



## People with dementia as ‘spect-actors’ in a musical theatre group with performing arts students from the community



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### ABSTRACT

A collaborative music and drama therapy initiative with performing arts students and people with dementia yielded an innovative framework. Twelve people with dementia residing in a nursing home and twelve students from a performing arts school took part in two consecutive groups (6 residents and 6 students in each group). Each group was 10 sessions long. The groups were co-facilitated by a music therapist and a drama therapist. A qualitative research embracing action research ideas was used, and content analysis of all written documents revealed three major categories: (1) Combining music and drama expanded the emotional and creative modes of expression for people with dementia, (2) The supporting engagement of performing arts students helped people with dementia to play an active role in the musical-dramatic space, and (3) The joint framework enabled people with dementia to participate as actors in the final performance of an auto-biographical therapeutic theatre. Promoting modes of creative self-expression for people with dementia is important when autonomy is gradually lost with the progression of the disease. A new perspective of viewing people with dementia as ‘spect-actors’, moving from spectators to actors, contributes to various aspects of autonomy, such as mastery, dignity and independence.

### Introduction

#### *The challenges of dementia*

People with dementia gradually lose their cognitive abilities and have to cope with many challenges. For some decades now, research and practice have started to focus on the psychological and social aspects of dementia leading to a person-centered care perspective (Kitwood, 2007). Qualitative studies that explored the subjective experiences of people with dementia revealed the difficulty of losing one's autonomy including a diminished sense of self-dignity, dependency, erosion of individuality, and the need to preserve a sense of self and identity (Batra, Sullivan, Williams, & Geldmacher, 2016; Van Gennip, Paman, Oosterveld-Vlug, Willems, & Onwuteaka-Philipsen, 2016).

The medical model associates ‘loss of self’ with people with dementia since it relates the consequences of memory impairments to the loss of self-identity. Batra et al. (2016) challenged this assumption by exploring the narrative self among residents with dementia comparing them to residents without dementia and concluded that memory loss and other cognitive deficits do not necessarily lead to a loss of ‘self’.

Moreover, according to the narrative gerontology approach, people with dementia are still biographically active and extract meaning from their narratives (Kenyon, Bohlmeijer, & Randall, 2011). Therefore, sharing their life stories is an accessible and important way for people with dementia to reinforce their sense of self and identity (Harel, 2016).

In the past two decades, different art therapies programs have been developed for people with dementia, aiming for a person-centered approach, which work with the individual's positive resources and the belief that all people can be creative to some degree (Basting, 2006; Gay & Perlstein, 2008; Harel, 2016; Killick, 2013; Knocker, 2001; Marshall, 2013; Waller, 2002).

#### *Music therapy and dementia*

There is a great deal of research on the impact of music on people with dementia (Raglio, Filippi, Bellandi, & Stramba-Badiale, 2014; Van der Steen et al., 2017; Zhang et al., 2017). Music is particularly suitable for reminiscence, tapping into long-term preserved memory, and eliciting rich associations related to the songs (Tomaino, 2002). Despite their memory loss, people with dementia continue to sing old songs that

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provide a sense of familiarity in an environment that gradually becomes increasingly more challenging due to cognitive decline (Clair & Memmott, 2008).

The ability to take part in a social activity such as singing provides an experience of success, whereas other activities become difficult to accomplish. Experiencing success is important in a state of declining capabilities, which mostly lead to a damaged sense of self-worth and depression (Dassa & Amir, 2014).

Group singing sessions to promote reminiscing have been found to be significantly helpful in reducing symptoms of depression (Ashida, 2000; Chu et al., 2014), promote engagement and social interaction (Evans, Garabedian, & Bray, 2017), and even improve language abilities (Brotons & Koger, 2000; Dassa & Amir, 2014).

The impact of music extends beyond the music therapy room, and research on the use of music by caregivers supports the idea that music in general, and singing in particular, can serve as a tool to reduce agitation in daily care activities for people with dementia (Ray, Dassa, Maier, Davis, & Ogunlade, 2016).

