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Looking for the Gold – A critical ethnographic study
using drama therapy to explore voice, agency and power
at the intersection of private and public life in aged care

Maya Ercole

Orchid number: 0000-0001-9114-9705

Creative Arts Therapies Research Unit
Faculty of Fine Arts and Music
University of Melbourne

Submitted in total fulfilment of the requirements of the degree of

Doctor of Philosophy

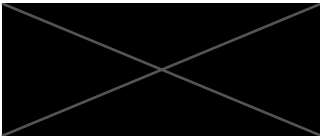
October 2022

Declaration

This is to certify that:

- The thesis comprises only my original work towards the PhD.
- Due acknowledgement has been made in the text to all other material used.
- The thesis is fewer than 100,000 words in length, exclusive of tables, maps, bibliographies and appendices.

Signed:



Name: Maya Ercole, October 2022

Abstract

This thesis details a critical ethnographic, drama therapy practice-based study examining the interconnectedness of aged care residents' lived experiences within their socio-cultural environment. This was an emergent study that evolved over four cycles: (1) critical interpretative synthesis of the literature, which helped guide and shape the research design; (2) participant observations within the chosen research community (residential care home); (3) drama therapy (DT) workshops with a small group of residents; (4) semi-structured interviews upon finishing the DT workshops.

The study examined the structures and dynamics of power within the research community and explored aged care from a broader socio-economic perspective in Australia. The findings illustrated a complex living environment with a lack of distinct boundaries between the private and the public spheres of residents' lives. The findings show that negotiating these circumstances inevitably impacted the residents' ability to enact their voice and agency within their living context.

Against this backdrop, the study explored the role that drama therapy can have within the research community. The findings demonstrated that the active and collaborative processes in drama therapy enabled resident-participants to take ownership of their creative participation and witness themselves and others from a new perspective. The creative engagement in DT group further enabled the participants to deconstruct their institutionalised, cultural, social identities and explore a renewed sense of self. This transformative process empowered the participants to enact their voice and agency and meaningfully engage in the cultural shift within their home community, reporting a newly found sense of belonging within the DT group.

This study makes recommendations for aged care settings to go beyond the mere accommodation of residents' basic care needs and safety and equally address the disempowering nature of institutionalised living. The study demonstrates that drama therapy methods facilitated by a skilled therapist have the capacity to engage aged care participants in a compelling creative process in which they can exercise their voice and agency, direct their own narrative, and inform the wider socio-cultural system of their lived realities.

Acknowledgements

This thesis and fieldwork took place on the traditional and unceded ancestral lands and territories of the Wurundjeri people of the Eastern Kulin Nation. I express my deepest sorrow for the horrors that the Indigenous people have experienced and continue to suffer on this land. As a settler, I express my deep respect to the Elders past, present and emerging and give my thanks for the love and meaning they attribute to the land on which my family and I live, learn, work and play.

This thesis has been an uneasy journey into so many aspects of discomfort – personal, professional, societal, political. I am not sure if these aspects of painful growth were the reason that the thesis took as long as it did to produce, but I know I couldn't have done it without the incredible support I received from the following people.

The aged care community in which my research took place. My deepest gratitude goes to the residents who participated in the last two cycles of my study. Thank you for sharing yourselves so generously, honestly and creatively. I am deeply humbled to share your stories in this thesis.

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day, he keeps teaching me that there is much dignity and strength in vulnerability. Daddy, you are alive in these pages and present with the precious people whose experiences I shared here.

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Chapter One: Introduction

Setting the Scene

This study is situated in a rural township in Victoria, within an aged care facility which will be referred to as *the Home* in this thesis. The Home is one of over 9,000 facilities across Australia servicing around 300,000 people (Australian Institute of Health and Welfare, 2019). The aged care sector consists of different providers, ranging from private (for-profit), community-based, charitable, to local government providers. A large proportion of residential aged care in Australia is provided by for-profit organisations, such as the one which oversees the running of the Home (AIHW, 2019).

The growing population of older people across Australia has meant that the aged care capacity has been growing exponentially to accommodate the number of people needing care. Despite strong recommendations by the World Health Organisation (2015) to employ aged care models which resemble home-like settings, the Australian aged care sector has been progressively moving towards building bigger facilities that often resemble a hotel or a hospital, with the capacity for more than 100 people (Hampson, 2018). The aged care sector has developed from a smaller business context with a low resident capacity (around 30 beds) to becoming a substantial industry with large organisations running multiple care facilities across Australia (RCACQS, 2021). This has resulted in many older people spending the last years of their lives in a large institutional environment.

Some of these newly built facilities are considered state-of-the-art buildings, offering an impressive first encounter to the families looking for the care of their loved ones. Together with these impressive looking facilities, many of the aged care providers pride themselves on adopting a person-centred care ethos which aims to centralise the needs and dignity of the person in care (Kitwood, 2007). However, despite efforts to develop the narrative of excellence in care, the recent Royal Commission into Aged Care Quality and Safety concluded that the model of person-centred care is mostly an unattainable goal amid the many challenges that aged care facilities face (RCACQS, 2021).

The current Royal Commission inquiry commenced in October 2018, soon after I completed my fieldwork in the Home community. The dramatic report of the work of investigative journalists that aired on the ABC (Australian Broadcasting Corporation), uncovering the depth of neglect and abuse of people living in aged care, had shocked the nation. The analysis of the data in my study, and the writing of this thesis, occurred in parallel with ongoing new evidence being presented on the quality of care provided across diverse Australian care facilities. The evidence presented comprised the experiences of older people and their families, as well as the carers, nurses and doctors who decided to challenge the practices which digressed from their ethical and professional values. The Royal Commission inquiry has provided a backdrop for the wider context of the complex reality of aged care in which my study is situated.

Motivation for the Study

My research interest was initially inspired by my drama therapy practice with older adults in various residential care facilities in the UK. The general atmosphere I encountered in these residences would be of people disengaged from one another, withdrawn in their demeanour, and in a constant state of waiting for something ... waiting for whatever is next on their daily schedule, a meal, a visit from a nurse or their favourite activity. There were also residents who very rarely engaged with any activities on offer. Instead, they were simply, in the words of participants of this study, “waiting to die”. Some of the residents were better adjusted to their new life in the care facility than others. In my work as a drama therapist, I was particularly struck by the image of an older man sitting in a corner, repeating phrases such as “I want to go home”.

Drama therapy was usually offered as a weekly, open group activity with an aim to provide space for social connection and address the multilayered depression experienced by many of the residents. The variety of people involved in these sessions would provide a rich content of both personal stories and imaginative ones, often to the great surprise of all involved. Many personal accounts were previously unknown to the care home community, and sometimes even residents’ friends and family. Group participants would often comment on discoveries they had made about each other’s lives and personalities. These moments of meeting and recognition of each other in a creative space represented a stark contrast to how most people I worked with presented in our first encounter. Drama therapy group members often alluded to these sessions as “a kind of a respite” space from their daily life (recorded in session notes).

I found that working in aged care as a drama therapist was both inspiring and devastating. I was humbled by all my participants, some of whom could embody a character in the most theatrical manner, while others could barely lift their head in recognition of something they liked. I was deeply moved by the participants often painful accounts of loss ... of a partner, home, professional identity, youthful body. Their longing was amplified by a sense of displacement in a residence they struggled to call “home”. There are many such displaced older adults across the UK, Australia and the rest of the Western world. And apart from a small number of people such as their families, aged care and medical staff, these people remain mostly separate and invisible to the wider social world.

This study is also motivated by my personal story and intersected identity which I brought into this research. I am a Woman. Mother. Wife. Daughter. Sister. My values stretch across a somewhat uncomfortable divide between a communist childhood and a capitalist experience of adult life. I come from a troubled nation, from pain and the shame of civil war. I come from beautiful people who know how to give and embrace. I have been displaced for almost three decades and I am still looking for my “home”. And I am also able-bodied, white, educated and privileged. All these representations, and many more I perceive as deeply personal to my life, yet they are continually negotiated and co-constructed in the world in which I live. I have brought all of me into becoming a drama therapist some 18 years ago and all of me into becoming a doctoral researcher in the course of this study. And as such I can never claim nor wish to be a neutral participant within my practice or research. What I perceive, choose to say and facilitate as a drama therapist/researcher, has an impact that goes beyond the realm of a therapy room or a thesis.

However, I have not always had the words or the voice to position myself like this. For many years I have practised as a drama therapist, considering myself lucky to be employed in times of economic recession or political budget cuts in the Arts and Humanities in the UK. From this position, I have done my job passionately and caringly, but somewhat quietly. I did not rock the boat in the institutions in which I worked, be it in Education, Mental Health or Aged Care.

In my work as a drama therapist, I have come across a variety of subtle systemic injustices in each of these fields. However, the nature of my position in these settings meant that I often provided an external service without being embedded in the system in which I served. This meant that my opportunity to advocate for the people I worked with was limited to the certain professional responsibilities I held. And, within that reality, I often felt that I was helping the people I worked with withstand rather than change their circumstances. Looking retrospectively, I can point to many reasons why I, or another drama therapist, might have felt somewhat powerless to challenge the system that paid our salaries. Some of my personal reasons are embedded in my cultural, gender, historical and political circumstances, and some of them stem from the way I was trained as a drama therapist. The emphasis of my training was on the transformation and healing of an individual's personal rather than social/systemic sphere of life. This was further embedded by the therapeutic goals often being determined by professional settings rather than individual choice.

Stepping into the world of academic research afforded me the liberty, for the first time, to question the multiple layers of my professional training and experience of working as a drama therapist in various community and clinical settings. I had the privilege of being able to formulate the research focus that spoke to my values and professional interests without having to follow the agenda of

an external institution. In my quest to hone my own critical voice, I have come across many strong voices in creative arts therapies who engage in collaborative, ethical and socially transformative practices (Hadley, 2013; Hahna, 2013; Hogan, 1997; Kapitan, 2006; McKenna & Woods, 2012; Meyer, 2017; Sajnani, 2012; Talwar, Iyer & Doby-Copeland, 2004). Therefore, my study is positioned within and motivated by a movement in creative arts therapies towards expansion and transformation of what we see as a client and therapeutic space into the community realm (Kapitan, Litell & Torres, 2011). Sajnani (2010) invites creative arts therapists to examine and:

enlarge the therapeutic space to include community-specific locations, usefully blurring the boundaries between public and private by calling for accountability, situating the encounter between client and therapist in sustainable partnerships and participatory practices, and in reformulating the purpose of therapy as facilitating an individual and/or group's capacities to identify, analyse and address, the internalised, relational and systemic dynamics which limit the full arc of their desires. (p. 194)

Inspired by the critical practitioners and researchers in my field, I engaged in the process of unpacking my own internalised layers of oppression, both on a personal and professional level, to formulate my contribution to critical thinking in creative arts therapies in aged care.

Research Focus

My initial purpose for this study was to contribute to a small body of research in social studies and creative arts therapies (CATs) in ageing which privilege the voice of those living in aged care. I wanted to contribute to the discourse on ageing by shining a light on the most important protagonists of this story, the older people themselves.

In the initial stages of my candidature, I conducted a critical interpretive synthesis (CIS) of the literature to explore the ways in which creative arts therapists engage with older adults (see Chapter 4). During the course of the CIS inquiry, the review evolved into questioning the potential for social justice advocacy within the CATs in aged care. The CIS results reflected a need to engage with both the wider social context of ageing, as well as the local context of the Home community, prior to understanding how best to utilise drama therapy in the context of this research. As such, the results of the CIS had a crucial impact on my subsequent research design as I headed into the research community. This process of critically and reflexively engaging with the literature became the first of the four inquiry cycles of this study (see Figure 1). Led by an emergent stance of critical ethnography scholars (Thomas, 1993; Madison, 2005; Carspecken, 1996) who advocate for coming into the field with a strong curiosity for finding out not just *what is* but *what things could be* (Thomas, 1993), my study took a cyclical and iterative course of discovery.

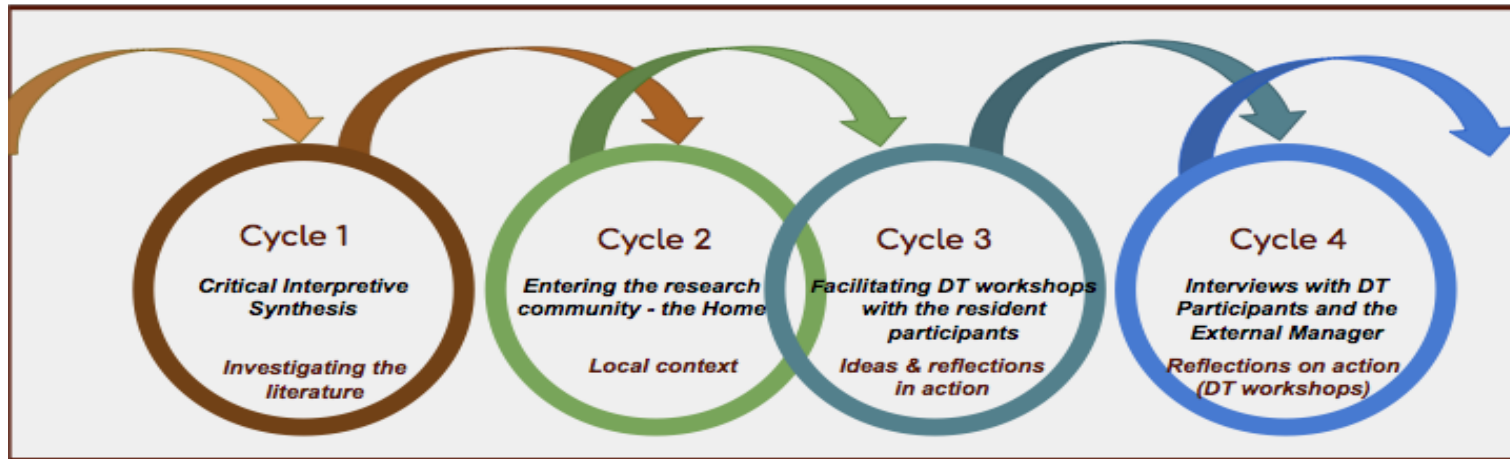


Figure 1. Diagram of the research cycles that were a part of this study

The above representation of the research cycles also seeks to represent the pauses and overlaps in the timeline of the study. Cycle 1 happened prior to entering the Home community, and it resulted in a critical research inquiry looking specifically to unpack the ways that power relationships are embodied and experienced within the Home. Details of how each of the cycles evolved and informed the flow of the study are explored in Chapters 4, 5 and 6.

Research Aims

By employing both critical ethnography and drama therapy, this research sets out to examine:

- 1) how voice and agency are embodied within the space of the Home (research community)
- 2) how voice and agency are represented within the Home
- 3) how drama therapy might impact residents' usual ways of relating and embodying voice and agency.

This research aims to develop insight into how drama therapy might facilitate older people's perception of themselves and their circumstances within the specific context of aged care.

Research Questions

- What are the power structures within aged care and how do they shape residents' experiences?
- What happens with residents' voice and agency at the intersection of private and public life in aged care? Whose voice is privileged?
- What purpose can drama therapy play in this intersected, in-between space? *Where is the Gold?* And *what is the Gold?*

Key Terms and Notions

Drama Therapy

I refer to drama therapy in this thesis as a therapeutic practice and as a practice-based research method utilised in this study.

Drama therapy is described as:

an embodied practice that is active and experiential. This approach can provide the context for participants to tell their stories, set goals and solve problems, express feelings, or achieve catharsis. Through drama, the depth and breadth of inner experience can be actively explored and interpersonal relationship skills can be enhanced. (The North American Drama Therapy Association, 2022).

Drama therapy is a psychotherapeutic practice in which the therapist employs their skills and knowledge in theatre and psychological wellbeing, acting simultaneously as a therapist and an artist (BADth, 2022). The main characteristic of drama therapy is the use of active, embodied drama methods to engage individuals and groups across various health, education and community settings. This inter/active engagement with one's body, feelings, thoughts, often results in personal insights and new ways of responding (Jones, 2007).

I use the American spelling for drama therapy as two words in this thesis and use dramatherapy as one word whenever I'm quoting British drama therapists.

Voice

This study aims to recognise and explore voice from multiple perspectives. The most common perception of voice is the audio sound produced in some sort of expression and/or communication between individuals. The voice is also often related to one's right to hold and express personal ideas and attitudes. Denzin (1997) adds that voice is equally present in the unspoken moments in which the sound is withheld or suspended. Denzin (1997) highlights the potential of voice beyond the uttered sound as representing inner aspects of the individual's personhood and agency.

This study is particularly concerned with how the power interplay within the research community conditions the expression and representation of voice. I was interested in the voice represented within the built environment, everyday routines performed within the Home and the power structures surrounding aged care. This study sought to perceive diverse forms of voice while simultaneously staying attuned to silences and everything that is not communicated within the research community (Foucault, 1971).

Agency

This study explores agency as closely related to one's capacity to enact personal voice and choice. I was particularly interested in the relationship between individual agency and their social environment. Bourdieu (2005) suggests that individual agency is determined by and performed according to the social structures and current dominant narratives. However, my inquiry also delved

into agency as being integral to acts of creativity. The enactment of agency within creative engagement has a spontaneous and somewhat surprising element to it, and as such, has the potential to break the barriers of social conditioning which Bourdieu (2005) discusses. Jones et al. (2021) suggest that arts therapies can facilitate “an agentic environment” in which individuals can act as “active meaning makers”, which is crucial to enactment of their voice and agency.

The Home as a Research Community

Throughout this thesis, I refer to the aged care facility where the study took place as a research community and more often as a home. This thesis touches on what it means to inhabit a place and I wanted the notion of home to be present within the descriptions and discussions of aged care and the complexity surrounding institutional living arrangements.

The Notion of Gold in this Study

The concept of *Looking for the Gold*, embedded in the title of this thesis, gradually emerged from the study’s data and encompasses various symbolic meanings. The initial golden motif derived from the name of the residential facility in which this study took place. I was interested in the notion of *value* related to the term “gold” and explored various aspects of value existing within the Home. The symbolism of gold as a material, tangible value was somewhat present in my exploration of the media and the advertising representation of retirement and aged care residences and their modern lifestyle facilities. This thesis refers to a *golden façade* of

aged care facilities and questions the value deriving from the images and the narrative representation surrounding aged care. The thesis further reflects on the golden aspects of value found within the Home as perceived by me as a researcher and/or the participants (residents and staff). And, finally, the notion of exploring the gold extends to examining drama therapy and the perceived value it afforded the participants within the Home.

Significance of the Research

There is currently no research contextualising drama therapy engagement with older adults within the aged care system and the intricacy of power interplay within this professional context. This study seeks to illuminate this complexity and the importance of applying creative arts therapies, in this case drama therapy, with the view to facilitating conditions for participants' voice and agency within aged care.

Firstly, this research addresses an important lived reality concerning not only those older adults who live in aged care, but it has implications for our society at large. The findings indicate the need to address the interplay of power present within the aged care environment and its impact on the performance of care and residents' voice and agency.

Secondly, this research demonstrates the value that drama therapy can facilitate within the complex living environment of aged care. The findings indicate that the drama therapy workshops represented an alternative dwelling in which a small group of

participants co-created a place of “belonging” and “community”. The findings also demonstrated that drama therapy methods and concurrent therapeutic processes and conditions of change (Jones, 1996; Cassidy et al., 2014) enabled participants to access and explore their voice and agency.

Thirdly, this study makes recommendations for the aged care system to move beyond satisfying the residents’ basic care needs and consider more the profound need for belonging, autonomy, and the creative living experience within aged care.

Overview of the Thesis

Here, I will provide an overview of how this thesis is structured. Chapter 2 explores the literature relevant to this study inquiry in two parts. The first part delves into the complexities of older adults as a growing demographic within Australia and the socio-economic endeavours to handle this predicament. The second part of this chapter reviews the literature specific to drama therapy, nature and the application of this modality across professional settings and specifically in aged care. This chapter includes the diversity of fields that this study encompasses.

Chapter 3 outlines the methodological framework of this study. It outlines the epistemological stance and theoretical perspectives that are embedded in the way the study has been conducted and theorised. It also introduces drama therapy as an arts-based research method in this study. This chapter details the cycles of the study and their mutual relationship.

Chapter 4 outlines Cycle 1 of this study, which consists of the critical interpretive synthesis of the literature.

Chapter 5 presents the findings of Cycle 2 of the study, which encapsulates the time spent in the Home prior to and during Cycle 3. This chapter is written as a series of ethnographic stories detailing the emerging themes from the time that I spent getting to know the participants in the Home.

Chapter 6 further presents the findings of Cycle 3 in which the drama therapy workshops took place. This chapter is written in two parts: Part One – introduces the overall context, including the participants and themes explored over the 13 workshops; Part Two – presents seven individual stories of the core participants’ engagement in drama therapy groups. The findings from Cycle 4 (interviews with participants) are integrated into this chapter concluding the participants’ experiences. The chapter is concluded with findings from an interview with an external manager of the Home (the research community).

Chapter 7 discusses the findings and explores the theoretical and practical implications of this study. This chapter also concludes the thesis with a discussion of further recommendations, as well as details of the limitations of the study and the final reflexive thoughts offered.

Chapter Two: Literature Review

This chapter will review the diverse literature related to ageing, drawing on perspectives from social science, health and economic policies, and practice and research in drama therapy with older adults. The literature review is presented in three parts, each exploring literature related to different aspects of the study.

- In Part One, I explore the macro-outlook of this study – the broader social context of ageing in Australia and the socio-cultural and economic influences driving the ageing narrative. The wider social perspective aims to contextualise this study’s inquiry into the power structures within aged care and their effect on residents’ everyday experiences.
- Following this broader social perspective, Part Two reviews the context of aged care in Australia, together with the central policies and ethos of care operating within this system. This is a closer perspective on how aged care facilities operate and the challenges related to voice and privilege within this system.
- In Part Three, I present the literature relating to the practice and research of drama therapy and its application within the context of ageing. I aim to contextualise drama therapy’s role with older adults and explore how arts therapies are positioned on the spectrum of health and wellbeing within the context of ageing and some of the challenges arising from the paradigm these modalities occupy.

This chapter aims to present the complexity of subjects the study has engaged with, highlighting the gaps in the literature, and presenting arguments for further research. The literature review brings together perspectives from diverse fields aiming to contextualise ageing and aged care in Australia and explore the ways drama therapy can contribute and respond to some of the challenges facing older adults living in residential care.

Part One. Broader Context of Ageing

This part of the literature review aims to situate the experience of ageing and old age within the Australian context and examine aspects of the wider social realities that impact the way older adults might experience their lives. There are many similarities in how ageing is constructed socially, managed economically, and experienced on an individual level across a large part of the Western world (Lamb, 2018). Therefore, to broaden and contextualise the dominance of particular perspectives on ageing, some literature examined here extends to research studies beyond Australia. Drawing on critical gerontological social policy, social work and other literature, the aim is to present an overview of the diverse circumstances shaping the narrative of ageing across Australia.

The Culture of *Young and Free*, Situating Ageing in Australia

Australians, all let us rejoice

For we are young and free

We've golden soil and wealth for toil

*Our home is girt by sea
Our land abounds in nature's gifts
Of beauty rich and rare
In history's page, let every stage
Advance Australia Fair.*

Australian National Anthem, by Peter Dodds McCormick, 1878

To situate ageing and old age as a social construct and examine its socio-economic, cultural and political context, I will start by briefly looking at the notion of “young and free” embedded in the national anthem and explore how the complex narrative of ageing intersects with other intricate narratives in Australian society. Australia, as we know it today, was founded in 1788, established originally as a penal colony. However, Australia’s first inhabitants, the Aboriginal people, are believed to have lived on the Australian continent for an estimated 65,000 years (Clarkson et al., 2017). This makes the Australian Aborigines one of the oldest living nations on the planet. Considering the multitude of ways in which Aboriginal people have been hurt and discriminated against by European settlers and the marginalised ever since (Whyte & McDonald, 2014), it is understandable that some people in modern Australia find the references to “freedom”, “youth” and “fairness” in the national anthem particularly offensive (Cheetham, 2015). This example of linguistic and cultural insensitivity has been publicly challenged on many occasions by prominent Aboriginal figures as it touches deeply on the past and contemporary systemic injustices experienced by Aboriginal Australians (Cheetham, 2015). Karen Mundine (2018), a Bundjalung woman and chief executive of Reconciliation Australia, calls for deeper consideration and argues that words

matter and paying attention to both symbolic and practical action is within the scope and capability of the Australian nation. However, this issue like many others concerning marginalised populations, does not seem to find prominence in the broader Australian society (Dunn et al., 2008). The following literature will explore how the propensity within socio-economic policies on ageing, in a similar vein, tends to turn a blind eye to the more nuanced aspects of ageing that do not fit or serve the more comprehensive social narrative. The references to “freedom”, “youth” and “fairness” are further explored in relation to older adults lived experiences.

Active Ageing as an Economic Solution

Australia’s older population has been growing exponentially as the generation of *baby boomers* (referring to the increase in birth which took place after WWII) comes into retirement (Australian Bureau of Statistics (ABS), 2018). Questions surrounding all aspects of ageing have occupied researchers and policymakers in the last decades as we near the predicted estimates of 6 million Australians over 65 in 2030 (Australian Institute of Health and Welfare (AIHW), 2017). Even though Australia has enjoyed a robust economy for over two decades (AIHW, 2017), the rise in the ageing demographics has caused the Australian government and policymakers to look for solutions to a potentially destabilised economic future. With birth rates continuing to slow down, increased longevity and the potential of global financial crises, Australia together with other Western societies has approached the issue of an ageing population as an economic *burden* to cope with and hopefully resolve (Rozanova, 2010). Walker (2012) concludes that older

people are “being transferred from the safe political haven of the deserving to the radically more exposed position of being one of the main threats to [the] economy” (p. 812).

This emerging reality resulted in an attempt to revolutionise the process and impact of ageing with efforts to keep older Australians in optimal health for as long as possible. These initiatives have been happening contemporaneously across Western societies and have resulted in a somewhat global trend to manage ageing and capitalise on vitality and productivity among older adults for as long as possible (van Dyk, 2016; Rozanova, 2010; Ranzijn, 2015). In Australia, policymakers adopted the term “active ageing” to represent the concept of maintaining and recreating vitality among older Australians (Ranzijn, 2015; Knight & Ricciardelli, 2003). The term “active ageing” is a variation of the concept of successful ageing discourse first conceptualised by Robert Havighurst in 1961, and further developed by physician John Rowe and psychologist Robert Kahn in their seminal research published as *Successful Aging* (Rowe & Kahn, 1998). Rowe & Kahn’s conclusions were largely determined by the biomedical paradigm (Rose, 2007) defining successful ageing as ‘... avoidance of disease and disability, maintenance of high physical and cognitive function, and sustained engagement in social and productive activities’ (1998, p. 38). The ideas behind successful ageing gained popularity within gerontology research under various labels such as *healthy ageing*, *productive ageing*, *ageing well* and *active ageing*. One of the aims behind the active ageing concept is to bring awareness of ageing to younger generations, which in turn can result in people making healthier choices as they move through life (Lassen, 2014). For many, this concept has illuminated the possibility of growing older in a dignified manner, avoiding some of the challenging circumstances of older age and decline. This movement towards redefining the

image of ageing with emphasis on older adults' continuing contribution and value in society as they move into retirement has empowered many older adults (Lassen, 2014; Lamb, 2018). While research indicates a global trend for longevity and youth, many older adults seem to endeavour to simply “not be old” (Lamb, 2018, p. 264).

Further to advancements in medicine, possibly good genes and economic opportunities, many older Australians sail into their retirement with a sense of pride that they can avoid the disabilities and decline often associated with old age and thus fulfil what some perceive as their “moral and political obligation” to stay healthy and active members of society (Lamb, 2018, p. 265, referring to Western culture in general). Cultural gerontologists (Gilleard & Higgs, 2013; Twigg & Martin, 2015) investigate the intricate and complex interaction between the individual's physical body and their social and cultural representation and character. They reference Foucault's (1988) work entitled *Technologies of the self* to unpack the discipline behind the drive to keep fit, as well as a way to repay their societal dues (Katz, 2001). This concept also extends to cosmetic and anti-ageing interventions that impact a person's overall appearance (Calasanti, 2007; Coupland, 2003; Ellison, 2014; Hurd Clarke, 2011; Ward & Holland, 2011).

The idea of an individual's responsibility for their wellbeing and welfare is underpinned by social policies based on neoliberal ideology with “responsibilisation agendas” (Asquith, 2009, p. 255). The fundamental message promotes self-sufficiency and the idea that ageing as a challenge should be managed by individuals and their families, lessening the dependency of older adults on social systems (Asquith, 2009; Rozanova, 2010; Walker, 2012). Therefore, older adults who are able to look after themselves and continue

to contribute to the economy through the consumption of goods, which includes retirement lifestyle and aged care, are constantly praised and affirmed through media messaging.

The concept that the ageing process can be moderated and somewhat controlled through a prescribed set of lifestyle choices across the ageing population has been heavily criticised in social gerontology (Hooyman et al., 2002; Asquith, 2009; Ranzijn, 2010; Lui et al., 2011; Lamb, 2013, 2018; Macfarlane & Kosteki, 2016). For example, these scholars argue that structural factors such as socio-economic status, ethnicity, race, gender, dis/ability and sexual orientation shape people's lived realities, and consequently, their experience of old age. The Committee for Economic Development of Australia (CEDA) estimated in 2015 that at least 20 per cent of older Australians fell into the category of low income, home-renters living close to the poverty line. Women, who have spent a large portion of their working lives looking after children and therefore have forgone substantial amounts of superannuation, are estimated to be particularly vulnerable financially as they retire (CEDA, 2015). Ranzijn (2010) brought attention to the experiences of Australian Aboriginal Elders whose lived experiences largely represent a stark contrast to the 'model' Australian elder as described earlier. Aboriginal communities are among some of the most deprived communities in Australia. They experience a great deal of social inequality, and after a lifetime of poor healthcare and resources, reduced educational and employment opportunities, exploitation and racism – the possibility of active ageing is not only highly challenging but it becomes irrelevant in the face of sheer survival (Ranzijn, 2010; Macfarlane & Kosteki, 2016).

Othering the Other Within Ageing

The concept of inequity within the ageing narrative is further explored by Silke van Dyk (2016), who presents a thorough postcolonial perspective on the nature of othering facilitated by social attitudes on ageing. Both van Dyk (2014) and Zimmermann (2016) present their critique of the so-called “Happy Gerontology”, a term initiated by Bobbio (2006), suggesting that many gerontologists have joined the current narrative on ageing, accentuating the more positive aspects of old age and the possibility of continuing the independence and vitality of midlife. Respective to those promoting active ageing, the focus on older adults’ possibility of achievement later in life portrays old age as something to defy, and fragility in the older adults as a deficit.

This imperative to differentiate and categorise ageing into the “young old” and “older old”, present in the Western world, gave birth to two new categories: the Third Age and the Fourth Age (Laslett, 1989; Gilleard & Higgs, 2010; Twigg, 2006). The distinction between these two groups is based on the relative similarity/difference they present concerning those belonging to midlife. The Third Agers, seen as more capable and active, are somewhat highlighted in the social narrative (for example, through adverts about exciting retirement life). However, the Fourth Agers occupy a more invisible space and are often considered through the lens of their disabilities and care needs (Zimmermann, 2016). Gilleard & Higgs (2010) go as far as to conceptualise the invisibility of the oldest old as fading “... from the social world”, which they relate to “... the impact of a ‘black hole’ distorting the gravitational field surrounding it, unobservable except for its traces” (p. 121). They further suggest that the prospect of inhabiting aged care defines the social image

of the Fourth Age with loss of “choice, autonomy, self-expression, and pleasure”, making this stage of life even more different and less desirable (p. 126).

This comparison-based culture produced a narrative in which some older people (Third Agers) are seen as valuable and praised for their youthful lifestyles, whereas the Older Old (Fourth Agers) continue to be othered and segregated from our society (van Dyk, 2016). This categorisation might position the Third Agers within a seemingly better social position; however, van Dyk (2014, 2016) argues that both groups are othered, with the Fourth Agers being subjected to the process of *double othering*. Even though the Third Agers are perceived as echoing the capabilities of midlife, they are still portrayed as different. “... they are (it is said) less competitive and egoistic, more cooperative and loyal, less willing to take risks and more reliable, less achievement-oriented and more warm-hearted” (van Dyk, 2016, p. 117). This description summary is problematic as it indicates somewhat uniform tendencies in older people of certain age and capabilities. At the same time, it suggests that older people are somehow easier to get along with or perhaps to control. Since some, if not many, of the current Third Agers will eventually occupy the space of Fourth Age and therefore might need more care, one begs the question if this idea of gradual identification with being *more reliable* and *cooperative* is meant to encourage more compliance as older adults grow older.

