AN EXPLORATION OF THE INFLUENCE OF DRAMA AS PRAXIS ON
THE RECREATIONAL EXPERIENCE OF RESIDENTS
IN A LONG-TERM CARE SETTING

by

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Abstract

This study uses a grounded theory approach (Charmaz, 2006) in a small case study to examine if drama as praxis influences long-term care residents when presented as a recreational activity. When used as “praxis” (Taylor, 2000), drama focuses solely on the learning and personal growth of the participants. The growth of long-term care underscores the value of recreational programming for quality of life in these institutions; drama as praxis has not been widely used in this context.

Elements of the literature review were used to identify areas where dramatic activities have demonstrated influence in educational contexts:

- Engagement / Participation
- Self-Confidence / Sense of Efficacy
- Social Skills / Empathy
- Creativity / Imagination
- Cognitive Skill Development / Understanding

These became sensitizing concepts for the creation of “drama as praxis” activities, presented in six sessions to a small group of residents at a long-term care residence in the Toronto area. Data collection was based on the researcher’s observations and participant interviews.
Drama was found to have a recreational benefit impacting quality of life, with Engagement, Social Skills, and Self-Confidence, the predominant benefits observed. Creativity and Cognitive Skill Development were less frequent.

A *Theory of the Recreational Benefit of Drama as Praxis* was then developed to help the researcher understand why these benefits might be caused by drama. Based on theoretical sampling from recent research in gerontology and brain science, the theory highlights four beneficial components of drama as praxis:

1. **Kinesthetics** – Fosters engagement and memory retrieval
2. **Play and Endorphinal Release** – Triggers cognitive work without fear or fatigue
3. **Imagination and Perspective-taking** – Helps individuals retrieve emotional memories, develop different perspectives, and joyfully create
4. **Narrative** - Helps participants access and process events in their lives, past and present

The study ends with a discussion of possible implications for the use of drama in long-term care but emphasizes that, due to the size of the sample, the results of the research cannot necessarily be assumed to apply in other contexts. Suggestions for further research are made that might address this and help to clarify the findings of the study.
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Chapter I: Introduction to the Study

Sunlight streamed through the windows of the second-floor activity room. In the center were five female residents in wheelchairs, their ages ranging from 78 to 96 years old. Seated with them was Karen, a middle-aged recreational assistant, and a young woman named Kate, a friend of mine who was leading the group in a few dramatic activities. I was observing the scene off to the side. On the other side of the room were windows and a door to the hall, where elevators periodically opened their doors to admit or drop off residents, staff, and family members, who would then proceed past the room on to the various wings of the long-term care residence (LTC).

Visitors unapprised of what was going on might look through those windows in passing and recognize a stereotypical scene. Old people, relatively motionless, apparently inanimate, are enjoying some of the pleasures available at the end of life in an LTC: the warmth of the sunlight, the presence of others, and being entertained and “looked after” by the younger staff. But if these visitors lingered longer, they would have seen every person in the room dissolve into riotous laughter—apparently over nothing. And because laughter is contagious, the palpable joy in the room might have brought a smile to their own face and a question to mind: What is going on here?

The particular activity chosen for that day was called “It’s Anything I Want,” which is familiar to anyone who has played drama games. During this game, an ordinary household object (e.g., a pen) is passed around the circle and each person is asked to use it—dramatically through mime—in a different way than it was designed (e.g., as a conductor’s baton). It’s meant to be a warm-up game to foster creativity, improvisational skills, and non-verbal communication—easy and enjoyable for most of the participants. But that was not the case for Eileen, an 88-year-old
woman who had been a resident at the Johnsview Long-Term Care Residence for 2 and a half years. She often displayed a severe demeanor whose response to any situation seemed to be a “glass half empty” approach. She frequently begged off participating in an activity, saying, “I can’t think of anything.” She was doing it again today.

The residents were passing a plastic drinking cup around the circle. Audrey pretended it was a telescope, then Pat used it as a watering can for her plants. It then was handed to Eileen. She looked at it and scowled, muttering, “I can’t think of anything!”

An exasperated snort came from Mary, an 84-year-old on the other side of the circle, who said somewhat harshly, “Then why don’t you just pass it on to the next person!” Eileen eyed Mary sourly.

Kate, my assistant and the one leading the activity, chimed in sweetly, “Yes, why don’t you just pass it on. It’s no problem if you can’t think of anything.” Eileen gave it to Sheila, who proceeded to place it on her head as a king’s crown. This sparked laughter among everyone in the room—including Eileen. Next, it went to Arvilla, who simply looked at it…and then giggled before passing it on to Mary, who immediately used it as a bucket for bailing out water. She passed it on after a triumphant nod in Eileen’s direction.

As the cup continued on for a second time around the circle, it arrived again at Eileen who turned her hands up, looking helplessly at Karen, the recreation aide. Mary made noises as if to “straighten out” the hopeless cup-holder, but 96-year-old Viola suggested, “Why don’t you use it as a rolling pin?” Eileen’s eyebrows jumped up as if she had been shocked by this idea, but she began rolling the cup back and forth with both hands as if flattening dough for a pie. Her face brightened as she passed the cup around, appearing more attentive to the others demonstrating their own ideas.
In our plan for the activity, the cup was not intended to go around a third time, but somehow it started another journey around the circle, and each person seemed to reflect a bit longer before coming up with an idea. The cup had already been a watering can, hat, pail, hearing aid, rolling pin, and steering wheel; it seemed we had run out of ideas. When it came again to Eileen, Kate sensed that the game had gone on too long and began to rise from the chair to reclaim the cup.

Eileen paid no attention to Kate. Indeed, she was looking raptly at the cup. She then smiled mischievously and turned the cup over on her lap playing it like a bongo drum. The group erupted in laughter, and Kate, half out of her chair, sank back and looked at me with genuine surprise. I shrugged and smiled. Out of the corner of my eye I noticed movement by the door. Two personal support workers (PSWs), who appeared to be in their late 20s, were standing there smiling warmly at the scene. To their left, through the window out into the hall, I saw another face that was so dimly reflected I couldn’t distinguish whether it was a man or woman, staff or visitor. It seemed to me, though, that the face bore an expression of disapproval, slightly scandalized that laughter from this foolish inanity should be heard in the halls of the usually quiet and contemplative facility.

After we finished the session, both Kate and I remarked on the feelings of exhilaration and contentment we experienced after the session; it seemed that things had gone extraordinarily well. I also sensed that something important had happened in the last hour, but I could not figure out what exactly. I smiled as I bid her goodbye and did not think much more about what happened. Gradually my good cheer abated, however, as I began to reflect on what I would do for my looming PhD dissertation. What I did not realize at the time was the decision had already been made: The game started in the second-floor activity room had not ended yet. A cup was still
being passed—this time to me. That cup contained what I thought I knew about the influence of drama on people. But I was being asked to explore other ways of using it. What follows is the result of that exploration.

**Statement of the Problem**

The word *recreation* contains within itself its importance. It helps people “re-create” themselves and plays an important role in their experience of life whether young or old. It has been argued that participation in recreation and leisure activities by the elderly improves physical health (Cardenas, Henderson, & Wilson, 2009) and cognitive functioning (Leung et al., 2010), delays the onset of age-related disabilities (Mahon & Searle, 1994), prevents depression (Johnson, 1999), and improves overall quality of life (Lawton, 1994). For those in retirement homes, there is evidence that it can significantly impact how satisfied residents are with their lives as they age (Russell, 1987).

The need for recreational programming for older people in long-term care settings that positively influences their quality of life has been identified by a number of researchers (Voelkl, Fires, & Galecki, 1995; Okonski, 1994; Clark, 1988; Kane, 2001; Haberkost, Dellman-Jenkins, & Bennett, 1996) and an effort to expand the recreational opportunities afforded to residents in these institutions is one worthy of study. Dramatic activities have been used as praxis in many contexts both recreationally and therapeutically with various populations for the purpose of learning and personal growth. What influence could these activities have on the recreational experience of those in LTC settings? What rationale might there be for their inclusion in the panoply of activities that already exist in this milieu? It is clear from the literature that little research has been conducted on the specific influences these activities have on the elderly and
that there is no theoretical framework for their adaptation to the recreation needs of this population.

**Purpose of the Research**

Since there has not been a great deal of research that examines the characteristics and influences of dramatic activities used for the express purpose of contributing to recreational programming in this context, it is here that I wish to situate my research. The purpose of this qualitative study is to explore the influence of drama as praxis upon the recreational experience of residents in a long-term care setting with the aim of developing a grounded theory that might further understanding of what happens during this experience. This emergent theory may provide a basis for considering what recreational influences may be offered to this population by dramatic activities.

**Central Research Question and Sub-questions**

The main line of inquiry for this research will be to answer the following question: What is the influence of “drama as praxis” on the recreational experience of residents in a long-term care setting?

Other sub-questions examined in this study are:

- What are the specific effects of these activities that can be perceived by participants, staff, and research observers?
- What form do these effects take?
- What factors influence how these effects can be experienced?
- What possible explanations can be derived to explain the influence of drama as praxis in this setting?

**Need for the Study**
An increasing number of people in North America will live in long-term care facilities in the first half of this century, with the number of residents in the United States alone doubling in size by 2050 (Alecxih, 2001). Society will be contributing significant resources to provide this care (Woolhandler, Campbell, & Himmelstein, 2003). Other researchers have examined the need for quality, appropriate recreational activities for this population (Preston, 1987; Kane, 2001), as well as the potential for these activities to affect seniors’ quality of life (Curfman-Janssen, 1999; Omar, 2005).

Those unfamiliar with the recreational programming in long-term care might be surprised at the variety available; it’s not just Bingo anymore. At the Johnsvyew residence where this research was conducted, the monthly calendar also included fun ‘n’ fitness, choir, coffee club, pub night, “Games with YMCA kids,” scrapbooking, bridge club, “healing hands,” playing Yahtzee, worship services, movie matinees, baking, and a variety of craft sessions. Pet therapy, music therapy, and reminiscing were also available to the dementia patients. The emphasis on leisure programming was no accident—the program coordinator is required to have a degree in recreation and the Ontario government support for these facilities includes a per diem amount for recreational programming.

Despite the array of activities available, there was no drama program offered. The program coordinator had never heard of drama used in the LTCs she was familiar with, although she was intrigued by the idea. This lack of drama within the recreation programming was not limited to this one facility. In a survey in preparation for this research (Appendix A), it was discovered that only a small number of LTCs in the Greater Toronto Area reported having “drama” as a program offering, and much of that was restricted to performances brought in as
entertainment. The use of drama as praxis—that is, solely for the learning and personal growth of the participants—was virtually nonexistent.

Yet, experience in other contexts has indicated that dramatic activities can have a profound influence on individuals in educational and therapeutic settings. The need for the study lies in the fact that there is an underdeveloped understanding about what influence, if any, dramatic activities can have on senior citizens. A study focusing on this influence and theorizing about its nature may therefore make a tangible contribution to the field of knowledge in this area.

**Significance of the Study**

This study combines two relatively recent phenomena at a time when both are being redefined by advances in understanding. The review of the literature describes how the concept of old age is a relatively recent one brought about by advances in health and medicine. Before the last century, there was only a small percentage of the population who lived to the ages of 75 to 100, and they were often cared for by their families at home. Today, long-term care facilities are found in every community and their number is predicted to expand until the middle of this century with a population of residents who live longer every year. Over the last 50 years, the requirement of care for this aging population has focused increasing attention on the quality of life from such care and the characteristics of those who would be receiving this care. Advancing research has dispelled many previously held beliefs about the limitations and inevitabilities of old age. A significant amount of recent research informed by magnetic resonant imaging (MRI) reveals the important contributions a healthy brain makes to happiness and quality of life in old age. Therefore, examining what influences brain health will become an increasingly important area of study for those charged with care and recreation for the aged.
At the same time, the past 50 years have seen development in education and therapy of the use of dramatic activities in a way that removes them from the traditional performance-based paradigm of theatre and develops them for learning and healing. *Drama as praxis* is thus any dramatic activity used for the purpose of enhancing learning and personal growth of the participants rather than for the benefit of an audience. It’s clear that the value of drama as praxis is well recognized already; it is included in the educational curricula of schools in North America and used therapeutically—*dramatherapy, psychodrama, and sociodrama*—in many countries. Those who use drama as praxis are still a small group compared to the population at large, but they are very passionate about the value of this approach to drama, engaging in research and program development on an ongoing basis.

The significance of this study is that it seeks to expand the exploration of drama as praxis into an area where its influence has not been widely studied—namely, the recreational experience of long-term care residents—while at the same time taking what can be observed about the influence of these activities on residents and relating that to what brain research might have to contribute regarding the value of those effects on brain health and quality of life. Ideally, the results of this research could contribute to the advancement of knowledge and understanding in both the fields of gerontology and drama, developing a theory that reveals connections hitherto unnoticed or undervalued. Practically, it might pave the way for new possibilities for recreational programming that can affect the recreational experience of LTC residents.

**The Audience for This Research**

The audience for this research is primarily those charged with providing recreational programming for senior citizens. An understanding of the influence of drama for seniors may provide them with a rationale to consider its inclusion in planned programming. Others who
might benefit from this research are those who seek to use dramatic activities in any situation where recreation and personal growth may be sought. For these readers, it can provide intellectual scaffolding to support their own “felt knowledge” and anecdotal experience of using dramatic activities as praxis for a variety of purposes.

Definition of Terms

For the purpose of this study, influence is defined to mean any observable or perceptible change to an individual that comes as the result of a phenomenon or experience. Like beauty, the perceptions of an influence can often be in the eye of the beholder, and this variability requires the qualitative approach used in this research to authentically represent the perceptions of the participants in the activities as well as those of observers.

The term LTC is used for long-term care residence. Licensed and regulated by the government of Ontario, LTCs are defined as follows: Long-term care homes are designed for people who need the availability of 24-hour nursing care, supervision, or higher levels of personal care. These government-regulated homes are also known as nursing homes, municipal homes for the aged, or charitable homes. Residents pay for their accommodations, but the Ministry of Health and Long-Term Care subsidizes the cost of that care (Ministry of Health and Long-Term Care, 2002).

The Johnsview LTC is referred to in this paper as a residence where drama activities are provided; this name is fictional to protect the privacy of those involved in the study but does represent an actual LTC in Southern Ontario. Likewise, the names used are only first names but belong to actual people who were residents at the LTC. A resident is understood to be one who is formally registered and living at the LTC. I use the terms senior and elderly throughout the paper.
and, while recognizing that they could refer to anyone above the age of 55, they apply here to the types of residents found at Johnsview who were between the ages of 74 and 98.

For many, the words *theatre* and *drama* may be synonymous, used to describe imaginative, narrative representations of human experiences performed by one group of humans (actors) for the benefit and enjoyment of another group (audience). In the modern context, drama encompasses plays and theatrical productions of various complexity that are presented to a live audience, which is usually limited in number, or they may be movies and television dramas that are viewed by many more.

*Drama as praxis* in the context of this study is best understood as a distinct offshoot of the tradition of performance and presentation described earlier. Its roots are found in improvisational activities developed to help actors improve their craft (Spolin, 1985). While actors found these activities useful for helping them perform better on stage, others began to use drama as “praxis” to help participants “act, reflect, and transform” (Taylor, 2000). In this context, the use of dramatic activities and techniques was directed not at performance, but toward personal growth and human development of those who participated in the activity. The characteristics of this kind of drama include using games to spur creative and fantastical thinking, creating imaginary situations, and taking on different roles within those situations. (Courtney, 1968; D. Booth, 1985; Heathcote, 1984). The activities chosen under the rubric of drama as praxis will be identified in the next chapter along with the rationale for their use.

*Drama in education* refers to a particular approach to using drama in schools, which began in England and has a number of proponents in North America (Bolton, 1985). This approach fostered the term *process drama*, which means activities used for learning, and
involves working in and out of role and creating imaginary worlds for the purpose of exploring various aspects of the human experience.

*Drumatherapy* and *psychodrama* are therapeutic uses of drama delivered by trained practitioners for those with psychological or social problems. *Music therapy* serves the same purpose but uses music as its medium. It is important to note that the activities used within the context of this research were recreational in nature and did not have any therapeutic aims.

The term *cognition* is used to mean the brain’s understanding and growth that follows a particular learning experience or activity.

**Structure of This Thesis**

Chapter II is a review of the literature that begins with an overview of the characteristics and sociology of aging in North America, the LTC phenomena, and the place of recreation programming within it. It also looks at the type of recreational programming available to residents presently and what place the arts have within that context. After that, *drama as praxis* is explored in the context of education and therapy, with an emphasis on the elements of its educational influence. Next, there is a consideration of how and where drama has been used in long-term care settings previously and what influences were noted during its use. Finally, there is a summary drawing together themes and significant findings from the literature and placing them in the context of the present study.

Chapter III will discuss the research design used for this study, which is founded on a grounded theory approach. It will then describe how this was planned and implemented at Johnsvlew LTC, a long-term care residence in the Greater Toronto Area.
Chapter IV is a narrative description of the sessions held at the Johnsview LTC and a review of the data generated during the sessions. It is qualitative and contains observations from participants, staff, and research observers.

Chapter V will provide an analysis of the data derived from the sessions and propose a grounded theory related to the influence of drama as praxis on the recreational experience of residents at Johnsview. As part of explicating the theory, there will be a return to the literature in the areas of gerontology and brain research for theoretical sampling designed to support the emergent theory.

Chapter VI will review the new theory, explore its validity in reference to the research design, and investigate the implications of the data and theory for LTC recreational programming. Suggestions for further research will then be proposed. At the end of the chapter, we will return to the story introduced in this thesis and consider it again, but this time it will be viewed through the lens of the theoretical framework that has emerged during the research.
Chapter II: Review of the Literature

Old Age in the New Millennium

What is it like to be aged or elderly in North America in 2010? What are the characteristics of older populations? As one might imagine, the literature suggests there are a variety of ways of being as we age. Within the last 60 years, “old age” has been a widespread topic of academic study; as Baltes and Smith (Bengtson, 1999) point out, only in the 20th century did life expectancy increase enough (from 45 to 75 years) to create a large number of people that today we would define as elderly. The advent of this social grouping has fueled the growth of gerontology—the study of aging and its effects on people. A number of authors (Atchley, 1994; Tirrito, Nathanson, & Langer, 1996; Kart, 1997) delineate stages of evolution for those who are older based on age:

- Young Old Age (65-74)
- Middle Old Age (74-85)
- Old-Old Age (85+)

While the majority of LTC residents and subjects of this study fall into the last two categories, the effects of aging have been found to be varied depending on individuals and their context. Whitbourne (2005) and Poon and Perls (2008) suggest a “biopsychosocial” approach to study how older people experience life, which allows researchers to examine aging from various perspectives: physical, intellectual, psychological, emotional, and spiritual. With this multidisciplinary approach, a richer understanding of aging can emerge.

Characteristics of Aging

Physical deterioration. Physical deterioration is the hallmark of aging as individuals move from young old age to old-old age. In Adult Development and Aging, Whitbourne (2005)
gives an overview of the various physical challenges that the elderly must face. Vision and hearing become increasingly problematic and parts of the central nervous system become less efficient. Skin loses its tightness and begins to sag. Bones decrease in mass and, particularly in women, the incidence of bone breakage from falls increases. The glands of the body release less growth hormone, reducing muscle-specific proteins while secreting more cortisol, which has been linked to greater wear-and-tear on older bodies. The heart becomes less efficient and the lungs lose their aerobic capacity—particularly in sedentary individuals. Disease is more prevalent and comes most frequently to older people in the form of cancer, cardiovascular disease, osteoarthritis, respiratory diseases, diabetes, dementia, and neurological diseases such as Parkinson’s. While good nutrition and physical exercise can delay the onset of many of these problems, eventually one or more of them becomes so acute that it results in death.

**Intellectual challenges.** In contrast to the physical changes, the deterioration of intellectual faculties appears less inevitable, less intense, and more variable among this population. The most marked deterioration appears to exist in attention and reaction time. The reason for this is not entirely clear, but Timothy Salthouse (Whitbourne, 2005) has developed an “attentional resource” theory, suggesting that reduced central nervous system capacity in older adults limits the amount of energy available for cognitive operations.

The idea of older adults having memory problems is fixed in popular culture, but research indicates that perception is not always accurate (Tirrito, 2003). It seems that working memory—the ability to retain information for a short time and manipulate more than once piece of information simultaneously—does indeed decrease with age and new information is less likely to be processed and retained. The mind’s ability to remember visual and spatial images and manipulate them also begins to worsen, which can contribute to balance problems that cause falls
Long-term memory is very sharp in many older people who are able to recall distinct events from the past; Wingfield and Kahana (2002) found that “semantic memory,” which holds vocabulary and verbal information acquired throughout life, can remain strong. This is true of procedural memory as well, where using previously learned expertise is necessary (Mireles & Charness, 2002), although recalling the source of such information is often problematic for many. Interestingly, in terms of memory, researchers have found that older adults’ own perceptions about the likelihood of experiencing memory loss can affect their memory performance (Jin, Ryan, & Anas, 2001; Connor, Dunlosky, & Hertzog, 1997; Riggs, Lachman, & Wingfield, 1997).

In terms of intelligence and cognitive functioning, there is no evidence of IQ deterioration with age. Salthouse argues that where reduced cognitive functioning has been observed, the assessment of cognition may have less to do with aging and more to do with the expansion of the knowledge that occurs with each new generation; the cognitive skills from earlier times becoming “obsolete” in new societal contexts (Bengtson, 1999). That very life experience, however, means that “crystallized” knowledge/intelligence exists and problem-solving can actually improve with age (Baltes in Bengtson, 1999; Tirrito et al., 1996). Language skills also remain strong in most older people (Shafto, Burke, Stamatakis, Tam, & Tyler, 2007), so problems that involve the use of language and an experiential understanding of others are often met successfully by the elderly. This ability has been referred to as “wisdom,” a concept supported by some but difficult to define (Whitbourne, 2005). In contrast, Labouvie-Vief (2000) argues that research does not support the idea that older people as a group are any wiser than other adults.
Physiological changes in the brain brought on by neurological conditions such as dementia and Alzheimer’s disease can profoundly affect intellectual functioning. The Mayo Clinic estimates that dementia is prevalent in 25% of people older than 75 and found in 40% of those older than 80 (Fillit et al., 2002). Parkinson’s disease has been diagnosed in 12% of those over 65 and in 50% of those over 85. Alzheimer’s is found frequently in long-term care settings: A 2001 study in the United States reported that 43% of residents had the disease (Schulz, Lustig, Handler, & Martire, 2002).

**Psychological choices.** Psychologists have studied the individual’s understanding of oneself and how this understanding affects behaviour for many years. Most theories dealing with the elderly are situated within the context of the life continuum. While Freud does not devote much discussion to older psychology as he believed in was immutable from childhood (Whitbourne, 2005), Erikson (1959) suggests that each stage in life presents individuals with a crisis that calls for a choice; those who are aged must struggle with the events of their lives and choose between ego integrity and despair as they look back and reflect upon both life’s positive and negative aspects. Similarly, Loevinger’s theory of ego development (1978) identifies development stages and associated tasks for aging adults but does not believe that all individuals are able to complete all tasks. Most older adults fall into one of three psychological categories:

- **Individualistic** – where one is emotionally balanced and can put up with the vagaries of life with a certain equanimity
- **Autonomous** – where the needs of the self and broader society are integrated and the individual is able to build relationships that recognize the needs of others for autonomy but are still emotionally strong
• *Integrated* – a stage Loevinger says is rarely attained but represents an “ability to achieve complete expression of the true, inner self” (p. 26)

Vaillant (1977) agrees that individuals must move through stages but claims that defense mechanisms designed to protect the ego and provide the individual with a sense of peace are the basis for movement through the four stages of psychosis, immaturity, neurosis, and maturity. Older adults are supposed to reach maturity where they have an altruistic approach to life, sublimating unacceptable feelings and translating them into productive actions. This also involves having perspective as well as a sense of humour in response to the events of daily life. The idea of developing maturity was central to Jung (1968), who believed it was impossible for younger people to truly understand themselves. Only in later years, through psychic integration he called *individuation*, were individuals able to come to a full understanding of their unconscious and express themselves as true individuals.

Although these theories can help one develop a general framework for possible psychological changes in older people, Whitbourne, Sneed, and Skultety developed a very practical approach to understanding how individuals deal with aging called the Identity Process Theory (2002). They theorize that adults have a constructed identity they develop throughout their lives. These identities are comfortable and resistant to change. When one begins to experience the changes associated with old age, individuals are tempted to *assimilate* the changes, which means they refuse to fully process or even acknowledge them if they threaten their perceived identity (e.g., the 85-year-old driver who refuses to acknowledge his decreasing proficiency behind the wheel because “he’s been driving for 45 years, for God’s sake” and knows how to drive).
Eventually, however, individuals have to *accommodate* the new reality (loss of license because of minor accident) and adjust their identity accordingly. Both assimilation and accommodation are necessary and beneficial depending on the circumstances; for example, an individual whose identity is based on physical fitness can use assimilation to spur her to exercise and eat well as she ages, thereby prolonging health. The key, however, is balance and knowing when to accommodate, which can help maintain a positive attitude with age. Levy, Slade, Kunkel, and Kasl (2002) found that those who maintained positive views of aging lived 7.5 years longer than those who did not. Women are better at this than men, which may be one of the reasons why they live longer, but successfully maintaining this balance in general may be why levels of serious psychological distress in the U.S. are lowest in adults 65 and older (Centers for Disease Control and Prevention, 2002).

Acceptance is the theme of much spiritual and religious practice, exemplified in spiritual Reinhold Niebuhr’s (1986) famous “Serenity prayer”:

> God, grant me the serenity
> To accept the things I cannot change;
> The courage to change the things that I can;
> And the wisdom to know the difference.

For those who choose to make spirituality and religion a part of their lives in later years, researchers have found particular benefits in the realm of social relationships and maintaining a community life (Krause, 2008; Woodward & MacKinlay, 2009). Tirrito et al. (1996) point to surveys that have consistently found religion playing a significant role in the lives of older people. Atchley (1989) maintains, however, that religion and spirituality are not synonymous and those who no longer have a religious community can still have transcendent religious experiences. This perspective is highlighted by the research in “Gerotranscendence,” which describes what happens when an older person’s perspective moves away from a materialistic
view of the world and instead embraces a metaphysical and contemplative mindset. A number of authors have observed and commented on this phenomenon (Lewin, 2001; Tornstam, 1997; Braam, Bramsen, van Tilburg, van der Ploeg, & Deeg, 2006); whether it’s directly connected with formal religion or not, Gerotranscendence is believed to account for a spiritual approach to the challenges and disappointments of old age, which brings with it a sense of peace and acceptance.