### *Drama therapy and dementia*

Drama therapy for people with dementia emphasizes the contribution of spontaneous play to enriching life and adjusting to changes (Gay & Perlstein, 2008). Play addresses the psychological needs of people with dementia (Knocker, 2001) as it possesses several qualities, such as body movement, liberation, stimulus seeking, creativity, experience of relationship, expression of humanity, festivity and fantasy, disposition and encounter (Perrin & May, 2000).

The spontaneity of play makes it possible to enjoy participation in the present, without judgment (Killick, 2013; Marshall, 2013; Schweitzer & Bruce, 2008), and to actively explore memories from the past in order to gain a positive self-identity (Freeman, 2010; Randall & McKim, 2008). Inspired by the theoretical ideas of the narrative gerontology approach (Kenyon et al., 2011), performance-oriented drama therapy (Baily, 2009) helps people with dementia to present their life stories on stage. This method, known as Autobiographical Therapeutic Theatre (ATT), elicits acknowledgment and recognition from an empathic audience, concretizing the metaphorical idea of self-presentation (Harel, 2016). Drama-based intervention was also found to promote memory functions, learning, sociability, communication, and self-esteem in people with dementia (Stevens, 2011).

### *Intergenerational art therapies programs with dementia*

Intergenerational art therapies programs have become more common, and the recognition of their added value increases. Most of the music program resources and research reported in the literature focus on interactions between children and older adults experiencing healthy aging (Belgrave, 2011; Shaw & Manthey, 1996). The same is also apparent in the drama therapy field (Gay & Perlstein, 2008; Langley, 1987). Only a few art therapies programs have integrated intergenerational work with older people with dementia, which seem to be very beneficial. For example, it was found that an intergenerational music therapy group that included people with dementia and children and adolescents in psychiatric care, helped both groups to share essential life themes and promoted social roles and responsibilities. Each participant in the group found their musical and social competencies and resources (Hessenberg & Schmid, 2013). Another research study indicated that an intergenerational reminiscence program for older adults with dementia and youth volunteers enhanced quality of life and decreased depression. Intergenerational arts-based programs have a mutual positive influence on both the older and younger participants. Subsequent to the programs, young volunteers and students exhibited a positive appreciation of older people and concluded that this experience provided them with an opportunity to reflect on their relationship with elderly relatives and people with dementia (Chung, 2009; Dassa &

Harel, 2019; Harel, 2016; Lokon, Li, & Parajuli, 2017).

Despite the growing interest in intergenerational programs with people with dementia, there is limited literature on the subject, and the development of a systematic program and future research would be valuable (Galbraith, Larkin, Moorhouse, & Oomen, 2015).

This research project seeks to develop a collaborative framework of music and drama therapy in joint group work with performing arts students and people with dementia. It is based on an understanding that creativity remains intact despite the inevitable deterioration due to the neuro-cognitive disorder (Cohen, 2006; Waller, 2002), and that self-expression through arts therapies helps to circumvent the limitations of thinking, language, and memory (Basting, 2006; Miller, 2014). Integrating music and drama in therapeutic contexts expands the expression range of the participants and deepens the impact of each modality (Oldfield & Carr, 2018).

## **Method**

A qualitative research method embracing some ideas from the action research paradigm was used. Although not used methodologically as a research paradigm, we embraced the ideas of open communication with participants (therapists, students, and residents), enabling a learning process and flexibility, in order to improve understanding of the framework (Koshy, Koshy, & Waterman, 2011).

### *Aim of research*

The aim of the research was to develop a collaborative framework of music and drama therapy in joint group work with performing arts students and people with dementia, and to explore the participants' experience. By learning from the participants' experience during the group work, interventions can be refined, and an understanding of their shared experiences can be gained. Two music and drama therapy groups were conducted.