Lamb’s (2013) research with older adults based in the USA and in India affirms that older adults’ attitudes and experiences of ageing are culturally determined, with most of her USA-based respondents strongly identifying and aspiring to the successful ageing

principles. Most of Lamb's study participants who identified themselves as successfully ageing also presented as "(anti)-ageing", which reflected in their active lifestyles but also in their determined pursuit to stay away from those who were displaying the fragility of old age (2013, p. 46). Two of her respondents, a married couple, describe their horror at having to encounter people in wheelchairs within their independent living complex, stating that they "... don't like the intermingling of, of the well and the sick" (p. 48). This couple felt very strongly that the independent living residents should be separated from those who were going down the "slippery slope" to prevent an undesirable "exposure" to the "disturbing" images of old age (2013, p. 48). This is a somewhat stark description of the ageist disdain among older adults themselves. However, the segregating, ageist attitudes towards the older old are embedded in most of our cultural, social and economic narratives, often in more subtle and implicit ways. I will conclude this section by reviewing further literature engaging older adults' opinions on successful ageing, highlighting some outcomes relevant to my research inquiry.

Knight & Ricciardelli (2003) investigated older adults' (aged between 70 to 101 years) perceptions of successful ageing against the existing literature to date. The study suggested that participants identified successful ageing through two main categories – health and activity –which corresponds with the current definitions (Havighurst, 1961; Rowe & Kahn, 1987, 1998). In addition, this study found other more specific tenets of successful ageing, which participants identified as "personal growth, happiness, close personal relationships, independence, and an appreciation of life" (p. 237). Another study by Duay & Bryan (2006) found that spirituality played an important role in their participants' ability to deal with life's losses and changes. In addition, the study has identified engagement in ongoing learning as important in the process of successful ageing. Learning at an older age is often related

to keeping the mind active. However, this study's participants described learning for the purpose of socialising with others, adapting and coping strategies, and having fun. And, lastly, Guy (2013) examined older participants' life choices and attitudes, concluding that the following criteria participants identified as relevant to successful ageing: a sense of purpose, a need to feel part of the community and to have a role in that community.

The literature examining older adults' experiences and attitudes supports the notion that older people desire to maintain their independence and good health throughout old age (Lamb, 2013; Ranzijn, 2015; Minney & Ranzijn, 2016). The broader socio-cultural narrative and economic policies surrounding ageing impact older people's expectations and the meaning they derive from their lived experience of old age. However, these more distinct themes mentioned here, emerging from the variety of participants' voices and life circumstances, demonstrate that there is much nuance when it comes to interpreting what is a good life in old age. There is a need for research about ageing to have more depth and nuanced listening to older adults.

Part Two. The Aged Care System

The literature reviewed in this section explores the aged care system in Australia. It examines the complexity that the aged care system traverses from policy conception to the everyday life experiences of older residents. My research sought to explore the power structures presented within the chosen research community to have a deeper understanding of resident and staff experiences and, therefore, explore the possibilities and purpose of drama therapy in this context. With this in mind this section of the literature

review examines the historical and current structures of aged care in Australia in an effort to highlight the existing power structures that operate within this system and thus shape the residents' everyday experiences. As reported in the recent Royal Commission into Aged Care Quality and Safety (RCACQS) (2021), the evidence of challenges in care provision is also reviewed with a mixture of voices from the residents, family members and a variety of professionals related to aged care. The literature review section also includes studies prioritising residents' voices and examining how power is displayed and negotiated within the aged care system.

To broaden the perspectives on aged care, some of the literature on international systems of care have been included to expand and/or juxtapose the different realities of ageing within the care system. For clarity, when the term “aged care system” is mentioned in this chapter, it implies the Australian context, and any international reference will be specified.

Historical Context of Aged Care in Australia

To contextualise the current system of aged care, I will briefly examine how the health and welfare policy evolved in Australia over the past two centuries, navigating various challenges, and its impact on older adults' wellbeing. There is evidence that older Australians have received some government support from the onset of European colonisation in 1788 (Cullen, 2003). Even though older people were generally expected to be looked after by their families, those with no family support or means to provide for themselves were placed in institutions such as asylums or hospitals for the remainder of their lives (Cullen, 2003; Coleman, 1975). From the middle of the 19th century, governments in Australia began to recognise the need to become more proactively involved in

the care of frail and/or homeless older people. This support was enacted indirectly through the establishment and financing of charitable organisations. In addition, this welfare initiative was followed by employing trained nurses to look after the older adults due to increasing concerns for their health. This was the beginning of the intersection of health and aged care policies within the government's directive (Cullen, 2003; Braitwaite, 2001; Borowski, & Hugo, 1997). Despite this governmental effort to support and care for the vulnerable old, the conditions in which these people lived were often found to be unacceptable by various royal commissions and parliamentary inquiries in New South Wales, Victoria and South Australia (Cullen, 2003). The last decade of the 19th century evidenced a number of distressing practices, such as placing older people together with those suffering from severe mental and physical health conditions or separating couples and placing them in different institutions (Braithwaite, 2001; Russell, 1981).

Due to increasing concern for the welfare of older Australians at the turn of the 20th century, the newly formed Commonwealth of Australia took the legislative power to ensure that support be given to older citizens (Arthur, 2021). This resulted in the introduction of the Invalid and Old-Age Pensions Act in 1909. It is relevant to note that the Australian Department of Social Services was only established in 1939, which meant that for over three decades, older citizens and disabled people were the only recipients of direct financial support from the Australian Government (Cullen, 2003). The historical overview gives evidence of various government initiatives (Arthur, 2021; Kewley, 1965) attempting to meet the needs of the older generation and unfortunately often failing to protect their longer-term welfare. Arthur (2021) argues that the National Welfare Fund and Social Services

Contributions were used for political purposes by competing governments rather than for the overt social benefit of those who needed it the most.

The period after the Second World War saw a “fairly constant flow of action” in the field of aged care (Coleman, 1975, p. 32). In the 1950s, further emphasis was given to improving the living conditions of the older adults through building government subsidised homes for the aged (Productivity Commission, 2013). This development had both positive and negative consequences for the evolution of aged care in Australia. Healy (2002) acknowledges that:

... the subsidy offered for nursing home fees in the early 1960’s was successful in health policy terms, since the long term care of the older people was shifted out of hospitals, but the disadvantage was that it produced two decades of nursing home growth. Nursing homes became a desirable investment and their owners a strong lobby group, so that aged care became provider led, older people were over institutionalised, and attention was diverted away from community services.’

(p. 3)

This was the beginning of what is now called residential aged care facilities (RACFs), and the disparity between investment in community-based services and RACFs continues to echo to the present day (RCACQS, 2021). In the 1980s, a number of Commonwealth reports investigated the nursing home industry. One of them (McLeay Report of 1982) stated that the number of older Australians living in institutions was far higher than in many other countries. This resulted in recommendations for higher

investment in community-based care, which meant that more people could remain living at home. The rest of the 1980s saw continuous development in aged care in the light of these recommendations.

Perhaps the most significant change to how aged care is organised and delivered has come with the Aged Care Act in 1997 (Angus & Nay, 2003). The emphasis of this change with relevance to my study was formulated as the certification and accreditation of RACFs. Certification related to the quality of the built environment and accreditation related to the quality-of-care provision. Both criteria had to be at a certain standard for the RACF to receive government funding. As a result of this move, the Aged Care Standards Agency was formed as an independent regulatory body that reports to the Commonwealth Government through the Parliament of Australia (Angus & Nay, 2003; Cullen, 2003).

In summary, this history illustrates that older Australians over the past two centuries have been both cared for and neglected in various ways (Arthur, 2021). Several political governments attempted to improve the Age Pension and National Welfare Fund, which resulted in some positive developments (Arthur, 2021). However, in recent years Australia has witnessed yet another investigation of the aged care industry with some distressing revelations of neglect (RCACQS, 2021). What seems particularly important to my study is further examination of the current system and the ways that the policy, regulatory bodies, and funding intersect with the performance of care and residents' lived experiences. I will now examine how this complex system of benevolent

care for the oldest of the Australian population is enacted within aged care facilities, and what power structures envelop residents' everyday lives.

Current Aged Care in Australia

Aged care, as we know it today, is a wide-ranging support system for people aged 65 and over. Most older people are keen to live independently for as long as possible, and an aged care policy is set up to reflect this reality (Australian Government Department of Health and Aged Care (AGDHAC), 2019). The general premise of aged care is to help people remain in their homes and communities for as long as possible. To provide for this, the system is embedded in 4 stages of support (Productivity Commission, 2013) ensuring the provision of: 1) pension for all older Australians; 2) support for continuing independent living in the community; 3) self-funded services and support for independence and self-responsibility; 4) aged care for those who can no longer live at home independently as a last resort.

Over the last 40 years, the number of Australians aged 85 years and over has increased significantly, which means that more people need care (Productivity Commission, 2013). On the other hand, the number of people available to provide informal/unpaid care to older family members and friends is anticipated to rise at a much slower rate for a number of reasons, such as people having fewer children, increased rates of divorce, increased participation of women in the labour force and more single-person households (RCACQS, 2021; Productivity Commission, 2013). However, much of the research on older people's care preferences indicates that

older people do not want to be a burden on their families and would prefer to receive daily care from community services, especially when it comes to personal hygiene (Gunnarsson, 2009; Szebehely & Trydegård, 2007; Gray & Heinsch, 2009). Nonetheless, with a growing number of people needing this type of care, and limited government funds, there has been a significant delay in community care assessments and services (Allen Consulting Group (ACG), 2007; Gray & Heinsch, 2009). The Royal Commission (RCACQS, 2021) reported on numerous cases of older adults waiting for many months to be assessed for a community care package that enables care in people's homes. For some people, their health deteriorates and they need to be placed in residential care before they have ever been awarded their home care package. The question of the appropriate division of resources in aged care is posed here, and how these resources could have ensured older adults a longer and healthier stay in their own homes (RCACQS, 2021). Owing to the complexity of assessment and the lack of timeliness in providing care packages for so many, families who can no longer look after their older relatives seek assistance within the aged care system.

The growing need for care for older Australians has resulted in unprecedented growth in aged care facilities (AIHW, 2017). Around 243,000 people used residential aged care (permanent and respite) in 2019 (AIHW, 2019). This care was provided by nearly 2,700 services, which were delivered by just under 890 provider organisations. The government's funding towards aged care amounted to \$12 billion in 2017–18 (Department of Health, 2018).

In the last decade, many of the aged care facilities have become increasingly modern and offer residents a competitive array of activities and services (ACFA, 2017). Despite this effort to make residential homes more attractive, the studies show that many older adults report fearing life in an aged care residence more than dying itself (De Bellis, 2010; AIHW, 2017).

The Royal Commission into Aged Care Quality and Safety

Residential aged care is often seen as a place of physical and mental decline (De Bellis, 2010; Minney & Ranzijn, 2016) and “... often associated with the worst features of institutional care, including: dependency, depersonalisation, low self-esteem, isolation, inflexibility, loneliness, loss of privacy, lack of freedom and desexualisation” (Amarnick, 1997, p. 156). This negative image is reaffirmed by the recent report from the Royal Commission (Royal Commission into Aged Care Quality and Service (RCACQS, 2021) based on an analysis of numerous submissions across the country detailing accounts by aged care residents, family members, aged care staff, healthcare professionals, peak bodies, advocates and experts. The Royal Commission report labelled the current state of aged care as a “shocking tale of neglect” (p. 1). The inquiry has uncovered multiple systemic failures across aged care, finding the conditions of care to be unacceptable and in some cases inhumane (Doran, 2019). The report has called for immediate action. The Australian federal government committed to enacting the following: 1) provide financial support for ageing at home; 2) prohibit the use of chemical restraints for older residents; 3) provide appropriate living solutions for younger people with disabilities who have so far been constrained to living in aged care facilities (RCACQS, 2021).

Many critics and advocates for older adults have found these solutions encouraging but somewhat late in the making (Doran, 2019). These findings echo the historically recurring challenges and the lack of prompt and appropriate action regarding issues surrounding Australia's ageing population. The ideas and advocacy for personhood and validation in ageing (Kitwood, 2007) are 40 years old, and their implementation in action across aged care is still proving to be challenging (DeForge et al., 2011; Wilson, Davies & Nolan, 2009).

Aged Care Accreditation

In the last two decades, the newly opened RACFs across Australia are mostly built as large institutions (with approximately 120 beds) in order to be economically feasible (Hampson, 2008; RCACQS, 2021). Aged care facilities have continued to be dominated by a medical model (Diamond, 1982; Hampson, 2008; RCACQS, 2021) which, among the other factors discussed later in this chapter, challenge the notion of homeliness within the home provision for the older adults (Minney & Ranzijn, 2014; Braithwaite et al., 2007).

As mentioned earlier, most older adults prefer to remain in their home environment for the rest of their lives (AIHW, 2017). Therefore, when it comes to accessing aged care, it is essential that the chosen care facility meets older adults' needs as much as possible. This contributes to the aged care facilities' competitive development and marketing (Wells, Fetherstonhaugh & Solly, 2019), which often aim to appeal to older adults' family members who are usually tasked with researching facilities and making the

choice, if the choice of facilities is even available (Naleppa, 1997, cited in Wells, Fetherstonhaugh & Solly, 2019). Choosing the right facility implies the process of evaluation of the quality of services provided across a variety of facilities.

At the time of this study's data collection, the official body responsible for the evaluation and accreditation of aged care facilities across Australia was the Australian Aged Care Quality Agency (AACQA). During the process of the Royal Commission (2018–2021), the accreditation body was succeeded by the Aged Care Quality and Safety Commission (ACQSC) operating under the Australian Government. The accreditation has been in the transition phase over the past few years and the new quality and safety standards came into power on 1 July 2019 (ACQSC, 2021). The accreditation process is carried out through regular audits assessing a facility's performance and conduct against existing accreditation standards. The standards of accreditation at the time of the study were as follows: (a) management systems, staffing and organisational development; (b) health and personal care; (c) care recipient lifestyle; and (d) physical environment and safe systems (ACQSC, 2021). The evaluation was carried out every three years and included 44 criteria points that needed to be met by the care provider. Although two of the above-mentioned standards were concerning residents' experiences, the accreditation process was heavily relying on written documentation carried out by the care facility staff and the management. Despite some attempts by the AACQA surveyors to capture the data related to care recipients' experiences "... the process of selecting residents and collecting feedback was ad hoc, limiting the capacity to rely on the information residents provided" (Wells, Fetherstonhaugh & Solly, 2019, p. 268).

In an attempt to include the residents' missing voices in the accreditation process, the AACQA focused on producing a consumer experience report (CER). This report intended to provide prospective and current families and care recipients with an insightful overview to support their choices of care facility. The final report was based on a set of 12 questions, only 2 of which were open-ended, and the rest used the *never/always* and *disagree/agree* response format (Wells, Fetherstonhaugh & Solly, 2019). The questionnaire is currently used to initiate the audits of the care facilities and is considered an important component in the overall accreditation process.

In the period between 2017–2019, the Aged Care Quality and Safety Commission partnered with the Australian Institute of Health and Welfare (AIHW) to conduct an independent analysis of consumer experience reports. The findings of this analysis indicate that residents' responses were "... predominantly positive, especially regarding feeling safe, being treated with respect, and having healthcare needs met" (Australian Institute of Health and Welfare, 2019, p. 42). In contrast to this summary, the Royal Commission report (Aged Care Quality and Safety Commission, 2021), based on detailed analysis from multiple perspectives within the aged care sector, concluded that "substandard care and abuse pervades the Australian aged care system" (p. 68).

Further to this it has been noted in the past that accreditation reports on the quality of services were found to be "... difficult for consumers to access, interpret and understand" (Wells, Fetherstonhaugh & Solly, 2019, p. 268). In conclusion, the efforts put into the accreditation and evaluation of aged care services often produce inadequate support for care recipients and their families.

The data collected through the questioners lack a level of depth necessary to capture residents' experiences and provide meaningful information to ensure quality of life for those entering aged care facilities (Braithwaite et al., 2007).

Residents' Experiences of Aged Care

Kane (1990) suggested that social settings such as aged care facilities are “accidental communities” housing people of diverse cultural backgrounds, socio-economic status, former professions, life experiences and interests (Kane, 1990, cited in Guse & Masesar, 1999, p. 538). The age, physical and cognitive needs also vary significantly across any given care facility. Furthermore, it is not uncommon to encounter younger people living with disability in one of the care facilities. This adds complexity to the already challenging social dynamics of aged care residencies (RCACQS, 2021). One uniting aspect that all aged care residents have in common is their need for ongoing care. This section of the chapter will review literature exploring the nature of care provided and the challenges that residents face within the aged care setting.

The current trend within aged care in Australia is to employ humanistic models of care that are person-centred and seek to enhance the residents' cultural and aesthetic experience and their overall quality of life (Kitwood, 2007; Brownie & Nancarrow, 2013). The process of implementing person-centred interventions within aged care requires multiple considerations and cultural change (Twigg & Martin, 2015) such as: enhancing residents' living environment; providing suitable social, interactive stimulation; educating staff and management; empowering staff; assigning staff to the same residents and carrying out person-specific care

(Brownie & Nancarrow, 2013). However, there is evidence of disparity between the concept of person-centred care and the practice of care as enacted in residents' day-to-day life (Zimmerman, Shier, & Saliba, 2014; RCACQS, 2021). A systematic literature review entitled *Effects of person-centred care on residents and staff in aged-care facilities*, Brownie & Nancarrow (2013) found that the main challenge to implementing this type of care is “a wider ‘hierarchy of needs’ structure” (p. 1). The aged care reality of not enough time and too much work (Bergman-Evans, 2004) often results in needs being prioritised with “safety and physiological needs’ taking precedence over ‘higher level needs’” (Brownie & Nancarrow, 2013, p. 1). While safety and physical needs are significant components of aged care, the residents can often feel unstimulated, lonely, bored, and helpless (Bergman-Evans, 2004). Another study (Kane, 2001) noted that aged care settings prioritise the health status of their residents, which often means that aspects indicating quality of life, such as a sense of security and comfort; meaningful interactions and activities; privacy; dignity and autonomy; individuality and spiritual fulfilment are considered less important and less urgent.

The nature of multiple needs within aged care facilities and often not enough staff (RCACQS, 2021) result in residents' daily lives having to adjust to fixed, scheduled routines. This further leads to a decrease in residents' opportunities for autonomous decision-making resulting in individual residents' needs having to adjust to the overall facility/group needs (Kane, 1991; Thomasma, 1985; Guse & Masesar, 1999).

Further studies, such as Knight and Mellor's (2007), that interviewed residents across diverse aged care facilities in Melbourne, Victoria, found their experience of social activity and inclusion within their aged care facility significantly compromised.

There was an overall lack of evidence connected to residents establishing “... meaningful personal relationships, happiness and a sense of control ... emotional well being and positive ageing” (p. 84). The respondents in this study further concluded that the care facility “... was not their home and never could be” (2007, p. 84). An earlier study by Guse & Masesar (1999) found that the residents missed opportunities to be helpful to others. This “lack of reciprocity” was found to have a negative impact on their overall quality and meaning in life within long-term care (Guse & Masesar, 1999, p. 538). Other studies (for example, De Bellis, 2010; Tuckett, 2007) examining residents’ experiences of aged care also found that the care facilities were generally inadequate in meeting residents’ needs for a good enough life.

In contrast, a more recent study by Minnay and Ranzijn (2016), exploring residents’ experience of aged care, suggests that not all residents experience aged care negatively. Their study was carried out in South Australia, engaging residents from two care facilities. Both facilities implemented a model of care based on active ageing and the principles of positive psychology called partners in positive ageing (PiPA). The PiPA model aims to enhance residents’ physical, cognitive, and psychosocial functioning following these concepts: be active, keep learning, roles and relationships, positive emotion, strong voice, and savouring the senses (Boylan, 2010, cited in Minnay & Ranzijn, 2016). The outcomes of this study (Minnay & Ranzijn, 2016) suggest that the respondents’ notions of having a good life within aged care were based on their physical, social, and psychological needs being met while maintaining a sense of identity. The participants described their lives prior to entering the care facility as dominated by loneliness, isolation,

immobility and ongoing concern for their health. The positive changes reported directly correlated to the lack of safety and connection they experienced prior to aged care.

Minnay and Ranzijn (2016) conclude that despite common beliefs and residents' reported experiences (for example, De Bellis, 2010; Tuckett, 2007; RCACQS, 2021), aged care facilities "... can provide older people who are physically frail but cognitively intact with a better life than when they were living in their own homes" (p. 919). They also suggest that although the positive outcomes of their study were governed by a successful implementation of the person-centred model within participating care facilities, it was also clear that the "ageing in place" policy was failing to provide these participants with a good enough experience of home care.

The general consensus in the gerontology literature is that including and prioritising residents' experiences leads to diversity and heterogeneity of findings describing the ageing process and aged care reality (Thane, 2003; Hampson, 2008; Minnay & Ranzijn, 2016). Older adults want to have a say in shaping their lived experiences and take those opportunities gladly (RCACQS, 2021). However, the actual voices of residents both within the aged care system and in research literature have been underrepresented (Hampson, 2008; Davies, 2001; Minnay & Ranzijn, 2016). As previously mentioned, the recent changes in aged care accreditation have been adopted in an attempt to prioritise the residents' personal views and experiences (Wells, Fetherstonhaugh & Solly, 2019). This decision implies the potential of residents becoming the primary evaluators of their experiences and thus the spokespeople for the quality of their residence and care received. On the one hand, this is welcome news for many, but some argue (Minnay & Ranzijn, 2016) that as long as residents' choice of a facility is limited, so is their ability to truly voice their needs. Finding a suitable

facility for an older person means aligning quite a few factors related to a person's physical and cognitive health, their financial means, their family's needs, the bed availability, to name a few (Productivity Commission, 2013). The lack of choice when it comes to available facilities impacts on what changes residents can implement in their lives. Minnay and Ranzijn (2016) point out possible further reasons hindering residents' authentic reporting of their aged care experience, such as fear of a negative impact on their care if they report concerns; desire to maintain positive relationships with staff and other residents; and desire to participate and emulate the overall positive ethos of the care facility.

In conclusion, the literature indicates that aged care residents' overall experiences can vary widely with a considerable amount of complexity in implementing a more individualised and person-centred care. Prioritising residents' lived experiences is crucial in understanding the nuances of the various needs people have in long-term care.

The Aged Care Staff

The current Australian residential aged care system consists of a workforce of close to 280,000 employees including permanent, casual and agency employment across different sectors of care (Aged Care Workforce Census Report, 2020). Those who provide direct resident care make up the largest portion of this workforce (close to 210,000), with the number of personal care workers (PCWs) at over 170,000 (Aged Care Workforce Census Report, 2020). This section of the chapter will explore the conditions of PCWs employment and the impact they have on the residents in long-term care.

Personal care workers generally work alongside registered nurses, physiotherapists and administration/managerial staff. According to the Australian Nursing Federation (2006; ANMF, 2019), the number of professionally trained nursing staff within aged care has been falling consistently over the past decades, with more nurses seeking employment in the health sector where they report more favourable working conditions. Laging et al. (2018) identify the same challenge, pointing out that nurses' professional capacity to appropriately assess the residents is significantly undermined by protocol-directed facilities. This has resulted in nursing staff feeling disempowered (Laging et al., 2018; RCACQS, 2021) and leaving aged care to be run predominantly by PCWs who are often inadequately trained to recognise signs of deterioration in older residents (RCACQS, 2021).

The shifting of professional staff within ever-growing aged care facilities means they are staffed with people who often have as little as six weeks' training before they start working with the residents (Gray & Heinsch, 2009; Ferguson, 2018). There have been numerous reports in the last two decades of the lack of appropriate training for care staff across the aged care system (Meagher & Healy, 2005; Richardson & Martin, 2004; Gray & Heinsch, 2009; Australian Nursing Federation, 2006; RCACQS, 2021). In 2020, aged care facilities reported that 66 per cent of their PCWs were trained at the level of Certificate III and 26 per cent were unreported in terms of their qualification level. The qualifications of a total of 7 per cent of active PCWs were reported as unknown by their employer (Aged Care Workforce Census Report, 2020).

The literature indicates that most of the hands-on aged care is provided by PCWs, most of whom identify as female (around 90 per cent) and are often underpaid with some taking on multiple part-time positions, which when combined amount to an equivalent or greater than one full-time position (Aged Care Workforce Census Report, 2020).

Personal care workers are described in the literature as generally well-intentioned and caring but without much psychosocial or emotional training or support (ANF, 2006; ANMF, 2019; Gray & Heinsch, 2009; RCACQS, 2021). Several other researchers noted their concerns over the poor quality of care residents are most likely to receive in aged care (Comondore et al., 2009; Fahey, Montgomery, Barnes & Protheroe, 2003; Kane, 2001; Schnelle et al., 2004). This is problematic given that the care of older adults who might be facing multiple psychological and physical challenges is complex. Henderson (1995) argues that due to the pressure of workload, care staff have very little opportunity to engage with residents in meaningful psychosocial interactions. His study found that residents' encounters with cleaners provided for more meaningful conversation and psychosocial engagement than anyone else in the facility. Henderson (1995) postulated that cleaners' identity was not medicalised, and their caring function was not directly invasive to residents' bodies, resulting in the residents being able to relate to them more.

Why is the investment in this type of care, and the people who perform it, undermined? From the perspective of feminist ethics of care (Hooyman, et al., 2002) this reality reflects the often-overlooked care women provide in families and in society. For over a decade, gender inequality has been identified as an issue of concern in caring roles (RCACQS, 2021). While there has been some increase in the participation of men in carer roles over the decades, caring remains primarily undertaken by women. A recent

study (Schirmer, 2017) reported that men may take on caring commitments for their ill spouse or partner, whereas caring commitments for women may be more broadly spread among others including children, partners and parents. Those who view care from a political perspective (Sevenhuijsen, 1998, 2000, 2003; Tronto, 1993) insist that the notion of care for both the youngest and the oldest within Western societies is generally devalued and discounted based on the gender of those who provide it. The unseen care that women often provide in the community is dismissed by Australian public policies, and its economic value goes unaccounted for (Gray & Heinsch, 2009).

As reported by the Australian Nursing Federation (ANF, 2006) due to shortages of skilled nurses in any given facility, there is very little supervision or emotional support given to care staff when they lose one of the residents. Over a decade later in another report by Australian Nursing and Midwifery Federation (ANMF, 2019) aged care staff reported "ongoing excessive workloads" a sense of "very low morale throughout the staff" and being subjected to "bullying, intimidation and scapegoating from management" (p. 25). This poses a further question of how this unseen and undervalued account of care might intersect with the previously discussed narrative of ageing within our society. What are the societal values that drive this narrative and overshadow the important work of caring for aged care residents as they traverse the end of their lives?

A Canadian study by DeForge et al. (2011) exploring PCWs' perceptions and understanding of residents' (un)met needs, found that PCWs' ability to provide care intersected with the culture of compliance and regulation inherent in the institutional setting. The

findings of this study indicate that policy-driven structures within aged care produce a detrimental impact on PCWs' ability to care with their "caregiving responsibilities" being "displaced by caregiving accountabilities" (DeForge et al., 2011, p. 425). The respondents in this study (the PCWs) described the institutional emphasis on accountability as somewhat professionally debilitating leaving "... many frontline long-term care providers afraid and unable to care" (p. 425). These authors are clearly stating the need to address and shift policy-driven accountability and recognise how its directives condition the caregiving/receiving experiences of both aged care staff and residents.

The Built Environment

Hampson (2008), in his research on the impact and role of the built environment in the lives of the residents, explores the notion of "creating a community for ageing" rather than "aged community" (p. 254). His research reveals a disconnect between the residents' everyday living needs and the design of the facilities. Hampson (2008) describes how the very process of conceptualising and designing the care facilities prioritises the clinical aspects of care concerning the staff and management. The architects developing care facilities are primarily informed by the needs of the overall running of the building structure, which might be summed up as "clinical and easy to maintain" (Hampson, 2008, p. 255). This might imply vinyl floors, which are easier to clean, or straight corridors enabling convenient access and monitoring of the residents' rooms. Hampson's (2008) respondents noted that some of the care facilities had shared ensuite bathrooms between two residents stating that "... the residents can't use them

independently so why should we provide them for everyone” (p. 255). This study asks the question that other researchers in aged care have asked as to “who is the client in the aged care system?” (Hampson, 2008, p. 256).

In conclusion of this section of the chapter, I will attempt to summarise the complexity found within aged care facilities and the implications these have for further research. At the time of this thesis completion, we have had over two years of living with the COVID-19 pandemic that has impacted people globally, especially those living in aged care facilities. This brings to attention the vulnerability of aged care homes, which often find themselves under a lockdown due to various viral infections of much less consequence than the present pandemic. The COVID-19 pandemic highlighted issues present within institutionalised aged care living that were not widely socially discussed or known. The images of older people stuck in their rooms, disconnected from their loved ones, and unable to receive human touch, were a stark reminder of this reality.

This literature review seeks to highlight multiple issues concerning giving and receiving care within institutional settings. What does it take in a developed socio-economic system to sustain good enough care for its older population? The literature concludes that multiple layers of complexity are at play within aged care. The results of underinvesting in appropriate care and education for people who provide direct care (Australian Nursing Foundation, 2006, ANMF, 2019; Aged Care Workforce Census Report, 2020), lack of prioritising residents’ needs and making them the primary stakeholder within aged care (Kane, 1991; Thomasma, 1985; Guse & Masesar, 1999; RCACQS, 2021), result in unnecessarily added suffering, isolation, poor quality of life, infection and premature death for too many residents (Knight & Mellor, 2007; De Bellis, 2010; Tuckett, 2007; RCACQS, 2021). The

literature calls for addressing the policy-driven mandates of accountability within aged care, which have a disempowering impact on the performance of care and a detrimental effect on residents' everyday experience (DeForge et al., 2011). There is scope for further research examining the power structures within the aged care system and the ways in which the residents might be able to claim their voice and their rightful central position within this system.

Part Three: Drama Therapy and Older Adults

The last section of this chapter seeks to give an overview of drama therapy practice and research, its application across diverse professional settings, and its potential to intercept socio-political narratives. And, lastly, I will explore the literature relating to drama therapy application with older adults across different settings.

Drama Therapy Practice

Drama therapy is a psychotherapeutic practice in which the therapist employs their skills and knowledge in theatre and psychological wellbeing, acting simultaneously as a therapist and an artist (BADth, 2022). The main characteristic of drama therapy is the use of active, embodied drama methods to engage individuals and groups across various health, education and community settings. This inter/active engagement with one's body, feelings, thoughts, often results in personal insights and new ways of responding (Jones, 2007). The origin of drama therapy is associated with the work of Jacob L. Moreno (1953) who formulated three

types of dramatic inter/action between oneself and/or the group: sociometry (relational capacity), psychodrama (the drama of self/individual), and sociodrama (the drama of the group). Moreno (1953) suggested that this playful, interactive engagement has the capacity to open individuals to new ways of responding to personal situations, that of the past or life in general. Jones (2008) further adds that the use of drama therapy methods can enable access to “... issues and processes in a way that words alone cannot do” (p. 54).

Jones (2005) outlines a broad spectrum of therapeutic objectives that drama therapists cover across professional and cultural contexts, from an emphasis on change and behavioural integration on one end of the spectrum to goals that are more oriented towards personal insight and spiritual growth. Bailey (2007) points to versatile application of the same drama therapy methods across various settings with differing working contracts and therapeutic objectives. She emphasises the importance of drama therapy enabling the participants to show rather than verbalise how they might be feeling. The embodied form of expression enables and includes those who might be non-verbal or those for whom the process of telling might be too challenging such as survivors of trauma (Bailey, 2007).