**Emotional moderation.** The calming of emotions in the elderly has been noted as a moderation in obvious mood swings (Whitbourne, 2005). Labouvie-Vief observes that there is often less emotional intensity in the elderly, due to either physiology or a deliberate suppression of emotional response to avoid discomfort that emotions have brought in the past (in Bengtson, 1999, p. 255). She also suggests that because emotions and cognition share a strong link, any decline in cognitive ability during old age may affect emotional ability as well. Heckhausen and Schulz (1995) agree that the restricted range of emotional responses in older adults could be due to avoidance behaviours that disengage the person from contacts and events that are emotionally distressing.

Much of emotion is related to an individual’s personality, which typically remains consistent throughout life. Baltes (Bengtson, 1999) believes the consistency will remain in old age if integrity can be maintained in the face of social loss and health problems. Labouvie-Vief (2000) suggests that most older adults fall somewhere on a continuum between engaging completely with all aspects of their external reality and disengaging from that reality by developing processes within themselves that maintain a sense of well-being by helping them avoid people and events that are emotionally unsettling.
But loss and infirmity can be powerful factors. While married people have higher indices of happiness as they age, the death of a spouse or forced changes in living conditions can bring on depression in later years (Thompson, Gallagher-Thompson, Futterman, Gilewski, & Peterson, 1998; Berg, Hoffman, Hassing, McClearn, & Johansson, 2009). The same may be true of leaving familiar living conditions or radically changing one’s lifestyle. These changes might be reasons why Sahyoun, Pratt, Lentzner, Dey, and Robinson (2001) found that 20% of residents in an LTC setting were diagnosed with mood and anxiety disorders, and more than half of the residents had been given medication to either sedate them or help with emotional problems.

**Social Theories of Aging**

How people cope with aging has been the foundation for many of the most prominent theories, which try to explain how aging populations interact with society. One of the earliest theories, Disengagement Theory (Cumming, 1961), advances the argument that older people progressively withdraw from society to give younger generations a place; this withdrawal is fostered both by compliance requirements (i.e., forced retirement) and societal expectations embraced by older people themselves. This continues apace with the physical and/or cognitive withdrawal up until death. Contrary to this point of view that progressive isolation is a natural consequence of aging, Activity Theory (Cavan, 1979) asserts that interaction with society is necessary for human beings at all ages for good quality of life. Middle age is not followed by “old” age but continues on through meaningful activity (Moody, 2000). Tirrito argues that this informs much of the approach to LTC care and is why residences for the elderly are such hives of activity. Those who do not participate in these activities are seen as disadvantaged.

Activity Theory is an example of various “social constructivist” perspectives (Bengtson, 1999), which argue that social structures have a profound influence on aging because
individuals’ understanding of aging as an experience is rooted in their interaction with these structures. Constructivist researchers like Gubrium (1975; 1993) focus on the meanings that older adults give to their experiences, how they manage their identities (i.e., societal expectations of aging vs. how they view themselves), what their social worlds are like, and what narratives are told to them about aging. Still focusing on the individual’s perspective on aging, Continuity Theory (Atchley, 1989) stresses that people develop habits, preferences, and skills over the course of their lives and usually like to continue these things into old age. When they cannot, this makes them unhappy and reduces their quality of life (Matcha, 1986).

Social Exchange Theory (Bengtson & Dowd, 1980-81) maintains that relationships between generations provide the foundation for understanding how people approach aging, with both old and young evaluating the perceived emotional, economic, and social benefits of potential mutual interactions to find the one that confers the most benefits. Feminist Theory (Arber, 1991) brings a different perspective to these exchanges by arguing that, for women, all relationships are unnecessarily restricted in every culture by the near-universal devaluation of women and their place due to the lack of economic recognition for their societal contributions. This becomes acute in old age and is most damaging to women who live the longest because their usefulness is at its lowest point and they are often left to live out the last years of their lives in poverty and isolation.

Related to the study of older adults and their relationship to society is an emerging theory suggested by Vern Bengtson and Robert E.L. Roberts (Bengtson, 1999). They identify a Fourth Stage of life that is reliant upon culture for an explanation of the experience and value of life for the aged, since it is culture (i.e., technological advances), and not a change in human genetic make-up, that accounts for the creation of the existence of this age group in modern society. The
life of the elderly is increasingly made up of cultural supports to help them compensate for
deterioration in physical and cognitive functioning. Bengtson and Roberts argue that the idea of
autonomy for the aged is misplaced—it’s the construction of their dependency that really
matters:

Whereas the primary focus for the first half of life is the maximization of autonomy, in
old age the productive and creative use of dependent behaviour becomes critical … for
older adults to maintain autonomy in select domains of functioning, the effective exercise
and use of dependent behaviour is a compensatory must. By invoking dependency and
support, resources are freed up for use in other domains “selected” for personal efficacy
and growth. (p. 161 in passim)

Long-term Care: A Changed Social Experience

Long-term care (LTC) highlights both dependency and a changed social framework.
Elderly people move into LTC facilities when they, their families, or the state determine it is
desirable to improve their physical, social, or psychological health due to the challenges
presented by their age. They are on the whole more physically fragile; Schulz et al. (2002) found
that an average of 50% were confined to wheelchairs. The concept of LTC is heavily social as it
takes individuals who have no prior family relationships with each other and puts them together
in a social context where many will spend the rest of their days. While this can better address
issues of physical heath, it is also considered important because many older people, particularly
women, are literally “confined” to their homes with little social support (Simonsick, 1996).

In the Canadian context, Wilson and Truman (2004) found that women, who live longer
on average, tend to be much older than males in Canadian LTCs and make up the majority of the
residents. Women’s social interaction tends to increase after they enter an LTC (Lawton, 1994).
Pruchno and Rose (2002) found that residents spent 60% of their time available on discretionary activities—interacting with staff, visiting with family members or other residents, reading, and watching television. Formal recreational activities were found to take up 8% of the time, which was greater than people of the same age living at home. Those who were cognitively higher-functioning and required less medical support spent the most time in these activities.

The search for quality of life. The issue of quality of life in an LTC is of prime concern for both residents (Gubrium, 1993) and researchers (Molinari, 2000; Clark, 1988; Hill, Honeyman, Parker, Soucie, & Pallan, 1992). Kane (2001) delineates 11 areas that affect quality of life for residents: security, comfort, meaningful activity, relationships, enjoyment, dignity, autonomy, privacy, individuality, spiritual well-being, and functional competence. She argues that many LTCs fail miserably in addressing these areas, particularly social interaction and activity. Ashley and LeMay (2001) also emphasize the importance of social life in how residents perceive their quality of life:

Greater emphasis should be placed on developing measures of social compatibility and promoting small group activities that encourage intimacy and friendship. The importance placed on staff as an aspect appreciated about the facility indicates that residents who are dissatisfied with life in the facility might benefit from strategies to increase rapport with staff members. (p. 54-55)

The necessity of good activity programming in an LTC is also highlighted by Voelkl et al. (1995), who found that resident satisfaction was highest in areas of moderate to high skill challenge. The author concludes that creative and challenging skill activities should be provided by institutions. Okonski (1994) and Clark (1988) echo this call for “meaningful” recreational activities in LTC settings. Gubrium emphasizes the importance of meaning (1993); he spent
much of his life investigating the experience of those living in long-term care. He argues that, for
the residents, the quality of their lives is what is most important to them, and this quality is found
in the “horizons of meaning,” which each resident weaves into his or her personal narrative.
Most see the LTC experience as part of the larger picture of their lives and try to construct a
meaningful existence in their present circumstances. Gubrium believes that anything contributing
to this search for meaning is helpful.

**Other populations in an LTC setting.** Before leaving this part of the literature review
on LTC residents, it is important to acknowledge that, although most residents of LTCs are
elderly, some are not. Because of the level of attentive health care available, some residents can
be younger with severe physical or mental disabilities. In some jurisdictions in North America,
the population comprises up to 40% who are under the age of 65 (Stone, 2000). However, it has
been estimated that 87% of these are over the age of 50 (Feder, Komisar, & Niefeld, 2000). The
National Academy on Aging (1997) found that 2% of LTC residents were children. Mixing
populations has been considered for both health and economic reasons (Master & Eng, 2001) but
is not widely supported because LTCs often become a last resort rather than a source of effective
specialized care (Frankel, 1984; General Accounting Office, 1987). Jervis (2002) points out the
lack of study focusing on younger members of LTC populations, but her research suggests that
despite its shortcomings for younger, severely handicapped residents, an LTC is still a “refuge”
for those who may not have a wide variety of alternatives.

**Recreation Programming in Long-term Care**

*A rationale for recreation and leisure programming.* Activity Theory (Cavan, 1979)
provides much of the impetus for structured programs for the elderly. MacNeil and Teague
(1983) assert that the programming is designed to help residents maintain as high a level of
physical and cognitive functioning as possible, while at the same time reduce the fear and
anxiety among the elderly regarding their LTC experience. Effective programming takes into
account the residents’ need for meaning and their desire for control over their lives. Canadian
researchers Robichaud, Durand, Bédard, and Ouellet (2006) found that residents wanted to feel
respected, cared for, and part of the community, but also wanted programming to provide them
with opportunities for self-actualization such as playing, laughing, and maintaining a sense of
control. These perceptions of leisure time control within LTC settings have been linked to a
sense of well-being (Mahan, 2005). Exercising choice in selecting recreation activities has been
found to help residents exercise their “civic” identities and be more independent (Ryvicker,
2008).

Participation in recreation activities appears to connect strongly with concepts raised in
the Continuity Theory. Omar (2005) and Clark (1988) found that there was a correlation between
previous participation in leisure activities and the choice to pursue them in a LTC setting,
with those who were active earlier in their lives continuing to be so. This correlation was not
found with dementia patients, however (Gaudet, 1997), and other researchers have found similar
challenges to the benefits of recreation programs when residents have severe cognitive
impairments or Alzheimer’s (Buettner & Fitzsimmons, 2003; Omar, 2005).

**Types of recreation programming in LTCs.** Many LTCs have physical activity
programs (Mansour, 2003), which can range from gardening, chair aerobics, and exercises in a
swimming pool to even “senior olympics”! MacRae, Asplund, Schnelle, and Ouslander (1996)
found that simple programs built around walking have been found to be beneficial and
inexpensive, and Simmons, Schnelle, MacRae, and Ouslander (1995) recommend physical skills
training for wheelchair-bound residents to increase their mobility and quality of life. Practices
like range of motion exercises and strength training with elastic bands were found to increase fitness in even very frail LTC residents (Baum, Jarjoura, Polen, Faur, & Rutecki, 2003). A targeted exercise program of stretching and lower body exercises reduced falls and improved balance (Kato, Izumi, Hiramatsu, & Shogenji, 2006), and Landi, Russo, and Bernabei (2004) found that residents slept better, needed less medication, and had fewer behavioural problems after a program of combined aerobics, balance, and strength training.

Therapeutic exercise programs have been used with dementia patients (Frizzell, 1991) and were found to improve physical functioning and strength. A study of LTC residents in Florida with Alzheimer’s disease who embarked on a 16-week program of supervised walking displayed a reduction in symptoms of depression. Of late, there have been efforts to include “virtual world” exercise activities with the advent of programs based on Nintendo Wii bowling (Summey, 2009). The near-universal accolades for the value of physical activity can have a dark side, however. Participation in exercise is voluntary, but Hall and Bocksnick (1995) found that there was a significant gap in staff’s and residents’ perception of their freedom to participate in the programs. Many residents felt browbeaten into participation because it was good for them, even if they found the activities too difficult or uncomfortable.

Recreation programming targeted at intellectual stimulation and growth is also a regular part of the LTC experience. Reading, book clubs, and newsletters are frequent modes of intellectual stimulation recommended for LTC residents (Activitydirectorsoffice.com, 2004); Asmuth and Webb (1990) found that residents who participated in interpretive reading and group discussion enjoyed the activities and continued to increase their participation. A long-term “Communication-Cognition” program implemented in New Jersey nursing homes took a multifaceted approach in which reading, writing, and discussion were integrated into meaningful
activities and were found to benefit intellectual functioning and communication skills (Feier & Leight, 1981). Targeted memory activities (Carroll & Gray, 1981; Hawley & Cherry, 2008) and “brain games” (Carle, 2007) have been advocated to delay the onset and effects of cognitive deterioration. Video programming has been used to improve attention span of dementia patients (Heller, Dobbs, & Strain, 2009), and computer use has been implemented in a number of LTC settings for intellectual stimulation for residents of all levels of cognitive functioning (Weisman, 1982; Bond, Wolf-Wilets, Fiedler, & Burr, 2000; Purnell & Sullivan-Schroyer, 1997; J. T. McConatha, D. McConatha, Deaner, & Dermigny, 1995). Interestingly, when trying to foster learning among LTC residents, R.D. Strom, S. K. Strom, and Fournet (1997) strongly support the concepts of “meaning” and “resident control” and argue that programs are most effective when residents design and run their own learning activities.

Recreation fostering social interaction can include traditional activities like Bingo, outings, holiday/birthday celebrations, and coffee/cocktail “socials” (Activity Director Today, 2004) but can also be innovative like the “breakfast club” where residents prepare their own breakfast together once a week (Boczko, 2002). Social activities can also serve to expand the residents’ social circle beyond the LTC setting; Internet access increases socialization and communication of individuals in a residential setting with those from the outside (Dunning, 2002). A number of locations have used “friendly visitors” who come to an LTC and engage the residents in one-on-one conversations or games. The benefits of these visits on cognitive functioning have been a subject of debate, but the social benefits were recognized (Reinke, Holmes, & Denney, 1981; Reinke & Holmes, 1988). Intergenerational programs where young people visit and interact with the residents have also been found to generate social benefits for the elderly (Ward, Walson, Newman, & Nicholson, 1996; Posada, 2006). Indeed, they have been
so successful that recently designed LTC settings have a school or childcare center on site (Rosenberg, 1993; Jarrott & Bruno, 2007).

Some of the activities provided to the residents are designed specifically for emotional support. Many homes have animals like cats, dogs, or birds to calm and comfort residents while others administer specific programs using animals. Despite the possible health risks through infections, allergies, or bites (Lefebvre et al., 2008; Brodie, Biley, & Shewring, 2002), the overall benefits were significant, particularly for residents with dementia and Alzheimer’s (Wallace & Nadermann, 1987; Freeman, 2004; Sellers, 2005; Perkins, Bartlett, Travers, & Rand, 2008). Even robotic dogs (Banks, Willoughby, & Banks, 2008), robocats, and plush toy cats (Libin & Cohen-Mansfield, 2004) reduced loneliness and increased positive emotions among residents.

Reminiscence programs are designed to provide residents with the opportunity to revisit the emotions of their own life story with supportive listeners (Kunzt & Soltsys, 2007). The Benevolent Society’s *Reminiscing Handbook* (2005) describes its value:

Reminiscence allows us to relive events from our past. It is a process which focuses on the personal way we experience and remember events, rather than on chronological or historical accuracy. When we reminisce we don’t simply recall random events in a cold factual way. With reminiscing we are able to relive the experiences that are personal to us in a way that is vivid and engaging. Reminiscing encourages older people to become actively involved in reliving and sharing their past with others. (p. 3) Also known as “life review,” these programs have been found to help improve depression (Haight, Michel, & Hendrix, 2000; Wang, 2005), a sense of well-being (Coleman, 2005) and value for their lives and wisdom (Perschbacher, 1984), and overall life satisfaction among
Contrary to this, however, Hewett, Asamen, Hedgespeth, and Dietch (1991) found that reminiscing might actually decrease life satisfaction because memories reminded residents of activities in which they could no longer participate.

Spiritual activities include Sunday services and visits from clergy as well as bible study groups and structured or unstructured meditation periods (Kragnes, 1979). Some LTCs have chaplaincy staff who coordinate activities in various faiths (Baker, 2000) and Hermes (2000) describes how rituals can be created within LTCs to honour the passing of an old resident or celebrate the arrival of a new one.

The arts in LTC programming. Artistic activities are well represented in recreation programs. Music activities are frequently found to be beneficial in LTC settings, both recreationally as well as therapeutically (Karras, 1987); they improve quality of life by bringing pleasure to the residents (Grant, 2005; Naditz, 2005). Singing and choral activities provide social occasions as well as the chance to listen to and sing old favourites. There is also evidence that it can be used for skill retention; Carruth (1997) found that the ability of 79- to 90-year-olds to recognize faces was improved by singing. Participatory music activities for LTC residents in the form of drumming (Cottrell & Gallant, 2003), chimes (Munroe, 1999), English handbells (Becker, 1987), and rhythm instruments (Schweinsberg, 1981) were all found to improve quality of life and self-esteem among participants. Smith-Marchese (1994) suggests that it can improve social functioning of Alzheimer’s patients as well. Others have noted that just listening to music during exercise increases the likelihood of resident participation and enjoyment in exercise programs (Hagen, Armstrong-Esther, & Sandilands, 2003; Wade, 1987; Mathews, Clair, & Kosloski, 2001).

Music therapy, a form of care that requires specialized training in the use of music to help
individuals, has been used with those exhibiting signs of dementia. Aldridge (2000) argues there is clinical evidence that music therapy encourages learning new material, improves memory, motivates participants, and improves social skills (p. 22). Other studies with Alzheimer’s patients support this view and indicate that “agitated behaviours” in residents were reduced (Ledger & Baker, 2007; Raglio et al., 2008). In one study, it was even found that music therapy was as effective as the voices of family members in reducing agitation (Garland, Beer, Eppingstall, & O’Connor, 2007). Music therapists especially observe success when the music is individualized to address specific preferences that persons with dementia exhibit when they hear it (Gerdner & Lautenschlager, 2009).

Art programs are also a regular part of programming for the elderly. They can be oriented toward art appreciation to stimulate engagement but are often found to be beneficial through hands-on experience (Hoban, 2004). There is evidence supporting the positive results from participation in art programs in terms of creativity, positive self-perception, and general health (Cohen, 2006)—intergenerational art programs are also popular (Larson, 2006). Art programs can be specific to painting or pottery (Doric-Henry, 1997) or can be craft-based, which involves creating small mementos or pictures that can be produced with inexpensive materials (Parsons, 1998; Parker, 1993). Combining music and art have been noted as excellent ways to help foster relaxation and reduce depression among residents (Rosling & Kitchen, 1992; Jensen, 1997).

Art therapy exists but is not as well recognized as music therapy (Bruck, 1996). Nevertheless, there is evidence that it is just as effective as music therapy with nursing home residents (Kovach & Magliocco, 1998). It’s especially useful with dementia patients because it “offers patients the opportunity to make decisions in a particular area and by altering the materials offers the feeling of being able to be in control of something” (Gräsel, Wiltfang, &
Kornhuber, 2003). Integrating art and life review activities can enhance the therapy (Bergland, 1982). Even simple craft activities used with residents who exhibit various levels of dementia (Seifert & Baker, 1998), such as pasting stickers into books according to category (e.g., animals), were found to be enjoyable and helpful in cognitive retention.

Efforts to help residents benefit from art through exposure have also been introduced. A program that allows them to choose a piece of art to display in their rooms was noted by Suter and Baylin (2007). The Honored Senior Artists program integrates seniors’ artistic efforts into the community by displaying art created by LTC residents in public galleries (Zinn, 2001). Other LTCs have public art galleries placed within their buildings, giving residents easy access to works of art created by noted artists (Jones, 1982).

Because of the physical frailty of the residents, dance programs are less frequent in LTCs. Advocates of such programs maintain that with the right modifications, they can be beneficial (Ashley, 1993). Dickey (1978) described a program in New York where dance is incorporated for everyone, ambulatory or not, by alternating the type of dance (wheelchair/traditional) so “no one gets too tired.” Modified ballet techniques have been used as a fall prevention therapy (Lehner, 2006). For ambulatory non-verbal dementia residents, dance has been found to be therapeutic (Lindner, 1982).

**Dramatic Activities as Potential Influencers**

Broadly speaking, the literature reveals that drama as praxis has fallen into two categories: drama for learning, where educators have found it useful, and drama for healing, where therapists have found it effective, as well. We will examine each area in turn to see what influences dramatic activities have in these contexts.
**Drama for learning.** For an educator, a teaching methodology that uses drama to foster learning has foundational support in the work of Dewey, who argued that all education was social and that “play” could be a useful part of the curriculum, as long as it was carefully structured (1964). This is echoed by the work of Jean Piaget, who asserts that curricular approaches must incorporate the cognitive stage of the learner (Ornstein, 2004), and drama appears to have the ability to trigger learning in any of these stages. As well, the use of drama in teaching resonates strongly with the approach to education, represented by A.S. Neill, Aldous Huxley, and the Holistic Education movement (Miller, 2007).

In practice, some notable teachers in the 20th century have used drama as praxis for various non-dramatic purposes, including Finlay Johnson (Bolton, 1999), Caldwell Cook (Lewicki, 1996), Brian Way (Bolton, 1984), and David Booth (2005). They recognized that the bodily participation in playful activity could produce impressive results in learning. Indeed, even more than Dewey, Lev Vygotsky (Bruner, Jolly, & Sylva, 1985) argues that play is an essential pathway to developing abstract thought. Drama is a different way of knowing (Heller, 1995; Wright, 2000), therefore students themselves can become the “media for learning” (Henry, 2000). This was how Dorothy Heathcote (Miller, 2007) used it to create “process drama,” a method of deep, open-ended learning.

In the classroom, drama has been found to be effective in enticing engagement of students in their learning. Cameron (2007) and Lang (1998) have described drama’s positive influence on classroom participation, and Kivilaht (2004) underscores its ability to strengthen classroom discipline. Even if teachers do not have specific expertise or training in drama, its advocates consider it accessible and easy to use (Novelly, 1985; Wright, 1985; Swartz, 2002). Dickenson and Neelands (2006), Woolland (1993), and Gallagher (2000) have noted
transformations in their students’ personalities after experiences with drama; they have higher self-esteem and confidence, including those who have trouble normally fitting into the school system (Schnapp & Olsen, 2003). The use of drama to build community is a time-honored educational practice (Belliveau, 2007; Courtney, 1968; Levy, 1997). Classrooms that use drama provide many opportunities to foster cohesion through personal and group involvement, developing both individual and group social skills (Bolton, 1984; D.W. Booth, 1985; Gallagher, 2000; Heathcote, 1984).

The creative value of drama for this has often been why advocates for drama in education are so passionate about its inclusion in the school system (Bolton, 1984; Heathcote, 1984). Resources like Improvisation by D.W. Booth (1985) helped lead students through exercises that opened their minds to the power of drama. Through Dramawise (O’Toole, 1988), students understand the power of dramatic tension and focus, while Drama Structures (O’Neill, 1990) and Structuring Drama Work (Neelands, 1991) help teachers use drama to plan whole-class dramas and process-oriented activities, where students can unleash their imagination and creativity daily.

Drama has been used to help students gain deeper cognition of skills and content in ways that extend beyond the classroom (Wright, 2000). Drama helps to foster metacognition—the ability to reflect on one’s learning while participating in the learning activity (Baldwin, 2003; Dixon, 2006; Johnson, 2002). Leasmith and Herring (2001) explain how drama is a “learning modality,” and Heller (1995) calls it a way of knowing. Winston and Tandy (1998) and Prickett (1999) believe drama is effective in subjects beyond language, and Woolland (1993) maintains it should be at the center of the curriculum as a tool to foster learning.
David Booth’s *Story Drama* (2005) involves helping students enter into stories using drama. He writes that literacy can be taught with drama by “encouraging the meaning-making processes involved with the printed text through emotionally connected interactions” (Ackroyd, 2000, p. 10). Leasmith and Herring (2001) agree that drama is an excellent way to study literature. British writers have noted that it links easily with that country’s National Literacy Strategy (Baldwin, 2003), and practical lesson plans integrating drama are an important element in the effort (Ackroyd, 2000). Canadian classroom practitioners-turned-researchers, Lang (1998) and Cameron (2007), both found that drama had a significant positive impact on literacy.

The value of drama for learning has found its way beyond young learners, but its use as praxis is not widespread. It’s been used in areas like leadership development, where role-playing is popular (Steed, 2005; Lewis, 2005), or dramatic games and activities used for team-building and creativity (Beckwith, 2003). It has also been advocated in adult ESL learning (Radin, 1985).

**Drama for healing.** Beyond education, drama as praxis has also been used for healing. Dramatherapy (Langley, 2006; Jennings, 1997; Andersen-Warren, 2000) is described as “a unique form of psychotherapy in which creativity, play, movement, voice, storytelling, dramatisation, and the performance arts have a central position within the therapeutic relationship” (UK Health Professions Council, 2003). It is designed to help individuals deal with personal issues or problems, understand themselves more deeply, and develop a better self-concept. Andersen-Warren (1996) believes that drama enhances self-concept because it provides a way for people to transcend physical and emotional limitations.

Closely related is psychodrama/sociodrama, which was developed by Moreno (1953) and always employs group contexts to help participants deal with conflicts, understand other points of view, and develop new, healthier perspectives on the events of their lives and the interactions
they have with one another. By integrating action and imagination, it helps participants to unify their minds and bodies (Blatner, 2000).

The therapeutic uses of these techniques are wide and varied, from helping to improve mood (Grainger, 2008), deal with eating disorders (Wurr & Pope-Carter, 1998) or marital problems (Farmer & Geller, 2005), to helping autistic children communicate (Thorp, Stahmer, & Schreibman, 1995) and even allowing soldiers to process the stress of combat (Baumgartner, 1986). When used with senior citizens, dramatherapy highlights the confidence-building aspects of drama (Jennings, 1997) and can help Alzheimer’s patients “reconstruct” their understanding of themselves (Chin, 1996).

Drama as recreation for older populations. Although elderly people have often participated in theatre and performance (Clark, 1985; Shaw, 1989; American Theatre Association, 1981), the use of drama as praxis also exists. Within a theatre context, David Barnet’s troupe of “GeriActors and Friends” is designed for seniors to come together and perform, but the emphasis is placed on developing playfulness and intergenerational community (Gusul, 2009). Outside of a theatre, drama is most commonly used as a way to trigger creativity (Burger, 1980; Weisberg, 1985; Hickson & Housley, 1997; Sandel, 1987). Creativity is considered integral to the quality of life for senior citizens (Goff, 1993) and some feel that drama should be part of “a planned component of care” for the elderly (Andersen-Warren, 2000, p. 5). This creativity and imagination can become liberating for those in later stages of life. Indeed, at this point, many of the things that inhibit artistic creativity in middle life (the grind of raising a family and earning a living) are no longer there, so this creativity can be “rekindled” (Shaw, 1989, p. 6).
Helga and Tony Noice, actors and cognitive researchers in the United States, studied the effect of drama on cognitive skills of the elderly. In 2004, they conducted a 4-week study to examine the effects of theatre training on cognitive functioning. The study took place in local hospital wellness centers and involved participants from ages 60 to 86 who were tested both before and after the training on word recall, problem-solving, and memory span. Those who took the training had significantly improved functioning in all areas. The researchers speculate that “theater training may be unique in as much as it requires expending considerable yet pleasurable effort in close association with others, thus fusing intellectual and social factors known to enhance cognitive ability and mental health” (Noice, Noice, & Staines, 2004, p. 582).

