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# Drama therapy with older people with dementia—Does it improve quality of life?

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ABSTRACT

This article describes a pilot study that aimed to evaluate the effect of drama therapy on the quality of life (QoL) of elderly people with mild to moderate dementia, using a mixed method (quantitative and qualitative) approach.

Study participants ($N = 13$; age range 61–88 years; 1 female) were Australians of European descent, principally with Alzheimer's disease, living in the community in an east-coast Australian context. The drama therapy group ($N = 4$) was compared with a group of participants ($N = 9$) who watched movies over a four-month period. All participants were assessed for QoL using the quantitative Quality of Life Alzheimer's Disease (QoL-AD) scale of Logsdon, Gibbons, McCurry, & Teri (1999, *Journal of Mental Health and Aging* 5, 21) prior to and following 16 group meetings. Qualitative data were generated and examined using phenomenological methods including recording and transcribing body language and dialogue, as well as narrative, ethnography, group themes and metaphor.

Although not statistically significantly different, the average QoL-AD score increased for the drama therapy group while it decreased for the movie group. Qualitative findings established an unambiguous participant ability to express ideas and feelings through drama therapy as well as an unveiling of conscious awareness of participants' own wellbeing and QoL. The findings also indicate the potential worth of a future larger study along the lines exemplified here.

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## Introduction

The World Health Organisation estimates that in 2010 some 35.6 million people globally were living with dementia (World Health Organisation & Alzheimer's Disease International Report, 2012, p. x). The same report gives dementia prevalence in Australasia as 6.91% and in the USA as 6.46% of the population (p. 14). Moreover, the report predicts a significant global increase in both absolute and percentage terms, so that by 2030 there will be close to 66 million people worldwide living with dementia.

Dementia as a syndrome involves deterioration of the higher cortical functions of the brain (Coulson, Fenner, & Almeida, 2002). Its most common form is Alzheimer's disease (AD), possibly accounting for 60–70% of cases (World Health Organisation & Alzheimer's Disease International report, 2012). There is abundant evidence that amyloid production in the brain from protein is a major indication of AD, sometimes with genetic aetiology (Masters & Bayreuther, 1998). The amyloid protein produces neuro-fibrillary tangles which are known to underlie brain degeneration (Ginsberg, Hemby, Lee, Eberwine, & Trojanowski, 2000).

Commonly recognised features of AD include lack of recall (Greene, Baddeley, & Hodges, 1996), language deterioration (Price et al., 1993) and visuospatial deficiencies (Esteban-Santillan, Praditsuwan, Ueda, & Gelbmacher, 1998). This litany of deficits can be devastating to the person with dementia as well as their family and caregivers. Drama therapist Casson (1994) calls this "potential loss of personhood in a confused elderly person . . . one of the most devastating aspects of dementia" (p. 2). Drama therapy can provide interventions which help people with AD to access their creativity and spontaneity in the face of loss of physical movement, their freedoms, loved ones, partners, recognition of others and deprivation of

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the self they thought they knew (Johnson, Smith, & James, 2002). In selecting a definition of drama therapy, Jones (2007) believes that local practitioners can offer a more refined sense of what drama therapy aims to be in a particular context. For our purposes, a local (Australian) definition is as follows:

> Dramatherapy purposefully uses drama techniques and theatre-based models to encourage the client's creativity and expressive ability. It helps the clients to tell their story, express feelings, set goals, extend inner experience and try on new and more fulfilling roles, so far unexplored (Dramatherapy Centre, 2014).

This description emphasises the availability of new-found roles for participants in drama therapy. There is a core loss of significant life roles for people with dementia, and drama therapy can assist people to gain confidence through orientation into the present moment (Bailey, 2006; Langley, 2006). Potential drama therapeutic gains for people with dementia include opportunities to find meaning for those affected by AD dealing with coherence of role into the present (Gorst, 2011). Drama therapy through stories can assist with sociability (Gersie, 1997), through humour can promote mental acuity (Jennings, 2005), through improvisation can assist with end of life issues (Johnson, 1986) and through stimulation of the imagination can reduce stigma (Davis Basting, 2009).