### *Participants*

Following a pilot group co-facilitated by the researchers (a music therapist and a drama therapist), which included five weekly sessions using music and drama with five participants with dementia, and five students from a well-known performing arts school, a preliminary framework was formatted, including setting and recommended interventions.

There were two consecutive groups (24 participants in total). Each group contained 12 participants (6 residents with dementia and 6 performing arts students). Both groups were conducted by a music therapist and a drama therapist, as in the pilot group, acting as co-therapists. The former therapists (the researchers), served as supervisors. Each group consisted of 10 weekly sessions and included a final performance to the nursing home residents, family members, and staff, given by the residents and students.

The residents who participated in the program were all diagnosed with dementia, most of them in a moderate state. Scores on the MMSE (Folstein, Folstein, & McHugh, 1975) ranged from 6 to 19 (Mean MMSE 11.8). They all resided in a nursing home for people with dementia (10 women and 2 men, ages ranging from 71 to 89; mean age 80). They were invited to join the group after a discussion with the head nurse and the recreational therapist regarding who could benefit from this activity. Students from a well-known performing arts school took part in the sessions (6 women and 6 men, ages ranging from 23 to 27; mean age 24.5). The format included one-on-one (resident-student), in a group work setting. All sessions took place in the nursing home.

This research study received ethical approval from Bar-Ilan University's Music Department (Approval no. E.MUS.2017-1). The residents in the nursing home for people with dementia were free to join in and participated at will. Their legal guardians gave consent for their

participation in the group. The analysis in this research was based on the reports submitted by the students and therapists who signed a consent form, and on the researcher's log. Any resident 'stories' presented in this manuscript appear in pseudonym and disclose no personal information.

### Session format

The possibility of integrating music and drama for people with dementia was examined in a structured and guided group process. Since the second group followed the first one, it enabled us all (participants, therapists, and researchers) to take part, formulate, and impact the construction of a suitable framework. Although the session format and topics were mostly pre-planned, unique improvisational work was conducted during the sessions. Finally, a session format was established:

- Personal invitation – Each session began with the students entering the ward and inviting their resident partner to join the group.
- 'Road trip songs' – Since the residents came from different wards, they were all invited to a meeting room outside the wards. Singing first began spontaneously, but the therapists and students continued to use singing as a tool to encourage and support walking and also to spark a sense of joy while walking together to the meeting room. Most of the time, the songs were chosen by the residents and included well-known Israeli songs from their past.
- Greetings and warm-up songs – Each session started with personal greetings for each participant (residents and students), who sat side-by-side in a circle, and by singing songs the residents knew from their past, accompanied by guitar played by the music therapist. A greeting song was chosen by the residents and was repeated in all the sessions, followed by one or two songs that were brought up spontaneously, again mostly from the residents.
- Dramatic stimulation – The students prepared several scenes beforehand, which they acted out in front of the residents. The material for the scenes included familiar national events, or topics that came up during the sessions, like school days, marriage, etc. A 'stage' was formed in one part of the room, and the 'audience' – the residents, sat opposite the stage and watched. The dramatic stimulation was used to encourage a reaction by eliciting memories of past events. The topics for the next session's scenes were decided in advance during the closing discussion between the therapists and students after each session.
- Re-acting, connecting and improvising – Using a 'freeze and a gong' technique (which we will elaborate on in the discussion), the residents took part in the scenes that were being acted out by the students, impacting the plot, the acting, and even joining in.
- Closure – The participants sang together, and the meeting ended with the students escorting the residents back to their wards, singing along the way.
- Closing discussion – After each session, the students and therapists conducted a discussion reviewing the residents' reactions, the students' experiences during the session, practical suggestions, and plans for the next session. The topic and content for the next meeting were mainly chosen from the residents' ideas throughout the session.

