Theatre and Dementia in North America

Smile Theatre with playwright Sharon Dyer, Toronto, 2013

A Winston Churchill Memorial Trust Travelling Fellowship

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Churchill Fellow 2013
Acknowledgements

I am hugely grateful to the Winston Churchill Memorial Trust, who enabled me to embark on this once in a lifetime opportunity to learn from artists, carers, project workers, researchers and people living with dementia in North America. It has been an incredible adventure which has enriched my work in dementia care settings and made an invaluable contribution to my PhD research on theatre in care homes. I would like to thank the Churchill Trust and all the people I met on my travels who were so generous with their time, stories, and expertise. In particular, I would like to thank the individuals with dementia who welcomed me so warmly as a visitor.

This report is designed for theatre practitioners, students and artists who are interested in working with people with dementia. Rather than attempting to provide a detailed account of every organisation I visited, I have outlined the key findings from my trip, while providing an annotated list of organisations and resources at the end of the report. This has enabled me to focus specifically on theatre projects, while acknowledging the excellent range of creative practices that are taking place across different settings. I hope it will also be a useful resource for family carers, care staff, and activity co-ordinators who are interested in bringing theatre into their homes, day centres, and care facilities.
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Executive Summary

This report details the findings of my Travelling Fellowship to North America, where I spent six weeks visiting theatre projects for people living with dementia. It focuses on projects in care homes, day centres, community centres, universities, and in people's homes across six cities in Canada and the United States. In addition to outlining the different approaches and creative techniques that are being used, it positions the practice within the wider context of dementia care in North America, and discusses how factors such as funding and volunteer culture affect the implementation and sustainability of the work. It also highlights some key researchers who use theatre as a tool to explore the care-givers’ experience.

In addition to discussing innovations in the field and how this best practice may be transferable to the UK, I also address some of the weaker areas and broader challenges attached to theatre making in care settings. I discuss the potential of international collaboration, in particular how technology such as Skype and Facebook could be instrumental in sharing creative practice across the globe.

Summary of findings

1. Theatre and dementia is still very much an emerging area of work in North America but it is on the increase. Small networks of practitioners have developed, particularly in Toronto and New York. However, the majority of projects are run by individuals on a freelance basis. Many practitioners spoke of the need for a network which would enable them to connect and share best practice.

2. Much can be learned from other creative disciplines. There are strong examples of interdisciplinary practice occurring between theatre practitioners, dancers, storytellers, sound artists, musicians, and visual artists. An interdisciplinary approach can help to maximise participant engagement. For example, music is very popular, and can be a great stimulus for ideas and conversation, as well as being used in warm-ups and physical exercises.

3. There are some very innovative techniques being used alongside drama-based techniques, including audio and digital technology, and virtual communication. This has the potential to increase participation by reaching people who are unable to leave their homes. It can also support the contributions of people at the later stages of the disease, capturing their words, sounds and gestures in an imaginative way. This is worthy of further exploration.

4. Some theatre companies are bringing high quality work into care homes, either through long term residencies or touring shows. The potential for sustainable collaborations between theatre companies and care homes is significant. However, it can be a challenging partnership to negotiate for both the care home and the theatre company. There is a need for more pilot projects, in order to better understand the benefits and challenges of doing theatre in care homes, to establish good communication, and to ensure that the projects are designed to serve the
5. While there are often therapeutic benefits to the work, theatre practitioners are sometimes expected to justify their practice in terms of health and wellbeing outcomes. While these outcomes are undoubtedly important, it is also important that the creative and aesthetic values of the work are considered.

6. Some dementia services in Toronto are using theatre as an educational tool for family carers. Techniques such as role play are being used to develop strategies for managing challenging situations. This approach appears to be very successful and there is strong potential for it to be developed in a UK context.

7. Improvisation is becoming increasingly popular with people at the early- to mid-stages of the disease. This can be very effective, as it allows people to participate ‘in the moment’ without relying on short term memory. There is growing evidence that participation in improvisation can support confidence, wellbeing and sense of self after diagnosis\(^1\). This is worthy of further exploration.

8. Theatre is being used to explore the shared experiences and diverse heritages of older and younger LGBT people. This is currently taking place through an LGBT day centre which I visited in New York. I believe there is potential for this approach to be developed in care homes and dementia day programmes, in order to acknowledge and support the diverse backgrounds and experiences of people living with dementia.

9. As in the UK, opportunities for older people to participate in the arts are far greater in privately run care facilities and in affluent communities. Many care homes and day centres struggle to provide sustainable arts activities for their residents. However, it is notable that a lot of programmes are run by dedicated volunteers. There is a remarkable difference between the volunteer culture in the UK and North America. There is much to be learned from these volunteering initiatives, which could encourage more people to offer their time at care homes. This could help arts projects to continue on a more sustainable basis.

10. Some theatre artists and dementia researchers are working together to explore the experience of dementia and the care-giving relationship. Projects like this demonstrate that theatre can be a useful research method alongside more scientific approaches in understanding the emotional and embodied experience of the disease.

\(^1\) See http://www.brain.northwestern.edu/support/enrichment/memory_ensemble.html
Introduction

I was first introduced to the WCMT by Churchill Fellow and theatre-maker Liz Postlethwaite. It seems fitting that Liz was one of the first people to give me experience as a participatory theatre practitioner back in 2008, and is now doing extensive work in dementia care settings herself. However, there are still relatively few theatre practitioners working in this context.

For the past 6 years I had been running theatre projects in community and education settings, working with people of all ages and backgrounds. I had relatively little experience however, of working with the oldest old, or with people living with dementia.

About 18 months ago, following an unexpected visit to a care home, my interest turned to dementia. What sort of creative practice was taking place in care settings? Was it possible to ‘do theatre’ with people who had no short term memory? What types of creativity and skills can people with dementia offer? And was it possible to develop the creative practice I was doing for people with dementia, particularly at the later stages of the disease?

