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Musical Theatre and Drama Therapy: A Duet for Dementia

A Literature Review

Capstone Thesis

Lesley University

May 5th, 2021

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Mental Health Counseling, Drama Therapy

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Abstract

The purpose of this capstone thesis is to explore the potential of developing musically informed dramatic interventions that directly support the quality of life (QoL) for patients with Alzheimer's disease and related dementias (ADRD). Alzheimer's disease (AD) is progressive, causing people to lose their memory and thinking skills and eventually carrying out simple daily tasks. Researchers estimate that more than 5 million Americans live with AD today. There is no known cure for dementia, but treatment care has evolved into person-centered, non-pharmacological approaches often involving expressive art interventions to channel a patient's creative strengths. Research has become increasingly valuable in the field of drama therapy in recent years. However, more research is needed to provide rigorous studies that add to and strengthen the field's understanding of drama therapy practices. A gap in this research is adaptable, approachable, and accommodating dramatic interventions for this population. Through the writer's evaluation of research and experience at a nursing care facility, the data suggests a collaborative relationship between drama and music therapy is possible and can help create therapeutic musical theatre interventions. Furthermore, musically informed drama therapy, once developing structured methodology and conducting future empirical research, has the potential to create an entry point for patients with ADRD in accessing their imagination and creativity.

Keywords: Alzheimer's disease and related dementias (ADRD), Alzheimer's disease (AD), person with dementia (PWD), drama therapy (DT), music therapy (MT), musical theatre, musically informed drama therapy, quality of life (QoL), neuro-cognitive disorder (NCD)

Musical Theatre and Drama Therapy: A Duet for Dementia

Introduction

Alzheimer's disease (AD) is the rapid deterioration of one's memory and cognitive abilities. Since its first definition in 1906, AD is now the most common type of dementia, an umbrella term to describe a group of symptoms. Early signs and symptoms of Alzheimer's include memory loss disrupting daily life, challenges in planning or problem solving, difficulty completing familiar tasks, confusion with time or place, trouble understanding visual images and spatial relationships, new problems with words in speaking or writing, misplacing things and losing the ability to retrace steps, decreased or poor judgment, withdrawal from work or social activities, and changes in mood and personality (Alzheimer's Association, 2021). Around 50 million people worldwide live with dementia, with 10 million new cases each year and rising. Even as one of the most widely recognized causes of disability and dependency among older people worldwide, dementia is often stigmatized and misunderstood, resulting in barriers to diagnosis and treatment. The impact of dementia on carers, family, and society can be physical, psychological, social, and economic (WHO, September 2020).

When the World Health Organization (WHO) declared dementia as a public health priority in 2017, and scientists made remarkable strides in understanding how the disease affected the brain and used this information to improve the lives of affected individuals and families. WHO defines 'healthy aging' as "the process of developing and maintaining the functional ability that enables wellbeing in older age" (October 2020, para. 3). Functional ability is one's potential capacity to perform everyday tasks that contribute to regular functionality physically, mentally, and emotionally. This ability exists when our intrinsic capacity to interact with our environmental stimuli is fully operational. Intrinsic capacity is limited by an individual's

cognitive and physical capabilities and can be influenced by the presence of diseases, injuries, and age-related changes.

There are numerous research disciplines involved to advance our understanding of why we age and how it affects human functioning and social arrangements. Gerontology, the study of old age, concentrates on the aging process and associated physical and cognitive functioning challenges common throughout late lifetime development (Dassa and Harel, 2019). Because of the multidisciplinary nature of the field, gerontologists share the common perspective articulating aging's basic image is challenging (Wilmoth. 2013). 'Old age,' also referred to as senescence, has a dual definition; the final stage of the traditional life span and an age group or generation comprised of the oldest members of a population (Encyclopedia Britannica, 2016). No universally accepted age is considered 'old.' In contemporary western countries, 65 years old is statistically considered the eligibility for retirement. As life expectancy continues to rise, the average retirement age increases internationally between 2020 and 2030 (United Nations, 2020).

In the writer's experience as an activities intern at a nursing home, the patients were 65 and older and diagnosed with mild to moderate Alzheimer's disease. The *American Psychiatric Association* defines Alzheimer's disease as a neurocognitive disorder (NCD) when one's impaired cognition follows a decline from a previously attained level of functioning. Older adults whose memory and learning functions are affected meet the diagnostic criteria for AD when they have a progressive change over time without extended plateaus and whose cognitive decline is not due to a mixed etiology (2013). As a result, the writer found it challenging to approach the population conventionally due to limitations in physical mobility, cognitive engagement, and adhering to a strict schedule built around the patient's treatment care. In some cases, the activity group sessions were the patient's only source of social interaction within the community. During

group sessions, the writer observed patients intimidated by dramatic play. Drama therapy is active and experiential, and for older adults, the experience may feel aversive. It is common for older adults to express feelings of longing to complete tasks the same way they had done when they were younger. They put expectations on themselves, and when they cannot rise to the occasion, they project feelings of disappointment and shame (Hemberg, 2020).

While these individuals can partake in a dramatic active role, they embody a level of self-awareness of their reality and capabilities. Furthermore, most patients could not physically engage at the interaction level needed for enactment and embodiment. These individuals would need to participate in a passive role, focusing on existing dementia treatment care research to determine the best expressive art therapy entry point. Instinctually, research for this literature review began with the North American Drama Therapy Association (NADTA), where a worksheet titled *Drama Therapy for a Geriatric Population* (2015) exists. While working with people diagnosed with Alzheimer's disease and related dementias (ADRD), the drama therapist can use dolls, puppets, hats, scarves, or other sensory devices to evoke memories. Older individuals can be encouraged to use their imagination to write and act out stories. Drama therapy allows for communication and connection utilizing sound and movement even when a person has lost the ability to speak and write (NADTA, 2015).

Musical theater is a type of performance that involves acting, dancing, songs, and dialogue. This art form, also called a musical, involves enacted stories integral to the plot (Campbell, 2020). The art form functions by placing equal importance on all performative elements. There is a connection between the idea of shared importance and the necessity to lean into an intermodal approach when working with the ADRD population. Drama therapists need an awareness of the abilities and vulnerabilities and use scaffolding to cater to creative strengths.

