



DRAMA AND MOVEMENT THERAPY IN DEMENTIA: A PILOT STUDY

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Over the last 40 years, the widespread acceptance of the biomedical model of dementia has countered the suggestion that senility was an inevitable consequence of old age (Lyman, 1989). Advances in the understanding of the pathology and genetics of dementias such as Alzheimer's disease, and the search for a biological cause and a biological treatment mean that research in the psychosocial aspects of dementia has been somewhat neglected. More recently, the psychosocial processes affecting the individual with dementia have been better understood (Beattie, 1984; Kitwood, 1990, 1993; Lyman, 1989). Beattie (1984) notes that retirement is accompanied by a "loss of mastery over self and environment" as the individual begins to feel less empowered and more dependent and this problem is accentuated by dementia. In addition, disabilities and sensory impairments such as deafness and visual deterioration serve to further disempower the individual and make them feel isolated from what is happening around them. Kitwood (1990, 1993) elegantly describes the "malignant social psychology" affecting people with dementia, whereby others no longer treat them as full individuals. For example, in "outpacing," others may communicate too fast for the dementia sufferer leaving them feeling perplexed and excluded from the discussion. This leads to loss of self-esteem, a cycle of discouragement and failure and an eroding of the sense of self.

A variety of psychological therapies have been used and evaluated with dementia sufferers (Woods,

1994). Most of these have focused on improving the patient's cognition or reducing psychiatric symptoms rather than the patient's subjective experience of dementia. In contrast, creative arts therapies (drama, movement, dance, art and music) aim to help preserve and maximise the dementia patient's eroding sense of self. These modalities draw on the sensory, affective experiences of their participants and encourage reminiscence, self-expression and socialisation. Despite the presence of waning cognition, affective responsiveness can remain relatively intact and therefore people with dementia often experience periods of extreme frustration, anxiety, sadness, anger and irritability. Most poignantly, they lose the ability to express their feelings coherently. Creative arts therapies such as drama and movement therapies provide opportunities for more organised self-expression through the use of metaphor (Johnson, Lahey, & Shore, 1992). As Laffoon, Bryan, and Sinatra (1985) note, drama therapy can address key issues for elderly people such as stress, loneliness, lack of assertiveness, pain, changing family roles and death. In their book *Waiting at the Gate: Creativity and Hope in the Nursing Home*, Sandel and Johnson (1987) noted that life in a nursing home is characterised by waiting for various things and suggest creative arts therapies as an antidote "to the dependency, passivity and death that waiting expresses." They describe five ways in which drama and movement therapy may benefit the health and well-being of the elderly: increasing ori-

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entation and activation, facilitating reminiscence, increasing self-understanding and acceptance, developing meaningful personal relationships and building communal spirit. Drama and movement therapies have been increasingly used with the cognitively impaired elderly (Sandel and Johnson, 1987), however, there has been little formal research. Drama and movement therapies can add meaning and value to the dementia sufferer's life experience. However, further research is needed to explore and justify the use of these therapies in the treatment of dementia not only to understand the *subjective* experience of the dementia sufferer, but also to ascertain improvements which may be attributable to the therapy. The aim of this study was to investigate the effects of drama therapy in a group of elderly people with dementia.

Method

This was a prospective study involving patients with dementia attending a psychiatric day hospital for the elderly. The drama therapy group was geared towards patients with dementia and took place one afternoon per week with each group continuing for 12 weeks. Over a 6-month period, two consecutive groups were run. In the first group, the focus was more on character work and role-play, whereas in the second group the emphasis tended to be non-verbal because the level of verbal abilities was lower and one client had expressive dysphasia. Patients attending the day hospital on that weekday had dementia. Dementia patients were selected for the drama therapy group if they had a reasonable level of communication abilities and mild to moderate cognitive impairment. The control subjects were patients with dementia attending the day hospital on the same day, but not selected for the drama therapy group. All patients in either the drama therapy group or the control group had a consultant diagnosis of dementia and fulfilled the criteria of the broader diagnosis of dementia on DSM-IV (American Psychiatric Association, 1994). Case notes were reviewed by one of the researchers for verification of the diagnoses. Details of their age, sex, number of years of education, current social situation, major medical diagnoses and drug treatment were obtained. Qualitative data about the experiences in the groups and also any potential improvements in everyday life were collected. A selection of rating scales covering cognition, mood, activities of daily living and carer symptoms were administered to all patients and their carers (if available) in the week prior to

beginning the therapy (either at their home or at the day hospital). These scales were repeated at the end of the 12-week drama therapy programme. Assessments were completed within 2 weeks of finishing the drama therapy. The rater was blind to the therapy/non-therapy groups. Patients' names have been changed for confidentiality.

The Application of Drama and Movement Therapy in Dementia

The Sesame Method¹ is a symbolic approach, placing emphasis on the creative and expressive use of the imagination within the safety and containment of the art forms. The Sesame Method uses metaphor and images as part of the therapeutic process. This oblique approach is, therefore, non-confrontational and non-invasive. In contrast to some methods of using drama in therapy, the Sesame Method does not seek to work directly or literally with personal material.

Drama therapy is adaptable to the specific needs of each client. Working through music, movement and drama can provide the opportunity to grow, develop and change in new ways. Some of these may include developing creative potentials, enhancing communication skills, channelling emotional expression creatively, coming to terms with difficult feelings and promoting individuality and group cooperation. Drama therapy can be used in helping to manage stress effectively, improving self-confidence and self-awareness, encouraging positive self-image and self-esteem, fostering the imagination, transforming negative or destructive impulses through creative activity, developing non-verbal communication, encouraging quality of contact and relationship, exploring human potential, discovering meaning where this may be lost and developing sensitivity to self and others.

The scope for drama and movement therapy with elderly people who have dementia is very under-used. Practical experience has highlighted more specific benefits of using this medium with elderly dementia sufferers. By stimulating the memory (long-term memory generally being strong) and encouraging reminiscence, the dementia sufferer becomes aware of their power of memory and their past ability to cope

¹A detailed description of the Sesame Method and a complete set of Session plans for the dramatherapy groups for dementia are available from Nicola Wilkinson.

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