In a study published in the journal Aging, Neuropsychology, and Cognition, these researchers focused on residents of retirement homes and again studied the cognitive benefits of theatre training. Their goal was to discover if the improvements they had observed in relatively healthy and independent older adults could be replicated with seniors who were less financially well off and were living in a subsidized facility. Their results confirmed their belief that:

Acting contains a unique combination [sic] of various elements found in a number of successful aging studies. It is novel, effortful, enjoyable, multi-modal/multi-factorial, and mentally and physically stimulating. It requires participants to truthfully [sic] react to fictional situations, an experience that is at the core of the process. Moreover, it encourages bonding in a social situation and is emotionally activating. We are not aware of any other form of leisure activity that encompasses all [sic] these elements in such concentrated form. (Noice & Noice, 2009)

There are a number of authors and researchers who examine dramatic activities in an LTC context. Geriadrama is a program of activities that has been attempted in a number of
nursing homes in the United States (Michaels, 1981). Coffman (1979) and Davis (1985) discuss how dramatic activities can be mood enhancers for residents. For others, drama can generate self-understanding and acceptance, even at advanced ages (Shaw, 1989). Perhaps most powerfully, when used in conjunction with reminiscences, it validates and contextualizes life experience and the contributions an elderly person has made during his or her life (Thurman, 1982; Davis, 1987; Boggs & Leptak, 1991). The effectiveness of drama in fostering engagement and participation has also been noted by those who work with senior citizens (Thurman, 1982; Andersen-Warren, 1996; Sandel, 1987). Consistent exposure to drama increases engagement as well; Asmuth and Webb (1990) observed that participation in dramatic activities in one nursing home increased steadily over the course of a 6-week program of creative communication.

The use of drama to develop social skills was also noted, helping to provide a pathway to empathy (Andersen-Warren, 2000) and to the appreciation of others (Blatner, 2000). It helps participants get to know one another (Andersen-Warren, 1996), reduces isolation and loneliness (Thurman, 1982), and develops communication skills in group situations (Shaw, 1989).

Summary

The review of the literature indicates that aging is a multifaceted biopsychosocial process where physical deterioration is inevitable, but intellectual, social, and emotional change is more variable. There is psychological “work” to be done in dealing with these changes (e.g., accommodation, assimilation, spiritual acceptance), but an individual’s ability to stay intellectually active, socially connected, and societally valued can have a tremendous impact on how one processes aging and experiences in this stage of life. Many of the most commonly advocated social theories of aging (Activity, Continuity, and Social Exchange) recognize this. Bengtson’s Fourth Stage theory goes further, suggesting a large responsibility for societal
organizations in creating a culture that facilitates the successful dependency upon technological and social supports that they will need to live life to its fullest (1999).

Long-term care can be seen as a practical way to support development of these social theories with its emphasis on providing medical necessities for physical care, while creating a social milieu that can support psychological, intellectual, social, emotional, and spiritual health. This social milieu is important when LTCs look to improve quality of life. Recreational programming is the foundation of this process. It can assume many forms, from fitness classes to social activities to “pet therapy” programs, but the most desirable of attributes of such programming involve meaningful activities and allow for resident choice and control, delivered in an atmosphere of respect and dignity. The arts have played a role in recreational programming, most often in the form of singing, art classes, and adapted dance activities.

In examining drama as an activity, the focus of the literature review was to identify areas where drama was used not theatrically but as praxis, i.e. employed for the benefits of the participants alone. In a healing context, dramatherapy and sociodrama have been used in a variety of contexts to help participants gain greater insight into their own traumas and life experiences as well as how to effectively interact with others. The use of drama as praxis that is most germane to this study, however, lies in the concept of drama as learning, where dramatic activities are used—most frequently in educational contexts—to foster human growth and development.

The influence of these activities on learning can be found in the following areas: engagement and participation, self-confidence and a sense of efficacy, social skills and empathy, creativity, and cognitive skill development. Those who have used drama as recreation with the
elderly are a much smaller group than those in education, but they too have observed its influence in these areas.

The literature review provides a good foundation to explore the use of dramatic activities in a recreational context in a specific long-term care facility. It also provides some sensitizing concepts that contribute to the research design discussed in the next chapter.
Chapter III: Research Design

Foundation for the Study

The nature of this study requires a qualitative approach to research methodology. Qualitative research acknowledges the wholeness and complexity of phenomena (Hatch, 2002) and is particularly helpful when not a lot is known about the phenomena under study (Corbin, 2008). Qualitative research examines the world from the perspectives of those who live in it (Bartel, 2006), recognizes these various perspectives, and can take into account unobservable things such as personal feelings of the participants and the researcher (Patton, 2002). It is naturalistic, humanistic, holistic, and interpretive, relying on close engagement with the participants (Creswell, 2003). There are a variety of research approaches available to a qualitative researcher, and the choice of design should be one that allows the researcher to investigate and represent the topic of study with integrity and authenticity. For that reason, the methodology for this study is based on a grounded theory approach to design and implementation.

Rationale for the use of grounded theory. A grounded theory approach is germane to this research because, in addition to providing a description of the phenomena under study, it is a good design to use “when a theory is not available to explain a process” (Creswell, 2007, p. 66). In planning the present study, I wished to explore not only what influence drama as praxis may have, but also the nature and source of this influence. Although the literature review includes researchers who describe the use of drama with this population and some of its effects, there have been no theories on what is happening to cause these effects. A grounded theory approach allows the emergence of such a theory as the research progresses. This understanding does not
have to exist at the outset; instead, it emerges during the research and is “grounded” in the data, making the research both a product and a process.

**Description of grounded theory.** The proponents of grounded theory (Glaser, 1967; 1992; Corbin, 2008; Strauss, 1998; Charmaz, 2006) identify some commonly accepted elements that define its use:

1. **Data Collection and Coding:** gathering rich, qualitative data and examining the data by “coding” to find common elements and themes. This process is ongoing during the course of both data collection and analysis, and the researcher looks for abstract categories that can be drawn from the codes and helps to group them into “the bones of theory.”

2. **Memoing:** a technique of reflection and analysis wherein the researcher writes memos to record emerging understandings as the study progresses.

3. **Theoretical Sampling:** The researcher develops working theoretical concepts and tests them against the extant data but also searches for other sources of data in an effort to explicate the newly developed concepts.

4. **Axial Coding:** As the research progresses, the researcher is able to identify a code that appears to be central to the phenomena under study and integral to the emerging theory because it connects the other codes that have emerged from the data. The axial code serves to bring unity and coherence to the constructed theory.

5. **Diagramming:** At the end of the research, researchers using this methodology frequently produce diagrams that display the relationships between concepts in the theory and suggest directions for future research.
Applicability of grounded theory. There have been various iterations of grounded theory since its conception, and researchers find it necessary to choose which variation best suits their purposes. This will be a small case study informed by the “constructivist” approach of Charmaz (2006), who emphasizes that all data that a researcher collects is filtered through the researcher’s experiences and attitudes and is thus “constructed” during the interaction of the researcher and research subjects. It is an approach that eschews false objectivity in favour of clarity of purpose and honest self-assessment by researchers regarding their own biases, preconceptions, and goals. The result is “an interpretive portrayal of the studies world, not an exact picture of it” (p. 10, emphasis in original).

She also believes that methodology should be in service of the emergent concepts developed from the study and thus needs to be used flexibly. Regarding the basic tools of grounded theory research, her approach to coding is reflective and discourages the researcher from giving a false sense of objectivity to the representation of the research. The Charmaz approach fits very well with my own approach to the study and my desire to capture my own explorations and understandings with integrity and accuracy.

Characteristics of grounded theory as applied in this study. Once the research question was defined, the starting point for the use of grounded theory in the study was through “sensitizing concepts.” Charmaz writes that these are “concepts that give you ideas to pursue and sensitise you to ask particular questions about your topic” (16). In this study, the sensitizing concepts were the general categories of influence described in the literature review under the rubric of drama as learning. Grounded theorists often debate over the use of a literature review at the beginning of research because it presupposes a theory before the data has allowed one to emerge (Glaser, 1967; Blumer, 1979; Dey, 1999; Strauss, 1998), but Charmaz argues that it is
acceptable as long as it does not “stifle creativity or strangle your theory” (p. 166). And that proved to be the case in this instance: The review of the literature was simply a point of departure to discover sensitizing concepts that helped determine which dramatic exercises should be chosen for use in an LTC setting. These exercises were used to collect data at the Johnsvie LTC. The data was then analysed using coding and memo writing, after which formal categories were identified as the basis for an emergent theory. An axial category was selected to highlight the connections between the other categories and hold them in relation to each other, giving the theory a unified and logical coherence. I employed theoretical sampling in this study by returning to the literature in gerontology and brain science, seeking validation for new categories. Finally, I applied the grounded theory practice of using diagrams to encapsulate the relationships and understandings provided by the emergent theory, discussed in Chapter V. Once the theory was set forth, I then proposed conclusions, implications, and suggestions for further study. The flow-chart in Figure 1 illustrates this research design:
Figure 1. Research Design

RESEARCH DESIGN

RESEARCH QUESTION

LITERATURE REVIEW ➔ SENSITIZING CONCEPTS

DATA COLLECTION AT JOHNSTOWN LTC

NARRATIVE REPRESENTATION

CODING ➔ AXIAL CODE DEVELOPED ➔ THEORETICAL CATEGORIES

THEORETICAL SAMPLING FROM LITERATURE TO SUPPORT EXPLICATION OF EMERGING THEORY

DIAGRAMS ILLUSTRATING THEORETICAL CONCEPTS ➔ CONCLUSIONS & IMPLICATIONS OF THEORY FOR LTCs

SUGGESTIONS FOR FURTHER STUDY
Validation. Validation of the research design depends on the following criteria outlined by Charmaz:

- **Credibility** – Does the research show familiarity with the setting and topic and have data sufficient to support the theory? Are the categories appropriate and wide enough to take in what has been observed? Is the link between the data and the theory logical, and is there enough evidence that would allow an independent observer to agree with the theory?

- **Originality** – Are the categories “fresh” with new insights and a new conceptual rendering of the data? What is the theoretical significance of the work and how does it relate to current extant theory or ideas?

- **Resonance** – Do the categories as coded take in the whole experience and draw links to larger collectivities or institutions, and would your theory make sense to those who live similar lives in similar situations?

- **Usefulness** – How can the research and resulting theory enhance knowledge and make the experience of people in similar situations better? How useful is it and can it be a launching point for further research?

I believe that the research described in the following pages meet these criteria and validate the research design as being an effective way of exploring the influence of the selected dramatic activities on the recreational experience of residents in a long-term care setting. These validation criteria will be reexamined in the final chapter of the dissertation.
Implementation of the Study

**Location.** The data collection for this small case study took place during six session dates at the Johnsvieu LTC in July and August 2009. Located in the Greater Toronto Area, Johnsvieu is part of a large eldercare organization that has hundreds of retirement and LTC facilities across North America. A 172-bed facility built in 2005, Johnsvieu has three stories with wings for regular residents, a dining hall, and various activity and therapy rooms. There is also a secure section for dementia patients who must be kept under constant supervision lest they wander off or cause themselves injury. Attached to the facility is a YMCA daycare. The location was chosen because of its proximity to my home and the openness of its administration and staff to being a part of the research project. This was due in part to the fact that I had offered a brief drama program in the year prior to the study and the staff and residents were comfortable with me and the types of activities offered.

**Participants.** The study was designed to have a number of different groups participate:

*Residents* – The sessions were open to any residents who wanted to take part. In total, 10 different residents participated over the course of the sessions. Before the sessions started, we informed the participants and/or their families about the study and received permission for their participation (Appendix F).

*Johnsvieu Staff* – A staff recreation aide participated in each session to help bring residents to the activity room and join in the activities, provide assistance as needed, and provide feedback after the session on the effectiveness and suitability of the actions for the participants. Their participation was considered important for the study because these aides delivered most of the programs to the residents, knew each one personally, and could suggest modifications that would benefit the residents as well as provide useful feedback on the value and suitability of the
activities from a recreational perspective. In all, three staff members and one volunteer participated in various sessions.

*Researcher and Assistant* – The sessions were planned so that I could be free to observe. “Julie,” a retired teacher with drama and dance experience who has offered other recreational programs to senior citizens, agreed to assist in the study and lead sessions using exercises I selected and help interview the residents afterwards. She would also be asked to share her own observations and give feedback after each session.

*Family members* – The research was designed to have family members of the participating residents attend a specially designated Saturday session and give their feedback (Appendix D) but none actually attended.

*Activities.* The dramatic activities presented to the residents were selected to provide experiences in the areas where the effects of drama as praxis had been noted in the literature. From a grounded theory perspective, these areas became the “sensitizing concepts” that provided a point of departure for the data collection. The following areas where drama as praxis could have “potential influence” on participants were:

- Engagement and Participation
- Self-Confidence and a Sense of Efficacy
- Social Skills and Empathy
- Creativity and Imagination
- Cognitive Skill Development and Understanding

It will be noted that these areas are limited to those examined in the literature review under *drama as learning*. Because the focus of this research is on recreational drama and I have no
expertise in therapeutic drama, any influences noted using *drama as healing* were not considered as suitable for sensitizing concepts and are beyond the scope of the study.

The activities planned for the residents are listed in the following chart. Due to the limited time available for the sessions, the exercises were chosen because of their potential to demonstrate influence in multiple areas. A detailed description of each one is found in the next chapter.

*Figure 2. Drama as Praxis Activities Chosen for Use in the Study*

<table>
<thead>
<tr>
<th>Sensitizing Concept as Revealed in the Literature</th>
<th>Dramatic Activity Chosen as Influencer</th>
<th>Rationale for Use in LTC Setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement and Participation</td>
<td><strong>Mirroring</strong></td>
<td>Easy to follow along; no talking required</td>
</tr>
<tr>
<td></td>
<td><strong>Who Started the Action</strong></td>
<td>Fun and enjoyable for participants because of the challenge of being fooled/fooling others</td>
</tr>
<tr>
<td></td>
<td><strong>Daily Actions</strong></td>
<td>Everyone is familiar with these; no talking required</td>
</tr>
<tr>
<td></td>
<td><strong>The Princess’s Lost Locks</strong></td>
<td>There is a different part for each person and the actions are easy to learn</td>
</tr>
<tr>
<td></td>
<td><strong>Word Shading</strong></td>
<td>Uses emotions in a silly way that invites a playful response</td>
</tr>
<tr>
<td></td>
<td><strong>Introductions</strong></td>
<td>Allows everyone to learn about the others and their personality</td>
</tr>
<tr>
<td></td>
<td><strong>Three Pigs Choral Speaking</strong></td>
<td>Easy to follow along because everyone else is speaking; well known</td>
</tr>
<tr>
<td></td>
<td><strong>Goldilocks and the Three Bears</strong></td>
<td>Familiarity and repetition spur involvement</td>
</tr>
<tr>
<td></td>
<td><strong>Mad Hatters</strong></td>
<td>Props may invite curiosity</td>
</tr>
<tr>
<td>Self-Confidence and a Sense of Efficacy</td>
<td><strong>Daily Action</strong></td>
<td>Relieves anxiety of performing before others because the activity is familiar</td>
</tr>
<tr>
<td></td>
<td><strong>Guess the Action</strong></td>
<td>Leaders in the activity can choose actions that are comfortable for them</td>
</tr>
<tr>
<td></td>
<td><strong>The Princess’s Lost Locks</strong></td>
<td>Having your own character that is clearly defined and explained takes away anxiety of performing</td>
</tr>
<tr>
<td></td>
<td><strong>Introductions</strong></td>
<td>Allows you to learn/remember other people’s names without having to show how bad your memory is</td>
</tr>
<tr>
<td></td>
<td><strong>Name like you</strong></td>
<td>You can define yourself as you want and others reflect back to you that definition</td>
</tr>
<tr>
<td><strong>Social Skills and Empathy</strong></td>
<td><strong>Mad Hatters</strong></td>
<td>Choice of prop and lack of definition as to how to use it, preventing feelings of inadequacy due to “wrong” choice</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>----------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Daily Actions</strong></td>
<td><strong>The Princess’s Lost Locks</strong></td>
<td>Reviewing/remembering important social conventions; Curbing ego to allow others to have their “moment” in performance; cooperating in helping the piece move forward</td>
</tr>
<tr>
<td><strong>What’s Going on Here?</strong></td>
<td><strong>Three Pigs Choral Speaking</strong></td>
<td>Helps one understand the power of voice shading to express mood; Cooperation with group required for successful presentation</td>
</tr>
<tr>
<td><strong>Playmaking in Character</strong></td>
<td><strong>Goldilocks and the Three Bears</strong></td>
<td>Using voice and actions to represent different points of view; cooperation with others; Adopting point of view of one who must deal with unwanted change</td>
</tr>
<tr>
<td><strong>Who Started the Action</strong></td>
<td><strong>Mirroring</strong></td>
<td>Develops new, interesting movements</td>
</tr>
<tr>
<td><strong>Moving Emotions</strong></td>
<td><strong>Changing the Object</strong></td>
<td>Devising clever actions that cannot be detected; Develops kinesthetic representations of one’s personality</td>
</tr>
<tr>
<td><strong>Crazy Actions</strong></td>
<td><strong>Name like you</strong></td>
<td>Explores different conceptions of reality; Devises new uses for common objects</td>
</tr>
<tr>
<td><strong>Famous Names</strong></td>
<td><strong>Thumper</strong></td>
<td>Helps one step into the role of a well-known person; Develops vocal representations of one’s personality</td>
</tr>
<tr>
<td><strong>Cognitive Skill Development and Understanding</strong></td>
<td><strong>Guess What They’re Doing</strong></td>
<td>Requires understanding the same meaning in different modalities; Causes cognitive dissonance; suspends normal, comfortable conversation patterns and creates new ones</td>
</tr>
<tr>
<td><strong>Beat the Clock</strong></td>
<td><strong>Crazy Actions</strong></td>
<td>Causes participants to search for clues to the meanings of mysterious actions; Causes cognitive dissonance</td>
</tr>
<tr>
<td><strong>What’s Going on Here?</strong></td>
<td><strong>Guess Who They’re Doing</strong></td>
<td>Requires rapid decision-making; Suspend normal, comfortable conversation patterns and creates new ones</td>
</tr>
<tr>
<td><strong>Famous Names</strong></td>
<td><strong>Beat the Clock</strong></td>
<td>Searches prior knowledge for cultural references that can be understood by others</td>
</tr>
<tr>
<td><strong>Playmaking in Character</strong></td>
<td><strong>What’s Going on Here?</strong></td>
<td>Remembering lines; searching prior knowledge for story references that are shared by others</td>
</tr>
<tr>
<td><strong>Mad Hatters</strong></td>
<td><strong>Famous Names</strong></td>
<td>Requires understanding the type of prop used and translation of that understanding into a representation that can be understood by others</td>
</tr>
</tbody>
</table>
In using the activities, the approach was to take each one and modify it as necessary to allow for physical/cognitive limitations of the participants. If an activity was judged to be more challenging or complex, it was broken down into parts and introduced in stages, becoming progressively more challenging as it went on.

**Session structure**

**Participation.** The staff at Johnsview were asked to invite anyone they thought might be interested, and participants were told they could leave at any time, refrain from participating in any activity, and could return to as many sessions as they liked, skipping some if they wished. All of the sessions were held in the morning, although the day and time varied according to space and staff availability. One Saturday session was included to accommodate family members who were invited to come and participate. All sessions were advertised in the calendar and on a special daily activity bulletin board, as well as by word of mouth and personal invitations from Johnsview recreation aides.

**Length.** All sessions were designed to be about 40 minutes in length (30 for the activities and 10 minutes for the debriefs). That amount of time was similar to other programs at Johnsview and was deemed short enough to avoid fatigue in the participants, yet intense enough to be enjoyable and keep their full participation. As well, because most of our sessions took place in the hour before lunch, they needed to end in a timely manner so as not to delay mealtimes. Finally, staff at Johnsview had many responsibilities, and a half-hour was the optimal amount of time they could participate in this activity before returning to their other duties.

**Set-up.** Most of the residents were in wheelchairs, and their chairs were placed in a circle for each session. I observed from outside of the circle while the research assistant conducted the
session. The research design allowed for interaction between myself and the assistant and/or residents if that appeared necessary to help the activities proceed more smoothly. There was no effort to make the observation process clinical—since it was a recreation activity, the atmosphere deemed best for the activities was one of fun and informality.

Data sources

Semi-structured interviews. As part of the study, feedback from the participants was solicited through oral questions. At the end of each session, either the assistant or I would chat with each participant and ask him or her a specific set of questions (Appendix B). This was designed to take only a few minutes for each one, bearing in mind that the residents might be tired after the activities and that they needed to get ready for lunch. Their responses were either written down or recorded live on a computer. As well, a specific set of questions was designed to elicit feedback from the staff member who attended (Appendix C). Family members of the residents were invited to observe a session (Appendix D) to obtain their reaction (Appendix E). Finally, at the end of the program, the recreation coordinator and the resident support manager were interviewed in an open ended fashion to gauge their overall impressions of the program.

Observer notes. After the sessions, both Julie and I would record our immediate observations, thoughts, and feelings, and I would keep this information for coding and memoing later.

Representing the sessions and observations. The representation of the sessions was designed to allow for a voice given to each of the participants on each day of drama activity, as well as to describe as clearly as possible what was planned and what happened on that day. After a general narrative description of the setting and participants, the format chosen to do this in Chapter IV is as follows:
1. **Identification of participants** – All of those present for the session are recorded.

2. **Session plan** – A description of the activities planned for each 30-minute session.

3. **Narrative description** – A first-person description of what happened during the session based on my observations.

4. **Resident feedback** – A summary of how the residents responded to the “Resident Debrief Questions” (Appendix B).

5. Every effort was made to obtain feedback from all of the participants at each session if they were willing and able to comment. On a few occasions, the requirements of their schedule for medication, therapy, or lunch prevented this.

6. **Staff feedback** – A summary of the comments from the staff member who attended the session.

7. **Research assistant comments** – The research assistant (“Julie”) was to share with me any thoughts she had after each session.

8. **My initial impressions** – No analysis is given here, just a summary of any feelings I had about the session immediately after it ended.

**Confidentiality and ethical issues.** Although the research was conducted with actual residents at an LTC in the Greater Toronto Area, every effort has been made to preserve the dignity and privacy of the participants. The “Johnsview LTC” is a fictitious name of an actual location. Anyone who participated did so voluntarily and only after the appropriate consent form had been signed by the resident or legal guardian as appropriate. This actually meant in a number of cases that the staff member had read or explained the form to the resident and then signed it for the resident. In speaking with the resident manager, it was learned that staff had been given authority for this either from the resident or the family/legal guardian. Only the first names of the
participants and their ages have been used. Participants were reminded frequently that they could withdraw from the activities if they did not enjoy them or were tired. All of the personal data collected beyond what is contained in this dissertation was destroyed upon its publication in compliance with the ethical review protocol of the University of Toronto.

Limitations of the research design and implementation. The observations and analyses of the data presented here are based on the limited experience of a brief period of time with particular residents in a specific place and time. The goal of the study was to explore the use of dramatic activities as praxis in this context, but no claim to the accuracy or applicability of these methods can be made in other contexts. It is understood that the data presented has been processed through my perceptions and is thus interpretive and subject to bias. Keeping in mind these limitations, the study seeks to explore the influence of dramatic activities from my perspective as an observer and then propose an emergent theory that might plausibly explain the nature of this influence.

As well, I would like to note my experience with this population prior to the research has been limited to six to eight visits to the Johnsview for a prior recreational program and the reading conducted in the literature review. My assistant, Julie, was chosen because she had some experience offering dance and drumming workshops in LTC and retirement home settings and had offered drama classes and workshops with me in the past. Our lack of extensive previous experience within this setting will limit the scope and applicability of the observations and findings, and that will have to be determined by those who work within the LTC milieu. This small case study is an initial exploration, and the suggestions for further research in Chapter VI invites researchers with deeper experience working with the elderly to conduct further studies to consider the validity of the findings.
Chapter IV: The Johnsview Sessions

What follows in this chapter is a description of the sessions, which took place in July 2008 with residents of the Johnsview LTC. The description is designed to give readers an understanding of what activities were planned for each session and how the residents experienced those activities as seen through the eyes of the assistant and me, the participants themselves, and staff or other observers.

The Setting

The Johnsview LTC is a large three-story complex adjacent to a residential neighbourhood. Upon entering the building, a fenced playground with children’s toys can be seen off to the side of the entrance. These belong to the daycare center attached to the Johnsview. On the other side of the entrance is a small garden with lawn furniture. A curved entrance driveway and portal allows for residents to be driven up to the front door protected from the elements. Inside the front doors, there is a lobby with couches, a TV, and a “Parisian Café” off to the side and beyond it a large common room with tables and chairs. A first-time visitor might consider the scene reminiscent of an upscale hotel. Indications of its LTC status, however, become evident quickly. There is a slight medicinal/institutional smell that permeates the building. Security pass-code pads are situated at the main doors and elevators, requiring a simple code; this code is freely given to visitors and is designed to prevent dementia patients from wandering away. Residents, who appear to be mostly women, move about with various mobility aids: some are pushed in wheelchairs, others self-propel, and others walk slowly with walkers or canes. Family members and visitors are seen signing in at the front desk before proceeding on to other parts of the building. The Johnsview “House Pets” (a Labrador retriever and a few cats)
can be seen wandering into the lobby periodically. The activity board prominently posted in the lobby provides a description of the activities offered:

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:00</td>
<td>Breakfast in the “Sunshine Café”</td>
</tr>
<tr>
<td>10:00</td>
<td>Games with YMCA kids</td>
</tr>
<tr>
<td>11:15</td>
<td>Fun &amp; Fitness</td>
</tr>
<tr>
<td>12:00</td>
<td>Lunch in the Dining Hall</td>
</tr>
<tr>
<td>1:00</td>
<td>Bridge Club</td>
</tr>
<tr>
<td>2:15</td>
<td>Gardening</td>
</tr>
<tr>
<td>3:30</td>
<td>Scrapbooking</td>
</tr>
<tr>
<td>4:30</td>
<td>Choir Practice</td>
</tr>
<tr>
<td>5:30</td>
<td>Bowling with Wii™</td>
</tr>
<tr>
<td>6:15</td>
<td>Dinner in the Dining Hall</td>
</tr>
<tr>
<td>7:00</td>
<td>Bingo</td>
</tr>
</tbody>
</table>

As one proceeds further into the building, it becomes clear that the pace of the LTC is slower than the world outside. It seems as if everything has been reduced to three-quarter speed. Even the elevator seems extraordinarily slow as it rises to the third floor, where there are resident wings and more activity rooms. As the door opens onto the floor, one sees two airy and light-filled activity rooms. In one of the rooms a television is on and a few residents sit in wheelchairs, appearing motionless. Off to one side are the locked doors of the dementia wing. On the other side is a long hallway past a large, comfortable-looking dining room and leading into the residents’ rooms. The floor is library-quiet, except for disconcerting shouts and sometimes screams that come from beyond the locked doors of the dementia wing. Staff, comprising recreation aides, personal support workers, and nurses, move about their business cheerfully. Most of them appear to be middle-aged women, and the only male staff appear to be part of the custodial crew. Moving into the Fieldstone room to the right of the elevator, one can see an eclectic mix of both older and newer furniture including a recliner, a rocking chair, a wooden kitchen table set, a bean-bag chair, and various cushions stacked near the wall. This is where the participants in the drama sessions meet.
Session Participants

Over the course of the sessions, 10 residents and three Johnsview staff members participated in the dramatic activities, though not everyone participated in every session.

