

IMPROVISATION DRAMA: A CASE STUDY OF THE SOCIAL ENGAGEMENT OF A RESIDENT WITH DEMENTIA

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ABSTRACT

This paper aims to highlight the improvement in social engagement of a resident with dementia in a nursing home after attending a new group therapy programme using improvisational drama. The programme comprises of two parts. The first involves presenting residents with vintage items acting as stimuli to engage their sense of touch, sight, hearing, smell and taste. They are then engaged in reminiscence about the past and are encouraged to share their knowledge and experiences with each other. The second part involves using improvisation to create a dramatic fictional scene. In this instance, the facilitator sets the place, time and characters of a story, but residents will provide input to the story, take on character roles and develop the narrative.

Before participating in this programme, the resident was observed to be in low mood since admission to the nursing home. He regularly refused group therapy sessions. During this programme however, the resident became fully engaged and participative. He actively recalled his past experiences and readily shared his knowledge with other residents. In doing improvisation, he immersed in his role convincingly and interacted with the other characters in a vivid and light-hearted manner.

After the programme, the resident continued to participate willingly in other therapy programmes. He even began to lead other residents in group therapy programmes that he had previously refused to take part. Staff have observed an improvement in his mood and well-being and he now socialises with his fellow residents daily. The nursing home plans to use improvisational drama as a regular in-house therapy programme to connect residents with dementia with other co-residents, community-based senior and youth volunteers as well as with the nursing home's onsite childcare centre children. We believe this approach will help our residents with dementia nurture social connections both within the nursing home and out into its surrounding community, reducing their feelings of isolation and loneliness. This supports the well-being and personhood for our residents with dementia.

BACKGROUND

"Facing The Sunrise" was a project St Joseph's Home designed as a training programme to equip an Occupational Therapy (OT) assistant with skills to carry out regular improvisation drama activities with residents. This came about due to the success of a pilot tested with two groups of residents. Many of them feedback that the sessions were enjoyable and they had fun playing and reminiscing with the props used and creating fictional characters and stories.

A consultant in Applied Drama and Psychology trained the OT assistant over a period of six months. These sessions comprised initially of observations of the consultant by the assistant, on how to carry out a proper improvisation drama session, from planning to execution of the activity. Time was also set aside during this phase for both consultant and assistant to discuss insights gained from observations. This followed with practice sessions where the OT assistant had to plan and carry out sessions on her own, while being assessed by the consultant. She was then required to demonstrate her competency by facilitating several sessions independently as well as undergo an oral assessment conducted by the consultant.

Since the completion of her training by the consultant, the OT assistant has since shared her knowledge and skill with another OT assistant. Currently, the calendar of OT activities has improvisation drama scheduled once a week.

THE IMPROVISATION DRAMA TRAINING OUTLINE

The table below summarises the training outline used by the consultant and OT assistant during “Facing The Sunrise”.

Training stages	Tasks	Aim
Preparatory stage (2-3 weeks)	<ol style="list-style-type: none"> 1. OT assistant to select 15 residents 2. OT assistant to explain the programme’s planned contents and extend personal invitation to participants 3. OT assistant to conduct survey on participants who accepted the invite to collect: <ol style="list-style-type: none"> a. Basic profile information e.g. age, gender, language spoken, cognitive status b. Biographical information e.g. family relations, previous occupation, hobbies 	Information will inform consultant and OT assistant when choosing themes for training sessions
Observation stage (3 months)	<ol style="list-style-type: none"> 1. OT assistant to understand learning objectives and outcomes expected 2. OT assistant to observe consultant conduct improvisational drama sessions 3. OT assistant to reflect and discuss with consultant her insights gained from observations 	For OT assistant to learn hands-on skills through observation of consultant and to have opportunity to clarify theoretical concepts of applied drama, learning materials provided, training objectives and outcomes
Demonstration of competency stage (3 months)	<ol style="list-style-type: none"> 1. OT assistant to co-design and co-facilitate specific number of improvisation drama sessions together with consultant 2. OT assistant to be assessed on competency by consultant by designing and facilitating several sessions independently 3. OT assistant to undergo one oral assessment by consultant 	For consultant to determine if OT assistant has achieved competency in knowledge and skill in facilitating improvisation drama

Table 1: Training Outline of “Facing The Sunrise”

PROCESS OF IMPROVISATION DRAMA SESSIONS

All sessions conducted during the observation and demonstration of skill stages shared the same sessional structure. Every individual session started with warm up and ended with a cool down. The reminiscence work and improvisation drama sections were in between.

