



耆趣藝遊

賽馬會健腦行計劃

Journey For Active Minds

Jockey Club Museum Programme For The Elderly

# 藝術

# 歷史

# 記憶

HISTORY — ART — MEMORY

以懷舊場景勾起往事，用藝術創作復刻回憶，  
重新建構長者淡褪的記憶。

*Recalling the memory of the past in the tour and creating a mental journey via  
art co-creation, and thereby rebuilding a fading memory among the elderly.*

# 耆遊藝

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# 耆趣藝遊——賽馬會健腦行計劃

JOURNEY FOR ACTIVE MINDS  
JOCKEY CLUB MUSEUM PROGRAMME FOR THE ELDERLY

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# 前言

## FOREWORD

香港歷史博物館總館長 黃秀蘭

隨著認知障礙症（腦退化症）患者數目的增加，世界各地已有不少機構著手進行研究和推廣，期望以非藥物策略幫助患者和支援照顧者，並提高社會對患者的接納與關懷；同時亦開始關注透過參觀博物館，可以對參觀者引發對藝術的欣賞和思維的刺激，對紓緩認知障礙症情況及促進患者與照顧者之間的溝通帶來正面影響。

由康樂及文化事務署主辦、香港歷史博物館籌劃、藝術在醫院協辦、香港賽馬會慈善信託基金獨家贊助的「耆趣藝遊——賽馬會健腦行計劃」——作為香港首個以長者及認知障礙症患者為主要服務對象的博物館活動，涵蓋香港歷史博物館常設展及多個專題展覽，透過特別導賞團、工作坊及外展活動，鼓勵參加者及他們的家屬一同分享回憶及互動交流，藉以刺激思維，紓緩腦退化病情；並培養長者及認知障礙症患者對香港歷史、藝術及文化遺產的興趣，拉近他們與社區之間的距離。

是次展覽展出超過一百件長者及認知障礙症患者的藝術作品，並分享他們參與計劃的過程及感受，藉此提升公眾對認知障礙症的認識；同時配合展覽所發表的研究報告，更有助探討及評估是項計劃對長者及認知障礙症患者的影響和效用，以及博物館如何透過舉辦特別設計的活動來提升他們的生活質素。



*Ms Belinda Wong, Museum Director, Hong Kong Museum of History*

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Faced with the growing number of Alzheimer patients, a number of different organisations have begun to provide a variety of non-medical therapies, including support services, research activities and social education, with a view to enhancing public acceptance and care of these patients and of making a positive impact on the participants — in terms of both relieving their symptoms and improving communication between them and their caregivers — through art appreciation and mental stimulation.

Presented by the Leisure and Cultural Services Department, “Journey for Active Minds: Jockey Club Museum Programme for the Elderly” has been organised by the Hong Kong Museum of History in collaboration with Art in Hospital and with the exclusive sponsorship of the Hong Kong Jockey Club Charities Trust. This is the first museum programme in Hong Kong that is tailor-made for the elderly and people with Alzheimer’s disease. In tandem with the permanent and thematic exhibitions of the Museum of History, special guided tours, workshops and outreach activities have been arranged for participants, together with their caregivers, with the aim of stimulating their long term memories and delaying the decline in their cognitive abilities through intellectual stimulation, social interaction and the sharing of experiences. The programme also sets out to foster their interest in Hong Kong’s history, art and cultural heritage and to develop a positive sense of community involvement.

Featuring over 100 works of art created by elderly people and Alzheimer’s patients, this exhibition shares the joy and experiences they gained during the project with the aim of arousing public awareness of Alzheimer’s disease. A research report published to coincide with the exhibition offers an assessment of the impact and effectiveness of the project on the elderly and Alzheimer’s patients and of how participation in museum programmes can enhance their quality of life.

### 香港賽馬會慈善及社區事務執行總監 張亮

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「耆趣藝遊——賽馬會健腦行計劃」是一個專為香港長者及腦退化症患者而設的先導計劃。香港賽馬會十分榮幸成為計劃及是次展覽的獨家贊助，讓大家可以有機會欣賞到參加者於計劃工作坊所創作的藝術品。

隨著人口老化，腦退化症患者數目有上升趨勢。為了改善患者的生活質素，香港賽馬會慈善信託基金於2014年撥捐350萬港元，支持推行全港首創的先導計劃，透過特別設計的展覽導賞及工作坊，帶領長者及腦退化症患者接觸文化藝術，活出豐盛晚年。

是次展覽採用了創意互動的形式，通過博物館的文化藝術活動刺激思維，使參與的長者不僅樂在其中，更能積極參與。馬會更特別捐助外展項目，將部分展覽內容上載到平板電腦，讓行動不便的長者於所屬的長者中心欣賞，提倡藝術共賞。

馬會一直致力改善長者的生活質素，過去10年在長者服務方面投放了逾11億5千萬港元。馬會更將「協助建構香港成為長者友善城市」納入未來3至5年的策略性發展方向。

我們非常感謝是次計劃的所有合作夥伴，包括康樂及文化事務署、香港歷史博物館、藝術在醫院、香港中文大學及賽馬會耆智園，為計劃提供寶貴的意見及支持。我希望這次的跨界別合作能激發更多創意計劃，以促進香港成為一個長者友善城市，長遠讓更多長者受惠。

*Mr Leong Cheung*  
*Executive Director, Charities and Community of The Hong Kong Jockey Club*

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The Hong Kong Jockey Club is honoured to be the Sole Sponsor of “Journey for Active Minds: Jockey Club Museum Programme for the Elderly”, an exhibition showcasing art works created by the elderly under a pilot project specially designed for seniors and people with Alzheimer’s disease.

With Hong Kong’s elderly population on the increase, there is an upward trend in the number of Alzheimer’s patients. In 2014, the Club’s Charities Trust donated HK\$3.5 million to pilot the city’s first dedicated museum programme for the elderly and those with Alzheimer’s. The programme is aimed at enhancing their quality of life by providing them with art appreciation opportunities through guided sessions and workshops.

Through our Charities Trust funding, our partners have been able to enrich the programme with innovative approaches that enhance participants’ mental stimulation through culture and art, bringing them not only enjoyment but also a sense of active participation and power. In addition, the Trust is sponsoring outreach workshops, allowing elderly people who have difficulties travelling to the museum to enjoy the exhibitions and encounter history and art via electronic devices at their care centres.

The Club is dedicated to improving the quality of life of Hong Kong’s senior population, having contributed over HK\$1.15 billion to elderly-related projects over the past decade. In the coming three to five years, helping build Hong Kong into an age-friendly city will be one of three strategic focus areas for our Charities Trust.

I take this opportunity to thank all partners in this exciting programme for their valuable support and advice including the Leisure and Cultural Services Department, the Hong Kong Museum of History, Art in Hospital, The Chinese University of Hong Kong and the Jockey Club Centre for Positive Ageing. I hope the experience of this cross-over approach and collaboration can be shared with other organisations so that they can develop similar creative initiatives to promote Hong Kong as an age-friendly city and benefit many more elderly people in the long term.



### 藝術在醫院總監 鄭嬋琦

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「雖然我們不太清楚形狀、色彩和明暗對我們產生怎樣的影響，然而，它的而確且對身心有實質作用。向病者展示不同形狀及色彩鮮艷的東西，才是真正協助復康的方法。」

——南丁格爾《護理札記》

在語言及文字發明以前，人類便以繪畫、聲樂、刻鑿等方法記事，與人溝通傳遞意思。時至今日，不論各人的文化背景及教育程度的差異，藝術活動仍然是人與人溝通過程中不可或缺的橋樑。

縱然，認知障礙症長者隨著記憶力衰退，其讀寫及識辨等能力續漸退減，而性情的變化，影響其日常社交生活，但長者的生活質素與個人感受仍應得到保障及尊重。

「耆趣藝遊——賽馬會健腦行計劃」邀請長者親身到歷史博物館參觀或借助平板電腦瀏覽展覽，並參與藝術家帶領的工作坊。計劃藉著藝術創作活動，鼓勵認知障礙症長者嘗試以繪畫及軟雕塑等形式，運用色彩及圖像傳達感受，甚至自主地把個人經歷或所見所聞一一再現。

我們深信，認知障礙症長者通過參與藝術活動，能體會及享受創作樂趣。更重要的是，陪同照顧者可從中增加對認知障礙症長者的認識，了解及欣賞他們各方面的能力，並協助他們建立自信，紓緩負面情緒及延遲病情轉壞，積極面對人生的變化。

*Grace Cheng, Director of Art In Hospital*

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*“Little as we know about the way in which we are affected by form, by color, and light, we do know this, that they have an actual physical effect. Variety of form and brilliancy of color in the objects presented to patients, are actual means of recovery.”*  
— Florence Nightingale, *Notes on Nursing: What It is and What It is Not*

Before language and text were invented, human beings had recorded events and communicated with one another through drawing, sounds and music, engraving and chiselling, and more. Today, art remains an important bridge for interpersonal communication for all walks of life in society.

Meanwhile, although elderly with Alzheimers' disease often experience deterioration of memory as well as reading, writing and identification abilities, whereas changes in temperament negatively impact their social lives, their quality of life and personal feelings should be protected and respected.

In the programme entitled “Journey for Active Minds: Jockey Club Museum Programme for the Elderly”, elderly were invited to visit the Hong Kong Museum of History in person or view the museum’s virtual exhibitions on tablet computers, and then take part in creative workshops hosted by local artists. Through artistic creation, the programme encouraged elderly with Alzheimers' disease to express their feelings or even revisit their personal experiences and what they have seen and heard with colours and images through various creative media including drawing and soft sculpture.

We strongly believe that art activities allow cognitive impaired elderly to experience and enjoy the pleasures of creation. More importantly, care providers who accompanied the elderly to the activities can know them better, appreciate their strengths and abilities, and at the same time help them build self-confidence, ease negative feelings, delay cognitive deterioration and stay positive about the changes in life.

### 香港中文大學內科及藥物治療學系教授 郭志銳

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根據統計處的人口推算，香港65歲以上人口將由2015年佔香港人口15%增至2036年的29%。一份於2005-2006年進行的研究估計，香港70歲及以上在社區居住的人士有約9%患有腦退化症，而流金匯於2010年的研究報告則指出在2036年，估計香港會有23萬60歲及以上於社區居住的人士患有腦退化症。

腦退化症患者縱使在記憶及技能上出現退化，但仍有潛能參與社區及家庭活動。香港歷史博物館舉辦的「耆趣藝遊——賽馬會健腦行計劃」活動能為他們提供懷緬和探索藝術經驗的理想環境。博物館的懷舊展品能夠連繫個人經歷並觸動情感流露，有助刺激思維並鼓勵參觀者表達自我。

香港中文大學在2014年下旬至2015年中旬，就香港歷史博物館「耆趣藝遊——賽馬會健腦行計劃」活動進行問卷及定性研究，以了解香港歷史博物館的活動如何提升患腦退化症的參與者的生活質素。研究顯示活動確能有效改善患腦退化症人士的心理健康，並給予他們良好的外出活動體驗，而家屬亦表示活動促進他們與家人的溝通，反映參與者在互動交流中都有所得益。

希望護理業界、香港歷史博物館、及藝術界共同攜手，在未來繼續通過培養對香港歷史、藝術及文化遺產的興趣，拉近腦退化症患者與家人並社區的距離。



*Prof. Timothy Kwok, Professor in Department of Medicine & Therapeutics  
and School of Public Health, The Chinese University of Hong Kong*

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According to the population projections of the Census and Statistics Department, the 65-year-or-above population of Hong Kong is estimated to rise from 15% of the population in 2015 to 29% in 2036. A research conducted in 2005-2006 estimated the prevalence of dementia in community population aged 70 or above in Hong Kong was around 9%, the research conducted by CADENZA Project in 2010 estimated that Hong Kong will see 230,000 community-dwelling elderly aged 60 or above with dementia in 2036.

Although people with dementia might experience deterioration in memory and skill, the potential to engage in community and family activities remains. The activity “Journey for Active Minds: Jockey Club Museum Programme for the Elderly” initiated by the Hong Kong Museum of History provides an ideal environment for both reminiscence and art-exploring experience. The museum artifacts connect to personal experiences and trigger emotions, thereby providing cognitive stimulation and encourage self-expression.

During late-2014 to mid-2015, The Chinese University of Hong Kong conducted quantitative and qualitative research to investigate how the activity “Journey for Active Minds: Jockey Club Museum Programme for the Elderly” had helped enhance the quality of life of visitors with dementia. The research results indicated that museum activities were effective to improve the psychological wellbeing of people with dementia, and created a pleasant outing experience. Caregivers of people with dementia also echoed that the activities facilitated the communication with their family members, showing that visitors, be they caregivers or care recipients, could benefit from the social interactions.

It is hoped that, with the collaboration between the healthcare sector, the Hong Kong Museum of History, as well as the artistic field, fostering the interest in history, art and cultural heritage of Hong Kong will continue to bring people with dementia close to their family and the community.

# 耆趣藝遊 —— 賽馬會健腦行計劃

JOURNEY FOR ACTIVE MINDS  
JOCKEY CLUB MUSEUM PROGRAMME FOR THE ELDERLY



# 計劃概念

## PROJECT OVERVIEW

「耆趣藝遊——賽馬會健腦行」(以下簡稱「耆趣藝遊」)是香港首個以認知障礙症長者為服務對象的博物館活動。

藉著參觀博物館展覽及參與藝術創作工作坊，帶動長者及認知障礙症長者(以下統稱「長者」)重拾昔日回憶，刺激創作思維，享受社交活動的樂趣。

計劃由2014年3月開始至2015年9月，共邀請了4,589名長者走進香港歷史博物館。在輕鬆愉快的環境下，跟隨香港歷史博物館的專業導賞員，重遊香港舊地；由大街小巷，特色店舖走到七層大廈；從消遣娛樂、起居生活，細說往昔民生百態，緬懷舊日時光。

為配合長者需要，博物館更特意於休館日(星期二)開放，以接待本計劃的長者團體，並在展區中增設活動座椅，讓長者可一邊安坐細聽導賞員的講解，一邊分享他們的昔日往事。

「耆趣藝遊」亦舉行了36場外展活動，把香港歷史博物館的展覽轉化為影像，讓不便外出參與活動的長者也可透過平板電腦，欣賞博物館展覽。

欣賞過展覽後，長者在藝術家導師的帶領下參與藝術創作工作坊。藝術家導師會配合展覽主題，構思不同形式創作活動，然後以顯淺易明的方法，與長者一起完成作品。每件作品均具有昔日生活情懷，又充滿長者的個人風格。作品完成後，大家除可感受到創作帶來的樂趣外，更可藉著欣賞對方的創作成果，加深彼此的了解。

活動舉行期間，參與的導賞員、藝術家導師、護老者、陪同者及義工均擔當了重要的角色。因此，為加深他們對認知障礙症長者的認識，「耆趣藝遊」更舉行了10場「認識認知障礙症·溝通技巧」訓練工作坊，教授他們與認知障礙症長者協作及溝通的技巧。



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是次計劃希望為長者送上輕輕鬆鬆的兩小時活動，加深大眾對認知障礙症長者的認識，並提升他們的社交生活的質素。此外，計劃更委託了香港中文大學何善衡老年學及老年病學研究中心進行研究。透過問卷調查、訪問、小組討論及實地評估，探討及評估是次計劃對認知障礙症長者、家屬照顧者，以及參與長者的生活質素及情緒健康的影響。同時，把研究結果編成報告，配以「認識認知障礙症長者」的訓練手冊，希望能為護老機構、活動資助機構及文化藝術機構等提供參考藍圖。

在2015年年底，即先導計劃結束後，於香港歷史博物館大堂展出參加者的作品及計劃的研究成果，並出版圖冊介紹整項計劃。

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*本計劃希望為長者送上輕輕鬆鬆的兩小時活動，加深大眾對  
認知障礙症長者的認識，並提升他們的社交生活的質素。*

*Giving the elderly with two hours of enjoyment and  
enhancing their social interaction with the others in participating  
in this special programme.*

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“Journey for Active Minds: Jockey Club Museum Programme for the Elderly” (Journey for Active Minds) project is the first museum programme designed for elderly with Alzheimer's disease in Hong Kong.

Through visiting the museum exhibitions and taking part in creative art workshops, the elderly and people with Alzheimer's Disease (“the elderly”) can relive their memories, unleash their creativity and enjoy social activities.

From March 2014 to September 2015, the project received 4,589 elderly people to the Hong Kong Museum of History. Accompanied by the museum docents, the participants reminisced about their good old days through the visit to the old street scenes of Hong Kong lined with a variety of shops: from characteristic shops to seven-storey resettlement blocks, from leisure and entertainment to daily life.

Besides, concerning the needs of Alzheimer patients, the Museum made special arrangements by receiving the elderly groups on the Museum's closing days (Tuesdays)

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and arranging elderly seats at the exhibition galleries, with a view to providing a comfortable environment for them to enjoy the special guided tour and share their memories.

Meanwhile, a total of 36 outreach activities to elderly centres were also organised. By presenting the museum exhibition contents in the form of electronic images, the house-bound elderly were able to access the museum exhibitions through tablet computers.

After the exhibition tour, the elderly participated in the art workshops with our artists who designed creative art programmes based on the exhibition themes and guided the elderly to finish their artwork. Each piece of the artwork represented their reminiscences of life and carries the distinctive style of its elderly creator. Through completing the artworks, the elderly not only enjoyed the pleasure of creation, but also had the opportunity to appreciate their fellow's work and get to know each other better.

During the programme, museum docents, artists, caregivers, companions and volunteers played an important role to accompany the elderly to complete the activities, especially in the experience sharing. In this connection, a total of 10 sessions of training workshops titled "Communication Techniques for people with Alzheimer's Disease" were organised. These helped the participants to gain a better understanding of Alzheimer's disease and equip them with proper techniques in handling the elderly throughout the programme.

Apart from giving the elderly with two hours of enjoyment and enhancing their social interaction with the others in participating in this special programme, we have also commissioned the SH Ho Centre for Gerontology and Geriatrics of the Chinese University of Hong Kong to evaluate the effectiveness of this project to the elderly with Alzheimer's disease, and to assess how the project helps to enhance the quality of life and emotional health of patients with dementia, their family caregivers and elderly through questionnaires, interviews, group discussions and onsite assessments. We hope that the research report, along with our "*Getting to Know people with Alzheimer's disease*" training handbook, may served as a handy training reference for elderly care centres, sponsor organisations as well as art and cultural institutions.

Following the conclusion of the pilot project by the end of 2015, an exhibition would be staged at the lobby of the Hong Kong Museum of History to showcase the artworks of the participants and the research findings of the project, with an exhibition catalogue to complement the display.