**Pat.** A 74-year-old woman who had been at Johnsview for 2 years and had lived locally prior to that. Her level of participation in the residence’s recreational activities was high. Afflicted with Parkinson’s disease, she was small, almost shrunken in her wheelchair, and had very slow, deliberate movements. She rarely spoke above a whisper. Her mind was exceedingly quick, however, and she had a bawdy sense of humour that became evident during the study. She attended six sessions (100% of all sessions).

**Viola.** A 94-year-old woman who was completing her first year of residence at Johnsview and a frequent participant in recreational activities. She had lived in Smith’s Falls for most of her life and had suffered a stroke in the recent past. Wheelchair-bound, she had a quick and agile mind and was given to saying self-deprecating things about herself and her abilities. She attended two sessions (33% of all sessions).

**Audrey.** A 78-year-old woman who had come from Charbot Lake. Although she had been at the residence for 5 years and was a regular participant in Johnsview recreational activities, she had suffered multiple strokes in the recent past and had reduced her participation in these activities. Restricted to a wheelchair, Audrey was sometimes shy and uncertain, but she enjoyed laughing. She had hearing problems and wore a hearing aid, but there were a number of days when she did not have the aid because she lost it. She attended five sessions (83% of all sessions).

**Eileen.** An 89-year-old woman who been at the residence for 3 years. She had participated in earlier sessions and was the same Eileen featured in Chapter I. Wheelchair-bound like most of
the others, Eileen often rested her head on her chest and appeared to be sleeping. She had some dementia and osteoporosis. She often appeared to scowl, but as one came to know her it was clear that this masked a gentle heart and a love for music and fun. Staff told me that when she was younger she loved to play the piano. She attended three sessions (33% of all sessions).

**Patricia (Paddy).** A 78-year-old woman with early-stage Alzheimer’s disease. She had participated in a large number of activities at Johnsview in her 2 years at the residence. She was able to move about without the aid of a wheelchair, but she did not appear mentally present all of the time, on occasion blurting out non-sequiturs that made no sense in the context of the activity in which she was participating. She always did this with a smile, however. She attended two sessions (33% of all sessions).

**Jean.** An 86-year-old woman who was a new resident at Johnsview, having moved out of her home 6 months earlier. She had a history of congestive heart failure and macular degeneration but was very engaged and mentally alert. She was mobile and could move about with a walker, which had a little seat upon which she perched when she stopped. She attended two sessions (33% of all sessions).

**Rob.** A youngish man of 44 years who had been a resident at Johnsview for 9 months. He had previously lived in a group home in Hamilton but was moved to Johnsview so he could be closer to his family. He had been diagnosed with cerebral palsy and moderate mental retardation and was restricted to a wheelchair. A selective mute, he only spoke occasionally but signaled his engagement and interest in what was going on with a clenched “fist salute” raised in the air, and he seemed to appreciate it if he was “saluted” back. He attended four sessions (67% of all sessions).
**Maria.** A 78-year-old woman who was of Polish descent. Her English was halting. Although she smiled a lot, she did not appear to understand everything that was being said. Throughout the session, the recreation aide would often go over to her, take her hands, and look her in the eyes and then repeat the instructions directly to her. She attended one session (17% of all sessions).

**Arvilla.** An 80-year-old woman, she had been at Johnsvi iew for 2 and a half years and was a moderately frequent participant in resident recreational activities. Diagnosed with Alzheimer’s disease, she had a cheerful personality and was always smiling. Able to move around with a walker, when she attended the drama sessions, she never fully participated. She would follow an action if directed but could not really give a coherent answer to a logical question. After consulting with staff, it was agreed she would not be interviewed for feedback after any of her sessions. She attended three sessions (50% of all sessions).

**Mary.** A 93-year-old woman who was a Johnsvi iew resident for 6 years. Despite having suffered from strokes and angina, she was nevertheless quite alert and participated fully in the activities. She could move on her own with the aid of a cane. She attended one session (17% of all sessions).

**Sadie.** A 90-year-old woman who had been at Johnsvi iew for 6 months. Diagnosed with Alzheimer’s disease and osteoporosis, she had spent most of her life living and working on a farm and appeared very able-bodied, walking independently and presenting a pleasant and lucid demeanor. She was a little shy, and staff indicated that she had not participated much in previous recreational activities, but in the Drama Club she came up with her own ideas, tried everything suggested, and laughed at other people’s attempts at humour. She attended one session (17% of all sessions).
Shannon (recreation aide). A young woman in her 20s, she worked part-time at Johnsvie and revealed that she had always liked drama in school and enjoyed seeing the residents participate in the activities. She always participated fully in the games and activities that were part of the sessions with a flair that illustrated her love for drama.

Karen (recreation aide). A middle-aged woman who had worked in almost all areas of the Johnsvie home, she always participated fully in the games and activities that were part of the sessions. She was present less often in the later sessions because she had been promoted to recreation programmer and was responsible for scheduling the various activities at the LTC as well as leading many of those activities.

Sandy (recreation aide). A middle-aged woman who had worked at Johnsvie for 6 years. She participated in the majority of the sessions in July.

June (Johnsvie volunteer). A middle-aged woman who had been volunteering for 5 years at Johnsvie, she indicated that she liked to come to work with the residents once a week, usually during one of their recreation activity times.

Session One

This session took place on a Thursday morning at 11:00 a.m.

Participants. Pat, Viola, Audreyy, Eileen, and Sandy (recreation aide)

Session plan. The focus of today’s session was on movement. The goal was to foster engagement with progressively more challenging activities. It involved the following exercises:

Activity 1

Level I – Mirroring. The group sits in a circle. The staff member begins by asking everyone in the group to mirror some gentle hand movements:
1. Holding one hand out
2. Making a circle with that hand
3. Making a clenched fist
4. Wiggling Fingers

Do 1-4 with both hands and then add more elaborate movements and speed. Encourage by name those who are trying to follow along.

**Level II.** Ask for a volunteer to lead the movements and have others follow. Pair off participants. Ask one of them to lead the mirroring action and the other to follow. Ask them to follow for 1 minute and then switch leaders.

**Level III – “Who Started the Action?”** One volunteer is asked to close his or her eyes while the leader chooses another participant to lead a series of hand actions of their own choice. Everyone else in the circle is supposed to try to follow those actions, but doing so in a way that it will not give away the leader! The volunteer, who has not seen who was selected to lead, then watches the group and has three guesses to figure out who is leading.

**Activity 2**

**Level I – Moving Emotions.** Residents are asked to say their name the way they like it best. Help each one to develop a hand movement that represents his or her name—and the emotion behind it (e.g., “Marge” has a strong voice so her movement might be a strong fist!). Go around the circle and have each person say his or her name and do the hand movement with everyone repeating the name and action.

**Level II.** Choose an action from one of the participant’s names in the Level I activity and do it dramatically. Everyone in the circle is asked to call out the name of the person whose action
it is (e.g., the leader dramatically throws out a fist and everyone exclaims “Marge!”) Do this with all participants’ actions/names.

**Level III – “Thumper.”** One person does the action associated with his or her name—but does not say the name. Instead they follow it with the action of another person. That is the “cue” for the other person to do her own action and then do someone else’s action, thereby passing it on to another person. This continues around the circle with gentle prompting from the staff member if an action is forgotten.

**Narrative description.** The session began after Sandy confirmed that all of the participants had signed the consent form. The residents’ wheelchairs were arranged in a circle (as they would be every session thereafter), and Julie introduced herself and asked each resident to say his or her own name.

Right away it became clear that Audrey would have problems participating because she did not have her hearing aid. Sandy said she would sit next to Audrey and loudly repeat things that Audrey didn’t hear or understand. Thus, the session began with Sandy at Audrey’s ear saying loudly, “JULIE WANTS TO KNOW YOUR NAME!” After which Audrey’s face registered comprehension and she smiled and said her name. This continued to be the modus operandi of Audrey’s participation over the next few sessions.

At the beginning of the mirroring activity, Eileen asked to be moved because she could not clearly see the others. During the activities, the residents were able to follow the actions without any problems, although it struck me that Julie was probably moving too fast for them (e.g., going quickly from making circles with her arms to wiggling her fingers). There appeared to be a pronounced lag time between when the residents perceived the change in the leader’s actions and when their bodies responded. When Julie asked for a volunteer to lead the actions,
several did so, although Julie prompted them to remember to change the actions saying things like, “Everyone’s following really well…Now what’s the next action she’s going to do…?”

Next Julie explained how to play “Who Started the Action?” Viola volunteered to close her eyes and be the guesser, but it became clear that she did not really understand what she was supposed to do. When she opened them she did not try to guess and had to be prompted by Julie, who pointed to various people who were moving their hands on cue to the secret leader. Julie asked Sandy to be the guesser, and after watching the recreation aide do it, there seemed to be a more general understanding of what to do. However, I began to feel that it was too much “work” for everyone, so I signaled Julie and she switched into the next activity.

The Level I activity of Moving Emotions prompted a great deal of laughter as each resident came up with an action to be associated with her name. It went slowly at times, such as when Pat put her hands in the air and said “Pat” in her soft voice. The others did not hear her so Julie repeated the action and said “Pat” and encouraged everyone to copy it. But this did not seem to affect the enjoyment everyone got from copying a humorous action done by the others.

When working with the Level II activity, it again seemed to be challenging for the residents to understand what to do, but they caught on as it was repeated. Time was running short in the session, but Julie used the actions the residents had learned already to signify their name and began to play Thumper with them. The game did not really get going before the time ended.

**Session feedback**

*Eileen.* Enjoyed the activities but could not identify any she specifically did or did not like, saying: “They’re all pretty good.” When asked if she felt activities helped her, she replied after a pause, “I couldn’t really tell you.” She said she came to the drama activities because “…it’s very interesting to hear other people.” She enthusiastically agreed when she was asked if
drama was fun. I asked her if she remembered doing some of these activities in previous sessions with me and she replied, “No, but you probably did and my mind just forgot, I guess…”

Viola. Enjoyed the activities and said “the arms one” was her favourite (referring to the mirroring activity). When asked why she particularly enjoyed that one, she said, “I think it helps my arms.” There were no activities she disliked and when asked whether she felt the activities helped her in any other way she said that it was good “just to be in a group participating in the same things” and that she came to the drama program because “I like to be out among other people.”

Audrey. Enjoyed the activities but couldn’t identify favourites. She said some of the ones with “big hand motions” were hard for her, but overall the activities helped her by “making me feel better.” She said she comes to the drama program because she is asked to by staff.

Pat. Enjoyed all of the activities, particularly the mirroring. She said that she felt the activities helped her because “I get to use my brain. It makes me feel like I’m acting out and using my imagination.” She said she comes because she enjoys it so much and would continue coming to future sessions.

Sandy (recreation aide). She felt the session went “really well” and particularly benefited Pat and Viola because “they’re really outgoing and love to express themselves all the time.” Others loved to express themselves as well, but Audrey needed “to have everything clarified for her” and Eileen’s memory was “very, very short” and that was a challenge for her. However, when with Eileen you direct “… everything to her, about her, with something you want her to do—she’s spot on…but when it has do with other people, I don’t know whether she’s tuning them out or just not hearing them.” In terms of activities she observed, Sandy indicated that very similar activities were being done in the “Fun & Fitness” sessions at Johnsview already. Asked
about modifications in the program, she suggested that when a leader addresses or refers to a resident, they should point to her and say her name, both so that the resident knows she is being spoken to and so other residents remember each other’s names. Johnsview is large and residents do not all frequent the same programs, so reviewing the names is helpful for them to know and remember each other. Finally, she said that she believed she could lead exercises like the ones she observed today and would not need other supports except for a description of the exercises.

*Julie’s comments.* Julie felt the session went well; she was a bit nervous starting out but felt at ease by the end. She liked seeing the residents enjoy the activities and was looking forward to the next session.

*My initial impressions.* I enjoyed seeing the residents have fun as they always did. I was a bit disappointed that the higher-level activities did not work as well as they had when we had done some exercises the previous year. It was also sad to see that Audrey, who had always been a leading participant in the past, moved into the background because she missed so much without her hearing aid. Because of these observations, I realized we needed to slow the exercises down and told Julie to proceed more slowly in the next session.

**Session Two**

We met again at 11:15 a.m. on the following Friday. This time we were in the third-floor activity room.

**Participants.** Pat, Audrey, Patricia, Jean, Rob, and Karen (recreation aide)

**Session plan.** The focus of today’s session was a continuation of movement from the first session, but with a greater emphasis on creativity and imagination.

**Activity 1 – Miming Daily Actions**
Level I: “Daily Actions.” The group sits in a circle. The leader begins by asking everyone in the group to “mime” (act out with their hands, etc.) a daily activity that they would be familiar with. Encourage those who do these actions with enthusiasm and creativity!

1. Combing hair
2. Brushing teeth
3. Reading a book
4. Drinking tea
5. Eating a delicious meal with a fork
6. Listening to music

Level II: “Crazy Actions.” Ask them to mime these creative situations:

1. Combing hair with a fork!
2. Brushing teeth with a broom!
3. Reading a book upside down!
4. Drinking tea made with vinegar!
5. Eating a delicious meal with a tennis racket!
6. Listening to music through your nose!

Level III: “Guess the Action.” Ask a participant to make up an action, and the others in the circle must guess. Then ask participants to come up with a “crazy” version of it.

Activity 2 – It’s Anything I Want!

Level I – “Changing the Object.” Take one of the objects you have brought. Show it to the participants and then use it in a different way than it was intended (e.g., hold up a pen and then pretend it’s a toothbrush and mime brushing your teeth with it). Pass it around the circle and
ask each participant to use it in a different way. If someone can’t come up with an idea, suggest things like a spear, straw, conductor’s baton—anything really! All ideas work.

**Level II:** “Guess What They’re Doing!” *(optional)* As you do the Level I activity and a participant is miming an action, ask other participants to guess what they are doing.

**Level III:** “Beat the Clock!” *(optional)* Give participants an object and then tell them you are going to count to 10. Their challenge is to use the object in as many different ways as they can before you get to 10!

**Activity 3 – Playmaking with Creative Movement**

**Level I.** Give each participant a different object. Read the following story out loud to them. When you get to the “Action Points,” point at various participants to come forward and use their objects in a way that makes sense at various points in the story:

“The Princess’s Lost Locks”

- Once upon a time, there was a beautiful princess who loved to comb her hair every day… *(“Action Point”)*

- But there was also an evil witch who hated the princess and used her magic to cast a spell on the princess, which made all of her beautiful hair fall out! *(“Action Point”)*

- This made the princess look very different to her subjects and whenever a subject saw her they would be so shocked that they would hide their face so as not to look at her. *(“Action Point” with more than one participant)*

- This made the princess very sad and she asked her doctors and magicians to try anything they could to restore her beautiful hair. *(“Action Point” with more than one participant)*

66
• But nothing worked until, one day, a handsome prince arrived with a very mysterious cure. When he tried it on the princess it worked! ("Action Point")

• The people rejoiced! ("Action Point" with more than one participant) And they fell in love and lived happily ever after amid much hair and joy!

Narrative description. The session began as Julie introduced herself again to the new and former participants. She began the miming activity and everyone participated, including Rob. Audrey was again without her hearing aid, so Karen repeated each of Julie’s instructions loudly into Audrey’s ear. Everyone mimed the normal daily activities with ease. When Julie began Level II, there was much laughter as each participant demonstrated trying to eat with a tennis racket as a fork, etc. Audrey became confused when asked to read a book upside down and said, “I don’t understand,” even after the instruction had been repeated loudly a few times.

Rob surprised everyone by loudly proclaiming “Yuck!” when miming drinking tea with vinegar. Amid the laughter, I couldn’t resist whispering to Karen, “He can talk?”

“He does…sometimes,” she replied.

There appeared to be much more laughter and joviality during today’s session, and it attracted a few observers. Two personal support workers (PSWs) were by the door again smiling, and one even came into the room and participated briefly in one of the exercises.

When Julie moved on to Level III and asked for volunteers to come up with their own crazy action, only Jean was able to do so as she pretended to be writing with a big pole. Most of the others couldn’t think of something or appeared confused by the request. We moved on to the next activity where they were asked to change the object. Julie had brought a pen, cup, pan, and a pillow and passed them around asking each person to use the object differently. This was
accomplished by most of the participants, although with Rob, it was difficult to know exactly how he was using some of the objects. Julie would see him holding the pan out in front of him and say, “That looks like a steering wheel on a car, is that what you’re doing?” but he never gave a response that would indicate if her guess was correct. Paddy would follow the instruction, but a number of times called out, “My husband calls me ‘Patsy-Watsy!’” for no apparent reason.

A moment of great laughter came when Pat took the pillow passed to her and, with her slow deliberate actions, placed the pillow at her breast level and began to make strong sucking sounds as if nursing a baby. Karen, the recreation aide, laughed so hard she almost fell out of her chair. Pat simply smiled and passed the pillow on to the next person in the circle.

We did not get to do any of the other planned activities because the half-hour time had elapsed and Karen had to leave quickly because there was an activity she had to supervise elsewhere in the building.

**Session feedback**

**Jean.** Enjoyed the activities, but she stated that she “liked skits” better. She also expressed mild disappointment in her own participation, believing that she should have been able to come up with more creative ideas than the ones she brought forward. However, she did think that the exercises were particularly good for Rob and that, despite his handicap, she felt he demonstrated a lot of creativity. She disclosed that at one time in her life she would go to hospitals with a puppet and dress as a clown and perform for the patients. She felt they enjoyed the presentations because they didn’t know what would come next. She then said that being involved in a performance had a bracing effect on her that she recounted with a wistful smile: “When you did things like [drama], you’d come home and you were on a high, and you would never know why you would feel like this. ‘Simmer down Jean!’ I would say to myself.” When
asked why she thought the experience was so exciting for her she said, “I think it’s because you’ve done something worthwhile that you’ve brought joy into some people’s hearts.”

**Rob.** We tried talking to Rob, but got no response. We invited him to come back if he wanted to and gave him the “fist salute,” which he returned. After consulting with the staff, we decided not to try to interview him in the future.

**Pat.** “I enjoyed the activities very much today. It feels good using my imagination.” She said she liked all of them, but her favourite activity was when she got to feed the baby. “It was comical.” She believed the activities helped her because they “…make me feel relaxed…make me feel like I have good friends. I like the laughter.” She said she always came because she has fun at Drama Club.

**Audrey.** She said she enjoyed all the activities and the best was the everyday actions because it was easier for her to do than some of the others. She said she felt the drama activities helped her by bringing out her “child” feelings and because “they’re relieving my own loneliness.”

**Paddy.** She wandered off as we were setting up the interview recorder and we did not get to interview her that day.

**Karen (recreation aide).** She could not stay for the debriefing questions because she had immediate responsibilities elsewhere. I told her I would e-mail the questions to her and she agreed, although she never responded to the e-mail. I was able to interview her after the last session and that interview is found near the end of this chapter.

**Julie’s comments.** Julie commented on the higher level of enthusiasm and laughter that was evident in the session compared to the one a few days earlier. She also seemed to think that Level I activities were best suited to this group. In terms of the plan for the day, she was
disappointed we did not get to the “playmaking” of Activity 3 because she thought everyone would enjoy it; she suggested we include it in the next session.

My initial impressions. I had noticed the higher level of enthusiasm today but was not sure I agreed with Julie’s assessment that Level I activities were the best for the group. They were indeed easier, but with participants like Pat and Jean, there were people in the group who definitely enjoyed the more challenging opportunities provided by higher-level games. I was also struck by how well Rob seemed to be able to participate, despite little or no verbal communication. Although it was hard to tell accurately, I got the sense that he really enjoyed our sessions. It was interesting to note that Jean had noticed this as well. Finally, based on Julie’s suggestions and the comments by the others, I decided that we would, indeed, include Activity 3 – Playmaking with Creative Movement in our next session.

Session Three

This session took place on the Wednesday following the previous one. There were five residents participating:

Participants. Pat, Paddy, Maria, Rob, and Jean and Shannon

Session plan. The focus of today’s session was planned to be in the areas of voice and emotion. We would also try and include the playmaking activity we did not complete from the previous activity.

Activity 1 – Word Shading

Level I. The group sits in a circle. The leader begins by asking everyone in the group to repeat the following words in the way they sound (e.g., when they say “happy” they say it in a happy tone of voice). They may also use facial expressions!

- Happy
Level II: “Opposite Intonation.” Now go around the circle and ask them to say the word but to do it in its opposite way (e.g., they say “happy” in an angry fashion). This is a higher-level thinking skill fostering “cognitive dissonance.”

Level III. In the whole group or as partners, ask the participants to come up with other words they can say the way they sound (as they did in Level I), but also try and say them the opposite way (such as in Level II). How many can they come up with?

Activity 2 – What’s Going On Here!?

Level I. Have the participants pair off and practice the following conversation:

Person #1: Good morning.

Person #2: Good morning.

Person #1: How are you?

Person #2: I’m Fine.

Have them repeat it until they can easily do it exactly as above.

Level II. Now ask them to repeat the same conversation, but this time using one of the emotions listed. Thus all four lines would be said “happily,” etc:
Happily Sadly Angrily Silly

Slowly Quickly Loudly Quietly

This is usually quite humorous and should provoke a lot of laughter!

Level III. Use the same conversation as above, but ask each partner to have a different emotion. For example, Person #1 could be “afraid” and Person #2 could speak “slowly”!

Narrative description. The session began without Pat and Jean who were at a “resident’s council” meeting and would hopefully join us before we were finished. All of the participants seemed to like the first level of the Word Shading activity and participated well. Rob even spoke once—the word “slowly.” As we moved to the second level where they had to say a word but display the opposite emotion, Rob did not really participate. Maria was able to do three after being reassured of the instructions by Shannon. Paddy giggled a lot but also was able to do what was asked. At the midpoint of this game, Pat and Audrey joined us and participated for the rest of the session. As was true of the previous session, Jean was the most frequent contributor and most able to complete all of the tasks in an activity.

When we moved on to What’s Going on Here!?, pairing up did not proceed smoothly. The lines they were asked to remember did not come so easily, even though they were fairly commonplace. The emotions with which they were asked to colour the lines were not really reflected except by Jean and Pat. Shannon asked if we had some “movement” activities because these seemed beyond the participants.

Consulting with Julie, we decided to return to the Princess’s Lost Locks playmaking activity we had planned for the previous session. Julie handed out the following items:

Paddy – A multicoloured clown wig for the beautiful locks, a brush, a plastic sword

Pat – A witch’s hat and a sword for casting the evil spell
Jean – Sunglasses so she could hide her eyes from the princess

Rob – A magic wand for the magician and doctors to repair her hair

Maria – A bottle of barbecue sauce for the handsome prince to use

Everyone – Sunglasses and party horns to rejoice with when the princess’s hair is restored

During the action points in the narrative, each participant whose turn it was to speak or act was wheeled forward and had their “moment.” Everyone seemed to participate with enthusiasm and there was much laughter. At the end, everyone was encouraged to take a “bow” by leaning forward from the waist up while Julie, Shannon, and I all clapped.

Session feedback

Jean. Again enjoyed all the activities because “they make me think and I never know what to expect.” She liked the variety of activities that there were today and enjoyed the “opposite word” (Opposite Intonation) game because it “helps me to express myself.” When asked why she came back to the session today, she said that she likes it because it’s nice to be part of the group and it helps people to overcome their shyness.

Pat. Enjoyed the activities she was present for and liked the Opposite Intonation game because it “makes me use my imagination.” She particularly liked wearing the witch’s hat in the playmaking activity and said she really enjoyed using props. She said the activities were helpful in letting her have fun and relax: “When we go through so much anxiety, it helps us take our minds off our anxiety.”

Maria. When asked about the games, she said haltingly “I liked!” She had a hard time understanding and responding to the other questions, but she did say that she came because
“…somebody be calling...I come!” which indicated to me that the staff had come to her room and invited her.

**Paddy.** When she was asked about the activities, she laughed and said she liked them but could not identify any of the ones she liked. As in the sessions, she began to make some remarks (“Happy days are here again!”), which didn’t seem to connect to our conversation. She said she did not know why she came to the Drama Club and we ended the conversation.

**Shannon (recreation aide).** Shannon said she thought that the session went okay but that some of the residents weren’t able to do all of the activities being asked of them because of language, verbal, or communication barriers.

“We’ve done mirroring activities with you before and they worked really well with the people,” she said.

When asked about who benefited from the activities, she said that she felt Rob had benefited the most in the past but, again, because of the high verbal content of today’s session, he did not. She believed that Pat, Jean, and Paddy did benefit from the activities “because they had a laugh,” but also because “they understand more of what’s going on and can see the comedy behind the activities like the skit that was done today.” Shannon felt she could easily have led the activities done today if she had a list of them. She also said that the particular activities done today were not replicated anywhere else in Johnsview’s program.

**Julie’s comments.** She agreed that the movement in the playmaking activity produced a more enthusiastic response. She thought we should make sure we use more movement, even while doing the other activities.

**My initial impressions.** I appreciated Shannon’s concerns about the suitability of certain exercises for the residents, but when planning this session I had wanted to really see how much
of the purely verbal activities we would be able to do. Observing that the playmaking activity fostered the most joy and participation, I began to feel that maybe a different approach—one that moved toward the strengths of a large group of participants as well as one that used movement and “pretending”—might be a more appropriate direction to consider for the remaining sessions.