The purpose is to gradually introduce the dramatic medium to older participants in a comfortable and non-stressful manner. This writer hypothesizes that instead of approaching drama therapy with this population through a singular lens, facilitators can ease into the dramatic medium intermodally. Empirical evidence suggests that music therapy is the most effective, creative, and non-pharmacological intervention to reduce cognitive decline, improve neuropsychiatric symptoms, and enhance the quality of life (QoL; Herholz, 2013).

Research Methodology

Within this thesis, the writer conducts a literature review to create a descriptive summary of relevant research and synthesize connections between existing music and drama therapy interventions to develop the basis for a musically informed drama therapy approach and design for dementia and Alzheimer's support in the future. The process reflects research-creation, an approach that combines creative and academic research practices and supports the development of knowledge and innovation through artistic expression, scholarly investigation, and experimentation (University of Alberta, 2021). The research collected is predominantly qualitative and arts based. The material sources reflected from peer-reviewed articles and journals published between 2011 – 2021. The scope of the studies emphasized and built upon existing music and drama therapy theoretical foundations and practices. Publications that focused on designing active interventions for older patients with inevitable physical and cognitive limitations were reviewed and selected based on their relevance to the research question.

Vital information collected is thematically organized for this literature review. Following the introduction, the writer presents background information about Alzheimer's disease and related dementias (ADRD) and the evolving contextual framework behind research and current treatment approaches for the population. The following section focuses on drama and music

therapy interventions and theory. The research then shifts into an analytical discussion about musical theatre influences in clinical therapeutic practice. The writer discusses possible entry points in which musically informed drama therapy could exist for this population today's global response to Covid-19. This section is followed by discussing the critical need and potential in this research to better support vulnerable communities requiring more flexibility, adaptability, and patience to experience their embodied stories through the dramatic medium.

Literature Review

Oh, if life were made of moments, / Even now and then a bad one—! / But if life were only moments, / Then you wouldn't know you had one.

—Stephan Sondheim, *Into the Woods*

Evolution of Treatment Care

According to developmental psychologist Erik Erikson (1950), individuals navigate a series of psychosocial developmental tasks from infancy to death. The final stage, late adulthood, involves "ego integrity." This is the concept of people reflecting on their accomplishments and coming to terms with the past and future in the face of upcoming death with wisdom in the culmination of one's lived experiences. Erikson argued that if the individual did not see their lives as productive, feels guilty about the past, or realizes they are not accomplishing their life goals, they become dissatisfied with life and develop despair, leading to depression and hopelessness.

In the '90s, there was a significant shift in attitudes towards dementia patient treatment care. Symptomatic treatments primarily became palliative, providing only temporary relief (Martone and Piotrowski, 2019). For people with dementia (PWD), non-pharmacological interventions were designed for person-centered care, referring to maintaining a sense of

personhood through communication and relationships. Carl Rogers (Raskin, 2005) presented the humanistic theory about person-centered therapy in the '40s, but Tom Kitwood (1990) pioneered this approach through the lens of dementia. Kitwood insisted that there is no automatic correlation between a person's declining cognitive ability and their level of wellbeing but rather a dialectical interplay between a range of factors: personality, life history, physical health, and the extent of neurological impairment caused by the dementing process and the social-psychological factors affecting them. Modern researchers have since built upon Kitwood's research and developed a person-centered model of four core elements: (a) valuing, (b) individual, (c) perspective, and (d) social psychology to enhance the experience of health care, improving information and understanding, promoting prevention, and encouraging peer support for people with ADRD (McGreevy, 2015).

Treatment care for Alzheimer's disease (AD) largely revolves around the theory of enhancing an individual's quality of life. "Quality of life (QoL) is a multidimensional evaluation of the person-environment system of an individual" (Ettema et al., 2005, 353). Through the lens of AD, QoL is someone's ability to cope with the consequences of dementia symptoms and the extent of their adaptation to those consequences (Akintola, Achterberg, and Caljouw, 2019). Jaaniste et al. (2015) detailed the effectiveness of drama therapy interventions supporting the QoL of people with mild to moderate dementia. Data collected over the course of four months from participants in an experiential drama therapy group revealed higher QoL-AD rating scores when compared to the scores of a control group that only watched movies. Qualitative findings reported a participant's ability to express manifested ideas and feelings through drama therapy and an unveiling of conscious awareness of the participants' wellbeing. Themes of anger and

frustration, family members, dementia/memory loss, and grief arose during the drama therapy sessions.

Person-centered care and collaborative approach have since become reference points for maximizing the wellbeing of people with dementia in conjunction with addressing biomedical needs. However, embedding person-centered care in practice largely depends on a timely diagnosis and education: Is there an opportunity for forwarding planning? Can caregivers collaborate, or do they lack the skill to balance conflicting demands and choices? Kontos, Mitchell, and Mistry (2010) used dramatic interventions as educational tools to improve person-centered dementia care in nursing homes in Canada and revealed that embodied selfhood (non-verbal self-expression) was a "new awareness that residents' body movements and dispositions can convey meaning; seeking biographical information from families; increased time efficiency and supporting residents' independence" (Kontos, Mitchell, & Mistry, 2010, 159).

Increasing interest in person-centered dementia treatment care often takes the form of arts-based interventions based upon the individual's creative strengths. Implementation of creative therapies can support improvements in creative self-expression, communication, pleasure and enjoyment, and general engagement in PWD (Rylatt, 2012). One of the most successful ways of identifying and implementing appropriate artistic approaches for individuals is to adopt a biographical approach and learn about the person's life history. As dementia progresses, verbal communication is affected, and memories become disjointed. Art, music, and dance can reignite memories and lead to new means of communication, enabling people to become active contributors to their environment (McGreevy, 2016).

A pivotal component to dementia treatment care is the development of early intervention due to early detection of mild cognitive impairment symptoms. Mild cognitive impairment

(MCI) is the heterogeneous state between physiological aging and early dementia. Distinct clinical and neuropathological features consist of impairments that disrupt daily functioning while not meeting the criteria for dementia. These impairments occur in memory, language, visual-constructive praxis, executive functioning, and other mental health functions (Cooper et al., 2013). Studies have demonstrated that group participation in expressive art therapies (EAT) increases cognitive function and enhances a sense of well-being by increasing the senses through social interaction (Yates et al., 2017).