# 歷史

藝術

HISTORY — ART — MEMORY

記憶

博物館的展品  
能連結個人昔日的經歷並  
觸動情感流露，  
而參觀體驗涵蓋觀賞、  
分享及討論有歷史特色的  
展品，如：生活舊相片、  
服裝飾物、傢具、圖案、  
圖畫及日常用具等，  
有助長者表達意見和對話。

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*Exhibits in the museum link up past personal experiences  
and spark the expression of emotions, whereas the museum visit experience  
encompasses the viewing, sharing and discussion of exhibits  
with historical value — old photos of everyday life, costumes and accessories,  
furniture, patterns, images and items for everyday use —  
and helps elderly express their opinions and engage in conversations.*

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## 耆趣經驗與藝遊實踐

### EXPERIENCE AND PRACTICES

**訓練工作坊** —— 博物館導賞員熟悉館內環境，介紹展品經驗豐富，是重要的合作伙伴。我們安排訓練工作坊，由資深護士及職業治療師講解認知障礙症長者的情況及需要，並以遊戲方式，讓導賞員設身處地體會長者參與活動時可能遇到的困難。我們又邀請幾位藝術家主持創作環節，讓導賞員享受參與藝術活動的樂趣。訓練工作坊更包括向長者的家人及照顧者分享與認知障礙症長者的溝通技巧及相處時應該抱持的態度，鼓勵他們多加關顧認知障礙症長者感受，尊重他們的意願。

**博物館導賞團** —— 博物館內有不同類型展覽，主題各具特色。我們根據展覽內容及展館空間，設計合適認知障礙症長者的參觀路線。休館日的博物館，環境寧靜、氣氛輕鬆，讓長者排排坐，慢慢聆聽導賞員的講解，細味過去。導賞期間，我們留意長者的感受，並鼓勵他們分享個人的生活經驗。充裕的參觀時間，容易讓長者進入展館氛圍，主動去發現，建立交流與對話的機會。

**流動展覽外展活動** —— 認知障礙症長者因身體狀況及交通安排等種種限制，未能親身到博物館參觀。因此，將博物館展覽及藝術工作坊帶進院舍，能讓更多認知障礙症長者參與博物館活動。科技帶來便利，平板電腦使用方法簡單，讓從未接觸過電腦的長者能輕易掌握；長者一人一機觀看虛擬展館，從中發掘出更多趣味。因應院舍空間而設計的創意工作坊，能靈活地締造愉快的活動氣氛。



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*Training Workshop* — Docents, who are familiar with the museum setting and experienced in introducing the exhibits, are our important partners. In this project, we organised training workshops for them, where veteran nurses and occupational therapists explain the conditions of elderly with Alzheimer's disease ("elderly") as well as their needs. At the same time, the docents are engaged in games which allowed them to experience the difficulties elderly might encounter during the activities. There are also creative sessions hosted by artists to give the docents a taste of the pleasures of artistic creation. As to the companions and caregivers, we include suggestions on how they could positively communicate with the elderly, and encourage them to show more concern for their feelings and respect their wishes.

*Guided Tour At Museum* — There are various exhibitions with different themes in the museum. Based on the exhibition contents and gallery space, we designed suitable visit routes for the elderly with Alzheimer's disease. The museum is quiet and peaceful on closed days, the elderly can enjoy our designated guided tour and reminiscing about their past in comfort. During the tour, we paid special attention to the feelings of the elderly and valued their sharing of personal experiences. The elderly are given ample time for the visit, so they can easily immerse themselves in the atmosphere of the galleries, make discoveries and engage in exchange and conversations.

*Outreach Exhibition and Activity at Elderly Center / Home* — Elderly with Alzheimer's disease are often faced with various constraints, such as their physical condition or companion arrangement, and may not be able to visit the museum in person. In this light, we bring the museum exhibitions and art workshops to the nursing homes and elderly centres, so that more elderly with different needs could take part in the programme. Nowadays technology is extremely user-friendly, even elderly who have never used a computer can handle our tablet easily. During the activities, the elderly has been offered, a tablet computer each to browse through our virtual exhibition galleries on — might well result in more discoveries on their part. As to the art creative workshops, they were nimbly and ingeniously adapted to fit the nursing home environment and create a pleasant atmosphere.

# 訓練工作坊

TRAINING WORKSHOP



## 藝術走進長者心

參與	維持能力	學習、表達、發揮	回顧昔日經歷
健康	精神健康	聽覺、視覺	釋放內心感受
	舒緩壓力	提升正面情緒	忘憂
	增進情緒	增強手眼協調	
	提高信心	感受尊重	增強自信及自尊



# 博物館導賞團

GUIDED TOUR AT MUSEUM





# 創意工作坊

CREATIVE WORKSHOP





# 流動展覽外展活動

OUTREACH EXHIBITION AND ACTIVITY  
AT ELDERLY CENTER / HOME





藝術

HISTORY — ART — MEMORY

歷史

記憶

到了我們老了的一天，  
本以為歷歷在目的往事，  
卻如輕煙般消逝無蹤，  
你能接受嗎？讀寫及辨識能力  
下降了，面對「記不起」  
或「記錯了」的衝擊，我們  
能否重拾信心，繼續編織  
餘下的絲絲記憶，跟旁人分享  
自己舊日的足跡嗎？

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*When we reach our senior years one day, the memories we know so well may all be gone. How are you going to cope with that? When we can no longer read, write or tell people and things apart as well as before, being constantly let down by our memories, can we rebuild our confidence, work on the scant memories left and share our stories with others?*

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## 香港，不只有一個故事

THERE IS MORE THAN ONE HONG KONG STORY

《耆趣藝遊——賽馬會健腦行計劃》舉辦期間，香港歷史博物館曾舉辦多個不同類型的展覽，常設展「香港故事」是其中一個重點參觀。「香港故事」常設展透過逾4,000件展品，多個立體場景及多媒體節目，以生動的手法介紹和展示香港的自然生態、民間風俗及歷史發展。參與計劃的長者大多出生於上世紀三十至四十年代，不論土生土長或從外地來港，都曾經為香港的發展作出貢獻。展館內重現早期香港大街小巷的場景，重現了他們昔日的生活面貌。使人流離失所的戰禍，遷徙、流浪與捉襟見肘的生活是他們的集體回憶。在與長者訪談期間我們得悉，那段時期是他們生命歷程的轉捩點。

展廳內的歐式建築與老香港的裁縫店、雜貨舖、茶樓、商行等繁華場景，襯托著長者時常掛在嘴邊的「黃金時代」。簡單如火水燈或暖水壺等生活用品，背後亦有鮮為人知的有趣故事。緬懷昔日的居住環境與消閑娛樂，如傳統木樓梯、唐樓、公共房屋、大戲棚、戲院、涼茶舖與理髮店等，掀起長者數之不盡的話題。

藝術創作活動是釋放心靈、表達情感的窗口。我們邀請每一位長者輕鬆參與工作坊，感受不同形式的藝術，享受不同程度的樂趣。繪畫的塗塗抹抹、手工的搓搓捏捏、物料的拼拼湊湊等，全都承載著每位長者過往的生活點滴。

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The Hong Kong Museum of History has presented a number of special exhibitions in the course of the “Journey for Active Minds: Jockey Club Museum Programme for the Elderly” programme, but a major highlight of the visits by the participants has been our permanent exhibition: “The Hong Kong Story” displays over 4,000 exhibits and uses a variety of dioramas and multimedia programmes to outline the natural environment, folk culture and historical development of Hong Kong in a true-to-life manner.

Most of the elderly who take part in this programme were born in the 1930s and 1940s. They grew up in Hong Kong or came here at an early age to earn a living, and the scenarios and streets reproduced in the exhibition gallery remind them of life in the past. Many people lost their homes during the Second World War and were forced to move from place to place to escape the fighting and poverty. These experiences form an important part of their collective memory, and when we talk to the elderly, we realise that the war was a turning point that shape the rest of their lives.

In the gallery European architecture and scenes of old Hong Kong prompt associations among the elderly with their prime years. When they share their past experiences, the elderly always mention tailor shops, grocery stores, tea houses and trading companies, while common everyday items such as kerosene lamps and hot water flasks all trigger stories of their own. The elderly never run out of topics to talk about – memories of the streets where they lived, the environment they grew up in and the options for leisure and entertainment they enjoyed, all made up of tenement buildings, wooden staircases, public housing, bamboo theatres, cinemas, herbal tea houses, barber’s shops and other places that have now disappeared from our streets.

Creative art activities offer ways to express feelings. At our art workshops, we invite our elderly participants to indulge themselves in the pleasures that the different art forms can bring. In the process, the brushstrokes of their paintings, the stitches in their handiwork and the way they combine materials all carry recollections of the life they have led.





# 黃圓珍

YUEN CHEN

我爸爸做修葺樓梯的工程，一家住在荷里活道，生活算是舒適。但是，在十多歲時開始打仗，被迫搬到北角天后廟那邊，住的環境狹窄很多差很多。我們用的茶煲及碗碟是搪瓷製的，而我的書包是藤織的，正是博物館展出那種。藤籃裡面有位置可以放暖水壺，駱駝牌及金錢牌均是名牌，不是一般人買得起。

皮影戲我曾在街頭看過，做呢則是第一次。我做的是皇后，有髮簪、鳳冠、腰帶及長袍。做好之後，我們還得做一台簡單的戲，例如跟另一個皮偶問問好、唱唱歌，工作坊當日大家笑得很開心。

至於另一次，我們兩個人一組一起畫水墨畫。我的拍檔眼睛不好，起初不太願意參與；後來在iPad上看到一些博物館藏品照片就吸引她的注意，我就稱讚她觀察力敏銳，記憶力好。慢慢地，她就一筆一筆開始畫，我們最後一起完成作品！

My father repaired staircases for a living. We used to live in a rather comfortable home at Hollywood Road. When I was about ten years old, the war broke out and we moved to a much smaller and shabbier place near Tin Hau Temple in North Point. Our water kettle, bowls and dishes were made of enamel, and I had a rattan "school bag" — like the one displayed in the museum. There was a slot in the rattan basket to put my hot water flask. "Camel" and "Gold Coin" were famous brands that not everyone could afford.

I had watched a shadow puppetry at the street corners before, but this was the first time I have made a shadow puppet. I made the queen puppet with hair, hairpins, a crown, a belt and a long robe. After we finished making the puppets, we had to do a simple performance, like saying hello to another puppet or singing a song. Everyone had a lot of fun at the workshop.

In another workshop, we drew ink paintings in pairs. My partner did not have very good eyes and was reluctant to take part in the drawing at first. But later, some photos of the museum collection on the iPad attracted her attention, so I told her that she was observant and had a good memory. Gradually she began drawing and we finished the painting together!

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曾參與工作坊：黃詠琴《皮影戲》及賴筠婷《樹林》  
Workshop joined: Shadow Puppetry by Wong Wing Kam  
and Forest by Lai Kwan Ting, Sue



金紫舊相傳  
贛縣派分綿  
業遠

古愛龍林晚  
我業於  
二月





慶吉堂滿



慶元宵之勝景燈月交輝  
火樹銀花春



德相承福蔭  
年耆麟趾祥  
徵綿百代



培金枝挺



# 容優蓮

IONG IAO LIN

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去博物館參觀時，想起舊時有很多人的生活很苦，但是呢，時間又過得很快。

我一直住黃竹坑，街上甚麼舖頭都有，米舖啦，賣衣服的啦，「為搵食，他們會搶生意哩！」暖水壺很重要啊，沒有它就沒有暖水飲。不似現在，有電飯煲、電熱水壺，天天插著電，隨時有熱水用。

The museum visit reminded me that life for many people in the olden days were very tough, but time did pass very quickly.

I have been living in Wong Chuk Hang. There were all sorts of shops in the streets selling rice, clothes and others. The owners had to run the business to compete with their counterparts! Hot water flasks were very important, because we needed them for drinking hot water. Now we have electric rice cookers and electric water kettles. We can have hot water anytime we want.

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曾參與工作坊：吳家俊《畫舊物》

Workshop joined: Drawing Vintage Objects by Ng Ka Chun









# 李玉珍

LEE YUK JAN

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我以前的暖水壺是有字印在上面的，是甚麼就不記得了；於是，我就寫「大吉」上去。

The hot water flask I used to have had words printed on it, but I do not remember what words they were, so I wrote “*daiji* (good fortune)”.

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曾參與工作坊：吳家俊《畫舊物》

Workshop joined: *Drawing Vintage Objects* by Ng Ka Chun



# 區尤

AU YAU

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水滾茶靚，小品水墨畫總帶有一份閒逸的生活情趣。然而，區尤說：「我們家裡多數喝水。」年輕時，她生活艱難，賺錢不像現在那麼容易，「白麵包一毫子兩個，沒甚麼味道的，涼茶要五毫子才一碗！我們要落田耕作，體力勞動多，一餐能吃幾碗飯。」她繼續說，「牛奶呢，看你買便宜的還是貴的了，好的當然貴。」二戰前後，區尤在番禺居住，在博物館裡看到的火水爐與炭爐，她都用過，還說「都是打仗之後才流行的。」

即使生活不容易，區尤卻常看大戲作娛樂消遣。看大戲的地方沒有固定，很多時是臨時搭建的戲棚裡做的；至於室內場，有七點半場，亦有九點半場。「我們下班了吃過晚食就去，夜場的可會做到十一點。」她最喜歡看的，是眾人偶像任劍輝及白雪仙。

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曾參與工作坊：賴筠婷《茶壺》

Workshop joined: Teapot by Lai Kwan Ting, Sue

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「白麵包一毫子兩個，沒甚麼味道的，  
涼茶要五毫子才一碗！」

*“Two pieces of bun cost 10 cents, but the bread was tasteless.  
A bowl of herbal tea cost 50 cents!”*

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Chinese people love tea, and simple ink painting often shows the pleasures of life. However, Au Yau said, “we always drank water at home.” When she was young, life was tough and it was hard to make a living. “Two pieces of bun cost 10 cents, but the bread was tasteless. A bowl of herbal tea cost 50 cents! We needed to work hard in the fields and ate a few bowls of rice per meal.” She continued, “as for the milk, good quality milk was expensive.” Au Yau lived in Panyu before and after the war. She said she had used the kerosene stove and charcoal stove displayed in the museum, and “they became popular only after the war.”

Even though life was difficult, Au Yau would go to watch the Cantonese opera performances at leisure. There were no fixed venues for the performances, many of which were held in temporary bamboo theatres. As for the indoor performances, there were two evening shows at 7:30 p.m. and 9:30 p.m. “We would have dinner after work, and then go to the show. The second show wouldn’t finish before 11:00 p.m.” Her favourite performers were the extremely popular idols Yam Kim-fai and Pak Suet-sin.

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頂  
清遠

清遠

遠  
清遠

春芽





# 池

ALBERT

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後生時，我住在旺角，大概四十年代尾、五十年代初。旺角戲院很多，好像彌敦道麗斯戲院、奶路臣街域多利戲院、亞皆老街新華戲院等。新華戲院的椅子很特別，可以伸縮，坐飛機機艙的座位一樣，很舒服的。當時戲院分頭等及次等，劃位的，最高級的是百老匯，專放首輪電影。我不喜歡看大戲，嫌它悶。不過我媽跟她的朋友總愛到油麻地、佐敦附近的普慶戲院前面，看神功戲看名伶。

士多跟現在的差不多，甚麼都有，以磅為買賣單位。我常喝維他奶，凍的兩毫子，熱的要三毫，也買過毬子踢。牛奶呢，是奢侈品來，不會買。我們早餐寧願在水裡放砂糖，伴油炸鬼來吃，這樣的話，不到一毫子就吃飽了。

我以前常去科學館及藝術館，歷史博物館是頭一次去。導賞員講解得十分詳細及清楚，館裡那些東西全是我們的集體回憶，值得保留啊！至於工作坊，導師用心教我們怎樣用毛筆去畫仔細的線條，不過我畫得較粗枝大葉，還順手在壺嘴加了幾筆煙，水滾茶靚嘛。

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曾參與工作坊：賴筠婷《茶壺》

Workshop joined: Teapot by Lai Kwan Ting, Sue



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「導賞員講解得十分詳細及清楚，館裡那些東西  
全是我們的集體回憶，值得保留啊！」

*“The docent’s explanation was clear and detailed. All the exhibits  
carry our collective memory and should be well preserved!”*

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When I was young, I lived in Mongkok in the late 1940s to the early 1950s. There used to be a lot of cinemas in Mongkok, such as Ritz Cinema on Nathan Road, Victoria Theatre in Nelson Street and Gala Theatre in Argyle Street among others. The seats in Gala Theatre were rather unusual. They were reclined like aircraft seats, really comfortable indeed. At that time, the seats were divided into first class and second class, and you could make your choice at the ticket office. Broadway, which specialised in first runs, was the most prestigious cinema. I did not like Cantonese operas, finding it very boring. My mother liked to go to Yaumatei and Jordan with her friends to watch the theatrical performances in front of Astor Theatre as well as the famous performers.

In the past, stores were pretty much the same as today. They carried everything, and things were usually sold by weight as unit, measured in pounds. I drank Vitasoy all the time, 20 cents for chilled and 30 cents for hot. I had also bought shuttlecocks to play with. Milk was a luxury item, so I never bought it. We preferred deep-fried Chinese pastry dipped in sugar water for breakfast. It was cost less than 10 cents to fill in my stomach.

I used to go the Science Museum and the Museum of Art a lot. This is the first time I have visited the Museum of History. The docent’s explanation was clear and detailed. All the exhibits carry our collective memory and should be well preserved! In the workshop, the artist taught us how to draw delicate lines with an ink brush, but I could not really manage that and my piece has rather thick lines. I added a few strokes at the spout to represent steam, as you know, hot water makes good tea.

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祖幼宗德流芳遠  
羅門堂上歷代祖先之神位  
子孝孫賢世澤長







# 梁蕙珠

LEUNG WAI CHU

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去看《香港故事》展覽挺開心的，想起後生時候就特別開心。我小時候用過火水燈，不過沒有展覽廳那個漂亮。我們用的多是單色，銅的金屬色，外邊有一個長形玻璃罩，點火時要把它拿起來。後來，即使有電燈，火水燈還很常用，因為「電用多了，包租婆會罵人！」

我畫的時候，按自己記憶添上色彩。「燈中間白色的是火，下面是一排按鈕。當然，我用的沒有這排按鈕，也沒有那麼好看的花座。至於背景，我畫了窗簾，代表在房間裡點燈。」

Seeing the *Hong Kong Story* exhibition was a happy experience. It was great to recall the memories of those days. We had a kerosene lamp when I was small, although not as pretty as the one in the exhibition gallery. Most of the kerosene lamps were mono-coloured, usually just the colour of copper as well. The lamp had a glass cover, which had to be lifted in order to light the fire. Kerosene lamps remained popular even after there was electricity supply.