**Session Four**

This session marked the beginning of modifications in our session protocol up to this point. Held more than a week after the previous session, Julie and I had spoken and decided that while focusing on the dramatic skill of characterization, we would also do the following in the remaining sessions:

1. Always begin with a movement activity because that seemed to engage the largest number of participants possible and help them “link in” to what we were doing.
2. Be more flexible in allowing a spontaneous occurrence in a session to become the basis for further exploration. If we discover something is working particularly well, we want to leave ourselves open to doing more of it or trying various iterations to see where it will take the group.
3. Emphasize pretending as much as possible.

**Participants.** Pat, Paddy, Viola, Rob, Audrey, Arvilla, Mary, June (volunteer), and Sandy (rec aide)

**Session plan.** Keeping in mind our decision to start with movement and be more flexible in modifying our program, we chose the following activities that involved characterization and voice.

*Warm-Up – Mirroring (from previous session)*
Activity 1 – Character Voices

**Level I: “Introductions.”** The group sits in a circle. The leader begins by asking everyone in the group to introduce themselves by saying, “Hi, I’m (name).” The other members of the group respond all together with “Hi, (name)!"

**Level II: “Name Like You.”** Now go around the circle and ask them to say their name but in a way that reflects their character. Using voice and upper body to do this is encouraged. For example, if Margie likes to be silly, she can shake her head back and forth and say, “Hi, I’m Marrrgiiiieeee!” The group responds again with “Hi Marrrgiiiiieee!” in the same silly fashion, mimicking the action.

**Level III: Famous Names.** Each person picks a famous person/character and introduces him or herself as that character (e.g., famous movie star, cartoon character, politician, etc.).

Activity 2 – Three Pigs Choral Speaking

**Level I.** Read each of the following lines and ask participants to repeat them after you. Make sure to say them dramatically!

*Wolf:* Little Pig, Little Pig, Let me come in!

*Pigs:* Not by the hair of our chinny, chin, chin...

*Wolf:* Then I’ll huff and I’ll puff and I’ll BLOW YOUR HOUSE IN!

*Pigs:* Ahhhh!

**Level II.** Now divide them into two groups, “wolf” and “pigs,” and have each group speak the lines back and forth to each other. Then switch groups.

**Level III.** Go around the circle and have each person say the line that comes next (e.g., first person says, “Little Pig, Little Pig, let me come in!” and the second person says, “Not by the hair…” etc.). Have them go around the circle with good character voices!
Activity 3 – Playmaking in Character

Level I. “Little Red Riding Hood and the Wolf.” Practice the following with the participants:

Little Red: Grandma, what big eyes you have…

Wolf: The better to see you with, my dear.

Little Red: Grandma, what big ears you have!

Wolf: The better to hear you with, my dear.

Little Red: Grandma, what big TEETH you have…

Wolf: The better to EAT YOU WITH MY DEAR!

Level II. Pair the participants off and ask them to do this with exaggerated voices (and actions if they wish).

Narrative description. The mirroring activity as a warm-up went well, with everyone participating. In the Character Voices activity, Level I also proceeded smoothly, although Sandy, the recreation aide, had to prompt Arvilla to say her name. Rob did not speak, but Julie prompted everyone to say his name as he watched intently. At Level II where they were asked to say their names in a way that reflected their personality or how they felt, Pat, Viola, and Mary did it easily, but Audrey and Paddy had to be prompted by Julie, who gave an example. They came up with their own actions afterward. Arvilla mimicked Julie. Rob listened to everyone else say his name after Julie’s example.

To introduce the Level III activity (where they were asked to introduce themselves to the group as a famous person), Julie pretended to be Elvis and said, “Thank you very much ladies and gentlemen.” No one had a clue who she was. We asked Sandy to demonstrate, and she had a hard time thinking of one but finally stood up, posed, and said, “I am a very famous model who
President Kennedy loved…” Again, no one said anything and they looked very confused. I suggested to Julie that we move on from the activity.

The choral speaking activity went quite well but required some modification in its introduction. Julie asked if anyone remembered the story of the “Three Little Pigs” and many of them nodded. She asked what the wolf said to the pigs when he came to their houses and Pat piped up, “Little Pig, Little Pig let me come in!” Julie got everyone to repeat it as well as the next few lines that followed. Everyone appeared to get into saying the lines dramatically (except Rob, who nodded as the group repeated the lines). Julie then moved to Level II and began to divide the room into wolves and pigs. When she started it, however, it became clear that many did not understand that they were only to speak when their role was called for. So Julie used the following steps:

1. Demonstrated the script with Shannon, each one taking a role
2. Chose Jean to play the pig and asked everyone else to say the wolf’s lines with her
3. Finally she divided the room evenly between wolves and pigs

This worked well, with everyone appearing to understand what to do and how to participate. Even more interestingly, the Level III activity also went remarkably well, even though it required the participants to speak sequentially, with each person in the circle speaking in turn. There was only minimal prompting required to complete the script this way—even for Arvilla!

We moved on to Playmaking with Character, and Julie used the same three steps to get everyone involved. This time Pat was asked to play the wolf in step two and did so with admirable snarling and teeth-baring. Because the session time was waning and the pairing
activities envisioned in Level III had not really worked well in previous sessions, we decided not to try them.

**Session feedback**

*Pat.* As always, she enjoyed the activities but enjoyed best the “Three Little Pigs,” where she got to be the wolf. She said the activities helped her feel “refreshed.” I commented that she comes faithfully every time and asked her why. She paused for a moment and then said, “Well it’s been offered to me and I can come or not, but I decide to come because I enjoy it.”

*Viola.* She liked participating because “I like using my imagination.” She liked the “actions” we did and her favourite was the “Three Little Pigs” because there was a story involved. She said she came to the Drama Club because it was something to do: “I go to all the activities. I like to be with people.”

*Mary.* She enjoyed the activities even though she had never done them before. She said that she tries “to speak so people can understand me” and that the activities helped her with that. When asked why she came to drama today, she replied, “Well I was just wandering by, I saw the girls sitting here, and I thought ‘Why not come in?’”

*June (volunteer).* Although she had never seen the drama program at Johnsview before, she felt that the activities helped the quieter residents “open up.” She commented that the physical mirroring was similar to the “Fun & Fitness” activities, but she had not seen the more dramatic activities anywhere else at the facility. When asked if she felt she could lead similar activities on her own, she responded, “Oh, I think that I probably could, but I don’t usually lead them here—I just assist.”

*Sandy (recreation aide).* She felt the activities went “very well.” When asked to comment on Rob’s participation and occasional speaking, she revealed that he did not speak too
often but was given choices for everything so he could participate as fully as possible in the life of the residence. She felt he enjoyed the drama. When asked about Johnsview activities that were similar to the activities in the Drama Club, she said that there were similarities in “Fun & Fitness” programming. As well, some of the activities were similar to the Reminiscing program, where staff tried to engage the residents with pictures or stories from their own lives, but this program was only available in the dementia ward of the residence. There was nothing else at Johnsview like the activities in drama. She confidently asserted that she could lead the drama activities but would like to have a room that was quieter and perhaps farther away from the hall because the privacy might help the residents not to be “on show” and participate more freely in the activities.

**Julie’s comments.** She was very happy about how enthusiastic they were during the choral speaking activity. She said, “It was a very good introduction for getting into character. It was comfortable and safe because they knew what the actions were and all of the creativity did not have to come from them alone. Arvilla needed to be coached but we included her and it was good for the group because they took responsibility for finding a way to include her.”

**My initial impressions.** I, too, was pleasantly surprised at how well the choral speaking went and how much playing well-known characters seemed to bring the group to a level of equality in participation that had been missing in other activities. It was also clear to me that we had made a good decision to include more movement and deviate from the exact session plan as we did when Julie broke down the Level II activity into three distinct steps. I sensed these strategies contributed to the higher level of participation and enjoyment within the group.
Session Five

This session took place 2 days following the previous one. This time, we hoped to focus more on characterization and imagination and decided to use hats, since they had gone over so well during the playmaking a few sessions earlier.

Participants. Pat, Arvilla, Eileen, Audrey, Sadie, and Shannon (rec aide)

Session plan. Keeping in mind our decision to start with movement and be more flexible in modifying our activities, we chose the following activities that involved characterization and voice.

*Warm-Up #1 – Mirroring Activity (from previous Session)*

*Warm Up #2 – Name Like You (from previous Session)*

Activity 1 – Mad Hatters

*Level I.* The leader takes out various hats and shows them to the participants. Each participant is allowed to choose a hat to put on. Ask each person to “strike a pose” with the hat and then have the group guess who the poseur is!

*Level II.* Have each person come forward with his or her hat and say something in the voice of a character who would wear that hat.

Narrative description. As in the previous session, the mirroring activity as a warm-up had everyone participating. The second warm-up *Name Like You* also began smoothly. An interesting thing happened when it was Arvilla’s turn. It was clear she did not know what to do, and after trying to prompt her gently, Julie paused for a moment and began to move on. Shannon asked Julie to stop, went over to Arvilla, and led her through the actions saying her name and waving her hand. It took a moment for Arvilla to get it, but she did after a few moments’ practice with Shannon, and everyone responded by saying Arvilla’s name and by mimicking her small
wave of the hand. Shannon nodded to Julie as if to say, “See, I knew she could do it!” and returned to her seat.

When Julie opened the box with the hats, I sensed a buzz in the room with excited whispers like “oh, look” and “there’s a nice one.” A number of residents were leaning forward in their seats trying to see better which hats were available. Before handing any hats out, Julie put on a red and white checkered ball cap and began waving one hand around. She asked the group, “Who can guess who I am and what I’m doing?”

After a bit of silence Eileen piped up, “You’re showing the race car winner!” Julie told her she was right. She asked everyone to think of whom they could be once they had chosen a hat. She then went around the room and had each one choose a hat. She asked me to do the same! Shannon and Julie helped them put on the hats so that the following were represented:

- **Arvilia** – Witch’s hat
- **Pat** – Turban and parasol
- **Audrey** – Straw hat
- **Sadie** – Bridal veil
- **Eileen** – Silk Chinese mandarin hat
- **Shannon** – Frog hat

Pat was asked to “perform” first and began with her slow and deliberate movements. Julie asked the others to guess who Pat was but no one said anything, so Julie guessed that she was a rich woman taking a walk down the street, to which Pat added in her whispery voice, “…on a hot day!” It came next to Shannon who screwed her face up and held her hands clenched in front of her. Sadie said, “You look like a frog,” and Shannon nodded.
Next came Arvilla, who was smiling broadly but did not do anything when her name was called. Shannon said to her, "With that hat, you must be a witch; why not show us how you ride on your broom?" Arvilla put out her hands and appeared to attempt broom flight.

Audrey appeared confused in her straw hat. This was surprising to me, because she had come with her hearing aid today and seemed to have understood the instructions. After a few suggestions from Julie and Shannon, she settled on sitting erect and being a "queen." Sadie successfully mimed holding a bridal bouquet.

Julie pointed to the hat I was holding and told the others to try to guess who I was. It looked to me like a Napoleonic hat so I put it on, stood up, and put my hand in my shirt, trying to strike a pose as the famous leader of France. No one guessed—not even Julie or Shannon! Humbled, I sat down and decided to stick to observing in future. With that, our scheduled time was almost at an end so we did not pursue the Level II activity; instead, we let them try on different hats if they wanted. They traded hats as the session wound down.

**Session feedback**

*Pat.* She thought the activities were quite amusing today. She again enjoyed wearing hats and "acting silly." In terms of benefits that came from the session, she said, "It helps me think…it’s relaxing and I use my brain." She again reaffirmed her enjoyment of the Drama Club and said she comes because “…it’s good to be able to express yourself and your feelings in a fun way.”

*Eileen.* When asked if she enjoyed the activities, she nodded, "Mm-mm." When asked to expand, she stated, “Well I like it when everyone gets along together and nobody fights or anything.” She said there were no activities she disliked and that “…it’s all pretty good, here.” When asked if the activities helped her, she replied, “I don’t know. They might…If you think
about it they probably would.” She said she comes to the drama program “because it’s interesting. I like being with other people, too.”

**Audrey.** She said that the activities were “all good” and that they were a “relief” and “like exercise for the day.” Her favourite part was playing a different person in the hat activity. When asked if she felt the activities helped her in anything, she said “to do things…it’s entertainment.” When asked why she keeps coming she responded, “I like it. The staff tell me about it. I come and I’m glad about it.”

**Sadie.** When asked about the session she said, “It was very new and interesting. It made me think.” She described the hats activity as “most interesting” and said she liked it best because “we wore hats when we were younger.” There were no activities she disliked: “All were funny, they loosen up our mind.” She felt the activities were helpful to her because she and the residents “…got to know each other. We got to be with other people…got to see what they could do.” When asked why she came to the Drama Club today she smiled and said “Nothing to do today…”

**Shannon (recreation aide).** She could not stay for the interview because she was responsible for a special event on another floor, but she briefly commented that she felt today was fun and good for the residents.

**Julie’s comments.** She commented that the “hats were hard, but they really enjoyed choosing their own hat and putting it on. Once they had tried the hats, they understood better what to do. I needed to model first. It took a bit more coaching, but because they had a tangible prop to work with, it made the characterization easier. I think to make it work better, we should do pantomimes as a prerequisite to this activity. That role-playing might help them get a better idea of being a character before we started with the hats.”
My initial impressions. I was quite surprised at how things came alive during the hat activity. I had not expected that. Maybe it was the visual and tactile appeal of the hats, but the “feel” of the room was much more energetic, even though we really did fewer activities. I also noticed that Shannon and Julie seemed to be having as much fun as the residents with the hat activity. Although I wore my Napoleonic hat, I have to admit it didn’t do much for me. I wondered whether this was a gender difference. My observation as an educator has been that most little girls (and bigger ones!) enjoy “dressing up” more than boys. Was my own gender the source of my surprise at the success of the activity?

Session Six

This session took place on the Saturday immediately following the last one. It had been scheduled for this day because it was my hope that some family members would attend and watch the sessions. This did not happen. Although Johnsvies staff posted an invitation on the bulletin board they use to communicate with family visitors and even left messages with a few of the families of the regular participants, there was no response.

Participants. Pat, Arvilla, Jean, Rob, Eileen, Audrey, and Sandy

Session plan. This final session was designed to challenge the residents cognitively while at the same time leverage some of the learning that Julie and I had experienced in the process of the previous sessions.

Warm-Up #1 – Mirroring Activity (from previous session)

Warm Up #2 – Name Like You (from previous session)

Activity 1 – Who Am I, What Am I Doing?
**Level I.** The leader begins by telling everyone that he/she will be in the body position of a particular job or profession. The group members are to guess what is being represented.

Examples:

- Waitress
- Teacher
- Baseball player
- Janitor
- Doctor
- Lawyer
- Police officer
- TV announcer

**Level II.** Each participant is invited to do an action that represents a particular job, and the rest of the group will guess who they are and what they are doing.

**Activity 2 – Goldilocks Choral Speaking**

**Level I.** Read the following modified version of this fairytale from www.dltk-teach.com (2009) and ask everyone to participate in the bolded parts.

“The Story of Goldilocks and the Three Bears”

Once upon a time, there was a little girl named Goldilocks. She went for a walk in the forest. Pretty soon, she came upon a house. She knocked and, when no one answered, she walked right in. At the table in the kitchen, there were three bowls of porridge. Goldilocks was hungry. She tasted the porridge from the first bowl.

“This porridge is too hot!” she exclaimed.

So, she tasted the porridge from the second bowl.
“This porridge is too cold,” she said
So, she tasted the last bowl of porridge.

“Ahhh, this porridge is just right,” she said happily and she ate it all up.

After she’d eaten the three bears’ breakfasts she decided she was feeling a little tired. So, she walked into the living room where she saw three chairs. Goldilocks sat in the first chair to rest her feet.

“This chair is too big!” she exclaimed.
So she sat in the second chair.

“This chair is too big, too!” she whined.
So she tried the last and smallest chair.

“Ahhh, this chair is just right,” she sighed. But just as she settled down into the chair to rest, it broke into pieces!

Goldilocks was very tired by this time, so she went upstairs to the bedroom. She lay down in the first bed, but it was too hard. Then she lay in the second bed, but it was too soft. Then she lay down in the third bed and it was just right.

Goldilocks fell asleep. As she was sleeping, the three bears came home.

“Someone’s been eating my porridge,” growled the Papa bear.

“Someone’s been eating my porridge,” said the Mama bear.

“Someone’s been eating my porridge and they ate it all up!” cried the Baby bear.

“Someone’s been sitting in my chair,” growled the Papa bear.

“Someone’s been sitting in my chair,” said the Mama bear.
“Someone’s been sitting in my chair and they’ve broken it all to pieces,” cried the Baby bear. They decided to look around some more and when they got upstairs to the bedroom, Papa bear growled, “Someone’s been sleeping in my bed.”

“Someone’s been sleeping in my bed, too,” said the Mama bear.

“Someone’s been sleeping in my bed and she’s still there!” exclaimed Baby bear. Just then, Goldilocks woke up and saw the three bears. She screamed, “Help!” and she jumped up and ran out of the room. Goldilocks ran down the stairs, opened the door, and ran away into the forest. And she never returned to the home of the three bears.

**Level II.** Have individuals play the separate speaking parts and add appropriate actions.

**Narrative description.** The session began with the mirroring activity, and each resident was invited to take turns leading. Both Arvilla and Audrey (who did not have her hearing aid again) had to be prompted, but they took their turns. Jean stood up to lead hers, but used upper-body movements so the others could follow. Because it was going so well, Julie decided to extend it by saying, “Pretend that your hands are glued together and try and pull them apart!” This provoked a great deal of laughter and she continued saying, “Now your feet are glued to the floor!” and “Your hands are glued to your thighs.” They appeared to really enjoy this—Rob, too.

She tried to alter *Name Like Me* by asking the residents to say their name like a famous person. They did not really understand, so she demonstrated, pretending to be Elvis. None of the participants were able to do this except Jean, who became a “police officer” as she said her name firmly, and Pat, who said she was “the queen” as she said her name softly.
As Julie moved into the first activity she demonstrated a waitress pose and then asked each resident to make up a pose that we could guess. They all seemed to have trouble with this except Jean. Julie quickly modified it asking them to “move” like the person. Audrey demonstrated putting on lipstick and everyone was asked to copy her. Rob moved his arms around and Julie said, “It looks like you’re fishing!” and everyone followed.

Paddy’s turn came next. She had earlier exhibited her habit of saying totally unrelated things like “My husband calls me ‘Patsy Watsy!’” when it was her turn to do an activity. This time, however, she had been following along with the actions and started moving her hand in a circular motion in front of her. Julie asked her what she was doing and she said, “I’m making a cake.” Everyone followed her lead as Julie asked her what kind of cake and she replied, “Lemon.” I continued to focus on Paddy as the activity continued: She was completely attentive and had stopped calling out non-sequiturs.

The Goldilocks Choral Speaking activity went over extremely well. Everyone appeared to know what to say at the right parts. Rob appeared quite engaged as well, nodding and looking around as the different parts were spoken, although he did not speak.

**Session feedback.** We were unable to receive immediate feedback from the Johnsview residents on this day because the final activity ran a bit late and there was a Saturday BBQ activity occurring right after our session. We had interviewed all of the participants at least once previously, however.

**Julie’s comments.** She expressed disappointment that this was our last formal session with the residents and that we did not get any family members to attend. As for the activities, she felt that the use of the well-known fairytale had encouraged much more participation and
enjoyment. She was also happy that we had moved to a method of activity presentation where she was free to modify the activities as they went along (e.g., the “glued hands” extension).

*My initial impressions.* I was extremely disappointed we did not get any of the family members to attend the session. I would have liked to see their reaction to how their relative (mother, grandmother, brother, sister, etc.) enjoyed and participated in the Drama Club. Other than that, I was quite intrigued by Paddy’s cake-making participation. Why was she so engaged with us during that activity and able to discuss it cogently without making nonsensical, unrelated statements? Was it just familiarity or remembrance of something she had probably done frequently throughout her life? We had done other activities that should have been just as familiar, yet they had not appeared to give her as much of an ability to focus.

**Wrap-up Interviews**

**Staff view**

*Karen.* At the conclusion of our sessions, I requested some feedback from the staff. I met with Karen, the recreation aide who had attended a number of sessions and had been promoted to recreation program coordinator. She felt that overall the program was good for the residents, although the attendance varied depending on their day-to-day conditions. She believed that the residents particularly liked the movement and “copying” activities because they were easy for them to follow. She confirmed that the drama program was more than movement and that there was no other program that had the same kinds of activities at Johnsvi

Karen also indicated that they had used one of the drama activities on their last outing. She said they had been on a field trip to a park, and a group of residents and staff were waiting for the bus to arrive at the end of the day. They began to play *Changing the Object,* the game
described at the beginning of this dissertation, where an ordinary object is passed around and each person has to use it in a different way than normal. She said a group of about 20 played the game for a half-hour and thoroughly enjoyed it.

**Management view**

*Cara.* I also received feedback from Cara, the resident support service manager. She coordinated all of the recreation activities available to the residents. She said she believed the program was an opportunity for residents to take a step out of the ordinary and confidently use their imagination during programs, expressing themselves creatively and putting their thoughts out to the group. It is thus stimulating their minds and is helping to develop trust with their peers.

She made a few interesting observations when asked about drawbacks to the program, saying that the name of the program itself—“Drama Club”—can be a hindrance to participation. Residents and staff have a predetermined idea of what drama entails. Not all residents feel comfortable acting and speaking in front of a group. This could be because of their personalities and/or their loss of ability and independence caused by their declining health.

When asked if there were any specific changes or effects that she felt the program fostered in the participants, she said that, although she was not directly involved in the program, she asked for detailed feedback from the staff who did participate. Often residents who were hesitant to attend the program opened up once involved and openly stated that they enjoyed themselves. Overall, she believed any lasting change in the residents is difficult to judge because there were no direct observations and assessments of residents before and after the program.

She concluded by saying, “I think it would be beneficial to have a program such as this in the home. We are currently not providing programs that are similar in nature to this program. This program is also hitting a number of our program domains in one activity (physical,
emotional, social, intellectual). I am excited to see the basis of this program evolve into a number of different settings like one-to-one visits, bus outings, in the dining rooms, etc.”

**Session leader’s view**

*Julie.* When asked to reflect upon what she observed over the course of all of the sessions, she said:

“I believe that with time, we could move the activities towards some type of performance for other residents. I could even see some of the higher-functioning people generating ideas to create their own characters and plot from their own frame of reference. They might even improvise the lines to create something that brings all of the activities together in a small presentation. For the people who are more cognitively challenged, the other members of the group could be part of helping them fit into the presentation, albeit at a smaller level. I sensed towards the later sessions that there was an expectation among the group members that everyone would be included, and that they were prepared to help in making it happen. I saw them generating ideas for people like Arvilla. This seemed to come naturally. They were generating their own ideas and wanted others to enjoy it as much as they were.”

Julie also commented that a number of the residents told her after the last session when she was taking them back to their rooms that they didn’t want it to end. She also compared her experience at the residence with previous dance and drum activities she had led at retirement homes. She said that she has noticed recently there are a higher number of people who are older and are becoming more open to participating in activities that would be fun and challenging and might have interest in the kinds of activities we brought to the residents at Johnsview.
Chapter V: Analysis of the Johnsview Experience

Coding and Categories

In analyzing the data to understand the influence of the dramatic activities on the Johnsview residents, the first question we can look to answer from a grounded theory perspective is: What was this experience like for the residents? After reviewing notes from observations and interviews and highlighting any ideas and concepts that appeared more than four times in the Johnsview data, the following codes were developed. Because these codes were designed to capture a dynamic process, they are rendered as gerunds—the bubble chart below in Figure 3 illustrates the results of this initial coding, with the size of the bubbles corresponding to the frequency of their appearance in the data:

Figure 3. Initial Coding
To further refine the codes, similar concepts were grouped together into the following categories based on common elements:

*Figure 4. Categories*

![Diagram of categories](image)

One can note that all of the codes have a positive or neutral connotation. Some codes such as misunderstanding, crying, leaving, etc. did not have enough frequency to be included. In reviewing the data and reflecting upon the codes outlined above, it is reasonable to conclude that the influence of drama had beneficial aspects for the residents who participated in the program.
To be sure, there were challenges and modifications that would improve the experience of the residents and the impact of the end of these benefits when we stopped visiting the residents cannot be discounted; these and other mitigating issues in the study design will be addressed later in Chapter VI. For our present purposes, however, the number of residents who returned for multiple sessions, the opinions expressed by the residents in post-session interviews, the remarks made by staff, the comments made by Julie, and my own observations point to an observed beneficial influence derived from the dramatic activities. This influence can be identified by the axial code, *The Recreational Benefit Impacting Quality of Life*, to link the various categories together.

*Figure 5. Axial Coding*

This construction raises a number of questions: What is the exact nature of this *Recreational Benefit* and how could it impact quality of life for an LTC resident? What are the
possible sources of this benefit? In what ways could this benefit be different from those of other activities available at an LTC? Are the influences such that dramatic activities might be advocated as part of programming?

**A Theory of the Recreational Benefit of Drama as Praxis**

For me, a possible answer to these questions can be found in a theory that elucidates the recreational benefit of drama as praxis. As we have seen in the literature and from the Johnsview experience, there is both theoretical and anecdotal evidence to suggest that dramatic activities provide benefits to this age group, but it is also clear that—unlike music or art—drama is not widely used in long-term care settings. A survey conducted as preliminary research for this dissertation indicated that in the Greater Toronto Area, only a tiny percentage of the LTCs had dramatic activities of the type used at Johnsview (See Appendix A). Why would this be so?

It appears that, contrary to other arts, drama as praxis does not really even register on the radar for most people who work with senior citizens because it is not widely practiced in this context. Could it be that there has been no reasoned argument to schedule these types of activities? In the context of an aging population of ever-greater numbers who deserve the highest quality of life possible, something that might provide an enhanced recreational benefit may be given a fair hearing. A theory of the recreational benefit of drama that suggests the benefits for this age group may be helpful.

**Theoretical sampling.** To accomplish the construction of this theory, I have chosen to take four categories of recreational benefit that have emerged in this study and use theoretical sampling from the literature to explicate them more fully. In particular, I would like to tap into new understandings of aging and the brain that have been revealed through Magnetic Resonant
Imaging (MRI) in recent years. As illustrated previously, the recreational benefits impacting quality of life that dramatic activities provide can be categorized in the areas of:

1. Kinesthetics
2. Play and endorphinal release
3. Imagination and Perspective-taking
4. Accessing the power of narrative

Drama synthesizes these elements in such a unique way that it creates an activity suited for fostering engagement, self-confidence, creativity, social interaction, and cognitive retention—the very sensitizing concepts that emerged from the literature as benefits of drama. To begin, let’s examine these elements separately and then we can make an effort to understand why they are so powerful used together when one uses drama as praxis.