A review of the literature revealed that little research has been published on drama therapy in the specific context of dementia. More generally, successful mixed method research into elements of the wellbeing of elderly participants has been carried out by nursing home care staff in Davis Basting's (2006, p. 18) "Timeslips" project. Rather than relying only on drama therapy techniques, staff members helped participants build a story on the basis of a set of open-ended questions, accepting all responses and weaving them into a story form. Davis Basting (2001) strongly recommends the use of images to stimulate reflection, memory and group process. Feil and de Klerk-Rubin (2012) describe their validation method (VM), a psychogeriatric approach that can be helpful to drama therapists by offering solutions to communication difficulties with people who have memory loss, as one of acceptance of people with dementia, based on practical techniques of touching and reminiscence. They apply sensitive, non-judgmental listening to the elderly to enhance self-esteem and provide emotional release. Research conducted by Feil (1990) and Kohn (1993) shows that through the use of VM with clients, caregiver burnout decreases. However, Finnema, Droes, Ribbe, & Tilburg (2000), in their review of psychogeriatric models, found no evidence of VM having been empirically tested for people with dementia. Weisberg and Wilder (2001) investigated the psychosocial change in self-expression of their elderly participants and stress the value of adult creative play. They showed how engaging even the most unwilling participants in drama and movement could "stimulate happy participants, shared experiences and moments of optimism even in the bleakest environments" (2001, p. 96). In their case study of initial engagement of ten participants, what began as total resistance by one reluctant volunteer ended up as an opportunity for her to re-visit a detailed 40-year-old memory of a colourful scenic drive through the mountains. Another group member said: "Except for this hour with all of you, I'm getting dopey sitting in this place . . . no one to talk to. I'll forget who I am" (p. 97). Such comments reveal the importance and value of a sense of identity.

Core themes emerging from the above literature include a sense of connection with others, confidence to express feelings, spontaneous interaction, engagement of imagination, shared memories and motivation. These attributes are all important aspects and qualities for people with dementia which can be developed through drama therapy.

More specifically related to the focus of our research, Lepp, Ringsberg, & Holm (2003) conducted a study where two groups of randomly assigned elderly people ($N = 12$; age range 73–95 years; 10 female) with mild to moderate dementia met weekly and were given an experience of either dance, rhythm and songs using costumes (Group A: $N = 6$) or storytelling (Group B: $N = 6$). Seven nursing staff were also randomly allocated to the groups and a drama teacher and a storyteller ran the relevant group. The groups were not compared, as the researchers were investigating improvements in two categories: one for clients (interaction) and the other for nursing staff (professional growth). Using phenomenography, the authors found that the people with dementia in groups A and B showed improved abilities in communication and confidence. The authors do not explain why these two treatment groups were used or why a drama therapist was not used, but their data analysis indicates that both groups improved in fellowship, communication and reactivated memory. There is a recognition in their article that storytelling, with its associated songs and poems, is an integral part of drama (as it is of drama therapy). Although the study was not designed to examine relationships between clients and staff, one conclusion was that improved interaction between clients and staff may result from use of both methods described. Additionally, the importance of professional development of staff was highlighted (see also Jaaniste, 2011).

Using a mixed methods approach, an earlier pilot study assessed the use of drama therapy over a six month period with 16 elderly people with dementia (Wilkinson, Srikumar, Shaw, & Orrell, 1998). This research did utilise a drama therapist. The drama therapy group participants ($N = 9$; average age 79.6 years; 9 female) were pre-selected for their higher level of communication abilities while the control group ($N = 7$; average age 80.0 years; 1 female) were mainly non-verbal and cognitively impaired. Activities undertaken by the control group were not stated. It was reported that, although not statistically significantly different, members of the drama therapy group had (perhaps unsurprisingly) better cognitive function, better daily living skills and lower dependency than the (non-randomised) control group, using six neuropsychological measures pre- and post-intervention. The authors admit that their methodology needs modification: in particular, they disclose in the discussion that the drama therapist selected participants who were more likely to do well. They conclude that the qualitative findings nevertheless support the idea that drama therapy may help people with dementia to build communal spirit, increase self-understanding and acceptance and facilitate reminiscence. The non-random group selection (along with other aspects of the methodology) emphasises the need for systematic research into the use and benefits of drama therapy for people with dementia, possibly based on the model described in the present study.

In recent years, awareness and acceptability of a range of arts therapies in medical journals have increased, with calls for further research to be conducted in this area. In a *Lancet Neurology* article, Burton (2009) groups together studies of art therapy, drama therapy, music therapy and dance therapy. While Burton notes that most evidence for arts therapies is observational and anecdotal, there has been one multi-centre, randomised controlled trial (RCT) of art therapy with people with dementia (Rusted, Sheppard, & Waller, 2006). Again using mixed methods, Rusted and colleagues conducted an art therapy intervention with people with dementia using an RCT design. Although described as a multi-centre study, facilities included a day resource unit in a hospital, a privately owned nursing home as well as a nursing home and a resource centre both funded by social services. Hence, a more useful categorisation may have been that clients were either in long term or day care. The 45 participants had diagnoses of probable dementia of the Alzheimer type ($N = 18$; 11 females), multi-infarct dementia ($N = 19$; 13 females) and unspecified dementia ($N = 8$; 7 females).

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