When I drew the painting, I added colours based on my memories. "The white colour in the centre of the lamp represents fire, and there is a row of buttons below. Of course the one I had did not have these buttons or this pretty base either. As for the backdrop, I draw curtains to show that the lamp is lit in a room."

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曾參與工作坊：吳家俊《畫舊物》

Workshop joined: *Drawing Vintage Objects* by Ng Ka Chun



# 仇金

## CHOU KUM

香港從來是移民城市，初到貴境生活，各項細節均得解決。仇金從鄉下來香港，住在上環一個床位，她說：「七個床位就住上幾十人了！床上方還有木樓梯，人家返工返學經過，吵得好似要塌下來一樣。」情況恰如五十年代電影《危樓春曉》，「板間房沒有獨立廁所，要『倒夜香』，大小二便在廚房解決，上廁時拿根竹橫門在門後，就代表有人在用。」

物質匱乏，養成老一輩人省儉的習慣。衣服破了就補，破了又補，至於找甚麼來補呢？就是找些舊衣物剪些布出來補，「我煮飯穿的圍裙也有補過，怎似現在的年輕人，故意穿那些破破爛爛的牛仔褲，還說新潮呢！」

仇金在工作坊裡畫了個暖水壺，不過她用的沒那麼多款式。雖然，她曾用過的是淨色，但畫起來卻是花碌碌的「貪靚囉，我自己喜歡。那些格仔沒甚麼特別意思，我覺得如果暖水壺是這樣，也不錯看啊！」

Hong Kong has always had immigrants, and the new comers need to sort out their everyday lives. When Chou Kum came to Hong Kong from her hometown, her family rented a bed in Sheung Wan. She said, "there were as many as a few dozen people living in seven beds! There were wooden staircases above our bed. When the other tenants went past us to go to school and work, it felt as if the bed would collapse." It was just like the scene depicted in the 1950s film, *In the Face of Demolition*. "There were no bathrooms in the cubicles. A night soil collector would come to collect the waste. We relieved ourselves in the kitchen. If the door was barred with a bamboo pole, it meant someone was "doing business" inside.

Insufficient of supplies made the older generation become frugal. If clothes were torn, they would be mended with pieces of fabric cut from old items of clothing. "Even my apron had been mended several times. We were not like young people nowadays who love to wear ragged jeans and say they are trendy!"

In the workshop, Chou Kum drew a hot water flask. Even the one she had used, did not have such fancy design. Despite having used a plain flask, she drew one with colourful patterns: "I like beautiful things. The chequered pattern does not have any special meaning. I just thought it would be nice on a hot water flask!"

曾參與工作坊：吳家俊《畫舊物》

Workshop joined: Drawing Vintage Objects by Ng Ka Chun





# 黃少琴

WONG SAU KAM

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我們穿的是「大襟衫」，統統是自己裁自己剪，手縫的，一針一線。我們縫衫給自己算不上甚麼大件事，「返鄉下時才辛苦啊，用擔挑擔臉盆啦、鍋啦，甚麼東西都擔上膊。返去要走很多路，連衣服肩膊的位置也磨爛。」

有火水燈之前，我們晚上點松香，黑色的，似拜神的香，沒火水燈那麼亮。我畫的火水燈五顏六色，畫完後，人家說畫作與我當時穿的衣服相襯，我還不以為意呢！不過細看一下，又真的像。

We wore wide lapel tops made by ourselves. It was a big deal when we came back to our hometown. We carried everything with a shoulder pole, including washbasins and pots and pans. It was a long road back to our hometown, and our clothes would be torn at the shoulders because of the weight of the loads.

Before there were kerosene lamps, we burned pine incense sticks. They looked like the incense sticks offered to the deities, but were black in colour. The light was not as bright as the kerosene lamps. I drew a colourful kerosene lamp. When I finished the painting, everyone said the lamp matched the colour of my clothes. I did not notice at first, but when I looked closely, I realised it did.

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曾參與工作坊：吳家俊《畫舊物》

Workshop joined: Drawing Vintage Objects by Ng Ka Chun





# 郭燕芳

KWOK YIN FONG

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博物館那些衣車跟我的差不多，用腳踩的，踩得久腿都酸啊！我以前靠車衣賺錢，專門拿小孩子的衣服回家做，一天賺十塊八塊。「衣車怎樣來？買的話很貴，要幾百塊，我買不起便租回家用。」

我家裡沒有神位。小時候在鄉下要走難，東奔西跑，怎樣安神？鄉下那些「大天二」，恃著自己有錢有權勢，專門欺負我們這些窮人。我來到香港時候，住過香港島那邊，不過現在連路都不認得，不會走了。

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曾參與工作坊：賴筠婷《茶壺》

Workshop joined: Teapot by Lai Kwan Ting

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「我家裡沒有神位。小時候在鄉下要走難，  
東奔西跑，怎樣安神？」

*“We did not have a spirit tablet in our home.  
When I was young, we left our hometown to escape from the war.  
We were on the move all the time,  
how could we give peace to the deities?”*

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The sewing machines displayed in the museum were similar to the one I used to have. It had a foot pedal and I remember my leg would be sore if I used the machine for a long time. I used to make children's clothes at home to earn eight to ten dollars a day. Where did I get my sewing machine? One would cost a few hundred dollars. I could not afford to buy a sewing machine so I rented one instead.

We did not have a spirit tablet at home. When I was young, we left our hometown to escape from the war. We were on the move all the time, how could we give peace to the deities? The rural bullies, who took advantage of their wealth and power, always bullied poor people like us. When I first came to Hong Kong, I lived in Hong Kong Island, but I think I don't know any place now.

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出入務宜身以禮







# 葉樂如

YIP LOK YU

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香港社會常變，歷史裡一幕一幕顛沛流離。樂如曾分別在澳門及香港讀過四年書，「日本仔來，便開始打仗無書讀」。她小時候家境不錯，有工人打理家務，她不用自己買菜做飯，「但後來我自己也做過人家的工人，環境變了，還變得很快！」

談到往尖沙嘴歷史博物館參觀時，她說現在該區面目全非。「我曾在尖沙嘴住上二十三年。我爸爸在碼頭那邊當苦力，所以一家人住在附近的宿舍。以前尖沙嘴有很多住宅，買菜呢會到海防道街市，要便宜的就到油麻地，不過現在很多店舖都沒有了。」後來，樂如信奉了基督教，而她父親則是天主教徒。家人宗教信仰不同仍相安無事，但人死後要給上香的民間習俗倒令樂如耿耿於懷，「我爸過身，屋企人給他安祖先神位，我心裡一直不舒服。」

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曾參與工作坊：賴筠婷《茶壺》

Workshop joined: Teapot by Lai Kwan Ting

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談到往尖沙嘴歷史博物館參觀時，  
她說現在該區面目全非。

*On the visit to the Museum of History in Tsim Sha Tsui,  
she said the area had changed completely.*

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Lok Yu had attended school for four years in Macau and Hong Kong. She recalled, “war broke out when the Japanese came, and I stopped going to school.” When she was young, her family was quite well off. They had domestic helpers and she did not have to cook meals at all. “But later I had to work as a domestic helper. Things changed so quickly.”

On the visit to the Museum of History in Tsim Sha Tsui, she said the area had changed completely. “I had lived in Tsim Sha Tsui for 23 years. My father was a coolie at the pier, and we lived in the coolie quarters nearby. In the past, Tsim Sha Tsui was largely a residential area. We went to the market at Haiphong Road to buy fresh food, or to Yaumatei because things were cheaper there. Today, many shops are no longer there.” Lok Yu later became a Protestant Christian, whereas her father was a Catholic. Different religious beliefs did not pose a problem for her family at all, but Lok Yu is deeply disturbed by the folk custom of burning incense for the deceased. “After my dad passed away, my family set up a spirit tablet for him. That made me feel very uncomfortable.”

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# 鄭宏錦

CHENG WANG KAM

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我一生人住過很多地方，我爸爸曾在安徽做事，我自己則在台灣多年。大概八十年代，我才來到香港，廣東話我懂，雖然說得不好。

我年輕時在大陸，高中畢業後就被共產黨解放了！大學空掉，我們要到山上的大學去做事，待在那裡沒書唸，要聽共產黨講道理。不過，我從小到大都沒有幹過粗活，連廚房也沒進過，結婚之後也不用我進廚房。

那時候，女士們流行燙頭髮，我常去理髮店修甲。哪一個明星紅了，我們就跟著燙那種髮型，國語片裡有一個叫李麗華的女星，不過你們廣東人可能不太熟。我記得，曾經燙了個新髮型後到九龍那邊的影樓拍照，照片竟然被影樓放大，還貼到門外作招徠！

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曾參與工作坊：賴筠婷《茶壺》

Workshop joined: Teapot by Lai Kwan Ting



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「我年輕時在大陸，高中畢業後就被共產黨解放了！  
大學空掉，我們要到山上的大學去做事。」

*“I lived in Mainland China when I was young. The country was liberated by the Communist Party after I graduated from high school. Our University had been closed, and we had to go to a university in the mountains to work.”*

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Throughout my life I have lived in many places. My father had worked in Anhui province, whereas I had lived in Taiwan for many years. I only came to Hong Kong in the 1980s. I can speak Cantonese, but not very well.

I lived in Mainland China when I was young. The country was liberated by the Communist Party after I graduated from high school. Our University had been closed, and we had to go to a university in the mountains to work. There were no classes for us to attend there, just lectures on Communism. Nonetheless, I have never done any labour work in my whole life. I have never cooked a meal, and did not have to cook even after I was married.

At that time, hair perms were popular, and I often went to the salon to have my nails done. We copied the hairstyle of actresses who were famous. One of them was a Mandarin actress called Li Lihua, but Cantonese people may not be familiar with her. One time, I went to a studio in Kowloon to have my photograph taken after I got a new perm. To my surprise, my photograph was enlarged and put up in the shop window to attract customers!

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貨如輪轉  
如意興隆  
源廣進  
爭勝香  
不安  
精神  
堂







# 郭亞桃

KWOK AH TOO

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鴨脷洲老街坊亞桃說，以前樓房多是兩、三層高，只有樓梯上落，地下正如博物館內仿建的雜貨舖、米舖及藥材舖般。因香港仔漁業興旺，「老闆賺了錢會買樓買金，不過（鴨脷洲）沒有金舖，買就要到香港仔買。」

公屋興建是香港城市發展的標誌，石硤尾七層大廈至今仍有保留。不過，亞桃說黃竹坑的公屋沒那麼好，她回憶裡的生活簡樸而斑駁。「門前有道鐵閘，屋內沒有間隔，露台就是廚房，我們當時用火水爐煮飯。床位不夠，子女要睡帆布床，『朝笏晚拆』。」

繪畫工作坊中，她畫了個上海理髮店三色旋轉筒燈，除了典型的藍、白、紅外，作品感覺卻平實不華。原來，有筒燈作招徠已屬「高貴」理髮店，「舊式那些門面黑漆漆的，替男人理髮的不會有筒燈。鴨脷洲只有一家筒燈，分男女部，女的當時流行電髮（燙髮），但不是個個師傅都懂得電。」

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曾參與工作坊：吳家俊《畫舊物》

Workshop joined: Drawing Vintage Objects by Ng Ka Chun

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「公屋興建是香港城市發展的標誌，  
石硤尾七層大廈至今仍有保留。」

*“Public housing is the symbol of Hong Kong’s urban development.  
The seven-storey public housing  
blocks in Shek Kip Mei are preserved until today.”*

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According to Ah Too, a long-time resident of Ap Lei Chau, buildings in the old days were mostly two to three storeys high. There was no lift, most grocery stores, rice shops and Chinese medicine shops on the ground floor like those reconstructions replicated in the museum. Aberdeen was a prosperous fishing port, and “business owners would buy properties and gold with their profits, but there was no goldsmith in Ap Lei Chau. As such, they had to go to Aberdeen to buy gold.”

Public housing is the symbol of Hong Kong urban development. The seven-storey public housing blocks in Shek Kip Mei are preserved until today. Yet, as Ah Too recalled, the public housing blocks in Wong Chuk Hang were not as nice, and her life was simple. “There was an iron gate at the front door, and no partition inside the flat. We cooked on a kerosene stove in the kitchen outside that was also the balcony. There were not enough beds, so children slept on canvas folding beds that were put away during the day.”

At the painting workshop, she drew a tri-colour revolving barber’s pole. Despite the classic blue, white and red stripes, the work gives viewers a down-to-earth impression. It turned out that establishments with the barber’s pole were in fact “high class”. “The old-style hair salons did not have any lights in front of the shop, and those salons only had the barber’s pole. Indeed, there was only one salon in Ap Lei Chau that had a barber’s pole. It had two separate sections for men and women. Hair perms were very popular at that time, but not every hairdresser knew how to do a perm.”

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# 周燕飛

CHOW YIN FAY

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我曾去過博物館參觀，今次跟導賞員走一遍，覺得現在世界改變了很多。例如，以前的人都懂得針黹，煮飯主要用柴燒及火水爐兩種。我還記得，黃竹坑鴨脷洲有舖頭賣柴；炭呢，就在一般雜貨舖可以買到。

至於我畫的那個雞籠，其實舊時家裡都用類似的籠養雞。竹篾的顏色，本來應是黃黃啡啡的，但我喜歡配搭其他顏色上去；起初不覺得太滿意，後來越看越覺得不錯，畫得很高興呢！

I had been to the museum before, but this time I was guided with a docent. It made me feel that the world has changed a lot. For example, everyone in the old days could do needlework, and most people had firewood stoves or kerosene stoves in the kitchen. I still remember we could buy firewood and charcoal in grocery stores in Ap Lei Chau.

The chicken cage I drew was used by many families in the past to keep chicken. As for the bamboo strips, they should be brownish yellow but I wanted to add other colours to them. At first I was not satisfied with my piece, but the more I looked at it, the more I liked it. I had a great time drawing the painting!

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曾參與工作坊：吳家俊《畫舊物》

Workshop joined: Drawing Vintage Objects by Ng Ka Chun







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# 潘淑慈

JANET POON

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我最初是住在港島的，從中環威靈頓街，搬到灣仔駱克道、分域街，後來過了九龍彩虹邨，現在就住上水。中環的雜貨舖最為齊全，有很多乾貨及煲湯材料，買多買少可以按自己需要；米可以一袋袋買，「手頭緊」（經濟拮据）時可以買一小包，店員是用報紙包的。以前，我學過裁縫製衣，所以認識幾個賣布的朋友，不過，那些布行已從中環搬到上環了。

我畫畫做手工的經驗，只限於小學美勞課。這個皮影人偶是老師教我們做的，顏色及衣飾卻是我自己選的。雖然我不太記得工作坊細節，但我最後是做了個「鬼婆」出來，很有趣的。

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曾參與工作坊：黃詠琴《皮影戲》及賴筠婷《樹林》  
*Workshop joined: Shadow Puppetry by Wong Wing Kam  
and Forest by Lai Kwan Ting*



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「這個皮影人偶是老師教我們做的，  
顏色及衣飾卻是我自己選的。」

*“The artist taught us how to make this shadow puppet.  
I chose the colours, the clothes and the accessories myself.”*

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In the beginning, I lived in Hong Kong Island. I moved from Wellington Street in Central to Lockhart Road and Fenwick Street in Wan Chai, and then to Choi Hung Estate in Kowloon. I now live in Sheung Shui. There were many grocery stores in Central, where you could buy dried goods and ingredients for soup, and you could buy just the amount you needed. Rice could be bought in bags, or in small portions wrapped in newspaper if you were on a tight budget. I took tailoring lessons and knew a few friends who owned fabric shops, but the shops have been moved from Central to Sheung Wan.

I have not really done any drawing or handicraft after primary school. The artist taught us how to make this shadow puppet. I chose the colours, the clothes and the accessories myself. Although I cannot remember exactly what I did at the workshop, but I managed to finish this “Lady from oversea”. It was very interesting indeed.

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# 胡秀英

AH YING

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我在上水住了六十年了，沒去過太多地方；還沒有鐵路時，人家還不知道上水在哪兒。上水一帶全是木屋，我們種田、養豬養雞的嘛。木屋的環境，比博物館展示的要惡劣，四個人睡一張床，有的要睡帆布床，我的女兒睡覺時曾被老鼠咬過。

我一世人都沒畫過畫，這是我第一次畫！老師怎樣教，我就怎樣畫，畫的時候很開心，也沒想過有人會欣賞自己的作品。至於那個皮影，它是一個書生，髮髻用上紫色及粉紅色，我是跟拍檔一起做的，互相幫忙一下。

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曾參與工作坊：黃詠琴《皮影戲》及賴筠婷《樹林》  
*Workshop joined: Shadow Puppetry by Wong Wing Kam  
and Forest by Lai Kwan Ting*



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「老師怎樣教，我就怎樣畫，畫的時候很開心，  
也沒想過有人會欣賞自己的作品。」

*“I just did what the artist told me to know.  
I enjoyed drawing the painting a lot,  
and I never imagined someone would like my work.”*

---

I have lived in Sheung Shui for 60 years, and have not been to many other places. Before the Kowloon Canton Railway opened, many people did not know where Sheung Shui was. The area mostly had wooden houses. We were farmers to grow crops in the fields and raised pigs and chickens. Compared with the museum display, the real living environment in the wooden houses was much worse. Typically four people slept on one bed, and some members of the family would sleep on canvas folding beds. My daughter had been bitten by a mouse during her sleep.

I have never painted in my entire life. That was my first try. I just did what the artist told me to know. I enjoyed drawing the painting a lot, and I never imagined someone would like my work. As for the shadow puppetry, it was a scholar. I worked on it with my partner and we decided to add a bit of purple and pink to his hair.

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# 林燦基

LAM CHAN KEE

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我十四歲來香港，在中環太子行的花店工作，賣花兼送貨。當時有很多外國客人，我雖然不懂英文，但老闆給我當總管，打點一切。鮮花是從外國運來的，所以不便宜，有的是老闆自己農場種的，有花王打理。

說起唱戲，上環大笪地那邊晚上，就是現在信德碼頭位置，有人唱歌又有人做買賣，十分熱鬧。不過，現在我九十六歲了，有機會跟一班人一起外出參觀博物館，畫一下畫，順道去飲茶吃飯，已經很不錯了。

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曾參與工作坊：賴筠婷《茶壺》

*Workshop joined: Teapot by Lai Kwan Ting*



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「現在我九十六歲了，有機會跟一班人一起外出參觀博物館，畫一下畫，順道去飲茶吃飯，已經很不錯了。」

*“But today, at 96 years of age, I feel very happy to be able to visit the museum in good company, draw some paintings and then have dim sum.”*

---

I came to Hong Kong when I was 14 years old, and worked at a florist in Prince's Building, Central, selling and delivering flowers. At that time, we had a lot of expatriate customers. Although I could not speak English, the boss put me in charge of the shop. The flowers were mostly imported and thus very expensive. Some of them were grown by horticulturists in my boss' farm.