The kinesthetic link. The first significant component of drama that benefits senior citizens is kinesthetic. Movement is vital to human beings from the earliest moments of life as a way to experience the world and communicate with others. Beyond that, it has been described as a default learning style for certain people. For them, bodily kinesthetic movement serves as the primary gateway for learning and self-expression (Gardner, 2004). Jensen, in his book *Arts with the Brain in Mind* (2001), argues that what he calls the “kinesthetic arts” are common and necessary forms of communication for all people, providing tremendous benefits:

The kinesthetic arts play a powerful role as a universal language, with a symbolic way of presenting the world. They let us communicate with others, demonstrate common human experiences, show insights, and solve common problems … Kinesthetic arts enhance cognition, positive attitudes, and confidence; in some cases, kinesthetic arts may grow new brain cells. (p. 71) [Emphasis added]
Recent research examining physical exercise and the elderly points to significant benefits in many areas for almost all senior citizens (Nied & Franklin, 2002; Tanaka et al., 2009). It improves physical mobility, attitude, and even cognitive functioning (Erickson & Kramer, 2009). Apart from the benefits accorded by research, it was obvious that as a practical matter in LTCs, exercise was considered one of the foundations of their recreational programming. The “Fun & Fitness” program was one of the most popular at Johnsview. It is interesting to note that most of the residents who participated in the drama program also participated in the fitness program.

What I find of particular significance about drama kinesthetics used with seniors is the research that has drawn direct links between the parts of the brain that control movement and how that may influence memory and learning (Bower & Parsons, 2003). The cerebellum, which has primarily been associated with motor skills, has recently been found to be important in long-term memory, attention, and the cognitive functions that usually occur in the frontal lobe (Jossey-Bass, 2008).

These findings support what I observed at Johnsview, particularly with Paddy and her lemon cake; the movement involved in the drama activities kept residents focused and made their participation easier. In the short time we spent with the residents, we completely reoriented how we conducted the sessions to emphasize more kinesthetics, even though I had not yet read about the research findings that supported it! We did this because it was clear to us that we were witnessing better engagement and memory retrieval of prior experiences and knowledge with the kinesthetic activities than without. This observation has been made elsewhere as well: Jensen (2001) observes that if at one point in time a person learns both the name of the capital of Peru and how to ride a bike and then does not revisit that learning for 5 years, it is much more likely that the same person would have more success resuming bike riding than retrieving the capital.
name, and that the kinesthetic is the reason for this success. It is very clear to me, then, from both the research and our experience at Johnsview, that there are vital links between the kinesthetic aspect of drama and the potential benefits of the activity for LTC residents.

But what could be the difference between a drama activity and the other “Fun & Fitness”-type activities offered to residents at an LTC facility? First of all, it provides movement opportunities for those whose movement ability has been diminished to the extent that they either do not enjoy or cannot benefit from a traditional exercise program. More importantly, the movement inherent in a dramatic activity is a means to an end within the activity itself. What I mean by this is that when one participates in the standard fitness activity at an LTC, the emphasis is on the exercise (e.g., lifting the ball five times in the air), and music may be played to make the exercise more pleasurable. In drama, the kinesthetic is used to meet other goals such as self-expression, telling a story, representing a character, etc. This is noteworthy because a higher level of movement may be leveraged in a dramatic activity by those who would not necessarily join the fitness group because they don’t like or want the exercise. But they experience it (and the accompanying benefits) anyway, without realizing it! The reason for this is embodied by the next important element of drama we will examine: fun.

**Play and endorphinal release.** It has been said that play is an essential part of life—not just for humans, but for many animal species. Stuart Brown, a researcher who has studied play for three decades, describes how the need for play can be even more powerful than the most basic of biological needs (2009). He relates a story of how a team of sled dogs in the far north who were set upon by a gaunt and hungry bear one afternoon. One of the dogs, on seeing the bear approach, adopted a playful stance with his back arched, paws out in front and ears back. The bear stopped and then proceeded to play with the dog for the next half-hour, rolling around
in the snow with wild abandon. The bear returned every evening for the next week to do the
same, before finally disappearing—presumably to continue his search for food! Likewise, Brown
asserts that play is a powerful need for humans because it provides states of happiness, generates
social relationships, spurs creativity, and is a “catalyst” for problem-solving.

Why is play so powerful? Kerr and Apter (1991) describe play as a “paratelic state of
mind,” rather than a behaviour. In this state of mind, there is a “protective frame” that allows for
the individual to have greater control over his or her environment and take non-threatening risks
in exchange for that excitement and stimulation that comes from the play. They argue that play
serves both individual and social functions, namely:

- Learning and self-actualization
- Creativity
- Coping with stress
- Coping with change
- Maintaining internal stability within a group (p. 167-174)

These benefits happen tangentially, however, and if someone deliberately plays to try to
achieve them, the “play” state (paratelic) becomes work (telic)—and the benefits become
elusive. It is the purposelessness of the activity (beyond the activity itself) that is its most
important characteristic.

What strikes me as the great benefit of this view of play for LTC residents is the idea that
within the “protective framework,” they can exercise a level of control over their lives through
the use of their imaginations. A person’s journey in an LTC is often marked by a continuous loss
of control over one’s freedom, cognitive abilities, and bodily movements. And yet to watch Pat,
our most loyal and enthusiastic participant, thoroughly enjoy herself and amuse the others while
sharing her ribald sense of humour—despite the slow movements dictated by Parkinson’s disease—is one of the most compelling examples of the power that dramatic play can bestow.

The laughter generated by the playful aspect of dramatic activities was the singularly most frequent characteristic of the Drama Club activities at Johnsvie—and according to research, it may have been one of the most important! Laughter has been associated with reducing stress levels (Bennett, Zeller, Rosenberg, & McCann, 2003) and general overall health improvement (Fry Jr., 1992). This confirms the intuitive feeling we have when a good laugh makes us feel better and helps put our problems in perspective. This could be caused by the release of endorphins that occurs when we laugh (Sousa, 2001). When used therapeutically with senior citizens at an assisted living facility (McGuire, Boyd, & James, 1992), humour and laughter were found to improve their sense of well-being. In another study, it was useful in helping residents set goals and face the obstacles that arise as they try to attain them (Westburg, 2003). In particular, it made residents more resilient:

The ability to find humor in everyday situations as a source of humor seems to be an inner strength that helps these people to feel positive when faced with the stressors of institutional living. This finding is consistent with other research that showed higher-hope elderly women relied on inner determination (the agency component of hope) to get them through difficult times. (p. 24)

The act of play itself seems to provide differentiated experiential benefits to those who participate. Brown (2009) describes fascinating examples in the animal kingdom where play provides one thing for bears (improvisational skills in an ever-changing environment) and another for cats (the skills necessary to socialize). With a variety of differing groups of people,
Blatner (1997) has used dramatic play to satisfy both the needs of the group and the needs of the individual at the same time.

This feature of dramatic play may make drama as praxis a very useful activity for LTC homes because of the challenges they have with providing social and recreational activities for people with differing levels of social and cognitive functioning. Indeed, the staff at Johnsview expressed to me on more than one occasion that this was their biggest challenge in programming and, when they were not successful, residents would be brought into conflict, such as in the card game example.

However, dramatic activities allow for more flexibility. This validates Blatner’s observation that “whereas in many task-oriented groups, the personal idiosyncrasies of the group members are ignored or suppressed so there can be a unified effort, in play groups those elements of difference are welcome additions to the process” (p. 23). As it’s clear in the description of the Johnsview sessions, there were people of many different levels of attentiveness and ability at each session, yet in the post-session interviews we held, none of the more “advanced” participants expressed frustration with their slower counterparts. On the contrary, on a number of occasions they went out of their way to express admiration for those with more significant challenges who still made the effort to participate.

But what of the cognitive benefits of play? Jensen (2001) highlights the great benefits of play in building strong neural networks in the brains of children because it easily allows learning through non-threatening trial and error. As well, brain research indicates that our perceptions of the world are coded in maps of interconnected neurons and that play enriches these maps by building new neural pathways (Brown, 2009). There is reason to believe that the same effects could be experienced in elderly people because, contrary to past beliefs, research has indicated
that aging brains do not have to suffer cognitive deterioration and that new neural pathways can be built up until death (Leonard, 1993).

There may be a vital cognitive advantage to using play that is somewhat counterintuitive: *Play makes the brain work harder*. First of all, the endorphins released during play and laughter stimulate your brain’s frontal lobes; this leads to increased focus and attention span (Sousa, 2001). It is then that play can do its work, as Brown asserts:

> Play is nature’s greatest tool for creating new neural networks and for reconciling cognitive difficulties. The abilities to make new patterns, find the unusual among the common, and spark curiosity and alert observation are all fostered by being in the state of play. When we play, dilemmas and challenges will naturally filter through the unconscious mind and work themselves out. (p. 127-128)

He further argues that play spurs us on to mastery, which requires us to learn and experience new things. David Barnet of GeriActors has found that for elderly actors, play is an activity that provides energy for subsequent activities (Gusul, 2009). The consensus among brain researchers is that whenever the brain learns something new, there is a change in the brain’s anatomy as new brain cells (neurons) are either created or there are new connections (synapses) made between existing neurons (OECD, 2002). For life and development, the brain must be used and modified continually. There is also evidence that if one does not use the brain’s developmental capacity, it atrophies (Kotulak, 1996). One of the challenges of life in an LTC is that there may not be many opportunities for new learning and therefore brain development, particularly if residents have limited social interaction. This is a sad irony, considering that the most recent studies point to the fact that the mature brain has many great advantages that can
help in its own development. We will return to those important findings at the end of this chapter, but for now it is helpful to remember that one of drama’s greatest benefits to the elderly may be that its playful approach makes continued learning and personal growth fun.

The benefits of play for older people have been concisely summarized by Davis, Larkin, and Graves (2002) in Figure 6:

**Figure 6. Benefits of play for the elderly (Davis et al., 2002)**

<table>
<thead>
<tr>
<th>Cognitive</th>
<th>Social</th>
<th>Physical</th>
<th>Emotional</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Exercise</td>
<td>• Express ideas and articulate convincing arguments</td>
<td>• Exercise small and large muscles</td>
<td>• Interact with others and express feelings (combat depression)</td>
</tr>
<tr>
<td>flexibility in thinking</td>
<td>• Share perspectives based on life experiences</td>
<td>• Oxygenate and stimulate blood flow to the brain</td>
<td>• Review life (integrity vs. despair)</td>
</tr>
<tr>
<td>• Make new connections of meaning (critical thinking)</td>
<td>• Learn to adapt and change</td>
<td>• Maintain a measure of control over the physical world</td>
<td>• Imagine new roles for self (growth)</td>
</tr>
<tr>
<td>• Recognize surprises; alter ideas and habits (expectations are challenged)</td>
<td>• Make new friends and keep old</td>
<td></td>
<td>• Express empathy</td>
</tr>
<tr>
<td>• Solve problems</td>
<td></td>
<td></td>
<td>• Build self-esteem</td>
</tr>
</tbody>
</table>

Before moving away from this topic, I think it’s useful to highlight a benefit of play that dramatic activities can also bring to an LTC: the enjoyment they afford to staff. Work in an LTC facility can be physically and emotionally draining for staff. There is much sadness, depression, sickness, and death on a daily basis and it can challenge the spirit of even the most dedicated and resilient staff member. This problem is also referred to in some of the research (Westburg, 2003;
Schaefer & Moos, 1996). Play and laughter can provide relief in such situations. Stuart Brown describes the tremendous returns for parents in emotional well-being when they play with their children, and the observations we made at Johnsview would indicate that staff likewise enjoyed the sessions as much as the residents. One study at an assisted living facility noted the tremendous benefits from laughter that were observed by both staff and residents, also finding that the staff who said they laughed more had higher morale (Westburg, 2003). When I think about the general laughter that occurred at each and every session when we worked at Johnsview, so much so that it even attracted other staff to observe and participate, I believe that the positive effects of these activities could extend well beyond the residents. This would be an interesting area for further study.

We can see from our examination of play that it has great value for all ages, including the age cohort we selected for this study. It is, of course, an integral element in drama, but it is not the only component. It is now time to turn to what is perhaps the most powerful ingredient yet: The opportunity drama provides for imagination and perspective-taking.

**Imagination and perspective-taking.** If there’s one aspect to drama that everyone understands, it’s the idea that it’s “pretend.” It creates out of the imagination and allows participants to be other than what they are in reality. As such, it is given short shrift by many because its unreality is seen as little value for people in meeting the exigencies of everyday life. And yet, if we consider it, we see that we are surrounded by the results of the unreal world of our imaginations—everything humans create comes from an idea. Covey (1990) puts it well when he observes, “Everything is created twice, first in the mind, then in the space we call reality.” So imagination is important to reality, and that understanding has been confirmed lately by brain researchers.
Mary Helen Immordino-Yang is a cognitive neuroscientist who, in the article, “We feel therefore we learn” (Jossey-Bass, 2008), asserts that modern neurobiology has confirmed the idea that humans are essentially emotional and social: “The very neurobiological systems that support our social interactions and relationships are recruited for the often covert and private decision-making that underlies much of our thought. The power of emotion has a direct impact on learning and cognitive function” (p. 185). She goes on to point out that studies with the mentally impaired have suggested that emotion may help to “tag” and reinforce memory and be essential to the ability to make inferences and apply what is learned in one context to another. Other neuroimaging research has reinforced this link between cognitive function and emotion (Kober et al., 2008).

This research suggests two things: First of all, an enjoyable dramatic activity can bring emotional benefits and a better attitude toward events that happen after the class has ended. As well, however, it suggests the possibility that an enjoyable activity using dramatic imagination may help to reinforce the ability to remember and learn. More specific research would have to be undertaken to see how accurate a supposition this is, but the idea is worth exploring.

The power of imagination and emotional memory is so powerful that it has been found to function even when other memory systems have failed. In “Remembrance of Emotions Past” (Jossey-Bass, p. 171-174), Joseph Ledoux, a professor of neural science at New York University, posits this as true because there are really two brain-based memory systems: an implicit amygdala-dependent emotional (which comes from the oldest and most primitive part of our brain) and the Hippocampus-dependent, which deals with an explicit memory of an event. The relation of this to dramatic activities lies in Ledoux’s claim that when we recall something with an emotional link, the implicit and explicit memories fuse and “new explicit memories that are
formed about the past can be given new coloration as well.” Although we did not really experiment with this in the Johnsview sessions, it is an intriguing idea that a dramatic activity might allow for a previous memory to be seen in a new and more beneficial light because it frames the memory in a playful, non-threatening way and therefore can help the brain give that memory another perspective.

Apart from the emotional power and cognitive benefits derived from engaging in imagination and taking on different perspectives, there is also the value of what Elliot Eisner calls “representation” (Jossey-Bass, 2008). He argues that all of the arts help the brain carry out vital cognitive functions related to understanding and communication as they force the brain to make “evanescent” or fleeting thoughts concrete through self-expression. Modell (2003) contends that it is only our imagination allowing us to function in the world because it helps us pull together a plausible reality from the ever-changing blur of events and stimuli that we experience daily. Through the use of metaphor, the brain creates meaning. Those of us who use drama know that a dramatic activity is a great place to find metaphor! Modell also notes that emotion has been found to stimulate a wide area of the brain across both hemispheres. We know that our imaginations can spur profound emotions, and it is quite possible that the emotions fostered by dramatic activities spurring the imaginations could also spur this increased brain activity.

It may have a positive effect on memory retention as well. Although there has been much debate about how it works, there is a general consensus that bizarre events stay in our memory (Davidson, 2006). If that is true, then the regular appearance of the bizarre in a drama (e.g., Pat’s insistence that she wear a turban and hold a parasol during the Mad Hatter activity) would
certainly seem like a good thing! The dissonance and contrast illustrated by the bizarre is often a source of laughter and mirth, which also seem to help jog memory function (Satow et al., 2003).

At the experiential level, drama gives participants the unique ability to interact with both imagination and experience, which improves alertness by making connections between the past, present, and future. Blatner (1997) claims that there is a deep desire to experience roles you can imagine and that, despite the quips about how older people are not “with it” or “pleasantly confused,” the reality of our lives shows we are not much different:

Even though people in Western culture may put a great value on the rational, logical, or objective dimensions, in truth, the vast majority of psychological time and energy is spent in the real world of imagination. Here are a few examples:

<table>
<thead>
<tr>
<th>Hopes</th>
<th>Beliefs</th>
<th>Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>Memories</td>
<td>Intuitions</td>
<td>Aesthetic experiences</td>
</tr>
<tr>
<td>Worries</td>
<td>Jokes</td>
<td>Sentimentality</td>
</tr>
<tr>
<td>Style</td>
<td>Daydreams</td>
<td>Inner dialogue</td>
</tr>
</tbody>
</table>

… The experience in the psyche is also a kind of truth, a psychological truth, that may be much more important to a person’s life than the objective reality “out there…It’s interesting to note that the activity of dramatic play can actually strengthen your ability for reality testing. The more you pretend on purpose, the more you begin to notice aspects of your life in which you had been pretending unconsciously. (p. 110-112, in passim)
This returns us to one of the central goals of recreational programming in LTCs: to enhance the quality of life for the residents. And because the residents’ state of mind plays such an important role in their quality of life, anything that improves their state of mind is important. What I saw at Johnsviue leads me to believe that the experiences of laughter, camaraderie, and imagination found in the dramatic activities gave the residents the benefits of improved state of mind and quality of life. And yet, there is still an even more powerful aspect of drama still left to consider: the power of a story.

**Accessing the power of narrative.** Stories are an integral part of who we are. As young children, we love stories; as we age, we reflect on our stories. We not only reflect, we write them in our psyches. Much of our attitude toward our lives can be attributed as much to our interpretation of events as to the events that actually occur. We all have a story in our head about who we are and how our lives should proceed, and we are most unhappy when the events in our lives do not support the story in our heads! Because narrative is such a primitive form of learning, understanding, and appreciating our existence, it can be a powerful part of a dramatic activity and yield great value for the residents of an LTC.

Bruner (1986) asserts that narrative is the basis for our memory and learning. What we remember is in a narrative mode because that allows us to make sense of all the information we experience: “Self is a perpetually rewritten story. What we remember from the past is what is necessary to keep the story satisfactorily well-formed” (p. 52-53). It has been further argued that the more fully developed our narrative is, the more fully developed we are (Brockmeier & Carbaugh, 2001), and that the use of a personal narrative helps to bring unity to our understanding of life (Bruner, 1983; Neisser & Fivush, 1994).
The experience at Johnsview and the literature acknowledge the reality that the majority of residents in LTCs are women. The use of storytelling has been noted as being particularly well suited to elderly women and helpful in fostering communication and creativity (Gotterer, 1989; Crimmens, 1998). There is also the “Reminiscence movement,” which uses people’s life stories to engage them in reflection on their lives (Kunzt & Soltsys, 2007). The Benevolent Society’s *Reminiscing Handbook* (2005) describes its value:

Reminiscence allows us to relive events from our past. It is a process which focuses on the personal way we experience and remember events, rather than on chronological or historical accuracy. When we reminisce we don’t simply recall random events in a cold factual way. With reminiscing we are able to relive the experiences that are personal to us in a way that is vivid and engaging. Reminiscing encourages older people to become actively involved in reliving and sharing their past with others. Although reminiscence involves recalling past events it encourages the elderly to communicate and interact with a listener in the present. (p. 3)

Storytelling has been used to help patients with memory loss and dementia (Cook, 1984) and is primarily concerned with enhancing the quality of life of the elderly, particularly those who are fragile physically or cognitively. Narrative seems to have the power to spark engagement and persistence even among those seniors with pronounced Alzheimer’s disease, particularly where it deals with their own life story (Usita, Hyman, & Herman, 1998).

In the context of narrative, drama has much to offer and has been proven to be an excellent tool for this purpose. Booth (2005) has seen this power at work with children in the classroom when they are allowed to create stories using drama. They inevitably become a closer,
more cohesive group, develop better social skills, and bring more passion to their learning. Perhaps most relevant to residents of LTCs, the experience of dramatic “story drama” reveals that there is tremendous potential for satisfying personal growth when “the context is fictional, but the emotions are real” (p. 15). As we have witnessed, life in an LTC can be a progressive series of disempowering events. This can and does elicit strong emotions that may be left unexpressed. Because the narrative aspect of drama allows emotions to be framed and held at a distance through the imagination while at the same time expressed and felt, it may very well help participants to accept and integrate their feelings about the inevitable indignities that occur, in a way that sees them as part of the continuum and mystery of their lives, which involves both triumphs and tragedies.

The playfulness and kinesthetic links provided by drama may help to make the process easier for such people, because it expands the possibilities for self-expression and storytelling beyond the verbal and auditory. Our experience at Johnsview made it clear that the oral language aspect as the primary vehicle of reminiscing would not have been enough to spur participation among residents with lower cognitive abilities. Combining it with the kinesthetic seemed to be much more effective for these residents.

We also found narrative powerful whenever we dealt with fairytales or nursery rhymes that the residents were familiar with from their youth. These narratives seemed embedded in their memories and thus participation was highest among all levels of cognitive ability. They also seemed to be able to access the enjoyment that these stories must have brought to them in their youth. This may be related to the fact that their own understanding of the world was often in the context of these stories that they learned as children. Brown (2009) emphasizes that this occurs because play is fused with narrative: “Play’s process of capturing a pretend narrative and
combining it with the reality of one’s experience in a playful setting is, at least in childhood, how we develop our personal understanding of how the world works” (p. 36).

In the context of our anecdotal experiences and the research of others, it might be possible to suggest that the narrative aspect of dramatic activities helps participants to retrieve important learning tools from their past and use them to facilitate their understanding and personal growth in the present. This prior knowledge may not be obvious from casual interactions with a senior citizen, particularly one with cognitive impairment. However, the narrative nature of drama could be useful in making this knowledge more accessible and thus in reanimating disengaged residents more frequently than what might occur in non-dramatic activities.

**Drama and the Mature Mind**

Gene Cohen’s book *The Mature Mind: The Positive Power of the Aging Brain* (2005) is a powerful summary of the brain research that dispels many myths about the capacity of older people to learn and grow right up until death. New neurons can be grown and there is no limit on memory storage as we age. Cohen also argues that a brain with life experience is much more capable of handling complex growth because the neural density of the elderly has many more connective possibilities than it did when the brain was younger. Both sides of the brain also work together much more smoothly to redistribute thought tasks, and there is a great ability to “reorganize neural networks” to facilitate thinking—even if the original part of the brain that handles these tasks is damaged. However, this does not happen by itself. As indicated earlier, there is a “use it or lose it” quality to the brain, and Cohen’s recommendations on how to “use it” can be supported by dramatic activities:
1. **The need to “pay attention”:** Paying attention to something strengthens neurons and stimulates new synapses. As we have observed, drama’s four components help to direct attention, engage participants by using kinesthetic, imaginative, and narrative strategies.

2. **The need to process long-term memories:** Because older adults use both sides of the brain for activities where younger people only use one, older brains merge the speech and language functions with creative functions in such a way within the hippocampus that reflecting and “summing up” their life is extremely pleasurable. This sheds light on why reminiscing is so powerful, and Cohen encourages the elderly to participate in projects such as writing autobiographies, etc., that allow for the brain to work on these memories. Again, we have seen that drama’s various modalities provide many more strategies for accessing what a senior citizen already knows and processing it in various ways.

3. **The need to be creative until death:** Although there are many ways to do this, Cohen clearly believes the arts are helpful here. Referring to some of his own studies, he asserts that engagement in the arts has helped seniors stabilize or even improve their health because participating in the arts promotes a sense of control and “promotes sustained engagement.” The generalized use of music and art in LTCs would seem to be a practical validation of Cohen’s views, but a dramatic component is still largely missing.

4. **The need to build a “social portfolio”:** This refers to any number of activities that bring one into social contact with others. These encounters could be with individuals or groups, individual activities (e-mailing grandchildren, etc.), or
high- or low-mobility, but variety is the key; a meeting with a family member will make different neural connections than time spent with Bingo buddies. Cohen actually refers to being part of a theatre group as one of his “high-mobility” suggestions, but our experience at Johnsview proves that drama can be a low-mobility activity. Additionally, with a better understanding of the opportunities presented by the four elements of dramatic activity, it could be possible to create experiences that might even simulate the atmosphere of various contacts in a social situation. Those of us in drama know it’s quite possible to travel many places and meet many different people in one half-hour drama session!

Other studies (Verghese, Lipton, Katz, & Hall, 2003; Dixon & Gould, 1998) have emphasized many of the same things that Cohen argues, but I chose to examine his ideas more closely because they are framed with a sense of possibility that is often missing in writing about this age group. His most hopeful assertion, based on the concept of neuroplasticity, is widely supported (Doidge, 2007). Dunlop (2008) defines it succinctly:

Developmental plasticity has long been recognised and plasticity in normal adults is now well established, being the foundation of memory, learning, and acquisition of new behaviours. Following injury, neurons can spontaneously increase their plasticity, thereby providing the potential to create new networks as the basis for recovery and compensatory behaviour. (p. 410)

So we see that the brain allows us the possibility for tremendous personal growth at any age.

Finally, in terms of the mature mind, chemical changes in the brain have been found to be the source of some of the self-isolation that occurs with seniors, no matter what the setting,
because the amount of dopamine produced by the body is reduced the later one ages, and this causes people to refrain from any activities they perceive as risky (Frank & Kong, 2008). There is no doubt that drug therapies may address this, but perhaps a more dramatic solution is in order. Laughter has been linked to dopamine production (Osaka & Osaka, 2005), and if our sessions at Johnsview did nothing else, they produced high levels of laughter! Examined through this lens, drama is an ideal activity for improved attitude, engagement, and the ability to continue to take the risks that are necessary for successful living.

**Putting It All Together To Support Improved Quality of Life**

Let us briefly review our theory of the recreational benefits of dramatic activities in a long-term care setting. We have suggested that drama has four components that, when combined together, offer the opportunity for improved social engagement, cognitive skills, and quality of life for residents. The first of those components is the kinesthetic aspect, which has been seen to foster engagement and help retrieve long-term memory. The second aspect is the play involved in drama, which causes an endorphinal release and allows participants to do cognitive work while not experiencing fear or fatigue because it is so enjoyable. The third element is that of imagination and perspective-taking, which we have argued helps individuals retrieve emotional memories, see problems from a different perspective, and spurs the joy of creativity. Fourthly, we have highlighted the narrative piece, which speaks to our most primitive learning style and helps residents both access and process the events of their lives, past and present. Finally, we have seen that research in the past 20 years has pointed to new understandings of the brain and the way it matures, bringing forth an evolving understanding that underscores the possibility of improved quality of life based on learning and personal growth.
The new understanding of the power of our minds that is revealed in recent brain research is profound and provides new possibilities to those responsible for caring for those in their “golden years” in a residential setting. How can recreation programming better foster learning and personal growth in an LTC setting to leverage the amazing power and resilience of our brains? If the insights provided by this exploration of the recreational influence of drama prove to be accurate, it might be time to take drama off the stage and use it as praxis in the common rooms of LTC facilities, where it may provide a better quality of life for residents through the recreational benefit that it brings. That being said, it is important to emphasize that this theory has been constructed to help me understand what we observed in a single context for a short period of time. It is clear that more research would be needed before it could be considered valid in a wider context.