### Data collection

Multiple data sources were gathered throughout the study and contributed to the researchers' understanding of the case. The students in the first group reported their experiences weekly through a written report. The report included a few points of reference (describe meaningful moments; difficult moments; thoughts and ideas), and also included space to add any comments. The therapists shared their experiences in a weekly report and weekly one-on-one meetings with the

supervisors. The weekly report included both descriptive information regarding the course of each meeting, and a subjective description of thoughts and feelings. Joint sessions with both supervisors and therapists took place twice during each group. At the end of each session, the documented material was sent to the researchers (the supervisors of the project), who commented and addressed any questions from students or therapists via e-mail. In the second group, the students completed a pre and post group semi-open questionnaire instead of weekly reports. It was decided as more beneficial during a joint discussion between the researchers, therapists, students, and managing project director of the performing arts school. The pre-questionnaire included topics relating to their choice to join the project, feelings and thoughts upon entering, expectations, and possible difficulties. The post-questionnaire encouraged them to write about their experience, things they learned about old age and dementia, whether their expectations were met, and meaningful moments or difficulties they encountered. The supervisors documented key topics in each supervision meeting, and the correspondence held between them and therapists during the project.

To summarize, research data included:

- Individual report of each session by the students (in the first group).
- Individual report of each session by the therapists (in both groups).
- Pre and post group open questionnaires completed by the students (in the second group).
- Researchers' log documenting supervision sessions and joint discussions (in both groups).

### Data analysis

The various sources of data were analyzed and integrated, but due to the immensity of documented material and the fact that the project had two dimensions –the participants' experience, and the development of a unique framework, this manuscript will focus on the uniqueness of combining two art mediums – music and drama. The participants' experience will be discussed in a separate subsequent manuscript.

Content was analyzed by integrating the material gathered using the therapists' individual reports after each session, and the supervision reports held weekly for each of the therapists. The reports were classified into categories and subcategories in an effort to identify the main topics. A systematic process of step-by-step categorization was done by each of the researchers and was later discussed and compared by them. The categories and subcategories were revised throughout the analysis process until they were formulated. Themes and categories emerged from the raw data (Kohlbacher, 2005) during this process, and the researchers gained an understanding of the developing framework, and its importance for people with dementia.

### Findings

Since this project aimed to develop a framework, changes were made during the course of both groups. Through joint discussions with therapists and students, suitable interventions were chosen, and the framework was established. A crucial point to consider is that the residents with dementia who participated in the groups were, as reported before, in a moderate stage of dementia and had difficulty joining the discussion regarding the framework. However, as is evident in the following section, they played a pivotal role in the development of this framework. Most of the techniques that were developed were based on the residents' reactions and most of the sessions' content was set according to the residents' thoughts, memories and associations.

Three major categories emerged from the content analysis, emphasizing the impact of the combination of music and drama. With the help of the performing arts students, all the residents took part in the creative process. Findings will be followed by examples from the sessions.

- (1) Combining music and drama expanded the emotional and creative modes of expression for people with dementia.

Using music, mostly singing, and drama throughout the sessions enabled the residents to take part and to easily join the improvisational act that took place in each session. Singing helped to soothe episodes of agitation among residents and created a safe environment. Combining music and drama created a synergistic effect, increasing the effectivity of each modality.

A scene description, for example:

*One of the residents reminisced, recounting when they used to go out to drink and sing in the café. The drama therapist started symbolically pouring drinks for everyone, asking what they would like to drink. Each one asked for his or her favorite drink. One resident asked for champagne, another asked for vodka, they all toasted their imaginary cups in the air. The music therapist started to sing 'Let's drink to life' (L'echa-im). As they all joined the singing, one resident exclaimed: 'I never drink!' The drama therapist offered her a glass of water, and everyone started spontaneously to sing an old well-known song, 'Joyfully shall you draw water' (Ushavtem Mayim). Everyone was familiar with this song, so it helped even the most withdrawn resident to join in and participate. Real life and drama were clearly distinct by one resident's remark: 'it's a make-believe drink, not really'. They all laughed and continued singing*

- (2) The supporting engagement of performing arts students helped people with dementia to play an active role in the musical-dramatic space.