As I tentatively began my own work in care settings, I realised that theatre and dementia was an embryonic area of work. Despite this, I’d heard of some fantastic work taking place internationally. This inspired me to travel to North America where some 5.2 million Americans and half a million Canadians are currently living with dementia. Some of the practitioners, such as Anne Davis Basting, were known to me, and the opportunity to work first-hand with some of the leading theatre makers in the field was very exciting. However, many of the contacts were new and became known to me in the weeks leading up to my Fellowship. I also connected with several artists through word of mouth while I was travelling and it was often these chance encounters – at a conference, in a workshop or over coffee, which proved to be very significant.

Aims of Fellowship

1) To find out what sort of work is taking place

Arts and dementia is now well established in the UK, but theatre and dementia is still a very emerging area of work. As a theatre practitioner increasingly involved in this field, I wanted to understand the nature and the scope of the work that was taking place in North America. What creative approaches were being used in care settings? What worked well and what didn’t? How was the work being funded and sustained?

2) To develop my own practice in dementia care settings

The Fellowship was an opportunity for to learn from experienced theatre practitioners who were working in dementia care settings, and to share some of my own work. By both participating in and leading workshops and rehearsals, I hoped to gain an understanding of
the similarities and differences between my work and theirs; to try out ideas, learn some new techniques and to come away with lots of ideas for projects in London.

3) To learn how carers might be engaged

Shortly before my Fellowship I worked with people with dementia and family carers on an improvisation programme. It struck me how much the carers seemed to benefit from the project, and I was interested in whether similar initiatives were happening in North America. I also hoped to learn how formal care-givers might be engaged in creative practice. This is something that can be very challenging to implement, as care staff are often restricted by irregular shift patterns and a task-oriented work schedule. I was interested to see whether care workers in North America were being engaged in theatre projects, and to learn some simple ways of involving them without demanding too much of their time.

4) To look beyond Reminiscence

Reminiscence arts is popular in dementia care settings both in the UK and North America. While there are some excellent examples of reminiscence arts practices, I was interested in looking beyond reminiscence, and exploring what theatre techniques such as improvisation might offer in allowing participants to work 'in the moment'.

Travel Itinerary

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<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Meeting</th>
<th>Workshops/Events</th>
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<tbody>
<tr>
<td>11 Sept</td>
<td>Travel from London to Vancouver, BC</td>
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<tr>
<td>12 Sept</td>
<td>Travel from Vancouver to Vernon, BC</td>
<td>Dalia Gottlieb-Tanaka, Society for Arts in Dementia Care (SADC)</td>
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<tr>
<td>13 Sept</td>
<td>Vernon, BC</td>
<td>Jeanne Sommerfield – Arts practitioner in dementia care settings</td>
<td>Workshop – Creative Expression Abilities Tool, SADC</td>
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<td>14 Sept</td>
<td>Vernon Arts Centre</td>
<td>Erin Kennedy – Artistic Director, Vernon Arts Centre</td>
<td>Vernon Arts Centre Symposium: Arts Programmes in Aging and Dementia. Gave a paper on improvisation and dementia</td>
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<tr>
<td>15 Sept</td>
<td>Travel to Vancouver</td>
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<td>16 Sept</td>
<td>Travel to Victoria, BC</td>
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<td>17 Sept</td>
<td>Trudy Pauluth-Penner, PhD candidate in reminiscence theatre</td>
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<td>18 Sept</td>
<td>The Yakimovich Wellness Centre</td>
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<td>19 Sept</td>
<td>The Eldercare Foundation&lt;br&gt;Broadmead Lodge Residential Care</td>
<td>University of Victoria (UVic), Dept of Theatre&lt;br&gt;Beacon Hill Senior Centre&lt;br&gt;Applied Theatre health advocacy class</td>
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<td>20 Sept</td>
<td>Oak Bay Lodge Residential Care</td>
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<td>21 Sept</td>
<td>University of Victoria (UVic), Dept of Theatre</td>
<td>Arts &amp; Aging Symposium – UVic. Gave paper on PhD research</td>
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<tr>
<td>22 Sept</td>
<td>Travel to Toronto</td>
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<td>24 Sept</td>
<td>The Baycrest Centre</td>
<td>Aynsley Moorhouse – theatre practitioner</td>
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<tr>
<td>26 Sept</td>
<td>The Reitman Centre for Alzheimer's Support and Training</td>
<td>Talk on care givers' experience.&lt;br&gt;Premier of new play about dementia to mark World Alzheimer's Day</td>
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<td>27 Sept</td>
<td>Bitove Wellness Academy</td>
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<td>30 Sept</td>
<td>Peter Whitehouse – gerontologist&lt;br&gt;Smile Theatre Company&lt;br&gt;Stephen Katz - gerontologist</td>
<td>Smile Theatre production of <em>Sweet Marie</em> at residential care home in Toronto</td>
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<tr>
<td>1 Oct</td>
<td>Pia Kontos - Health Scientist&lt;br&gt;Julia Gray - playwright</td>
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<td>2 Oct</td>
<td>Reitman Centre</td>
<td>Gave paper on improvisation and dementia</td>
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<td>3 Oct</td>
<td>Baycrest Centre</td>
<td>Took rehearsal with Terrace Players Theatre Company</td>
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<td>6 Oct</td>
<td>Travel to Milwaukee</td>
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<td>7 Oct</td>
<td>Jim O’Rourke - Timeslips Volunteer&lt;br&gt;Dawn Koceja – Multigenerational Education Coordinator at Milwaukee Museum</td>
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<tr>
<td>8 Oct</td>
<td>Anne Davis Basting – University of Wisconsin Milwaukee (UWM)</td>
<td>Ran improv &amp; dementia workshop with storytelling students</td>
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<td>9 Oct</td>
<td>Creative Trust Milwaukee meeting</td>
<td>Screening of <em>The Penelope Project</em></td>
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<td>10 Oct</td>
<td>Eastcastle Retirement Community</td>
<td>Timeslips workshop</td>
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<td>10 Oct</td>
<td>Dr Gerry Weisman – UWM</td>
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<td>11 Oct</td>
<td>Luther Manor Retirement Community</td>
<td>Arts day programme</td>
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<td>13 Oct</td>
<td>Travel to Chicago</td>
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<td>15 Oct</td>
<td>Dr Rebecca Johnson - gerontologist</td>
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<td>16 Oct</td>
<td>Cognitive Neurology and Alzheimer's Disease Center</td>
<td>Memory Ensemble Improv project</td>
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<td>16 Oct</td>
<td>Albany Park Theater Project</td>
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<td>17 Oct</td>
<td>House of Welcome Day Center</td>
<td>Storytelling and Laban workshops</td>
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<td>17 Oct</td>
<td>North Shore Senior Center</td>
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<tr>
<td>19 Oct</td>
<td>Travel to New York</td>
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<tr>
<td>20 Oct</td>
<td>Thelma Thomas, Storytelling practitioner</td>
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<td>21 Oct</td>
<td>Elders Share the Arts, Brooklyn</td>
<td>Storytelling and performance workshop</td>
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<td>21 Oct</td>
<td>Valerie Hager - practitioner</td>
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<td>22 Oct</td>
<td>Maria Mursch &amp; Eric Slepack – social worker/legal advocate for older people</td>
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<td>23 Oct</td>
<td>New York Memory Center, Brooklyn</td>
<td>Improv workshop</td>
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<td>23 Oct</td>
<td>Sherry Teitelbaum, theatre director, Bridging the Gap LGBT Theatre Company</td>
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<tr>
<td>24 Oct</td>
<td>Laurel Humble, MoMA</td>
<td>Meet me at MoMA Alzheimer's programme</td>
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<tr>
<td>25 Oct</td>
<td>Travel to London</td>
<td>SAGE Center (LGBT day centre)</td>
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Key findings from Fellowship