A Return to the Sensitizing Concepts

Having constructed a grounded theory as a possible explanation for the influence of dramatic activities on the recreational experience of residents in an LTC setting, I would like to return to the sensitizing concepts derived from the literature review and see what connections can be made to the theory. Below is the list of dramatic exercises listed in Chapter III. Included now is an evaluation of how the activities were judged to have met the sensitizing concepts by giving a recreational benefit in that area. The rating system was broken down into four levels:

**HIGH** A large percentage of the residents demonstrated behaviours that indicated they enjoyed the activity and were able to fulfill the requirements of correctly participating in the activity

**MEDIUM** Some residents participated correctly; others could not.

**LOW** Few or no residents were able to participate correctly in the activity
The activity was not completed due to time constraints, or an onsite decision (specifics given)

Figure 7. Observed Level of Recreational Benefit

<table>
<thead>
<tr>
<th>Sensitizing Concept as Revealed in the Literature</th>
<th>Dramatic Activity Chosen as Influencer</th>
<th>Rationale For Use in LTC Setting</th>
<th>Observed Level of Recreational Benefit Related to Concept</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engagement and Participation</td>
<td><strong>Mirroring</strong></td>
<td>Easy to follow along; no talking required</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Who Started the Action</strong></td>
<td>Fun and enjoyable for participants because of the challenge of being fooled/fooling others</td>
<td><strong>MEDIUM</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Daily Actions</strong></td>
<td>Everyone is familiar with these; no talking required</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The Princess’s Lost Locks</strong></td>
<td>There is a different part for each person and the actions are easy to learn</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Word Shading</strong></td>
<td>Uses emotions in a silly way that invites a playful response</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Introductions</strong></td>
<td>Allows everyone to learn about the others and their personality</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Three Pigs Choral Speaking</strong></td>
<td>Easy to follow along because everyone else is speaking; well known</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Goldilocks and the Three Bears</strong></td>
<td>Familiarity and repetition spur involvement</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Mad Hatters</strong></td>
<td>Props may invite curiosity</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td>Self-Confidence and a Sense of Efficacy</td>
<td><strong>Daily Action</strong></td>
<td>Relieves anxiety of performing before others because the activity is familiar</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Guess the Action</strong></td>
<td>Leaders in the activity can choose actions that are comfortable for them</td>
<td><strong>LOW</strong></td>
</tr>
<tr>
<td></td>
<td><strong>The Princess’s Lost Locks</strong></td>
<td>Having your own character that is clearly defined and explained takes away anxiety of performing</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Introductions</strong></td>
<td>Allows you to learn/remember other people’s names without having to show how bad your memory is</td>
<td><strong>HIGH</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Name like you</strong></td>
<td>You can define yourself as you want and others reflect back to you on that definition</td>
<td><strong>MEDIUM</strong></td>
</tr>
<tr>
<td>Social Skills and Empathy</td>
<td>Creativity and Imagination</td>
<td></td>
<td></td>
</tr>
<tr>
<td>--------------------------</td>
<td>---------------------------</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mad Hatters</strong></td>
<td>Choice of prop and lack of definition as to how to use it prevent feelings of inadequacy due to “wrong” choice</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td><strong>Daily Actions</strong></td>
<td>Reviewing/remembering important social conventions</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td><strong>The Princess’s Lost Locks</strong></td>
<td>Curbing ego to allow others to have their “moment” in performance; cooperating in helping the piece move forward</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td><strong>What’s Going on Here?</strong></td>
<td>Helps one understand the power of voice shading to express mood</td>
<td>LOW</td>
<td></td>
</tr>
<tr>
<td><strong>Three Pigs Choral Speaking</strong></td>
<td>Cooperation with group required for successful presentation</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td><strong>Playmaking in Character</strong></td>
<td>Using voice and actions to represent different points of view; cooperation with others</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td><strong>Goldilocks and the Three Bears</strong></td>
<td>Adopting point of view of one who must deal with unwanted change</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td><strong>Mirroring</strong></td>
<td>Develops new, interesting movements</td>
<td>MEDIUM</td>
<td></td>
</tr>
<tr>
<td><strong>Who Started the Action</strong></td>
<td>Devising clever actions that cannot be detected</td>
<td>MEDIUM</td>
<td></td>
</tr>
<tr>
<td><strong>Moving Emotions</strong></td>
<td>Develops kinesthetic representations of one’s personality</td>
<td>MEDIUM</td>
<td></td>
</tr>
<tr>
<td><strong>Crazy Actions</strong></td>
<td>Explores different conceptions of reality</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td><strong>Changing the Object</strong></td>
<td>Devises new uses for common objects</td>
<td>HIGH</td>
<td></td>
</tr>
<tr>
<td><strong>Name like you</strong></td>
<td>Develops vocal representations of one’s personality</td>
<td>MEDIUM</td>
<td></td>
</tr>
<tr>
<td><strong>Famous Names</strong></td>
<td>Helps one step into the role of a well-known person</td>
<td>LOW</td>
<td></td>
</tr>
<tr>
<td><strong>Mad Hatters</strong></td>
<td>Allows for pretending triggered by a prop</td>
<td>HIGH</td>
<td></td>
</tr>
</tbody>
</table>
Some analysis of the chart reveals that the frequency of observed recreational benefits relating to the sensitizing concepts can be broken down in Figure 8:
Figure 8. Activities That Were Observed To Correlate Highly With Sensitizing Concepts

<table>
<thead>
<tr>
<th>DRAMATIC ACTIVITIES CHOSEN</th>
<th>% OF ACTIVITIES THAT WERE OBSERVED TO CORRELATE HIGHLY WITH SENSITIZING CONCEPTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>LEVEL</td>
</tr>
<tr>
<td>Engagement and Participation</td>
<td>89%</td>
</tr>
<tr>
<td>Social Skills and Empathy</td>
<td>83%</td>
</tr>
<tr>
<td>Self-Confidence and a Sense of Efficacy</td>
<td>67%</td>
</tr>
<tr>
<td>Creativity and Imagination</td>
<td>38%</td>
</tr>
<tr>
<td>Cognitive Skill Development and Understanding</td>
<td>22%</td>
</tr>
</tbody>
</table>

It seems that the sensitizing concepts of Engagement and Participation, Social Skills and Empathy, and Self-Confidence and a Sense of Efficacy were the predominant benefits observed, with Creativity and Imagination being observed less so and Cognitive Skill Development and Understanding the least. It is important to remember that the most challenging cognitive activities were cancelled either due to time or the sense that they would be too difficult and so those activities gave fewer opportunities for observation and feedback than did the others.

An Illustration of the Theory

When we combine our Theory of The Recreational Benefit of Drama as Praxis with the data yielded from the sensitizing concepts, we can now envision an image illustrating how dramatic activities influence the recreational experience of those residents in a way that improves their quality of life:
In the next chapter, I would like to suggest some possible implications that might be derived for LTCs when this theory is used as a lens for recreational programming.
Chapter VI: Dramatic Findings for the Future

Conclusions Drawn from the Research

I am led to conclude from the experience in this small case study that there is a recreational benefit from the use of drama as praxis in this particular long-term care setting. A theory, based on a synthesis of data drawn from the Johnsview sessions and the research literature, has been proposed to explain the nature of that recreational benefit based on the types of things that happen in the brain of a person who participates in the dramatic activities. The observed results of the activities are enjoyment, learning, and personal growth, which enhance quality of life, particularly at a time when the effects of aging are constantly eroding that quality. The activities themselves are simple yet seemingly powerful. They also appear to be easily accessible to those who provide recreation programming in LTCs as they are adaptable to the needs of the residents, easy to use, and require little in the way of expensive equipment, etc.

I believe the results of the study validate the research design, which was based on Charmaz’s (2006) constructivist approach to grounded theory. Charmaz argues that the validity of the research is based on the criteria of credibility, originality, resonance, and usefulness. I believe the results to be credible because the combination of the sensitizing concepts drawn from the literature review, the Johnsview session data, and the theoretical sampling demonstrate a thorough familiarity with the topic and draw conclusions that can be seen as reasonable from the perspective of an independent observer. The theory of recreational benefit proposed is original based on the categories of kinesthetics, play/endorphinal release, imagination/perspective-taking, and accessing the power of narrative. Nowhere else have these categories been combined in this fashion and no previous theory has been formalized regarding drama as praxis applied to this population. The resonance of the theory lies in its ability to be placed within the tradition of
theoretical context of aging such as Activity Theory (Cavan, 1979), Continuity Theory (Atchley, 1989), and in most recently Bengtson’s Fourth Stage Theory (1999), which argues for enhancement of culture and technology to construct a beneficial dependency for the elderly. Drama as praxis can be seen as one such “technology.” Evidence from the Johnsview sessions indicates that its ease of use and benefits resonated with staff: Even with minimal exposure to the activities, they independently decided to use one on a bus trip to help entertain and engage residents.

This leads us to the usefulness of the research. I would like to think that it provides a helpful starting point for further explorations into the use of drama as praxis in this setting and other LTCs. The search for improved quality of life for residents is fundamental to the mission of LTCs. At the Johnsview, the resident support manager said that one of the reasons she was interested in participating in this research was because it spoke to their government-mandated requirement to provide programming in all domains: physical, intellectual, emotional, social, and spiritual. There already exists a large collection of tried-and-true drama as praxis activities that have been developed for learning purposes, all available in books and on the Internet. With some program adaptation and training for staff, is it not possible that such a program like that offered at Johnsview be brought to any LTC where there was interest? The usefulness of the Theory of the Recreational Benefit of Drama as Praxis is that it identifies multivariate benefits that can be found in these activities and justifies their inclusion in recreational programming. We can now turn to what the theory might imply for the type of programming that should be offered.

Implications for the Use of Drama as Praxis in LTCs
If we accept the potential for a recreational benefit from the use of drama as praxis in an LTC setting and the idea that the recreational benefit impacts quality of life for the residents, then it is useful to explore how that recreational benefit can be best accessed within programming. To do that, let us examine some of the broad issues and learnings that I have taken away from the research and their implications for the future use of drama as praxis in this context.

**LTC culture must be accommodated.** Long-term care facilities are busy places, and any recreational program or program provider must take that into account. The calendar is full of regularly scheduled activities, trips, BBQs, sessions with children from the attached daycare, and, of course, Bingo! This was apart from the time needed to bathe, dress, feed, medicate, and give therapy to hundreds of fragile people, in a place where sickness and death are constant companions and where a rogue virus could lock everything down and cut off all contact with the outside world. Staff have multiple responsibilities and often work rotating shifts, so having a consistent staff member present at any regularly scheduled activity is not always possible. They prefer a good deal of lead time for any changes, just because their schedules are so busy and demanding.

Our biggest disappointment—the lack of family involvement in our Saturday session—illustrated how programming had to fit into the preexisting structure. I see now it was a bit unrealistic to have expected the staff to completely accommodate me, such as formally organizing a session with the families in attendance. I was a bit miffed when all they seemed willing to do was to place a flier on the “family board” to invite families to join us for the last session. It’s clear, however, that the board was the primary way they communicated with the families of residents who were not in distress. There was just too much to do as part of the day-
to-day routine to be involved in much more. It is clear from the interviews with staff that they valued the drama program and enjoyed participating.

The implication for arranging for drama as praxis programming in the future is that it needs to be “low-maintenance.” If it’s delivered by an outsider, the providers must bring all of their own materials and be ready to change or cancel a session when necessary. If provided by staff members at the LTC, the training needs to provide them with ready-made lesson plans, help them see how easy the activities are to implement, and be delivered in a way that takes into account their responsibilities and schedules.

**Awareness of physicality is paramount.** The declining physical abilities of the residents in an LTC are impossible for any observer to miss. Indeed, most residents came to Johnsview due to their physical fragility, and so activities that require quick movements, any significant amount of physical exertion, or even use of the lower body are likely to pose insurmountable problems for them. In looking at the activities we designed for our sessions and what happened when we implemented them, I would estimate that just their speed was reduced by 30% by the end. When I work with children, I often keeping things moving at a quick pace to engage them and avoid boredom. It is clear that with the elderly, the same results are often achieved with slowness. Pat, the resident who had Parkinson’s, was a prime example of someone who participated physically in the activities in a very slow and deliberate pace, and that helped her to enjoy the activities and display her not inconsiderable cognitive abilities.

And yet the use of physicality is something that I would deem essential for a successful drama program. Not just because the drama demands it but because the condition of the residents demand it! It is clear from the sessions that whenever we used physical movement as part of an activity, we had greater participation and enjoyment. We therefore needed to be aware of the
limitations of the participants’ physicality while not being intimidated by it. Audrey’s loss of her hearing aid in the first few sessions did not mean she couldn’t participate; it just meant that she needed accommodation to do so.

Staff at an LTC are the best people to help any program provider know how far the residents’ limitations extend. In session five, when the recreation aide Shannon refused to let an activity continue until Arvilla participated, it was based on her understanding that Arvilla could do more than what she was demonstrating at that moment. This may indeed be a good reason to consider letting LTC recreation staff and not outsiders deliver drama programs to their residents. It seems to me that, with appropriate training, they could be effective in this role because they know their residents and already deliver other programs (Fun & Fitness, Bingo, crafts, etc.). As well, they can find effective ways to fit it into the schedule already in place rather than have to accommodate an outsider’s schedule.

**Cognitive diversity requires flexibility in program and delivery.** The physical restrictions are not the only ones that limit a successful drama program in this setting; cognitive limitations are just as important. Staff at Johnsvieview commented to me on a number of occasions on how the various levels of cognitive ability among the residents made recreational programming for groups difficult. Rec aides told me that card games and the like often degenerated into shouting matches with angry residents quitting because others in the game weren’t playing right because they had forgotten the rules, gotten confused, or didn’t speak or hear well enough to play the game well.

Our sessions revealed that we, too, needed to take into account this cognitive diversity. We discovered that games we had planned to play only once as a warm-up needed to be played numerous times and in different sessions to yield the greatest benefits. Once we did this,
however, even those with the greatest cognitive challenges became familiar with them and participated at a higher level than they had when the game was first introduced.

Whole group activities where individuals each had the opportunity to participate seemed to be most effective in dealing with cognitive diversity. Those who understood an activity early on could be used to model the correct form of participation if they were called on first to demonstrate it. So in future drama programs, I would encourage the group leader to use those residents with higher cognitive functioning in this way rather than just “going around the circle.” Such residents could even be asked to demonstrate numerous times while the leader affirmed them and used the action to connect to a resident with more cognitive challenges. Here is an example of what the leader might say:

“So let’s see how Pat’s going to show us how she’s feeling…Wow, Pat, the way you’re clenching your fists tells us that you’re really angry. Look at Pat, Tina! She’s really angry, eh? How about you, can you hold your hands the same way? Look at Pat…”

In this case, the best approach for full cognitive participation in the activities is the combination of two commonly used educational strategies: “scaffolding” and “chunking.” Scaffolding refers to the practice of helping someone learn a new concept through verbal and non-verbal cueing and modeling (Bruner, 1983). Drama provides excellent opportunities for this. In the example given above, the leader uses Pat’s actions to scaffold the correct way for Tina to be successful. Chunking—the practice of breaking down an activity, concept, or skill into smaller “chunks” that build sequentially (Cole, 1995)—is also used by the leader. The goal is getting Tina to express her emotions physically with her hands, but asking her to do that right away is too difficult for her to process. So for the first chunk, she is led to simply watch Pat. In the next chunk she is asked to mimic Pat. Further chunks could include asking her to show anger
in a different way, and then asking her to show happiness. Finally, she can be asked to come up with an emotion of her own to demonstrate.

Upon reflection, I’m sure that even our very successful activities such as Mad Hatters could have been improved with more use of these techniques. Julie had observed that we should have done pantomimes of various occupations and job-related activities before handing out the hats and asking them to put them on and become “someone.” The simple pantomime prelude would have both chunked the activity and provided scaffolding in the role play they were asked to do when they received their hats.

The cognitive diversity could also be the reason why we did not have much success. We asked the residents to pair up and complete an activity on their own—even after demonstrating it in a group. Inevitably, while one pair of high-functioning residents would do this, all of the rest just sat and looked at each other. Pairing higher/lower, as I might have tried with school children, did not seem to work either. The diversity was too wide.

Another way of reducing the problem was through content. We found that when we used content that would have been familiar to the residents in childhood (e.g., the three pigs fairytale), there was greater equality of participation and enjoyment by all. Later, I will examine some theoretical reasons why this might be so, but it was very evident to me that childhood touchstones increased social interaction and reduced the functional separation among the participants.

Finally, the use of drama seemed to avoid the frustration that staff had witnessed in other group activities where the participants had such diverse cognitive abilities. In the Drama Club, when we asked group members to repeat exercises again so that other residents present might understand better, there did not seem to be any rancour or upset. Perhaps this occurs because
drama activities are so enjoyable to the person participating and being asked to demonstrate one’s skill more frequently is just an opportunity to have more fun!

**Social interaction makes the participation worthwhile.** I believe that every person who participated in our sessions—including the staff, the leader, and myself—benefited emotionally from that participation. We all laughed—and often quite frequently. Time flew by. I mentioned earlier how energized I was by the sessions and Julie felt the same way; we were always smiling and talking about the various residents as we left Johnsview after a session.

In their post-session interviews, a number of residents expressed the desire to be out of their rooms among other people and that was why they came. Rob, who rarely spoke, was nonetheless a full member of the sessions he attended and was encouraged and complimented by others in attendance. The group reached out to others as well, as we saw in session two when the PSWs hovered near the door and participated briefly, even though they were supposed to have been elsewhere.

But perhaps the best illustration of the power of the group came when I interviewed Eileen after session five. You will remember she was the woman described in Chapter I and often seemed to take a dyspeptic view of things. However, when I asked her what she liked best about the activities that day, she said quietly with a smile, “I really like it when everyone gets along…”

In her book *The Female Brain*, Brizendine (2006) makes the point that women’s brains are hardwired to look for consensus and participation among everyone in an activity, and they experience great pleasure when everyone can succeed at an enjoyable activity. This gives credence to Julie’s sense that the group, who was predominately female, looked for ways to help
everyone participate. So for Eileen, this might have been the reason why she came so often, even though her demeanor sometimes belied her heart.

This implication for LTCs is clear: the nature of dramatic activities allows them to fit seamlessly into the social nature of LTC life and, those who would improve the social experience for their residents should seriously consider them.

Important Considerations Regarding the Limitations of the Study

Notwithstanding the implications suggested above, it is important to make clear that the conclusions I have drawn and the theory suggested to support those conclusions are the result of a very small sample over a short period of time. As indicated in the title, this study is simply an exploration. There were numerous variables that could not be considered within the scope of the study, yet could possibly influence the recreational benefits of the use of drama as praxis when used in such settings.

For example, all of the participants in the Johnsview study were Canadian, White, and predominately of Anglo-Saxon or European heritage. The LTC in question is a fee-for-service institution costing between $2000 and $3000 per month and serving a clientele that is of middle- and upper-middleclass background. What differences would there be if the study was done in an African country with people of different races and socioeconomic backgrounds? This would need to be explored in future research.

The makeup and approach to the group activities are other variables that need to be examined. We used groups of four to eight residents. What would have happened if the groups were smaller or larger? Julie and I are not very experienced working with people of this age group. Had the researchers had considerably more experience in an LTC setting or were gerontologists, would the effects of the exercises (or their observations of the effects those
activities) be different? Our groups were all elderly females except for Rob. Although there are significantly fewer elderly males in LTC settings, how would they have benefitted from the activities? Would the same recreational benefit have been evident for them? Or for that matter, was the nature of the study affected because there was a younger male present for a number of sessions? Would they have acted differently if he was not there? Finally, the length of the program was short and defined. What would be discovered regarding the recreational benefit had the study been done over a 2-year period? Would the benefits have been more or less obvious in such research?

Another question needs to be considered, especially when dealing with potentially fragile individuals such as those in this study. It has to do with the effects of the drama program at Johnsview after it stopped. If indeed it was beneficial, were there negative effects upon the participants that might be seen in feelings of loss once we stopped the program? As discussed, loss is a constant companion and stressor for people in an LTC setting; could we have contributed to this by starting and then stopping a program? At the outset of the research I did not think there was any way to avoid this, made no provision to study it, but upon reflection, it appears to be something that should have been considered. Perhaps, if had we taken more steps to help staff continue the program, there might have been a possibility of preventing this consequence. Nevertheless, it is clear from this study that I believe and hope that such programs can be established in the Johnsview and other LTCs, and it is there that I feel this work is useful, even if such feelings of loss did occur.

A final question that should be considered relates to the nature of drama activities as opposed to any activity in which people come together in community. In other words, if the residents had been brought together for six sessions for any other reason—knitting, board games,
or just talking—would not the recreational benefit be present as well? The nature of the number and variety of social activities at an LTC and the principles of Activity Theory imply that there is indeed a benefit in each of the activities offered. One of the goals of the exploration in this study was to examine the nature of the recreational benefit derived from drama as praxis and I am led to believe that drama’s unique contribution lies in the way it can be used metacognitively by staff to foster the benefits of kinesthetics, play/endorphinal release, imagination/perspective-taking, and accessing the power of narrative. So a drama as praxis activity has a purpose beyond just getting people together. It can be used to provide these benefits in planned, regular intervals. In essence, it can combine the benefits that might be found in a variety of activities (i.e., fun and fitness for movement, reminiscing for narrative, bingo for play, and art for imagination) and allows them to occur in a distilled form. In one way, a drama as praxis activity could be seen like a vitamin—possessing the essence of many good things. And that is why it is so congruent with Bengtson’s Fourth Stage Theory (1999).

Suggestions for Further Research

The exploration undertaken in this study has left many questions unanswered and raised new ones. What follows are some questions that merit future investigation of this phenomenon. There are no doubt many others, but these seem most relevant:

1. **What variables affect the use of drama as praxis?** As discussed above, what happen when this approach is used in different settings that modify any one of the following:

   - Group size
   - Type of institution
   - Cultural background of participants
   - Experience of instructor
   - Age of group members
   - Composition male vs female
• Duration of sessions and program

2. **What would be the optimal format for delivering the recreational benefit of drama at an LTC?** We provided dramatic activities at Johnsview for no charge. Is such a model feasible using community theatre groups as volunteer providers? If not, who would be available to do this and at what costs? What costs are these facilities prepared to pay for this type of programming? Conversely, could staff be trained to effectively provide the programming themselves? What supports would they need? Might drama as praxis need another “name” to mitigate the fact that, as the resident support manager pointed out, some people are intimidated by what drama represents and therefore might not participate?

3. **What application could this research have to the broader spectrum of senior citizens?** The residents of LTCs are but one aspect of our aging population. There are younger “zoomer” seniors who are quite active, as well as those who live in retirement homes, in hostels, or on their own. Additionally, there is a large group of people with Alzheimer’s and dementia who are cared for in many different settings. How is the need for human growth and development addressed for these different groups? Are there benefits in drama for these different age groupings that might be more specific to their stage of life and environment? What types of activities and modifications would be best suited to the various groupings?

4. **What role can drama play for residents of LTCs who are not elderly?** Consider Rob, the 44-year-old selective mute with cerebral palsy and moderate mental retardation whom we met at Johnsview. Staff told me that an increasing number of
the residents at LTCs were people with severe disabilities or brain injuries. What service could dramatic activities be to this group?

5. **What can drama do for staff at an LTC?** The staff clearly enjoyed the drama activities at Johnsview. In the context of their challenging roles day-to-day, is there a place for the use of drama activities in the training and development of staff to improve morale and help them deal more effectively with their residents?

6. **How valid is the theory of drama that has been constructed within this research?**

Is there more research that would support or contradict the suggestion that recreational benefits are derived from drama as praxis because of its kinesthetic, playful, perspective-taking, and narrative elements? Are there studies that could be constructed to examine—even in a more quantitative fashion—the claims made here about the benefits of each of these elements? Conversely, are there other areas in which this theory is applicable (e.g., education in schools, community recreation, or in the business world)?

**Eileen’s Story Anew…**

As we come to the end of this dissertation, let us return to the anecdote that was introduced at the beginning. This time, however, we will attempt to view it through the new theoretical lens that has emerged throughout the course of the study:
Sunlight streamed through the windows of the second-floor activity room. In the center were five female residents in wheelchairs, their ages ranging from 78 to 96 years old. Seated with them was Karen, a middle-aged recreational assistant, and a young woman named Kate, a friend of mine who was leading the group in a few dramatic activities. I was observing the scene off to the side. On the other side of the room were windows and a door to the hall, where elevators periodically opened their doors to admit or drop off residents, staff, and family members, who would then proceed past the room on to the various wings of the long-term care residence (LTC).

Visitors unapprised of what was going on might look through those windows in passing and recognize a stereotypical scene. Old people, relatively motionless, apparently inanimate, are enjoying some of the pleasures available at the end of life in an LTC: the warmth of the sunlight, the presence of others, and being entertained and “looked after” by the younger staff. But if these visitors lingered longer, they would have seen every person in the room dissolve into riotous laughter—apparently over nothing. And because laughter is contagious, the palpable joy in the room might have brought a smile to their own face and a

All of whom were different, with different disabilities and cognitive abilities

A dated view of care for older people—LTCs are incredibly busy places with much more animation than generally recognized

Endorphins and dopamine are being released, allowing for engagement and risk-taking
question to mind: *What is going on here?*

The particular activity chosen for that day was called “It’s Anything I Want,” which is familiar to anyone who has played drama games. During this game, an ordinary household object (e.g., a pen) is passed around the circle and each person is asked to use it—dramatically through mime—in a different way than it was designed (e.g., as a conductor’s baton). It’s meant to be a warm-up game to foster creativity, improvisational skills, and non-verbal communication—easy and enjoyable for most of the participants. But that was not the case for Eileen, an 88-year-old woman who had been a resident at the Johnsvlew Long-Term Care Residence for 2 and a half years. She often displayed a severe demeanor whose response to any situation seemed to be a “glass half empty” approach. She frequently begged off participating in an activity, saying, “I can’t think of anything.” She was doing it again today.

The residents were passing a plastic drinking cup around the circle. Audrey pretended it was a telescope, then Pat used it as a watering can for her plants. It then was handed to Eileen. She looked at it and scowled, muttering, “I can’t think of anything!”

