Older people, dementia and neuro-dramatic-play: A personal and theoretical drama therapy perspective

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Abstract

This conceptual article will consider Sue Jennings' neuro-dramatic-play (NDP) (2011) as an overall theoretical framework for working with older people with dementia. NDP was developed over a number of years by pioneering UK drama therapist Sue Jennings. It is a culmination of attachment-based play, drama, movement and storytelling, and arts-based approaches that are used within drama therapy and other play and creative-based work with children. The author will consider from a personal and reflective perspective how NDP approaches can be adapted by drama therapists to work with older people with memory loss based on his almost 30-year history of being involved in the field of drama therapy as a student and practioner, and his work with older people, at both the beginning of his career and his current reflections many years later.

Keywords

drama therapy

dementia

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projection

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rôle

drame

Introduction

No one can deny that modern medicine has greatly improved the quality of life and the overall longevity of the world population. According to the UK office of National Statistics, '[t]he oldest old are the fastest-growing age group, with the numbers of those aged 85 years and over projected to double from 1.6 million in 2018 to 3.6 million by 2050' (United Kingdom only) (ONS 2019). However, with greater age comes greater related physical and psychological issues, including a higher risk of developing dementia. As a drama therapist,1 I began to notice this with the proliferation of homes for older people, and the growth in the age of the population some 30 years ago, before, during and after training as a drama therapist. Since then it has grown and continues to place a huge strain on the social care sector in the United Kingdom and around the world.

This article is a personal reflection on how a range of ideas have impacted upon my past and current thinking around drama and drama therapy working with older people, and specifically older people with dementia. These ideas are shaped by pivotal clinical and personal experiences then and now. After briefly defining dementia and the major issues that impact older people, I will consider the importance of creativity, drama therapy and drama for older people. I will share and reflect on my own personal experiences of working with older people and how it has influenced and impacted me personally and professionally over the last 30 years. Finally, I will focus on embodiment, projection, role (EPR), an aspect of Sue Jennings' neuro-dramatic-play (NDP) and how this can be adapted and used by drama therapists with older people with dementia.

Dementia

There are four major forms of dementia: Alzheimer's disease, vascular dementia, dementia with Lewy bodies and fronto-temporal dementia (including Pick's disease). Alzheimer's disease and vascular dementia make up 90 75 per cent of all dementia diagnoses according to Alzheimer's Disease International (2020). Alzheimer's disease 'destroys brain cells and nerves disrupting the transmitters which carry messages in the brain, particularly those responsible for storing memories' (2020b No page). Vascular dementia is caused by a series of mini strokes that affect oxygen supply to blood vessels in the brain (2020c). 'Dementia with Lewy bodies […] is caused by abnormal proteins forming in brain cells disrupting the chemistry of the brain and causing nerve cells death. Accounting for roughly 10–15% of all dementias' (2020d). Finally, fronto-temporal dementia (including Pick's disease) is much rarer and is localised in the frontal lobe area of the brain and can affect people at a younger age than Alzheimer's (2020e).

All forms of dementia begin with issues relating to memory loss that progressively become worse alongside a range of other issues such as language and communication difficulties, decreased or poor judgement, changes in mood and behaviour and withdrawal. The Alzheimer's Society describes three broad stages of dementia: early-, middle- and late-stage dementia, also described as mild, moderate and severe (Alzheimer's Association (USA) 2020). Typically a person with early-stage

dementia lives independently but may begin to forget people's names. In mid-stage dementia, people may forget personal histories, have changes in personality and may become delusional and require support with daily care. In late-stage dementia, they may lose their ability to feed themselves, lose mobility and awareness of their surroundings, and require 24-hour care. Life expectancy averages four to eight years but can be as long as twenty (Alzheimer's Association (USA) 2020).

Dementia is already a major and significant world health issue. According to the World Alzheimer Report, there were 9.9. million new cases in 2015 alone, with 46.8 million people worldwide living with dementia (2015: 2). This will continue to double every twenty years to 131.5 million people living with dementia by 2050. The statistics themselves are extremely disturbing; the report also cites a dramatic rise in the incidence of people diagnosed with dementia over the age of 80 (2015:10). With a growing worldwide older population, they also predict that by the time someone reaches 90, 120 in every 1000 people will be diagnosed with dementia (2015: 10). All of this causes huge challenges to the individuals and their families, as well as a hugely increased cost in health and social care in order to support this rapidly growing population.