Therapeutic Relationship and the Art Form in Drama Therapy

The therapeutic relationship between the therapist and an individual or a group is central to drama therapy (Emunah, 1994). The relationship is initiated from the first encounter in therapy and continues to be fluid, collaborative, co-creative and dialogical

(Emunah, 1994, Jones, 2005). The complexity of the therapeutic relationship requires ongoing negotiations of therapeutic aims and boundaries between the participants and the therapist. Drama therapy and other creative arts therapies have an added dimension of the art form, shifting this relationship from a dyadic to a triadic relationship. The therapist and the participant relate to the art form in their own way and thus project meaning on what has been created (Emunah, 1994; Jones, 1996; Landy, 1994). This means that it is possible for the participant to have ownership of the meaning they give to their creation as well as the significance they attribute to the act of creating. What might seem significant to the therapist might not be significant to the participants and vice versa. McNiff (2012) indicates that within practice-based research the data is given meaning by the participants prior to being interpreted by the researcher. There is a sense of immediate ownership and collaborative creation within the research process, which mimics the nature of the therapeutic relationship (Kapitan, 2010)

Creativity in Drama Therapy

Karkou and Sanderson (2005) formulated creativity within creative arts therapies as “the capacity to find new and unexpected connections, new relationships and therefore new meanings” (p. 53). This notion of approaching creativity as a process of discovery is relevant to drama therapy with older people who might not perceive themselves as creative or imaginative (Crimmens, 1998). Jones (1996) suggests that creativity in drama therapy is central to creating change – “it is the client’s creativity as developed, expressed and

explored within the therapeutic framework, and the focused dramatic processes, which provide the opportunity for health and ... change” (p. 5).

Creativity and impetus for change imply a level of trying something out and engaging in a “creative risk taking” (Blatner & Blatner, 1988, p. 78, cited in Jones, 1996). This is relevant for participants across the age continuum and is particularly significant for older adults living in aged care where the high level of control and safety leads to risk being minimised and not encouraged (Braithwaite, et al., 2007). In drama therapy, participants develop a sense of trust and safety, which allows creativity to thrive as a playful, open, spontaneous and authentic process (Emunah, 1994; Jones, 1996; Kershaw & Nicholson, 2011; Malchiodi, 2015). Creativity is therefore an ongoing process of engagement in drama therapy, which develops the relationships and encourages inter/personal insights.

Dramatic Reality

Dramatic reality is central to drama therapy practice and theory and represents the safe space created by the therapist and the participants in which reality and fantasy overlap and interchange (Pendzik, 2003, 2006). It is a manifestation of the creative, imaginative thinking of the participants’ present involving “a departure from ordinary life into a world that is both actual and hypothetical: it is the establishment of a ‘world within the world’” (Pendzik, 2006, p. 272).

Within a drama therapy session, the participants have an opportunity to play out and animate aspects of their lives and/or a role or a chosen character in a story. The dramatic reality is expansive and offers the opportunity to extend both time and space while staying in the present moment (Pedznik, 2006). The inner world of the participants is given space and freedom within the dramatic reality in which one can shift between the fantasy and the reality, both of their own and that of other participants. The creative expression which is delivered in dramatic reality allows participants to discover and share different aspects of themselves which might be difficult or impossible to access in day-to-day life. Therefore, this in-between, transitional space (Winnicott, 1971) of possibility allows participants to access their inner world, their voice, their loved ones and dwell in the space with no physical or time constraints (Moreno & Moreno, 1969). In work with older adults, participants will often visit past selves and loved ones and express important messages and thoughts (Johnson, 1986; Pendzik, 2006). Drama therapy uses various tools to create and expand the dramatic reality, which are collaboratively used between the therapist and the participants and result in an invisible realm accessible and welcoming to all present.

Drama Therapy and Core Processes of Change

To further explore drama therapy in relation to this study, it is important to bring focus to core processes of change as originally defined by Jones in 1996. Jones (1996, 2007) has been instrumental in outlining a language in which drama therapists can describe and identify the processes that enable change in drama therapy work.

These processes do not suggest a particular technique or method but rather epitomize therapeutic processes present within all drama therapy work, including various approaches (Jones, 2007). Jones notes that they are “... not neat categories, rather they are a language to try to describe aspects of a whole” (2007, p. 83). Cassidy et al. (2014) point out at the multiplicity of these processes as integral to drama therapy and occurring interchangeably at any time within a therapy session.

Jones (1996, 2007) defined eight discernable core processes in drama therapy:

- dramatic projection
- playing
- role play
- empathy and distancing
- witnessing
- embodiment
- life-drama connection
- transformation.

Jones’s core processes have been fundamental in establishing a language in which drama therapists can describe, evaluate and communicate their practice beyond their discipline and into the fields such as the arts or psychology (Jones, 2008). Meyer (2017)

suggests that Jones's (1996) core processes have underused value across the field of creative arts therapies especially within practice-based research. In her own study Meyer (2017) used the core processes to examine the creative arts program for youth workers and evaluate the participants' insights occurring within the program.

The core processes of change have been further elaborated in a grounded theory study by Cassidy et al. (2014) in which they formulated a model of meta-processes of change. The meta-processes represent the therapeutic conditions necessary for the change to happen or in other words "how therapists can successfully engage a client in each of Jones' core processes" (Cassidy et al., 2014, p. 363).

Cassidy et al. (2014) formulated the meta processes of change as five therapeutic conditions:

1. Central to meta-process model of change is therapeutic engagement in the "here and now". Therapists engage their participants in an emergent and spontaneous manner responding to presented needs. The objective of working in the "here and now" encompasses the rest of the conditions within the meta-process model.
2. How the therapist engages alongside their clients within the session and maintain some sort of connection beyond the therapy space.
3. How safety is created and maintained in the group.

4. The level of choice and control that is available to group participants. The autonomous decision making about the level of engagement and the creative material facilitates the sense of participant control and agency.
5. And lastly, participants active engagement with the therapist, creative methods and other group members.

Cassidy et al. (2014) conclude that the above named conditions within meta-processes model enable the core processes (Jones, 1996) to facilitate therapeutic change and transformation for the participants.

Research in Drama Therapy

In the recent decades the request for evidence-based practice has increased among the creative arts therapies employed within various health, community and education sectors (Armstrong, Frydman & Wood, 2019; Jones, 2012; Kapitan, 2010; McNiff, 2012). Research in drama therapy is scarce, and in the past, it was mostly descriptive in nature (Barbato, 1945; Bikales, 1949; Landy, 1984). This meant that there was little empirical evidence to validate the practice in an increasingly evidence-based health and wellbeing space (Johnson, 2009). It has been debated whether drama therapy should find its own method of evaluation, respectful of the art form integral to the process rather than relying on the quantitative methods (Armstrong, Frydman & Wood, 2019). Jones's (2012) inquiry into drama therapists' perception and experience of research points out several reported challenges. Drama therapists expressed that they were lacking relevant skills and language to make conclusive descriptions of the therapeutic changes and the

reasons for why the change occurred. They attributed the lack of research skills to their professional training and many reported feeling challenged by the medical model and quantitative evidence based paradigm.

Although, most of the existing drama therapy research is qualitative (Jones 2012), there is a strong recommendation to “bring the qualitative and quantitative findings into dialogue” (Jones, 2015, cited in Armstrong, Frydman & Wood, 2019). Therefore, it is essential for drama therapists to keep developing the skills to produce valid evidence of their practice while simultaneously developing the confidence to communicate this evidence within a wider professional context.

McNiff (2012) added to this saying that “The biggest opportunity and challenge facing arts-based research today is getting the people with the most to gain from the discipline to believe in it, become involved, perfect the process and realize the advantages it offers” (p. 5). He also reinforced the need for the arts therapists/researcher to “perceive and implement their unique ways of knowing and communicating as primary modes of research” rather than relying on other disciplines (2012, p. 7).

Jones’s (2012) inquiry highlights the following ways in which drama therapists can demonstrate evidence-based practice: 1) engaging in research which promotes the use of drama therapy in various settings, 2) expanding research methods, and 3) including participants voices and their reflections on change in drama therapy (p. 76). Added to this is a more recent recommendation by Feniger-Schaal & Orkibi (2019) for drama therapists to invest further in innovative arts-based research practices which tend to highlight the stories and experiences of marginalised groups.

Drama Therapy and Socio-political Context

The premise for social and political contextualisation of any therapeutic modality is the fact that therapy sessions on their own do not occur in a social vacuum (Jones, 2010; Hadley, 2013). Therapeutic boundaries aim to protect the space, but they are not able or meant to protect the therapy space from the surrounding environment (Jones, 2010). Rather, the various activities and agreements aim to create a safe space within which to provide an alternate or complementary space to the one lived in by the clients in their everyday lives. As elaborated previously, drama therapists' training implies general psychotherapeutic principles with an emphasis on therapeutic relationships and the use of the art form to achieve desired change. However, it is equally important that the drama therapist engages in reflexive praxis with an emphasis on the socio-cultural and political forces impacting the therapeutic process (Jones, 2010; Landy, 2006).

Jones (2010) noted that not all therapists feel comfortable or professionally equipped to address the social issues impacting and often creating the reasons for people needing therapy. However, ignoring the larger context of a person's life and accompanying challenges can result in the person bearing the sole responsibility for all that has happened to them. Jones (2010) suggests that unless the arts therapists take a stance to clearly address these circumstances, they could be colluding with the system of oppression and adding to their participants' sense of social exclusion or helplessness. Totton (2008) outlines three frameworks to highlight these issues:

Firstly that therapy. . .[is]. . .tied firmly to the social and political context in which the therapy takes place; secondly that therapists and counsellors exercise political agency in their work, whether or not they are aware of it; and thirdly that, conscious or unconscious support from the therapist for mainstream cultural positions – at the expense of the positions of the client – can be both damaging and wounding. (Totton 2008 in Jones, 2010, p. 26)

The process that Totton (2008) describes of positioning ourselves as collaborators and challengers of systemic socio-political constraints needs our ongoing effort and vigilance (Hadley, 2013). The aspects included in this process of “uncovering the veil” will be further discussed in Chapter 4 of this thesis where I explore creative arts therapies’ social responsibility within the ageing context (Talwar, Iyer, & Doby-Copeland, 2004).

Furthermore, Sajnani (2012) has argued that arts therapists are equipped with the relevant skills and knowledge to address social, systemic injustice and disempowering practices. This also implies that arts therapists are capable of serving diverse communities with suitable programs and in partnership with relevant community participants (Meyer, 2017).

Drama Therapy with Older Adults

Studies reviewing drama therapy with older adults are few, but clearly indicate that drama therapy can enhance psychological wellbeing and quality of life (Jaaniste, Linnell, Ollerton & Slewa-Younan, 2015; Keisari & Palgi, 2017), promotes creativity, self-reflection, connection and community building among the participants (Beard, 2012; Mechaieil, Graybow & Cobham, 2010; Peleg,

Lev-Wiesel & Yaniv, 2014; Reinstein, 2002; Cedar et al., 2016). In light of previous literature on the challenges older people face, it is plausible to suggest that drama and theatre based practices can be an important resource when working with older adults (Bernard et al., 2015; Noice, Noice & Kramer, 2014, 2015).

Drama therapy with older adults takes place in a variety of settings such as community centres, residential care homes or psychiatric hospitals, and it is often conducted in groups. Therapeutic aims are often centred on facilitating an opportunity for meaningful interpersonal relationships among group members (Sandel & Johnson, 1987; Mechaieil, Graybow & Cobham, 2010; Cedar et al., 2016), enhancing the quality of life (Jaaniste, Linnell, Ollerton & Slewa-Younan, 2015; Cedar et al., 2016; Keisari & Palgi, 2017), lessening isolation and depression symptoms (Keisari & Palgi, 2017; Reinstein, 2002), as well as offering support for the more personal challenges such as loss and grief (Reinstein, 2002; Sandel & Johnson, 1987). It is not uncommon that all these challenges would be present in any given drama therapy group with older adults. However, the very premise of group work in this context gives drama therapy the possibility to offer a social experience in which participants' individual strengths and sensitivities can be expressed creatively, enriching their sense of relevance and belonging to the group (Bernard et al., 2015). When participants exchange their personal narratives either directly or through a role, a made-up story, or a movement sequence, it allows others in the group to engage with this individual's inner world and therefore develop meaningful connections and relationships. Within the context of aged care, these moments of personal connection through creativity allow participants to be seen as more than a resident or service user in a facility (Lev-Aladgem, 1999). Jones (2007) stresses the importance of the therapeutic function of "witnessing" in drama therapy as

an opportunity for the participant to develop an internal capacity of witnessing both their own as well as another's life. By being a witness and an audience to the process of other participants, they fulfil the roles of supporter and affirmer of other people's challenges (Jones, 2007).

Another study (Keisari & Palgi, 2017), affirming the importance of witnessing one's life story in older age, was a quantitative inquiry comprising an experimental group and care-as-usual group using integrated life-review and drama therapy methods. The study found that this innovative therapeutic intervention, combining narrative and drama therapy tools, enhanced outcomes measuring self-acceptance, relationships, a sense of meaning in life, improved markers of successful ageing and a significant reduction in symptoms of depression among participants (Keisari & Palgi, 2017). The individuals participating in this study reported new perspectives and experiences of choice and integration of their life stories as well as acceptance of its non-integration, allowing for the acceptance of complex life events (Keisari & Palgi, 2017). This study substantiates the positive impact of using drama therapy with older adults, which is of great importance considering the scarcity of quantitative evidence-based studies in the field of drama therapy concerning older adults (Landy, 2006; Armstrong, Frydman & Wood, 2019).

Another recent study (Keisari et al., 2018) explores the use of Playback Theatre with older people across various settings in Israel. Playback Theatre is a form of improvisational theatre with a focus on the personal story of the participants (Fox, 2007). It is used in theatre community contexts as well as therapeutic settings. The study drew on the experiences and reflections of the Playback

Theatre practitioners with older people using grounded theory. The study found that most of the stories older participants shared in their groups concentrated on the following issues: reminiscence and life review; coping with loss; coping with ageism; intergenerational relationships; a desire for personal development; sexuality in old age and second couplehood; preparing the self for the end of life (Keisari et al., 2018, p. 75). This study validates the use of stories and storytelling with older people for therapeutic purposes, indicating the willingness and desire of the participants to share and explore their personal stories in their communities (Keisari et al., 2018).

Working with a Story in Drama Therapy with Older Adults

Gersie (1997) calls stories the very “*substance of humanness*” (1997, p. 13) and one of the most valuable means we have for exchanging experiences and negotiating identities (Hyden, 2013). Today, most people are distanced from the concept of the communal forums and the campfire-like gatherings of the past (Smail, 2018; Day, 1999; Crimmens, 1998). The reality of our modern-day information and technology saturation through social media can be seen in comparison as a space where people converge with storytelling and sharing from very isolated personal spaces away from true life-to-life interactions (Day, 1999). Gersie (1997) argues that by disowning the cathartic experiences of storytelling participation, we might be denying ourselves an important part of what it is to be human. With the loss of a communal arena for stories to be shared, we are denied a chance to confront each other and experience clashes which are a necessary part of cultural exchange, negotiation and transformation (Fox, 2007).

Drama therapy, in its various approaches, keeps the power of story and storytelling alive (Smail, 2018; Gersie, 1997). There are several ways in which a drama therapist can introduce story work in a group with older adults: working with an existing story, fairytale, or myth; developing a new story using an object or an image as a starting point or working with a personal story a participant wishes to share (Gersie, 1997). All these stories can be engaged with both narratively and through role play and embodiment.

When working with a personal story, the participants make use of dramatic reality (Pendzik, 2006), often altering life events and related feelings and thoughts and playing with alternative sequences of events. Keisari and Palgi (2017) suggest that the process of playing out one's life story allows new perspectives on their life events and decisions which can lead to "a more positive identity" (p. 1082). Harel and Keisari (2021) further elaborate on the potential of integrating life-story work with drama therapy methods when working with older adults. They suggest that exploring one's life story through dramatic reality enables purposeful self-exploration and identify five qualities with which dramatic reality facilitates older adults' psychological wellbeing: through "... its ability (1) to evoke a story, (2) to bring together the personal and the collective, (3) to help in processing unfinished business, (4) to create an integrative view of the self and (5) to open the way to imagining the future." (Harel and Keisari, 2021, p. 23). Their conceptual proposition of five qualities of dramatic reality is illustrated by vignettes extracted from their previous research with older adults, i.e. Dassa and Harel (2019a, 2019b) and Keisari et al. (2020b, 2020c).

In her book, *Storymaking and Creative Groupwork with Older People*, drama therapist Paula Crimmens (1998) notes the importance of working with stories which thematically echo a variety of older adults' lived experiences. These could be themes of war and survival, collective crises and resolution, searching for happiness and wisdom, loss of a loved one, stories with tricksters in it, spiritual quests or collective celebrations. Drama therapists tend to use stories from different cultures which highlight the universality of human experience and at the same time "... bring the world [into the care facility space] and expand the horizons of people for whom they are rapidly closing down" (Crimmens, 1998, p. 11).

The group aspect of working with a story adds multiple layers of interpretation and meaning making by different participants (Gersie, 1997). In an aged care setting, working with stories in the group can elevate participants' energy; provide opportunity for much needed physical interaction and touch; allow various roles and relationships to be enacted and rehearsed; provide experience of community and sharing; elicit joy and laughter; reduce boredom; encourage curiosity or improve participants' self-esteem (Crimmens, 1998). Stories with empowering and significant older characters can spark compelling reflections among the participants and encourage enactment of active agency. The use of therapeutic story work in an aged care setting can be seen as "a medicine which strengthens and rights the individual and the community" (Estes, 1992, p. 17).

Chapter Summary

This chapter has brought together literature from diverse fields reflecting in large the complexity of the study undertaken. The study embraces a macro-social perspective to understand its influence and direct impact on the lived experiences of people inhabiting aged care facilities. In summarising this review, I assert the need for further qualitative and critical research into the experience of life for people living in aged care. The recent Royal Commission into Aged Care Quality and Safety highlighted the need to move the agenda towards a safer and more humane delivery of aged care across Australia. However, while the safety of care is a valid endeavour, there is scope to explore a more subtle reality of life as experienced by the residents in aged care. This project aspires to fill this gap and explore the use of drama therapy in facilitating older adults' experiences of themselves as the main protagonists of their life story, while exploring their voice and agency in the context they currently inhabit.

At present there is scope for more research in drama therapy across different contexts and an urgency to further explore the contemporary role of drama therapy practice and research with the ageing population. As evident from this review, drama therapy (and the position of other creative arts therapies in the field of health and ageing) is not prominent enough and is in competition with the current biomedical models of care which often underestimate the qualitative nuance in therapeutic delivery (Johnson, 2009). Apart from drama therapy being an under-researched modality within creative arts therapies, its methodological potential to enlighten the research field in humanities has further potential (Meyer, 2017). This research attempts to highlight the multilayered

use and potential of drama therapy in aged care by featuring its relevance as a therapeutic intervention, as a method of obtaining data and its purpose in qualitative analysis (Snow et al., 2017).

In conclusion, the literature examined in this chapter demonstrates that institutionalised life can be a challenging experience for many aged care residents. This is especially emphasised in the serious concerns of neglect stated within the Royal Commission report (2021). This research attempts to highlight the role that drama therapy can have as a collaborative, creative practice, encouraging participants' voices and agency within aged care.

Chapter Three: Theoretical Frameworks and Research Methodology

This study combined the principles of critical ethnography and practice-led inquiry (drama therapy). In this chapter, I will begin with contextualising the choice of methodology I engaged in this study. I will then describe how the study research design developed and expanded over the first year and a half of my candidature and how it evolved further in the process of fieldwork and data analysis. I will outline the research activities which formed my fieldwork, as well as the processes of data analysis. I explore my position as a researcher and the different researcher roles I engaged with as observer, practitioner/facilitator and co-participant. I will explore the ethical considerations of my research design and how I navigated ethical dilemmas within the research community.

Critical Ethnography

This study was conducted using a critical ethnographic methodology. This research methodology has its roots in classical ethnography, which aims to understand culture and people within that cultural context. Critical ethnographers share that interest in culture while concurrently inquiring about the cultural meaning and power dynamics that influence the lives of their participants. Within these cultural dynamics the researchers also seek to uncover the power structures responsible for producing and often normalising oppressive circumstances within the context they study (Koro-Ljungberg & Greckhamer, 2005). The principles of critical ethnography enabled me to develop a certain sensitivity to the intersecting complex realities present in aged care. Madison (2005)

writes that “critical ethnography begins with an ethical responsibility to address processes of unfairness or injustice within a particular lived domain” (p. 5). Within aged care, as in many other institutional social contexts, these realities could become embedded in the daily process of living and working and become unnoticeable. They might not necessarily be invisible, but rather normalised and accepted (Mayo, 1999). Critical ethnography explicitly calls for uncovering these hidden power imbalances and injustices by questioning the “common sense assumptions” (Thomas, 1993, pp. 2–3).

Critical ethnographers are openly ideological with the understanding that researchers’ values are intrinsically interconnected with the research subject (Simon & Dippo, 1986). As such, critical ethnographers tend to assume a high level of reflexive inquiry within their methodology. They aim to recognise and understand their position of power in research, as well as their personal and cultural history, their limitations and biases, and the ways these different layers of identity and values impact their research work (Madison, 2005). By including and exploring their own subjectivity through all stages of conducting research, critical ethnographers place themselves as the participants in the research (Koro-Ljungerg & Greckhamer, 2005). Researchers who embrace a critical lens often turn that lens towards their own practice inviting transformative insights in the process (Kincheloe & McLaren, 2002).

It has been suggested that critical ethnography is unapologetically political in its aim (Simon & Dippo, 1986) to disrupt the power structures and perceived social inequalities. Thomas (1993) points out that if ethnography is concerned with *what is*, then

critical ethnography seeks to explore *what it could be*, to bring about a sense of equity and justice within the research context (Madison, 2005).

The idea that culture is a socially constructed phenomenon in constant flux, and as such is open for renegotiation and change (Mead, 2015), is the hopeful driving force for critical ethnographers and social justice advocates. The view that my research community is itself an organic entity with malleable boundaries meant that my research design also needed to allow for flexibility. Critical ethnography calls for emergent research design and is therefore subject to some change in response to what the researcher learns in the field (Madison, 2005). This resembles the active and emergent nature of drama therapy practice in which the therapist works with the arising themes co-produced with and among the group participants.

Practice-based Inquiry and Drama Therapy

Drama therapy in this study features both as a practice and inquiry. As a practice it is used to creatively engage residents in the research questions. As an inquiry it is used to self-reflect on the purpose and role drama therapy can play in aged care. The practice-based inquiry approach (Barrett, 2010; Lees & Freshwater, 2008) enabled me to perform the practice of drama therapy with the participants, co-construct knowledge about experiences of life in the Home, while simultaneously observing my practice and exploring its role in aged care. This approach allowed me to take on different researcher roles: that of an observer (of others and myself in the research environment), practitioner/facilitator, and co-participant. The approach to my study is directly informed by

my experience, practice and skills in drama therapy. Lees (2010) pointed out that practice-based researchers naturally draw on their practice skills, which further shape and develop methodologies applied to their research. According to Barrett (2010) practice-based research is characterized by innovative “generative enquiry that draws on subjective, interdisciplinary and emergent methodologies that have the potential to extend the frontiers of research” (p. 1).

Creative arts therapists engage with practice-based research for a variety of study purposes (Jones, 2012; Kapitan, 2010; McNiff, 1998; Sajnani, 2012). Kapitan (2010) suggested that the arts therapists as researchers engage with an ongoing emergent inquiry “attending to a life concern as we encounter it” (p. 31). She highlights that it is arts therapists’ propensity to think in a certain way and “what they pay attention to” that are their unique contribution rather than the art methods they utilise (p. 31). In a similar vein, Sajnani (2012) uses the term artist-researcher-therapist (A-R-T) as a hybrid of “roles of creative arts therapists who are simultaneously informed by their experiences as scholars and artists”, which enables them to “mobilize diverse perspectives” (p. 190).

Kapitan (2010) further elaborates the research value that creative arts therapists can derive from their practice and offer it to the research field:

Every session potentially harbors the hallmarks of a good qualitative researcher: the multiple, repeated controls of observing and interpreting behaviour over time; the inductive processes of discovery and meaning-making; the ‘data checks’ with clients to calibrate

mutual understandings. As keen observers and interpreters of experiences that are significant to the people they work with and instructive of the human condition, art therapists have much to offer in the interpretivist arena of research. (p. 157)

Drama Therapy and Core Processes of Change

As previously mentioned, the core processes of change as proposed by Jones (1996, 2007, 2010) play an integral part in drama therapy activities and serve to describe how drama therapy processes facilitate the possibility of change for the participants and produce new insights of self and others. Jones (2007) explained that these “concern fundamental processes within all dramatherapy” rather than any particular technique or method employed in the session (p. 81). He also suggested that they “are not neat categories, rather they are a language to try to describe aspects of a whole” (2007, p. 83).

As previously mentioned, Jones (1996, 2007, 2010) identified that there are eight core processes in drama therapy:

- **playing** – promotes spontaneous, imaginative, autonomous, flexible engagement. It encourages a sense of possibility for the participants.
- **embodiment** – encourages new insights and knowing through participants’ use of the body. Body allows expression of the inner material which might be too difficult to verbalise.

- **role play** – intentional taking on a role of a real or a fictional character. Allows participants to temporarily become someone else and try out different experiences.
- **dramatic projection** – allows for inner material (which might be challenging) to be projected externally (for example, through use of objects or stories). Enables new insights related to one’s unconscious material.
- **empathy and distancing** – empathy allows participants to identify with others (participants or imaginative characters). Distance allows an element of separation from the personal material and enables perspective.
- **active witnessing** – intentional listening and witnessing of oneself and others. Enables new insights of self and others.
- **life-drama connection** – making connection between insights deriving from the creative engagement and participants’ everyday life experience.
- **transformation** – concerns the evidence of change presented in participants’ every day lives. This can be reflected in their relationships, mood and general sense of well-being related to their therapeutic objectives.

In the analysis of the data collected through practice-led inquiry using drama therapy, I used the core processes to identify the qualities that characterise and distinguish drama therapy from other daily experiences in the research community. Although all core processes were identified during the drama therapy workshops, I will outline five core process which featured more prominently in my study: play, embodiment, dramatic projection, active witnessing and life-drama connection.

Embodiment

In drama therapy body is used to action the creativity and to feel, express and experiment with various states of being. Jones (2010) suggest that embodiment provides participants in drama therapy with “physicalized knowing” (p. 40) and the possibility and means of expression. Jones (2007) also emphasizes the authenticity of expression through the body and its capacity to communicate more truthfully than our words. This is especially significant when words are not available whether due to disability or simply because the experience that needs sharing is somewhat unspeakable (McCarthy, 2008).

Dramatic projection

Dramatic projection enables participants to project their inner material (a conflict) and externalize it through the use of various art forms such as every day or nature objects, images or art material (for example, clay, paint), role play or story-making. The process of projecting one’s inner material and externalizing it enables reflection and perspective (Jones, 2008) which makes this process a prominent aspect of therapeutic change in drama therapy (Emunah, 1994; Jones, 1996). The drama therapy aims to facilitate creative engagement in which these new emergent insights can be integrated into participants’ everyday life.

Active witnessing

This core process involves an aspect of intentional listening and witnessing within drama therapy session (Jones, 2010). The process of witnessing is two-fold and involves participants’ witnessing and being witnessed by others while simultaneously witnessing oneself within a creative engagement (Jones, 1996; Karkou & Sanderson, 2005). Or in Jones’ (1996) words, the witnessing is “the act

of being an audience to others or oneself within dramatherapy” (p. 111). Witnessing the creative engagement of oneself and others is further extended to witnessing other participants’ reflections and responses to creative acts. This makes witnessing a multilayered process which enables variety of interpersonal insights and integration of therapeutic change.

Life-drama connection

The premise of drama therapy is that life and drama are “intimately connected” (Jones, 2007, p. 118). The process of life-drama connection is closely related to reflection within drama therapy session which then extends into participants’ daily lives. Participants’ ability to reflect on their creative engagement can have direct impact on their capacity to develop new ways of responding to life’s challenges (Kapitan, 2012). The connection which participants establish between drama and life experience can greatly encourage their further creative engagement as the therapeutic insights become more apparent.

Critical Ethnography and Drama Therapy

The potential of combining ethnography as a research methodology with drama therapy as a therapeutic process has been previously explored by American drama therapist Stephen Snow (2022) who coined the term *ethnodramatherapy*. Snow drew on the well-established work of Mienczakowski (1995, 2001), who developed a performance-based research method called *ethnodrama* and had applied it as an approach to health education in Australia.

Drama therapists' training is embedded in psychotherapeutic principles and drama and theatre methods to achieve psychological change. Equally important is training in reflexive praxis and recognition that socio-cultural and political factors have on the process of therapy therapeutic (Jones, 2010; Landy, 2006). (Sajjani, 2012) suggests that arts therapists are equip with relevant skills and knowledge enabling them to resist the systems of oppression and injustice. Furthermore, the arts therapists can facilitate community spaces in which creative programs can be explored addressing the relevant issues in an empowering manner (Sajjani, 2012).

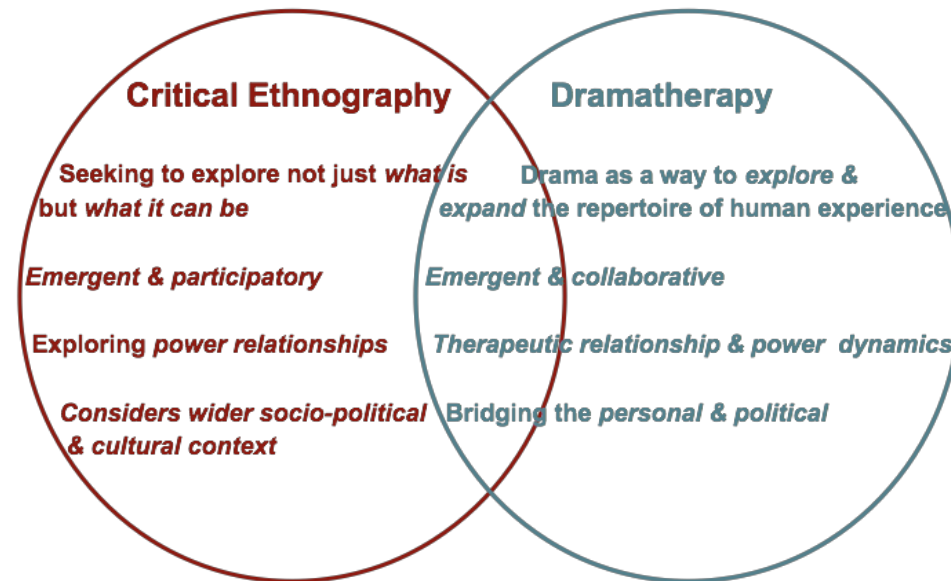


Figure 2: Diagram of the relationship between critical ethnography and drama therapy

Research Design

Finding the Research Community

I began looking for the research community early into my candidature with an aim to engage with an aged care facility willing to introduce drama therapy (DT) to their residents as part of this research project. The research questions were aimed at older residents of varying physical abilities but who required a cognitive ability to reflect clearly and interact with other participants creatively. This meant that the focus was given to facilities caring for lower care needs, which usually exclude established stages of dementia. The facility also needed to provide a contained private space in which DT could take place.

After discussing my project with several aged care facilities across the Melbourne area, I was directed to one of the larger aged care organisations (overseeing 10 large, aged care facilities across Australia) that had previously employed some of the creative arts therapy modalities. I established contact with the lifestyle manager, whom I will refer to in this thesis as the external manager, responsible for activities available to residents across the entire organisation. She has had a keen interest in creative arts therapies (CATs) and has been known to advocate for CATs in aged care at professional conferences and meetings (fieldnotes). However, as DT is not widely established in Australia, she had no previous experience of engaging a drama therapist in one of their facilities.

We first met in February 2017, in one of the Melbourne facilities where I presented the outline of my proposed study and initial ideas on engaging the residents in DT. At this point, the working title of my project was “Exploring older adults’ personal experiences of ageing and old age through drama therapy”. I shared my personal and professional values in relation to aged care and my intention to use this study to shed light on older people’s personal perspectives of living in aged care. I also discussed my previous DT work in aged care and my hope that people interested in participating in the research would benefit from engaging in my study. In this discussion, I emphasised that the project would require a private room in which a small group of residents (around 8–12 people) could engage in DT workshops. It became obvious that such a space is not easily available in their facilities and the nearest home with such a space would be outside of Melbourne, Victoria.

This aged care facility became the research community for this study and is referred to as the “Home” throughout this thesis. The external manager enabled a smooth introduction to the Home manager (responsible for overseeing and managing the Home), as well as the person responsible for the Home’s lifestyle activities.