An exasperated snort came from Mary, an 84-year-old...
on the other side of the circle, who said somewhat harshly, “Then why don’t you just pass it on to the next person!” Eileen eyed Mary sourly.

Kate, my assistant and the one leading the activity, chimed in sweetly, “Yes, why don’t you just pass it on. It’s no problem if you can’t think of anything.” Eileen gave it to Sheila, who proceeded to place it on her head as a king’s crown. This sparked laughter among everyone in the room—including Eileen. Next, it went to Arvillar, who simply looked at it…and then giggled before passing it on to Mary, who immediately used it as a bucket for bailing out water. She passed it on after a triumphant nod in Eileen’s direction.

As the cup continued on for a second time around the circle, it arrived again at Eileen who turned her hands up, looking helplessly at Karen, the recreation aide. Mary made noises as if to “straighten out” the hopeless cup-holder, but 96-year-old Viola suggested, “Why don’t you use it as a rolling pin?” Eileen’s eyebrows jumped up as if she had been shocked by this idea, but she began rolling the cup back and forth with both hands as if flattening dough for a pie. Her face brightened as she passed the cup around, appearing more attentive to the others demonstrating their own ideas.

In our plan for the activity, the cup was not intended to variance within the group is not uncommon at an LTC

laughter is engaging the group and making them more cohesive

Arvillar is participating at her own level and is still able to be part of the group

Viola’s desire to help Eileen succeed is an attribute of the female brain and resonates particularly with Eileen’s desire that everyone “got along”

The kinesthetic is helping Eileen understand and the new creative idea is generating new neurons and connections in her brain; both strengthen the neural pathways in her brain and help her participate with
go around a third time, but somehow it started another journey around the circle, and each person seemed to reflect a bit longer before coming up with an idea. The cup had already been a watering can, hat, pail, hearing aid, rolling pin, and steering wheel; it seemed we had run out of ideas. When it came again to Eileen, Kate sensed that the game had gone on too long and began to rise from the chair to reclaim the cup.

Eileen paid no attention to Kate. Indeed, she was looking raptly at the cup. She then smiled mischievously and turned the cup over on her lap playing it like a bongo drum. The group erupted in laughter, and Kate, half out of her chair, sank back and looked at me with genuine surprise. I shrugged and smiled. Out of the corner of my eye I noticed movement by the door. Two personal support workers (PSWs), who appeared to be in their late 20s, were standing there smiling warmly at the scene. To their left, through the window out into the hall, I saw another face that was so dimly reflected I couldn’t distinguish whether it was a man or woman, staff or visitor. It seemed to me, though, that the face bore an expression of disapproval, slightly scandalized that laughter from this foolish inanity should be heard in the halls of the usually quiet and contemplative facility.

After we finished the session, both Kate and I

attention

I might not jump in so quickly now, knowing the extra processing time necessary for many people’s brains as they age

Her brain is working and she is totally engaged—the “paratelic state of mind” where there is a “protective frame” that allows her to control her environment and take non-threatening risks in exchange for that excitement and stimulation of play. She has now created a new narrative for the cup and has seen herself from a different perspective—that of the bongo drummer!

They are attracted to the scene, which is improving their morale and giving evidence to the power of play to attract and enthrall people

The misunderstanding of both drama and the need and ability for human play and growth at any age is on display here
remarked on the feelings of exhilaration and contentment we experienced after the session; it seemed that things had gone extraordinarily well. I also sensed that something important had happened in the last hour, but I could not figure out what exactly…

Endorphins are great for researchers, too...

Finding out what happened has been the aim of this exploration. I believe the findings may point a pathway toward deeper understanding of drama as praxis and the potential benefit it holds for people as they age.
References


General Accounting Office. (1987). *Medicaid: Addressing the needs of mentally retarded nursing home residents* (44K Health Care: Health Services; 70F Administration & Management: Public Administration & Government No. GAOHRD8777; B226561; PB87195871). Washington, DC.


Appendix A

A Survey of Drama Use in the Greater Toronto Area

The Survey

The purpose of the survey was not to provide in-depth details about drama use in the Greater Toronto Area but, rather, to obtain a snapshot of whether or not drama was being used at all in LTCs.

Methodology

The 84 residences chosen for the survey were in a list of Long-Term Care facilities certified and supervised by the Ontario Ministry of Health in the GTA and available on the Ministry’s Web site. The area in which these facilities were situated ranged from Clarington in the East to Burlington in the West, and from Lake Ontario up to Lake Simcoe in the North. There was no subdivision of the residences according to size or specific location. The goal was to reach as many of these as possible to find out if indeed they had any drama programming.

I chose to conduct a phone survey to reach an “appropriate” contact, defined as either a person who was responsible for recreational programming at the LTC facility or could speak about that programming from a management perspective; I wanted to avoid receptionists “guessing” about the programs offered at their facility. When an appropriate representative was contacted, they were asked if they would respond to a brief series of questions. The questions were designed to see what kind of arts-based programming the facility had and if drama was part of that program. I chose to focus on music, art, and drama. If the representative agreed, the survey was designed to take 1 to 2 minutes and the respondents were assured that all information was confidential. If the LTC representative indicated they did have drama activities, they were
asked to complete a more in-depth survey that was designed to reveal the type of the dramatic activity occurring.

To assist me with the survey, I enlisted the help of Linda Hannah, a recent graduate of the master’s program at OISE, who would make the calls and then ask any respondents who indicated they did have dramatic activities to complete the more in-depth survey on the phone with her or online. She was instructed to make three attempts to contact a representative at the LTC in August and September 2009 and—if no one could be reached by the third attempt—she was to leave a message asking them to contact her if they would be willing to participate. She referred to me anyone who had further questions or concerns about the survey.

All calls occurred during regular business hours between 9 a.m. to 12 p.m. and 1 to 4:30 p.m. She used the script to solicit participation and conduct the survey. Generally, if the individual agreed to participate in the initial survey, then he or she tended to complete the secondary (follow-up) survey as well. The first question of the primary survey asked “if the organization offers any drama programs.” Regardless of whether the survey participant answered yes or no, she would ask the individual to answer questions 4 and 5 of the secondary (follow-up) survey in order to gain more insight into what they believed or perceived to be the benefits and challenges/drawbacks of drama programming.

The organizational policies and practices for participation in any type of research varied among long-term care facilities. Some were very informal and open to answering the questions immediately. Others had a formalized organizational policy and/or practice of obtaining administrative approval before even agreeing to participate. Still, others wanted to read the questions before committing to participate. To address these concerns,
she created a standardized letter, which was distributed to those requesting more information about the research. This letter contained the purpose of the research study, background about Mr. Dixon, how the information will be used, and listed the questions for the individual to preview.

Originally, the participants would receive the option to complete the survey over the phone or online. However, we found the online survey to be unpredictable and difficult to use. Most participants were unable to access the form in order to complete the survey. As a result, we discontinued the use of the online survey and opted to send the survey as an email message. She found this method much more successful than the online survey in obtaining a reply.
Survey Data – The Numbers.

The data is condensed from a spreadsheet that recorded all of the interactions between Linda Hannah and the survey respondents.

<table>
<thead>
<tr>
<th>PRIMARY SURVEY Calls and their Results</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>LTCs called</td>
<td>84</td>
<td>100%</td>
</tr>
<tr>
<td>Appropriate LTC representatives reached on the first call</td>
<td>16</td>
<td>19%</td>
</tr>
<tr>
<td>Appropriate LTC representatives reached on the second call</td>
<td>14</td>
<td>17%</td>
</tr>
<tr>
<td>Appropriate LTC representatives reached on the third call</td>
<td>4</td>
<td>5%</td>
</tr>
<tr>
<td>Voicemail messages left</td>
<td>40</td>
<td>48%</td>
</tr>
<tr>
<td>Responses to voicemail messages</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Total number of appropriate LTC representatives contacted</td>
<td>34</td>
<td>40%</td>
</tr>
<tr>
<td>Number unwilling to participate in the primary survey</td>
<td>2</td>
<td>2%</td>
</tr>
<tr>
<td>Number who agreed to participate, but never submitted responses</td>
<td>7</td>
<td>8%</td>
</tr>
<tr>
<td>Number who agreed to participate in the primary survey</td>
<td>28</td>
<td>33%</td>
</tr>
<tr>
<td><strong>Number who actually completed the primary survey</strong></td>
<td>25</td>
<td>30%</td>
</tr>
</tbody>
</table>
This number is added because some respondents to the primary survey weren’t sure if they had drama programs and/or wanted to give their opinion about the viability of these programs. More clarification is given in the anecdotal section below.

<table>
<thead>
<tr>
<th>PRIMARY SURVEY Respondent Results</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number who completed the primary survey</td>
<td>24</td>
<td>100%</td>
</tr>
<tr>
<td>Number who indicated they had music programs</td>
<td>24</td>
<td>100%</td>
</tr>
<tr>
<td>Number who indicated that they had art programs</td>
<td>23</td>
<td>96%</td>
</tr>
<tr>
<td>Number who indicated that they had drama programs</td>
<td>10</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Number whose drama programs were interactive</strong>*&lt;br&gt;(Residents were active participants; not just audience members)</td>
<td>5</td>
<td>21%</td>
</tr>
</tbody>
</table>

* This category is added because some respondents to the primary survey weren’t sure if they had drama programs and/or wanted to give their opinion about the viability of these programs. More clarification is given in the anecdotal section below.

<table>
<thead>
<tr>
<th>SECONDARY SURVEY Results</th>
<th>#</th>
<th>% of Total LTCs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Participants with drama programs taking Secondary Survey</td>
<td>5</td>
<td>6%</td>
</tr>
<tr>
<td>Primary Survey participants who were asked some or all secondary survey questions***</td>
<td>17</td>
<td>20%</td>
</tr>
<tr>
<td>Total number who completed the secondary survey</td>
<td>23</td>
<td>27%</td>
</tr>
</tbody>
</table>

* This category is added because some respondents to the primary survey weren’t sure if they had drama programs and/or wanted to give their opinion about the viability of these programs. More clarification is given in the anecdotal section below.
There are more responses than the total number of respondents because some respondents indicated that drama programs occurred in more than one way (e.g., programs may have been delivered by both staff and outsiders), thus generating a response record in both categories.

### Survey Data – Linda’s Anecdotal Experiences

Linda’s conversations with appropriate LTC representatives revealed a number of things that should be noted:

*One individual sent a reply (via e-mail) but did not answer the questions on the survey.* I sent the survey questions using e-mail and received a detailed reply that provided insight into their existing activities. However, the written reply did not directly answer any of the questions in the secondary survey.

<table>
<thead>
<tr>
<th>SECONDARY SURVEY Respondent Results**</th>
<th>#</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number who completed the secondary survey</td>
<td>23</td>
<td>100%</td>
</tr>
<tr>
<td>Number with Daily drama activities</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Number with Weekly drama activities</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Number with Monthly drama activities</td>
<td>2</td>
<td>9%</td>
</tr>
<tr>
<td>Number with Other drama activities schedules</td>
<td>8</td>
<td>35%</td>
</tr>
<tr>
<td>Number where staff deliver drama activities</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td>Number where an outsider delivers drama activities</td>
<td>4</td>
<td>17%</td>
</tr>
<tr>
<td>Number where drama activities are drama games</td>
<td>1</td>
<td>4%</td>
</tr>
<tr>
<td>Number where drama activities are skits/plays</td>
<td>6</td>
<td>26%</td>
</tr>
<tr>
<td>Number where drama activities are other</td>
<td>3</td>
<td>13%</td>
</tr>
</tbody>
</table>

** There are more responses than the total number of respondents because some respondents indicated that drama programs occurred in more than one way (e.g., programs may have been delivered by both staff and outsiders), thus generating a response record in both categories.
Voicemail messages were not always possible. Ten individuals remained unreachable at the conclusion of the survey process. The reasons varied: a) no voicemail service on person’s phone extension; b) no receptionist and/or automated phone service (the phone would just keep ringing); and c) vacation period extended beyond the surveying time period.

Interest in drama programming was mixed. Knowledge of the use of drama as a recreational activity for older adults was limited and varied from one individual to another. Once I elaborated on the purpose of this research study, some of the activity/program coordinators seemed genuinely interested in the subject. One organization even offered to participate further in the research with a group of elderly residents.

Use caution and critically assess the statistics of those who said they had drama programs. This statistic may have possible inaccuracies and must be viewed in the context of the subjective nature of an individual’s understanding and/or perception of “what is a drama program.” Because we did not define the term “drama program,” the 42% who responded “yes” reflect a wide range of expectations and knowledge about drama. Some would reply “yes” even if the facility offered one theatrical performance a year (e.g., Christmas play/skit). This performance may be considered an event more so than a regular scheduled drama program. Furthermore, I observed that the content of what is considered a drama program varied significantly. For example, some would reply “yes” even if the elderly residents only watched some type of show or performance (e.g., musical theatre/theatre, puppet show, local school production, etc.) in which there is an entertainment quality and no other participation required by the residents. The number
with drama programming structured to engage residents in meaningful physical, mental, and social interaction through recreational drama activities designed for seniors would be substantially less than those who answered yes.

*Survey Data – Anecdotal Responses to Secondary Survey*

The 10 LTC representatives who indicated they had drama programs and agreed to take the secondary survey provided the following comments with their surveys.

*Benefits of Drama As Perceived by LTC Staff*

In the terms of the benefits of offering drama, they gave the following feedback:

- There are so many. Emotional stability, cognitive stability, less disruptive during the day, not bored, keeps them active physically, keeps them social.

- According to my staff and volunteers who attended with the residents and watched the drama “Crucifixion of Christ at Mary Magdalene,” feedback is awesome; all the residents enjoyed it. Actually, it gives me an idea since this facility is more on Portuguese resident and some Italian, I might do special events for Easter and ask someone to do a summarize play for Crucifixion of Christ. On Christmas time, a play for Nativity would also be nice for the residents.

- Residents enjoy seeing younger generations.

- [The residents see it as] a special event—so instead of going to the theatre, they [the LTC] bring the theatre to their residents. It is something different…

- [Drama activities] help in self-control of emotion, self-expression, increase good mood, and to socialize with other people, facilitate their self-esteem and confidence, enhance their self-value.
• Drama activities elevate self-esteem of residents; changing in mood behaviour for the positive; sense of belonging to community (at least those performing with you).

• Drama provides
  o cognitive stimulation
  o humour
  o socializing

• Some residents are more willing to interact with others, increasing their good mood.

Challenges and Drawbacks of Drama As Perceived by LTC Staff

When asked to identify the challenges and drawbacks of offering drama, they responded with the following:

• Financial challenge—lower-income neighbourhood so residences find it financially difficult to pay for programs. LTC has to ask for discounts for elderly. LTC perception is that prices (outside providers) are “bumped up because there is a need for these activities.” Prices so expensive. Another challenge is volunteers. Delivery of programs to elderly relies on volunteers. It is a challenge to keep them (a lot of volunteers want to do their 40 hours and then leave).

• [The] challenge is the cost. Art therapist and music—4 hours per week. Such a wide spectrum of disorder among residents, it is hard to reach a wide audience with any one therapy. Special events are usually held in large venue (downstairs) so it does not serve the entire population; only those residents that are more mobile and can go to venue.
• Performance not available until the evening; space issues—we don’t have an auditorium. We don’t have space so the performance needs to have a simple, easy setup. And the players need to be really loud because some of our residents are hard of hearing. Relevancy—the performance must be related to something that residents would find interesting; needs to be meaningful to residents, to their lives or past lives.

• High cost and manpower resources.

• Diversity of residents and coming up with suitable groupings.

• Budget and consistency (would like to have more than once a month but depends on budget); group dynamics due to events such as death or someone moving away.

Other Information Provided

Further information provided by the respondents was found in the “other” sections of the survey in the following areas:

Frequency of drama – One wrote that it was only once yearly, another wrote bimonthly, and two others indicated that the activities were held a few times throughout the year as a special event.

Delivery of drama – A couple of responses indicated that the drama was delivered by visiting non-expert school children who either visited or put on a performance at their school for residents. One residence organized a trip to a local community theatre. Another indicated that the music therapist who visited sometimes did some musical theatre.

Types of drama activities – A fashion show was included—a storytelling and writing session that included performance by the residence of their creations.
Analysis of Data

The survey data provide a number of interesting insights into the perceptions and use of drama by LTCs in the Greater Toronto Area. First of all, it was much more difficult than expected to speak to the appropriate representatives at the various institutions. Figure 5 represents the success of our efforts:

![LTC Survey Participation Among 84 Institutions]

The reasons that the majority of LTCs did not participate could be due to a number of factors. My own observations at Johnsview confirmed that these facilities tended to be very busy and staff might not have felt they had the time to respond to an outside survey. It may indicate a lack of interest in the use of drama for programming, or it may reflect a reticence of these organizations to reveal information to outside groups.
What was learned from the 25 LTCs where an appropriate staff member was surveyed indicates that, at the very least, while music and art programs abound, drama programs are less frequent.

<table>
<thead>
<tr>
<th>MUSIC, ART, AND DRAMA PROGRAMS AT RESPONDENT LTCS</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUSIC</td>
</tr>
<tr>
<td>24</td>
</tr>
</tbody>
</table>

As Linda’s notes above indicate, we also came to understand that what constituted “drama” was varied in both perception and practice. I believe this exposed a flaw in the survey; because we did not specify what we meant by drama, any kind of theatrical presentation, performance by school children, puppet play, etc., was perceived the same as the interactive drama games that we actually used in the sessions at Johnsview. When we understood this, it became clear that drama programs are used less frequently than at first indicated. This necessitated further probing on our part and a categorization of “interactive drama”.

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The types of drama can be seen here and the category of “Drama Games” indicates how infrequently these interactive dramatic activities occurred.

The occurrence of drama was also infrequent as indicated below.

This frequency seems congruent with the anecdotal comments as well as Linda’s observation that much of the drama that was identified came from periodic performances for the residents. The delivery of drama programs was evenly split between staff and outsiders. This is
supported by the recorded anecdotal comments, where roughly half speak of drama in terms of
activities for their residents and the others refer to performances or outside experts coming into
the facilities.

In terms of what the survey revealed about the perceptions of the value of drama, the
residents’ enjoyment of the activities is consistently highlighted. The effects on their attitudes,
behaviours, and cognition are mentioned less frequently. Cost was referred to as a challenge in
participating in drama activities by half of the respondents, and this can be assumed to be the
cost of specialists or performers brought into the facilities. Other drawbacks consistently
mentioned involved the logistics of appropriate groupings for activities as well as concerns about
space.

Conclusions

It is obvious that any conclusions drawn from the survey must take into account the
limited responses garnered as well as the various interpretations of the term “drama” but, that
being said, I believe that the following observations are supported by the data:

• Drama programs are not widespread in GTA LTC facilities. If we extrapolate the
  numbers from the actual survey respondents, it is possible to say that around 20%
  of LTCs have drama programs. However, it is my sense that, in reality, interactive
drama activities occurring on a regular basis would probably in 5-10% of the
facilities at the most.

• Most drama that occurs is theatrical. Although they may be called drama, most
drama activities are not undertaken in the style that encourages the use of those
activities in an interactive fashion where the participants use their own creative
expression. Rather, they are performances brought in to entertain the residents.
• *Most staff at LTCs are not trained or expected to deliver drama programs.* For the most part, if drama is going to occur, it is provided from the outside. The sense that it requires a particular expertise was evident.

• *Those who use drama can express its benefits.* The anecdotal responses we received support this conclusion, and it is also supported by those who expressed interest in the research behind the survey and asked for further information on the results of that research.

Phone Script for Primary Survey on Use of Drama at LTC Facilities

*(To be used when the person responsible for resident programming is reached)*

Good Day. My Name is [Name of Caller] and I am calling as part of a research study on the use of drama for recreational programming in Long-Term Care residences conducted by Edmond J. Dixon, a PhD student at the University of Toronto. We are surveying licensed Long-Term Care residences in the GTA to find out if they offer any drama programming for their residents. The name of your facility will not be revealed. Would you be willing to tell me if you do offer any drama programs?

*(Possible responses to be recorded)*

1. ______ Yes it is offered 2. ______ No it is not 3. ______ Refusal to respond

Do you offer a music program?

1. ______ Yes it is offered 2. ______ No it is not 3. ______ Refusal to respond

Do you offer an art program?

1. ______ Yes it is offered 2. ______ No it is not 3. ______ Refusal to respond

*(If the response to DRAMA is #2 or #3)*

Thank you very much for your time. Goodbye.

*(If the response to DRAMA is #1)*

Thank you very much. We are most interested in finding out how it is used, and we have a brief survey that will not take more than 5 minutes of your time. If you are willing to take this survey we could do it orally by the phone or give you a Web site where you can log on and answer the questions. Again, the name of your facility will not be revealed, although the content of your answers may be quoted in the final dissertation.

*(Possible responses to be recorded)*
Follow-Up Questions for Long-Term Care Residences Using Drama

(To be asked by phone or posted ONLINE SURVEY SITE)

1) How often do you offer drama activities to your residents?
   a) Daily
   b) Weekly
   c) Monthly
   d) Other: (Specify)

2) Who delivers this program?
   a) Staff
   b) Outside provider
   c) Other: (Specify)

3) What specific types of activities are included?
   a) Drama games
   b) Skits/plays
   c) Other: (Specify)

4) What benefits do you see in offering this type of program?
   What challenges/drawbacks
Appendix B
Post-Session Oral Questions for Residents

1. Did you enjoy the activities today?

2. What was your favourite one?
   • Why?

3. Were there any you didn’t enjoy?
   • Why?

4. Do you feel that these activities are helping you in any way?

5. Why do you come to the Drama program?
Appendix C

Post-Session Questions for Staff

1. How do you feel the session went today?

2. Were there any residents who particularly benefited from them?
   - If so, how?

3. Have you observed similar activities in other areas of The Johnsview recreation program for the residents?

4. What changes would you suggest to the activities used today to make them more suitable for the residents?

5. Do you feel that you could lead these particular activities yourself?
   - If so, what supports would you need to do so?
Appendix D
Family Observation Letter and Questions

(To be modified and communicated by Johnsview staff to Family Members)

Date

To the Family/Guardian of [RESIDENT NAME],

As you may know, [RESIDENT NAME] has been participating in some recreational drama activities at The Johnsview. These activities are being provided as part of a study for my PhD dissertation at the Ontario Institute for Studies in Education at the University of Toronto. It is my hope to investigate the perceived value of these activities for recreation, learning, and personal growth for the participants and I would like to invite you to be part of the study.

Your involvement would involve observing as [RESIDENT NAME] participates in a half-hour session and giving feedback after the session. This would be valuable to the study because you may have known [RESIDENT NAME] for a long time and may be very familiar with his/her personality, abilities, likes, and dislikes. You would thus be well-positioned to comment on any benefits this program may have for [RESIDENT NAME].

This feedback would be given orally in an interview briefly after the session or by filling out an online form within a day of your observation. For accuracy, any comments made in an oral interview will be recorded. The only personal information that would be used in the written dissertation that results from this study would be your first name and your relationship with [RESIDENT NAME] (e.g., son, niece, etc.).
The dates for the upcoming sessions are attached and we would invite you confirm your attendance by contacting the [DESIGNATED WYNFIELD STAFF NAME] at (905) 571-0065. Please be assured that this study has the full support of The Johnsview Staff. If you have any questions you may contact Resident Support Manager Cara Maltby, myself, or my supervisor (Dr. Linda Cameron, Department of Curriculum, Teaching, and Learning at OISE/UT, (416) 987-0321).

Thank you for your consideration of this request!

Yours truly,

Edmond J. Dixon
PhD Student
Department of Curriculum, Teaching, and Learning
OISE/UT
Appendix E

Family Member Observation Debrief Questions

1. How do you feel the session went for [RESIDENT NAME] today?

2. Was there anything that impressed, surprised, or concerned you about what you saw?

3. Why do you think [RESIDENT NAME] participated in the session?

4. What changes would you suggest to the activities used today to make them more suitable for [RESIDENT NAME]?

5. What is your feeling about the use of these types of activities in Long-Term Care residences with people like [RESIDENT NAME]

6. Do you have any other comments you would like to add?
(The information below may be verbally shared with the participating resident by a member of The Johnsview staff if they feel that is the appropriate way to make a potential participant aware of the opportunity to participate in the study and obtain their consent. Guardians will always be given the written format.)

STUDY TITLE: An Exploration of the Influence Of Drama When Used as a Recreational Activity In Long-Term Care Settings

RESEARCHER: Edmond J. Dixon

PURPOSE OF THE STUDY: I would like to find out whether drama is a good activity for people who live in residences like the Johnsview—whether they feel it is enjoyable to participate in and what benefits there might be in this activity. To do this I’d like to get you to participate in some drama activities and tell us what you think of them.

SUPERVISION: This study will take place with the approval of The Johnsview LTC and its resident support manager. Its methodology has been approved under the University of Toronto Ethics Review Protocol For Supervised And Sponsored Researchers. The researcher will be supervised by Dr. Linda Cameron, Department of Curriculum, Teaching, and Learning at OISE/UT.

RESEARCH PROCEDURES: If you decide you would like to join the group, you will be invited to participate in eight sessions of half-hour drama activities, and then tell us afterwards what you thought! As well, your family members may be invited to observe a session and tell us what they think. Ed Dixon, the researcher, will observe the activities as well and take notes for his study about how the sessions went.

INTERVIEW PROTOCOL: Brief interviews will take place with you after a session, but only if you agree each time to participate. The interview will be audio recorded.

RISKS: The study does not involve and risks or expenses to the participants.

BENEFITS: This is an excellent chance for residents to have fun, express themselves creatively, build community with other residents, and sharpen their minds!

CONFIDENTIALITY: The data collected during the project will be used in such a way that no participants will be identified other than by their first names and the fact that they were a resident of an Ontario Long-Term Care facility in 2009.

PARTICIPATION: Your participation is voluntary and you may withdraw at any time during the study for any reason. You can also come to whichever sessions you’d like. If you are not feeling up to it one day, you are still welcomed to join us the next! If you withdraw from the study there are no penalties or costs to you.

CONTACT: Edmond J. Dixon is conducting this research under the supervision of Dr. Linda Cameron, Department of Curriculum, Teaching, and Learning at OISE/UT. She may be contacted at any time at
(416) 987-0321 for questions or concerns about the research. For questions about the ethical approval for the study, please contact the Office of Research Ethics at the university: (416) 978-2798.

I UNDERSTAND WHAT IS INVOLVED IN THE STUDY AND AGREE TO PARTICPATE:

PARTICPANT NAME OR GUARDIAN (Print): _______________________

SIGNATURE: ________________________ DATE: ________________

Participant or Guardian who has th