In the evenings, there were singing performances and a night market in Sheung Wan Gala Point, where Shun Tak Centre stands today. It was always a boisterous and lively scene. But today, at 96 years of age, I feel very happy to be able to visit the museum in good company, draw some paintings and then have dim sum.

---





# 藝術

歷史

HISTORY — ART — MEMORY

記憶

其實，我們只需要把  
一點點記憶，結合一點點  
創意，混入一點點膽量，  
再加一點點歡笑，  
誰都可以享受創作的樂趣。  
就算從未曾執筆，也可作畫；  
即使手腳不夠靈巧，  
也可以搓搓貼貼；  
那管不再明火烹廚，  
我們也可充當點心師傅！

---

*As a matter of fact, anyone can enjoy the pleasures of artistic creation — just mix a bit of memory with some creativity, then add a pinch of courage and a dose of laughter. Even those who have never held a pen can draw; even those whose hands are not nimble can knead clay or stick pieces of materials together; even though we no longer cook on gas stoves, we can all be dim sum masters.*

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## 喜慶如意迷你花牌

MINI FESTIVE FLORAL TRIBUTE

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藝術家 / 導師：阿三 *Artist / Instructor: Chan Sai Lok*

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活動目標：再現民間手藝，轉化節慶宣傳形式為輕巧手工 教授技巧和知識：文字繪畫方法及裝飾設計  
Objective: Re-present folk craftsmanship and convert festive promotional form to simple handiwork  
Techniques and knowledge taught: Text painting and decorative design

## 熱水瓶、手提包及罐頭製作

HOT WATER FLASK, PURSE AND CAN PRODUCTION

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藝術家 / 導師：鄭淑宜 *Artist / Instructor: Eastman Cheng*

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活動目標：體會港式味道，回顧日常物品 教授技巧和知識：拼合能力、雕塑結構及色彩配搭  
Objective: Experience the taste of Hong Kong and revision items of everyday use in the past  
Techniques and knowledge taught: Merging ability, sculpture structure and colour coordination

## 廣告牌日曆 CALENDAR POSTER



藝術家 / 導師：朱卓慧 Artist / Instructor: Chu Cheuk Wai, Margaret

活動目標：從懷舊廣告牌日曆勾起記憶，並發揮創意製作紀念品 教授技巧和知識：版畫印刷方法、肖像畫及水彩著色方法

Objective: Recall memories through vintage calendar posters and create original souvenirs

Techniques and knowledge taught: Woodblock printing and portrait and water colour painting

# 區旗創作

## SAR FLAG DESIGN

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藝術家 / 導師：方韻芝 *Artist / Instructor: Fong Wan Chi, Vangi*

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活動目標：每支區旗設計，都是對未來香港的想像 教授技巧和知識：移印技法、幾何圖形拼合及調色技巧

*Objective: Every SAR flag design represents a vision of Hong Kong's future*

*Techniques and knowledge taught: Transfer printing, geometric shapes collage and colour mixing techniques*



## 回憶不老之上茶樓及竹筴私織物

### EVERGREEN MEMORY – GOING TO THE CHINESE RESTAURANT AND BAMBOO WEAVING

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藝術家 / 導師：高便蓮 *Artist / Instructor: Ko Bin Lin, Koko*

活動目標：講呢啲？就是排排坐，一齊快樂創作咁簡單！ 教授技巧和知識：用手塑造他她牠它的回憶，留個貼心小信物

Objective: Let's get together, create and have fun!

Techniques and knowledge taught: Recreate memories in the form of small handcrafted keepsakes



## 漁船、樹叢及茶壺 FISHING BOATS, FOREST AND TEAPOTS



藝術家 / 導師：賴筠婷 Artist / Instructor: Lai Kwan Ting, Sue

活動目標：透過中國畫形式表現香港風貌 教授技巧和知識：毛筆運用、線條描繪及中國畫上色方法

Objective: Represent Hong Kong through Chinese painting

Techniques and knowledge taught: Use of ink brush, line drawing and Chinese ink painting techniques



# 畫舊物

## DRAWING VINTAGE OBJECTS

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藝術家 / 導師：吳家俊 *Artist / Instructor: Ng Ka Chun*

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活動目標：認識香港舊物件，提升觀察力及繪畫信心 教授技巧和知識：描繪能力及色彩配搭  
Objective: Learn about old objects in Hong Kong, improve observation and enhance confidence in drawing  
Techniques and knowledge taught: Drawing ability and colour coordination





## 變臉及皮影戲

### FACE MASK CHANGING AND SHADOW PUPPETRY



藝術家 / 導師：黃詠琴 *Artist / Instructor: Wong Wing Kam*

活動目標：透過戲偶製作與展現，尋回昔日美好感覺 教授技巧和知識：用簡易方法，產生「嘩」一聲的震撼

*Objective: Relive the good old days through creating puppets and shadow puppetry*

*Techniques and knowledge taught: Create "WOW factor" in simple ways*

## 看看、說說、上「相」色 LOOK, SAY AND COLOUR



藝術家 / 導師：嚴婉芬 *Artist / Instructor: Yim Yuen Fan, Esther (Tar Tar)*

活動目標：發揮創意為香港昔日黑白圖片添色彩 教授技巧和知識：閱讀影像、模擬舊時代黑白攝影的上色方法

*Objective: Add colours to old black and white photos of Hong Kong*

*Techniques and knowledge taught: Image reading and black and white photo colourisation*





# 藝術家自述

## ARTIST STATEMENT

喜慶如意迷你花牌工作坊導師 阿三

*Chan Sai Lok, Mini Festive Floral Tribute Workshop Instructor*

跟長者一起創作的機會不少，他們人生閱歷豐富，當中臥虎藏龍；但要畫畫做手工時，他們都很謙虛說自己做不來，做不來。當知道要做的是迷你小花牌，及如何做之後，鬼主意則源源不絕。「我好鍾意呢啲閃石！我成世人都無擺過咁多石。」人一世物一世，他們活到這個年紀，有得玩就會去玩，有得試就試一試。藝術創作不就是要這種膽量，替自己開闢天地嗎？或者，我們對長者的想像可以遼闊一點，對自己的規限也盡量少一點。

I have had a lot of opportunities to work with elderly. They have loads of life experiences, and some of them are actually very talented; but when it came to drawing and doing craftwork, most participants humbly said they were not up to it. After they knew we were making mini festive floral tributes, all of a sudden they started having all sort of creative ideas. "I love these crystals! I have never held this many crystals in my life!" Life is about enjoyment. At their age, they should indulge in fun experiences and try new things. Is this courage not exactly what is required for artistic creation, to open new frontiers for oneself? Perhaps we can give more room for imagination to our elderly and less limitation to ourselves.

熱水瓶、手提包及罐頭製作工作坊導師 鄭淑宜

*Eastman Cheng, Hot Water Flask, Purse and Can Production Workshop Instructor*

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要為長者度身訂造一系列軟雕塑工作坊，存在很多不確定和限制，如步驟是否妥當、物料是否合適等。最大的挑戰還是軟雕塑的題材，長者是否喜愛。過去多次工作坊裡，都需要不斷改良和調節新題材，感謝「藝術在醫院」同事在過程中的協助，以及提供寶貴的意見。同時，我覺得這計劃不只是長者創作坊，更是我創作的另一面，可惜計劃已完結，我十分期待將來再與長者共同創作的機會。

When designing a series of soft sculpture workshops for the elderly, there were a lot of uncertainties and limitations; for instance, the procedures and materials must be suitable for them. The greatest challenge lay in whether the elderly liked the subject matter of the soft sculpture. In the past workshops, we had to keep improving and modifying the subject matter. I am grateful to the staff of Art In Hospital for their assistance and valuable suggestions during the process. Meanwhile, I think the programme was not only art workshops for elderly, but it also showed another side of my creative work. It is a shame the programme has ended. I look forward to working to more elderly in the future.

「我很珍惜和他們一起的工作坊，  
因為他們高興我也很高興。」

*“I cherished the time I spent with them in the workshop,  
because they were happy and I was happy.”*

廣告牌日曆工作坊導師 朱卓慧

*Chu Cheuk Wai, Margaret, Calendar Poster Workshop Instructor*

「你畫的很似你!哈哈」「這是當年最時髦的髮型!」「我開了間涼菓店，因為我細時最鍾意食涼菓!」「我這間店叫忠記，因為我以前間服裝店叫忠記。」以往這種明星月份牌是商號為酬謝顧客的禮物。今次透過工作坊，是希望跟長者一邊創作，一邊回顧，細聽他們在月份牌中的故事。他們可以在牌中繪畫自己的明星臉（個性化表現）和回憶（創作月份牌上的商號名稱）。我很喜歡他們互相研究畫中人是否似自己，又很喜歡聽他們說出各種店舖與他們的關係。我很珍惜和他們一起的工作坊，因為他們高興我也很高興。

“That looks like you in the painting!” “This was the trendiest hairstyle at the time!” “I opened a confectionery shop, because I loved confectionery when I was small.” “My shop is called Chung Kee. That’s the name of my clothing shop in the past.” Merchants in the past used to give these calendar posters featuring film stars to their customers for free. In the workshop, I hope the elderly could recall and share with me their calendar posters stories while they worked on their pieces. They could draw their “star look” on the calendar posters (expression of personality) and their memories (merchant names on the calendar posters). I loved it when they discussed with one another whether the figures in the drawings resembled themselves, and I enjoyed it when they told me what the shops meant to them. I cherished the time I spent with them in the workshop, because they were happy and I was happy.

### 區旗創作工作坊導師 方韻芝

*Fong Wan Chi, Vangi, SAR Flag Design Workshop Instructor*

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歷史博物館常設展《香港故事》結尾是高高懸掛的區旗，象徵特區成立及殖民歷史告一段落，當下想起藝術家程展緯的作品《風向儀——落選區旗》。他留意到區旗比賽中落選的每個作品都是對香港未來的想像，因此，我構思區旗工作坊，正是讓長者提出對香港的期望。我記得，其中一位長者在洋紫荊圖案下添上葉和莖，期望香港能像植物一樣充滿生命力。

The permanent exhibition of the Museum of History, Hong Kong Story, finishes with a flag of the SAR hanging from the ceiling, which symbolises the founding of the SAR and the end of Hong Kong's colonial history. At that moment, I was reminded of the work, *An Anemoscope: A Failed Regional Flag*, by artist Luke Ching. He noticed every rejected entry in the regional flag design competition was essentially a vision of Hong Kong's future. The idea of a SAR flag design workshop came to me because I wanted to give the elderly an opportunity to voice their hopes for Hong Kong's future. I remember one participant adding leaves and stems to the Bauhinia flower because she/he hoped Hong Kong would be full of life like plants.



回憶不老之上茶樓及竹筴私織物工作坊導師 高便蓮  
*Ko Bin Lin, Koko, Evergreen Memory – Going to the Chinese Restaurant  
and Bamboo Weaving Workshop Instructor*

我記得「耆趣藝遊」有件小事。

有一次活動，我遇上李阿姨，她是第一次到訪歷史博物館，她十分開心，尤其是講舊年代生活時，講得特別起勁。工作坊上，大家用輕黏土試整一籠籠蝦餃燒賣點心，她就說：「啐～個時女人邊有得成日上茶樓㗎。」耆友搭訕：「咪係，個時係啲男人帶埋籠雀去茶樓嘅咋。」「仲有呀，個時茶樓有點心妹啖嘛！」「咪陳寶珠囉！」「哎～高高，我煮飯就識啫，點識整點心呀。」說時遲那時快，講完她已經包好一籠點心！

真心想給她一個 LIKE，我想李阿姨有 Facebook。

One incident in Journey for Active Minds has left a lasting impression on me. I met Aunty Lee in one of the activities. It was her first visit to the Hong Kong Museum of History, and she was ecstatic. When we talked about life in the past, she was particularly excited. At the workshop, everyone was making shrimp dumplings, siu mai and other dim sum with soft clay, and she said, “in the past, women didn’t really get a chance to go to restaurants.” “Exactly. In those days, men brought their bird cages to restaurants,” another elderly said. “And there were young women serving dim sum in the restaurants!” “That was Connie Chan!” “Ayi, Ko Ko, I can only cook dinner. I don’t know how to make dim sum.” But just as she finished that sentence, her dim sum was done.

I really want to give her a LIKE. I wish Aunty Lee was on Facebook.

「我深信，藝術能予人帶來滿足和快樂，  
願每位參與者也樂在其中。」

*“I strongly believe that art can bring contentment and happiness  
to people, and hope every participant enjoyed the workshop.”*

漁船、樹叢及茶壺工作坊導師 賴筠婷

*Lai Kwan Ting, Sue, Fishing Boats, Forest and Teapots Workshop Instructor*

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謝謝「藝術在醫院」，讓我有機會接觸一班活潑可愛的老友記，透過教授水墨畫，加深參加者對參與是次展覽或活動的印象。也謝謝參與工作坊的老友記，你們的作品實在很棒，一筆一劃都充滿了勇氣和情感。我深信，藝術能予人帶來滿足和快樂，願每位參與者也樂在其中。

Thank you Art In Hospital for the opportunity to become friends with the lovely elderly. Through the ink painting workshop, the participants were able to reinforce their memory of the exhibition or activity. I would also like to thank the elderly who took part in the workshop. You were great! Every stroke you drew speaks courage and rich emotions. I strongly believe that art can bring contentment and happiness to people, and hope every participant enjoyed the workshop.

「活到老學到老，他們學習的興致及動力都很高，  
很有能量很活潑，叫人喜出望外。」

*“Learning is a lifelong endeavour.*

*The elderly were highly motivated learners. They were energetic  
and lively, and this was a pleasant surprise.”*

畫舊物工作坊導師 吳家俊

*Ng Ka Chun, Drawing Vintage Objects Workshop Instructor*

每次在活動室準備著工作坊的材料和工具時，差不多的上課的時候，門外總傳來耆英們興高采烈發出的交談聲、笑聲，好像中小學生時期一年一次秋季大旅行外出遊玩的感覺。

活到老學到老，他們學習的興致及動力都很高，很有能量很活潑，叫人喜出望外。那些他們年輕時見過的場景和物件，他們一邊做著作品，偶然說著被喚起的就是回憶，有甜有苦，但說起來還是很像分享著一份寶藏。看到他們完成作品後喜悅的表情，合照時舉起作品精神奕奕地對著鏡頭笑，短短不足一個小時的工作坊可以帶給他們如此滿足，創作的力量真大，耆英們的笑容帶給人的力量也很大。

Before every workshop, when I was preparing the materials and tools, I would hear the elderly talking amicably and laughing outside the room. They were like a group of primary students all thrilled about their annual autumn outing.

Learning is a lifelong endeavour. The elderly were highly motivated learners. They were energetic and lively, and this was a pleasant surprise. When they were working on their pieces, they would reminisce about the scenes and things they had seen in their youthful years. The memories, whether happy or sad, were deeply cherished. After they finished the artwork, the elated expression on their faces was precious. They smiled with so much energy, holding their work, when we took the group photo. The power of artistic creation is perfectly illustrated by the contentment they felt after just one workshop that lasted less than an hour. Of course, the elderly's smiles were also empowering.

變臉及皮影戲工作坊導師 黃詠琴  
*Wong Wing Kam, Face Mask Changing and Shadow Puppetry  
Workshop Instructor*

---

在我身邊的長者，都是把經驗傳授給我的人。尤其是我傳統藝術的背景，師徒關係很重要，而師父教的就是理所當然，有不少留白。在活動中，與老友記分享，不單在藝術上，而是生命的互動。走訪不同背景的那個他或她，我的留白，就不期然地從他們之中補上，這是最深刻的體會。（起碼讓我知道麻將係冇「十萬」架！！！）

All the elderly close to me are teachers who have passed their experiences on to me. Particularly with my traditional art background, master-apprentice relationship is very important. What my teachers taught me was unquestionable and left a lot of blank spaces. During the activity, the exchanges between my elderly friends and I were about life as much as art. Speaking to each one of them, who came from different backgrounds, the blank spaces were filled. This was the most important insight that I had. (At least I found out there was no “one hundred thousand” tile in mahjong!)



「這些日子裏，能遇上大家，  
讓我的回憶……被聲音、色彩所豐富了！」

*“Knowing you in those days,  
has enriched my memory...with sound and colours.”*

看看、說說、上「相」色工作坊導師 嚴婉芬

*Yim Yuen Fan, Esther (Tar Tar), Look, Say and Colour Workshop Instructor*

觀看昔日之黑白舊照片，像走進了時光隧道一般，  
老友記高歌「光棍姻緣」，歌聲仍在腦海裡縈繞著，  
這些日子裏，能遇上大家，  
讓我的回憶……被聲音、色彩所豐富了！  
還有，讓我……對香港故事……  
對老友記……對自己……對別人……  
認識也多了一點點……  
了解也多了一點點……一點點……

Seeing the old back and white photos, I feel like I have travelled through time.  
In my mind, I can still hear my elderly friends sing “A Bachelor’s Love Affair”.  
Knowing you in those days,  
has enriched my memory...with sound and colours.  
Also, I have learned...a bit more...  
about the Hong Kong Story...  
about my elderly friends...about myself...about others...  
I have learned a bit more...a bit more...

