasses, for which s/he could only see the side instead of the front while wearing them. The participant will then have to find different cards which a scattered in the room by the other participants.</td>
</tr>
<tr>
<td></td>
<td>齊齊計數 (Let’s Calculate)</td>
<td>Decline of problem solving skill</td>
<td>The participants will be asked to do some simple calculation, but they are provided with a rigged calculator, which makes them impossible to perform the task.</td>
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<tr>
<td></td>
<td>準時食啱藥 (Take the Right Pills)</td>
<td>Decline of judgment</td>
<td>The participant is asked to sort the pills into a typical multi-slot pill box, with instruction of super tedious and confusing instruction.</td>
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<td></td>
<td>出門帶啲乜 (Pick Me Up before You Go Go)</td>
<td>Visual and spatial problem</td>
<td>The participant will be asked to wear a pair of special glasses that block part of his/her vision through reflection, and then being asked to pick something essential for going out, and at last have to circle out the floor at a simulate board of a lift.</td>
</tr>
<tr>
<td>Moderate Stage:</td>
<td>執唔執到豆? (Sort the Beans)</td>
<td>Decline of motor planning</td>
<td>The participants will be asked to wear gloves to reduce the sensitivity of his/her fingertips, and to pick and sort different beans into different bowls.</td>
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<tr>
<td></td>
<td>做到啲乜 (Follow the Instruction)</td>
<td>Difficulty in following instruction</td>
<td>One of the participants will be the “instructor” and another participant will be asked to stand near the instructor and to act out some action and gestures as shown in the cue cards by the instructor. Yet the cue cards are actually designed to show different information while viewing from different distances. Hence the spectators will find it strange for the participant always performing something different from what the cue cards suggest.</td>
</tr>
<tr>
<td></td>
<td>有口難言 (Thou Shalt Not Utter Its Name)</td>
<td>Difficulty in communicating</td>
<td>The participant will be asked to not to talk in this action, but have to find three persons that understand the condition s/he is having, which is constipation</td>
</tr>
<tr>
<td></td>
<td>製作腦人 (Making the Brain-man)</td>
<td>Misusing objects</td>
<td>The participants will be asked to use the glue-pen provided to make a paper model of the Brain-man. But for the four glue-pens provided, only one of them is really glue, the other are stuffed with lipstick or candles wax instead.</td>
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<td></td>
<td>著著衫 (Wearing it Right)</td>
<td>Decrease in coordination and motor function</td>
<td>The participant will be asked to wear and button up a long sleeve shirt, but again the shirt is altered to have not matching buttons and flipped collar, making it almost impossible to wear it properly.</td>
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<td></td>
<td>數銀仔 (The Counting Game)</td>
<td>Decrease ability to focus or concentrate</td>
<td>The participant will be asked to count and sort numerous coins and put them into different bowls, while at the same time another participant will be asked to distract and confusing the participant who is counting by murmuring other numbers into his/her ear.</td>
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Table 1: The 11 games with the Demented Object
PERFORMANCE AS A TOOL

The act of performance is important for “the Demented Objects”. The objects or everyday situation are not merely used, but are performed following instructions (a script) accompanying the tools and having some participants in the role of the person with dementia while others are the spectators responding to the person with dementia’s behavior. Performance is an ideal tool as the participants through their performance jump into a magical world, and, just like being separated by the fourth wall in traditional theatre their perspectives of the world are different from the spectators.

Through the performance, the participant not just bodily feels the struggle of the everyday tasks for a person with dementia, they also feel the frustration of being misunderstood, and the inability to communicate. For example, participants are asking to try on the “Never-Buttoned-Shirt” (Figure 5) or calculate with the “Tricky Calculator” (Figure 6). The participants would be performing something that s/he is confident in doing “right” (following the cue card). And after all, the struggle of dementia is not only physical, or physiological, but also social and interpersonal, which is utmost important for the people around demented person to be aware of.

Psychiatrist Jacob Levy Moreno used dramatisation of everyday events in his therapy sessions [23]. He used props, a stage and a real-life scenario for his therapist groups to act. Participants are asked to discuss and evaluate what has happened and how they responded. In the same line of traditional pre-20th century theatre and the goals of Moreno, we too ask our participants to actively seek discussion between those performing and those watching. The goal of this theatrical performance, like the drama used by Moreno, is to reflect on past actions and in this way gain insights on how to respond in future situations.

Binder & Foverskov [24] have already related design to performance as well as to the imaginary world and the life of everyday. Developing on the theory of symbolic interactionism and Victor Turner, Binder & Forverskov argue that “…design as performance is precisely to connect the multi-facetted role-playing of the everyday with the playful exploration of the “what-if” of the theatre [24].” The “Demented Objects” tap on this relation between design tools and theatre, and at the same time the imaginary (magical) world and the everyday.

CONCLUSION

“What if everyday objects become demented?” This was the design statement for developing this set of empathic tools. The techniques of making the everyday strange through the use of magic are very diverse and in their playful, aesthetic, dramatic, or frictional nature help to see things in an unfamiliar, new or other
The confrontation with the toolkit tries to engage and disrupt the participant's vision on normality. The elements of the toolkit work as disruptive as their seemingly "normal" appearance will lure you into an experience of performance that will feel strange or 'out of the normal' like involving in magic tracks. They are engaging, as they appear to be normal and in this way help you to connect and reflect or mirror your situation to that of the other, the person with dementia, experiencing this 'abnormality' on a day-to-day basis. Through this disruption and engagement the tools created try to invite an empathic response. In doing so it tries to help the neuro-typical participant to better understand the seemingly abnormal, irrational, out-of-the-ordinary world of the person with dementia and to not perceive them as "insane and idiotic", "dull and stupid" or bodies without a mind, but as persons who happen to have dementia.

Future challenges for the toolkit can be identified at two levels: the kit is a tool that can be applied within the context of a workshop (with one or more workshop leaders, learning goals and a defined amount of time). The question stays whether this toolkit can be transformed in a reflective tool to be used on a daily basis. Can the aesthetics and material form of the tool be adapted to be used by—for example—a police officer strolling around the city when being confronted with a person with dementia? In other words, can a kit be created that can serve less as a one-off workshop tool, but more as a reflection-in-action and reflection-on-action tool, helping, to stick with the example of the police officer, to act correctly? Another challenge lies in the content of the toolkit. The toolkit can be perceived as too negative, focusing mostly on symptoms, stressing the problems related to dementia and thus giving a negative outlook on the person with dementia. However, family members as well as persons with dementia indicate that despite the condition of dementia they can and will experience joy or love and can have meaningful, humouristic and many different forms of positive interactions in daily life. Neglecting these positive elements of life and only focusing on the negative challenges, might hold a risk in again de-humanising the person with dementia. A next toolkit could give a more nuanced view on living with dementia.

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**ACKNOWLEDGMENT**

We would like to thank HKDI Graduate Trainees (Greta Kwok, Louise Wong, Cyril Lee, Katy Wong) and administration staff support of HKDI DESIS Lab. Special thank is also given to our content provider, Hong Kong Jockey Club Centre of Positive Ageing, which is Asian expert in dementia research and a care provider.