Drama therapy, drama, dementia and older people

Jaaniste et al. state that '[a] review of the literature revealed that little research has been published on drama therapy in the specific context of dementia' (2015: 43). Their small scale research: 'hypothesised that the use of drama therapy could show an improvement in the QoL (quality of life) of elderly people with mild to moderate dementia. Our findings provide support for this hypothesis' (2015: 47). Novy (2019) has also shown the importance of performance and story within a drama therapy context, giving older people with dementia the chance to relive and share their stories. Scott (2019) has considered the use of fairy tales with people with dementia using sensory and embodied interaction.

As far back as 1998, Wilkinson et al. carried out a pilot study into the use of drama and movement therapy with dementia (1998). Specifically from a dance movement therapy perspective, Karkou and Meekams showed that: 'trials of high methodological quality, large sample sizes and clarity in the way the intervention is put together and delivered are needed to assess whether dance movement therapy is an effective intervention for dementia' (2017: 2).

Similar views have been shared in the context of art therapy; one piece of Chinese research showed that:

Art therapy has some effect in improving the attention and orientation of dementia patients […] However, due to the limited number of related studies, there are variations regarding the duration, frequency and measuring tools of the intervention, which must be improved in future investigations.

(Wang and Li 2016: 108)

There have been a number of other small-scale research projects with art therapy and dementia including, for example, Mihailidis et al.'s (2010) article regarding the technologies required by art therapists to work with people with dementia.

Music therapists have long considered a 'common language' being used across all creative arts therapies (Aldridge and Aldridge 1992: 243). There is a range of music-based research being carried out in the fields of dementia and some relating specifically to music therapy (Otera et al. 2020; Tan et al. 2020). A music therapy systematic review comes to a similar conclusion, reporting: '[e]vidence for short-term improvement in mood and reduction in behavioural disturbance was consistent, but

there were no high-quality longitudinal studies that demonstrated long-term benefits of music therapy' (McDermott et al. 2013: 792). This review suggests despite the interest in the use of the arts therapies within the field of dementia, there appears to be gaps in the research.

Bernard et al. (2014) came to a similar conclusion in relation to drama and theatre with people with dementia, suggesting greater focus is placed on other creative arts activities such as music, singing, reminiscence and dancing with people with dementia. In a critical review on drama and ageing, Bernard and Ricketts concluded that '[m]ore utilisation and interrogation of theoretical frameworks is needed to guide and develop our understanding of older people's participation in theatre and drama' (2014: 44). They felt that 'support is also needed to develop ongoing relationships between academic researchers and practitioners, providing longitudinal data about older people's theatre and drama participation' (2014: 45).

This suggests that further research is required with greater underpinning of such research in the fields of drama therapy, drama and theatre with older people generally, and specifically within the fields of drama therapy and dementia.

Drama, drama therapy and dementia: A personal perspective

My own interest in working with older people and older people with dementia began prior to my training as a drama therapist. I completed an MA in educational theatre focussing on drama therapy (Holmwood 1992). I was interested in who might employ drama therapists and in what contexts. This later became part of my first published article (Holmwood 1995), in which I considered the benefits of the arts working with, amongst others, groups of older people. One occupational therapist (OT) who was working with dementia patients reflected on the impact of reminiscence drama on one individual, noting:

What we've found in her everyday life is that she is able to express negative feelings and problems which she wasn't able to do before, she'd keep them to herself, but she is now actually expressing these problems, so we're finding we can deal with problems as they crop up, and so hopefully this has prevented a further hospital admission.

(Holmwood 1995: 12)

The same interviewee then spoke about the power of using drama in a group setting of older people, some of whom had mild dementia:

To begin with the group were very shy, found it difficult to talk to one another but we've seen them develop both within their own personal skills and as a group, and we've also seen them transfer the skills they've gained, the communication skills they've gained within the group to their everyday life which is very important.

(Holmwood 1995: 12)

It became apparent to me early on in my career that drama had benefits to groups of older people and older people with dementia. This led to my first early important consideration of the power of drama whilst running a drama reminiscence group in the mid-1990s and led to me directly training as a drama therapist:

One elderly gentleman described how he came home from World War 2 as a fighting soldier had a cup of tea and went to bed. He never had a party to celebrate his return. With the group we agreed to give him the home coming party he never had, some 50 years later, which we did, and this was successful for the gentleman in question. The occupational therapist I was working with at the time

took me to one side afterwards and said what had just happened was bordering on therapy, […] because we allowed someone to put an end to something that remained unfinished. It was suggested I consider training to be a dramatherapist – which I did.

(Holmwood 2014: 55)

This moment was significant for this man as he gained the recognition, in a fictionalised sense, of his wartime contribution some 50 years later. He revelled in his fictionalised party thrown for him by the group. It was significant and transformative for me in my thinking too, in that I finally understood that fictionalised drama could impact real life and an individual's perception of it. I will return to this moment later.