1. Improvisation

The Memory Ensemble, Chicago

In the months before I left for North America, I directed an improvisation programme with the charity Arts4Dementia. The project engaged people at the early-mid stages of the disease and their partners in weekly workshops at a drama school. The project had been a great success and I had been struck by the abilities of the participants to improvise on the spot, to take on a character and scenario, and to develop conflict in the scene. It became apparent that a key benefit of improvisation was that it did not rely on participants remembering lines – actors respond to the situation in the moment and the scene can take any direction. There is no right or wrong; imagination and spontaneity is prioritised over anything else.

I heard that a similar project was being developed in Chicago through the Neurology and Alzheimer’s Disease Center at Northwestern University. A group of researchers had teamed up with theatre practitioners from Lookingglass Theater to see if improvisational theatre could improve quality of life for people at the early to mid-stages of dementia. Now in its second year, The Memory Ensemble has been incredibly successful and is the subject of a research study at the university.

Though there were no Memory Ensemble sessions running during the time of my visit, I had the opportunity to meet with Mary Crilly-O’Hara and Darby Morhardt – the researchers who had instigated the project. The similarities between our projects were striking, both in terms of structure and content. For example, I was surprised at the extent to which we both used non-verbal exercises, such as silent scenes. We had hoped that this would enable participants to work in a more embodied way, and to express action and emotion without needing to use words. An interesting learning from my project though, was that the group had expressed a clear preference for the more verbal exercises as they felt that it gave them an opportunity to exercise their brains.

A key difference between our projects was that themes of the Memory Ensemble workshops usually related to diagnosis. For example, their sessions began with a ‘circle of concern’ in which participants could raise any issues that they would like to explore. In comparison, I had tried not to focus on diagnosis unless the participants wanted to. This difference seemed to stem chiefly from how the participants came to us. Memory Ensemble participants were referred directly from the hospital where they had received their diagnosis, and the group was designed as a therapeutic intervention. My participants, in comparison, came from the community, and the group was pitched as a theatre class. The distinctions between our work opened up lots of interesting questions for future practice: about when and whether to use theatre to talk about the experience of dementia, and the balance between improvisation as a therapeutic activity and an artistic process. I don’t believe there is a single ‘right’ way to approach it, but the opportunity to exchange ideas and approaches was extremely valuable.
I experienced a very different sort of improvisation by chance when I attended an elders’ storytelling workshop in New York. I was introduced to Valerie Hager – an actress who specialised in mime and improvisation and who ran an improvisation group at the New York Memory Center.

Attending a project at a day programme was an important experience for me as it reminded me of some of challenges of doing theatre in day centres. The workshop space was typical of many under-resourced day centres in the UK: noisy, cramped, and used as a thoroughfare by other staff and service users. There was only an hour allocated for the workshop, which wasn’t enough time. Despite this, the group managed to achieve a lot in the session.

The structure of the workshop is improvised almost entirely from participant cues. Valerie brings in a fairy story as a stimulus, along with a range of costumes, props and images, which participants are invited to explore. As she starts to tell the story participants are encouraged to interrupt. Each time they interjected she would pick up on their contribution and do something with it – either a discussion or a short improvisation, letting the story move in different directions. This storytelling approach was a new way of using improvisation and gave me lots of ideas for my own work. I’d initially thought that fairy stories might be a little patronising, but I realised they could be incredibly effective if introduced in the right way. A key benefit was that participants were familiar with the story and able to follow along, while the improvisatory structure enabled them to use their imaginations and take it in a different direction.

These workshops were less structured than the Memory Ensemble and there seem to be both benefits and limitations to this. The ‘anything goes’ approach means that every
contribution is valued and that there is no right or wrong - the session can take any direction based on the contributions of the group. However, this meant that the session was quite noisy and chaotic! There were moments when I felt it would have benefited from a little more structuring, in order to allow for changes in pace and reflection, and to encourage contributions from some of the quieter members of the group. Having said this, the improvisational structure gave the session a fantastic energy and the participants were visibly enjoying themselves.