Expressive art therapy (EAT) is a group intervention model of social interaction that requires participants to create and share their artwork and feelings. EAT provides an opportunity and supportive environment for participants to actively explore self-capacity, self-expression, and personal interests while integrating stimuli from multiple sensory modalities (Malchiodi, 2003). While there has been little research on the benefits of EAT in older adults with MCI, accessibility to these creative applications can practically and efficiently improve one's cognitive and emotional state. Yuan-Jiao et al. (2021) studied the feasibility of expressive art therapy (EAT) interventions with adults who met the diagnostic criteria of MCI. The results yielded improvements in participants' general cognition, language functions, psychological and social relationship domains of QoL, and alleviation of anxiety and depression post-intervention. Although the findings are promising, their data requires validation with well-designed, randomized controlled trials with larger sample size and inclusion of drama, music, and movement therapeutic interventions.

Drama Therapy & Dementia Care

When interacting with older clients, it is common to encounter physical and mental challenges associated with traditional aging alongside AD symptoms. While Alzheimer's disease

(AD) is one of the most researched phenomena in modern medicine, there are limited research studies that have empirically explored the value of drama therapy with older adults (Feniger-Schaal & Orkibi, 2020). With AD on the rise, drama therapists must be aware of the physical and mental challenges associated with traditional aging and emphasize that everybody possesses creative strengths. In *Drama as Therapy*, Phil Jones (2007) presents the core processes of drama therapy. One of those, dramatized embodiment, emphasizes developing the potential body for more effective communication. In theatre, the body expresses the actor's imagination, and their bodily expressions engage the audience through movement, sound, and interaction with others. Active embodiment gives the actor permission to discover and expresses roles, ideas, and relationships through face, hands, movement, and voice (Jones, 2007).

In 2014, researchers in the Netherlands published a study focused on a theatre-based communication method called the 'Veder Method' that used theatrical stimuli combined with person-centered approaches. In a series of 'living room theatre activities,' nursing home staff, trained by theatre actors, utilized songs and poetry through a person-centered approach with people with dementia. To achieve a model suitable for the nursing home setting, the researchers integrated McKinsey's 7s-model, an organizational analysis tool to encourage emotion-oriented care in nursing homes. The theory is that for an organization to perform well, seven elements need to be aligned and mutually reinforcing: structure, strategy, systems, skills, style, staff, and shared values (Peters & Waterman, 1982). The structure of dramatic interventions for the Veder Method is available in table 1 and McKinsey's 7-S model in figure 1.

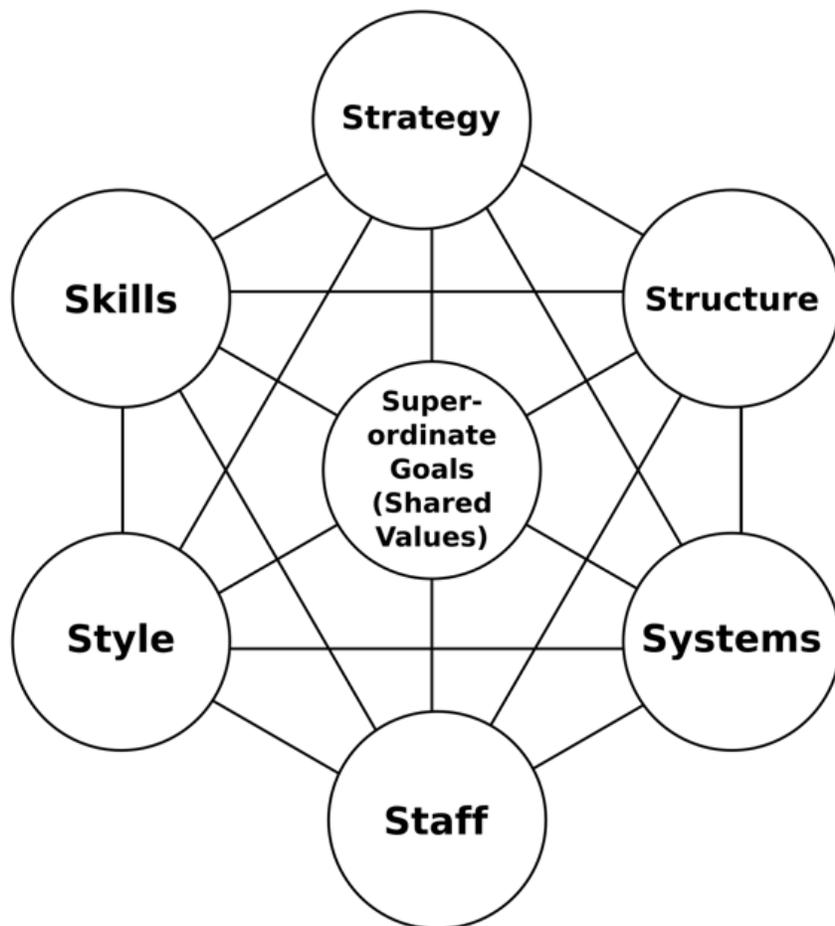
Table 1

The Veder Method fixed sequence

-
1. One-to-one contact to welcome the persons into the group.
 2. Activating the long-term memory by offering stimuli that refer to the past
 3. Taking a break
 4. Activating the short-term memory
 5. Closing with individual contact to say goodbye
-

Note: The implementation of this communication tool can improve the quality of life of people with dementia (van Dijk, van Weert, & Dröes, 2015).

Figure 1



Note: The original McKinsey's 7-S model (Peters & Waterman, 1982).

The researchers hypothesized that the combination of theatre stimuli and person-centered therapy in the application of dementia treatment care could have an overall impact to "improve the reciprocity in the interaction between care staff and people with dementia [and] positively influence behavior, mood, and quality of life of people with dementia and to enhance the work satisfaction of paid care staff (from now, care staff)" (van Dijk, van Weert, and Dröes, 2015, 537). The qualitative data revealed a higher probability of participants' ability to recall long-term memories and establish contact here and now. Earlier in 2012, the same researchers determined through a controlled study that living room theatre activities offered by actors had positive effects on behavior, mood, and quality of life of residents with dementia compared to residents who participated in a regular reminiscence group activity (van Dijk, van Weert, & Dröes, 2012).