Several other moments influenced my thinking, including my university drama therapy training placement. Based in a home for older people with memory loss, we used specific objects from bygone days and evocative war time music during the drama therapy group in order to allow people to focus on specific life moments, when other elements of their life and memory were slightly out of control or inaccessible due to memory loss. The loss of my own grandfather, who had lived with us my entire life, also occurred in the middle of my drama therapy training. This led to uncovering a whole part of my own family that touched on age and history. I had never known my grandmother; she had died months after giving birth to my own mother. The uncovering of her lost pauper's grave, in order to place my grandfather's ashes, tempered my own feelings towards older people and memory. I considered then what it must be like to lose not only precious older family members, but the memories that they collectively held.

My concluding unpublished thesis as I qualified as a drama therapist engaged in these important topics. It acknowledged that:

As we approach the new millennium, we are aware that our vastly changing world will provide us with an even larger minority of older people […] Dramatherapy with older people with memory loss is a newly emerging field and needs both research and methodologies developed to assess their use and effectiveness. Dramatherapists and all arts therapists need to work alongside other medical and therapeutic colleagues to develop a comprehensive program of services that help older people as a whole and not just as a series of medical conditions and syndromes

(Holwood 1996: 20)

Additionally at the time (1996), I began to be increasingly interested in the connections between brain and body by considering the latest ground-breaking research around psychoneuroimmunology, which is defined as 'the emerging science devoted to studying the two way relationship between the nervous system and the immune system [□] the brain exerts profound effects on immune responses' (Friedman and Klien 1996: X) and that psychoneuroimmunology 'was propelled by the widely held belief that the mind exerts significant effects on the health of the individual' (Friedman and Klien 1996 25 cited in Holmwood 1996: 19).

This journey had taken me to the stage where I noticed the importance of the arts and arts therapy based approaches and drama therapy specifically in the overall support of older people with dementia. However, what it lacked for me at the time was a theoretical framework I might hang this work on. Like all good ideas, this took time to incubate, in this case, 25 years.

Neuro-dramatic-play

NDP was developed by Jennings (2011) as a structured pre-therapy using play, story, movement and sensory-based approaches to support insecure attachments between babies and mothers from pre-birth through to older children and teenagers. It was not designed specifically as a formal therapy but is used and incorporated into the practice of a range of professionals including drama therapists within their work. Jennings offers training courses, which I have attended, that attract a range of professionals including teachers, play workers and arts therapists (Jennings 2020).

NDP was devised as a preventative measure and came out of Jennings' pioneering drama therapy work from the 1960s onwards in the United Kingdom. She described it as 'a new synthesis of several approaches to child development that included our greater understanding through neuroscience of the complexity of early brain development' (Jenning 2011: 28). Several elements of NDP, especially EPR, were developed much earlier (Jennings 1987; Jennings et al. 1994) and become most relevant here. EPR refers to a developmental paradigm for children from birth to the age of 7; it charts a child's development from the embodied phase of internal feelings in a newborn up to a 7-year-old who plays and acts out stories playing characters. Jennings was particularly influenced by her experiences whilst living and working with the Senoi Temiars people, which was central to her thinking. 'I maintain that this progression (EPR) is essential for dramatic play to develop in children' (Jennings 1995: 4).

Jennings defines NDP within two overarching frameworks; firstly The theatre of body/theatre of life (preventative), which considers the importance of creativity in child development from conception through to the first seven years and includes a variety of creative approaches including dance, drama music, art and storytelling (2011: 16). Secondly, Theatre of Resilience (Therapeutic) (Jennings 2011: 236) which describes a range of play-based approaches, which additionally includes social and therapeutic theatre, which might be of greater relevance to older children and teenagers. Central to all of this is the importance of sensory, rhythmic and dramatic play. Jennings also refers to the Primary Circles of Attention. Within this, she describes the circles of containment, care and attachment, which are central to the good physical and mental development of a newborn child. It is hoped that all newborn children can receive this focused attention to develop secure attachment, a secure base and good levels of resilience as they grow and mature.

As we know, many children, particularly those who are looked after in United Kingdom's local authority care system2 (Moore 2020), or who come from abusive backgrounds, or from families where parents themselves have attachment issues, poor mental health or addiction difficulties, do not always have this central positive attachment in their lives. Hence Jennings' consideration of the impact of the growing field of psychological and neurodevelopmental research over the last 30 years. This applies in particular to our more recent greater understanding of brain chemistry (Gerhardt 2011), and trauma (van der Kolk 2014). Malchioldi (2020) has also discussed this in detail in relation to expressive arts therapy (EAT), trauma and our understanding of the brain and body in relation to the positive use of the arts and appears to share, in my view, similarities to Jennings work. Ultimately Jennings' work acknowledges a relationship between positive brain development and constructive early attachments through caregivers to arts-based approaches, which chart the natural development of the child. Sensory-based play is central to good baby and childhood development; 'good enough' parents, do this with their children naturally, without necessarily fully understanding its central importance. Those caregivers and their children who are not able to offer this might need extra assistance. This is the essence of NDP.