2. Storytelling and Identity

Over the course of the six weeks, I visited several theatre and storytelling projects in community and elder care settings. Though not all of these were designed for people living with dementia, they were some great examples of theatre being used to support selfhood, and I came away with lots of ideas for things I could try in my own projects. They also taught me about some of practicalities attached to working in eldercare settings, such as audibility and the suitability of the space. The groups ranged in style and approach, but the themes of identity and personal experience were prevalent through many of them.

Pearls of Wisdom, New York

This storytelling group of elders meet once a week to share personal stories and develop storytelling skills. During a workshop I observed, each participant was given the opportunity to share a story they had written with the rest of the group. After this Valerie Hager worked with each participant to help them to activate/physicalise their story. She observed them very closely when they told their stories and made simple, practical suggestions to help them show rather than describe everything. For example, how to adjust their posture and voice, how to use facial expressions, and to not be afraid of stillness and silence. There was a great moment when a participant called David got up to have a go. His initial storytelling had been very quiet and faltering and he told us about growing up in a small house with lots of brothers and fighting for the bathroom in the morning. I would never have imagined that he would enjoy performing but he suddenly became very animated, coming up with funny gestures and movements, altering his voice and getting up and down from the chair. The rest of the group were surprised and delighted to see him so confident, which encouraged him even more. It was a lovely moment.

Though it might be challenging to do storytelling in this way with people who have dementia, Pearls of Wisdom demonstrated the importance of giving older people the opportunity to share personal stories, and how theatre can create an environment for telling and active listening. Valerie’s improvisational storytelling approach might be one way
of adapting storytelling for people living with dementia, using the stories of the participants, rather than fairy stories, as a stimulus for improvisation.

**Timeslips, Milwaukee**

Timeslips is a well-known improvisational storytelling technique for people with dementia, pioneered by Milwaukee-based playwright Anne Davis Basting. I was incredibly excited to have the opportunity to learn from Anne, particularly as Timeslips has such a strong reputation in the field and is known for its ability to engage people at the later stages of the disease. In order to get to know the programme, I spent an afternoon in her storytelling class at the University of Wisconsin Milwaukee and attended a Timeslips session at a local care home.

The process begins with a photograph or a picture being shared with the group of people with dementia. Participants are given their own copies of the picture and a facilitator asks leading questions about it. Where is it? Who is in the picture? What does he/she feel like? When is it happening? What can they see? What can they smell? There is no wrong answer and everything that is offered – sentences, words, sounds - is recorded on a big sheet of paper. The scribe re-caps as they go along, and the rest of the team work one to one with residents to encourage them with answers. Once they have finished the story or poem is read out and given a title.

Timeslips is a fantastic example of collective storytelling which relies on imagination rather than memory. The process is theatrical by nature; stories are built through the live interactions between the facilitator, participants and scribe, and the story only fully comes to life when it is read out loud at the end. It teaches us that doing theatre with people with dementia doesn't have to involve a play text or a linear narrative. It's a way of valuing words, sounds fragments, lyrics in the way that they are expressed, and celebrating the open and poetic nature of the stories that result. The pictures that are introduced are often abstract in style and invite a wide range of responses from participants.

The use of images and pictures to generate stories made me consider whether the same could be done with props, objects and other sensory stimuli, which may elicit different sorts of responses from participants. This is something which I hope to explore through my own work in care settings in London.
**Bridging the Gap, New York**

The SAGE Center is one of the first organisations to offer specialised support to LGBT elders, and the first municipally funded LGBT day centre in the United States. They offer a range of arts activities including Bridging the Gap – an intergenerational LGBT theatre company run by director Sherry Teitelbaum. The company, which aims to bring together young and old LGBT people, devise their own shows and use theatre to explore issues of sexuality and identity.

Though not designed for people living with dementia, the popularity of the company reinforces the need to provide support for LGBT elders, and to recognise the diversity of the older population, including those who are living with dementia. A recent article by the Independent newspaper suggests that as many as 1.2 million people in the UK over 55 are gay and that these people ‘are significantly more likely to be single and live alone, and less likely to have children or close relationships with family, leaving them with fewer choices when the need comes for care.’\(^2\) Programmes such as Bridging the Gap prompt us to consider what support is available for gay people living with dementia and the role that theatre and the arts could play in supporting LGBT identities within dementia care settings. As the field of theatre and dementia grows, there is a need to acknowledge the diverse social, cultural and sexual backgrounds of participants, as well as considering how theatre might help to support the expression of these identities.

**The Terrace Players**

‘The group gives the residents a different status and they have a clear purpose – to create theatre that teaches others’ (Bianca Stern, Group Leader)

The Terrace Players are a theatre company of elders who live at the Baycrest Centre – a sprawling residential care and research centre in North Toronto. Though most participants are not living with dementia, the group are a unique example of elders who use theatre to articulate the experience of living in residential care. With participants in their 90s and 100s, the group began originally as a forum theatre company with the aim of ‘giving clients a voice, improving client centred care and to present lived experience.’ (Bianca, Group Leader). Shows are performed to other residents at the home and the wider community. During my visit, the company were devising a play about a flood which occurred recently at the home and which led to a mass evacuation. This was a big upheaval for the residents, and the play gave them the opportunity to express their responses to the event.

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I was fortunate enough to be invited to lead a rehearsal with the group. Though we only had an hour together, the experience taught me a great deal about making theatre with the oldest old. In particular, adjusting the speed and volume of your voice so that it is clearly audible, and finding a balance between taking creative risks and providing a safe and familiar environment for participants (see appendix for rehearsal notes). At the end of the rehearsal I asked the participants what the company meant to them. They were incredibly articulate in their responses:

- When I first came I was like (gestures holding script up to face and hiding behind it) but now I’m more comfortable. I don’t want to give it up
- The scenes are a valuable teaching tool. I like that about it. And I like the camaraderie of the group
- I used to love public speaking – this is the only opportunity I’ve had to do it in the last 20 years. I’ve made lots of friends
- I didn’t think I’d be able to do anything like this
- I love acting but it’s been dormant all these years
- I enjoy doing something that I’ve never done before

My experience with the Terrace Players demonstrated that opportunities to participate in theatre can be a valuable way for people living in care to learn a new skill in later life. It can also enable people who have enjoyed participating in theatre throughout their lives to continue, and to have their skills and talents appreciated. Ultimately though, they demonstrate that theatre can be a powerful means of expressing the experiences of living in residential care, and to talk about the issues that affect them on day to day basis.