我們衷心感謝所有長者及其陪同者的參與；醫護人員、社工、院舍及中心職員的支持；嘉賓講者、導賞員、藝術家導師及義工的協助。

*We gratefully acknowledge the participation of the elderly and their caregiver; support of the health care professional, social worker, staff from the elderly home and centre; assistance of the guest speaker, docent, artist / instructor and volunteer.*

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Caritas Ying Shui Home	Occupational Therapy Department, Kwai Chung Hospital	St. James' Settlement Wun Sha Elderly Centre
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FKPS Fung Kai Neighbourhood Elderly Centre	Po Leung Kuk Mrs. Chao King Lin Neighbourhood Elderly Centre	The Salvation Army Hoi Yu Day Care Centre For Senior Citizens
Great Honour Home for Elderly	Pok Oi Hospital Day Centre for the Elderly (Yuen Long)	The Salvation Army Lung Hang Residence for Senior Citizens
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Jockey Club CADENZA Hub		

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依英文字母先後序排列 List In alphabetical order

# 耆趣藝遊——賽馬會健腦行計劃

## JOURNEY FOR ACTIVE MINDS

### JOCKEY CLUB MUSEUM PROGRAMME FOR THE ELDERLY

主編：鄭嬋琦  
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藝術創作活動，是釋放心靈  
表達情感的窗口。

工作坊中，我們邀請每一位長者  
輕鬆參與，享受不同藝術形式  
帶來的樂趣。同時，繪畫的  
塗塗抹抹、小手工的搓捏，  
及物料的組合拼湊等，都承載  
每一位參與長者的生活點滴。

---

*Creative art activities offer ways to express feelings. At the workshops, we invite every elderly to indulge themselves in the pleasures brought to them by various art forms. Meanwhile, the strokes on the paintings, the making of handiwork and the putting together of materials all carry recollections of the life of every senior participant.*

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# 耆趣藝遊——賽馬會健腦行計劃

JOURNEY FOR ACTIVE MINDS  
JOCKEY CLUB MUSEUM PROGRAMME FOR THE ELDERLY

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博物館參觀與活動為腦退化症患者與其家人  
改善生活質素的效能研究

*Effectiveness of museum visit and activities on enhancing the quality of life  
of people with dementia and their caregivers*

期末報告

FINAL REPORT

*July 2015*

香港中文大學

The Chinese University of Hong Kong

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## 引言

腦退化症是影響認知及執行能力的腦部退化障礙，對日常生活帶來負擔(APA, 2013)。腦退化症分為不同類型，最普遍的阿爾茨海默症總共影響六至九成腦退化症患者。其他較為普遍的腦退化症類型包括影響二至三成患者、由慢性腦血管栓塞引起的腦退化症，並影響一成至一成五患者的利維體腦退化症。腦退化症的類型根據引發原因及症狀分類，例如阿爾茨海默症的特點是患者腦部出現原因不明的澱粉蛋白質斑與纏結，而慢性腦血管栓塞相關的腦退化症則因為流經腦部的血液減少而引致。患者有可能同時受多於一種腦退化症影響(ALZ, 2015)。

身理機能及精神衰退往往成為關係的障礙。有研究指出腦退化症患者(PWD)的家人因著患者未能維持發病前的溝通能力，而感受到關係變質(DeVugtet et al., 2003)。而日常功能上的退化，亦另不少人逼於無奈地退出既有的社交和家庭活動，過去的研究亦有指出腦退化症患者的孤單及忽略感(Phinney et al., 2007)。

一個人縱使在記憶及技能上出現退化，但仍有潛能參與各種有意義的活動，而博物館或許能夠為這些活動提供一個理想平台(Parsa et al., 2010)。有指博物館的展品能夠連結個人經歷並觸動情感流露，因此可以刺激有意義的回應。亦有人指出導賞活動能夠提供即時而且富有彈性的回應，並且營造一個溫馨的參與氣氛。至於博物館則能夠為參觀者提供一個不受殘障所影響的社會身份：不論是照顧者還是被照顧的人，所有人的參與同等重要(Silverman, 2002)。

紐約市的現代藝術博物館(MoMA)既是一個藝術機構，亦為腦退化症患者提供衛生服務。MoMA是首間為輕度至中度腦退化症患者開設特別工作坊及藝術探索導賞服務的博物館，為患者及他們的家人提供「抒發渠道以及對話平台」(p.94) (Rosenberg, 2009)。

2013年，香港賽馬會慈善信託基金(HKJCCT)與康樂及文化事務署(LCSD)均認為MoMA的工作能為

腦退化症患者提供有效益的服務，並可考慮將類似計劃引進本港博物館。

香港的博物館能為長者及腦退化症患者提供懷舊回憶和分享藝術探索經驗的理想環境。懷舊回憶是透過懷緬舊事、舊物及過去的日子，促進患者的記憶。參觀體驗涵蓋觀賞、分享及討論有藝術及歷史特色的展品，如：生活舊相片、服裝飾物、傢具、圖案、圖畫及日常用具等，有助參觀者表達意見和對話(Beshwate & Kasin, 2010)。另一方面，參與特別設計的工作坊，其中的藝術及文化探索讓腦退化症患者和他們的家屬照顧者在刺激記憶，分享經驗及互動交流中有所得益，建立患者的力量及平和感、信心及身份認同(Rhoads, 2009)。

由康樂及文化事務署主辦、香港歷史博物館籌劃、藝術在醫院協辦，香港賽馬會慈善信託基金獨家贊助的「耆趣藝遊 —— 賽馬會健腦行」先導計劃，於二零一四年開始舉辦，是香港首個以長者及腦退化症患者為主要服務對象的博物館活動。透過特別導賞團、工作坊及外展活動，鼓勵參加者及其家屬一同分享回憶及互動交流，藉以刺激思維；並培養長者及腦退化症患者對香港歷史、藝術及文化遺產的興趣，拉近與社區的距離。

本研究由康文署委託進行，香港中文大學(中文大學)負責收集部分參與者的數據，並輸入資料、進行分析，以及撰寫報告，而「藝術在醫院」(AIH) 及香港歷史博物館 (HKMH) 則分別負責招募參觀者，與收集部分參與者的數據。本研究的目標為評估和探討本項目的影響及成效，以及香港歷史博物館安排的教育活動如何提升腦退化症患者、他們的家人，以及沒有患腦退化症的人士(PWOD)的生活質素。

# 方法

## 參加者

經確診患上腦退化症的六十歲或以上長者，通過香港的日間中心參與是此研究。除卻參與半日活動的行動能力以及基本溝通與回應訪問的能力以外，研究並沒有要求參加者符合其他任何參加條件。所有腦退化症患者的家屬都被邀請陪伴家人參與活動以及接受訪問，每名腦退化症患者與自己的一名家人組成一對「組合」，接受觀察研究。而沒有認知障礙、並年滿六十歲的長者，亦在活動之後就他們的導賞經歷接受訪問。

## 樣本數

研究目標為招募50對腦退化症患者及他們的家人，以及1000名沒有患上腦退化症的長者。在收集資料的過程中，共有46名腦退化症患者及653名沒有患上腦退化症的長者接受研究。

## 研究設計

AIH邀請日間中心使用者報名參加於歷史博物館對外關閉的日子(星期二)舉行的活動。每一次參觀由歷史博物館內的導賞團及相關主題的藝術工作坊組成。研究以心理健康評估工具調查參加者的情緒、生活質素及心理健康。資料以不同形式收集：由家屬自行填寫的問卷、由研究員詢問參加者所得的非開放式題目，以及由研究員完成的觀察研究調查表。研究通過比對參加者參與活動前後的評估分數，以及分析研究員的觀察，評估「耆趣藝遊 — 賽馬會健腦行計劃」的成效及可行性。同時，研究亦以微型小組討論與訪問的方式收集更深入的意見，而收集深入意見的形式則取決於參與者的配合能力。

## 評估工具

研究使用的評估工具與問卷臚列如下：

### 1. 阿氏癡呆症生活質素量表(QoL-AD)

生活質素由阿氏癡呆症生活質素量表(QoL-AD)量度。QoL-AD由13個條目組成，特別為評估患腦退化症的人士而設計。分數愈高，代表自我評估的心理健康更好。

### 2. 臉譜量表(SFAS)

情緒由臉譜量表(SFAS)量度。量表只有一個條目，受訪者被邀請從五個代表遞進心情的臉譜當中，選擇一個以表示自己當刻的心情(非常不開心、有點不開心、中立、幾開心、非常開心)。分數愈高，代表心情愈好。

### 3. 通用健康問卷(GHQ-30)

心理徵狀以通用健康問卷調查。問卷由30個有關徵狀頻率的條目組成，例如「因為擔心而睡不著」、「心情煩躁以致睡得不好」，和「覺得整天有精神壓力」。分數愈高，代表心理健康愈差。

### 4. 增潤問卷 –A(問卷A)

問卷A調查參觀活動的一般觀感(11個條目)以及參與者的個人資料(3個條目)。增潤問卷由非開放式條目組成，並由沒有患上腦退化症的長者自行完成。

### 5. 增潤問卷 –B(問卷B)

問卷B調查參觀活動的一般觀感(8個條目)以及參與者的個人資料(2個條目)。增潤問卷由非開放式條目組成，並由腦退化症患者的家屬自行完成。

### 6. 增潤問卷 –C(問卷C)

問卷C調查參觀活動的一般觀感(11個條目)。



增潤問卷由非開放式條目組成，並由研究員協助腦退化症患者完成。

### 7. 增潤問卷 –D(問卷D)

問卷D調查腦退化症患者的個人資料(5個條目)。增潤問卷由非開放式條目組成，並由中文大學研究員以訪問形式協助腦退化症患者的家屬完成。

### 8. 增潤問卷 –E(問卷E)

問卷E調查參觀活動的一般觀感(19個條目)以及參與者的個人資料(6個條目)。增潤問卷由開放及非開放式條目組成，並由腦退化症患者的家屬自行完成。

### 9. 觀察調查

研究員於導賞活動及工作坊期間進行觀察，以調查腦退化症患者與導賞員、家屬及其他長者的互動。

## 資料收集與分析

### 問卷

#### 1. 給予沒有患上腦退化症的參觀者的問卷(PWOD)

沒有患上腦退化症的參觀者各自於導賞活動開始前、並工作坊完成後，獲發自行填寫的SFAS，以及問卷A。整份問卷由沒有患上腦退化症的長者自行完成，而HKMH則負責送遞、收集，並檢查問卷。

#### 2. 給予腦退化症患者的簡版問卷(PWD-SV)

不願意參與深入研究的腦退化症患者獲發一份簡版問卷。問卷由自行填寫的SFAS組成，並於導賞活動開始前、並工作坊完成後填寫。如果參加者有家屬陪同，家屬會獲發自行填寫的問卷B。HKMH負責送遞、收集並檢查問卷。

#### 3. 給予腦退化症患者的完整版問卷(PWD-FV)

願意參與深入研究的腦退化症患者並他們的家人會獲發PWD-FV。

腦退化症患者一共接受四次訪問。QoL-AD和SFAS在第一次參觀博物館前進行；SFAS在完成第一次博物館參觀的工作坊活動後進行。如果腦退化症患者第二次參觀博物館，SFAS在第二次參觀博物館前進行。QoL-AD、SFAS和問卷C於第二次博物館參觀活動後，或完成第一次博物館參觀後的兩個月以內進行。所有訪問由中文大學研究員負責。

陪同腦退化症患者的家屬照顧者與第一次參觀以前獲發GHQ-30。於第二次參觀後，或完成第一次博物館參觀後的兩個月以內，家屬會獲發以自行填寫模式完成的問卷E，和經研究員訪問完成的問卷D。所有訪問由中文大學研究員負責。

### 程序

資料收集由2014年11月至2015年5月。AIH通過香港的日間中心招募參加者。研究對象的同意書由AIH於參觀之前，或訪問開始之前收集。腦退化症患者於每次參觀前後都會由一名研究員訪問以收集資料。在每一次參觀中，一名研究員會負責觀察患者與家人的溝通模式，並完成觀察問卷。PWD-SV和PWOD兩份問卷由HKMH負責送遞，並由參加者在HKMH職員協助下自行完成。

### 分析

數據分析以統計軟件SPSS(第22版)進行。數據經整理後，以頻率、平均值及標準差(SD)形式報告。顯著性差異分析以t檢驗方式進行。

## 結果

### 參與者個人資料

各項問卷的完成人數臚列如下：

- PWD-FV:** 33名腦退化症患者完成PWD-FV的前後測，25名家屬完成PWD-FV的前後測；
- PWD-2V:** 13名腦退化症患者完成PWD-FV的前後測，12名家屬完成PWD-SV的前後測；

**3. PWOD:** 653名沒有患上腦退化症的長者完成問卷。

於本報告中，由於資料缺失(i.e.有參與者未有完成部分條目)，研究人數與獨立條目的報告人數可能有出入。

表格1 顯示參與研究的參加者的背景資料。

表格1 參加者的背景資料

	PWOD (N=653) N (%)	PWD-SV (N=13) N (%)	PWD-FV (N=33) N (%)	CG (N=25) N (%)
<b>性別</b>				
男	167 (25.8%)	5 (38.5%)	13 (39.4%)	6 (24%)
女	481 (74.2%)	8 (61.5%)	20 (60.6%)	19 (76%)
<b>年紀</b>				
49歲以下	-	-	-	3 (12%)
49-59	-	-	-	7 (28%)
60-69	189 (29.6%)	0	3 (9.4%)	4 (16%)
70-79	256 (40.1%)	3 (23.1%)	5 (15.6%)	0
80歲或以上	194 (30.4%)	10 (76.9%)	24 (75.0%)	5 (10%)
<b>教育程度</b>				
從未接受教育	147 (22.6%)	-	4 (12.1%)	-
非正規教育	31 (4.8%)	-	4 (12.1%)	-
小學	285 (43.8%)	-	16 (48.5%)	-
中學	156 (24.0%)	-	7 (21.2%)	-
大專/大學或以上	31 (4.8%)	-	2 (6.1%)	-
<b>婚姻狀況</b>				
未婚	-	-	-	6 (24%)
已婚	-	-	14 (42.4%)	18 (72%)
鰥/寡	-	-	19 (57.6%)	1 (4%)
<b>腦退化症程度 (由照顧者評定)</b>				
初期	-	-	15 (46.9%)	-
中期	-	-	17 (53.1%)	-
<b>與腦退化症長者的關係</b>				
夫婦	-	-	-	8 (32%)
子女/媳婦/女婿	-	-	-	16 (64%)
其他	-	-	-	1 (4%)
<b>過往的博物館活動經驗</b>				
有參加過展覽和活動	489 (75.3%)	-	17 (53.1%)	20 (80%)
沒有參加過展覽和活動	160 (24.7%)	-	15 (46.9%)	5 (20%)

注：PWOD=沒有患上腦退化症的長者；PWD-SV=腦退化症患者(簡版)；PWD-FV=腦退化症患者(完整版)；CG=腦退化症患者的家屬照顧者；百分比與數目的差異由資料缺失導致。

## 長者的情緒健康

表格2及3顯示參加者的評估分數。

### 4. 沒有患上腦退化症的長者 (N=639)

沒有患上腦退化症的長者自行匯報的SFAS分數有顯著的提升。參加者在參觀博物館之前的情緒分數在5分中平均為4.44 ± .026分，分數在參觀後有上升，平均分為4.72 ± .021。情緒的改善達到數據學上顯著的差異(p=.000)。

### 5. 腦退化症患者 (N=46)

填寫簡版問卷的腦退化症患者(n=13)和填寫完整版問卷的腦退化症患者(n=33)都有匯報SFAS分數，而他們的數據經合併分析。參加者

在參觀博物館之前的情緒分數在5分中平均為4.00 ± .730分，分數在參觀後有上升，平均分為4.33 ± .732。情緒的改善達到數據學上顯著的差異(p<.05)。

### 6. 腦退化症患者 (N=13)

十三名腦退化症患者參觀了兩次博物館。參加者在第二次的活動中有情緒改善的趨勢。參加者在參觀博物館之前的情緒分數在5分中平均為4.00 ± .913分，分數在參觀後有上升，平均分為4.15 ± .689。比對兩次參觀的情緒上升，顯示第二次參觀時情緒改善幅度較小，但跌幅並未達到數據學上顯著的差異。

表格2 自行匯報的情緒 (第一次參觀)

	PWOD (N=639) M(SD)	PWD (N=46) M(SD)	PWD-FV (N=33) M(SD)
參加前	4.44 (.03)	4.00 (.73)	3.85 (.76)
參加後	4.72 (.02)	4.33 (.73)	4.21 (.78)

注: PWOD=沒有患上腦退化症的長者; PWD-SV=腦退化症患者 (簡版); PWD-FV=腦退化症患者 (完整版)。

表格3 自行匯報的情緒 (第二次參觀)

	PWOD (N=639) M(SD)	PWD (N=46) M(SD)	PWD-FV (N=13) M(SD)
參加前	-	-	4.00 (.91)
參加後	-	-	4.15 (.69)

注: PWOD=沒有患上腦退化症的長者; PWD-SV=腦退化症患者 (簡版); PWD-FV=腦退化症患者 (完整版)。

## 生活質素

腦退化症患者在第一次匯報的生活質素(N=33)在52分中平均為32.06 ± 5.87。他們在

其後的匯報中平均分為35.15 ± 6.62。比對兩次結果，顯示參加者的生活質素有顯著上升，升幅達到數據學上的顯著差異。

表格4 腦退化症患者自行匯報的生活質素(N=33)

	M(SD)
參加前	32.06 (5.87)
參加後	35.15 (6.62)

## 7. 腦退化症患者的家屬

在第一次參觀前(N=25)自行匯報的心理健康平均分為32.84 ± 8.34。在參觀後(N=25)自行匯報的心理健康平均分為35.36 ± 7.02。比對兩次結果，顯示家屬的心理健康有退步，但跌幅並未達

數據學上的顯著差異。因子分析顯示家屬在「焦慮」和「睡眠失調」兩方面有數據學上顯著的改善，而在「不適當應對」和「人際關係失調」兩方面有數據學上顯著的退步。

表格5 腦退化症患者家屬自行匯報並評估的心理健康(N=25)

	參加前 M(SD)	參加後 M(SD)	顯著度
總分	32.84 (8.35)	35.36 (7.02)	n.s.
焦慮	6.28 (3.94)	5.92 (3.59)	.000
抑鬱	2.40 (1.35)	3.16 (1.95)	n.s.
不適當應對	11.56 (2.20)	14.40 (2.08)	.012
人際關係失調	9.48 (2.57)	10.80 (1.32)	.014
睡眠失調	1.28 (1.37)	1.08 (1.35)	.010

注: PWOD=沒有患上腦退化症的長者; PWD-SV=腦退化症患者(簡版); PWD-FV=腦退化症患者(完整版)。

## 導賞活動與藝術工作坊進行期間的溝通和參與

14對參加者於第一次參觀時接受觀察研究，7對參加者於第二次參觀時接受觀察研究。由於只有5對參加者於兩次參觀時都有接受觀察研究，本報告並未有羅列該5對參加者於兩次參加時的分別。

表6顯示腦退化症患者在兩次參與導賞活動過程的溝

通規律。參觀第二次的人士與導賞員和其他長者有較少溝通，他們對家人作出較少肢體溝通，而且顯示較少正面情感。然而，他們與家人的語言溝通則有上升。有關腦退化症患者與家人之間的溝通改善於定性研究部分有更詳盡的探索。