Life Review & Playback Theatre

Life-crossroads is an active life review technique that uses selected autobiographical memories, self-defining life events, or life periods that significantly influenced a participant's life in a meaningful way (Keisari and Palgi, 2017). Sharing life-crossroads stories and bringing them to life enables participants to explore identity, meaning, and relationships with their environment conveniently and condensed manner. Keisari (2021) published an analysis reviewing multiple studies examining the integration of life-review and playback theater for older adults. The main contribution of their years of research is the development of an integrative group intervention that combines both playback theater participation and the life-review process.

Of the literature reviewed, two quantitative studies by the same author directly confirm the positive effects of integration. Keisari and Palgi (2017) reported the effectiveness of a 12-week intervention that combined life-review and drama therapy focusing on a sense of meaning in life, self-acceptance, successful aging, relationship with others and led to a decrease

in depressive symptoms. When Keisari et al. (2020) applied playback theater to structured 12-week group intervention, there was a significant improvement in self-esteem, positive affect, meaning in life, and quality of life, as well as a significant decline in depressive disorders. Positive affect and loneliness were also more durable and did not change throughout both studies. Negative affect and loneliness were similar during the enactment period and decreased over time, but the follow-up values showed a slight return to baseline levels. The results also relate to working with self-defining memories of life-crossroads at the core of the dramatic action. Positioning life-crossroads stories within theatrical improvisation enable participants to reach and explore their primary roles in life, essential for self-definition.

Reminiscence therapy (RT) & Intergenerational Theatre

Reminiscence therapy (RT) has been used extensively in the management of patients with dementia. The essence of reminiscence in treatment is that the act of integrating memories of one's life at the last stage of life can be therapeutic. With the help of prompts such as photographs, music, everyday items/objects from the past, and other remembrances, the therapist encourages the patient to talk about memories from earlier in life. RT can be combined with drama therapy practices to encourage creative group storytelling. *TimeSlips* is a social activity focusing on communication, improvisation, and creativity for people with dementia. Narratives can illustrate how PWD continue to express their generative values and concerns, which help to de-stigmatize dementia (Kim et al., 2020).

In 2009, Sally Bailey presented a proposal at a theatre in higher education conference suggesting the effectiveness of creative storytelling to connect generations. For two years, Bailey and her drama therapy students lead a drama group within a local retirement community. They began with an improvisational dinner play, followed by a radio drama, and finally created a

reader's theater-style improvised play about growing older. The approach was always person-centered and had to be relevant and meaningful to the participants. Bailey launched a storytelling project in which the older adults explored personal experiences about growing up during the Depression era, which they eventually shared in storytelling sessions with elementary school children from the community to witness first-person connections to history. The opportunity created a momentary safe space for the storytellers to be vulnerable and use their imagination to share their life experiences with the younger generation.

Sensorial Play

Cedar et al. (2015), published a study about the effectiveness of drama therapy as a tool to communicate with and support elderly adults who are increasingly immobile, have a sensory impairment, or exhibit mild to severe dementia symptoms. Participants were encouraged to increase their confidence, self-esteem, stronger communication and connections between them, care workers, peers, and family members, improve their quality of life, extend their innovative and creative abilities, and reminiscence about the highlights of their experiences with group members. Based on the qualitative data, there is preliminary evidence that participants receiving drama therapy felt more positive and confident at the end of the sessions than at the beginning of the experimentation phase.

Sessions were held consistently in the same room at the same time each week to foster a familiar, safe environment. Each session began with an invitation for participants to share any news and feelings. During the sessions, creative interventions were proposed in response to themes that emerged from the group, such as change, loss, and relationships. Activities included the use of objects and props; fabric and costume; percussion instruments; stories; poetry; music and song; mime; pictures; photographs; reminiscence; script work; role-play, artwork, poems,

and stories. The recording of sessions in a group book created a link between experiences. It served as a visual reminder of the discussions, memories, and creative activities shared within that space of time. Towards the end of the sessions, the group took time to reflect on their work and note any mood changes at the end. At the end of the project, participants selected a portrait they liked and developed a character and a story around it. The group's ability to engage indicated how their confidence and creativity had grown their ability to focus and co-operate. This scenario would not have been possible at the start of the drama therapy process without the influence of music therapy interventions to support building a cohesive and collaborative group (Cedar et al., 2015).

The study published several group examples, some influenced by music. These groups conducted their sessions in the here and now due to all group members having an impaired memory. As the sessions progressed, the needs of the group required an increase in environmental stimuli. Participants enjoyed different types of music, which formed an essential part of the warm-up, including physical movement and dancing. The group responded best to sensory and tactile activities. For example, when the group explored their 'ideal imaginary garden', they collectively created a collage of flowers, plants, and other symbolism. Participants were involved in the decision-making, negotiation, and interactions: choosing images, cutting them, positioning, and gluing the materials. After the collage was complete, the participants responded in their own words and transformed them into a group poem (Cedar et al., 2015).

The Role of 'Spect-actor'

Dassa and Harel's (2019) study about the role of 'spect-actor' was a pilot program modeled for a group of young performing arts students and patients with dementia. The pilot program included five weekly sessions using musical theatre and drama with five participants

with moderate dementia and five performing-arts students. Together, participants explored collaborative relationships through musical and dramatic expression to support the hypothesis that an individual's creative expression remains intact despite inevitable neuro-cognitive deterioration. The researchers believed that sharing life stories was an accessible and essential tool for people with dementia to reinforce their sense of self and identity.

The research aimed to develop a collaborative framework of music and drama therapy in joint group work with performing arts students and people with dementia through the participants' experience. The session format resembled the basic shape of a drama therapy session: Personal invitation, 'Road trip songs,' greetings and warm-up songs, dramatic stimulation, re-acting, connecting and improvising closure, and a closing discussion (Jones 2007). In developing the framework, the author's analysis revealed a 3-fold process in table 2.