3. Technology and Virtual Communication

During my visits to care facilities across Canada and the US it became apparent that an increasing number of older people are using technology such as the internet, Skype and Facebook in order to stay in touch with relatives, to download and watch music, and for educational purposes. I visited several day programmes on my Fellowship where live performances were being streamed through YouTube. Similarly, I saw several residents using email and Facebook, and most of the homes I visited now have at least one computer in the living area for residents to use. The Elder Care Foundation in Victoria told me that their internet and computer training courses are the most popular with their service users, as older people living alone or away from their families are increasingly using the internet to maintain communication. This raises some interesting questions for me about the role of virtual and digital technologies in arts practices, and how theatre practitioners might work
with sound and other mediums to support the participation of people with dementia. Though this is an emerging area of practice, I was introduced to two projects which demonstrated the potential of this sort of work.

**Sounds of Forgetting: Aynsely Moorhouse**

Aynsley is a theatre artist and writer who works extensively in dementia care settings. Her one to one work with her father, who lived with dementia, is a very moving and innovative example of how sound and digital technology can be used to capture the experience of the disease. Her installation *The Sound of Forgetting* (see Appendix 1) features conversations between her and her father, songs, and a collage of different sounds and voices which seem to express the muddiness and confusion of the disease. Her work raises questions as to how sound and technology can be integrated with creative practice in dementia care settings. The beautiful and fragmented nature of the recording reminds us how sounds, words and fragments offered by people with dementia can be captured in a literal way and used to create something beautiful, without altering them to fit a conventional structure. I am interested in exploring Aynsley’s approach in a care home setting, and how we might combine audio recordings with live voices to change the way that the spaces is experienced.

**The Islands of Milwaukee project**

*Islands of Milwaukee* is a project currently being developed by Anne Davis-Basting. It aims to use creative practice and virtual communication to create a more connected community within the aging population in the city. The idea is to connect older people who are living alone by providing creative activities and art work that can be accessible from home. Individuals are invited to participate by imagining their homes as islands and by answering thought provoking ‘questions in a bottle’ which are delivered by meal delivery drivers! The team then follow up with invitations for in-home visits from artists to create ‘tiny performances’. Audio and visual responses are created and shared on local radio, and will feature in an interactive exhibit in 2014.

Though in its initial stages, the project is a great example of how technology and virtual participation might be used to connect and engage isolated older people who have limited opportunities to leave the house. It made me consider how a similar concept may be applied to dementia care homes, and used to connect residents between different care homes. For example, is it possible to do a participatory arts project between care homes in different countries? The use of question in the bottle, delivered by care workers, is also a good example of how care workers might be engaged in a simple way which doesn’t require
too much work. The potential of virtual practice is something I intend to explore through my own work in care settings in 2014/15.

4. Theatre in care homes

Many of the theatre programmes I visited were one-off projects involving a single practitioner and group of residents in a care home. There are few examples of theatre companies doing a residency in a care home over a longer period of time, and what the benefits of this work may be. However, I encountered two examples of this sort of practice through the work of Smile Theatre in Toronto and Sojourn Theatre in Milwaukee. Though they take very different approaches, both companies highlight some of the practicalities of bringing in professional actors and producing theatre in a care home. I believe that their work also raises the status of theatre beyond a therapeutic activity in dementia care and demonstrate some of the aesthetic values of making theatre in care spaces.

'Raising the bar on activities in long term care': The Penelope Project

The Penelope Project, conceived by Anne Davis Basting, had the clear aim of staging a professional production in a care facility which would engage anyone who wanted to take part. Developed over the course of several years, the project website describes how:

‘Using the story of Penelope from Homer’s Odyssey, our team of staff, residents, artists, and students engaged an entire long term care community in creativity and learning. Everyone was welcome. Discussion groups, movement exercises, visual art, stories, and music all emerged from this multi-year project that culminated in the performance of FINDING PENEOPE, a professionally-produced play staged inside the care facility. Over 400 people attended the performances.’

To my knowledge, the Penelope Project is the only example of a long term theatre residency in a care home. It was of particular interest to me firstly, in its ambition to increase the quality of creative activities offered to residents, and secondly, in that it revealed some of the specific challenges and sensitivities attached to making theatre in care homes. For example, how to transform the space without causing disruption or confusion, and how theatre professionals with no experience of working with dementia might learn to work in a person-centred way.

Finding Penelope, Sojourn Theatre/University of Wisconsin Milwaukee, 2013
The documentary film which accompanies the residency shows how the company were a little nervous in their initial communication with the residents. Similarly, there is a sense that the both staff and residents are a little baffled by the presence of noisy actors. However, as the project progresses we see how trust begins to build between the company and the home and how the actors start to work with the residents, choreographing movement sequences together, making the set, and engaging them as performers.

One of the most impressive things about the project is its scale and ambition. Luther Manor is a huge care facility spanning several acres, and the company attempt to work in as many spaces as possible. The final performance is a promenade experience which guides the audience around the home and engages residents in different ways; as audience members, as prop makers, chorus members, actors and dancers. The final scene is a huge chorus involving residents and actors which takes places in a beautiful big chapel. One resident described the way in which the project transformed the feel of the care home: ‘There was an interest in the air... a living, vital, vibrant experience.’

Smile Theatre

Smile Theatre have been writing and touring musical theatre to care homes for over 40 years. They specialise in creating theatre for care spaces and devise shows which are of particular interest to residents.