WARM UP AND COOL DOWN

The activities chosen for these segments were variable. Examples include gathering and singing a song that everyone knew, playing a game where everyone had to introduce their names to each other, experiencing the stimuli items that may be used during the reminiscence work etc. The general aim was to cue participants that

the programme was starting or ending. It also gave the facilitator an activity to use to allow participants to get comfortable with being with each other for the duration of the session.

REMINISCENCE WORK SEGMENT

Facilitator pre-selects items that will act as stimuli to engage participants' sense of sight, touch, smell, hearing and taste. The items chosen would reflect the theme planned by the facilitator based on gathered information from the profile and biography of the participants. For example, if the theme is "Traditional Games" the items could be e.g. a skipping rope, paper aeroplanes, glass marbles etc. By enabling participants to hold and manipulate the items, the facilitator can guide participants into reminiscence. Each one of them is encouraged to share their knowledge and experiences with each other relating to the stimuli items. Once everyone has had their turn, the facilitator will lead the group into the next part of the session – improvisation drama.

IMPROVISATION DRAMA SEGMENT

The facilitator begins the drama segment by setting a fictional scene for the participants, defining the place, time and characters of a story. Residents can choose to take on the characters suggested by the facilitator or they can create new roles to fit into the story. They will also be encouraged to create a plot for the story, develop the unfolding narrative, as well as decide how the stimuli can be used as props to enhance the story. Due to the improvisational nature of the activity, participants are free to take the story in any direction they see fit. The facilitator could step in to offer certain suggestions should the group require.

PROFILE OF CASE STUDY RESIDENT

The case study resident is aged seventy-three years old. Before his retirement in 2012, he had been a food stall owner. After retirement, he lived with his wife in their own apartment and both depended on their limited savings for their daily expenses. They had two grown up children, one who was living overseas at that time. The other child had his own family and lived apart from the elderly couple. A stroke in 2014 resulted in the resident having physical disabilities as well as vascular dementia. At the same time, his wife was also diagnosed with multiple serious health conditions requiring active treatments. This cumulatively put a great strain on the couple's limited financial resources and the family's caregiving availability. The family decided that the resident, who required more nursing care due to his relative poorer health, would move into a nursing home.

The resident admitted into St Joseph's Home six months prior to the start of the improvisation drama programme. He had poor vision and weakness and pain in his lower limbs due to his medical history of having had a stroke and previous hip fracture. He had a fear of falling and confined himself to his wheelchair. Nursing colleagues report that he did not present with any challenging behaviours regarding nursing care. However, they noted that he was relatively passive in receiving his nursing care and seldom interacted with them. Care staff also observed him to be in low spirits most of the time and frequently isolated himself socially from his fellow residents. He regularly declined to engage in any form of therapeutic interventions like physiotherapy and occupational therapy or participate in volunteer-run social activities and events. He had articulated to the physiotherapist in frustration that any participation in exercise would "be of no use as it will not make a lot of difference" to his physical condition. He usually would not fully cooperate with the physiotherapist when she encouraged him to do weight bearing or ambulation exercises. This affected assessment processes and outcomes and resulted in his non-participation in a rehab program.

In OT, he only sat remotely as passive observer in the bi-weekly singing club events even though from his biography, OT staff knew that singing was his main hobby in the past and he had actively participated in his community singing club sessions before. He also would not be willing to participate in any other OT activities when offered. When the art therapist attempted to engage him, he articulated to her that him coming to the nursing home only meant that he was waiting for his "sunset". When asked to clarify what that meant, he replied that he was "waiting for his death". He regularly declined to be engaged in art therapy and rejected the music therapist completely.

Due to these reasons, when the OT assistant initially approached him with an invitation to participate in this improvisation drama programme, she was unsure of his response. He surprisingly accepted the invitation to participate but the staff later discovered that he did so not because he liked the activities planned but that he felt he did not want to jeopardise the OT assistant's job and be known as "someone who gave trouble to staff". He was therefore enrolled into the programme and attended all sessions subsequently.

DISCUSSION

Tom Kitwood (1997) proposed that in the area of psychological needs, there are six areas in which people with dementia required support in to uphold their sense of personhood – love, comfort, identity, attachment, occupation and inclusion. In this case study, we wish to highlight the areas in which we believe the resident experienced shifts in his psychological state - from being in a poor state of well-being prior to participating in the programme, to having shown improvements in his well-being during and after participating in the programme.