表格6 腦退化症患者於導賞活動期間的參與規律

	第一次參觀 (N=14) (M)	第二次參觀 (N=7) (M)
與導賞員之間的語言溝通	41.21	19.29
與其他年長參觀人士之間的語言溝通	4.50	1.57
與家人之間的口述溝通	41.36	58.71
與家人之間的肢體溝通	14.07	11.86
正面情緒	23.93	11.43
負面情緒	0.93	0.57

注：參與規律以觀察對象作出的語言或非語言溝通行為，或展示的正面或負面情緒次數作為量度。



表7顯示腦退化症患者在兩次參與藝術工作坊的溝通規律。參觀第二次的人士在工作坊中與藝術家的溝通稍微減少，但亦稍微更積極地和其他長者溝通。

與導賞活動的規律相近，他們與家人的語言溝通有增加。而從觀察所得，參加者在兩次工作坊中顯示的正面情緒相近。

表格7 腦退化症患者於導賞活動期間的參與規律

	第一次參觀 (N=14) (M)	第二次參觀 (N=7) (M)
與藝術家之間的語言溝通	10.93	9.43
與其他年長參觀人士之間的語言溝通	1.00	2.29
與家人之間的口述溝通	28.93	35.86
與家人之間的肢體溝通	9.79	4.14
正面情緒	12.50	12.71
負面情緒	0.57	0.29

注：參與規律以觀察對象作出的語言或非語言溝通行為，或展示的正面或負面情緒次數作為量度。

## 對參觀博物館的整體觀感

### 1. 沒有患上腦退化症的長者(N=652)

表8顯示沒有患上腦退化症的長者對活動的評價。

受訪者對活動甚為正面。絕大部分認為自己很有可能在未來再度參與博物館活動，但較少人對手工藝相關的活動有興趣。

表格8 沒有患上腦退化症的長者對活動的評價 (N=652)

	%
參觀的內容有趣。	99.4
導賞員的講解清楚。	98.6
導賞員健談。	98.8
喜歡和其他長者一起參觀。	99.7
歷史博物館的環境舒服。	99.7
喜歡參觀後的工作坊。	98.5
會向親戚朋友分享今次的經驗。	98.5
有興趣再參觀歷史博物館的展覽。	98.2
有興趣以後自己做手工/ 勞作/ 畫畫。	84.4
整體而言對今次的參觀滿意。	99.7

### 2. 腦退化症患者(N=33)

表9顯示腦退化症患者對活動作出的評價。患有腦退化症的參加者一般而言對活動感到滿意，但相比沒有患腦退化症的人士，他們對未來再度參觀和參與工作坊的動力較低。定性研究對這個部

分有較詳細的調查。然而，從觀察所得，有些參與者因著忘記部分參觀細節，而在訪問期間無法對某些項目做出評價(例：3名受訪者忘記導賞員，因此未能評價他/她的表達方式)。

表格9 腦退化症患者對活動的評價(N=33)

	%
參觀的內容有趣。	80.6
導賞員的講解清楚。	96.7
導賞員健談。	96.3
喜歡和其他長者一起參觀。	96.8
歷史博物館的環境舒服。	93.3
喜歡參觀後的工作坊。	83.3
會向親戚朋友分享今次的經驗。	76.7
有興趣再參觀歷史博物館的展覽。	78.8
有興趣以後自己做手工/ 勞作/ 畫畫。	75.8
整體而言對今次的參觀滿意。	96.7

### 3. 填寫簡版問卷的腦退化症患者家屬 (N=12)

填寫簡版問卷的腦退化症患者家屬對活動的評價羅列於表10。受訪者對活動的整體甚高。有些人指

出博物館的環境可以有改進空間。環境中令人感覺未如理想的部分，於定性研究有更詳盡的討論。

表格10 腦退化症患者家屬對活動的評價(簡版) (N=12)

	%
我照顧的長者享受今次的博物館參觀。	100
我照顧的長者享受今次的工作坊。	100
今次的活動促進我和我照顧的長者的溝通及交流。	100
今次的活動促進我照顧的長者和其他人的溝通及交流。	91.7
歷史博物館的環境舒服。	83.3
我有興趣再與你照顧的長者參觀類似的展覽。	100
整體而言對今次的參觀滿意。	100

### 4. 填寫完整版問卷的腦退化症患者家屬 (N=25)

表11顯示填寫完整版問卷的腦退化症患者家屬作出的評價。絕大部分患者的家屬為了讓長者有外出活動的機會而參與活動(92%)。稍微過半數照顧者為了和照顧的長者一起參加活動而被參觀活動所吸引(56%)。這兩項與定性研究的結果吻合，照顧者表示他們認為博物館活動是對腦退化

症患者的正面刺激，而且他們很珍惜與家人共渡的相處時間。

受訪者的滿意度在10分內由5至10分不等，而平均分為8.4分。絕大部分照顧者享受活動(95.8%)，並且認為他們照顧的長者享受活動(95.8%)。照顧者欣賞的部分以及對未來參觀的期望在定性研究中有更多討論。

表格11 腦退化症患者照顧者對活動的評價(完整版) (N=25)

	N (%)
<b>參與活動的原因:</b>	
想長者有外出活動的機會。	23(92%)
想和我照顧的長者一起參加活動。	14(56%)
自己喜歡博物館展覽。	6(24%)
<b>最喜歡的活動部份:</b>	
導賞員與長者的互動。	8(32%)
導賞員的講解。	7(28%)
工作坊。	7(28%)
<b>最不喜歡的活動部份:</b>	
參觀展覽安排。	3(50%)
工作坊安排。	1(16.7%)
導賞員的講解。	1(16.7%)
導賞員與長者的互動。	1(16.7%)
我享受今次的活動。	23(95.8%)
我認為我照顧的長者享受今次的活動。	23(95.8%)
參觀的內容有趣。	24(96%)
導賞員的講解清楚。	25(100%)
我喜歡和我照顧的長者一起參觀。	24(96%)
我喜歡和其他照顧者一起參觀。	24(96%)
<b>我認為今次參觀對我的好處:</b>	
對我照顧的長者的看法/感覺更正面。	14(56%)
對我照顧的長者了解更多。	14(56%)
對我照顧的長者的能力有更正面的評價。	13(52%)
有機會和其他照顧者溝通。	12(48%)
<b>我認為今次參觀對我照顧的長者的好處:</b>	
長者參加活動後更開心。	22(88%)
長者有機會和其他人溝通。	17(68%)
長者參加活動後更有自信。	12(48%)
歷史博物館的環境舒服。	25(100%)
歷史博物館的環境適合腦退化症長者參觀。	24(100%)
參觀完後，我的心情變得更好。	16(64%)
我會向我的親戚朋友分享今次的經驗。	21(84%)
我有興趣再與我照顧的長者參觀歷史博物館的展覽。	23(95.8%)
我會考慮日後和我照顧的長者參與其他參觀或活動。	24(95.8%)
<b>我考慮參與的參觀或活動:</b>	
藝術工作坊。	20(80%)
其他博物館的展覽。	18(72%)
歷史博物館的其他活動。	17(68%)
歷史博物館的展覽。	12(48%)

注：百分比與數目的差異由資料缺失導致。

## 定性研究

15名照顧者與5名腦退化症患者參與了定性研究。研究包括共有5對患者並其家屬參與的兩個微型小組討論，以及個別訪談。參加者的年齡有47歲至87歲不等，男性佔6名，女性佔14名。

### 1. 經驗

照顧者與腦退化症患者普遍而言對博物館的經驗表示正面。不少人表示自己的情緒在參與活動之後變得更好，呼應定量研究的結果。

#### a. 導賞活動

絕大部分家屬與腦退化症患者都享受參與導賞活動，並且對與個人經歷相關的展品有最深刻的印象。大部分家屬與腦退化症患者認為導賞員的講解生動而清晰，亦與問卷的調查吻合。導賞員鼓勵參與者投入討論的方式為人讚賞：

「講解員很專業，會用各種方法去鼓勵他們，我參觀的時候覺得當時的互動以及老人家的反應不錯……他(導賞員)講解典故時會特意引起他們的興趣，例如在士多提及從前的馬標，因為他的刺激，參觀者人都很主動，會講起『我以前如此這般』，然後導賞員又會說『啊原來你咁叻架』，我覺得氣氛做得挺好。」(女兒，57)

有些照顧者留意到他們的家人未能夠長時間專注在導賞員的講解，很有可能因為某些人受腦退化症影響而專注力減弱。有些照顧者提議導賞員可以更留意腦退化症患者的需要，並且在語速、語調和強調重點等方面作出調整。少數照顧者亦認為在大熒幕上播放的紀錄片或者能夠吸引那些沒有興趣聆聽講解的人。

#### b. 工作坊

絕大部分照顧者欣賞工作坊。有照顧者指出工作

坊能夠鼓勵那些在導賞環節較為被動的人投入參與，因為工作坊給予他們一件特定的任務。照顧者珍視與家人一同合作完成作品，並認為那是展示關愛的機會。有些照顧者指出他們的家人在家中甚少進行手工藝，但因著有家人陪同，他們就很樂意參與。少數照顧者指出他們在家裡有展示作品，一名照顧者特別指出他從配偶身上觀察到的成就感：

「我們做了一件非常美麗的東西，一件好漂亮的……現在掛在客廳，當有人客來坐的時候他們看見都說漂亮。[我太太]和其他人說是她做的……她當然開心，她覺得自己好叻好光榮。」  
(丈夫，85)

照顧者對藝術品有不同評價。畫作以及簡單的手工藝，例如水壺模型，都很受歡迎，而家屬亦認為逐步的指示足夠清晰，並且容易跟隨。與之相反，其中一件作品(紙臉譜)則被指涉及抽象概念及複雜的技巧，因此照顧者認為作品不太適合。

#### c. 活動環節

大部分家屬覺得導賞團的長度及工作坊不應該再增長，因為時間增長的話，他們的家人或者會感覺疲憊。有些傾向希望延長節目內容的家屬指出他們的家人會需要充裕的休息時間，以維持足夠精力。

絕大部分家屬表示他們希望在現有的時間中安排更豐富的節目。他們認為簡單的小食能夠刺激腦退化症患者的快樂情緒，並且鼓勵他們更加投入。數名照顧者亦指出導賞活動只涵蓋了一個樓層的展覽，並表達希望能夠在導賞活動中多看一些內容。其他建議的增潤環節包括小休環節，以給予照顧者有溝通機會，還有安排予腦退化症患者的簡單運動項目。



#### d. 特別安排

大部分的照顧者覺得在博物館對外閉館的時段參觀，能夠「令環境更為安靜」、「避免參觀人士走失」、「騰出更多空間」，並「容易管理」。有人指出年長參觀者步行速度較慢，如果展館太擠擁，會造成不便。數名照顧者以指出參觀組別是「特別人士」，有人因此提出安排可能會強化分化的概念，但同時承認家人好像並未有在意。一般而言，照顧者普遍認為這個安排能夠鼓勵更好的參與：

「這樣幫助爸爸更專注，他不會東張西望。老人家的聽力不好，如果環境的噪音太大，他們會很難聽得清楚。」(女兒, 53)

大部份照顧者滿意旅遊巴接送安排。有參加者指出旅遊巴減低交通上的不便及避免親人在戶外受熱，可以令到親人有一個好心情開展活動。對行動不便的人士而言，這個安排令行程更為便利；對其他人而言，點對點服務令他們心理上可以更放鬆：

「(如沒有旅遊巴)我不會參觀博物館，我怕他(丈夫)會走失。我外出時不會用複雜的交通……我很少去九龍，有了旅遊巴就方便多了。」(妻子, 52)

有些人認為到達時的經驗有點混亂。一名駕駛到博物館的照顧者表示指示不清晰，那家庭沒留意集合地點，他們走到正門，然後發現門已關上。

#### e. 環境

和定量研究結果相同，照顧者一般認為博物館很舒服，亦認為博物館空曠及有足夠的殘疾設施。但是，一半照顧者對燈光表示關注。在昏暗的環境中，參加者較易感到睡意，集中力亦較差。照顧者亦指出在有地氈的範圍，需要較強的燈光以防止長者跌倒：

「我想最大的問題是他的眼睛不好，他看展品有困難……我想這對有腦退化症人士而言是普遍的，他們不喜歡黑暗的地方，(在這些地方)他們開始蹣跚。」(女兒, 50)

#### f. 步速及步量

幾位照顧者認為參觀時間頗緊迫，參觀隊伍一般頗長，行動較慢的參加者未必能聽得清楚導賞員的講解，在前面的參加者則要等待後面的參加者。座位安排是必須的，所有參與小組討論的人士均說他們在參觀過程中不感到疲倦，這與照顧者的觀察結果相同。

## 2. 滿意度

#### a. 社交及有意義的時光

大部份參加者對本項目有正面評價。他們認為本項目是一個與家人分享寶貴時光及顯示他們的愛的機會。一名有腦退化症的妻子因為她的伴侶能參加本項目而感到高興：

「帶他到處看，我看時，他也可以看。」(腦退化症人士, 女性, 87)

有些照顧者因為在參觀及工作坊期間盡力照顧家人而沒有太多機會與其他照顧者交談，但在走動期間則有些交談。一名配偶照顧者形容他們的交談：

「和其他長者，有時我們會交換我們的看法，這蠻好的。『你帶你的家人來，覺得如何呀？』『你日常的照顧是怎樣的呀？』(我可以)感受及聆聽，及和其他提供照顧的人交談。」(丈夫, 87)

#### b. 懷緬促進溝通

與個人經驗有關的展品，例如涼茶舖及舊式士多，最為參加者記得。在小組討論中，參加者述

說他們過往的經歷，這些對話也在博物館裡發生。大部份照顧者喜歡展覽主題，他們認為展品引起長者情緒上的共鳴，很多照顧者都因為親人能就著展品講述自己的故事，以及和他們分享他們以前不知道的資訊，例如童年經歷，而感到高興。一名妻子特別指出他的丈夫在博物館的改善：

「他很少說話，除非我跟他說話，通常我都是問他今天其麼日子或月份……(在博物館內)他一路走一路說話，和我談起工展會、小時剪頭髮，及其他舊事例如涼茶舖。」(妻子, 66)

### c. 持續性

所有照顧者均同意本項目對他們的家人而言是一個享受的活動，亦指出「過程是最重要的」。有些照顧者指出他們的家人在參觀後，在家裡的情緒也較好，有些甚至指出在數天後，長者仍和他們談及參觀：

「沒有見到特別的東西，或沒有外間的刺激時，我們有時在家會沒有對話，但在參觀後，

有三、四天我們有新話題，爸爸會談及以前的米舖及涼茶舖。」(女兒, 53)

### 3. 動力

除了一名照顧者，其餘照顧者都表示他們有興趣參觀其他博物館。三分一照顧者提到他們不會與家人再參觀歷史博物館，因為已沒有新鮮感。一名照顧者觀察到她的母親在第二次參觀時沒太大興趣。

有些照顧者說家人只要「有外出活動」就很高興，這「比留到家要好」，有些則認為本項目本身能刺激長者活動，內容不太重要。一名配偶照顧者說：

「我想，懷緬是好的。他提及臨屋，制水時四日一次供水的情況……我覺得他的腦內仍有記憶……他不太介意做了甚麼；他在兩次參觀的反應都差不多。」(妻子, 83)

一名照顧者講及她對本項目的理解：

「對我而言，看著他（父親）和其他人溝通，令我知道他情況也不是太壞，我珍惜和他共處的日子，有機會看到他。」(女兒, 57)

## 討論

具正常認知能力的長者及有腦退化症的長者的情緒在參觀及工作坊後均有顯著的改善。參加了兩次參觀的長者，雖然在個別參觀後的情緒均有改善，但兩次參觀的情緒改善差距則有輕微的下調，但本研究因樣本數不足，未能從而得出具結論性的分析，但研究結果顯示，一次參觀可能已足以改善參加者的情緒。

有腦退化症的長者的自我感覺的生活質素在參觀後有顯著改善，定性研究結果顯示這可能與能外出活動、因展覽而懷緬過往時光、及做手工有關。

家屬照顧的自我感覺生活質素則在兩次參觀後差了，其中在「不適當應對」及「人際關係失調」兩個選項有顯著下調。本次項目沒有包含適對的訓練，所以照顧者未必會從本項目得到相關協助，在「不適當應對」這選項沒有改善顯示他們可能需要其他介入。

在定性研究，有些照顧者表示他們在參觀及工作坊過程中很盡力照顧家人，以至沒有足夠時間和其他照顧者交談，他們盡力照顧長者而沒有和其他人交談可能解釋了在「人際關係失調」選項中沒有改善。另一方面，他們在「焦慮」及「睡眠失調」這兩個選項有顯著進步，這顯示本項目能做到改善參與者的心理質素，從而可以減輕照顧者的焦慮，然後這可以促進照顧者有更優質的睡眠。

本項目中的參觀及工作坊被證明能幫助有腦退化

症人士及他們的家屬照顧者的溝通，包括傾談過事，或是一起完成手工藝等。照顧者均很重視他們的有腦退化症的親人的生活質素，希望他們能在家以外的地方亦能享受快樂的時光。另外，工作坊裡的手工製作為幾位參與的長者帶來成就感，成就感通常是長者患腦退化症後缺乏的，而這活動令長者重拾成就感，對他們的生活質素亦有裨益。這可以是一個有推動照顧者參與日後活動的有效的動力，尤其是那些平日受日間中心照顧的長者，因為他們一般都較少時間與他們的家屬照顧者有消閒活動。

本項目的成功亦歸功於是次主題，令到長者有機會懷緬過去，亦令照顧者可以更了解長者過往的生活。導賞員及工作坊導師的生動表述，特別是引用過往生活的例子，亦令整個體驗更正面。更慢的語速以及更誇張的語調會進一步吸引因患上腦退化症而集中力未能持久的長者。

安全感是照顧者很重視的一項，是次，博物館是在對公眾閉館的日子開放予有腦退化症的長者參加本項目，而交通亦以點對點形式安排，這都給予家屬照顧者一定程度的安全感。另一方面，博物館裡昏暗的燈光則令照顧者沒有安全感，他們擔心長者會因昏暗的燈光跌倒。

## 限制

本項目得到令人鼓舞的正面結果，但本研究的樣本數不多，令我們未能將本研究結果引申至整個腦退

化症人士族群。本研究沒有對照組，這令其他可能影響研究結果的因素未能得以測試。

## 結論及建議

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本項目獲得參加者的高滿意度，這顯示本項目確能有效改善有腦退化症人士的心理健康，並令他們能有良好的戶外活動的體驗，在其中，他們能懷緬過往生活及製作手工藝，本項目亦提供機會予有腦退化症人士和他們的家屬照顧者溝通。

本研究結果支持一次參觀足以改善有腦退化症人士的心理健康。兩次參觀可能可以增進有腦退化症人士及他們的照顧者的語言溝通，但研究結果沒有進一步肯定兩次參觀在其他範疇的成效。事實上，香港人生活繁忙，照顧者或許難以抽空和親人作需要參觀兩次的活動。

其他對本項目的建議包括維持在對公眾閉館的情

況下安排本項目。照顧者明確指出這環境令他們更安心帶他們的通常較為體弱的親人出席活動。點對點交通安排亦有其需要，尤其是有腦退化症的長者在行動或乘搭交通方面可能遇到困難。另外，提供餐點可以進一步鼓勵長者參與。

完成手工藝令能參加者有成就感，所以建議保留工作坊，而對有腦退化症人士而言，有一步步的指示及不涉及抽象理念的手工製作會更受歡迎。日後的研究可以包括更大的樣本數及加入對照組，這樣可以提供更有力的實證以及幫助為有腦退化症人士設計最合適的欣賞藝術的活動。



# INTRODUCTION

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Dementia is a neurodegenerative disorder that influences an individual's cognitive and executive functioning to an extent that affects daily living (APA, 2013). There are several types of dementia, the most prominent type is Alzheimer's Disease, which accounts for 60 to 80 percent of dementia cases. Other types include vascular dementia, which accounts for around 20 to 30 percent of the cases; and dementia with Lewy bodies, which accounts for 10 to 25 percent of the cases, to name a few. Different types of dementia are categorized by the causes and symptoms, for instance, Alzheimer's Disease is characteristic of the abnormal presence of amyloid plaques and tangles in brain, while vascular dementia is caused by reduced blood flow to the brain. Sometimes a person may have more than one type of dementia at the same time (ALZ, 2015).