I travelled with the company to a show on the outskirts of Toronto. The play was a one woman show (with a pianist/narrator) about a Canadian silent movie star. The company had a very simple, transportable set but created the setting effectively with posters from the era and period props. The actress moved between scenes changing elaborate hats and accessories. The production demonstrated that theatre in care homes doesn't need a large performance space or an elaborate set. The space is transformed by virtue of the actors performing and the event of the performance. The chairs laid out facing the stage instead of the TV instantly changed the lounge space and made it feel like a theatre space.

These are two very different examples of theatre in care homes; one which worked over a long time period across the whole facility, and one which temporarily transformed a single care space. What they both demonstrated is the different ways that theatre can change a care environment by bringing creative activity in the space. Theatre can help us to imagine the
potential of care homes beyond sites of care and to consider their creative possibilities, as places where theatre and other arts activities can take place on a routine basis. These projects also raise important questions about how theatre artists work with care homes in a more collaborative and sustainable way. For example:

- How do we find a language to pitch/articulate this sort of work to care homes?
- How do we build trust?
- What questions should we be asking care staff?
- Did the companies get any training on working with dementia?
- How do theatre professionals find ways to work with, not just alongside, care staff and residents?

5. **Sustainability and Implementation**

The majority of my time in Victoria was spent visiting arts programmes in care homes. Working closely with the reminiscence theatre practitioner Trudy Pauluth-Penner, I had the opportunity to visit a range of care facilities which operated on very different scales of funding: some were funded exclusively through resident fees and some relied predominantly on the state. It is perhaps not surprising that the more affluent homes had more established arts programmes with better resources. Facilities such as Beacon Hill Villa for example, have an incredibly rich and varied arts programme for their residents, and there is strong evidence of this starting to filter into other areas of the home, demonstrated by changes such as domestic murals in corridors, living areas and bathrooms. This was consistent with many of the other care facilities in Victoria, whose arts programmes had inspired care staff and residents to make the living environments more homely. However, a key difference between the UK and North America is that the volunteer culture is much stronger there and many of these arts programmes are supported by a dedicated team of volunteers. This means that arts projects can take place on a more long term basis, and that key staff such as activity coordinators have more time to participate.

My visits to day centres across Canada and the United States also made me realise the importance of good planning and structuring, and how day centres can provide an opportunity for arts activities to take place in a more structured way. Several day-care centres I visited made great efforts to offer creative activities, but I saw that a lot of participants were sat around tables in silence or asleep in the corner. Though it can be challenging to keep participants engaged for a full day, my visit to the North Shore Senior Center in Chicago made me realise that disengagement and lethargy can be minimised by
good structuring and organisation. The centre has a full time music, dance and art therapist so activities are very lively and well structured. At North Shore everyone together gathered in the morning for coffee while the morning newspapers were read out. The activities workers prepared news bulletins and information about the date, eg, ‘on this day in 1976’, which engaged the residents and encouraged interaction. Each resident was then invited individually to join the art therapy or music therapy group. The programme demonstrated the value of day centres which offer a structured programme of arts activities, opportunities to come together as a group, and activities that are carefully timetabled over the course of a day. This was also prevalent in programmes that took place in other purpose-built arts centres, such as the Bitove Wellness Centre in Toronto, where there is a full time schedule of arts activities as an alternative to day care.

6. Theatre for carers and families

I wanted to use my Fellowship to explore how care staff and family carers might also benefit from participating in theatre. Engaging carers can sometimes be a challenge, particularly in care home settings where staff shortages and task-oriented work schedules mean that care staff have very little spare time. However, when I visited the Reitman Centre in Toronto I saw how theatre was being used with family care givers as means of dementia care training and support.

The Reitman Centre for Alzheimer’s Support and Training is a Toronto-based organisation that works specifically to support family care givers. As part of their programme they offer ‘simulation training’: an approach which used role play and drama-based techniques to address the experience of care-giving for someone with dementia. Carers can practice care-giving skills by working with professional actors who simulate specifically challenging situations encountered at home. Role play is used in order to learn news strategies of coping and to try out solutions in a supportive environment.

The use of drama and role play in medical contexts is not a new concept and has been used extensively in the UK as part of medical training. Additionally, there are some examples of drama being used as an education tool in nursing programmes. However, the programme at Reitman is particularly innovative in that it works specifically with family carers, and uses drama to explore the challenges of domestic care-giving. What I thought was particularly good about the programme is that it offered both practical and emotional support – addressing some common challenges of care giving while acknowledging the emotional burden and providing a forum to express it. It can be difficult to provide such opportunities for family carers as their time is often very limited. However, I believe there is a lot we can learn from the Reitman model in terms of how theatre practitioners might design projects specifically for carers, or projects which encouraged people with dementia and their families to explore the experience of the disease together. My visit to the Reitman Centre inspired me to continue with the initial theatre work I have started with family carers and to consider the benefits of theatre as an educational tool to explore the experience of care-giving. I believe there is also scope to explore this in the context of formal care giving. While it can be challenging to engage staff in care homes, I think there is great potential for drama

to be used as a technique in person-centred care training. Additionally, activities such as ‘question in a bottle’ created through the Islands of Milwaukee project show that there are simple ways for carers to be engaged in creative activities with clients, which don’t require great amounts of time or preparation.

7. Theatre and dementia research

In addition to theatre being used a training method for carers, there were several examples of theatre being used a research method in dementia studies in order to understand the experience of living with the disease.

During my time in Toronto I watched a performance at the Reitman Centre which had been developed in collaboration with family carers and people living with dementia. The play, which was performed on World Alzheimer’s Day, followed a couple through several different domestic scenarios where dementia had caused friction in their relationship. One of the unique benefits of the play seemed to be that the production captured some of the emotional and muddling experiences of the disease in a way that an academic paper or lecture couldn’t. For example, the director included several physical linking sequences between the scenes, which were characterised by the actors struggling to move forwards and walking in different directions to each other. A synthesiser was used live to create different sounds and moods, echoes, deep rumblings and repeated patterns, which seemed to echo the daily repetitions of care giving. The context of this performance, in a seminar room full of doctors, researchers, patients and carers, drew attention to the particular benefits of theatre in articulating the feeling aspects of care giving in a way that can’t necessarily be understood through scientific research.