Table 2

The 'spect-actors' 3-fold process:

1. Presenting individual or social autobiographical life events enabled the residents to relive those experiences as spectators.
2. Personal experiences were emphasized by combining music and drama, and a unique framework was developed, empowering the residents as 'spect-actors.'
3. Finally, presenting autobiographical scenes in the concluding performance transformed the residents into actors, alongside the performing arts students.

Note: The researcher's observations from collected data (Dassa & Harel, 2019).

This three-fold process presents the idea that the residents played an active role in the framework development based upon the resident's reactions to the material. Ultimately, the older residents who participated in the groups had difficulty verbally expressing their experience with the session structure. Gradually, residents took on more active roles, which they gained in this

creative process following a spontaneous act. While the residents reacted, the therapists turned it into a working format, emphasizing that they had control over the situation. The students invited them to join sensitively and helped them cross the boundaries, thereby turning the residents into actors, on equal standing with the students, regaining their autonomy by leaning on preserved long-term memory for songs that elicited vivid and emotional reactions (Dassa and Harel, 2019).

The Role of Spectator

In *'Withness': Creative spectating for residents living with advanced dementia in care homes* (Astell-Burt, McNally, & Collard-Stokes, 2020), researchers study the potential of puppetry as a helpful resource in dementia care. The authors hypothesize that play with puppets emerges from the performative relationship that people have with objects rather than directly from drama or theater. By prioritizing the relationship between the puppeteer and the spectator, the study engages in multi-sensory faculties with the emotional memory to facilitate unexpectedly striking creative responses to puppet action. The puppeteers reported a "remarkable emotional connection with care-home residents through an experience of puppetry, which dissolved the unitary autonomy of the puppet, re-contextualizing it relationally as the puppeteer-with-puppet-with-spectator" (Astell-Burt, McNally, & Collard-Stokes, 2020, 125). The efforts of this study were to devise a complex triangular theoretical framework consisting of the puppeteer-with-puppet-with-spectator and contribute to the enhanced quality of life and well-being of someone living with advanced dementia.

Collected data measured participant's physical alertness for a three to five-minute period. The authors define physical alertness as "a level of absorption in the 'world' of the performance, and a positive desire to touch the puppets and other props after the show proper (Astell-Burt, McNally, & Collard-Stokes, 2020). The convergence aspects of puppetry in this article dismisses

the concept of the 'magically' autonomous puppet, adopting instead 'witness,' which demands an active and imaginative co-creativity on the spectator puppeteer to animate puppet objects (Astell-Burt, McNally, & Collard-Stokes, 2020). The activity of creative spectating is the result of invoking in each spectator a multi-sensory kinesthetic response to puppet movement and offering them the satisfaction of proximity with the puppeteer. The article discussed that if a person is less responsive in a larger audience, it was necessary to rethink the spaces in which the practice is taking place. This phenomenon resulted in Astell-Burt, McNally, & Stokes (2020) moving towards a 'theatre-for-one' form of puppetry that might see the mutuality of spectator and puppeteer in closer proximity as the desired approach to achieving communication between them. 'Witness,' therefore, is the puppeteer's awakening of the spectator's ability to attend to the puppet. Inherent in the puppeteer is our facilitation of 'presence' in the spectator, allowing them to become integral to the performance.

Musical Theatre in Clinical Practice

Musical Theatre: A Brief Introduction

Whether on stage or screen, the musical is undoubtedly one of the most recognizable musical genres of the twentieth century. Musicals defy easy categorization and encompass various meanings and sub-genres, all of which are related and intertwined. A musical's defining feature is that songs are central to the narrative. These narrative elements contribute to characterization and plot development and play an essential role in the successful understanding of performance intentions (Woolford, 2012).

In ancient Greece and Rome, theatrical performances included music; however, these productions have little in common with modern musicals. In the Greek tradition, the chorus was a group of performers that commented on a play's main action through song, dance, and spoken

word. The chorus's role was reduced gradually in the sixth century BCE until it served purely as a musical function between acts (Campbell, 2020). During the eighteenth century, the first ballad operas developed in England, forming modern musical theatre. It was a combination of spoken dialogue accompanied by songs, frequently using familiar folk songs with new lyrics.

The first American musical, *The Black Crook* (1866), was created when a tragedy struck. According to Campbell (2020), a businessman arranged for two shows in two separate New York theatres simultaneously; a dramatic play and a French ballet. Unfortunately, the performance venue for a ballet corps caught on fire and was destroyed. The businessman was responsible for its costs, so he needed a way to present the dancers in front of a paying audience or lose money. He used advanced technology and staging techniques, such as the ballet dancers were featured in an aerial ballet behind the action, to merge dance with drama into one piece of work. New York audiences had never seen anything like this before. When a run of twenty shows was considered a success, *The Black Crook* ran for 484 performances with a cast of more than a hundred performers. It was the first example of a show featuring large dance numbers and a lavish production (Campbell, 2020).

Musical theatre continued to progress in the late nineteenth and early twentieth centuries with jazz-influenced musical comedies, short operettas, and song-and-dance numbers. The partnership of Rodgers and Hammerstein following the Depression flourished and changed the direction of musical entertainment. The pair created numerous hits, including *Carousel* (1945), *South Pacific* (1949), *The King and I* (1952), and *The Sound of Music* (1959). Before the COVID-19 pandemic, modern musical theatre was presented mainly on Broadway, whose industry continues to produce musical theater that offers diverse insight into greater societal issues, especially those preoccupying the nation through periods of change (Campbell, 2020).

Musical Influences in Drama Therapy

Psychodrama is an improvised dramatization designed to afford catharsis and social relearning for one or more of the participants whose life history the plot is abstracted (Richmond, 2017). Jacob L. Moreno, the founder, developed several musical psychodramatic techniques rooted in spontaneity and creativity. These tools included musical role reversal, musical mirroring, and musical modeling. Moreno called this approach "psychomusic," aiming at giving back musical expression to the everyday man. In western culture, music is primarily enjoyed passively in a non-participatory environment. Moreno believed music should have an active and creative function in everyone's life, claiming "a return to more primitive ways" of expressing our emotions. Psychomusic existed in two forms: organic self-made music made using the body and free expression of musical instruments. The core of a musical psychodrama is the musical improvisation from the ensemble supporting the protagonist along their journey (Moreno, 2005). This imagery is reminiscent of contemporary musical theatre in which the ensemble helps the protagonist throughout their character journey.