Drama therapy, NDP, EPR, 'sense and nonsense': A new Paradigm theoretical approach

So, how did I actually make this theoretical leap to using something developed for children at the beginning of their lives for older adults approaching the end of their lives? It is the work of two colleagues (Jennings 2016; Jaaniste 2016) that lead to my second important discovery, reading their key book chapters (Jennings and Holmwood 2016), which I then brought together in an open lecture delivered at the University of Derby in December 2019 entitled: 'Sense and nonsense: Play older people and dementia, a neuro-dramatic play approach'.

Firstly, in a chapter entitled, 'From brains to bottoms: The preoccupation of the very young and the very old' Jennings (2016) makes some connections around the sociological contexts around children and older people. There is an expectation that children study hard in school and pass exams in order to get good jobs if their lives are to be meaningful and if they do not achieve this, they have somehow failed. Jennings draws some similar conclusions around the expectations society holds of older people:

bodily control, especially of the body fluids, is a constant preoccupation for older people. Various precautions are taken that can have the effect of incontinence (water intake is restricted; despite the fact it has anti-toxin effect). Anxiety is raised that people might 'disgrace' themselves.

(Jennings 2016: 138)

Therefore like children and young people, older adults can at times be placed in positions where society expects they should conform, without considering the general physical and mental health and levels of anxiety and stress placed upon them.

Jaaniste's (2016) chapter 'Life Stage and human development in dramatherapy with people who have dementia', concluded, for me, the ideas I had begun to consider some 25 years earlier. Jaaniste writing in Australia felt that the 'respect for elders is being lost in the economic and political discourse over dementia and its perceived social and fiscal consequences' (Jaaniste 2016: 262). Her work with people with dementia used Jennings' EPR model, however in reverse, as role, projection, embodiment (RPE), dependent upon the stage of dementia an individual was at.

EPR, part of Jennings' NDP, will be familiar to many drama therapists. It charts the first seven years of a child's development in three different stages based on many years of observation (2011). Embodiment is about the first eighteen months of life and can involve such things as massage, movement rhythms and messy play, the way in which a newborn connects with themselves and their world around them. Projection is from about eighteen months to three years and involves slightly more concrete thinking and ideas starting with sand and water through to using small objects and puppets and possibly using language and the beginnings of telling stories by the end of this stage. Role, from about three years onwards, brings on board more literal thinking and creativity and the full use of verbal language, including creating stories with fully formed beginnings, middles and ends, complete characters and the physically acting out of stories. This is something most children do by the age of 7. Children who struggle, due to abuse or poor familial attachments, can revisit a stage to work through it. I can often fairly accurately assess a child's attachment and their own individual development by observing them in the various stages of play. Interestingly Malchiodi comes to some very similar conclusions when she discusses 'The Expressive Therapies Continuum' (ETC) (2020: 76). She describes that ETC 'very loosely mimics a "lower-to-higher" brain process (kinaesthetic/sensory to affective/perceptual to cognitive)' (2020: 76).

Whereas Jennings describes EPR as a sequential developmental paradigm, it is not necessarily fixed; children can move from one phase to another and back again and can at times miss phases out dependent upon their need. Jaaniste describes working with older people with dementia in reverse

when she discusses RPE: Role, Projection, Embodiment. 'The EPR-reversed model of RPE is a safe structure for clients to validate their inner life when approached phenomenologically' (Jaaniste 2016: 267). In other words, the RPE approach is used to validate an individual older person's lived experience in the moment, without judgement. The appropriate stage in Jennings' original model is selected to match the severity of the individual's dementia. As Jennings states herself, a newborn child needs to 'make sense of the world around us' (Jennings 2016: 139). The embodiment phase allows the child to understand where their own body finishes and the world around them starts. This could be considered akin to an older person in late-stage dementia, where they may be unable to move, struggle to eat or not know where they are or who the people around them are. Yet simple things such as messy play, colour, shape, textures, rhythms, sound, voice and music might bring moments of clarity into a world which is full of strangeness, confusion, chaos and anxiety.