Expanding the Research Design

In the months following my first encounter with the external manager, I conducted a critical interpretive synthesis (CIS) of the literature related to CATs with older adults (see Chapter 4). The findings of this review highlighted the need to view CATs in aged care from a systemic and critical perspective to provide a more holistic and social justice-oriented approach to both therapy and

research within aged care. These findings became the foundation for an emergent process of discovery rather than a set research design as previously devised for this study. The engagement in CIS formed the first cycle of the emergent research process which followed (see Figure 3).

The research design expanded from exploring residents' personal experiences of life in aged care using DT to a twofold inquiry guided by these questions: a) How are residents' lived experiences intersected with the social environment in which the residents live, including the wider society? and, b) What purpose can DT have within a residential care home? This widened lens my project was taking resulted in incorporating a new cycle of inquiry as participant observer. This research cycle included a period of staying in the research community as an observer of interactions and relationships between residents, staff and management. The aim of this cycle was to gather data informing the possible ways in which to introduce and use DT in this community. The research subject became the entire Home with a specific focus on the residents.

Shortly after my candidature confirmation in August 2017, I restructured my research design and added my proposed amendments to my ethics application. In my follow-up meeting with the external manager, I shared my plan to spend time in the facility observing for 2–3 months prior to engaging participants in DT. This did not seem to diminish the external manager's interest to engage one of her facilities in the study. My ethics application was approved in December 2017 and my fieldwork followed for the period of nine months from January 2018. Table 2 below is an overview of the study timeline from the first encounter with the external manager to completing the fieldwork and leaving the research community.

Table 1: Overview of the study timeline

Feb 2017	Preliminary meeting with the external manager of the cluster of aged care facilities across Australia and introduction to the study project and DT.
Sept–Dec 2017	Revisiting the negotiations for the suitable residence with the external manager while awaiting the ethics approval from the University of Melbourne. Introducing the changes to my study design (from the initial outline presented in February) and discussing the impacts that might have on the participants across the Home.
Nov 2017	Obtaining written consent from the Home manager to access the Home and conduct the study project as soon as the study obtained ethics approval.
Dec 2018	Obtaining ethics clearance.
Jan–Mar 2018	Entering the Home followed by a three-month period of initial observations and getting to know both the residents and the staff in the Home. Gathering data through observing and participating in daily activities, staff trainings, night shifts; having informal chats with staff and residents and collaborative chats about potential DT workshops.
Mar–June 2018	Facilitating 13 weekly workshops of DT with an open group of resident-participants.
July–Sept 2018	Conducting interviews with residents who participated in DT workshops and with the external manager.
Sept–Dec 2018	Concluding the project in the community. Visiting the resident-participants and having informal collaborative chats about my initial findings of the study.
Jan 2019 onwards	Data management and analysis.

Overview of the Research Cycles

Over the time spent engaging with the Home (including the initial encounters with the external manager), until the time that all data collection was completed, four distinct cycles emerged in the process of this study.

Cycle One

This research cycle was developed from my exploration of the literature in CATs with older adults. The findings of my critical interpretive synthesis (CIS) of the literature demonstrated a strong connection between the values that creative arts therapists uphold and the potential for the social justice impact of their work with older adults (see Chapter 4). It also became apparent that employing a critical lens is crucial to deepening an ethical view in both practice and research with an ageing population. The starting point in this process is the practitioner/researcher's own values. According to the findings of this CIS, these are core aspects of the therapeutic work with older people that are directly impacted by the therapist's values:

- *Consideration of the wider social context* – seeing older people within the context of the social, cultural and economic constraints that shape and influence their life experiences.
- *Reflexivity* – unpacking the therapist's own cultural, ethnic, gender, political, personal, professional biases to make choices which facilitate empowerment of older adults engaged in therapy.

- *Relationship* – consideration of the power inequality innate in the therapeutic relationship and the ways to step into a more collaborative process in therapy with older adults.
- *Representation* – consideration of the language used to describe older adults in society and the health context. Highlighting the resourcefulness and richness of older adults' experiences against the reality of their physical and cognitive needs as they age.
- *Voice* – consideration of whose voice is being privileged and prioritised when working with or reporting on work with older adults.

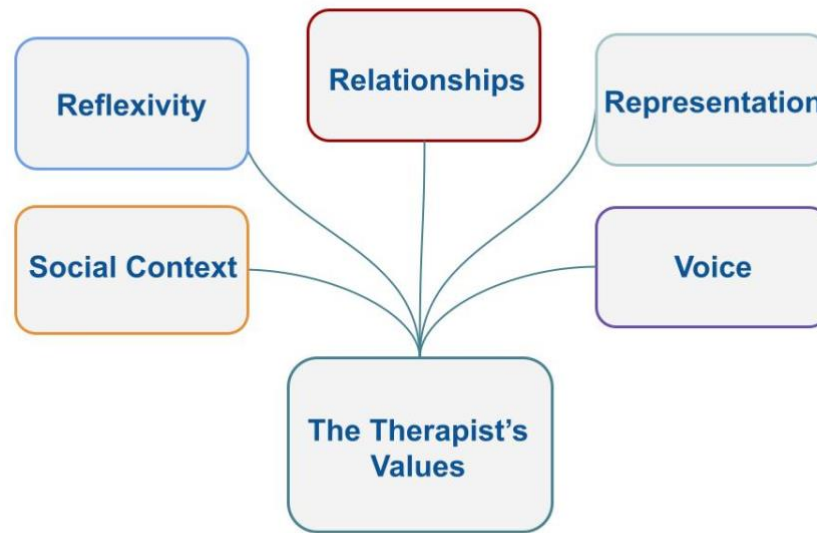


Figure 3: Diagram of the interrelationship of themes deriving from the CIS

The findings from the CIS helped reshape this study from a bound research design into an emergent inquiry. The insights deriving from taking a deeper look into how CATs approach working with older people enabled me to step back and look at my own practice and research from a more reflexive perspective. It directly informed and shaped the following research cycles in which I was able to observe the social context of the study while simultaneously examining my own personal and professional privileges in this

environment. This stepping back enlightened some of my preconceived ideas about what it means to be helpful as a therapist and examine all sorts of ways that people need and receive help in this context

Cycle Two

This was an initial period spent in the Home with an aim to provide an etic-outsider perspective. Carspecken (1996) suggested that researchers should start observing with the intention to not obstruct the daily activities and flow of actions within the community. However, very soon after my introduction to the community, my involvement became more interactive and spontaneous engagements with the residents and staff in the Home evolved naturally. I spent 2–3 working days per week in the Home community with a focus on attending residents' daily group activities. I also attended two staff trainings and in one of these I met a staff member who only worked night shifts. I was interested in what she shared with regard to working in aged care, which led to an interview with her and a subsequent invitation to observe her during her night shift. Having an opportunity to observe a single staff member covering the entire section of the Home for many hours during the night has brought an enriching perspective to what it means to care for the needs of the residents. This spontaneous and emergent progression in relationships aligns with the nature of the ethnographic approach (Madison, 2005; Thomas, 1993) and provided rich avenues for the research inquiry. Throughout this phase of the study the data was recorded as fieldnotes capturing general observations, conversations, interactions, two semi-structured interviews with staff and my research journal. The emergent relationships and themes from this phase started to shape and inform the possibility of DT workshops with a small number of residents.

Cycle Three

This research cycle began with the introduction of DT workshops after the initial period of observations within the Home community. DT workshops were initiated with a one-off trial session with a group of residents with whom I had a number of conversations over a two-month period.

The Home had only one suitable room in which DT workshops could take place. This was a small windowless room which had multiple uses, including a theatre room where residents watched movies and a training room for staff. To ensure the availability of this room, I had to book weeks in advance of the first DT workshop. However, in the week when the workshop was due to take place, an accreditation agency inspection (Aged Care Quality and Safety Commission) was announced in the Home. This event created a set of circumstances which greatly impacted and informed the rest of my study. In Chapter 5, I will go into the details of how this process of external evaluation impacted on the Home community and how it informed my research.

The following 3 months of the research project I spent in the Home community facilitating weekly DT workshops with up to nine participants at a time. The group was open to anyone who wanted to try it out, with consent procedures clearly explained to each new group member.

Cycle Four

A month after the DT workshops concluded, I came back to the Home to visit the residents and to conduct individual semi-structured interviews with six core members of the DT group who attended most of the workshops. Due to several group members

being unwell at that time, only two of the six intended interviews took place over the next couple of weeks. Two of the core group members remained unwell and another two passed away shortly after.

As a way of concluding my time in the Home community, I contacted the external manager who had initially approved my project and introduced me to the Home. The semi-structured interview took place in Melbourne, in one of the latest additions of newly built care home facilities under the umbrella organisation.

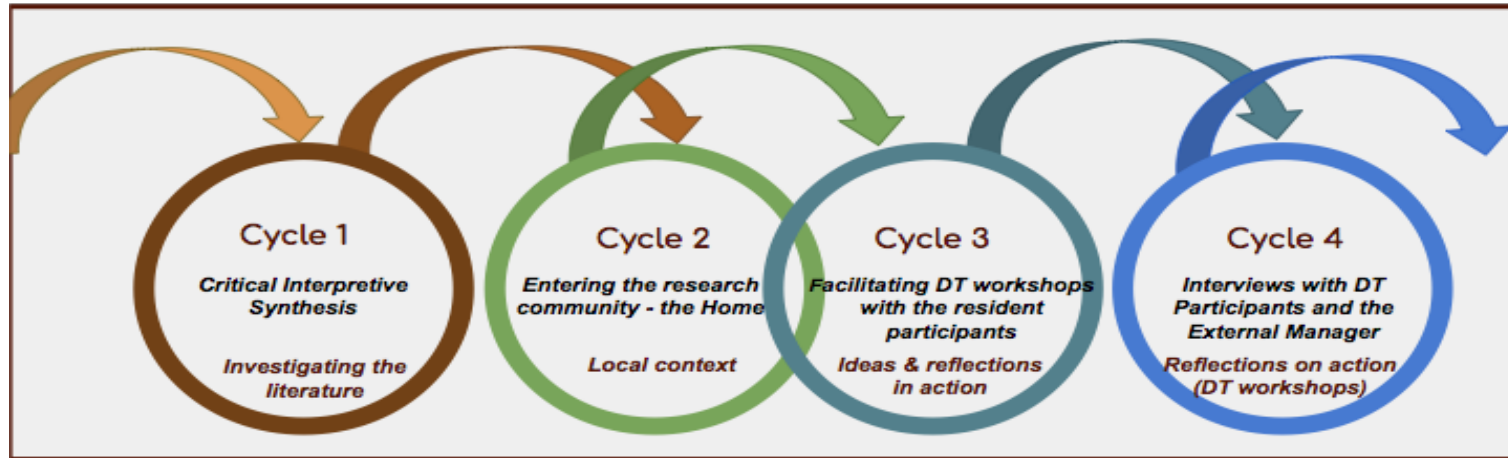


Figure 1: Diagram of the research cycles which took a part in this study

Research Methods

Research methods used in this study draw from ethnographic traditions (participant observations, interviews) as well as practice-led research methods based in drama therapy practice. I will describe how these methods were utilised in the study before I outline the type of data produced in the process of the fieldwork.

Participant Observation

Participant and non-participant observation methods were used throughout Cycles 1, 2 and 3 of this study. Observations became an integral method of my fieldwork allowing for rich data to emerge. Cohen et al. (2007, p. 260) argue for the validity of observation as a method over experiments or surveys when it comes to its ability to detect non-verbal behaviours within the fieldwork. This approach was invaluable to exploring the ways that power, voice and agency are communicated through both verbal and non-verbal acts across the research community.

The iterative process of coming in and out of different spheres of the community is guided by the nature of critical ethnography and its curiosity about the intersected layers of social reality (Madison, 2005; Thomas, 1993). Throughout the time spent in the Home, I found myself performing participant and non-participant forms of observation interchangeably. This was often spontaneous at the beginning as my main priority was building relationships and having a physical presence in the shared space with

the community members. The relationships formed spontaneously and being *with* people became the priority. During these participant observations, I took part in the daily life of the Home community in which I was immersed emotionally, intellectually and physically. This engaging participatory method was occasionally juxtaposed with non-participant observations where I would deliberately try to distance myself for a period of time in order to refocus my observations and examine aspects of the Home community that I might not be noticing while actively participating. Another added layer to the observation practice was enhanced by observing the same physical space at different times of the day as well as during the night.

Observations both as a participant and a non-participant provided an invaluable way of clarifying, extending, complementing and contrasting the understandings and meaning making deriving from other data collection methods such as interviews and practice-based drama therapy methods (Patton, 2002). The fieldnotes reflected multiple points of observations, especially in the beginning where it was important to capture as much as possible about the nature of the Home and the people dwelling and working there. Being very open and sensitive to noticing things around me extended beyond my sense of hearing and seeing. I keenly observed my felt sense in relationship to what was happening around me as well as my embodied reactions to different situations. I noted how I might have reflected distress internally when witnessing a resident who might be agitated and/or unwell. These internal observations were invaluable sources of reflexive process as well as points of further exploration with staff and residents about the nature of care and relational dependency in this context.

Finally, it is important to address the ethical issues arising from observing people in their lived or work environment. The issue of informed consent and the participants' ability to withdraw from observations had to be renegotiated upon each encounter. The complexity of consent within the hierarchical nature of the Home is further discussed in this chapter under Ethical Considerations.

Drama Therapy Practice Methods

The themes emerging from Cycle 2 indicated that the ways power interplayed within the Home were complex. Concurrent, and intersected with the theme of power, were emergent themes of lack of privacy in the space and lack of opportunities for meaningful interpersonal exchange between the residents. My observations and experiences of these circumstances prompted the need to formulate the next cycle of my research as dynamic and inductive of change. Freire argued that simply reflecting on what seems to be unjust realities without acting upon them is empty "verbalism" (Freire, 1973). The following research cycle was informed by the notion of praxis and my desire to offer something of value to the participants and at the same time I was aware of my limited role in the Home. These reflections resulted in formulating the workshops in a way that could simultaneously address the research questions as well as some of the needs in this community.

Having experienced the role of a participant observer in this community for a prolonged period of time, I was transitioning into the role of participant observer-facilitator. Gallagher (2008) reflects on the use of drama-based methods in participant

observation stating that this shift tends to transform “the terms of engagement” for researchers and participants (p. 75). Gallagher proposed that expanding the participant observation methods with introduction of creative engagement such improvisation and playfulness a new non-verbal communication can evolve. This mode of collaborative and co-creative participatory practice enables greater emphatic and relational capacity between the researcher and the participants (Gallagher, 2008). Drama therapy workshops introduced methods that engaged people at various verbal or physical capacities and facilitated opportunities for a meaningful creative experience for the participants. Drama therapy workshops will be outlined in more detail under Data Collection below.

Semi-structured Interviews

Oppenheim suggests (1992) that the flexible nature of the semi-structured interview invites a reflective space in which both the researcher and the participant can stop to ponder the meaning of what is being shared. Oppenheim goes on to say that there is a real opportunity for partnership and knowledge co-creation in this approach to interviewing (1992, p. 30). Kvale (1996, p. 30) adds that semi-structured interviews allow an opportunity for a debate between the researcher and the participants about the “key features of their life-worlds”, often leading to participants guiding the meaning making and knowledge produced.

These aspects of fluidity and collaboration in producing data and meaning are well positioned for use in critical enquiries such as this one. However, maintaining the research focus and aims can become a challenge with this open-ended approach which becomes more prone to researcher or participant bias. For example, in my interview with the external manger, she was keen to share

examples of *good practice* and various awards related to programs she implemented within her organisation. I had to make sure that our discussion included her views on a broad spectrum of aged care experiences and issues rather than solely focused on what she considered to be her professional achievement.

Two formal semi-structured interviews took place with staff during Cycle 2 and one interview with the external manager in Cycle 4 of the study. My intention to have interviews with four more staff members with whom I had established a relationship was challenged by the nature of their busy schedule in the Home. The staff members I managed to engage in interviews had slightly different circumstances than other staff, which enabled the interviews to take place. The first interview participant worked as the maintenance assistant across the Home and was able to participate in an interview during his lunch break. The second interview participant worked night shifts only and was able to meet me early in the morning for an interview. The last interview, with the external manager, took place in Cycle 4 in another aged care branch where she was overseeing a newly opened facility. Time, or the lack of it, has been the main challenge in carrying out the interviews in this study as intended. Therefore, emphasis was placed on having fewer formal encounters in which data often derived spontaneously from developing relationships with participants across the Home.

Collaborative discussions

The term “collaborative discussions” refers to the many informal conversations in which there were no formal interview procedures involved (no recording device or set time and place). These were often spontaneous conversations in passing where an exchange between staff or resident and myself took place in which we discussed something relevant to the study. These conversations were later collated as my fieldnotes. Paliokosta and Blandford (2010) refer to these exchanges as “opportunistic discussions”. They occurred in different places in the Home, such as a quiet moment in the staff room, reception area, residents’ rooms when I came to say hello to them in the morning. These encounters were particularly valuable in terms of engaging staff as they were much more available and inclined to share their thoughts and feelings in this informal manner. On occasion I have spontaneously assumed the role of a confidant with both staff and residents in which I might have offered my emerging reflections and analysis on their comments. This collaborative aspect meant that these discussions were a source of co-created information and a valuable way to informally member check the emerging data content and my interpretations of it with the participants. A number of qualitative researchers (Lees, 2010; Finley, 2011; Timm-Bottos, 2014) argue that research focusing on collaboration with research participants has potential to be mutually beneficial and can have personal as well as social impact (Maxwell, 2013).

Creative Semi-structured Interviews

Creative semi-structured interviews were used in this study as a way of broadening the possibility of personal reflection and expression for the participants. It has been noted that research methods which entirely rely upon participants' verbal and written abilities could inadvertently limit access to emotional and symbolic forms of participants' life experiences (Dunn & Mellor, 2017). Guided by this notion, I structured the interviews with participant residents in a way that allowed for a symbolic expression of their views and feelings.

The creative semi-structured interviews were intended for the six residents who participated in drama therapy workshops for most of the sessions. Unfortunately, only two of the participants were well enough to take part in the interviews upon finishing the workshops.

In these two interviews, I invited the participants to choose a few objects from a selection of small objects and place them on a wooden tray creating a scene. The scene they created featured them as an individual represented by one or more objects as well as other people, past or present, they wanted to represent in the scene at that moment. The created scene also featured the drama therapy group members as well as some staff from the Home.

The participants were invited to share the scene structure with me, revealing different relational dynamics operating in their lives as represented in this creative exploration. There was an element of surprise for the participants in the stories which derived from choosing and placing objects together. One of the participants said, "I wouldn't have thought about it in this way if you had just asked me the question" (fieldnotes).



Figure 4: John's scene in creative semi-structured interview

Data collection

Data for this project, collected over a period of nine months, included the following forms of data: participant observation fieldnotes, research journal, video transcripts of drama therapy workshops, photographed artwork, interview transcripts, textual data collated from relevant public sources related to aged care in Australia and the Home brochures and policies.

Below, I provide a description of major sources of data in this study: fieldnotes, research journal and transcribed videos of drama therapy workshops.

Table 2: Outline of the data sources throughout the study

Research Process	Cycles of the Study	Data Sources
Preliminary meetings with the external manager and negotiating the suitability of the study.		Research journal
Engaging in the critical interpretive synthesis of the literature in creative arts therapies and older adults.	Cycle 1	13 Journal articles; Research journal
Revisiting the negotiations for the suitable residence with the external manager and exploring changes to the research design.		Research journal

Entering the Home followed by a three-month period of initial observations.	Cycle 2	Fieldnotes Research journal Audio recorded interviews Public sources of textual data on aged care and policy The Home brochures, staff handbook and policies
Drama therapy workshops 1–13.	Cycle 3	Fieldnotes Research journal Audio and video recorded sessions Artwork photographed Public sources of textual data on aged care and policy The Home brochures, staff handbook and policies
Concluding the project in the research community with creative semi-structured interviews with participants and an interview with the external manager.	Cycle 4	Fieldnotes Research journal Audio recorded interviews Artwork photographed Public sources of textual data on aged care and policy The Home brochures, staff handbook and policies
Data management and analysis.		

Fieldnotes

Fieldnotes and the research journal were the initial sources of data and a starting point for writing up this thesis. They offered a way to write about the participants, the culture of the Home, as well as myself within this project. The literal meaning of the word “ethnography” is writing about people (Mills & Morton, 2013). The fieldnotes were a place where this project was recorded but also evolved and changed as new ideas emerged and questions were posed. Fieldnotes were a place to sit deeply in observation of what is and a place to escape into possibilities and alternative realities.

Some of the fieldnotes were taken directly while being in a situation and others were taken soon after an interaction with people in the home. The latter action proved to be challenging at first as I endeavoured to master a genuine connection with people while trying to remember as many details as possible to record later. As my time within the community went on, this pressure subsided, and I allowed myself to prioritise relationships over what I saw as efficiency in remembering and note-taking.

In the early stages of my observations, I spontaneously started to take notes in the local café, not far from the Home, where I often spent time during the lunch hour. This place hosted a rich variety of people from the local community, many of whom were older adults. I started to observe the people there, the food, the flow of energy, but I was also interested in how differently I felt in this environment compared to how I was at the Home. At times, this space became a refuge which allowed me to shift from *experiencing* the Home to *reflecting on* the Home. I previously mentioned that I used non-participant observations as a way to step out

momentarily and refocus on what I was observing and why. Writing the fieldnotes outside of the Home allowed a similar distancing to refocus my reflections without having to have some part of the experience at the same time.

The café started to represent this alternative reality, a place in which I could witness community living where people were knowing and experiencing each other in a far more spontaneous and autonomous way. I found both my personal and researcher nourishment in this place and both my fieldnotes and my research journal reflected more honesty and freedom to “let it all hang out” (Biklen & Bogdan, 2007). I later reflected on the institutional constraints I might have felt within the Home and the difficulty to find my voice and freely record my thoughts and observations. I found that this reluctance to “confess” my challenging feelings and observations was directly related to the experiences of the residents and some of the staff I witnessed in the Home (Biklen & Bogdan, 2007, p. 122).

Research Journal

In addition to fieldnotes, I kept a reflective research journal throughout the process of the study. The primary use of the research journal was to record my overall reflections on experiences during the entire study. Unlike the fieldnotes, which focused more on what happened within the location of the Home, the journal recorded my reflections as a developing researcher, which spanned different locations and intersected with my private and professional life. As my fieldnotes developed and became more fluid, I started to record more personal reflections and hypothesise on the meaning of my observations. These were often further expanded

in my journal as a way of contextualising the meanings produced against my own values and opinions. In this way, the use of a reflective journal encouraged my reflexivity (Pillow, 2003) and informed the rigour of my inquiry (Guba & Lincoln, 1985; Taylor, 1987).

Transcribed videos of drama therapy workshops

Drama therapy featured in this research through a series of weekly workshops over a period of three months during Cycle 3 of the study. The workshops were set up as an open group, available to all residents in the lower section of the Home (where I had spent time observing during Cycle 2). During the first three months of my fieldwork, there were numerous conversations with the residents and staff with regard to my study and my intentions to use drama therapy to explore the research questions. The recruitment process partly happened spontaneously through these initial interactions.

Each one of the drama therapy workshops was based on a typical, hour-long drama therapy session, which could take place in a similar aged care context. The workshops had a structure (beginning-middle-end) with a variety of drama therapy methods introduced to the participants. Considerable thinking and preparation went into each workshop and various creative materials such as stories, props, and art materials were offered to the participants as a potential way to engage. However, within this structure and planned creative material, the sessions were essentially emergent in nature and followed what participants brought to the workshop on a given day. Each workshop was informed by themes arising from the process of observation as well as emerging themes within

previous workshops. Rather than use the workshops to address the research questions directly, the aim was to provide an alternative environment in which residents could gather in a smaller and more contained space, form relationships, have the opportunity to experience themselves creatively and explore possibilities to experience voice and agency. Some of the themes from Cycle 2 spontaneously played out in the workshops taking a more personal meaning for the participants. The dynamic nature of drama therapy interactions meant that there was an ongoing flow of the narrative, embodied and symbolic material which became “data in action”.

These weekly sessions offered creative opportunities for participants to explore and examine thoughts and feelings on aspects of their current lives as well as their personal histories. The reflections they shared offered points of connection between them while simultaneously widening the spectrum of belonging beyond the Home and within the wider society. Drama therapy workshops in this sense also aimed to serve the critical ethnographic aim to expand the “horizons for choice” and widen “experiential capacity to see, hear, and feel” (Thomas, 1993, pp. 2–3).

With participants’ permission, all workshops have been audio recorded and 11 were video recorded. The location of the first workshop did not allow for the video recording to take place (this is elaborated in Chapter 5). The last workshop has not been video recorded due to a fault with the recording equipment. The video recordings complemented data deriving from my observations and allowed me to take time to notice what was said and done as well as to notice what might have remained silent.

Each of the workshops was transcribed, amounting to a more than 50,000-word document of textual data. The following table represents the outline of the workshops which took place, including the number of participants in each:

Table 3: Outline of drama therapy workshops

Workshop Number	Number of Participants	Main Material/Activity Offered	Purpose or Rationale
1	6	Story of <i>The Angel and her Wings</i>	Introduce the basic elements of imaginative exploration of a story.
2	5	Story of <i>Stone Soup</i>	Explore the notion of community building and resourcefulness. Story themes: (mis)trust, creativity and perseverance.
3	4	Story of <i>How the Villagers Bought the Wisdom</i>	Explore further community building and resourcefulness. Story themes: inner wisdom and trusting oneself.
4	9	<i>Vintage postcards with images of places</i> from around the world	Explore and share personal and imaginative storytelling with a <i>focus on a place</i> introduced through vintage postcard images.
5	6	<i>Vintage postcards with images of people</i> from around the world	Explore imaginative story-making with a <i>focus on a person/character</i> introduced through vintage postcard images.
6	7	<i>Short text excerpts</i> from various stories	Explore <i>possible characters and stories</i> inspired by the text provided.

7	6	<i>Six-part story-making</i>	Explore <i>imaginary characters and storylines</i> as a group.
8	7	<i>Six-part story-making – continued</i>	Continue exploring and expanding <i>imaginary characters and storylines</i> as a group.
9	5	<i>Collection of random everyday objects</i> (such as book, shoe, picture frame, etc.)	Explore an <i>imaginary character</i> inspired by the object.
10	5	Story of <i>Crescent Moon Bear</i>	Explore the themes of the story: <i>personal loss, bereavement, love</i> and <i>resourcefulness</i> .
11	6	<i>Collection of random everyday objects</i>	Explore <i>possible characters and stories</i> inspired by the objects provided.
12	4	<i>Writing a letter to one's younger self</i> from a perspective of oneself today	Explore the <i>challenges and joys of life</i> of one's younger self as if he/she is a character in a story. Reflect on perspective, advice, care this younger self/character might need.
13	5	<i>Art materials including natural objects found outside the Home</i> to create individual collage bowls/plates	Explore the <i>transition of the seasons</i> as well as the <i>ending of our DT group</i> . An opportunity to <i>reflect on time spent together</i> while engaging in the art-making process incorporating natural materials from outside the Home.

Data Analysis

The process of data analysis largely reflected the variety of methods in which data was collected, timeline of the fieldwork, as well as the questions the study was seeking to answer. The study aimed to answer the following questions: 1) What are the power structures within aged care and how do they shape residents' experiences? 2) What happens with residents' voice and agency at the intersection of private and public space in aged care? Whose voice is privileged? 3) What purpose can drama therapy play in this intersected, in-between space?

Analysis Related to Power Structures Within the Home and the Notion of Residents' Voice and Agency

The data related to research questions one and two were amassed throughout the study with a large part of it recorded during Cycle 2, with certain themes emerging from my immersion in the everyday life of the residents and staff. These themes were explored through analytical memos as a way of extracting the meaningful parts of the emerging story about participants and the research community. I also shared these initial thematic "light bulbs" with my research supervisors to expand and contrast the meaning making that was taking place (Hammersley & Atkinson, 1995). This collaborative process was an invaluable way of "sounding out" the different perspectives that were shaping the direction of my study in the time I spent in the community. This reinforced my researcher reflexivity, enabling me to sharpen my critical lens to identify issues relating to power and control (Thomas, 1993).

After my fieldwork finished, and I parted with the research community, I transcribed the interview recordings and typed out any remaining handwritten fieldnotes and journal entries for the purpose of clearly organising the data. Data was then coded, re-coded and analysed using the thematic analysis (Braun & Clarke, 2006; Liamputtong, 2009; Savin-Baden & Major, 2013). The themes which derived from this detailed coded analysis were compared and contrasted with the initial emerging themes while the data was being recorded in the research community.

As well as thematic analysis, I have also used techniques associated with discourse analysis (Cheek, 2004; Waitt, 2005) and an embodied approach to analysis (Finlay, 2014; Todres, 2007) using drama techniques. Discourse analysis is typically concerned with identifying recurring words, phrases and the way language is used. Equally, it directs researchers to focus closely on the types of social action, relations and ways of being within the research community. Habermas (1970) proposed a multi-layered structure within the speech studied in social research. The speech can be seen from the perspective of the content of what is said but also regarding the actual impact of what is done following the act of speech. This approach to analysis was particularly valuable when exploring the complex ways in which acts of care are both intended and performed within the Home. I have engaged discourse analysis to elaborate on how management, staff and participants' verbal and non-verbal expressions intersect, and whose voice is privileged and how.

Other data which called for analysis and unpacking of the "double structure" were collated policy documents and the Home advertising material.

Analysis of the Role and Purpose of Drama Therapy in Aged Care

The data relating to the third research question were informed by observations throughout the study with a specific focus on collecting data during Cycles 3 and 4. Using thematic analysis (Braun & Clarke, 2006; Savin-Baden & Major, 2013), I initially read through the transcripts noting what participants named about their experiences in drama therapy workshops. I then compared those emerging themes from the workshops with the themes from the analysis of the Home (first two research questions described above) until a general central theme emerged of the drama therapy group as an “Alternative Dwelling” in the Home environment. I went back to the beginning of the workshop transcripts to explore what characterised this space and how participants experienced their voice and agency within this group. The findings were then compared with the overall study themes and answers to questions of drama therapy’s role and purpose in aged care are proposed/formulated.

The Position of the Researcher

Prior to coming into the Home community, I was very aware of being an outsider within this community. I extensively considered the sensitive nature of observing people’s everyday lives without prior relationship. As well as this sense of intrusion, the notion that I am privileged to take something from this community, however willingly shared with me, has informed and challenged my ethical stance throughout the study. Marvasti (2004) points out that relationships formed within the researched community need to be based on “trust, respect, and mutual obligations”, very much like all “functional relationships” (p. 47). Building a rapport with

people in a professional environment based on respect and trust has already been instilled in me through years of practice as a drama therapist. The basic premise for therapy to work is a trusting, respectful relationship.

In the time I spent in the Home community, I found quite a few people (staff and residents) surprisingly open and honest and our relationships evolved quickly and effortlessly. On occasion, as I have recorded in my fieldnotes, there was a sense of urgency for participants (both staff and residents) to share their perspectives with me. I often wondered if that might be related to a lack of opportunities to be listened to and heard? With this came the responsibility to handle these confessions in a way that is honest and transparent.

Prior to coming to the Home, I had previous experiences of working in aged care. I had friends who were carers and nurses in aged care, and I had read extensive literature on the ageing population in general. As a woman who has embodied a refugee identity and experienced cultural and political displacement for most of my adult life, I had my personal sensitivities around the notion of othering, which is embedded in the way old age is often perceived socially. All these preconceptions and values formed part of my non-neutral researcher stance. Rather than attempting to position myself as neutral to this inquiry to enhance a sense of validity to my findings, I positioned myself as *deeply curious*. Being a deeply curious researcher, not only allows for my values to be part of this research but the curiosity also extends right into those values, the way they are shaped, enacted and embodied both in my personal life and in this study.

The observations of the Home throughout this study highlighted my privileged position of being an outsider who can visit the Home and make relationships in my own time and at my own pace without obvious restrictions. The complexity that this notion of professional privilege brought to my researcher role will be further explored in Chapters 5 and 7.

Writing Style in this Thesis

In writing this thesis and shaping my voice through the process of writing, I was informed by the various ethnographic, feminist and critical theorists. I was reminded by Thomas (1993) to stay true to the way I “heard my data speak” to me to translate it into a narrative which others can hear too (p. 12). There is power and privilege in this process and a good deal of responsibility.