These collaborations between theatre practitioners and dementia researchers are becoming more common in Toronto. During my visit I also met with dementia researcher Pia Kontos and playwright Julia Gray who are currently developing a new play about how we relate to people with dementia. Their aim is that the production will ‘challenge the dominant discourse of tragedy about dementia and Alzheimer’s disease with the goal of putting forward new, more positive options for the way we think about the disease and the people who have it4. This is particularly significant in demonstrating how theatre can support a less tragic narrative of dementia, and draw attention to the more meaningful roles that people with dementia can play. Characterisation is a powerful means of disrupting the negative associations of the disease and reminding us about what people with dementia can do.

I believe these examples also demonstrate the value of theatre research methods as a complement to social science and medical-based research on dementia. Not only is it a way of garnering and articulating the experience of family carers to health care professionals. It also has the capacity to articulate the embodied and experiential aspects of the disease in a way that medical trials and quantitative assessments cannot. This is not to suggest that theatre should replace more quantitative dementia research, but that an understanding of theatre as a research method may complement the scientific practices of dementia research.

4 www.possiblearts.ca accessed 10/01/2014
8. Conclusions and Recommendations

My Fellowship enabled me to see many different forms of theatre practice in action, including improvisation, storytelling, devising and interdisciplinary work. Some of the work I saw was specifically designed with people with dementia in mind and engaged people through the different stages of the disease. Other projects offered exemplary models of theatre practice with older people, and raised important questions as to how these techniques may be used by people with dementia. Projects such as Bridging the Gap demonstrate how theatre can support the diverse backgrounds of older people in care settings, while the Terrace Players showed how theatre can be a powerful tool to articulate the experience of living in residential care. Though theatre with dementia is still a young field, there are some excellent examples of practice occurring across different settings, including day centre, care homes, community centres and even in people's homes. My experiences also taught me about the challenges of making theatre in care homes and day centres: of the difficulties of working in cramped and noisy conditions, the disruption and confusion that can occur when theatre companies go into care homes, and the productive tension between professional arts practices and creative dementia care therapy. There is much that the UK can learn from North American practice, particularly with regard to the use of sound, technology and multimedia practices alongside more conventional theatre techniques. In addition, there is a growing sense that theatre can be a powerful means of articulating the experience of dementia, and as a complementary research tool alongside more quantitative research methods.

Key Outcomes and Recommendations for UK

- Improvisation is emerging as a successful technique for people with dementia and research is underway to explore the particular benefits of this approach. This needs to be developed and collated in order to create more funding opportunities for improvisation and dementia programmes.

- Many of the practitioners who I met spoke of the need for a network to share ideas and best practice, as well as providing a support system which acknowledges some of the particular challenges of this sort of work. I am currently in contact with practitioners in New York, Toronto and Victoria to explore the different forms this could take.

- Theatre and dementia is a developing area of work and there is a need to provide opportunities for students to train with practitioners 'on the job'. This is happening in Milwaukee through the work of Anne Davis Basting, and in my own work in care homes, but more opportunities are needed.

- I hope to explore the potential of interdisciplinary practice in care settings, particularly the possibilities of theatre, sound and virtual communication. I am
Currently in conversation with practitioners in Toronto and Victoria about a virtual collaboration using Skype and digital recordings to connect people with dementia across different countries.

- Projects such as The Penelope Project and Smile Theatre demonstrate the potential of working with care homes in a more sustainable way. This is worthy of exploration in the UK. For example, whether it would be possible for theatre companies to embark on a residency in a home over a period of months or even years. This is a challenging idea to implement, but could facilitate a more sustainable relationship between artists and care homes. Since I returned from North America I have started a pilot residency with a sound designer and drama students in a local care home. I hope this will lead to a longer term partnership with the care facility.

- To offer structured programmes of arts activities in day centres and residential care rather than one-off projects.

- To explore ways in which care staff and personal carers can participate in the work. Projects such as Islands of Milwaukee demonstrate that this can be done in small, low-impact ways.

- To find ways of using theatre to support families of people with dementia and to help them in their ongoing development as carers.
Appendix 1: Key Contacts and Resources

At the time of writing this report there has been very little published on theatre and dementia – something that I believe will start to be addressed in the next few years as practice increases. Rather than attempting to provide a formal bibliography, I have provided an annotated list of individuals, websites, and other resources which I hope will be useful to people who wish to find out more.

Nicky Hatton
www.nickyhatton.wordpress.com

My WCMT blog, which records my Fellowship in more detail and gives an account of all the organisations that I worked with. You can also read about my current work in dementia settings through the Plot 10 website: www.plot10theatre.com.

Canada - ONTARIO

Aynsley Moorhouse, Toronto

Aynsley’s blog is a great record of a participatory theatre project in a residential care setting. Although the participants didn’t have dementia, the project raises a lot of very practical considerations for making theatre with the oldest old and in residential care settings.

www.aynsleymoorhouse.com

Her sound installations, which draw on her own experiences with her father, are a great example of how digital technology can be used with people with dementia.

https://soundcloud.com/user8217846

The Cyril & Dorothy, Joel & Jill Reitman Centre for Alzheimer’s Support and Training, Toronto

Offers support and training for care givers including theatre as a training method.

http://www.mountsinai.on.ca/care/reitman

Julia Gray and Possible Arts, Toronto

A playwright who works in healthcare environments and is currently developing a new play about dementia in collaboration with the Murray Alzheimer Research and Education Program in Toronto.

http://possiblearts.ca/

The Baycrest Centre, Toronto

Baycrest provides a wide range of residential, day programs and specialised services for the elderly of the Greater Toronto area. They are the home of the Terrace Players – a company of older actors who use theatre to explore the experience of living in residential care.
Smile Theatre, Toronto

Smile creates and presents professional musical theatre productions for older adults throughout Ontario and beyond. Working predominantly in care homes, their primary goal is to bring high-quality performances by outstanding theatre artists to seniors who are isolated from cultural experiences.