This notion of the reversal of child development with dementia is something that Reisberg et al. (2002) have been considering for a number of years in relation to what they described as: '[r]etrogenesis (which) can be defined as the process by which degenerative mechanisms reverse the order of acquisition in normal development' (2002: 202). Reisberg et al. use a functional landmark chart to clearly note the downward trajectory of Alzheimer's patients and their abilities. For example, they compare mild dementia to late teenage years, where as a young adult they can hold a job, all the way down to one to three months (birth child age) where in severe late-stage dementia they are not able to even hold their head up (2002: 204). Reisberg et al. consider what they call 'care axiom's' (2002: 206) as new ways of managing the degenerative levels of the illness by considering the particular stage the patient is at' (2002). . Considering RPE alongside this might be very helpful in the future.

In hindsight I was unknowingly working with aspects of RPE before I trained as a drama therapist using creative drama practice, on the edges of therapy. To explain the RPE stages further I will briefly give some examples of how I might use them based on illustrative case vignettes.

Vignette 1: Role

A clear example of this is how I might, and ironically did, work with the man I mentioned earlier, almost 30 years ago (Holmwood 2014: 55). He had come back from the war at the end of 1945, went to bed and never celebrated his homecoming. Something we did as a group with him was to create a welcome home party, giving him a new story with which to reflect, celebrate and enjoy. He was lucid and well connected to the world around him, allowing him to 'act out' his own story with himself as the protagonist. This appeared to give him the agency to remake and create a new story, one he had never had, which he very much enjoyed. A concrete story with role and character and beginning, middle and end was formed.

Vignette 2: Projection

At about the same time I worked with a man who had been a factory foreman for many years. This man was part of a group of people who were in the mid stages of dementia. He had a fondness for removing his false eye and showing it to people, which at times some people found unsettling. However, for this man the fog of dementia at times confused his thoughts. Being a factory foreman was his life's work, and this was beginning to return when we met as a group each week. He would storm around the room on occasions and demand people get back to work and stop sitting down. He was, at times, in this factory and in the role of foreman. Conventional wisdom at the time was very much focused on the idea of 'Reality Orientation' (RO) (Holden and Stubbs 1988). The expectation was that you would gently remind the person where they were and what was really happening, and

relate them to the real world. However, this man found so much pleasure in re-living his earlier role, which he did with humour, and was treated patiently and caringly by everyone attending, that it felt right to allow him to continue to project his role and place of work upon us.

This approach is validated by Feil's notion of validation therapy developed in the 1990s. 'The therapy is based on the general principle of validation, the acceptance of the reality and personal truth of another's experience and incorporates a range of specific techniques' (Neal and Barton Wright 20032010: 1). This challenges the earlier idea of reality orientation, where clients' own experiences are not considered appropriate and an insistence on the real world is considered more important. RPE and validation therapy both appear to place the individual client's own experience as being more central and not the real world which they are gradually slipping away from. In this way, the client's individual experience is validated and hopefully lessens their own stress and anxiety.

In the same way, a man in late-stage dementia does not need reminding his wife died several years ago, because every time he hears it, it is fresh and new, as if he has heard it for the first time. Each time it would cause incredible heartbreak and distress to him and those caring for him. This in itself could be considered to be cruel as it could happen every hour of every day.

Vignette 3: Embodiment

The third example is someone I never worked with directly but was related to me by a colleague. A woman was convinced she was on a cruise liner, though lived in reality in a care home. She had a lifetime of going on cruises prior to her retirement and diagnosis of dementia. Being on a cruise ship was, most of the time, her permanent lived experience. She could be found most mornings with her suitcase packed waiting to 'disembark' and had to be assured that there was no disembarkation that day. Despite the street and trees that could be readily seen outside the window of her room, in her world she was on that cruise no matter what anyone said.

Conventional wisdom would be to orientate her away from this 'fantasy' of being on a ship, there was no ship, she was in a home, though this would distress and confuse her. However as we have discussed, validation therapy (Neal and Barton Wright 2010) suggests otherwise. Embodied somatic experiences that reminded her of past cruises might be beneficial, without having to focus and remind her of the fact she was not on a ship. For example, a fan to represent the sea breeze, coloured and textured materials to represent the sun, the sky and the sea, and music from the shows she might have seen on board. Not a coherent story, just the embodied, somatic experiences which would remind her of joyful times. It might, as Jaaniste states, give a 'safe structure for clients to validate their inner life when approached phenomenologically' (2016: 267).