I chose to write this thesis in the first person, reflexive and emphatic writing style and therefore, I used the “I” pronoun throughout. I was encouraged by inspiring feminist and critical writing on the concepts of authorship and personhood in research (Lather, 1992). I was also influenced by the subject matter of voice and agency in this study. It seemed very pertinent that I clearly identify my own voice and subjectivity and with it my uncertainties as a researcher.

I have written here about a group of people whose voices have been somewhat marginalised within their living environment and society at large. However, I did not consider myself in any way capable of “giving voice” to the participants nor did I have any voice to give. I was, however, deeply interested in co-creating spaces – physical or metaphorical – in which voice could be expressed

and acknowledged. Bakhtin (1935) argued that voice is always a social construction in that meaning is only generated when two or more voices come into contact.

The Vignette

I chose to represent focal points of this study as vignettes throughout the findings chapters . Vignettes are used in ethnographic and/or qualitative research studies to bring important study concepts to life in an evocative manner (Jarzabkowski, Bednarek, & Lê, 2014). The vignettes usually represent specific moments which took place during the research process, such as: important conversations, an impactful event, recorded daily routines and practices. All of these directly relate to the theoretical findings which the study seeks to illuminate (Jarzabkowski, Bednarek, & Lê, 2014, Rouleau, Rond, & Musca, 2014).

Vignettes in this thesis contain voices from multiple stances: they are observations, descriptions, thoughts, quotations, reflections, questions and my own personal responses. This multivocal approach aims to acknowledge my active presence in the scene as an interpreter and co-creator of any given moment described here. All quotations are the participants' own words as captured either via an audio recording device or through my field notes.

All vignettes in this thesis are written in the present tense to help bring the reader into the scene of the field. And finally, the vignettes helped represent the complexity and “the messy and entangled interrelationships between concepts as they actually occur within the field” (Jarzabkowski, Bednarek, & Lê, 2014, p. 280).

Ethical Considerations

This section outlines the research considerations placed within the code of ethics mandated by the Human Research Ethics Committee at the University of Melbourne (which granted ethical approval for this study – see Appendix 1) and how these considerations were enacted in the fieldwork.

The approval for this project to take place in the Home community has gone through four stages of consent. The initial approval was gained from the manager, looking after a cluster of nine facilities across the aged care organisation. The next level of approval was gained from the manager of the Home, who signed a general consent on behalf of the Home community in order for the study project and observations to take place (see Appendix 2). The staff (named as “secondary participants” in the ethics application) and residents (named as “primary participants” in the ethics application) were offered an opportunity to opt out from this consent and participation in the study (see Appendix 3). The final phase of consent included a small group of residents and was obtained after I spent over two months in the community. This was an active consent obtained directly from the resident-participants upon trying out a DT workshop with me in order to make an informed decision.

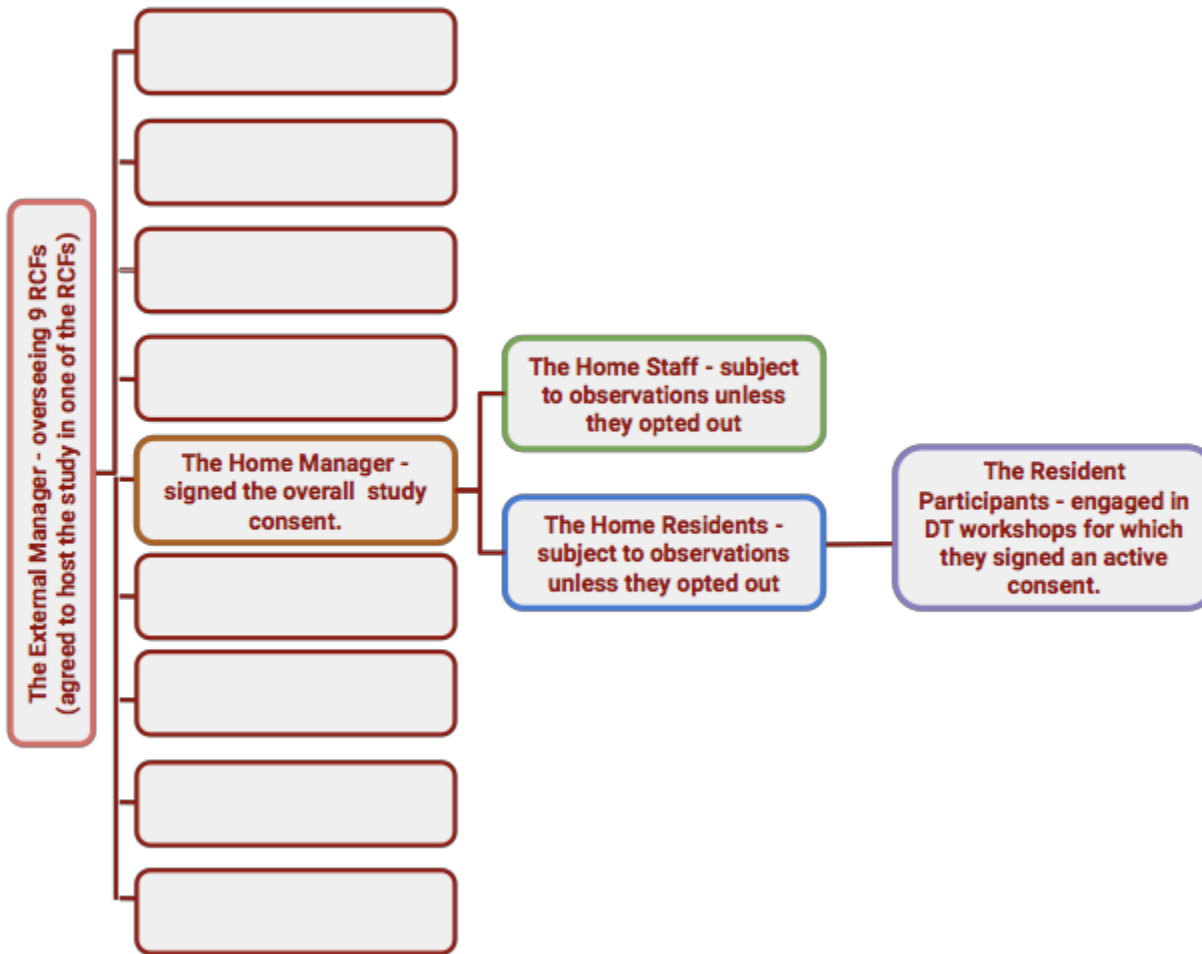


Figure 5: Diagram of the pathway outlining the consent obtained in this study

Confidentiality and Anonymity

The information regarding the name and the location of the care home facility in which this research took place is anonymous in this thesis and it will remain so in any future publication related to this study. All the participants names are anonymised except for the group of residents who participated in drama therapy workshops and who expressed a preference not to be anonymous within the written/published material of this study.

The decision to diminish identifying factors related to the research community was decided at the very beginning of the research project in an informal conversation with the external manager to protect the care facility from any sensitive information that might arise from the study.

Another consideration was the anonymity of all the staff and the residents who might not have expressed their disagreement with the study general consent provided by the Home manager and therefore might have felt that the study was somewhat imposed on them.

And lastly, the emergent nature of critical ethnographic inquiry which delves into a variety of participants' experiences and perceptions of the Home culture. This was another crucial consideration with regards to confidentiality in terms of the risk involved for the participants. The ongoing practice of checking in with the relevant participants (such as staff who were interviewed) to ensure

that the information they provided can be part of the study analysis ensured the development of a trusting relationship (Cohen et al., 2007).

Gatekeepers

The primary ethical consideration for this project was the hierarchical trajectory of my introduction to the Home and the potential participants. This project was championed by an external manager looking after a cluster of nine facilities across the aged care organisation. The Home, which eventually became a place where this project evolved, is one of these facilities (see Figure 5). Obtaining initial access to the research community through a gatekeeper who is not only external to the Home community but also in a position of power over the home manager, has been of great ethical consideration from the start. None of the staff chose to opt out from the observation phase of the project and it remains difficult to ascertain if some might have felt pressured to comply with the project the home manager had already agreed to. I decided early on to allow some time and space for the staff to approach me rather than the other way round to avoid any kind of unwilling engagement. This awareness and patience to allow the staff who were curious about what I was doing was valuable learning practice, as the relationships I established seemed unforced and spontaneous.

My personal values and those of my chosen methodology meant that I endeavoured to approach everyone in this community with transparency and integrity. I took every opportunity to engage both staff and residents as collaborators, as knowers of their own experience and their community. This intention of equalising the relationship between myself as a researcher and the Home

community members as the participants was enlightened with an ongoing process of research reflexivity. It was necessary to unpack both my drama therapy professional and doctoral researcher privileges in order to highlight the layers of power I held in relation to members of the Home community. This meant stepping out of viewing myself from within to explore what my presence in the Home could be perceived as from without. This brought to my attention that I was one of the few people, apart from the residents, who wore plain clothes within the Home. The other non-uniformed people were all members of the management team and had very different job descriptions and privileges to the rest of the staff.

With this in mind I approached this complex community set up with the utmost respect for people's privacy in the space in which they lived or worked. I explored my discomfort with being granted an entry by the gatekeepers whose values I did not always share. Yet, I might have been identified as one of Them by staff and residents at some point. And that, at least in part, was true.

Outline of Chapters Four, Five and Six

The following chapters represent the outcomes of the Cycles 1–4 in this study. Chapter 4 is written as a journal article (unpublished) and Chapters 5 and 6 are formulated into an ethnographic story following the chronological order of my time in the Home over a period of nine months.

Chapter 4 outlines the Cycle 1 of this study, which is my engagement with the critical interpretive synthesis of the literature in creative arts therapies with older adults. In this chapter (written as a journal article), I am critiquing the way creative arts therapists practise and research with older adults. The findings of this analysis have directly informed the subsequent cycles of the current research.

Chapter 5, *Encountering the Home*, captures the findings of Cycle 2 as well as the short period of transition to Cycle 3 of this study. It provides a picture of the Home as encountered in this study over the period of three months of participant observations, informal conversations and semi-structured interviews. Analysis in this section focuses on the intersected realities of this community and examines the ways in which power is being enacted throughout the Home.

Chapter Six, *Alternative Dwelling*, explores the findings of Cycles 3 and 4 of this study. This part of the ethnographic story depicts the time the residents and I spent exploring the drama therapy group as an alternative space to the one of everyday life at the Home. The findings focus on the possibilities that this alternate space offers to participants to experience their voice and agency.

Chapter Four: The Case for Social Activism in Creative Arts Therapies with Older Adults, Critical Interpretive Synthesis

To examine aspects of practice and research in creative arts therapies (CATs) with older adults, it is important to consider the socio-cultural context in which ageing is taking place. Over recent decades in Australia, and globally, there has been an increased interest in the ageing population with a particular focus on ensuring service provisions for older adults in light of future planning. In this effort to find a place in the society for the growing ageing population, Australian governments have adopted the popular notion of *active ageing* as a foundation for policy development (Ranzijn, 2010). The term “active ageing” is often interchangeably used with the terms “successful ageing”, “positive ageing”, “healthy ageing” and “productive ageing” (Ranzijn, 2010). The notion behind this terminology stems from seeing ageing within the wellness perspective from physical, psychological and social aspects. The idea that old age does not have to be synonymous with sickness and frailty, as long as individuals follow a certain proactive course in life as they age in order to stay healthy and independent, has become a dominant social narrative surrounding old age. Another implication of active ageing is the economic benefit of having an ageing population continue to contribute to society through productivity, thus resolving the demographic “crisis” of the ageing society (Ranzijn, 2010; van Dyk, 2016).

The *active ageing* discourse has been widely accepted as positive and encouraging of older people’s health and wellbeing, but it can also be viewed as deeply divisive and hurtful to many older people whose health, socio-economic and cultural positions prevent

the attainment of “success” in ageing (Ranzijn, 2010). The individualising of responsibility for wellness and productivity within ageing places the onus on a group of people who are already marginalised by “pervasive ageism” and generalisation (Australian Association of Social Workers (AASW), 2013). Age-based discrimination largely stems from a generalised perception of older people as different to the rest of “us”, which has a detrimental impact on both the social and personal identities of older people (Angus & Reeve, 2006). Western society has become increasingly preoccupied with youth and remaining young. Biggs (1997) refers to this as the “midlife-stylism” embedded in the culture of anti-ageing and consumerism (p. 567). Van Dyk (2016) suggests that we now have two clusters of old – the *Third Age* old who are young, capable, productive consumers, and the *Fourth Age* old who are the dependent, frail and suffering from chronic disease. She uses the perspective of postcolonial studies to highlight the “double othering” which occurs in this context where the “young-old [are] being valued as the other and the oldest old [are] being distained as the other” (van Dyk, 2016, p. 110).

This is the challenging and complex social narrative of old age within which one can begin to reflect on the underlying paradigms in CATs practices with older adults. The field of CATs is itself marginalised against the dominant position imposed by the cognitive-behavioural paradigm and evidence-based practice (Johnson, 2009). It is difficult to ascertain to what extent this pressure to *conform with the norm* is shaping the field of CATs, but it is evident that both therapy and research aim to adhere to a biomedical model of evidence-based outcomes of prevention and treatment (Johnson, 2009). The risk is that more “... nuanced person-centred approaches emphasizing subjective meaning and well-being remain greatly underfunded” (Beard, 2011, p. 634). Although these

medical-oriented therapeutic aims serve a purpose in older adults' wellbeing, they are predetermined by the *active ageing* agenda, which approaches ageing from a largely systemic rather than individual perspective. This perspective is limited in that it does not acknowledge the subtler internal needs of older adults, the often-unspoken narratives about individual realities, and the need for their involvement in a personal and an individual conversation about their own wellbeing. These personal, individual factors also have profound implications for the quality of life of older adults (Ranzijn, 2010), and are worthy of greater consideration in the discourse of ageing.

It is against this backdrop that one can begin to explore the presence of dominant narratives and potential counter-narratives within the discourse of CAT research and practice with older adults. What is the potential to empower older participants in our therapeutic fields and help create a more nuanced discourse on ageing? To explore this potential, I examine whether our CATs practices are affirming of the dominant narratives or helping to destabilise them with a new, more individually and socially conscientious one (Hadley, 2013). Social constructionism and critical theory lenses are used here to examine the notions of social action and cultural change that stem from the therapeutic encounter within CATs (Parker, 1999; Milioni, 2001). These theoretical approaches help unpack the layers of myth which are often well rehearsed and silently embedded in the way that we understand the world and the practice of therapy (Talwar, Iyer, & Doby-Copeland, 2004). They offer a lens to critically deconstruct the positions that are and have been part of our learning, understanding and practice. Only through the process of lifting “the invisible veil” (Sue & Sue, 1999) of compliance with the dominant narrative can we decide where we truly want to stand as practitioners of CATs. From this

perspective, we can then find ways in which we want to do justice to our practice, our participants and the world we live in. This realisation itself is the seed for social activism and change.

From a social constructionist perspective all theoretical “truths” about what it is to be human are equally valid as a collection of metaphors used to describe the human mind and behaviour, which may negate the “truth” deriving from an ultimate source of knowledge (Milioni, 2001). This CIS sought to review a variety of theoretical perspectives within the CATs and unpack authors’ viewpoints, whether explicitly described or not. I recognise that all these perspectives offer valuable contributions to the CATs field. However, I have approached this review using a “metaphor” of social responsibility within the CATs.

Method

Critical interpretive synthesis (CIS). The CIS is a method of reviewing literature using a critical lens first formulated by Dixon-Woods et al. (2006). The process of CIS is inductive and iterative in nature where the searching of the articles, critique, and analysis happen concurrently (Dixon-Woods et al., 2006). This is an approach to reviewing literature in which the researcher is concerned not just with the content of the literature, but also with the ways in which the author’s knowledge is constructed and represented in the given article or book chapter (McFerran et al., 2016).

Approaching the Literature

The initial approach to searching the literature was exploratory in nature and in line with the emergent process of the CIS (Dixon-Woods et al., 2006). A number of different search mediums/processes (Google Scholar, university databases and further searching through the reference lists of the literature retrieved) were used to identify articles related to the initial guiding question: How do the practice and research in creative arts therapies with older adults respond to the notion of successful ageing? At this stage, the guiding question was used more as a “compass rather than an anchor” (Dixon-Woods et al., 2006). This search led to a number of quantitative studies in CATs examining the impact that interventions have on the physical and cognitive wellbeing of older adults (for example, Clark, 2016). It was evident that there is a growing interest in demonstrating that CATs have a role to play in lowering the rate in which the ageing symptoms, such as physical balance and cognitive functions, manifest in older adults. Throughout this process, reflexivity and extensive note-taking (Charmaz, 2014) were employed to record and examine personal reactions and biases (Finlay, 2014). For example, examining this literature provoked some challenging personal reactions for the first author, especially when research articles reported their limitations in obtaining the final test results due to participants’ hospitalisation, death or death of a spouse. The questions around the value of testing people as they traverse the end of their lives arose very strongly for me. These findings raised further questions surrounding the aspects of CATs with older adults when aims are not targeting or directly aligned with treatment and prevention, such as: What other reasons motivate the practice of CATs with older adults apart from slowing down and/or bettering the process of ageing? This search led to a published article in the field of art therapy that described a type of

practice with older adults that is clearly oriented towards social justice and advocacy (Haupt, Balkin, Broom, Roth, & Selma, 2016), and a further search for articles that described a more person-centred and holistic approach in CATs with older adults. As the process of searching, sampling and critiquing of the literature continued, a new guiding question emerged: What are the aspects of individual and social empowerment in the practices of CATs with older adults?

Selection of Studies Included

The literature finally chosen for this review does not represent a comprehensive overview of CATs with older adults but carefully selected articles which served the emergent aims of the synthesis (Dixon-Woods et al., 2006). To include a wider variety of practices and theoretical approaches, I chose to include articles from four different countries that were published between 1986–2016 from the following disciplines of CATs: drama therapy, music therapy and art therapy. Please note that the cycle 1 of the study was completed in June 2017 thus limiting the published literature included in this review. A total of 13 articles meeting these criteria were selected (see Table 4), which reflect the limited availability of literature published in CATs focusing on more qualitative therapeutic aims when working with older adults. Eight articles were published in the last 10 years and five articles span 30 years. All articles are authored by the CA therapists who conducted the therapy work with older adults, and although they are here referred to mostly as “authors”, they are also referred to as “therapists” within the discussion to answer the research question.

Table 4: Articles included in the critical interpretative synthesis

Article Number	Author's Name (year)	Therapeutic Field	Theoretical Orientation	Social Context
1	Lev-Aladgem (2000)	Dramatherapy	Dramatic play (Stanislavski, 1948)	Rehabilitation community centre for older adults, Israel
2	Houpt, Balkin, Broom, Roth & Selma (2016)	Art Therapy	Social action and cultural change	Residential home, USA
3	Reinstein (2002)	Dramatherapy	Person-centred approach & flexibility according to needs	Residential home, UK
4	Cedar, Crockford, Elias & Jackson (2016)	Dramatherapy	Reminiscence	Residential home, UK
5	Johnson (1986)	Dramatherapy	Developmental transformations	Residential home, USA
6	Stephenson (2013)	Art Therapy	Gerotranscendence	Community project for older adults, USA
7	Baker, Ballantyne (2012)	Music Therapy	Positive psychology	Nursing home, Australia
8	Ip-Winfield (2014)	Music Therapy	Resource-oriented music therapy & "sustainability" model	Home-based project within the Chinese community of older adults, Australia

9	Smith (2000)	Dramatherapy	Developmental transformations & existentialism	Nursing home, USA
10	Bennington, Backos, Harrison, Etherington, Carolan (2016)	Art Therapy	Reminiscence & theory of art viewing benefits	Museum-based art therapy project with older adults living in the community, USA
11	Shore (2013)	Art Therapy	Adult developmental theories	Residential home, USA
12	Jensen (1997)	Art Therapy	Resource-oriented multisensory	Residential home, USA
13	Chan (2014)	Music Therapy	Cross-cultural music therapy	Home-based community project for older adults, Australia

Systematically Gathering the Data

The initial data gathered consisted of information extracted under general headings such as author details and publication year, therapeutic field and theoretical orientation, type of intervention, group description and intersectional information about individual participants, therapeutic aims presented, setting and perceived outcomes of the intervention. As the literature search evolved into an enquiry about the notion of empowerment of older adults within the CATs context, other specific categories started to emerge. The meaning of individual and social empowerment was concurrently examined both within the chosen literature as well as through exploring literature related to social justice within CATs (Talwar, 2010; Talwar, Iyer & Doby-Copeland, 2004; Hocoy, 2006; Sajnani & Kaplan, 2012; Sajnani, Marxen, & Zarate, 2017; Johnson & Sajnani 2015). What emerged from this process became a multilayered inquiry into different aspects of empowerment that potentially occur within CATs interventions with older adults. To interrogate the literature, the following categories were defined: *social context*, *reflexivity* or “*authoring*”, *participants’ representation*, *voice*, *relationships*, *art form* and “*ripple effect*”. Each of the categories became a sub-question, which served to extract the narrative data from each article while simultaneously comparing and contrasting across the literature as a whole.

Interrogating Literature and Data Analysis

The following stages of analysis took place:

1. The process of familiarising with each article as a whole to develop an understanding of its context in relationship to itself and to the focus of inquiry (Flemming, 2010). This

process was accompanied by extensive note-taking on impressions and themes based on the focus of inquiry.

2. Descriptive data was extracted into an excel spreadsheet to gather statistical information (such as title, author, source, year, type of article, setting/context, theoretical approach), as well as to collate the thematic content related to the inquiry focus. The data relevant to the inquiry was extracted under the following seven categories/sub-questions:

- How is the *social/cultural context* of older adults considered?
- How is the author's viewpoint considered through *reflexivity* or "*authoring*"?
- How are the *participants represented* – who are the older adults in CATs and what are their roles in therapy? Who is the expert of meaning interpretation?
- How can *art form* empower the older adult participants?
- How are *the relationships* (therapeutic, group, institutional contexts) represented?
- *Whose voice* is represented and privileged and what are they saying?
- What happens beyond the session? Is there a "*ripple effect*"?

3. The following stage involved the process of coding the collated data and clustering within each category/sub-question across different articles.

4. The themes were then distilled within each category/sub-question. All the emerging themes were reviewed in relationship to both the focus of inquiry as well as to the statistical data and defined and named accordingly.

5. Forming a synthesised narrative of the findings.

Interpreting the Analysis into a Synthesised Form

During an ongoing analysis and interpretation of the literature, it became apparent that data collated under different categories/sub-questions had originated from three different narratives within each article. The data deriving from interrogating *social context*, *reflexivity* or “*authoring*”, *participants’ representation* and *voice* were informed by the narrative particularly oriented in authors’ values, theoretical orientations and choices they made in terms of reporting of their work. It can be said that this data derived purely from the authors’ perspectives. The data relating to the categories of *relationships* and *art form* represented a collective narrative entangled in a mutual experience between the therapist (author), the older adults (participants) and the art form. The last category, *the “ripple effect”*, was produced by both the therapist (author) and the older adults (participants) but it contained an added aspect of the social environment within which this reported data took effect. The synthesised narrative of the findings that follow is therefore summed up under these three headings:

- *Therapist’s Values as the foundation for social action and cultural change* – including the findings deriving from *social context*, *reflexivity* or “*authoring*”, *participants’ representation* and *voice* categories.
- *Creative Arts Therapeutic Encounter as a facilitator of empowerment* – including the findings deriving from *relationships* and *art form* categories.
- *Social impact as the “Ripple Effect”* – including the findings deriving from *the “ripple effect”* category.

Please note that in the following section, all the articles/authors are referenced by the number under which they appear in Table 4.

Findings

Therapist's Values as a Foundation for Social Action and Cultural Change

Throughout the exploration of the literature, the authors' standpoints in relation to the following aspects were critically examined: the social reality of older adults, author's theoretical positioning, their reflexivity, and the choices they made within both therapeutic interventions and the representation of older adults. The findings based on this interrogation represent an overarching synthesis of the authors' (therapists') values as interpreted in this CIS. The following section represents results of the authors': socio-cultural context consideration, reflexivity or "authoring", participants' representation and voice.

How is the Socio-cultural Context of Older Adults Considered?

What does it mean to live in aged care? What challenges does one face at the end of their life in this particular social context? Each person's story is an individual narrative socially constructed and interwoven with layers of race, gender, ethnicity, culture, age, socio-economic status, etc. The therapeutic setting does not invite only some of these parts but the whole tapestry of a person's life. The literature examined here is divided between the two clusters: the first one included the social and cultural reality of the older adults in their communities as an important consideration in therapeutic work (see *Table 2*) and the other one overlooked it.

The themes described in *Table 2* depict a challenging reality that older adults can experience within both the nursing homes as well as the wider society. The authors' point to how undesirable ageing can be seen as representing "an unconscious threat to a fantasy of immortality" (3). Other considerations are given to older adults internalising ageism and how

that impacts their self-esteem and self-worth. And, finally, six articles have explored the positions of responsibility and awareness within their CATs practices when working with older adults within a complex and often oppressive social context.

Three authors (4, 7, 10) reported their findings of therapeutic practices with older adults without including the realities mentioned above. One group of authors (4) described a moment in which the older adult is implying her inability to speak freely within her everyday care home setting: “It was lovely to be able to just feel free and know that what we come into the room to speak about is totally between the group. Now ... this has become our little therapy room, and every time I go past it I shall think ... it’s just somewhere where I can come to and know I can talk without saying anything anybody would misconstrue ...” (4) (p. 57). From a social justice point of view, what this participant described can be interpreted as a therapy group encounter representing a meeting ground for freedom of personal expression. Without examining this person’s experience within the social context, the authors seemed to miss an opportunity to acknowledge both how oppressive an environment this individual might find herself in as well as how powerful the reported moment was, to feel free. Dokter (2000) urges that CATs use reflexivity in reporting moments of clients’ expression to avoid “thin” and simplistic descriptions.

Other ways of simplifying participants’ social circumstances (11) occurred through emphases on Erikson’s (1963) psychosocial theory of development in which “integration over despair” was used as the lens from which to understand the main challenges that the older person faces.

“Some elderly have not effectively resolved earlier struggles and have therefore evolved in a narrow and rigid fashion. This is why not all old people become wise. Some people become more rigid and more narrow as they age. They have closed off opportunities for struggle for fear of the pain involved. In doing so, they circumvent the possibility for expansion.” (11) (p. 172).

As previously mentioned, the dominant narrative in ageing is one of individualising responsibility within the older adult themselves. This individualist ideology resonates with the resilience studies with other marginalised communities (Zautra, Hall & Murray, 2010) and enables the societal structures contributing to disparity in communities, as well as distress to individuals, to avail themselves of direct responsibility (Friedli, 2012; Taylor et al., 2011). Ignoring these dynamics within the work of CATs is missing a chance to give voice to these realities and actively influence change.

How is the Author’s Viewpoint Considered Through Reflexivity or “Authoring”?

Why is reflexivity important and how does it aid the socially responsible therapeutic practice? Hocoy (2006) invites the arts therapists to “illuminate the therapist shadow” by unveiling the ways in which our differences have been “socialized to silence” and if left unexamined will impact the way we are able to *see* ourselves as well as our clients. Our own societal compliance to the norm shapes the therapeutic encounter and the coproduced narrative of therapy. The literature demonstrates a significant variation not only in approach and theoretical orientation (see *Table 4*) but also in what authors considered important to report and the degree of transparency with which they positioned themselves epistemologically.

Even though ageing and death are deeply relevant subjects for all therapists regardless of their intersectional context, only three authors (1, 3, 9) have shared their personal thoughts on

the subject. One author (3) goes on to examine his stereotypical preconceptions and fantasies about older adults: “When I first met them, for example, I was surprised at how cheerful and well-presented they were. I had imagined that they might all be sad, unkempt and withdrawn.” (3) (p. 14)

In terms of theoretic orientations and values, the authors vary from explicitly social action on one side of the spectrum (2), to somewhat individualising responsibility for wellbeing at the other end (7, 11) (see *Table 4*). One of the latter authors (7) is claiming that it is possible to scientifically establish what makes life worth living and apply these recommendations but does not recognise differences in culture, ethnicity, gender, age, and socio-economic context. The author suggests that happiness is derived internally through the “person’s recognition of wellbeing, contentment and satisfaction within one’s history” (7) (p. 2), unrelated to external factors. The same author refers to the research suggesting that keeping positive and optimistic keeps one stronger and alive for longer, saying that “people with high levels of positive affect are more likely to successfully cope with stressful situations, be more socially connected and feel more in control of their lives” (7) (p. 2).

Another author (11) views the complexity of the ageing experience through the lens of the evolutionary theory stating that: “Severe psychological, physical, or cognitive conditions affect emotional resilience throughout the lifecycle. Beginning in infancy, the physically well-endowed person experiences a greater sense of power” (11) (p. 172).

It could be said that some of the extremes in the findings of this particular category represent an existing polarity between the dominant societal narrative of old age and the counter-voice of respect and social justice for older people. What is particularly encouraging is

that in this micro representation of the social image of ageing, the pendulum has swung to the other side, with more authors reporting values that are in line with respect and social justice.

How are the Participants Represented – Who are the Older Adults in CATs and What are their Roles in Therapy?

Representation of older adults is another aspect of this enquiry which is embedded in included authors' values. What is emphasised when talking about older adults? Are they presented within a deficit lens or through an image of personal resources expressed in therapy? How much space has the author given to describing the clients and their roles? Is there an imbalance to how much theory or data is represented in relationship to how much client feedback is voiced?

Eleven articles (1, 2, 3, 4, 6, 7, 8, 9, 10, 12, 13) attributed active qualities to older adults' participation in therapy. These active roles reflected in older adults "taking a lead" in their artistic processes through "ownership of meaningful personal material", having "pride in personal achievement" and "having a voice". They were also represented as displaying "personal and cultural resources", being "respectful and supportive of others", "responding to encouragement", "reflecting on artistic processes" and as being "energised" and "spirited".

However, two articles (5, 11) highlighted a more passive participation of older adults in therapy. "The dramatherapists developed this form using straightforward language and a picture scoring scale for ease of understanding" (5) (p. 50). "The group's ability to engage with this intervention was an indication of how their confidence and creativity had developed as well as their ability to focus and co-operate. This would not have been possible at the start of the dramatherapy process" (5) (p. 50). Other passive descriptions put an emphasis on impairment

and the disabilities of the older participants: “Henley describes the task of art therapists who work with low-functioning, impaired individuals: They ‘structure, adapt and continually compensate for the client’s disabilities” (11) (p. 67).

The question of interpretation and meaning making is also pertinent to both the process of therapy as well as the representation of clients’ participation. Who is the expert of meaning making? One article (2) reports older participants as co-authors in both the artistic process in therapy as well as in the writing of the article. Eight articles (1, 2, 5, 6, 7, 9, 12, 13) described older adults as involved in meaning making and directing of their creative process, and therefore inexplicitly attributing a level of ownership and expertise in the therapeutic process. Meaning making was described as occurring through “group discussion” and “collaborative decision-making” as well as “group co-creation” through “merging together” and “building mutual trust”. Two authors (4, 11) remained the dominant expert of meaning making and interpretation throughout portraying the role of the therapist as a “provider and facilitator” of the “opportunity for successful experience”, as an “evaluator” as well as a “compensator for clients’ disabilities”.

Whose Voice is Represented and Privileged and What are they Saying?

Seven articles (1, 2, 3, 4, 6, 9, 10) included the voice of the older participants. The data referring to the voice of older adults represent both personal voice and voicing in role through a character. The main themes are: *counter-voice* - against the current social narrative of old age, against reminiscence as the popular way to make sense out of one’s lived life, wanting freedom of choice and speech as well as to be represented authentically. The counter-voice theme is summed up by the following statement “They were adamant about wanting their essence to be captured by the response of art and writing, and noted that tests with paper and pencil cannot

capture fully their experience as social and psychological beings” (10) (p. 41). Other themes concerned *personal realities* of “hope”, “grief”, “needing to connect to others”, “perseverance despite pain” and “need for empathy”; and participants’ *reflections on therapy* as: something to look forward to “which eases the pain and makes life more meaningful” (4) (p. 52).

Twelve out of thirteen articles privileged the author/therapist’s voice throughout the article, with some including the participants’ voice explicitly as mentioned above. The themes of what the author/therapist’s voices represented in articles vary dramatically. One author (2) uses her voice as authoring to state her privilege in the therapeutic relationship and her personal biases as well to strongly promote her beliefs in the potential for social and cultural change within CATs with older adults.