The performing arts students developed a close connection with their partner residents. They served as personal supporters and also as mediators between reality and dramatic reality (Pendzik, 2006). At first, a clear distinction was needed due to the residents' orientation difficulties. Gradually, while watching the students act, the residents reacted spontaneously, and the students invited them to join in the action.

A scene description, for example:

*Following the warm-up songs in the 6<sup>th</sup> session (first group), Lea (pseudonym), a resident, reacted spontaneously and told a personal story. She told that one day, when she was young, a man knocked on her door, and invited her to sing in front of children since he had heard that Lea was a good singer. The drama therapist instructed the actors to take the role of children singing some Hanukah songs (the holiday was approaching). They sat on the floor in a circle and placed a chair in the middle. Lea watched the scene from the audience's side, beaming. The drama therapist hit the gong and the actors assumed the 'freeze' position. Asking Lea, she confirmed that it was exactly as she remembered. Suddenly she stood up and stepped to the stage. The students invited her in. She sat on a chair in the middle of the circle and said that she used to sing. The actors sat on the floor around her and began to sing a well-known Hanukah song. Lea joined them excitedly. The music therapist accompanied by playing the guitar. In that scene, she was one of the performers portraying herself, enjoying the feeling of being a singer again.*

- (3) The joint framework enabled people with dementia to participate as actors in the final performance of an auto-biographical therapeutic theatre.

The final performance included auto-biographical materials that came from the residents' reminiscing during the sessions. It was formulated as memory scenes and the residents took part as actors, mostly singing. A scene description, for example:

*Everyone (residents and students) is dressed in white shirts. The residents sit on stage and the students stand behind them. The declaration of the State of Israel's independence is being announced by one of the students. Ben (pseudonym), a resident, calls out – 'Bravo'. Other residents join*

*him, people in the audience cheer in excitement. The music therapist starts playing a folk circle dance (Hora). The actors (residents and students) join hands and start dancing on stage. The audience is clapping and singing. One daughter sitting in the audience shed a tear watching her mother dance on stage. 'I didn't realize she could do such things. I haven't seen her that happy for a long time', she tells the staff member sitting beside her.*

## Discussion

In our analysis of the research, we realized that a three-fold process took place in this project:

- Presenting individual or social autobiographical life events by the students enabled the residents to relive those experiences as **spectators**.
- By combining music and drama, those experiences were emphasized, and a unique framework was developed, empowering the residents as **'spect-actors'**. This term was coined by the Brazilian theatre director Augusto Boal. In his *Theatre of the Oppressed*, Boal (1979) refers to the audience's dual role as it both observes and creates dramatic meaning and action in the performance.
- Finally, presenting autobiographical scenes in the concluding performance transformed the residents into **actors**, alongside the performing arts students.

From spectators, through 'spect-actors', and into actors, the following will present a discussion of this three-fold process and its potential for people with dementia.

### People with dementia as spectators

During each session, the performing arts students created a 'stage' and performed scenes they prepared from the residents' collective background, such as the historical declaration of the State of Israel's independence. This enabled the residents to experience and participate as spectators. Watching familiar episodes from their past was a strong stimulus that helped them relive those moments. Incorporating singing in their performance created a flexible space between ordinary reality (a group of people who watch the performed scene together) and dramatic reality (the scene of the independence declaration) (Pendzik, 2006), since the residents spontaneously joined in the singing. It created a 'transparent curtain' between the actors (students) and the spectators (residents).