Decline in physical and mental capability intervenes as relationship obstacles. It is reported that family members of people with dementia (PWD) experience decline in relationship quality when a loved one failed to maintain pre-morbid communication (De Vugt et al., 2003). The weakening in functional abilities has contributed also to an involuntary withdrawal from social contacts

and family activities, and studies have reported loneliness and sense of abandonment among PWD (Phinney, Chaudhury, & O'connor, 2007).

Although people might experience severe deterioration in memory and skill, the potential to engage in meaningful experience remains, and museums might come to be an ideal platform for such experience (Parsa, Humble, & Gerber, 2010). It is argued that museum artifacts connected to personal experiences and triggered emotions, thereby stimulated meaningful responses. Guided tours were valued to be an instant, flexible, and warm engagement. And the museum as a whole has been suggested to empower visitors with social roles independent from any disability: be it caregiver or care recipient, all become equally important contributors during a visit (Silverman, 2002).

Bringing together dementia healthcare services and art institutions, the Museum of Modern Art (MoMA) in New York City was first to arrange specialized museum workshops and art exploration tours for people with mild to moderate dementia, opening up an "expressive outlet and a forum for dialogue" (p. 94) for both PWD and their caregivers (Rosenberg, 2009).

In 2013, the Hong Kong Jockey Club Charities

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Trust (HKJCCT) and the Leisure and Cultural Services Department (LCSD) considered the MoMA's work was effective to dementia and the feasibility of developing such workshops in Hong Kong's museums.

In Hong Kong, Museum setting has an ideal ambience for both reminiscence and art-exploring experience, which could benefit the elderly and PWD in particular. Reminiscence refers to recollections of memories from the past. It is familiar to all of us and can be utilized for the benefit of others. Visiting experience involves viewing of and discussing art and history objects and elements like photographs, costumes, utensils, patterns and motifs, paintings, daily utensils etc. can serve as a useful tool to encourage self-expression and dialogue (Beshwate & Kasin, 2010). On the other hand, exploration on the arts and culture through specially designed workshops can benefit greatly PWD and their caregivers through intellectual stimulation, experience sharing and social interaction, giving PWD a sense of power, confidence, and identity (Rhoads, 2009).

Presented by the LCSD, "Journey for Active Minds: Jockey Club Museum Programme for the Elderly" is a pilot project organized by

the Hong Kong Museum of History (HKMH) in collaboration with the Art in Hospital (AIH) and is solely sponsored by the HKJCCT. The project, commenced in March 2014, is specially designed for the elderly and PWD, aiming to help them recall their memories, share experience, interact with others, foster interest in history, art and cultural heritage of Hong Kong and be stimulated intellectually through an array of museum programmes such as special guided tours, art and craft workshops and outreach activities. This project is the first museum programme specially designed for PWD ever held in Hong Kong.

This research was commissioned by LCSD. The Chinese University of Hong Kong (CUHK) was responsible for conducting the data collection of partial participants, data entry, analysis and research reporting, while AIH and HKMH were responsible for participant recruitment and data collection of partial participants respectively. The study aimed to evaluate the impact and effectiveness of this project and how the education activities organized by museum have helped to enhance the quality of life for PWD and the family caregivers of PWD, as well as people without dementia (PWOD).

# METHOD

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## *Participants*

Elderly aged 60 years or above who were clinically diagnosed with dementia (PWD) were recruited through day care centers in Hong Kong. There were no exclusion criteria in recruitment except that participants were physically capable to manage a half day's activities and articulate to be interviewed. Family caregivers of PWD were encouraged to accompany their family members to the visit and participated in caregiver interview, each PWD was paired up with one of his/her caregiver, the two forming a "dyad" for research observation. Elderly (aged 60 years or above) with no cognitive impairment (people without dementia, PWOD) were also interviewed about their experience onto the tour.

## *Sample size*

It was targeted to recruit 50 dyads of PWD plus their family caregivers. It was also targeted to collect 1,000 valid questionnaires from PWOD. During the data collection, 46 PWD, 37 caregivers, and 653 PWOD valid samples were recruited.

## *Design*

Elderly of day care centers were invited by AIH to enroll in visits to HKMH on Tuesdays, during which the museum was closed to the general public. Each visit consisted of a guided tour and a subsequent art workshop related to the exhibition theme. Psychological wellbeing assessments were used to assess participants' mood, quality of life, and psychological wellbeing. Data was collected by various methods: questionnaires self-completed by caregivers, close-ended questionnaires facilitated by researchers to participants, and observational surveys conducted by researchers. The effectiveness and feasibility of Journey for Active Mind was

evaluated by comparing participants' assessment scores before and after the program, and by analyzing researchers' observations. Qualitative interviews were conducted by researchers to PWD and their caregivers to collect more in-depth opinion about the tour experience. The formats of the qualitative interviews were in mini focus groups or individual interviews, depending on the availability of the participants.

## *Assessment tools*

The following scales and questionnaires were used in the study:

### **1. Quality of Life Scale – Alzheimer's Disease (QoL-AD)**

Quality of life was measured by the Quality of Life - Alzheimer's Disease (QoL-AD). QoL-AD was a 13-item instrument specifically designed to measure the quality of life of people with dementia. Higher score indicated a better self-perceived psychological health.

### **2. Smiley-Face Assessment Scale (SFAS)**

Mood was measured by the Smiley Face Assessment Scale (SFAS). The scale consisted of a single question of the interviewee's on-spot mood, presented on a 5-point Likert scale in pictorial form, which represented "very sad", "somewhat sad", "neutral", "somewhat happy", and "very happy". Higher scores indicated a better mood.

### **3. General Health Questionnaire (GHQ-30)**

Psychological symptoms were detected by the General Health Questionnaire. The scale consists of 30 questions about the recent frequency of symptoms, such as "loss much sleep over worry", "been having restless, disturbed nights", and "felt constantly

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under strain." Higher score indicated poor psychological wellbeing.

#### **4. Supplementary Questionnaire - Set A (Set A)**

General perception towards the visit (11 questions) and participants' basic personal information (3 questions) were investigated by Set A. The supplementary questionnaire consisted of close-ended questions and was self-completed by elder participants without dementia.

#### **5. Supplementary Questionnaire - Set B (Set B)**

General perception towards the visit (8 questions) and participants' basic personal information (2 questions) were investigated by Set B. The supplementary questionnaire consisted of close-ended questions, and was self-completed by an accompanying family caregiver of a PWD.

#### **6. Supplementary Questionnaire - Set C (Set C)**

General perception towards the visit (11 questions) of PWD was investigated by Set C. The supplementary questionnaire consisted of close-ended questions, and was completed by an interview with PWD facilitated by a CUHK researcher.

#### **7. Supplementary Questionnaire - Set D (Set D)**

PWD's basic personal information (5 questions) was investigated by Set D. The supplementary questionnaire consisted of close-ended questions, and is to be completed by an interview with a caregiver of PWD facilitated by a CUHK researcher.

#### **8. Supplementary Questionnaire - Set E (Set E)**

General perception towards the visit (19

questions) and the caregiving participants' basic personal information (6 questions) were investigated by Set E. The supplementary questionnaire consisted of close-ended questions, and was self-completed by an accompanying family caregiver of a PWD.

#### **9. Observational Survey**

Researchers conducted observation during guided tour and workshop to investigate the interaction between the PWD and the docent, caregivers and other elderly.

### ***Data Collection and Analysis***

Questionnaires

#### **1. Questionnaire for people without dementia (PWOD)**

People without dementia were given a set of questionnaire which consisted of two self-completed SFAS and were completed once immediately before the guided visit, and once after the art workshop, as well as Set A. The entire set was completed by the PWOD alone, while HKMH was responsible for questionnaire delivery, collection, and checking.

#### **2. Questionnaire for people with dementia – Simplified version (PWD-SV)**

People with dementia who did not wish to participate in the in-depth research were given a set of short questionnaire which consisted of two self-completed SFAS and were completed once immediately before the guided visit, and once after the art workshop. On occasions that a family caregiver was present, the caregiver was asked to self-complete Set B. HKMH was responsible for questionnaire delivery, collection, and checking.



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### 3. Questionnaire for people with dementia – Full version (PWD-FV)

Dyads who agreed to participate in the in-depth research were given PWD-FV.

People with dementia were interviewed four times. Before the first museum visit, QoL-AD and SFAS were conducted; after the art workshop on the first museum visit, SFAS was conducted. If PWD paid a second visit to the museum, SFAS was conducted before the second museum visit. QoL-AD, SFAS, and Set C were conducted either after the second museum visit, or within two months after the first visit. CUHK researchers facilitated all interviews.

Caregivers who accompanied PWD were given GHQ-30 before the first museum visit. Set E, which was self-completed, and Set D, which was conducted by interview facilitated by a researcher. Set E and Set D were given to the caregivers either after the second museum visit, or within two months after the first visit. CUHK researchers were responsible for conducting interviews for PWD-FV dyads.

### *Procedures*

Data collection was from November 2014 to May 2015. Subjects were recruited via day care centers in Hong Kong by AIH. Informed consent was obtained from eligible participants before the visits by AIH and/or before interview started. For PWD interview, before and after each visit, a researcher approached the research dyad and collect data. During each visit, the same researcher observed the communication pattern between the dyad and completed the observational questionnaire. Questionnaires for PWD-SV and PWOD were delivered by HKMH and self-administered by participants with help of HKMH staff.

### *Analysis*

The SPSS (Version 22) statistical software was used for data analysis. Data were processed to obtain frequencies, group mean values, and standard deviations (SD) where appropriate. Student's t test was used as significance test.

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## RESULTS

### *Demographic information of participants*

The valid samples for various questionnaires completed were listed below:-

1. **PWD-FV:** 33 PWD completed PWD-FV pretests and posttests, 25 PWD caregivers completed PWD-FV pretests and posttests;
2. **PWD-SV:** 13 PWD completed PWD-SV elderly part, 12 PWD caregivers completed PWD-SV caregiver part.

3. **PWOD:** 653 PWOD completed the questionnaires.

In this report, the sample size of individual item might not be the samples collected as stated above because of missing data (i.e. individual item was not filled in by participants).

**Table 1** showed the demographic characteristics of the participants in this research.

**Table 1. Demographic characteristics of visit participants**

	PWOD (N=653) N (%)	PWD-SV (N=13) N (%)	PWD-FV (N=33) N (%)	CG (N=25) N (%)
<b>Gender</b>				
Male	167 (25.8%)	5 (38.5%)	13 (39.4%)	6 (24%)
Female	481 (74.2%)	8 (61.5%)	20 (60.6%)	19 (76%)
<b>Age</b>				
Below 49	-	-	-	3 (12%)
49-59	-	-	-	7 (28%)
60-69	189 (29.6%)	0	3 (9.4%)	4 (16%)
70-79	256 (40.1%)	3 (23.1%)	5 (15.6%)	0
80 or over	194 (30.4%)	10 (76.9%)	24 (75.0%)	5 (10%)
<b>Education</b>				
Never received any	147 (22.6%)	-	4 (12.1%)	
Informal education	31 (4.8%)	-	4 (12.1%)	
Elementary education	285 (43.8%)	-	16 (48.5%)	
Secondary education	156 (24.0%)	-	7 (21.2%)	
Tertiary education or above	31 (4.8%)	-	2 (6.1%)	
<b>Marriage</b>				
Single	-	-	-	6 (24%)
Married	-	-	14 (42.4%)	18 (72%)
Widowed	-	-	19 (57.6%)	1 (4%)
<b>Dementia stage (reported by CG)</b>				
Early	-	-	15 (46.9%)	-
Intermediate	-	-	17 (53.1%)	-
<b>Relationship to PWD</b>				
Spouse	-	-	-	8 (32%)
Children/children-in-law	-	-	-	16 (64%)
Others	-	-	-	1 (4%)
<b>Past experience in museum visit</b>				
Yes	489 (75.3%)	-	17 (53.1%)	20 (80%)
No	160 (24.7%)	-	15 (46.9%)	5 (20%)

Remarks: PWOD=People without dementia; PWD-SV=People with dementia (Short version); PWD-FV=People with dementia (Full-version); CG=Caregivers of people with dementia; Discrepancies between percentage and count were because of missing data.

### *Emotional wellbeing of elder participants*

Table 2 and 3 presented the assessment scores of participants.

#### **1. PWOD (N=639)**

A significant increase in self-reported SFAS score among PWOD was detected. Participants had a mean mood score of  $4.44 \pm .026$  out of 5 points before the museum visit, and an elevated mood of  $4.72 \pm .021$  after the day's program. The increase in mood score reached statistical significance ( $p=.000$ ).

#### **2. PWD (N=46)**

PWD-SV ( $n=13$ ) and PWD-FV ( $n=33$ ) filled in SFAS scores and their results were combined for analysis. Participants had a mean mood

score of  $4.00 \pm .730$  out of 5 points before the museum visit, and an elevated mood of  $4.33 \pm .732$  after the program. The increase in mood score reached statistical significance ( $p<.05$ ).

#### **3. PWD (N=13)**

Thirteen PWD paid a second visit to the museum. There was a trend of increase in interviewed SFAS score among PWD on their second visit. Participants had a mean mood score of  $4.00 \pm .913$  out of 5 points before the museum visit, and an elevated mood of  $4.15 \pm .689$  after the day's program. A comparison of the mood changes in two visits yielded an insignificant decrease in the scale of elevation in mood.

**Table 2. Self reported mood (First visit)**

	PWOD (N=639) M(SD)	PWD (N=46) M(SD)	PWD-FV (N=33) M(SD)
Before museum program	4.44 (.03)	4.00 (.73)	3.85 (.76)
After museum program	4.72 (.02)	4.33 (.73)	4.21 (.78)

Remarks: PWOD=People without dementia; PWD=People with dementia (Short and full versions combined); PWD-FV=People with dementia (Full version).

**Table 3. Self reported mood (Second visit)**

	PWOD (N=639) M(SD)	PWD (N=46) M(SD)	PWD-FV (N=13) M(SD)
Before museum program	-	-	4.00 (.91)
After museum program	-	-	4.15 (.69)

Remarks: PWOD=People without dementia; PWD=People with dementia (Short and full versions combined); PWD-FV=People with dementia (Full version).

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### Quality of life

Quality of life of PWD and PWOD reported before the first visit (N=33) had a mean score of  $32.06 \pm 5.87$  out of 52 points. Quality of life reported after

the visit (N=33) had a mean score of  $35.15 \pm 6.62$  out of 52 points. Comparison of means yielded a significant difference between the results.

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**Table 4. Self reported quality of life of people with dementia (N= 33)**

	M(SD)
Before first visit	32.06 (5.87)
After second visit	35.15 (6.62)

Self reported psychological health before the first visit (N=25) had a mean score of  $32.84 \pm 8.34$ . Self reported psychological health after the visit (N=25) had a mean score of  $35.36 \pm 7.02$ . There was an insignificant trend of poorer psychological

health. The sub-domains showed that there were significant improvement in “anxiety” and “sleep disturbance” and significant decrease in “inadequate coping” and “social dysfunctioning”.

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**Table 5. Self reported perceived health of caregivers of people with dementia (N=25)**

	Before visit M(SD)	After visit M(SD)	Sig.
Total score	32.84 (8.35)	35.36 (7.02)	n.s.
Anxiety	6.28 (3.94)	5.92(3.59)	.000
Depression	2.40 (1.35)	3.16(1.95)	n.s.
Inadequate coping	11.56 (2.20)	14.40(2.08)	.012
Social dysfunctioning	9.48 (2.57)	10.80(1.32)	.014
Sleep disturbance	1.28 (1.37)	1.08(1.35)	.010



***Communication and engagement during tour visit and art workshop***

14 observations were done in the first visits and 7 were done in the second visits. Since only five dyads were observed twice, no within-subject comparison was performed.

Table 6 showed the communication pattern of PWD during the gallery tour in the two visits. Participants who were on their second visit

had less communication with the docent and other elderly, demonstrated less non-verbal communication with their family caregiver, and showed less positive affects. However, the number of times they initiated any verbal communication with their family caregivers increased. Improvement in communication between PWD and their family members were further explored in the qualitative research.

**Table 6. Engagement pattern of PWD during gallery tour on the visits**

	First visit (N=14) (M)	Second visit (N=7) (M)
Verbal communication with docent	41.21	19.29
Verbal communication with other elderly	4.50	1.57
Verbal communication with caregiver	41.36	58.71
Non-verbal communication with caregiver	14.07	11.86
Positive affects	23.93	11.43
Negative affects	0.93	0.57

Remarks: Engagement pattern was recorded by the number of times an observed participant initiated a verbal or non-verbal communicative action, or demonstrated a positive or negative affect.

Table 7 showed the communication pattern of PWD in the art workshop on both visits. On the second visit, participants were slightly less engaged in the conversation with the artist, but demonstrated slightly more willingness to communicate with other elder participants during the art workshop.