Two articles (4, 10) include the data derived from questioners and various assessment tools. One of the studies (4) used a “picture scoring scale for ease of understanding”, which was used to capture: “self-perception of levels of confidence, loneliness, time with others, creativity, problem sharing and positivity” (4) (p. 50). Here, the picture scoring questionnaire is tasked with capturing a complex image of participants’ self-perception. The same group of authors included input from the institution’s representative as a *voice of approval* of the validity of their intervention despite one of the older participants being implicated disrespectfully in that very statement. Staff member: “Previously her talking would not necessarily have any meaningful insight, but at present she almost starts to make sense. That is a great achievement for us. So, I would say, go ahead Dramatherapy! We look forward to having you back” (4) (p. 56).

From the overall data referring to participants’ voice, it is notable that older adults are capable of contribution to a rich narrative of their therapy experience. Contemporary geriatric

research shows that older adults with a degenerative diagnosis demonstrate an “... enduring ability to meaningfully interact, despite stigma resulting from (perceived) inability to navigate their social worlds according to normative expectations of interaction” (Beard, 2011, p. 634). Other personal accounts of older people from various studies (Beard, Knauss & Moyer, 2009; Halpern, Ly, Elkin-Frankston & O’Connor, 2008) point to their “... willingness to be involved in their health care and a general eagerness to be treated as equals” (Beard, 2011, p. 634).

Creative Arts Therapeutic Encounter as a Facilitator of Empowerment

Therapeutic encounter within the CATs is a triangular entity within a social contextual reality facilitating multiple ways of subjective and intersubjective relating between the therapist, the client (or a group of older participants in this case), and the art form (Jones, 1996, Bailey, 2007). The literature reviewed here reveals a rich variety of expressive art forms which older participants embodied as tools for constructing and re-constructing of their personal narratives (Miloni, 2001). The literature described a number of moments in which these personal processes were mutually witnessed and affirmed within a group, capturing moments of perceived empowerment for the older participants. The following examples are related to participants’ engagement with either art forms or relationships or both.

Eight articles (1, 2, 3, 5, 9, 11, 12, 13) described aspects of therapeutic relationships with the main themes being: “building trust” between the therapist and the older adults, “sharing power through collaboration and mutuality”, a sense of “togetherness through attunement and presence”. One of the authors (2) discusses the issues of power in the therapeutic relationship at some length. This article was collaboratively written between the art therapist and four older adults (referred to as members or artists) who participated in the art therapy group. The art

therapist reflects on power inequalities by acknowledging her “position of relative privilege and her biases as a younger, able-bodied art therapist” (2) (p. 134). This author also recognises the mutuality of learning and meaning making that occurred simultaneously between her and other members (older participants) in which she found both personal and artistic enrichment.

Group relationships featured as one of the strongest categories throughout the literature with eleven articles (1, 2, 3, 4, 5, 6, 7, 9, 11, 12, 13) reporting a significant sense and mutual benefit of group relationships. The main theme from the group interaction is “willingness to act”, “share with” and “support others”. “For her (RUBY), gathering together to tell stories and discuss ideas provides a vital space for fostering meaningful connections and making her voice heard” (2) (p. 133).

Relating with and through the art form has been another strongly represented category within the literature with a variety of adopted roles such as Witness, Artist/Creator, Decision Maker, Collaborator, Achiever, Speaker, Defender, and many more. “Strengthening the sense of self” was a theme that featured through other art forms in the literature as ways of “discovering personal resources” and “having an opportunity to use and share them with others”: “Since his writing practice has become regular within this group, he has taken to writing poetry on his own, finding metaphors in nature that relate to life in a nursing home” (2) (p. 134).

Another strong theme which echoed through the variety of art forms and disciplines was “exploring the unknown” through uncovering the hidden parts of older adults’ personalities. This was facilitated through dramatic play encounter; exploring one’s singing voice; and, exploring and expanding the symbolism of old age through visual representation.

It seems pertinent to view these findings in direct relationship with the notion that many older adults, both in nursing homes and in independent living, experience isolation and lack of opportunities to creatively and socially express their views. The literature here describes “creating alternative realities”, which older adults are actively and enthusiastically embodying. They are “exercising courage” to “bring forth strong dormant feelings” and share them with others.

The findings in this category focus on reports of the impact on older participants’ personal circumstances, their engagement with their community during and after the CATs intervention finished, as well as the impact on the CA therapist.

Four articles (1, 2, 10, 13) reported a continued positive impact for older adults beyond the therapy sessions. One article reports on older adults taking charge of their future creative experiences and advocating for themselves through writing to the museum with suggestions. Another personal impact reported “renewed motivation” and “hope to carry on living and creating” and “continuing to explore personal resources”.

Two articles (2, 9) have stated the impact on the therapist explicitly. One author (2) refers to her personal and artistic growth in relationship to her clients, and the other (9) reflects on existential lessons she has learned from her older participants: “... They have shown me how, even though we are all born alone and die alone, we can be together in our aloneness” (9) (p. 331).

Five articles (1, 2, 6, 7, 8) report the impact on the care home community, as well as the friends and family of older participants. One article (1) describes older adults adopting the use of improvisation and role play as a creative way to negotiate the power struggle within the care

home. Other themes featured are an “increased connection with the nursing home community”, “stronger friendships” among the group members and “expanded tolerance for others”.

Three articles (2, 7, 8) specified the effects of the CATs work in the wider community. One of the articles (2) gives a generous space to an account of the participants’ community engagement through attending a conference where they presented their artwork and spoke about it. This group of participants not only represented their own voices with regard to ageing in the current social discourse, but also encouraged other socially marginalised groups to express their stories through art. Other older participants experienced an “enhanced connection with the broader community” and “pride in public voice” and “sharing their musicality with others”. Three articles (2, 7, 8) report on older adults’ desire to reach out to the wider society and “build a bridge”, “extending their art”, “love and togetherness” they experienced within the therapeutic group into the community.

Discussion

Even though the findings of this CIS vary dramatically across the literature reviewed, all articles demonstrated a degree of potential for social action and cultural change within CATs in aged care. Several examples mentioned in the findings, referring to the ways therapists’ values were represented, are critiqued here with an intention of illuminating the potential “blind spots” that can occur in the ways CATs in aged care are conducted and reported on. This process led to further examining the mechanisms underpinning CATs’ socially responsible practice within aged care and its potential to impact the cultural shift surrounding ageing.

Saying Nothing is Complying

The categories concerning authors' values demonstrated the largest disparity in the findings, reflecting on a micro-level the wide spectrum of socially held beliefs and values about the ageing population. One of the most obvious ways in which this was demonstrated was the representation of the social and contextual reality of the older adults involved in CATs. Not including the complexity of social circumstances when reporting on CATs in aged care is problematic on multiple levels. As mentioned earlier in the introduction, the dominant narrative surrounding ageing tends towards individualising the responsibility for wellbeing under the banner of "successful ageing". On the one hand, this notion emphasises older adults' personal resources and abilities to meet the growing challenges of ageing with resilience, and on the other hand, it fails to recognise that older people are interdependent with their communities and the society at large. As such, they have a myriad of intersectional circumstances which impact on their resources, their needs and their ability to perform as both agents as well as recipients of care. Therefore, the lack of contextualising people's lives when reporting on CATs in aged care is potentially contributing to further stigmatisation of the older adults and the perception that problems related to ageing are primarily embedded in individual lives rather than related to society as a whole (Ranzijn, 2015).

Creative Arts Therapist as the Author

To have a meaningful examination of the social responsibility of CATs in aged care, it is important to have a deeper sense of the values and intentions of the therapists themselves. The way therapists usually *bring themselves* into the accounts of therapeutic work is through reflexivity and authoring (Pillow, 2003). The literature examined here allowed us to *meet* some

of the authors through the process of bringing their own personal reflections on ageing and death, lessons learnt from their older clients. Authors using reflexivity here managed not only to enrich the narrative of the therapeutic process but also gave it a further sense of validity. On the other hand, a lack of reflexivity can impact the way theories are represented, and in some cases may lead to the privileging of theoretical concepts over the lived experiences of older adults. These perceptions of empowerment within the therapeutic setting are largely influenced by each therapist's educational and theoretical approaches, which on further examination are often found to be deeply eurocentric and failing to include the diversity of human experiences across cultures and social realities. As critical race scholar Ladson-Billings (2000) notes, the process of examining ourselves within the structures of personal and social beliefs is complex but necessary to recognise how we "internalize dominant world views" (p. 258).

As evident in the literature reviewed, privileging certain theories over older adults' lived experiences can result in a simplified and "thin" representation of both the participants as well as the intervention itself (Dokter, 2000). Using theories that are popular or well established, such as the psychosocial theory of development (Erikson, 1963), positive psychology (Seligman & Csikszentmihalyi, 2000), reminiscence through art viewing (de Botton & Armstrong, 2013) does not necessarily bring one closer to the real issues people are facing in old age. However, engaging older adults themselves in the conversation about what matters to them (as was the case in Article 2) will have a profoundly different impact. Kapitan (2014) calls for arts therapists to go beyond a facilitative role and enter into a "... *partnership with their clients to connect to strengths, resources, and proactive social behaviors and relationships that result in reclaimed identities and life spaces*" (p. 2).

Another way of *entering into a partnership* has been achieved through the therapist's/author's reflexivity on personal processes related to ageing and death, vitality and creativity (1, 3, 9). Ageing, as a human phenomenon, is a real common denominator, impacting every single CA therapist working with older adults. Reflexivity surrounding the personal aspects of ageing, as well as other intersectional layers of our identities as therapists, can help unpack the power dynamics and the divide between *them* and *us* which often features in the narrative of ageing (van Dyk, 2016).

Older Adult as the Agent

A look at representation in this context leads to examining the agency embodied by the older adults themselves. Representation is closely connected to the language used to talk to and about older adults participating in CATs. The notion of dismissal and misunderstanding as a socially common condition for older adults has been pointed out by several authors within the literature reviewed here (1, 3, 11). Older adults living in residential homes are often patronised by the staff and dismissed on account of their *moaning about nothing* (Braithwaite et al., 2007). This reality in itself speaks of oppression and injustice. The examples in the literature where the CA therapists themselves reinforce the notion of patronising the older adults through the way they engage with them is an important indicator of the power of the institutional narrative to envelop the CA therapists and their work. These examples speak to the necessary vigilance on behalf of the CA therapists to address their positions of power in the therapeutic relationship as well as the internalised oppressive dynamics they might be transmitting or reinforcing (Hocoy, 2006; Hadley, 2013).

Another way that language can be used powerfully is through the ways in which CA therapists choose to describe the older participants. As demonstrated in one of the articles (4, 7, 11), CA therapists sometimes emphasise the deficit present in older adults to justify the intervention and demonstrate its impact. Is there a way to present rich accounts of older individuals, including their personal resources as well as their struggles, address the social circumstances and highlight the benefits of CATs? These complex narratives might not be as neat and straight forward in terms of therapeutic impact and future recommendations. They might pose further questions and open deeper conversations. However, adopting a more ecological view of ageing leads to the deepening of socially responsible practice in CATs and its impact on the representation of older individuals, both in therapy and in society at large. The question of whether older adults can be agents and experts in their own wellbeing and representation has been thoroughly explored in Article 2. The author uses transparency to unpack the power dynamics embedded in therapeutic relationships and instead facilitates collaborative processes in both therapy and reporting through co-authoring the article together with older adults. The therapist's privilege cannot be completely dismantled through the process of authoring; however, relevant conversation and the process of transparency is initiated. And this is an important conversation, as so much of the therapeutic language casually implies to the therapist acting as a *provider* (of art materials, holding, empathy, safety, time, etc.) and, in the case of one of the reviewed articles, as a "compensator for clients' disabilities" (4, 11). Anderson & Funnell (2010) attempt to untangle the linguistic notion that empowerment is neither about giving nor taking the power but instead is represented in the reciprocity, mutuality and equality of the relationship. Our intellectual concept of empowerment needs to be examined against our actions in relationship to our clients. As Lupton (in Hogan, 1997) notes, "The words that are

chosen to talk about and describe social groups, the images that portray them, are integral to the ways that individuals come to understand themselves, to construct their sense of self and embodiment, to define themselves as members of some social groups but not others” (p. 3).

Social Action as Creative Embodiment

The creative arts therapeutic encounter, as discussed here, is bringing the therapist’s values into an inter/action with older participants through the mediums of relationship and art form. As demonstrated in the findings, the CATs groups with older adults are indeed potential social action playing grounds where ideas about personal and social identities are explored through metaphor and interrelated and witnessed by others. All articles described a group setting in which relationships played an important role representing participants’ “willingness to act”, “share with” and “support others”, all of which echo the acts of engaged social participation. The image of older people in action, in creating and interrelating, is present throughout the literature. The common themes, images and perspectives shared by the older participants were mutually witnessed and affirmed. Hocoy (2006) suggests that “an awakening to a shared predicament can be transformative in itself, as well as serve as a basis for social action” (p. 22). It is imperative that the CA therapists recognise the empowering aspects of their practices and accentuate these in contestations on therapeutic aims and objectives with older adults.

Creative Arts Therapist as a Social Activist

The idea that the process of creative engagement can and should go beyond the therapy session and into the community has been explored extensively across the CATs, in music therapy (Hadley, 2006; Pavlicevik & Ansdell, 2004; Stige, 2002; Vaillancourt, 2007; Bolger &

McFerran, 2013; Rolvsjord, 2010; Schwabe, 2005), art therapy (Kapitan, Litell & Torres, 2011; Kaplan, 2007; Levine & Levine, 2011), and drama therapy (Sajnani, 2016; Sajnani & Nadeau, 2006). Bolger & McFerran (2013) refer to the notion of “sustainability” to describe an ongoing program where the music therapist initiates the community project which is then carried out independently of the music therapist by the community itself. The community CATs models based on prolonging the effect and impact at a lower cost are relevant to the underfunded work of CATs within aged care (Ip-Winfield, 2014). For some CA therapists, the “community itself is the client”, representing the focus of intervention (Kapitan, Litell, & Torres, 2011) where the therapeutic transformation is directed towards the needs of the community or organisation (p. 65).

The articles reported a variety of impacts CATs had on older adults, from personal “renewed hopes and aspirations”, “extending friendships” and “sharing their art” with the residential home community, to “representing themselves” at an art-making community conference and “encouraging others to develop their artistic voices”. The image of this extended and outgoing impact is what is referred to here as a “Ripple Effect” – the reverberation of the change starting from the personal internal realm and extended to inform the social external arena. What does socially responsible, justice-oriented CATs practice with older adults look like? As discussed previously, both CA therapists and older adults are subject to societal conditioning, and both coexist within the realm of its ongoing influence (see the “Ripple Effect” diagram, Figure 6). However, the CA therapists can choose to use their position of responsibility to approach the therapeutic encounter with a sense of awareness including social, political and cultural histories in relation to both their own and their clients’ personal narratives. Furthermore, an exploration of the systems structure (Bronfenbrenner, 2005) involving the

older adults' health and socio-economic status will illuminate the context of possible oppression and challenges to address. Approaching the therapeutic encounter with this deep awareness and responsibility is an act of social action itself (Talwar, Iyer & Doby-Copeland, 2004). The literature findings demonstrate the potential for mutually interchangeable experiences for both the therapist and the older person, and in some cases, for the community. But what if the change is not reported or it is not something that can be easily captured as data or a case study example within the literature? Change, even from the micro perspective, interrupts the status quo; it reverberates further. Allen, the art therapy group member, went on to share his artwork and his story with hundreds of artists and engaged in a conversation about differences and agency. Miss Meg, on the other hand, managed a smile that resembled deep satisfaction. Both participated actively in change. One of the measures of impact, often considered relevant in CATs with older adults, is improvement in the social engagement of the person participating in therapy. I suggest that this improvement, however varied in nature, should be noted as a change that has the potential to influence other relationships and dynamics in the ageing community and therefore has a variety of multifaceted impacts.

Conclusion

Although the literature reviewed in this CIS is limited to a number of articles, the findings demonstrated some important considerations for the practice and research in CATs with older adults.

Exploring and understanding where we are situated in terms of our values as professionals is a starting point for considering the social impact of our practice with older adults. Social action-oriented CATs practice in the ageing community comes with a great deal of

responsibility and vigilance in examining all aspects of our professional and personal values and how these intersect with the personal and social realities of people we work with and the society we operate in (Hadley, 2013). It also means confronting the oppressive practices of institutions we are working within and finding creative ways, alongside older adults, to dialogue our truth and values thus influencing other practices and services within aged care. And, finally, rethinking the ways in which we can extend the benefits of therapeutic engagement beyond the therapy setting.

The way the process of ageing is viewed in the current social narrative has a detrimental impact on society as a whole and not just on the older population. It reinforces the societal othering and marginalising and feeds into the impossible ideal of staying forever young (Lamb, 2013; van Dyk, 2016). Working with older adults in CATs, within the scope of social action and cultural change, suggests bringing these issues into a societal conscious awareness and thus integrating both individual and collective wellbeing (Hocoy, 2006).

Implications for the Research Study

The findings of this literature review have helped sharpen my critical lens needed to explore the systemic realities impacting the people living in aged care. Although the research questions remained focused on older adults' personal experiences the impact of their social environment and the ensuing power interplay deepened the inquiry. This also resulted in my research design expanding to include the full extent of social context reaching far beyond the chosen research community.

Table 5: Themes describing the socio-cultural context of older adults

How are older adults considered in the wider society? 5 articles	How are older adults considered in the caring systems (such as nursing homes)? 4 articles	The experiences of older adults within the societal context. 7 articles	Social action & cultural change considerations . 6 articles
Society at large tends to individualise the responsibility for wellbeing within older adults themselves. (2, 3)	Lack of holistic consideration in the systems caring for older adults. (1)	Internalised ageism – older adults tend to fall into “ <i>the stereotype circuit</i> ”; (1) older adults’ experiences of internalised <i>age shame</i> . (11)	Social context matters: “the community itself is the ‘client’”. (2)
Older adults are seen as a problem and are treated as such. (3)	Systems’ emphasis on impairment in older adults. (1)	Ageism as having a profound effect on the self-esteem and self-worth of an older person. (1, 3, 9)	Recognising the institutional powers; Considering CATs’ institutional compliance; (5) Recognising the system as the oppressor. (2)
Society tends to marginalise the experience and potential contributions of older adults. (3)	Emphasis on extending lives and decreasing undesirable behaviours. (2)	Multiply deprived: older adults of minority race and ethnicity. (1, 8)	Allowing space for anti-nursing home feelings. (5)
The older adults are seen as an unconscious threat to a fantasy of immortality; (3) Social condition of the aged is perceived as improper. (1)	Carceral conditions of nursing home living through denial of personal freedom of choice. (1, 9)	Older adults’ compliance to the norm. (5)	Considering intersectionality: Chinese older women experiencing significant social isolation and loneliness and cultural or language barriers. (8)
Older individuals rejected by the communities as spoiling/“corrupting” the image of a wealthy suburb; (1) the aged defined as both	Lack of consideration for “higher human needs” – love and social recognition, esteem and self-actualisation. (3)	Isolation and vulnerability. (8, 6, 12)	Considering ageing as culturally determined. (8)

culturally and medically diseased. (1)			
Older individuals ignored by the community as if invisible. (1, 11)		Lack of personal freedom: carceral identification. (9)	Therapist as culturally empathic and culturally sensitive. (8, 13)

Table 6: Themes describing author's viewpoint

Author's view of the creative therapeutic practice as directly relating to social action. 5 articles	Author's personal thoughts and feelings about old age. 3 articles	Lack of consideration/reflex reporting or theoretical view articles
Mutuality and power sharing between the therapist and the participants. (2, 8)	Author's awareness of mortality & fear of illness and dying. (3, 9)	Lack of acknowledging of examples of the power inequality within the nursing home setting. (4)
Fostering a sense of belonging and ownership among the group and the broader community. (8)	Author's reflections on generalisations they might have held about old age and the handicapped. (1)	Generalisation of the meaning of happiness in older age under the positive psychology framework. (7)
Promoting collaboration as a way to achieve sustainability with impact on more people for longer and at a lower cost. (8)	Examining therapist's stereotypical preconceptions and fantasies about older adults. (3)	Individualising the responsibility for resilience in old age. (7, 11)
Offering older people security of being in control of their art process since "not much control is experienced in their daily lives". (2, 12)	Author's awareness of age difference (between the therapist and older adults) and of themes of vitality and sexuality. (3)	
Emphasis on cultural empathy through sharing and strengthening participants' ethnic and historical identity and promoting a sense of belonging in the community. (8, 13)	Awareness of therapist's tendency towards sympathy with older adults. (3)	
Strengthening a sense of identity and recognition for the person. (2, 12, 13)		

<p>Acknowledging older people in relation to their values, beliefs, backgrounds, decision-making, musical preferences and pace of progressions. (2, 13)</p>		
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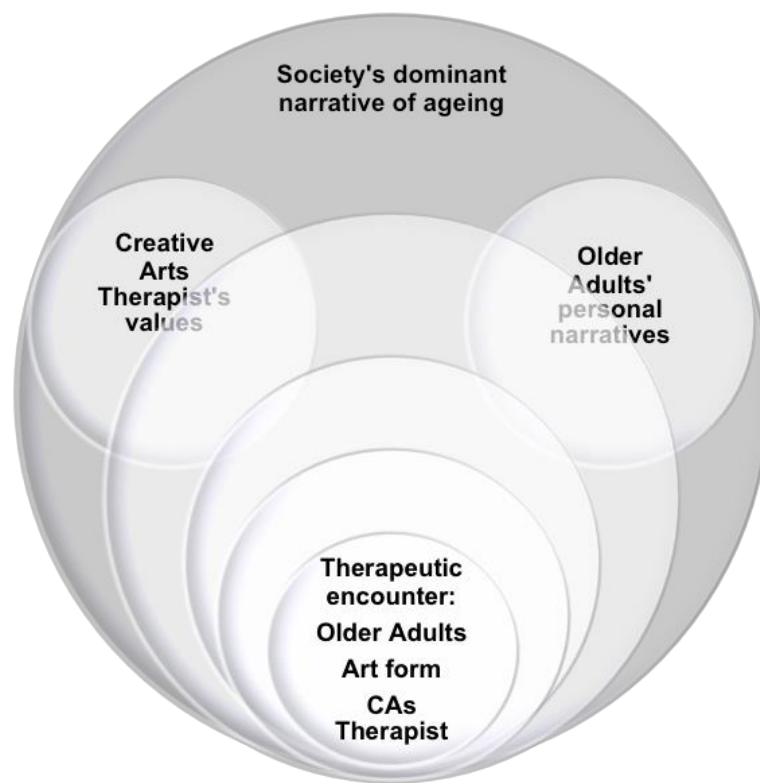


Figure 6: The 'Ripple Effect' diagram

Chapter Five: The Home

This is the first of the two chapters outlining the findings of this study in the shape of an ethnographic story written in two parts. This research project aimed to examine the ways in which power is embodied within the space of the Home as its initial goal. It focused on exploring the various aspects of voice and agency and the ways they are embodied and performed throughout the Home among residents, staff and the management. This chapter captures the analysis of the Cycle 2 of (the Home observations) in which the grounds were laid for further inquiry related to the introduction of drama therapy in this context.

The following research questions that guided the analysis presented in this chapter are:

- What are the power structures within aged care and how do they shape residents' experiences?
- What happens with residents' voice and agency at the intersection of private and public space in aged care? Whose voice is privileged?
- How does the notion of private vs public life in aged care shape residents' lives?

After nine months spent in the research community, I have grown deeply connected to the people with whom I had the privilege to meet and get to know personally. It took about a year after I left the community before I was ready to write about it. In the meantime, I have experienced a myriad of disabling and uncomfortable feelings about telling and owning a story which is only partly mine. Mention here Madison (2005) and others in relationship to the 'ethnographic unease'... The story has been brought to life through months of transcribing, thematic analysing, rewatching research video recordings, endless conversations with my thesis supervisors, a few visits to the research community to check in with the participants, craft/art making, dancing, reading newspaper articles about the current Royal Commission into Aged Care Quality and Safety in Australia, talking to colleagues and presenting at conferences.

Writing about the findings of this project also coincided with the global pandemic of COVID-19, which had a dramatic impact on the aged care system in Australia and globally.

This chapter describes my time in the research community while I was getting to know the staff and the residents, exploring the relationship and power dynamics within the Home, as well as the possibility to introduce drama therapy workshops as part of my project. This chapter represents my initial discovery of the microcosm that is the Home community and aims to bring to life my lived sensory experience, which derived from the interactions with people, space, and culture in specific moments in time (Jarzabkowski & Bednarek, 2014). Van Mannen describes this process of extracting an ethnographic story as “personalized seeing, hearing and experiencing in specific social settings” (1988, p. 222).

This chapter is written in the past tense with ethnographic vignettes (inserted in the box) written in the present tense to invite the reader closer into the scene of what was observed. Vignettes are written containing voices from multiple stances: they are observations, descriptions, thoughts, quotations, reflections, questions and my personal responses. This multivocal approach aims to acknowledge my active presence in the scene as an interpreter and co-creator of any given moment described here. All quotations are participants’ own words as captured either via audio recording devices or through my fieldnotes. The italics used throughout the chapter represent my own emphasis in the narrative.

Part One. Encountering the Home

First Impressions

I began my research visits to the Home in January 2018. My first impression of the Home was that it was considerably bigger than other aged care facilities I had worked at in the past. The Home was nestled between regular houses in a residential area of a country town in

Victoria and had capacity for over 100 residents across two floors. The architecture of the home resembled a hospital-type building. Inside the building, beyond the secured doors, there were two armchairs lined up against the wall. This was where the residents who are venturing outside the Home often sat when waiting for their transport to arrive. In the time I spent in the Home, I would sometimes see people sit there as if awaiting transport even though they were not going anywhere that day. One such person was a lady called Jean who often sat there with her handbag on her lap, offering me a gentle smile as I arrived in the morning. I enquired about where she was going at first, but I soon realised that she just sat there, so instead I took the opportunity to connect with her in the morning and reciprocate her warm welcome.

Directly opposite the entrance was the Home's main reception area with an admin person behind the desk. When coming in one could notice the framed picture on the reception desk with a photograph of one of the residents who had passed away most recently – a stark reminder that this was a place where people die almost weekly. As time went on, and I engaged with people more profoundly, I eventually started to dread glancing at that frame.

From the reception onwards, everything in this building was straight-lined, with easy-to-clean linoleum floors and spacious corridors. A lot of people circulated throughout this space at any given time. There were 47 residences on the ground floor, where I spent most of my time, each consisting of a single room with a private bathroom. To reach the community area where most communal activities took place, one needed to cross a long corridor lit up with neon ceiling lights. Alongside this long corridor are the majority of the rooms on this floor. Many of the doors were slightly or fully open displaying the inside of the residents' rooms, their personal spaces. Most of my time observing the daily activities took place in the communal space. On my way down the corridor, I often felt overwhelmed by the mixture of sounds coming from residents' different TV and radio stations, coupled with the loud sound of a heavy trolley which seemed to be a permanent feature along this corridor, carrying cleaning equipment, medicines, lunches. I

would see the smiling faces of the carers passing by and I wondered if they too felt overwhelmed with noise when they first walked down this corridor. Kerry, one of the physios I met in my first week, sat down with me in the staffroom and offered some advice. “This place is crazy, and it’ll suck you dry”, she said. “You have to protect yourself. Take a walk outside as often as possible and wear a protective crystal. There is hardly any air to breathe in here.” I found Kerry’s comments surprisingly honest and protective, and I wondered if she picked up on how overwhelmed I was. I took her advice, and I soon found a local cafe where I often retreated to write up my observation notes after hours spent in the Home.

During this initial period in the Home, I had contact with Sarah, the lifestyle coordinator who facilitated most of the communal activities on the ground floor and who first introduced me to the residents. The other person I had some occasional contact with was the home manager. His office was opposite the reception area, but his door was mostly closed, and I rarely saw him in the first couple of months during which I visited the Home on a regular basis. Both people were important gatekeepers in this project and have had impact on the access I had to the participants.

Wearing the Access Badge

In the weeks that followed my introduction to the Home, I spent time getting to know the staff and the residents and introducing them to my research study. I engaged in conversations in the staff room, the communal activity space, corridors, car park, elevator and dining room. I tried to soak up the atmosphere of this place while making sure that my intentions were as clear as possible with those I encountered. The admin person kindly suggested that I get a name badge with the Drama Therapist title on it so my role and my intention within the Home could be distinguished. The badge did start a few conversations about what drama therapy is, but so did my whole appearance. Apart from the badge, my plain clothes also stood out in the Home.

All the staff wore dark blue uniforms, and the management team wore plain clothes. I was often mistaken for a new member of the management team at a first glance. Apart from this visual alignment with a certain status held by a few people in this place, I also exercised an ability to access and exit the Home whenever I needed to.

It wasn't until I started going to the local coffee shop to write my notes that I noticed the level of discomfort I was experiencing during my observations in the Home. The cafe was always buzzing with the locals enjoying organic food made in an open plan kitchen by a vibrant team of people. I was able to witness the normality of life to which I was accustomed, where customers, many of whom were the same age as the residents in the Home, enjoyed the same things I did. I exchanged glances and smiles with the people around me while recollecting in my journal the time I ate lunch with the residents at the Home.

It is my first time spending a whole day with the residents. I made a connection with Howard, whom I sat next to during the morning activities. Howard is gentle and softly spoken and keen to engage with me. He offers stories about his life, and I listen. The images of military life, a large family, much love and loss across two continents unfold from Howard's stories. I am not asking questions, but I am sitting deeply interested in this rich life history so generously shared with me.

As the morning draws to a close, Howard kindly invites me to lunch with him and a few other residents. The dining area is an open plan space as most other community spaces within the Home. The sounds from the kitchen are echoing throughout making it difficult to have a conversation. Most tables have at least four people dining together but only a few people seem to be engaging with each other at the table.

I spend the next half an hour attempting to chat with Howard and Graham who has joined us at the table. I am struggling to chew the food on my plate. I feel nauseous as I try to identify the strange smell and texture of what turns out to be fish, Howard's favourite meal of the week. I feel exhausted.

Back in the cafe, in the comfort of the life I knew, I sat pondering that meal and many other moments of discomfort I experienced in my time at the Home. I observed and critiqued my personal reactions to this meal I was offered, and I pondered the gap that existed between myself and Howard, based on our ages, life experiences, food preferences, but ultimately on access to choice. Here I was in a lovely cafe being served one of a variety of freshly made meals from the menu, and Howard's choice at its best was between two defrosted prepackaged meals served in a dining room where no one can quite hear each other speak.

Inside/Out Life

As my time in the Home carried on, I started to experience troubling feelings around my researcher access within this community. The following vignette describes a couple of moments recorded in one day in the second week of my visits to the Home.

It is 10:15 am as I arrive at the Home. Exercise activity has finished already. The chairs are still set up in a circle and I sit next to Howard on the sofa. I look around the large circle of people in the hope of making eye contact with some of them. As I sit there, still arriving into this space, I notice a woman, one of the residents, sitting across the circle from me. She suddenly bends to her left while still sitting in her chair and vomits on the floor. Everyone is very quiet and acts as if nothing has happened. Sarah (the lifestyle assistant who leads the morning

exercise) seems a little panicked but soon enough there are several carers helping the person who is unwell, removing her from the circle only slightly while proceeding to clean up the floor. Alf, who is sitting to my left, starts talking to me spontaneously. He goes on to describe the services investment in the Home as “penny-pinching”. Alf seems chatty and at ease at this moment and I, on the other hand, feel drawn to the woman who is unwell and still sitting there with her arms hanging down lifelessly, her body slightly bent to the left. I haven’t met her before, which means that she might be one of those residents who did not consent to participate in my study and related observations. I panic slightly at the thought that I have witnessed this moment of her vulnerability so clearly exposed in this large circle of people and am unable to erase this observation from my mind, but I cannot unsee it. I try not to look in her direction and spare her my prying eyes and respect her dignity, but she is there in front of me. The carers seem to be set on cleaning and disinfecting the floor before moving her back into her room. I wonder if there is a health and safety policy that is directing their course of action or are they just a little panicked and forgetting that this woman might feel sensitive, exposed, vulnerable sitting there while they keep cleaning. Everybody else keeps carrying on as if nothing has happened. Alf is still talking to me, but I can only partly hear him now. I am imagining the voice in the woman’s head and what she might be thinking right now and an orchestra of silent reflections presently living in this circle. But I also wonder if this is, just like the unchewable fish and the constant noise, normal to everyone else but me?