Brain science as validation

It could be argued that there is a lack of research validating these experiences, especially both quantifiable and empirical research, proof that such approaches are effective, that such ways of working alleviate stress and anxiety in individuals and groups. I was interested in how the brain worked in my original drama therapy training research (Holmwood 1996) when I considered the notions of neuroimmunology (Friedman and Klien 1996: 25) and the fact that the brain has the potential to exert impact over the body. Almost 25 years later the science and understanding of how the brain works has developed exponentially. There has been discussion for over twenty years around the use of MRI scanning in order to detect various forms of dementia (O'Brien 2007). We have known for many years that cortisol, the 'stress' hormone, can be corrosive (Gerhardt 2011: 56). However some of the very latest research on brain cells show that a mechanism known as autophagy, which protects cells in the brain, can actually do the opposite under certain stressful

conditions and can actually destroy cells in the brain (Jung et al. 20202019). In other words, stress is potentially very much more than just corrosive; it has the potential to literally eat cells in the brain. The word autophagy in Greek literally means 'self-eating', leading to degenerative conditions such as dementia.

I am of course not saying there is any proof that creative approaches might help to reduce such degenerative diseases. Though 25 years ago I was asking a similar question when considering psychoneuroimmunology (Friedman and Klien 1996) and whether the mind has potential to impact on the health of the individual. However, if such approaches as drama therapy can impact on the overall stress and anxiety levels of an individual, might it also have impact upon the physical causation of aspects of dementia itself? Future empirical research carried out by drama therapists and other creative arts therapists in conjunction with medical colleagues might help to establish possible causal effects between drama therapy approaches relieving stress and anxiety and the neurophysiology of the brain.

Conclusions

This article has very much been a personal and reflective journey, considering my own experiences of and relationship working with older people and dementia over almost 30 years. It has charted the ways that I have worked, considered the changes in my own theoretical thinking and practice, whilst acknowledging the various changes in response to working with older people and the development of neurobiology. Now being very much in my own midlife I am aware of the slow creepage of time on my own journey towards being an older person. My relationship to the subject is now much more nuanced, especially having dealt for some time now with older relatives who themselves have challenges in relation to age and memory.

It is clear that there is research developing in this field. For example, Scott considered sensory experiment and embodied interaction with people with dementia using fairy tales (2019). Scott concludes that her work had 'lasting effects' (2019: 92) but she felt that 'specialised research in Dramatherapy, dementia and co-morbid conditions' (2019: 92) should be encouraged. The Social Care Institute for Excellence have acknowledged the need for greater use of the arts with dementia and list a number of arts-based projects (SCIE UK 2020). Jaaniste's work on RPE in Australia is central to future drama therapy research approaches. Other recent innovative work includes the use of musical theatre and drama therapy with dementia patients being developed as a theoretical framework in a nursing home in Israel, with the audience as 'spec-actors' (Dassa and Harel: 2019). Additionally, other recent Israeli research with older people in their 70s looking at life review therapy and drama therapy (Keisari and Palgi 2017) has empirical evidence that their unique approach has been 'effective at improving measures of mental health, psychological well-being, and the experience of successful aging' (2017: 1088). Though not working with people with dementia specifically, their work showed that individuals could 'deeply engage with the other participants inner worlds and, through this experience, develop meaningful relationships with others' (2017: 1087).

As I have stated we need to begin to work much more closely with other health care and medical professionals in order to develop the research and appropriate methodologies and pool our collective knowledge and practical skill base as drama therapists in order to provide as positive as possible outcomes for older people and older people with dementia. I am indebted to Sue Jennings and Joanne Jaaniste for allowing me to see that ideas I began to organically develop earlier in my career had some theoretical validity. Placing more formal theory and structure around these ideas is potentially a way forward for working creatively and resourcefully with people with dementia. This

may be a way to give back to the previous generation who gave so much. I make no apology for making this a personal journey, a personal story; for surely all our work should be an extension of our own stories, giving people living with profound difficulties and challenges one last chance to tell theirs. A story we shall surely all be part of one day.

I can think of no better way to finish than to quote the eminent psychotherapist Irvin D. Yalom: 'Time cannot be broken; that is our greatest burden. And our greatest challenge is to live in spite of that burden'.3

References

Aldridge, D. and Aldridge, G. (1992), 'Two epistemologies: Music therapy and medicine in the treatment of dementia', The Arts in Psychotherapy, 19:4, pp. 243–55.

Alzheimer's Association (USA) (2020), 'Stages of Alzheimer's', Alzheimers Disease International (2020) https://www.alzint.org/about/dementia-facts-figures/types-of-dementia/alzheimers-disease/.https://www.alz.org/alzheimers-dementia/stages. Accessed 19 November 202020th February 2021.

Alzheimer's Disease International (2020), 'Types of dementia', https://www.alz.co.uk/info/types-of-dementia. Accessed 19 November 2020.

Alzheimer's Disease Society (2015), World Alzheimer Report 2015: The Global Impact of Dementia: An Analysis of Prevalence, Incidence, Cost and Trends, Executive Summary. Alzheimer's Disease Society, London. https://www.alzint.org/u/worldalzheimerreport2015summary.pdf. Accessed 19 November 202020th February 2021.