### People with dementia as 'spect-actors'

Not only did the residents join the singing, they also reacted spontaneously to the play on stage. Sometimes they commented verbally by expressing an association, in other cases they expressed their agreement or disagreement with the presented scene, verbally or using gestures. Some participants reacted physically by moving and dancing in their chairs, or even by joining the actors on the stage. The therapists were very attentive to these remarks, which actually inspired the working format. These spontaneous remarks were resonated by the drama therapist using 'a gong and a freeze' technique: Each remark was enhanced by a gong, freezing the action on stage. The therapists addressed the resident who reacted and asked him or her to add or correct the scene and then instruct the actors to change course accordingly. With the support and improvisational act of the performing arts students, the transparent curtain between actors and audience enabled people with dementia to regain control, choice, as well as dignity, as 'spect-actors'. This position involves a process of learning together rather than a one-directional teaching; positioning the audience on equal status as the performers (Boal, 1979, 1992). While they were in the role of 'spect-

actors', the residents experienced a sense of mastery, controlling the dramatic situation. Moreover, the symptoms of dementia, such as agitation, confusion, and orientation difficulties, sometimes lead to 'inappropriate' behaviors. For example: A resident can abruptly stand up in the middle of the play, others can call out remarks, and similar behaviors that might be considered disturbances. In this framework, these 'problematic' behaviors were interwoven into the play. In other words, the symptoms became a resource, instead of a disturbance that needed to be repressed.

#### People with dementia as actors

Each group work ended with a performance, which was a collage of autobiographical memories that were evoked during the sessions. The play was planned and written by the therapists and the students and the cast included both students and residents with dementia. This created a final integration and the residents-audience became actors who performed in front of other residents in the nursing home, their families, and staff. This step promoted a culture of reciprocity (Novy, 2018), stressing aspects of ability and creativity of the participants, who are in the position of the 'givers'.

This three-fold process presents the idea that the residents played an active role in the framework development. They were gradually given a more active role, which they gained in this creative process following a spontaneous act. While the residents reacted, the therapists turned it into a working format, emphasizing that the residents had control over the situation. The students invited them to join in a sensitive manner, and helped them to cross the boundaries, thereby turning the residents into actors, on equal standing with the students, regaining their autonomy by leaning on preserved long-term memory for songs that elicited vivid and emotional reactions. This format enabled a 'field of play' (Kenny, 2014) for residents, students, and therapists, a space of innovation and play, of new patterns of existence, a place of dreams and songs, metaphors, new behaviors, new feelings and thoughts. Within the field of play, we find new horizons to explore, and in our playfulness, we find our authenticity, innovation, enjoyment, pleasure, and joy (Kenny, 2014). Through playfulness and musicality, people with dementia can express an embodied dimension of selfhood (Kontos, 2014; Kontos & Grigorovich, 2018).

Performing was a crucial part of the therapeutic process. The material that emerged during the sessions was acknowledged by the audience's reactions (other residents, family members and staff). Some joined their singing, some cheered, or responded spontaneously to the act on stage. Through the other, their self-identity presented in those memory scenes was acknowledged and appreciated (McAdams, 2008). Several ethical considerations we would like to state here refer to the fact that autobiographical therapeutic theatre expose the participants and one must be careful, especially when it involves people with dementia. As therapists, we asked ourselves the following questions before progressing: Why expose the residents' personal stories to the audience? How does it benefit the therapeutic process and are we sure it won't harm the residents? We kept asking these important questions throughout this project and acted only after we ascertained that the process was beneficial and brought a sense of joy and fulfilment to the residents.

#### Limitations and recommendations

Based on a pilot study, we embarked on this research project and opened two consecutive groups incorporating music and drama with performing arts students for people with dementia. Since we were working on establishing the right framework, interventions were modified along the way. For more established results on the impact of this framework, more research groups should be followed using the established protocol.

In this study, we had the opportunity to involve performing arts

students who contributed their expertise to this framework. Nevertheless, other volunteer groups from the community might be able to take part in this group. Also, it is feasible to conduct this group with people with dementia in a co-work setting as a music therapist and drama therapist, without a volunteer group. More research is needed to establish this.

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