It’s now 1:30 pm on the same day and I am sitting upstairs where the Bingo activity is taking place. There are six tables with four people sitting at each one. By the window, on my right, there are two people sitting in a reclined wheelchair. They both appear to be coming in and

out of sleep. I am sitting at a corner table with Howard, Graham and Stephen. Stephen appears sleepy and doesn't seem to be following the numbers. Howard is moving both his and Stephen's numbers on the sheet. Graham's face is serious with his gaze firmly fixed somewhere over the table. On the other side of the room, I can see the bright face of the carer announcing the Bingo numbers. She is smiley and cheerful, and her voice is very loud with plenty of enthusiasm. As she calls out the Bingo numbers, she is using playful names: One – Kelly's eye, Two – One little duck, Three – Cup of tea. I am not familiar with Bingo and initially I am interested in the meaning behind these phrases, especially the ones that do not rhyme. I wonder if the residents find this familiar or comforting. I look around to see a mix of people following the game and some others who seem to be just sitting there.

I am struggling with feelings of afternoon tiredness as I sit here trying to take in the atmosphere. The repetitive number calling, and the carer's loud voice are starting to get to me, and I am now feeling slightly irritated by this high-pitched voice and the phrases are now sounding more infantile and patronising. I wonder what it is like for her to keep shouting the numbers over and over again. As I sit here pondering my feelings of irritation with the cheerful carer, I hear a male voice shouting in the corridor to my right. It is difficult to distinguish if this person is in pain, but they are definitely trying to communicate something. One of the residents participating in Bingo is asking the carer if the person is okay and the carer assures her that he'll be fine. The man continues to shout and there are now a couple of other carers approaching and trying to help out. The man is still not in my view, but I can hear that he is in obvious distress as he keeps coughing and choking. The Bingo carer continues to project her voice over the noises in the corridor. She still seems very enthusiastic, smiley and spirited. The lady next to the window in a reclined wheelchair is now asking for a drink. The man on her right starts coughing and vomiting while the Bingo continues. The prizes for Bingo

are now being given out and the choice is between crisps or chocolate bars. Howard gets the chips.

Negotiating Belonging

There were various dynamics within the Home which were notable for different reasons. Gillian and Howard seemed to be very different in the way they engaged with the rest of the residents in daily activities. However, there were moments of conflict between them, which when analysed, seemed to have come from a similar place of need to negotiate their belonging and connection with others.

Howard presented as quiet and conservative in the group activities. He was always impeccably dressed with a strong upright posture. The morning activities took place in the main room where all the chairs were placed in a large circle. Howard sat on a small sofa outside of the circle every day by himself. Upon my introduction to the residents he kindly invited me to sit next to him, which I did for the first couple of days. This was my chance to get know Howard but I was also feeling like I was observing the rest of the group from the outside by sitting on the sofa so I moved to sit inside the circle soon thereafter. Howard and I had fewer opportunities to talk after that during the morning activities simply because of the distance. The only time I ever heard Howard speak in the group was once during a quiz activity and on several occasions when he directly addressed Gillian.

Gillian presented as a warm and smiley woman in her early 70s. She seemed to want to connect with the rest of the residents every time I saw her. I noticed that she would often comment on the temperature of the room as being “hot in here” (fieldnotes). These comments seemed to present as observations and questions at the same time and repeated generally several times during any given group activity. However, there was usually no one answering or

commenting back to her. The analysis of the frequencies and context in which she offered her comments on the room temperature derived a couple of themes: *a sense of unbearable* and *wanting to get outside*. However, the overarching theme regarding Gillian's presence in the Home is *wanting to connect with others and belong*.

The following vignette captures one of several conflicts between Howard and Gillian during the morning group activities.

It's 10:17am and everyone is sitting in the circle. Howard is sitting on the sofa by the window. He is quiet and following the exercises.

Gillian: "It's hot". There is no acknowledgement of Gillian's comment by anyone in the room. In the following 7 minutes Gillian makes two more comments saying "Gosh, it's hot in here" and "Oh, it's hot in here". I am fascinated with the deeper meaning of Gillian's comment about the room temperature. It's a comment and a question. She wants to engage with an individual she's addressing and sometimes with the whole group. She is saying something about herself and her state of being or discomfort but she's also checking in to see how another person feels. In terms of this dynamic she functions in a way similar to a thermostat- asking everyone to check in with their state of hotness/discomfort.

PCW (addressing Gillian): "Nearly time for a cuppa?" It looks like the carer is indirectly responding to Gillian's remark about the room temperature. Perhaps this carer is trying to interpret the need that Gillian is communicating or perhaps redirecting Gillian's attention away from the room temperature. In any case this is the first time I have heard anyone offer a response to Gillian's comments.

Gillian: "Oh nice!"

Later, during the same activity, Gillian and Bruce are sitting together and Gillian keeps making remarks about the leftover cake where Dorothy was sitting previously.

Gillian: "Whose is that?" (pointing at the cake).

Bruce: "Dorothy's"

Gillian: "Oh, what a shame." Gillian goes on to notice other things in the room and comments about a fly on the table and repeatedly makes mention of the left over cake. I wonder if she wants to finish it? Gillian is now inquiring about the phone sitting on the table. It looks like a staff portable phone as it occasionally rings. She touches the phone a few times while asking who does it belong to. Nobody seems to know. At this point Howard starts talking to Gillian in a hostile voice.

Howard (to Gillian): "Don't touch other people's property". Howard's face is usually soft looking and smiley but he now he seems very serious and tense.

Gillian: "Alright!" (giggling)

Howard: "I mean it. It's serious". The tone of Howard's voice and the stiffness in his body indicates that his comments could be about something else, other than a phone.

Howard continues: "You don't listen, do you? You are crazy!"

Gillian (to Howard): "Don't keep on" (in a defensive quite voice).

Howard: "Don't you keep on! I told you before!"

This was not the first time I heard Howard confront Gillian during group activities. He had made numerous remarks about her smoking habit as being "disgusting" suggesting that "If

[she] didn't smoke [she] wouldn't cough" (fieldnotes). Howard's face when addressing Gillian always seemed quite stern and unusually hostile for someone who generally presented as softly spoken. Furthermore, I noticed that Howard seemed content to sit next to Graham, who also happened to be a heavy smoker, every day at the dining table. This indicated that his contentious comments towards Gillian's smoking habit had a deeper and more symbolic meaning, as did Gillian's comments about the room temperature.

Another brief exchange between Gillian and Howard could reflect the oppositional and conflictual nature of their roles in the community:

Gillian: "Oh look at the wind"

Howard (to Gillian) "Can you see the wind?" (in a questioning, stern voice).

It is possible that Gillian challenged Howard's perception and logic regarding reality thus representing one's loss of reason. Both of their needs and realities, that of symbolic verbal noticing of Gillian and Howard's physicalised boundary of belonging outside of the circle seemed equally valid and necessary for them to make sense of their lives within the Home. The conflictual nature of their dynamics spotlighted their presence within the group activities and also exposed the ongoing need to negotiate a sense of and the right to belong in the space of the Home community. However, there was no space, time or attention given within the Home to recognise their individual and mutual communication in any meaningful way leaving their expression of needs somewhat overlooked.

Introducing the Invisible Residents

Another way some of the residents negotiated their belonging was through not joining in the public, communal spaces. As I mentioned earlier, the ground floor of the Home housed 47 residents at any given time, but only about half of these people would join the communal activities provided within the Home. The other residents seemed to be the non-joiners, the

invisible ones. In the time I spent in the Home, I have only encountered these people when I knocked on the doors to have a brief chat about why I am there in case they see me around. This chat has become a prolonged conversation with a few residents who were willing to share their thoughts and opinions with me. I will share the exchange I had with Helen, a retired university professor; Joan, a retired actress; and Henry, a retired teacher. They all seemed interested in what I was doing and the idea of drama therapy, but they were all adamant that they would not join in. I was puzzled and somewhat disappointed with how assertive they seemed about their stance without having experienced it. “I don’t do group activities. I simply can’t stand it,” said Joan. She went on to explain that the tone of these activities is always “somehow patronising and insulting”. Graham’s explanation was that he was simply happier on his own. Helen spoke about not wanting to be living in the Home and that lack of motivation to come out of her room reflects this larger reality of loss. “Defiance is all I have left,” she said.

As I continued encountering the people who showed up in the communal space of the Home, I continued thinking about the people behind the closed doors. I wondered if it was sometimes difficult for these residents to stay away from everyone. Unlike many others, their doors were rarely partially open. I wondered if staying away from the communal spaces gave them some sense of autonomy with their dwelling.

Some of the staff would mention the “invisible residents” and share their personal connections with them. One of the staff, Phillip, used to get DVDs from his local library, from the world cinema section, and bring them in for Helen to watch. They created, what seemed to be, a lovely bond over time. Philip described their relationship as “mutually beneficial” as their conversations were “enriching experiences” for him. This made me wonder if remaining within the individual’s room not only gave the person a sense of control but also rendered the care given to them as more personal rather than shared among many other residents.

And What of Those Who Care?

It was obvious from the beginning that the Home staff had very little time to spare. My idea of getting to engage staff creatively in a workshop exploring the notion of power in aged care was quickly losing its feasibility. Instead, I engaged in conversations when and where the opportunity arose. One such opportunity was a “manual handling” training for staff which I was able to join. The following vignette describes the experience of this training:

The training is happening in one of the unoccupied rooms upstairs. On my arrival, I find Kerry, the physio, who is also the trainer today and two other staff members I haven't met before, Sharrin and Jade. They are all gathered around the empty bed. This is a much smaller affair than I expected, and they tell me that this is something that happens a few times a year and that staff sign up for it when they can fit it in with their shift hours. I am told that most of the trainings are attended by at least 10 staff and that this small group is a rare occasion.

Kerry starts by having a discussion about the anatomy of the spine. They go on to discuss the dangers of the spinal pressure carers can experience when bending down to reach the resident. Kerry lays on the bed at this point while she continues to explain. Jade is now in the role as a carer and about to roll Kerry over on the bed. The role play proceeds with a discussion of risks and with a few giggles in between as Kerry is moved and shifted around the bed.

At one point, the task for the carers is to move Kerry from a sitting into a standing position. The bed is now folded in two and Kerry is sitting up with her bottom sinking into the bed. She looks uncomfortable.

Me: What is it like sitting like that?

Kerry: I feel squashed in ... (pointing to the fold of the bed). It feels awful ... but this is what we need to do to get the person off the bed safely.

Once Kerry is in a sitting position on the bed, Jade proceeds to help her stand up by holding her arms. At this point, Kerry gets off the bed in order to swap the roles and demonstrate an alternative way to help a person stand up. She suggests a way of encouraging the resident to “put their hands on the walker so they have some autonomy over standing up”. She goes on to demonstrate how the carer can place their hands gently, one hand on the resident’s chest, around the heart area (Kerry refers to this as the heart chakra) and the other hand on the lower back. This concept seems unfamiliar to Sharrin and Jade and I am curious to try it out, so I offer to have a go in the role of a resident.

As I lay down on the bed I am overcome with a sensation of heaviness in my body. I am getting ready to surrender some of my moving capacity to Kerry. The bed is now steeply folded, with my bottom sinking deeply into the crease of the fold. I too feel awful in this position. Squashed and helpless, but I realise that this is the procedure and I go along with it without comment. Finally, Kerry helps me get up with a very gentle touch that seemed more like encouragement rather than holding. I comment on how containing it feels to have her hands on my chest and back like that.

Kerry: When you’re old, it feels like you’re falling into space all the time ... so the gentle touch grounds them ... brings them into their body ... connects you to them ... so they’re listening to you.

Sherrin: That’s a smart idea ... I’ve never been told that before. Jade nods in agreement. Both Jade and Sharrin make more comments about this being the first time they had ever heard of

giving gentle encouragement rather than using their body to support the person up. I am somewhat surprised at their surprise with this concept of care. I would have imagined that the person-centred care ethos of the Home would provide a more holistic outlook on care in general.

By the time we are about to finish the training, a conversation around carers' energy sparks up. Sharrin describes witnessing carers coming in to assist a resident with a rushed and urgent manner and how she personally finds that offensive and inhumane. She goes on to say: "When the person is vulnerable because they have just soiled themselves, they need someone to treat them with the utmost respect and kindness, not as a task to be checked off the list. Of course, we are always in a rush, but you can't let them (the residents) see that. You come in available for them in every way."

At the time of this training, Kerry was transitioning into another job (unrelated to aged care) and she soon left the Home. I managed to attend another training, with a larger number of staff a few months later, which was run by the new physio. The second training focused purely on the physicality of handling and health and safety rather than any psychological impact on what it might feel to be *helped up*. Having experienced the previous training, the second one seemed almost robotic in comparison. There were no pondering faces or nods of deep agreement. There was no holistic consideration of what is going on between two human beings when one is in a position of power and physical strength and the other one is being *handled*.

Hearing Sharrin describe her personal values in relation to care provision fostered my interest in finding out more about her and her work in the Home. We had a brief chat after that first training and agreed to meet up for an interview. Sharrin was doing night shifts only, so we

arranged to meet early in the morning after her shift had finished. When I arrived to meet her, I was surprised to find out that Sharrin showed up to our meeting even though she was unwell the previous night and couldn't make her shift at work. She was still unwell when we met. Our interview revealed a painful story of loss and being lost. Sharrin had a very difficult upbringing and family life. She lost her son to suicide a few years ago and fell into a deep emotional despair. Getting into aged care was part of her "path to healing". It was difficult to listen to Sharrin without being incredibly moved by her challenging experiences. I wondered how many researchers wept together with their participants in interviews. But this did not feel like an interview. It was a meeting of another human who brings the whole of themselves into this work of caring for another. And bring herself she did. She described a very warm and personal relationship with the residents she looked after. She went on to say that night-time is a time of anxiety for so many residents as the possibility of not waking up dawns on them. "So they lay there scared, and you sit with them, maybe have a cuppa with them, talk to them, cuddle them if they are distressed, you cry with them ... and then it's okay. They are settled." However, the work that goes into caring for people overnight seemed often to go unnoticed and unrecognised by the management, according to Sharrin. I wondered if this "unseen care" might be undervalued due to being somewhat difficult or inconvenient to evaluate by the families of the residents, the Home management and the aged care system.

Sharrin came across as deeply caring and someone who stands up for the residents. She described several incidents where she confronted other staff treating the residents disrespectfully. Unfortunately, her attempts of approaching the management in the past with suggestions on how to make the care "more humane and less robotic" have not had much success. Despite this, she described herself as "loyal" to the home manager and she kept encouraging other staff to voice their concerns to him. Her hope was that "staff seeing and reporting the injustice" towards the residents would eventually make the management take

notice. And, in the meantime, Sharrin kept “true to [her] own values” despite the way “things are done in here [the Home]”.

A lot of what Sherrin described about the nature of night shift I was able to experience the next time I met up with her. It was a Sunday night a couple of weeks after I interviewed Sharrin. I arrived at the Home at 10 pm where I found Sharrin and one other carer who was on her way home and in the process of handing over to Sharrin for the night. Sharrin and I remained by ourselves for the next four hours when another carer came in to join us. The following brief vignette describes my impressions of that night:

I am about to get into my car and drive home in the middle of the night. It's 2 am, and I spent the last 4 hours with Sharrin, working the night shift. I feel exhausted and emotionally full.

The Home looks quite different at night. The lights are dimmed, and everything is quiet and somewhat surreal.

There are too many feelings to put into words, but perhaps it is the silence that is the most difficult to write about. I find this night silence somewhat deep, relaxing, yet vulnerable and unsettling. Someone in the Home might not wake up in the morning. That possibility is also unspoken of and silent.

Dorothy fell off her bed and hurt herself. I witness Sharrin help her back up to bed, carrying her with her strong arms and her soothing voice. There is so much care in here right now and yet there is plenty of vulnerability and maybe no amount of care can make this quite right.

Maybe what's needed is beyond care? Maybe what's needed is love and deep witnessing.

Sharrin seems to exude both. She thinks that maybe the love she feels for the residents and how hard she tries “to do good” has something to do with the loss of her son. She cannot reach him in the same physical way but the love is still there... it's here... in the Home, with Dorothy.

Other Needs

Another person who captured my attention in these first months in the Home was Phillip, who at the time I met him was employed as a maintenance person for the Home. Phillip came across ever present in the Home as his jobs had him move around a lot. He also struck me as approachable, helpful and knowledgeable about the Home and what went on there. We had many brief chats and I managed to attempt an interview over his lunch break, which was cut short due the constant demand he was under.

Phillip was in his early sixties when he trained to become a carer, following many years working as a general handyman for the local residents, many of whom were older adults. His natural affinity with and respect for the older adults was evident from the way he presented himself within the Home and the way in which he spoke about ageing in general. After qualifying as a carer in aged care, he was confronted with prejudice during his professional placement where a director of nursing suggested that “there is simply no good reason why men should work in aged care”. Phillip, however, persisted in his career choice and ended up working at the Home, first as a personal carer and later as a maintenance person, which gave him an overall sense of the Home and the variety of needs of the residents.

Our conversation spontaneously delved into the deficits of care that seem inevitable in aged care where the “demand is always greater than the care available”. In Phillip’s words, “You can never get everything done as a carer and you can never get everything done as a maintenance person ... somebody always misses out”. However, when I questioned Phillip about what aspects of care he would improve first – the idea of time deficiency was not on the top of his list. Phillip spoke of people’s need for intimacy and how the policy on the importance of sexuality in aged care is impossible to realise. “There is virtually no private space for a husband and wife to be together in here alone ... and in case of men who would like to use the

professional services of women who specialise in working with older people ... the rule is that it is okay, but it's frowned upon in this establishment and only the registered nurse can make the booking on behalf of the person. I have worked the night shifts for over a year, and I have never seen anyone using the service here. It's not okay". Not only would a resident need to ask a staff member to book his/her very intimate service but there was a variety of other bureaucratic obstacles, such as the insurance liability of the sex worker, that would make this virtually impossible. When I asked Phillip about who benefits from the way things work around here, he said: "Nobody really benefits. You have a person, a resident who can benefit from a service and someone who can deliver this service but the system which is ultimately responsible sees no benefits because it's only a liability to them". Phillip described a variety of other initiatives that he and other carers put forward which could enrich the residents' everyday lives, but most if not all these proposals never got taken on for the same reason – "The risks of any kind of liability squash the ideas and initiatives". Phillip continued, "... the thing that I find difficult here ... we have people with PhDs ... degrees in biogenetics ... former English literature university lecturer and the lifestyle they are offered in here is Bingo. There is nothing ... there is little for the higher functioning residents because they are a smaller group, and they are just not catered for."

Part Two. Transitioning to Storyland

This part of the chapter captures the period of one week in which the study has moved from the participant observations of the Home to include a creative engagement with a small group of residents. The initial, two drama therapy workshops are described here highlighting the themes which emerged from the analysis and informed both the consequent engagement with the residents and further analysis of the data.

Accessing the Room

By the time I was about to start the drama therapy workshops with residents, I felt that I had a rich experience of the Home in its many facets. I had many conversations, shared a lunch with the residents and many morning teas, stretched my body alongside everyone else in their morning exercise classes, handled numerous walkers assisting the people around me and I even secretly entered the Home's kitchen at 2 am to snack on toast with Sharrin. I had a sense of this place, and I was ready to engage further. I was eager to meet the people I had come to know in their daily activities, in a different space of creative engagement and to see what might emerge from this encounter. The conversations with the residents about what might happen in the drama therapy group had been slowly evolving from the start, and invitations to this group were open to everyone in the lower section of the Home.

Jacinda, who provided my badge, was also there to help me organise and book the space for my first workshop. There were not many options in terms of private spaces in the Home, so I quickly settled on the "theatre room". I was initially attracted by the "theatre" in the name and hoped that it might be a fitting place to hold the drama therapy group. The room itself had no windows, and although it was big enough to host our workshops, it felt small and claustrophobic. On the other hand, it was tucked away from the main corridor, which provided slight shelter from the incessant noise. As this was a rare closed-off space in the Home, the room was used for multiple purposes, one of which was a movie theatre for the residents. At other times the room was used for staff training and meetings.

On the day of my first workshop, I showed up at the Home's reception, bright and early. I was eager to start. As soon as I walked in, I noticed that Jacinda's face was missing her usual welcoming smile. "Oh, you don't want to be here today!" she said as soon as she saw me standing there. In the time I have been in the Home, I have gotten to know Jacinda as a fairly levelheaded character without a tendency to dramatise or overly express her feelings. Today she

seemed on edge and the whole of her body seemed stiff and tense. She went on to tell me that the aged care accreditation team was arriving the next day to inspect the Home and that they have been working frantically to “tie up the loose ends”.

I recalled hearing the manager mention the upcoming accreditation in the past week or so, but nothing could have prepared me for what I encountered that morning. While still standing at the reception, I noticed that the Home was buzzing with an unusual number of extra people pacing through it. Some of them were workmen and others were staff. I soon found out that several emergency trainings had been booked for staff to “brush up on their knowledge of dementia and other aspects of care”, according to Jacinda. This meant that the theatre room which I had booked weeks ago was taken up by one of these trainings and there was no room for my workshop. For a moment I felt relieved at the prospect of having to cancel the workshop and simply come back the following week after the accreditation was all over. The idea of going to the local café instead and write up some notes there seemed much more attractive at that point. However, there were a few residents on my mind who had been curiously awaiting this creative experience following our preliminary discussions and another week seemed like a long time to wait for some of them.

Swirling in the Storm

I spent the next half an hour aimlessly wandering through the Home in the hope of finding a space that was remotely tucked away and private. In this search for a space, I went upstairs and accessed other sections of the Home and the atmosphere of fixing things up for the accreditation seemed to be everywhere. Most of the fixing up did not make any apparent sense to me. The Home interior throughout seemed quite well kept and not in need of a fresh coat of paint or any other adjustments. I wondered about the people coming in to inspect and what they would be looking for. What is it that they see and why do these issues need to be fixed? I

struggled to understand what was so valuable about the façade in this place of complex human experience and interaction.

I finally settled on the small sitting area with a couple of sofas along the corridor. This space was semi-enclosed facing the closed-off outside garden on one side and the corridor on the other. Having two solid walls on each side seemed to offer a partial containment. I soon gathered the residents whom I had previously spoken to about the change of plans, and we settled into this alternative, semi-contained space.

Drama Therapy in the Corridor

The aim for this initial gathering was to introduce drama therapy and a way of relating to a story as an imaginative, explorative and open-minded process. I chose a story that I have used many times in various groups, which helps participants to delve into their personal wishes and needs and explore and communicate these through the story's characters.

The story I chose is called *Angel Wings* and I described a brief encounter between the two characters: an Old Man and an Angel. The story's twist came when the Old Man found a pair of angel's wings hanging on a tree, and once he put them on, he experienced feelings of vigour and joy that he could not let go of. The Angel, however, wanted her wings back and when he resisted returning them, she offered to grant him a wish in exchange for her wings. The story was open-ended. The residents had an opportunity to choose the way the story concluded by exploring the possibilities and wishes that the Old Man might have considered.

In preparation for the story, I introduced some objects (different sized stones, followed by feathers) to explore and compare the weight, density, and texture between the stones and the feathers passed around. These observations were shared and further discussed in relation to how people embody these different qualities. Usually, in a drama therapy group, these embodied qualities would be explored through the movement in the space. In this group, however, there

were both mobility issues for most of the residents as well as restricted space. The following vignette captures the atmosphere in the group amid the chaotic circumstances.

There are six people in the group: Jennie, John, Howard, Bruce, Jacko and Marge. Marge takes a while to join us and soon after she gets there Bruce is called away for some kind of check-up. From the start, things are uncontained, and I feel unsafe and ungrounded. People are coming and going, passing by through the corridor. The sentences spoken in the group are interrupted, repeated and interrupted again. I start by saying a few things about drama therapy and my intentions for the group. The words describing drama therapy don't quite make the sense I'd like them to make. I'm not quite happy with how I'm coming across in this strange little recess of a space. What is this space? It's a small lounge along the corridor with sofas and chairs. I have never seen anybody sitting here before. It's not even private enough to have a visitor and here I am trying to initiate a creative, inspiring group with these precious people.

We are passing the stones and then the feathers. John is reflecting on how gentle the feather is and Jennie is reminiscing about the stones she used to have in her garden at home. I am asking the group to reflect on how these different qualities of heaviness, density, and lightness show up in our body and in our feelings. And, just as a few people start to ponder and engage, the garden door behind me suddenly opens and one of the workmen comes in from the outside patio. He needs to access something behind the sofa; therefore, we all start shuffling around this small space. As he is moving the sofas, we all just hang in until he leaves. At one point, he laughs somewhat uncomfortably. I wonder what he makes of this Home makeover? I imagine that he could be in one of those TV programs, where a team of builders and decorators have a limited time to transform a house before the people who live there come

back home to see it. This kind of TV program usually ends up with tears of joy, gratitude and hugs. This can't be that TV show. The people of this house are still very much here, and the re-decoration is not for them but for the external guests, the accreditors. It is almost as if they just happen to be living here while this whole thing is happening, trying not to get in the way. I reflect on what a funny sort of universe this is, a bit of an upside-down, inside-out world.

The workman leaves and we attempt to continue. I go on to tell a story of *The Angel and her Wings*. I am interrupted by a nurse coming to give medicine to Jack. I continue. Bruce comes back. I recap for him, so he knows where we are at, and then continue. I'm trying really hard to keep my voice above the noises, which are multiple. There are at least three different TV channels on (loud), a heavy-duty trolley with cups and plates shaking and click-clacking, the voices of carers and nurses, and workmen banging away at wall fixtures. It seems like every person in this building is making some kind of sound at this very moment while I'm trying to narrate a story, and I am finding it difficult to hear my voice. I experience a headache and feel slightly nauseous. My intention is still there, and I am trying to reach out to everyone present in this group with every word I narrate. I am trying to transport them into this space where the Angel and the Old Man meet, and for a moment, I think we might have got there. But as I finish the story, I'm faced with a collective wave of "but there's no end to this story". I enthusiastically proclaim that the ending of the story is up to us.

Howard says laughingly that the old man might have wished to marry the angel. He laughs almost uncomfortably as if he's not used to hearing the sound of his voice in a group. Howard always sits apart from everyone else in the communal activities and rarely speaks up. John adds that it's clearly a matter of the old man yearning for the vitality he felt when he had the wings on and that is his wish. Marge shakes her head in disapproval and says she does not like angels or fairies in her stories as they are for children. I somewhat clumsily attempt to

reassure Marge that angels do not normally appear in the stories I share, and I have no stories with fairies. I'm interrupted by Jennie: "One could do with knowing what's going to happen at the end. It's like us here ... we don't know what's going to happen to us". I offer silent acknowledgement to Jennie's statement with a pause.

I am facilitating an uncontained space and a story with no ending. I am implicated in this experience of chaos I cannot fix.

Drama Therapy Workshop, Take Two!

A week later, the accreditation was over. The Home had passed its quality control, the storm had abated and everything went back to the way it was. I came back to hold my second workshop; this time in the designated space as planned.

My aim for this gathering was to continue introducing drama therapy as a space for self-reflection as well as an opportunity to form a sense of togetherness within a group. I decided to introduce a story with themes of community building and resourcefulness, which also echoes themes of (mis)trust, creativity and perseverance.

The workshop was attended by Gwen, Jennie, John, Bruce and Alf. Gwen and Alf did not attend the previous week, so I took this opportunity to go over my rationale for this gathering as a collaborative creative exchange between us all. The group nodded in approval, and we went on to play a game of *Say Your Name and Favourite Food*. The game required the participants to repeat the names and favourite foods of all the group members in the circle. This provoked a lot of giggles around the circle as people's favourite foods overlapped and got mixed up. The game was energising and engaged everyone.

In the warm-up stage of the session, the participants were introduced to various spices passed around the circle as small samples without any labels. The engagement with the spices evoked memories of past cooking and meals they used to enjoy eating and sharing in their families. There was an aliveness in the group as the participants tried to guess some of the spices and the recipes they could be used in. “*Spice is everything, without it, there is no meal ... It’s a substance of taste*”, stated Jennie. The group went on to discuss what else is essential for a good meal. They spoke of personal mood, company and the love with which a meal is prepared and shared.

The story I shared with the group is called *Stone Soup* and it is a variation on the traditionally told story. In this version, the Traveller encountered a whole village struck by famine and managed to engage individuals to contribute with one pantry item each until they created a community feast that fed them all. The Traveller, carrying an empty pot and a stone in his pocket, initially had all the Villagers shut their doors to him. He walked to the end of the village where he set up a fire and proceeded to make a soup with the only item he had, a stone. The reluctant Villagers joined him out of curiosity, one by one, each bringing out the only thing they had left in their pantry. The story concluded with the Villagers gathering around with a bowl of warm soup each, laughing and content as the Traveller left unnoticed with his empty pot and a stone in his pocket. The following vignette describes the themes explored in the group, inspired by the story.

As I narrate the story, I note the stillness in the group. I move my eyes from one person to another as I speak, and each time I am met with a focused gaze. We all seem very much engaged with the Traveller and his encounter with the Villagers. There is a short pause as I finish narrating the story. The group seem to be still taking it all in when Gwen eagerly shares

her impressions: “That’s very much like the story of Jesus feeding the nation ... He broke the bread and fed everyone with a piece of bread ... everybody! He did it with faith. Does anybody else have suggestions about what this story could be?”

The reference to Jesus seems to cause some disagreement with John who had stated previously that he is an atheist. He shakes his head at Gwen’s comments, sharing that he finds the concept of “something from nothing” ... a bit “fanciful and not practical in real life”.

Jennie, who is also a devout Christian, brings a song as a reference to her take on the story: “Remember Paul Kelly’s song – ‘From Little Things Big Things Grow’? One doesn’t have to put a whole lot in if there are others who contribute ... and from that little bit, everyone gets more”.

Jennie’s comments seem to bring more reflections for John, and something seems to be shifting for him as he goes to explore the relationships in this story: “When he [the Traveller] knocked on their doors, they [the Villagers] could only see a small picture of the relationship between themselves and the man wanting something from them. And then, later on, they could see the relationship between everybody in the village ... it changed their thinking. They couldn’t work out a way to feed everyone, but he showed them how to do it and he gave them a new thought process. They suddenly understood. It took a stranger to show them how much they have to contribute. In that case ... it is a good story!”

The group go on to explore the feelings the Traveller experienced when the Villagers shut their doors to him. In John’s reflections, the Traveller was prepared for that as he must have known that he would encounter the same in the village that follows for they too must have been impacted by famine and mistrustful of strangers. At this, Gwen suddenly initiates a twist to the story: “The Traveller is not a man; it is a woman with a baby. And the baby needs

to be fed”. Gwen is holding her arms out embracing an imaginary baby from the story which makes her the Traveller. I am struck by Gwen’s embodiment of a mother while she exudes equal vulnerability and strength in this role. She recognises this holding experience from giving birth to seven children of her own and the feelings that come with needing to protect and care for a child. I am not the only one moved by this image, as the group starts reflecting on this new image of the Traveller and the vulnerability and beauty that the presence of a baby brings to the story. The rich images of families seeking refuge in Australia come to life as the group expands the narrative of the story across different life circumstances. There is much compassion and human kinship explored among the group as they move through all kinds of vulnerabilities and the human condition.

Alf, who hasn’t said much so far, is wondering if there was something magical about the stone itself and the way “it made things happen”. John proposes that it is the Traveller and the willingness of the Villagers to join him that made the transformation possible. The conversation moves into the realm of possibilities that happen when people engage in a relationship and open up to each other.

Jennie shares with us an encounter she had with a woman many years ago on a ferry trip around Sydney. She describes a spontaneous kinship evolving through sharing personal stories with this stranger. Her face is beaming as she recounts this exchange and everybody in the group seems to be listening with full attention. “We knew each other’s life stories by the time we reached the harbour and I have always remembered her. It was beautiful. And she’s still with me [pointing to her heart]. Yet I was always very shy, and I didn’t mix easily.” Jennie finishes her story, glancing gently at people around the circle. She does not seem shy right now. She seems connected and present.

As we are about to bring our gathering to a close, we go around saying our name and something we notice in the room. When it comes to Jennie, she notices that Alf has been quiet today and asks him if he might also be feeling a bit shy. Alf seems a bit startled by this direct question, but he goes on to talk about his “lack of conversational habit”. Alf tells us how he lost three members of his family within four years and that loss has made him feel even quieter and more introverted than before. He fears opening up to people only to end up “back to square one” and alone. Alf finishes with what he notices in the room: “Just that little bit of stuff in the middle [points to the spices and an empty pot in the middle of the circle]. How much talk did that create? In my mind, there was nothing much in that story, but we turned it around ... there was quite a lot in it.”