Alzheimer's Disease Society (2020a), 'Alzheimer's disease', https://www.alzint.org/about/dementia-facts-figures/types-of-dementia/alzheimers-disease/. Accessed 19 November 2020.20th February 2021

Alzheimer's Disease Society (2020b), 'Vascular dementia', https://www.alzint.org/about/dementia-facts-figures/types-of-dementia/vascular-dementia/. Accessed 20th February 202119 November 2020.

Alzheimer's Disease Society (2020c), 'Dementia with Lewy bodies', https://www.alzint.org/about/dementia-facts-figures/types-of-dementia/dementia-with-lewy-bodies/. Accessed 20th February 202119 November 2020.

Alzheimer's Disease Society Fronto-temporal dementia (including Pick's disease)' (2020d), 'Fronto-temporal dementia (including Pick's disease)', https://www.alzint.org/about/dementia-facts-figures/types-of-dementia/fronto-temporal-dementia/. Accessed 19 November 2020.20th February 2021

Barton, N. and Wright, P. (2003), 'Validation therapy for dementia', Cochrane Database of Systematic Reviews, 3, CD001394. Version published: 21 July 2003

Bernard, M. and Rickett, M. (2014), Cultural Value Ageing, Drama and Creativity: A Critical Review, Project Report, Keele: Keele University and Arts and Humanities Research Council.

Bernard, M., Rickett, M., Amigoni, Munro, L. D., Murray, M. and Rezzano, J. (2014), 'Ages and stages: The place of theatre in the lives of older people', Ageing and Society, 35:6, pp. 1–27.

Dassa, A. and Harel, D. (2019), 'People with dementia as "spect-actors" in a musical theatre group with performing arts students from the community', The Arts in Psychotherapy, Volume 65, September 2019 101592.

Gerhardt, S. (2004), Why Love Matters, How Affection Shapes a Baby's Brain, London: Routledge.Friedman, H. Klien, T.W. Friedman, A.L. (Ed) (1996) Psychoneuroimmunology Stress and Infection. Salem Masachusetts USA: CRC Press Inc.

Gerhardt, S. (2011), Why Love Matters, How Affection Shapes a Baby's Brain, London: Routledge.

Holden, P. and Woods, R. T. (1988), Reality Orientation: Psychological Approaches to the 'Confused' Elderly, Edinburgh: Churchill Livingstone.

Holmwood, C. (1992), 'Drama and therapy the background and a case study', MA dissertation, Bretton Hall College Leeds University, unpublished.

Holmwood, C. (1995), 'Looking ahead: Future employment as dramatherapists in an ever changing market forces economy', Dramatherapy, 17:3, pp. 10–16.

Holmwood, C. (1996), 'Dramatherapy with older people with special reference to older people with memory loss', Dramatherapy Post Graduate Diploma in Dramatherapy Dissertation, University of Hertfordshire, unpublished.

Holmwood, C. (2014), Drama Education and Dramatherapy: Exploring the Space Between Disciplines, London: Routledge.

Jaaniste, J. (2016), 'Life stage and human development in dramatherapy with people who have dementia', in S. Jennings, and C. Holmwood (eds), Routledge International Handbook of Dramatherapy, London: Routledge, pp. 262–71.

Jaaniste, J., Linnell, S., Ollerton, R. L. and Slewa-Younan, S. (2015), 'Drama therapy with older people with dementia: Does it improve quality of life?', The Arts in Psychotherapy, 43, April 2015 pp. 40–48.

Jennings, S. (1987), Dramatherapy: Theory and Practice of Teachers and Clinicians, London: Routledge.

Jennings, S. (1995), Theatre, Ritual and Transformation: The Senoi Temiars, London: Routledge.

Jennings, S. (2011), Healthy Attachments and Neuro-Dramatic-Play, London: Jessica Kingsley Publishers.

Jennings, S. (2016), 'From brains to bottoms: The preoccupation of the very young and the very old', in S. Jennings, and C. Holmwood (eds), Routledge International Handbook of Dramatherapy, London: Routledge, pp. 135–44.

Jennings, S. (2020), 'Neuro-dramatic-play', Neuro-Dramatic-Play Ltd https://www.ndpltd.org/. Accessed 19 November 2020.20th February 2021

Jennings, S. and Holmwood, C. (eds) (2016), Routledge International Handbook of Dramatherapy, London: Routledge.

Jennings, S., Mitchell, S., Chesner, A. and Meldrum, B. (1994), The Handbook of Dramatherapy, London: Routledge.