During a clinical psychodrama, participants can create self-made music through musical warm-ups and participating in a chorus role. A director can construct a warm-up consisting of creating and distributing short melodic fragments and rhythmic movements to the group participants. This process stimulates the group to reach a state of freely producing vocal music responses with each other. When the moment was right, the director can ask the psychodrama's protagonist to enact an actual or imagined situation and replaces the spoken words with sung phrases. Throughout the scene, the director can lean into the group serve as the chorus, echoing sung phrases for emotional emphasis; despite the diversity of human emotions, a musical

representation of these feelings cast into broad and representative categories for all participants to understand (Moreno, 2005).

Therapeutic and Self-Revelatory Performance

In 2011, drama therapists Adam Reynolds and Catherine Davis created *Love Songs for My Perpetrator*, a self-revelatory show about their clinical experiences working with clients in trauma treatment. The performers drew material from their history and professional identity. They could exist within the duality as therapists and individuals who survived trauma. Reynolds gave credit to his background as a musical theatre performer: "There was a clear sense that our histories as musical theater artists connected us with a transformational experience that could add something to our therapeutic perspective, a catalyst for awareness and expression that was not easily accessed in our day-to-day lives as drama therapists" (Reynolds & Davis, 2018, 148).

The performances emerged from fluid improvisation within Developmental Transformations (DvT), allowing the flow of a spontaneous blend of emotions and impulses to create the performative elements of expressing authentic feelings. Reynolds reflects upon DvT's influence by saying:

While we did not provide the rapid cycling between roles and characters, we believe that the movement between life-role and performed-role, the discrepancy between roles that support the narrative and roles that undercut or counter it, and the resulting shift in relationship to the audience, have the effect of dimensionalizing the encounter between the performer and the audience (2018, 160).

During the rehearsal process, performers developed a partnership with the accompanist. The pianist played an active role in the process when musicality grew organically according to individual strengths and needs. Where songs were previously written independently by each cast

member, suddenly a dialog existed between each musical number, a collaborative push-and-pull of tempo, dynamics, and interpretation. The therapeutic performance created a safe space for audience members to witness and connect with individual songs and storylines parallel to the performers experiencing a cathartic release. According to post-show feedback, peers from the drama therapy community expressed clarifying the relationship between the songs and trauma stories. Others appreciated the time allowed to reflect upon their interpretations and memories sparked by the material. Reynolds and Davis (2018) concluded that the physical action of singing and making music provides for a powerful connection, more profound meanings to emerge, and the power to transform trauma narratives through musical catharsis. Like trauma, they feel that this type of work is intrinsically related to the experience of the body.

Music Therapy in Dementia Care

Fang et al. (2017) produced an article reviewing music therapy as a potential intervention to support the cognition decline in Alzheimer's disease (AD). The researchers were motivated by the growing population of AD and hypothesized that non-pharmacological treatments (NPIs) could play a more critical role in preventing and relieving AD symptoms. Music therapy is a low-cost intervention and a primary method for neuropsychological, cognitive, and social behavior goals in dementia. They summarize the different techniques of MT for dementia and AD: listening to music, singing songs, music-based intervention, background music, music with activities, and multi-sensory stimulation (Fang et al., 2017). Researchers also explored music in conjunction with other activities such as singing, dancing, playing instruments, and rhythmic movements.

Personal preferences and familiarity may facilitate a patient's ability to listen to music receptively. Gallego and Garcia (2017) studied the effects of music therapy practices with people

diagnosed with AD by exploring active and passive participation: active techniques based on direct interaction with the patients, and receptive techniques require a lower participation level. Forty-two patients with mild to moderate Alzheimer's disease (AD) underwent music therapy for six weeks. Data collection and analysis was dependent on various assessments: The *Mini-Mental State Examination* (Folstein, 2001), *Neuropsychiatric Inventory* (Cummings, 1997), *Hospital Anxiety and Depression Scale* (Snaith, 1994), and *Barthel Index* scores (Mahoney, 1965).

Ultimately, the data revealed that music therapy decreased the occurrence of delusions, hallucinations, irritability, and agitation with moderate dementia diagnoses. Additionally, music had a significant impact on anxiety and depression. Music acted as a pleasant stimulus, mainly when it includes personal preferences, and it can evoke positive emotions. The groups were in the study were small and intimate, which encouraged participation, social interaction, and intimacy. Patients were familiar with the songs used during the intervention. Thus, they participated actively, and their sense of competence increased. Different interventions may result in different results: active versus passive, individual versus group sessions, relaxation compared to pop music. The authors recommended that larger sample sizes are critical for future studies Gallego and Garcia (2017).

Passive Music Therapy

Drama therapist Christine West conducted weekly drama therapy group sessions for the elderly at an adult mental health day hospital. The participants were older adults over 70, many of whom experienced chronic anxiety, depression, psychosis, schizophrenia, and other serious mental health issues like dementia symptoms. Within these sessions, passively listening to songs was the primary stimulus to elicit memories, which became the source material for sculpting scenes within an emerging story. The objective of the ten-week project was to focus on

individual enjoyment, self-esteem, and QoL to create a therapeutic approach that encourages communication and develops interaction skills through stories and drama. Listening to songs from the golden era of music was selected for this analysis because of the different ways people are stimulated externally through their five senses. Supported stimuli reliable in DT include photographs, fabrics, smells, and props (Emunah, 1994). West (2018) frequently uses songs from musicals as a stimulus for DT because they provide a structure within which to work.