Legend:

In = Inclusion Id = Identity A = Attachment C = Comfort
 O = Occupation L = Love P = poor state ↑ = Improved state

Observations/Comments: Before programme	In	Id	A	C	O	L
Always declined therapeutic interventions and invitations to social activities	P	P		P	P	
His outlook of his nursing home admission and stay was that he was "just waiting for death" and therefore participating any therapy or social activities is "of no use" to him and his condition"		P				
Isolated himself from other residents by spending his day in his bedroom. Only came out to dining area to eat and did not interact with others during meals	P	P	P	P		
Verbal interaction with staff was minimal. Was a passive receiver of care in only the most basic of nursing needs e.g. showering, toileting, transferring in and out of bed/wheelchair, meals	P	P	P			
Daily low mood. Minimal self-articulation/verbal engagements with others	P	P				
Observations/Comments: During programme	In	Id	A	C	O	L
Showed willingness to be a "team player" during warm up and cool down. Where activity required all participants to cooperate to ensure success, he conscientiously did his part	↑	↑			↑	
Showed happy emotions while reminiscing and observed to be smiling and in good spirits. Generously articulated his knowledge and experiences without prompting when manipulating stimuli items.	↑	↑	↑		↑	

Contributed many creative ideas to build collective narrative for improvisation drama segment of programme	↑	↑	↑		↑	
Made and maintained eye contact and interacted with all participants and facilitator during programme	↑	↑	↑	↑		
Showed humorous and light-hearted side of him never seen before while fully immersed in his chosen character roles during role play		↑			↑	
Observations/Comments: After programme	In	Id	A	C	O	L
Sits out at communal dining area most of the day. Observed to be more cheerful and approachable in general	↑			↑		
Seeks to engage with people around him, including care staff and fellow residents e.g. in conversation, during meals	↑	↑	↑		↑	
Initiated contact with new resident by welcoming him and orienting him to their living space and the routines that occur in daily life in the nursing home	↑	↑	↑		↑	↑
Started to attend OT programmes regularly like Tai Chi Club and Fitness Club	↑	↑	↑	↑	↑	
Joined the Singing Club and actively participates by choosing his favourite songs and singing enthusiastically	↑	↑	↑	↑	↑	
Began to attend group music therapy sessions and accepted invitations to volunteer-run social activities	↑	↑			↑	
Was open to engage with art therapist and even opened up his inner thoughts and feelings to therapist especially his concerns over his family			↑	↑		

CONCLUSION

This case study featured a resident with vascular dementia observed to have a significant improvement in his well-being during and after participating in an improvisation drama programme. Prior to attending the programme, he was withdrawn and laconic, kept mainly to himself, noted regularly to be of low mood and did not express desire to participate actively in most social or therapeutic programmes conducted in the nursing home. He had a fatalistic outlook on life and chose not to engage with people around him. When approached about participating in the improvisation drama programme, he only did so because he did not want to be labelled as being a resident that gave trouble to care staff.

However, during the programme, he displayed a different side of himself. He was always fully engaged in the improvisation drama programme activities and interacted with facilitator and fellow residents. He was observed to be in a state of positive well-being especially during reminiscence and role play. In reminiscence work, the presence of stimuli provided the resident with a chance to see, touch, smell, listen and taste various tangible items. We believe the curated items, chosen to fit in pre-set themes of every session, encouraged an

instinctive emotional response from him when manipulated, allowing him to reconnect his five senses with his long-term memories and the emotions attached to them. These emotions appeared to be happy ones as he was observed to be smiling and in good spirits while sharing his recollections. Additionally, having sessional themes that were culturally and situationally appropriate allowed him to identify and relate to familiar topics and aspects of ordinary life, thus enabling him to contribute many aspects of his personal life experience and knowledge. We believe this allowed his identity and self-worth to be honoured, hence validating him as a valuable member of this group of participants. Due to the spontaneity of role play in improvisational drama, he was able to indulge in creative freedoms that gave him many opportunities to express himself and have fun with his co-participants in a safe environment. We also believe that the warm camaraderie that was present within the group of participants provided ample opportunities for the resident to socialise and interact with his fellow residents.

After the cessation of the programme, nursing care staff observed the resident to be generally more cheerful and sociable with his fellow residents compared to his low mood prior. He also sought to engage and interact with those who shared the living space with him, including care staff and fellow residents. This was highlighted when he initiated contact with a newly admitted resident, welcoming him and orienting him to the living space and routines. He willingly began to participate in a few therapeutic interventions and volunteer-run activities. The various care teams hope to be able to continue to support the resident during his nursing home stay.

REFERENCES

Kitwood, T. (1997). *Dementia Reconsidered, the person comes first* (2nd ed.). Buckingham: Open University Press