The Dotsa Bitove Wellness Academy, Toronto

Offers a comprehensive programme of arts and education programmes for people with dementia and their carers including music, storytelling, movement and yoga. Also conducts research around dementia care training and relationship-centred care.

Canada – BRITISH COLUMBIA

Beacon Hill Villa ‘Life is Art’ Project, Victoria

Though not strictly theatre-related, Broadmead have a fantastic programme of high quality arts activities for their residents and have published some useful resources. They’ve also started to do some interesting work with clowning (see below).

The Sunshine Clown Society, Victoria

A clowning company that work extensively in care home, hospital and complex care facilities. They also offer workshops and training in ‘care clowning’.

The Society for Arts in Dementia Care, Victoria

An interdisciplinary forum for creative arts in dementia care. The society also offer workshops and training on Creative Expression, Communication and Dementia – a tool for assessing and supporting the creative abilities of people with dementia.

The United States

Timeslips, Milwaukee
Interactive, improvisational storytelling technique for people living with dementia and families. The website is a fantastic resource which offers online training and support as well as tips and inspiration on how to start a story.

www.timeslips.org

The Penelope Project, Milwaukee

An archive and information hub for the Penelope Project, which provides access to the documentary film and some helpful activities and resources for devising theatre in care facilities.

www.thepenelopeproject.com

Island of Milwaukee

A virtual project providing creative activities and art work for older people that can be accessible from home. This project and website is currently in progress and is updated regularly as the project unfolds.

www.islandsofmilwaukee.org

The Creative Trust, Milwaukee

An alliance of programming and administrative staff of long term care communities in the Milwaukee area; faculty, students and staff at UWM’s Peck School of the Arts; and educational staff of area arts/culture institutions.

http://creativetrustmke.com/

The Memory Ensemble, Chicago

A collaboration between Northwestern University and Lookingglass Theatre which uses improvisation as an intervention to improve quality of life for people with dementia

http://www.brain.northwestern.edu/support/enrichment/memory_ensemble.html

North Shore Senior Center, Chicago

A dementia care day centre which offers an excellent and well-structured programme of arts activities including art, music and dance.

http://www.nssc.org/

Mind Matters Early Memory Loss Programme, Chicago

Connected to North Shore, Mind Matters is an established programme for people at the early stages of dementia and offers dance and movement and storytelling among other programs. They provide an opportunity to address cognitive impairment through group activities, socialization, education and support


The New York Memory Center
A day programme, run by Valerie Hager, which offers improvisational storytelling classes.

http://nymemorycenter.org/

Bridging the Gap, New York

Intergenerational LGBT theatre company run by Sherry Teitelbaum – affiliated with the SAGE Center, below.


SAGE Center, New York

The first municipally funded organisation for LGBT elders in the United States. SAGE offer a broad range of arts programmes including Bridging the Gap, musical theatre and scriptwriting courses.

http://www.sageusa.org/

Pearls of Wisdom, New York

A storytelling group of elders who work with performance techniques. Part of Elders Share the Arts.

Appendix 2: Rehearsal Notes from The Terrace Players, 3/10/2013

Today I had the pleasure of taking a rehearsal with the Terrace Players. I was excited, but a little apprehensive; I knew that they were a well-established group and had a way of working that they were used to. I didn’t want to disrupt this. However, I was excited at the opportunity to hear their work and to support them with staging it. I had a sense that although their writing was brilliant, the performances were sometimes a little static and I wondered if I could encourage them to use the space a little more. When I joined them the group were just starting to devise a play about the flood which had happened at the home a few weeks earlier.

Volume has never been a problem for me, but I had to speak significantly louder and slower than I usually do. This was a really challenge for me as I felt like I was shouting at them. Eventually I was given a microphone which helped, but only when I was addressing the whole group at a distance. When I was working one to one they just told me that it made it worse! The group had written some monologues about the flood and I suggested that we looked at how we might stage the piece and use the space more imaginatively. There was a long pause. Someone piped up ‘what we usually do is sit in a line the front and read them. This space isn’t very big. The audience have to be able to hear us’. There seemed to be a real trepidation about doing something new but my instincts told me to persevere. I asked them all to find a space in the room and marked out an audience. It was a real challenge encouraging them to break out of a straight line, as this is what they always did. I was also mindful of their mobility and didn’t want to push them beyond their physical limitations. However, they seemed to take it on very well. When I joked that straight lines were one of my pet hates in theatre they all laughed and it seemed to break the ice. ‘We do a lot of that’ one lady said, ‘but it’s good to try something new’.

Rather than reading through each monologue, I asked them ‘Where are we? Where does this scene take place?’ This caused some confusion. ‘We were all in different places when the flood happened’. ‘Ok’, I said, ‘I want you to imagine where you were when the flood happened. What were you doing?’ I went round with the microphone and invited them all to offer one line. ‘I was in my room watching television.’ ‘I was making a drink’. ‘I was by the elevator’. Suddenly the story started to come to life as we started to visualise this big event and the moment that it happened. I asked them all to come up with a movement/gesture that represented what they were doing. Some found it easier than others. There were some really great ideas though and it slowly started to take shape. One actor suggested that there needed to be a moment when the thunder struck which kicked scene off. Brilliant. We explored this moment for quite a while. Another person said ‘I’m not scared of thunder, it doesn’t bother me. It wasn’t ‘til the lights went out...’ This prompted a discussion on what scares us. It was fascinating hearing about their different reactions to the event and to see how simply and effectively they used theatre to express the moment that it happened.