Jung, S., Choe, S., Woo, H., Jeong, H., An, H. K., Moon, H., Hye Young, R., Yeo, B. K., Lee, Y. W., Choi, H., Mun, J. Y., Sun, W., Kyoung Choe, H., Kim, E. K. and Yu, S. W. (2020), 'Autophagic death of neural stem cells mediates chronic stress-induced decline of adult hippocampal neurogenesis and cognitive deficits', Autophagy, 16:3, pp. 512–30.

Karkou, V. and Meekums, B. (2017), 'Dance movement therapy for dementia', Cochrane Database of Systematic Reviews, 2 Issue No 2., CD011022.

Keisari, S. and Palgi, Y. (2017), 'Life-crossroads on stage: Integrating life review and drama therapy for older adults', Aging & Mental Health, 21:10, pp. 1079–89.

Malchiodi, C. A. (2020), Trauma and Expressive Arts Therapy – Brain, Body, & Imagination in the Healing Process, New York: Guildford Press.

McDermott, O., Crellin, N., Mette Ridder, H. and Orrell, M. (2013), 'Music therapy in dementia: A narrative synthesis systematic review', International Journal of Geriatric Psychiatry, 28:8, pp. 781–94.

Mihailidis, A., Blunsden, S., Boger, J., Richards, B., Zutis, K., Young, L. and Hoey, J. (2010), 'Towards the development of a technology for art therapy and dementia: Definition of needs and design constraints', The Arts in Psychotherapy, 37:4, pp. 293–300.

Moore, J. E. (2019), Narrative and Dramatic Approaches to Children's Life Story Work with Foster, Adoptive and Kinship Families – Using the Theatre of Attachment Model, London: Routledge.

Neal. M, Barton Wright. P. (2003) Validation therapy for dementia. Cochrane Database of Systematic Reviews 2003, Issue 3. Art. No.: CD001394. DOI: 10.1002/14651858.CD001394.

Novy, C. (2019), 'From reality disjunctions to dramatic reality: Bridging realities through the performance of life stories in dementia care', Dramatherapy, 40:3, pp. 122–33.

O'Brien (2007), 'Role of imaging techniques in the diagnosis of dementia', British Journal of Radiology, 80:2, pp. S71–77.

Office For National Statistics UK Government ONS (Office of National Statistics) (2019), 'Living longer: Is age 70 the new age 65? Measuring ageing in terms of remaining life expectancy, instead of years lived, may provide a better indicator of the health of our ageing population', UK Government, https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerisage70thenewage65/2019-11-19. Accessed 20 July 2020.20th February 2021

Otera, M., Saito, S., Kano, M. and Ichie, H. (2020), 'Clinical characteristics of home-based music therapy in supporting personhood in people with dementia', The Arts in Psychotherapy, 70, p. 101682.

Reisberg, B., Franssen, E. H., Souren, L. E. M., Auer, S. R., Akram, I. and Kenowsky, S. (2002), 'Evidence and mechanisms of retrogenesis in Alzheimer's and other dementias: Management and treatment import', American Journal of Alzheimer's Disease & Other Dementias, 17:4, pp. 202–12.

Scott, B. (2019) Dramatherapy in a nursing home: Exploring resonances between sensory experience and embodied interaction in people with dementia through the use of fairy tales. Dramatherapy 2019, Vol. 40 (2) 81–94 DOI: 10.1177/0263067219847912

The Social Care Institute for Excellence (SCIE UK) (2020), 'Dementia: Creative arts for people with dementia', https://www.scie.org.uk/dementia/living-with-dementia/keeping-active/creative-arts.asp. Accessed 28 November 2020.

Tan, P., Lester, L. H. and Lin, A. M. (2020), 'Music therapy treatments in an inpatient setting: A randomized pilot study', The Arts in Psychotherapy, 69, p. 101660.

van der Kolk, B. (2014), The Body Keeps the Score, Mind, Brain and Body in Transformation of Trauma, London: Penguin.

Wang, Q. Y. and Li, D. M. (2016), 'Advances in art therapy for patients with dementia', Chinese Nursing Research, 3:3, pp. 105–08.

Wilkinson, N., Srikumar, S., Shaw, K. and Orrell, M. (1998), 'Drama and movement therapy in dementia: A pilot study', The Arts in Psychotherapy, 25:3, pp. 195–201.

1. The UK spelling is one word, for the purposes of this article the US spelling of two words will be used.

2. In the United Kingdom Looked After Children (LAC) refers to any child or young person under the age of 18 who is looked after by the state in a foster home, in a care home or with the agreement of the authorities with another family member.

3. https://twitter.com/IrvinD_Yalom/status/1284514545634021377 (accessed 19 July 2020).