The data surveyed for the study is different from this literature review in that the population evaluated had more in common with depression symptoms than dementia. The age range is appropriate, and the aims are relevant. In the beginning, interactions began through gradual warm-ups to introduce concepts such as increasing their sense of self-awareness and increasing their awareness of their relationships with others. For members of the group diagnosed with mild to moderate dementia, repetition of easy-to-follow instructions and verbal and emotional support alleviated confusion and reduced stress levels (West, 2018). Warm-up activities that stretch both imagination and physical abilities were incorporated into the warm-up games to account for the participants' maturity level: "physical stretches to music to encourage more flexibility of body and mind; miming everyday activities, interests and occupations, objects or foods and guessing what they were; and leading a group movement that everyone could mirror" (West, 2018, 98).

Overall, the 'creative expressive' model of drama therapy was the inspiration for West's methodology. Through combining song, movement, enactment, and storytelling based on their histories, even the most withdrawn group members could engage actively. Songs had provided a creative 'common ground.' Participants stated that familiar songs and music made the atmosphere more comfortable to reminisce. The group had become a significant source of social

engagement. Participants could enjoy each other's company and simultaneously have fun while singing, dancing, and remembering moments from their lived experiences and breathing new life into them for others to enjoy.

Discussion

Being in the Moment

In the writer's research journey, a video from a *TEDMED 2015* surfaced about improv artists Karen Stobbe and Mondy Carter sharing their experience of using improvisation rules to revolutionize conventional caregiving techniques. They opened new worlds for PWD by illustrating the parallels between the guidelines of improv and the guidelines of being present with Alzheimer's disease. The following principles define these unwritten rules: "yes and," agree but do not deny, accept offers and gifts, be specific, listen fully, accept the reality given to you, go with the flow, commit 100%, and being present in the moment.

Since improv and living with AD can be spontaneous experiences, these guidelines can break into a PWD's present reality. "It is hard to accept and jump into a world of a person with AD. Accepting of their reality means letting go of ours" (Carter & Stobbe, 2015, 3:21). Stobbe highlights that "since Alzheimer's affects everyone in an individual's way, you really [cannot] prepare for each interaction by sitting in a classroom or reading a book" (2015). Carter and Stobbe address that "this approach is not a solution to every issue that comes about with AD [...] it can help those who are struggling day-to-day to find connection, to have a relationship, and for everybody to have a better QoL" (2015, 10:10).

Musically Informed Drama Therapy

Before drama therapy, therapeutic theatre originated in Russia, and its founder, Vladimir Iljine, sought to develop client's creativity through improvised drama games and exercises. He

encouraged spontaneity, flexibility, expressivity, sensitivity to build communication skills. Iljine believed that most people neglected these instincts, indicating emotional and mental health problems. He relied on these qualities to determine a client's 'deficiencies' or 'problems' to inspire change and help them gain access to these qualities to improve their quality of life (Jones, 2007). The emphasis within improvisation training was about how the body was essential to one's expression and exploration of emotion. If the clients can act out their feelings within the therapeutic medium, the process helps them to rehearse and use those skills outside of the therapeutic space.

After reviewing research about drama and music therapy practices designed to support people with ADRD, this writer confirms that music and drama have a synergetic relationship and naturally work together to create scaffolding for older patients affected by cognitive impairment. To begin building the structure for musically informed drama therapy with this population, the writer proposes musical theatre improv as an entry point that is both active and passive for participants. The musical activities would involve a multi-person team that includes therapeutic performers, a piano accompanist, and a facilitator who can act as a director to lead the session and follow the group's sociodynamics. Sessions would need to be structured similarly to drama therapy: warm-up, focusing, main activity, closure and de-roling, and completion (Jones, 2007).

The drama therapy inspiration comes from playback theatre and life review storytelling techniques in which the actors are organically re-creating an individual's story but, in a sing-song format. There is improvisation training required on behalf of the actors since they are working within the parameters of spontaneous drama. From a musical theatre perspective, the facilitators would have to have sufficient background experience. They should know a wide variety of music theory and the power of musical elements. The ideal musical theatre facilitator must be proficient

in these three essential skills: the ability to sing, dance, and act. The goal is not to be the perfect performer but to avoid wasting time during the therapeutic sessions perfecting how our bodies create musical tones.

In terms of non-clinical research, the writer found outlines of musical improvisation games with desired characteristics and the potential to be reshaped into a musically informed drama therapy activity with flexibility, adaptability, and patience to support the needs of people with ADRD. There is an improv group in the UK called *Open Your Mouth and Sing* whose purpose is to "facilitate people's natural ability to be creative through spontaneous songs, stories, and music" (Urquhart & Samuel, 2021, para. 1). Founders Heather Urquhart and Joe Samuel have been performing and experimenting and musical improvisation for over 15 years. On their website, numerous resources can serve as inspiration for creating the structure of musically informed drama therapy interventions. After evaluating the available exercises, some have been pre-selected by the writer as activities that can be adaptable and accessible in table 3.

Impact of Covid-19 on Dementia Treatment Care

It is without certainty that the waves of COVID-19 have hit long-term care homes the hardest. It is a crisis shaped by the pandemic; however, it is not one that the pandemic itself caused. Before the pandemic, individuals with Alzheimer's disease and related dementias (ADRD) were among the most vulnerable persons in society who depend on their family or professional caregivers for their day-to-day survival. Depending on the severity of their illness, individuals with ADRD live in various settings and rely on the availability and accessibility of multiple resources. The epidemic has exacerbated their vulnerability. Care facilities have experienced lockdowns and extreme limitations on visitations. Restrictions have changed how the system operates, limiting employees to a single site designed to reduce staff and residents