Similar to the communication pattern in the gallery tour, there was a trend of increase in verbal communication initiated by the PWD towards the family caregiver. The observed positive affects in the art workshop were also comparable between the two visits.

**Table 7. Engagement pattern of PWD in the art workshop on the visits**

	First visit (N=14) (M)	Second visit (N=7) (M)
Verbal communication with artist	10.93	9.43
Verbal communication with other elderly	1.00	2.29
Verbal communication with caregiver	28.93	35.86
Non-verbal communication with caregiver	9.79	4.14
Positive aspects	12.50	12.71
Negative aspects	0.57	0.29

Remarks: Engagement pattern was recorded by the number of times an observed participant initiated a verbal or non-verbal communicative action, or demonstrated a positive or negative aspect.

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### *Perception towards the museum visit*

#### **1. PWOD (N=652)**

Table 8 showed the evaluation of the PWOD. Respondents were overwhelmingly positive

towards the program. Most considered themselves likely to participate in future museum programs, but less were interested in handcraft-related activities.

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**Table 8. Program evaluation by PWOD (N=652)**

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	%
The content of exhibition was interesting.	99.4
The docent gave a clear presentation.	98.6
It was enjoyable to talk to the docent.	98.8
It was enjoyable to visit with other older people.	99.7
The environment was comfortable.	99.7
The art workshop was enjoyable.	98.5
I would share my experience with my friends and relatives.	98.5
I am interested in visiting the Museum of History again.	98.2
I am interested in doing handcrafts/ art works/ paintings in the future.	84.4
Overall, I was satisfied with the visit.	99.7

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#### **2. PWD (N=33)**

Table 9 showed the program evaluation made by PWD. Participants with dementia generally found the experience satisfying, but motivation to future visits and workshops were slightly lower than elderly who did not have dementia. Further investigation was made during the qualitative

research. It was observed, however, that some participants were unable to make comments on specific elements of the program due to their forgetting about the details of visit (e.g. three respondents could not recall the docent, and thus could not comment on the clarity of his/her presentation).

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**Table 9. Program evaluation by PWD (N=33)**

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	%
The content of exhibition was interesting.	80.6
The docent gave a clear presentation.	96.7
It was enjoyable to talk to the docent.	96.3
It was enjoyable to visit with other older people.	96.8
The environment was comfortable.	93.3
The art workshop was enjoyable.	83.3
I would share my experience with my friends and relatives.	76.7
I am interested in visiting the Museum of History again.	78.8
I am interested in doing handcrafts/ art works/ paintings in the future.	75.8
Overall, I was satisfied with the visit.	96.7

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### 3. PWD-SV- Caregivers (N=12)

Evaluations of the program made by the caregivers of PWD who contributed to the short version questionnaire were presented in Table 10. The overall satisfaction rate of the

program was overwhelmingly high. Room for improvements in the museum environment was noted by some. The specific reason for discomfort was further discussed in the qualitative session.

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**Table 10. Program evaluation by caregivers of PWD (PWD-SV) (N=12)**

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	%
<b>My family member enjoyed the museum visit.</b>	100
<b>My family member enjoyed the workshop.</b>	100
<b>The program facilitated the communication between my family member and I.</b>	100
<b>The program facilitated the communication between my family member and other people.</b>	91.7
<b>The environment was comfortable.</b>	83.3
<b>I am interested in participating in similar exhibitions with my family member.</b>	100
<b>Overall, I am satisfied with the visit.</b>	100

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### 4. PWD-FV- Caregivers (N=25)

Table 11 showed a detailed feedback made by caregivers of PWD who contributed to the full version questionnaire. Most of the caregivers of PWD participated in the program because they wanted the person under care could enjoy a day out (92%). Slightly above half were attracted to the program because they wanted to engage in activities together with their family member (56%). These echoed the findings in the qualitative research as caregivers expressed how they saw

the museum program as a positive stimulation for PWD, and how they valued the quality time they share with their family members.

Respondents had a satisfaction rate ranging from five to ten points (out of ten points), with a mean satisfaction score of 8.4. Most caregivers reported to find the program enjoyable (95.8%), and believed that their family members enjoyed the program (95.8%). Reasons for appreciation and expectations to future visits were further discussed in the qualitative research.

**Table 11. Program evaluation by caregivers of PWD (PWD-SV) (N=25)**

	N (%)
<b>Reasons for participation:</b>	
<i>I wanted my family member to enjoy a day out.</i>	23(92%)
<i>I wanted to participate in an activity with my family member.</i>	14(56%)
<i>I liked museum exhibitions.</i>	6(24%)
<b>The part I appreciated most:</b>	
<i>Interactions between the docent and the older participants</i>	8(32%)
<i>The presentation of the docent</i>	7(28%)
<i>The workshop</i>	7(28%)
<b>The part I disliked most:</b>	
<i>The arrangements of the visit</i>	3(50%)
<i>The workshop arrangements</i>	1(16.7%)
<i>The presentation of the docent</i>	1(16.7%)
<i>Interactions between the docent and the older participants</i>	1(16.7%)
<b>I enjoyed the program.</b>	23(95.8%)
<b>I believe my family member enjoyed the program.</b>	23(95.8%)
<b>The exhibition content was interesting.</b>	24(96%)
<b>The docent gave a clear presentation.</b>	25(100%)
<b>I enjoyed visiting with older visitors.</b>	24(96%)
<b>I enjoyed visiting with other caregivers.</b>	24(96%)
<b>Benefits the program had to me:</b>	
<i>It improved my own perception towards my family member.</i>	14(56%)
<i>It allowed me a better understanding of my family member.</i>	14(56%)
<i>I have a more positive evaluation to the capability of my family member.</i>	13(52%)
<i>It gave me an opportunity to communicate with other caregivers.</i>	12(48%)
<b>Benefits the program had to my family member:</b>	
<i>My family member was happier after the visit.</i>	22(88%)
<i>It gave my family member an opportunity to communicate with others.</i>	17(68%)
<i>It made my family member more confident.</i>	12(48%)
<b>The environment was comfortable</b>	25(100%)
<b>The environment was suitable for a PWD.</b>	24(100%)
<b>My mood improved after the visit.</b>	16(64%)
<b>I will share my experience with my friends and relatives.</b>	21(84%)
<b>I am interested in revisiting the History Museum with my family member.</b>	23(95.8%)
<b>I am interested in participating in other visits with my family member.</b>	24(95.8%)
<b>I will consider participating with my family member in:</b>	
<i>Art workshops</i>	20(80%)
<i>Exhibitions in other museums</i>	18(72%)
<i>Activities other than exhibitions organized by the History Museum</i>	17(68%)
<i>Interest in revisiting the galleries of the History Museum</i>	12(48%)

Remark: Discrepancies between percentage and count were because of missing data.



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## Qualitative Research

Fifteen caregivers and five PWD participated in the qualitative research. Two mini focus groups involving five PWD and their caregivers were conducted, and the remaining caregivers were individually interviewed. The respondents aged from 47 to 87, with six males and 14 females.

### 1. Experience

Caregivers and PWD were generally positive about their museum experience. Many reported feeling an emotional uplift after the program, which echoed the findings from the quantitative research.

#### a. Gallery tour

Most caregivers and participants with dementia enjoyed the tour, and were most impressed by displays that related to their past experience. The majority of the caregivers and the participants with dementia thought the docent had a lively and clear presentation, which echoes the questionnaire findings. The way the docents engaged the audience was much appreciated:

*"The docents were professional in encouraging them. I found the interactions and the response from elderly participants impressive..... When he (the docent) talked about things in the past he would make an effort to attract them, such as mentioning the Jockey Club lottery tickets at the store (display), and because he was stimulating, the audience was quite willing to take the initiative to talk about 'I used to do such and such', and then the docent would say, 'wow, you were so cool.' I think the atmosphere was pretty good." (Daughter, 57)*

Some caregivers noted that their family members could not focus on the docent's

presentation for long, likely because some care recipients had a short attention span because of dementia. Some caregivers suggested that the docents could be more aware of the needs of people with dementia, and make adaptations in slowing talking speed, intonations, and making more emphases. Few caregivers also thought that elements such as a short documentary shown on big screen could draw attention to those who were less interested in listening to speeches.

#### b. Workshop

Most caregivers appreciated the workshop. It was mentioned that the workshop was able to engage those who had a relatively passive participation in the tour session, because the workshop gave them a specific task. Caregivers appreciated the opportunity to work on the artwork together and to show their love through offering help. Some caregivers pointed out that their family member seldom worked on handcrafts at home, but once being accompanied, they were happy to join in the activity. A few caregivers pointed out that they had displayed the artworks at home. The sense of achievement observed could be illustrated by a spousal caregiver:

*"We made a very beautiful object, a very pretty piece..... It's hanging in the living room now, and when people visited they said it was pretty. [My wife] told others that she made it..... Of course she was happy, she felt smart and proud." (Husband, 85)*

Caregivers had different comments about the artworks. Paintings and simple handcrafts, such as a water bottle sculpture, were much welcomed, and caregivers found the step-by-step instructions clear and easy to follow.

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In contrast, a particular piece (paper mask), was commented to have involved abstract ideas and complicated techniques, therefore caregivers found it less suitable.

#### c. Schedule

The majority of the caregivers thought the duration of the tour and the workshop should not be extended, because their family members might feel tired and exhausted if the program lasted longer. Some caregivers who preferred a longer program remarked that a sufficient breaking interval would be needed to sustain the older people's energy.

Most caregivers expressed a wish to enrich the scheduled activities within the current time frame. They suggested that simple refreshment should stimulate positive mood from the people with dementia, and boost up their motivation to participate. Several caregivers also noted that the tour only covered one floor of the exhibition, and would like to see more in the tour. Intervals for the caregivers to communicate with each other, and simple exercise for the care recipients were also suggested as an add-on.

#### d. Special arrangements

The majority of the caregivers thought that visiting during the museum was closed to public could "make the environment quieter", "avoid visitors from getting lost", "create more space", and "facilitate management". It was mentioned that older visitors walked relatively slow, and it could be an issue to the tour if the galleries were too crowded. Several caregivers pointed out that the group was a "VIP" tour, and caregiver raised out that the arrangement could strengthen the idea of exclusion, but admitted that the family member did not seem to be

aware of it. In general, it was agreed that the arrangement facilitated better engagement:

*"It helped Dad concentrate, so that he would not look around [at other visitors]. Older people have poorer hearing, if the environmental noise is loud, they won't be able to listen well." (Daughter, 53)*

Most caregivers appreciated the shuttle bus service. It was pointed out that the shuttle bus saved the discomfort of transport transfer and outdoor heat, and therefore it could ensure the participants had a good mood from the start. For those who had difficulties in walking, the arrangement made the trip easier; for others, the point-to-point service allowed them to be more mentally relaxed:

*"[Without a shuttle service] I won't visit the museum, I fear he (the husband) may get lost. I don't use complicated means to get around..... I seldom go to the Kowloon side, with the shuttle bus, it was convenient." (Wife, 52)*

The arrival experience was confusing to some. One caregiver who drove to the museum said the signage was unclear, and since the family was unaware of the meeting spot, they walked to the main entrance to find it closed.

#### e. Environment

Aligning with the results in the questionnaire, caregivers generally found the museum comfortable. Caregivers thought the museum was spacious and well equipped with disable facilities. However, half of the caregivers also talked about their concerns in the lighting. It was remarked that in dim environment the participants tend to feel sleepy and had lower attention. Caregivers also pointed out that in carpeted area, more light is required to

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eliminate the risk of fall:

*"I think the biggest problem was his poor eyesight, he had a hard time looking at the display..... I think it's an issue of demented people, they don't like dark places, and [in such places] they begin to stumble."  
(Daughter, 50)*

f. **Walking speed and walking load**

Several caregivers thought the tour was slightly rush, and it was observed that the shape of the group was often long, making those who walked slow could not listen properly, and those in front had to spend much time waiting for others to keep up. It was commonly mentioned that the seating area was essential, and all people with dementia from the focus groups said they did not feel tired from the walking, which aligned with the observation of most caregivers.

**2. Satisfaction**

a. **Social gathering and quality time**

The majority of the participants felt positive about the program. Most considered it an opportunity to spend quality time with their family members, and to show their love. A wife was grateful because her spouse was allowed to the program:

*"Bringing him along, so that I could see, and he could see too." (PWD, female, 87)*

Some caregivers found little chance to talk with each other because they were occupied to providing assistance to their family member in the tour and in the workshop, but others managed to talk on the way. A spousal caregiver described the interactions in details:

*"With other elderly, sometimes we could exchange our thoughts, and it felt good."*

*"You're bringing your family member, how does that feel?" "How is it with the daily caregiving?" [I could] feel it and listen to it, and talked to the others who provide care."  
(Husband, 87)*

b. **Reminiscence boosts communication**

Displays which were associated to personal experiences, such as the herbal tea store and the old style convenience store, yielded highest rate of recall. During both focus group sessions, participants talked about events and landscapes from the past, and the same dialogue was said to happen in the museum gallery. The majority of the caregivers liked the exhibition theme, it was described that the displays stimulated an emotional resonance, and many were impressed by their family members when they were able to associate gallery exhibits to themselves, and shared information that were previously not discussed, such as childhood experiences. A wife specifically pointed out the transformation of her husband in the museum:

*"He seldom speaks unless I speak to him, and in usual days I mostly ask him what the date and the month are..... [In the museum] he kept talking as he walked, and spoke to me about the trade fairs, haircutting as a kid, and old things about the herbal tea shops."  
(Wife, 66)*

c. **Continuance**

All caregivers agreed that the program was an enjoyable activity to their family members, and it was pointed out that "it was the process that mattered". Some caregivers reported that their family members had a brighter mood at home after the visit, and some even reported that the conversation about the visit lasted for several days:

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*"Without seeing anything special and without outside stimulations, we sometimes fall into silence at home, but then after the visit there were three to four days in which we had new topics, Dad would talk about the rice stores and the herbal tea shops from the past."* (Daughter, 53)

### **3. Motivation**

All but one caregiver said they were motivated to visiting other museums. One third of the caregivers mentioned that they would not revisit MH with their family caregivers because of the lack of novelty. One caregiver observed that her mother showed less interest to the exhibits on the second visit.

Some caregivers said the family members would be happy "as long as they have a day out", that "it was better to stay home", and

several saw the program as a stimulating activity such that the content did not matter.

One spousal caregiver said the following:

*"I think doing reminiscence there is good, recalling the past. He talked about the temporal housing settlements, and how the water restriction was carried out once in four days..... I feel that there are things that still exist in his brain.....he doesn't really mind what he does; he behaved similar in the two visits."* (Wife, 83)

One caregiver talked about the meaning she interpreted from the program:

*"To me, seeing him (the father) interact with others let me know that he isn't that bad, and I value the chance to spend time together, that was a chance to see him."* (Daughter, 57)

## DISCUSSION

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Both elderly participants with normal cognitive functioning and with dementia resulted in a significant elevation of mood after the visit and workshop. Those visiting the program twice experienced an elevated mood from the museum program but also with an insignificant decrease in mood between the visits, the small sample size did not yield conclusive analysis on this change, but the result indicated that one visit might suffice for elevating participants' mood.

Self-perceived quality of life of PWD also increased significantly after the visit, which, with regard to the qualitative results, might be attributed to the chance of having outdoor activities, reminiscing past lives by the gallery items, as well as doing artworks.

Self-perceived psychological health of caregivers insignificantly worsened after the two visits, in which two sub-domains "inadequate coping" and "social dysfunctioning" got a significant decline. This program was not a coping training, so it might not help caregivers to adopt coping in their lives, and the decrease indicated that they might need other intervention on this theme.

In qualitative interviews, some caregivers said that they engaged a lot taking care of their family members during the visit and workshop, and did not have enough time to chat with other caregivers, their engagement with their family members but not others might explain the decline in social dysfunctioning. On the other hand, there was significant improvement in "anxiety" and "sleep disturbance", this indicated that the program served its purpose in improving the psychological wellbeing of the participants, and this might help

ease the anxiety, therefore promoting better sleep, among caregivers.

The program, both visit and workshop, was shown to help facilitate communication between people with dementia and their family caregivers, about past experience, about finishing the handcraft etc. The caregivers valued the quality of life of their beloved with dementia, and wanted them to enjoy happy time outside their homes. In addition, the handcrafting in workshop offered several elderly sense of achievement, which is often deprived of in life with dementia, and this also contributed to their better quality of life. This could be a powerful motivator for future programs to get caregivers involved, especially for the day care center users who are anticipated to have less leisure activities with their family caregivers.

The success of the program is also attributed to the theme, which allowed the elderly to reminisce and the caregivers to understand the past experience of the elderly. The lively presentation of the docents and artists, in particularly using examples of past time, also helped make the experience more positive. Slower talking speed and elevated intonation would further help keep the short attention of the elderly with dementia.

Sense of security was a major concern among caregivers, in this program, that the museum was opened to the program when it was closed to the public, as well as offering point-to-point transportation, served to give family caregivers this sense of security. On the other hand, the dim lighting in the museum lessened the sense of security, caregivers might worry about potential fall of the elderly.



## LIMITATION

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In spite of these encouraging findings, the small sample size prevented us from generalizing the findings to the entire population of people with

dementia. There was no control group in this study, so other variables that might affect the research results were not tested.

## CONCLUSION AND RECOMMENDATION

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The high satisfaction rates proved the success of the program in improving the psychological wellbeing of people with dementia by offering a good experience for people with dementia to have an outdoor activity reminiscing past events and making handcrafts, as well by offering an opportunity for people with dementia and their family caregivers to communicate.

The findings supported that one visit would suffice improving the psychological wellbeing of the people with dementia. Two visits might help verbal communication between the people with dementia and their caregivers, while the research findings were inconclusive in drawing benefits of two visits in other areas. In reality, people in Hong Kong were busy, it would be difficult for caregivers to arrange two visits with their family members.

Another suggestion for arranging tours for people with dementia was to make it when the

museum / venue is closed to the public. Caregivers explicitly expressed that such environment would make them feel more secure in carrying their usually vulnerable family members along. Point-to-point transportation was also welcome, particularly when elderly with dementia might be more vulnerable in terms of mobility and taking transport. In addition, offering refreshment would further motivate the elderly to participate.

Completion of handcrafts gives participants sense of achievement, so workshop is suggested to be kept, while for people with dementia, handcrafting with step-by-step instructions and less abstract ideas are more welcome. Further studies with larger sample sizes and control group would be warranted to provide more convincing evidence and help design an optimal art appreciation program for people with dementia.

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