Table 3

Musical Theatre Improv Games

Activity	Description
<i>Song Spoofs</i>	Ideal for groups of 2 – 4. Select a song with which all participants are familiar. Any popular song will do. The instructor gives each group a topic for their new song lyrics. Group members collectively write as much as they can, conveying a either a story or lyrical dialogue. During the sharing, lyrics can be spoken or sung.
<i>Emotion Orchestra</i>	Ideal for groups of 8 – 20. The instructor is the orchestra conductor who designates performers into ‘emotion sections’. When the conductor points or gestures to a particular section, the performers will make noises that communicate their designated emotion. The conductor also controls the volume, rhythm, and frequency of the collective sounds.
<i>Gibberish Duets</i>	Ideal for freeing up the voice, listening and responding, and expressing emotion without worrying about lyrics. Performers form a circle and when the backing music starts, participants respond to each other without using real words. This warm-up can be done 1:1 or in a group with people taking turns by passing the conversation around the circle.
<i>Musical 8 Things</i>	Ideal for letting words tumble out with judgment, keeping the brain active, and inducing laughter. When the music starts, Person A suggests a category to Person B e.g., “Give me 8 things _____.” Person B sing 8 things in that category and the rest of the group sings “One, thing, two things” in between each one. The finale is sung triumphantly.
<i>Sing Your Name</i>	Ideal for learning people’s names, warming up the voice, and scanning. Participants form a circle. The first person says their name and group responds by saying their name to a musical scale e.g., CDE-DEF-EFG...
<i>Rhyme Ball</i>	Ideal for rhyming, passing a line, and practicing reacting quickly in the moment. Participants form a circle. One person holds up an imaginary ball that will be thrown around the group. On throwing the ball, the throwers say a word. The catcher responds with a word that rhymes with the word they were given. When this person throws the ball again, they say a word that ‘associates’ with their rhyming word.
<i>Sing Your Day</i>	Ideal for verse and chorus practice, using autobiographical material, and gently moving into full songs. When the music begins, Person A sings a verse about their day to the music (1 – 4 lines). Person B sings a chorus that sums up Person A’s day. The group repeats the chorus, and the pattern repeats with the next performer.

Note: Sample exercises from the Musical Improv Games Encyclopedia created by Open Your Mouth and Sing, an improvisation group based in the UK (Urquhart & Samuel, 2021).

chance of exposure to the virus. The mental healthcare system has shifted to telehealth; immediate and direct care has become limited due to shortages and reallocation of resources.

In the *American Journal of Geriatric Psychiatry*, researchers theorized that the pandemic is causing "global morbidity and mortality, straining health systems, and disrupting society, [and] putting individuals with ADRD at risk of significant harm" (Brown et al., 2020, 712). The rapid increase in COVID-19 cases adversely affects the healthcare system and results in a strain on health providers; depletion of resources for patients with chronic diseases, including those with ADRD, suspension of elective and non-urgent care, and timely diagnosis and early intervention may be deferred or limited. Some outpatient physicians have transitioned into providing virtual care via telephone or video conferencing. These modalities may not be adequate to perform the physical and neurological examinations or some of the cognitive tests required to diagnose MCI or dementia or monitor a patient's progression (Brown et al., 2020).

The COVID-19 pandemic poses a threat to those with ADRD's active care and the fundamental routines that promote mental health. Non-pharmacological interventions for individuals with ADRD involve social and physical contact. Physical distance and a lack of resources will cause not only a cessation of intervention but also increased isolation, reduced physical activity, reduced social engagement, and a suspension of purposeful activity. As with any disaster, individuals with ADRD and their caregivers need to have contingency plans to provide essential services. Families' and caregivers' awareness of the risks and disruptions described above for patients with ADRD may help mitigate adverse effects. With people confined within their homes and within long-term care, people are now utilizing technology to socialize safely. Access to technology is a strategy for mitigation alongside increased support through more frequent contact via telephone or video chat, problem-solving to provide the

services, or temporarily to move to a location. Some individuals with ADRD would have trouble using technology due to cognitive impairment and would require assistance to use these tools (Brown et al., 2020).

Artistic Reflection

As an artistic response to show what the writer imagines musically informed drama therapy for PWD could look like in the parameters of COVID-19, they have taken a popular musical theatre song and rewrote to reflect the theme of the song, *My Favorite Things*, from the *Sound of Music* (Rodgers & Hammerstein, 1965). COVID-19 has caused the world to shift and adjust to the new normal. The writer took an introspective look at what types of activities they miss before the pandemic. The attitude shifts halfway through the song to include elements of the ‘new normal’ that the writer embraces and would like to keep moving forward. The break in the song addresses having hope during this period of transition and look to those things that bring us joy in moments of uncertainty. The artistic response is presented in a video format to adhere to COVID-19 restrictions, support the use of tele-health, and to include visual and auditory elements to spark sensory engagement to the material. The writer’s project is accessible as an associated file attached to this capstone thesis.

Conclusion

What good is sitting alone your room? / Come hear the music play. / Life is a cabaret old chum, come to the cabaret.

—John Kander & Fred Ebb, *Cabaret*

Through the lens of qualitative and arts-related research in both music and drama therapy, therapeutic musical theatre has the potential to grow and develop into a methodology that is inherently intermodal and appropriate for older individuals diagnosed with ADRD. Current

efforts in the Broadway community have made musical theatre accessible for older adults. Musical Theatre International (MTI) created *Broadway Senior*, a series of adaptations of classic musicals to meet the needs of seniors and support life-affirming and therapeutic benefits through performance. These resources give seniors a renewed purpose, engaging their curiosity, encouraging positive risk-taking and validation. Like *Broadway Senior*, this writer believes that musical theatre can be accessible for PWD because music is a natural stimulus for memory recall. Through creative stimulation, experience can discover an emotional connection. Whether experienced in an active or passive state, this level of catharsis can lead to further emotional exploration in the dramatic medium that would not have been possible without words, music, and movement working together to foster the whole embodied experience (Hetrick, 2019).

Overall, the drama therapy community needs more empirical research and methodologies appropriate for the ADRD population to expand the field. From what the writer learned in researching for this literature review, efforts are heading in the right direction with several clinical trials underway and developing research about Covid-19 restrictions. The NADTA has encouraged drama therapists to think outside of the box and get creative when designing drama interventions for telehealth and in-home individual self-care. For patients exhibiting mild to moderate AD, activities such as monologue writing and performance, playwriting and reading, individual character or scene development, cinematherapy, bibliotherapy, and teletherapy will present increased challenges. Other suggestions such as role-play, miming, life review, and mirroring exercises can be done in an organic space individually or in a group setting without the pressure to prepare material ahead of time. The ability to be flexible, adaptable, and sensitive to the needs of this population is progressive. With more studies and published research, the

possibility of musically informed drama therapy can become a reality and create new opportunities to study the intermodal application of music and drama for the aging population.

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THESIS APPROVAL FORM

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Tim Reagan, PhD, RDT