Whose Voice?

This second drama therapy workshop left me with a humble feeling full of hope for the potential of mutual connection among the group members. On my way out, as I was signing out at the reception area, I met the home manager. I took the opportunity to congratulate him on the Home passing its accreditation with approval on all accounts. The following vignette captures the exchange between us.

The manager: Oh, you heard!

Me: Yes, and I know you’ve done quite well on all the criteria.

The manager: Yes.

Me: I suppose it's hard enough to try to provide a good enough service here without having someone observing you as you do it, so I bet you're glad that's finished.

The manager: Oh yes, all the checking and observing definitely doesn't make it easier.

Jacinda and the manager have a brief chat while I'm signing out at the reception.

Jacinda (to the manager): So, this is the last inspection of this kind, am I right?

The manager: Yes, the standards we had to meet this time will be automatically passed by and the inspectors will go straight to the residents and interview them. It's called Consumer Minded Quality Control. So, if the residents are not happy, we are in trouble.

Jacinda: Well, that puts a different spin on things, doesn't it?

The manager: It sure does. But I'm not going to take it. I will make sure that whoever is whining and not happy here – I'll make sure they're out of here!

I'm standing in front of him as he says this, and I laugh out loud even though I feel like this is one of those moments when my Serbian mind is struggling to understand English-speaking humour.

The manager: I won't have the likes of Jennie ruining everything!

I stop laughing. He is serious.

The manager: What's more, I'll make it so that those professional whingers don't even get a foot in here. I'll just turn them down. The ones who keep saying how much money they pay for this place and how they get nothing back. Those ones, I feel like sitting them down and

showing them that we get fifty bucks per week to pay their accommodation, change them, clean them, clean their rooms, provide excellent food ... well ... it's damn good food!

While saying this the manager's face is somewhat transformed in a grimace that I have not observed on him before.

The manager: They want to give them a voice. Well, I won't have it! I'll make sure all those whingers are out of here!

Me: But surely they are looking to see what percentage of people would report things on various subjects ... they wouldn't judge the whole centre on just a few complaints?

The manager: That's right. They'll be looking for trends in what's been reported and investigate further. So, if the residents say the staff don't know what they're doing, they'll look into our books and check staff training, etc. But did your group go well today?

Me: Yes ... very well, thank you.

The manager: Oh, that's good. Make sure it's all booked for you, so you don't have any problems with the room again.

The manager leaves. Jacinda books my room for the next 10 weeks. I am given approval from the manager – I'm in his good books. I may stay. But for how long and with what voice?

Delving Behind the Curtains

The circumstances around the first two drama therapy workshops have significantly impacted the way I have approached the rest of the study and the analysis of the subsequent

data. The unsettled atmosphere of the Home due to the accreditation inspection and my ensuing encounter with the manager have made me delve deeper into the dominant narrative of the Home within the wider context of aged care in Australia. I struggled to make sense of the complexity which surrounded my ongoing position as a researcher in the Home. On the one hand, I was given access and support by the manager to engage the residents in a process that encouraged the creative use of personal voice and agency. And, on the other hand, I was a witness to complex power dynamics that reached far beyond the walls of the Home and that were implicated in the system of Aged Care Accreditation and Quality Control.

I analysed various documents and policies that were made available to me through the Home, as well as publicly accessible material related to aged care in Australia. One such document was the Home's staff handbook. As I stated earlier in Chapter 3, analysis in this study has often been facilitated by my embodied and creative responses to the presented data. In reading the staff handbook, I was particularly struck by the opening statement on the Introduction page and my visceral response to it. The following vignette describes the process of the analysis to highlight the embodied findings deriving from the text in the handbook.

I am attempting to make sense of the way the Home is being introduced and presented to the staff in this handbook. I start by playing with and highlighting words in the text until I have a poem representing a personified mode of the Introduction:

So, you want to know about me?

Well, I'm Gold.

Let me tell you more.

I deliver.

I give people a place to live.

And with me, They get the best.

You see, I let Them be part of Their own lives.

I'm Gold.

I offer the best and I'm proud of it.

And the people working for me,

I'm proud of Them too.

Working for me, is The Most Important Thing,

They've ever done for Themselves.

You see, I help Them be the best They can be.

So They too can reach the 'Gold Standard' that I Am.

In order to explore my interpretation of this text, I further condense what is now becoming an emerging *Handbook Persona* into a short monologue that I call Character 1:

Character 1:

I deliver.

With me, everybody gets the best.

I allow and I'm proud of it.

You need me to prosper.

I'll help you.

You can be better.

You can be just like me.

I continue this exploration by embodying Character 1. I am walking around the room and trying out the lines one by one and in random order. I'm playing with my posture, my head and arm movement. Embodying a character like this feels very unnatural at first. I feel uncomfortable taking on an expert role which, I imagine, implies being dominant and patronising of others. As I exaggerate this character, and take on a more domineering position, I start growing more uncomfortable.

I am eager to find something in the statements of this character that I can relate to. I focus on the line: *You can be better* and attempt to move from patronising to a more encouraging tone. I start exploring by expressing each line with encouragement and compassion. The lines still feel arrogant, so I change each line to give it a more nurturing meaning. This becomes Character 2.

<p>Character 1 – You are lucky to be here</p> <p>I deliver.</p> <p>With me everybody gets the best.</p> <p>I allow and I'm proud of it.</p> <p>You need me to prosper.</p> <p>I'll help you.</p> <p>You can be better.</p> <p>You can be just like me.</p>	<p>Character 2 – We can do this</p> <p>I do everything I can.</p> <p>I make sure nobody's left behind.</p> <p>I am happy to share power.</p> <p>I will do my best to help you do well.</p> <p>I'll be there for you.</p> <p>There is no limit to what you can do.</p> <p>We share a common goal.</p>
--	--

Character 2 seems far more authentic to me and aligned with who I am. As I walk in this character, my body is more relaxed and at ease. Something is familiar and echoes my therapist persona. As I walk in this character, I am open and warm, I am expansive and giving. But I am also interested to explore this character further, so I start amplifying each line in the way I say it and embody it. The Martyr quality soon starts to surface as I start feeling exhausted while embodying these exaggerated qualities of Character 2.

I am left with these two characters, the Domineering and the Martyr. If these two characters were to meet, what would they say to one another? What is the main point of their discussion? There is a deep divide between these characters, yet they occupy and interact within the same space of the Home: they are *the Home Managers* and *the Sharrins* (the night shift carer) of aged care.

Implicated researcher

The process of embodying and expanding these opposing qualities present within the Home was invaluable to the process of analysis. It also provided a metaphoric map for me to navigate my personal alliances and/or disdain in relation to these qualities. Who am I walking as within this complex terrain of the Home and the human experiences I encounter? My experience of both Characters 1 and 2 highlighted some deep values and beliefs rooted in my complex communist upbringing. I carry with me a deep sense of suspicion towards systems of power, and at the same time, I embody the yearnings for justice and equality in relation to the often-unrealistic communist rhetoric I was imbued with as a young person. My own social justice-oriented values derive from an oppressive system of the communist narrative, which oppressed the very people it claimed to liberate and protect. The paradox deriving from this upbringing provided an element of familiarity with the complex system of care I have encountered in the Home where both oppression and care often sit side by side, interlocked.

The following chapter (Chapter 6) focuses on the analysis of the drama therapy group workshops which continued over the period of three months. It examines the ways in which the drama therapy group provided an alternative space for a small group of Home residents where they explored and shared some of their own complex life narratives and relationships.

Chapter Six: Temporary Alternative Dwelling

The findings presented in the previous chapter focused on outlining the narrative of power dynamics throughout the Home and the ways in which these impacted and shaped the residents' everyday life experiences. One of the main findings in Chapter 5 presented a phenomenon named as Inside/Out Life, which described the Home as a permeable living space in which the private and public often intersected.

The current chapter follows on from this premise and seeks to explore an alternative space involving a small group of residents in a drama therapy experience. The following research question represents an overarching focus for this section of the inquiry:

- What purpose can drama therapy play in this intersected space of the Home? And what is the value in introducing drama in this space?

More specifically, this chapter explores the insights into how drama therapy might have disrupted the usual ways of relating and embodying voice and agency in participants' lives and impacted their perception of themselves and each other. To do that, the analysis focused on exploring aspects of voice and agency presented in reflections, actions and metaphors within the participants' engagement. Drama therapy core processes of change (Jones, 1996) were utilised to conceptualise the elements of voice and agency within drama therapy language and theory.

This chapter comprises an analysis of the active involvement of the resident-participants in drama therapy methods during the 13 workshops (Cycle 3 of the study), two interviews with individual participants upon finalising the workshops, and an interview with the external manager of the Home (Cycle 4 of the study).

The chapter is divided in two parts, as follows:

- Part One: An Introduction to Drama Therapy Workshops – this section introduces the themes deriving from the workshops, residents who formed the DT group, as well as so-called outside participants who also took part in DT.
- Part Two: The Story Dwellers – this section includes an analysis of the seven participants' engagement and who, over time, became core members of the group. Two of these participants also took part in an interview upon closure of the group.

The chapter is concluded with an analysis of the interview conducted with the external manager giving an overview of the aged care service including insider and outsider perspectives.

Part One. An Introduction to Drama Therapy Workshops

What Happened in Drama Therapy Workshops

Following the emergent nature of this project, the materials offered in the workshops reflected the themes captured in observations of the Home as well as themes from the ongoing engagement of the participants. The workshops were designed to encourage relationships and connection among the participants through creative engagement within a contained, safe environment. The analysis of the Home observations (see Chapter 5) highlighted the need to facilitate a creative, reflective, community-building space as part of my study. This was my ethical response to what I observed in the Home and my contribution to the quest I share with other critical ethnographers, of not just seeking to see what is but what it could be (Madison, 2005; Thomas, 1993).

Although the themes of voice and agency stood out in the ongoing analysis of the Home observations, I decided not to focus on these directly as concepts within the workshops. This decision was based on my evaluation of what is likely to generate more benefit for both the

participants as well as the study. Seen from the perspective of social justice, one can justify bringing these important issues to light directly and urgently with the participants. However, prioritising my research agenda above what this group might have needed also seemed to go against the collaborative and social justice-oriented spirit with which I approached this study (Madison, 2005). This also meant that, regardless of the creative materials offered each week, the workshops evolved in their own unique way led by the interest and engagement of the group participants. Space was given when spontaneous themes emerged which made each workshop unpredictable and co-created between everyone present. During this study cycle the research process largely reflected what would have been my therapeutic response and purpose with this group under different circumstances. This provided insights into the intersection of research and therapy practice which I will further elaborate on in the discussion (Chapter 7) of this thesis.

The following table outlines the workshops as they happened in chronological order.

Table 7: Overview of the drama therapy workshops

Workshop number	Participants	Main material/activity offered	Rationale	Themes that emerged from the group's engagement with the creative material
1	Jennie, John, Howard, Bruce, Jacko and Marge	Story of <i>The Angel and her Wings</i>	Introduce the basic elements of imaginative exploration of a story	Disappointment End-of-life uncertainty Assertiveness Chaotic living environment
2	Gwen, Jennie, John, Bruce and Alf	Story of <i>Stone Soup</i>	Explore the notion of community building and resourcefulness Themes of (mis)trust, creativity and perseverance	Compassion Vulnerability Resourcefulness Community spirit Humanity

3	Des, Irene, Gwen and John	<i>Story of How the Villagers Bought the Wisdom</i>	Explore further community building and resourcefulness	Suffering Resilience Where is the wisdom? Space to think Space to be
4	Des, Judy, Jennie, Gwen, Irene, John, Bruce and Alf	<i>Vintage postcards with images of places from around the world</i>	Explore and share personal and imaginative storytelling with a <i>focus on a place</i> introduced through vintage postcard images	Speaking one's mind Adventure Company of loved ones Othering Being exposed Right to talk/To have a voice Acceptance
The engagement of 5	John, Gwen, Jennie, Judy, Bruce and Des	<i>Vintage postcards with images of people from around the world</i>	Explore imaginative story-making with a <i>focus on a person/character</i> introduced through vintage postcard images	Adventure Surmounting the obstacles Young love Daring to explore Breaking out of one's shell
6	John, Jennie, Alf, Stephen, Des, Bruce and Judy	<i>Short text excerpts from various stories</i>	Explore <i>possible characters and stories</i> inspired by the text provided	Comradery Acceptance Moving forward Finding safety
7	Jennie, John, Gwen, Des, Bruce and Judy	<i>Six-part story-making</i>	Explore <i>imaginary characters and storylines</i> as a group	Unrequited love Loss Competition Loneliness
8	Alf, Jennie, Gwen, Stephen, Des, Bruce and John	<i>Six-part story-making</i>	Continue exploring and expanding <i>imaginary characters and storylines</i> as a group	Pushing boundaries Bearing the loss Resilience Justice
9	Norma, Stephen, Bruce, John and Des	<i>Collection of random everyday objects (such as book, shoe, picture frame, etc.)</i>	Reflect on <i>personal life</i> inspired by the objects provided. The plan for this week was changed/adapted due to: <ul style="list-style-type: none"> • Norma joining the group for the 	Life as we know it Honesty Resilience Togetherness Acceptance Listening

			<ul style="list-style-type: none"> • first time Jennie's absence due to bereavement 	
10	John, Des, Jennie, Bruce and Gwen	Story of <i>Crescent Moon Bear</i>	Explore the notion of <i>personal loss, bereavement, love and resourcefulness</i>	Love Compassion The sufferings of war Anger that comes from being hurt and broken Bravery that comes from love Creativity and persistence Patience needed to heal
11	Jennie, Des, Stephen, John, Gwen and Bruce	<i>Collection of random everyday objects</i>	Explore <i>possible characters and stories</i> inspired by the objects provided	Memories Cheekiness Young love Perseverance
12	Bruce, Jennie, Stephen and Des	<i>Writing a letter to one's younger self</i> from a perspective of oneself today	Explore <i>challenges and joys of life</i> of one's younger self as if he/she is a character in a story. Reflect on perspective, advice, care this younger self/character might need	Perspective Wisdom Regret Liberation Closure Sadness
13	John, Stephen, Bruce, Jennie and Des	<i>Art materials, including autumn leaves</i> , to create individual collage bowls/plates	Explore the <i>transition of the seasons</i> as well as the <i>ending of our DT group</i> . An opportunity to <i>reflect on time spent together</i> while engaging in the art-making process	Togetherness Sadness Shared memories Mutual respect Full heart Choice and agency

Introducing the Core Members of the DT Group

Several workshop participants have already been somewhat introduced in Chapter Five, which delves into the first two workshops that took place. The drama therapy workshops were attended by 13 residents, and the group size varied from 4 to 8 participants at any given time. The overall attendance included 6 women and 7 men and all participants could be identified as

of white Australian/European descent. All the participants were ground floor residents (lower needs section of the home), except for Norma who came in for one workshop only in Week 9. Norma had early-stage dementia and lived on the first floor but had been known to come to exercise activities downstairs where we met and where she learned about my project. Other group members were all known to me through our contact in the Home during the observation cycle of the study. Table 8 gives an overview of how many sessions each of the participants engaged in.

Part Two of this chapter presents the analysis of the engagement of the seven participants identified as the core members of the group – the Story Dwellers. The other six participants (Howard, Marge, Judy, Norma, Irene and Jacko) attended fewer workshops, which resulted in them assuming more of a witness role in the group. Their participation is mentioned in this chapter within the group context without specific individual analysis.

Table 8: Participants' drama therapy workshop attendance

WORKSHOP	DES	ALF	STEPHEN	JENNIE	JOHN	GWEN	BRUCE	MARGE	JACKO	HOWARD	IRENE	JUDY	NORMA
1				Green	Purple		Red	Grey	Grey	Grey			
2	Orange	Blue		Green	Purple	Pink	Red						
3	Orange				Purple	Pink					Grey		
4	Orange	Blue		Green	Purple	Pink	Red				Grey		
5	Orange			Green	Purple	Pink	Red					Grey	
6	Orange	Blue	Yellow	Green	Purple		Red					Grey	
7	Orange			Green	Purple	Pink	Red					Grey	
8	Orange	Blue	Yellow	Green	Purple	Pink	Red						
9	Orange		Yellow		Purple		Red						Grey
10	Orange			Green	Purple	Pink	Red						
11	Orange		Yellow	Green	Purple	Pink	Red						
12	Orange		Yellow	Green			Red						
13	Orange		Yellow	Green	Purple		Red						

Each of the core group participants had a very specific and personal engagement with the material, the rest of the group and me as a facilitator. Their participation is crafted into an individual story highlighting the themes they explored related to voice and agency.

Introducing the Outside Participants

As presented in Table 8, the analysis of the participants' creative engagement generated a variety of rich themes. Some of these themes echoed the realities described earlier in Chapter Five, specifically referring to negotiating residents' private lives within the shared public space of the Home. There were numerous occasions in which the workshop space was permeated and interrupted by the shared and public realm of the Home.

It was not unusual to have one or two different members of staff come into the room during the workshops, sometimes without knocking (even though there was a sign asking for privacy for the duration of the workshop). The staff all seemed apologetic once they came in, but remained consistently unaware of the sign on the door in the weeks to come. On a couple of occasions, the workshops were interrupted by staff taking prospective families considering a place for their relative on a tour of the Home. This brief vignette describes one of those occasions.

The door suddenly opens, and I can hear a staff member cheerfully announce as she comes in: "And this is our theatre room and our drama therapy group!" A small group of people none of us know is standing at the door. They are curiously and somewhat uncomfortably smiling at us while we stand in a pause, as if we were performing that very moment for this audience. As the door closes soon after, we glance at each other silently. I take a big breath and we continue.

Apart from people coming in for various reasons, there were other ways in which the outer realm of the Home would make itself present in the workshop space. One such example was the loud sound of the industrial washing machine situated in the laundry just above the theatre room where the workshops took place. Every time the centrifugal action came on, a thunder-like sound charged through the ceiling. The following vignette describes the first time the washing machine *participated* in our workshop.

Des is struggling to utter his words and I try to encourage him while stroking his arm gently. Suddenly, I hear a loud noise coming into the room, and I look at everyone, somewhat concerned. They all seem calm, so I also gather myself. The sound is rhythmic, pounding through the wall and becoming louder. Des is no longer trying to speak. Everyone seems calm and simply in a pause. I pause too, allowing the time and space for this deafening sound to run its course, to finish its turn.

As the noise starts to diminish slightly, I ask everyone what it is, and they point to the laundry upstairs. I share that I am somewhat shocked at how loud it is, and they tell me that it is even louder in the dining room. There's a bit of laughter in the room as we all comment on the noise. John tells me that the noise comes on occasionally during breakfast and dinner time too. He says this with a dry tone in his voice, quite matter of fact. Gwen comments that sometimes she doesn't even notice it is happening, and the others nod in agreement.

This became a regular occurrence, and in a metaphorical sense an embodied reminder of where we were located as a group. The sound was even more pertinent in the moments when it coincided with the participants sharing something sensitive about their lives in the Home. This particular *Outside Participant* came to 5 out of our 13 workshops.

Part Two. The Story Dwellers

Gwen – An Embodied Voice

First Impressions

I first met Gwen while observing the daily activities in the Home, where she appeared very quiet, often with her whole upper body bent forward as if she were asleep. It was hard to tell if she was listening to what was going on around her. On one occasion, during the morning tea, she sat close to a couple of other residents, Marge and Jennie, while we spoke about their kids. I turned to Gwen to enquire if she herself had children. Gwen lifted her head, looking somewhat surprised by my question or perhaps by my presence there. She then went on to recount her family history, including the arrival of seven children of her own. I was taken by the storytelling quality in her account and so were Marge and Jennie, who commented on how interesting they found Gwen's story. This was the only time I saw Gwen engaged in the daily activities during my time at the Home. I wondered if most other residents assumed that she might have been asleep in her chair due to her often bent down posture.

Gwen's Determination

Gwen joined our workshops in Week 2 and remained a constant and eager participant up until she started to become unwell and was later hospitalised. She shared her disappointment with us all, having missed the workshop in Week 6. At the end of the workshop in the week that followed, we were closing the gathering by saying our name and something we look forward to: "I'm Gwen and I wish to be reminded when it [the workshop] is on again ... because I forget very easily." Jennie reassured her that she will look out for her the following week. Gwen continued: "It's every Thursday ... could you remind me [addressing the rest of the group as people nodded

their heads]. You live near me [looking at individuals around the circle] ... you remind me!” It was not unlike Gwen to show determination and clarity during our time in the workshops, both as herself as well as the characters she developed.

Gwen, Vulnerability vs Resolve

Gwen had a significant role in enriching the imaginative content of our workshops. The characters she either developed using character/story-making techniques, or explored within existing stories, reflected parts of Gwen’s personality and her inner world. Each of the characters had often displayed some vulnerability, as well as determination and strength. All, apart from one of her characters, were female.

One such character featured in a story-making activity in Week 5. Gwen picked up one of the postcards offered as a way of initiating the story-making and enactment part of the workshop. The following vignette captures Gwen’s engagement with the image.

Gwen is holding up a postcard displaying a colourful market bazaar (see Figure 7 below), which she describes as set in a foreign land whose culture and language she is not quite familiar with. Gwen swiftly moves from introducing us to the setting to embodying the main character in the story and speaking in the first person. She does this with almost no prompts from me. She is in character as she continues to reveal the storyline to the rest of us. We are all attentively listening and watching Gwen explore her character within the fascinating market bazaar.

She tells us that she is a dressmaker and that she’s there to pick some colourful fabrics. She then pauses to make sure that we all know that she’s speaking as a character and not as Gwen. We all nod, and she continues taking us through her story.

Gwen (in character): “I’m choosing fabric to make a dress for myself”. She points to the postcard image and continues: “I’m sitting down there looking at the fabric ... and I’m thinking I like that one, but I like that one too ... which one shall I pick? Now I have to choose which one I want, and I end up choosing that one ... it’s a white one ... there’s no contrast to it and I don’t understand it because it looked like it was very pretty while it was in there and now, I don’t like it anymore. Well, now I’ve got to choose something else ... so that’s why I’m sitting here ... I’m trying to find the one that I like best. I can see it but it’s right at the bottom of the big stack of fabrics.”

Me: “Okay, is there anyone who could help you?”

Gwen (in character): “I’ve got two children to seek the man [the shopkeeper] who could help me. I’m trying to talk to him, and he just ignores me.” Gwen’s tone of voice has a hint of annoyance with the market man.

Me: “Can he understand you?”

Gwen (in character): “No, I don’t understand his language ... I’m actually in Italy. So, I’m British and I don’t understand his language and he doesn’t understand me, but I yell out hoping that he will turn around and see me.”

Me: “How are you yelling out?”

Gwen (in character): “Heeelp!” she calls out to the man, raising her arms as if he were far away. There is urgency in her voice. Jennie is looking at Gwen with a sense of delight on her face. She seems thoroughly entertained with this story and Gwen’s dramatic enactment. It is beautiful to observe the space between Jennie and Gwen as this story’s narration and

embodiment develops. There is a sub-story captured in the video recording of this moment of Jennie, as the audience, witnessing Gwen's creation.

Gwen and I are now both embodying the dramatic calling out to the man with our arms in the air. "Look, he's turning around ... coming over to ask what I need." Gwen is now back to narrating the rest of the story to us.

Gwen (in character): "I say, 'I'd like that fabric, the one right at the bottom'. He nods his head and tips over the stack of fabrics and hands me the one I wanted. I got the fabric I wanted, and he went inside to serve somebody else."

Me: "So, he was there to help after all."

Gwen (as a narrator): "Yes, but I had to raise my voice so he could hear me."



Figure 7: The postcard image used by Gwen in story-making

This female character, who remained unnamed in this brief scene, echoed the resolve in her actions featured in other characters which Gwen explored. In the six-part, story-making exercise in Week 7, Gwen introduced us to another strong-willed female character whose narrative explored desire and vulnerability. Dorothy (as Gwen named her) was a widow with two children. We met Dorothy in the moment in which she saw a man on the street who looked a lot like someone from her past. Dorothy's story was prompted by a number of questions posed by me as well as other participants. Gwen had an ease about her when considering the directions and twists in her story. She went on to tell us that Dorothy's encounter with Arthur, who happened to be her long-lost love from her youth, was fraught with a complex narrative both from their past as well as present circumstances. However, Dorothy desired Arthur very clearly as portrayed here by Gwen (as Dorothy): "Ahh, I wish he was with me ... I think he is wonderful ... I remember loving him once ... maybe we can love each other again?" Gwen's brief enactment of Dorothy's desire for Arthur had vitality and authenticity which transcended the boundaries of the dramatic reality and was present for all of us to feel. There was a sense of an aching heart present in the room as we all silently rooted for Dorothy. The story ended ambiguously after Dorothy asked Arthur: "How would you feel about going out with me?" Gwen did not entertain the ending of this encounter but there was a sense that Dorothy would bring that same directness and determination to whatever was presented in the next stage of her story.

Gwen's ability to empathise with the characters she developed was also present in the way she approached the characters in existing stories I shared with the group. In Week 10, I introduced the story called the *Crescent Moon Bear*, which featured a woman whose husband finally came home after many years of fighting in the war. The husband is seen as struggling with being back and cannot connect with his wife and home environment. Desperate for her husband to be well again, the wife seeks out help from the local healer who sends her on a

treacherous journey up the mountain where she encounters the Crescent Moon Bear. Through courageous actions and patience, the woman is finally able to pluck a single hair from the Crescent Moon Bear, a necessary ingredient for the healing of her husband. However, once she is back, the healer discards the hair, to her dismay, and tells her that it is the patience, courage and compassion with which she took up her journey up the mountain that will eventually bring her husband back. The following vignette captures Gwen's interpretation and reflections on the story characters.

Gwen: "The bear was her husband really ... is that right?"

Me: "They definitely have something in common – the husband and the bear. What did you think of her [the wife] going up the mountain to face the bear?"

Gwen: "I think that she was very brave and determined ... so she really ... what can I say ... she was a brave girl and she really thought that the bear was her husband. She went up to him and said: This is my husband ... you are my husband ... and he just growled."

I come up to Gwen and we enacted the scene in which the wife encounters the bear and claims that he is her husband. Gwen chooses to play the wife and I proceed as an angry bear overpowering her with my big stature and the strength of my growl. Gwen, as the wife, is looking straight into my eyes. Her calm is disarming.

As we both transition from this scene by gently shaking our bodies, Gwen continues: "The husband is the bear, she realises, because the war has changed him, and it will take a while for all to come good again."

As a group, we elaborate further on how the husband might be feeling to not be able to give back all that love and attention.

Gwen: “She took him [the bear] home and introduced him to all her friends as her husband and they gradually understood that she believed that he was her husband and they accepted him.”

Me: “Okay, would you say that she accepted him and his woundedness and his *bear-ness* and eventually family and friends accepted that he is what he is now ... I like that so much, Gwen! We can’t always go back to who we were.” Gwen nods her head.

John: “Nobody ever goes back.” John is referring here to his personal experience of being changed by the war and other challenging life experiences. My mind goes to what Des might be feeling in relationship to who he has become as a result of his woundedness.

As elaborated further below, Gwen had an ability to reflect very deeply on imaginative material and present perspectives relevant to most people in the group.

Gwen, the Weaver of Magic

Gwen had a strong sense of presence in our group and her playful demeanour would often initiate the whole group’s engagement. Other participants would sometimes comment with surprise on the metaphoric richness hidden in stories and our activities. Gwen, on the other hand, interpreted and expanded dramatic reality quite naturally and faithfully.

She was by far the most animated and alive of all the participants in the group. She often took the character into an imaginative realm, whereas many of the other participants stayed within the here and now. Gwen’s particular contribution to the group was this ability to enter the dramatic space and then bring it back to real life and explore the meanings of it all. She created many moments which the rest of the participants could witness and participate in,

intellectually and imaginatively, but she was truly in the scene, embodied and present – as the director and the performer – and we were the audience.

Gwen's relationship with other participants throughout the workshops developed significantly. She was aware of the people around her and showed a keen interest in them. She took the opportunity to embody playful possibilities in the characters, stories, with objects and with that encouraged others to do the same. She would often say: "*And what does everyone else make out of this?*" She often witnessed others in the group and made sure to name people's contributions.

Gwen was very present; she took space, and she shared space eagerly. In the moments where touch was involved, Gwen often took the time to hold onto the person's hand and notice something about them in this sustained contact.

Gwen, Fragility vs Spirit

There was something generally more vibrant about Gwen when she engaged imaginatively, but it is important to emphasise that her body posture remained the same and she would often bend down the way she used to when I first encountered her in the communal area of the Home. Gwen's outer appearance did not transform in the DT group. She was still the same physically fragile woman who took opportunities to express parts of herself that seemed somewhat surprising to us but not to her.

Gwen demonstrated great resilience and willingness to be part of the group regardless of challenging health all the way through. She was the most unwell of all the participants yet she always participated unless she was hospitalised. Gwen came into the last workshop and had to leave early because she was about to vomit, after which she was soon hospitalised. Gwen passed away a few weeks after the last workshop finished.

Gwen has, on many occasions, offered the group a different perspective on the way things are, or could be. As such, Gwen had helped broaden participants' perceptions of themselves and each other and certainly of how they might have perceived her prior to witnessing her playful spirit.

Des – “I Can’t Talk ... I Can Talk”

Des, the Invisible

The first time Des featured in my research was in my journal notes where I kept getting his name wrong and would often put a question mark at the place of his name. During this time, Des was always very quiet, and apart from this confusion with his name, there were only a few mentions of him in my initial fieldnotes. Des had suffered a stroke prior to coming to live in the Home, which significantly impacted his speech, sight and mobility. He often seemed asleep in daily activities and did not seem to communicate much with anyone. In those early observations, he appeared to me as disconnected and disinterested in what was going on around him, which made me think that he might not have been fully aware that the DT group was forming. I was somewhat surprised when I saw him arrive at the workshop in Week 2.

Des, the Speaker of Truth

In his first workshop, in Week 2, Des initiated what has become a major theme of his participation in the DT group – voice and time, interconnected. The following vignette refers to the first time Des addressed the group.

We are saying hello to each other in the group and Des takes a moment to reach out to John. He seems unsure, holding his arms crossed over his chest. John reaches over and extends his arm to Des and introduces himself. Des repeats in a clear voice: John!

Des: “My speech ... is ... a terrible thing. I can’t ... control ... what I say.” Des speaks with a

tremor in his voice and struggles with a flow of words. However, as he says, “I can’t control what I say”. He uncrosses his arms for the first time and places them on his lap. He appears less tense, and his body language is now more open.

Me: “How does that feel Des, when you can’t control what you say?”

Des: “Terrible!” (This is said very definitively.) “I had a stroke ... and my speech ... had got ... terrible.” Des’s arms are still more relaxed and slightly moving as he continues to express himself.

I go on to demonstrate the *speaking without words* by leaning towards Irene and gently placing my hand on hers and smiling. I’m commenting as I do this and ask if others can notice my communication to Irene. John sounds out in acknowledgement while nodding his head. I’m inviting Des and everyone else to consider speech differently, demonstrating *gestured speaking* with Irene using my touch, facial expressions, witnessing and affirming.

Me: “So I didn’t use any words to say all that ... to express my care and affection towards Irene. Words are useful, but sometimes they can also be troublesome ... in my opinion (I say this with a smile).”

Des: “A lot of trouble ... words.” Des is getting out of breath between the words.

Me: “Take your time, Des ... take your time.”

Des (breathing heavily): “It’s all ... I’ve got here ... just time ... just waiting to die.” Everyone in the group, apart from Gwen who appears to be asleep, seems attentive to Des’s words right now. He attempts to speak again and starts stammering. I take a chair and bring it next to him and gently place my arm on his right shoulder.

Des: “I express myself ... not like I used to.” I thank Des for sharing this with us while holding his hand. His grasp of my hand is firm, determined, and not letting go.

Des's was an important voice in expressing the more shadowy aspects of living in aged care towards the end of one's life. His words focused directly on his personal reality and at the same time echoed the reality of all other residents in the Home. The shakiness of his voice did not take away from the content of what he was sharing, and as such his voice was clear, honest and vulnerable. This and many other moments in the DT group contrasted an upbeat and light atmosphere often encouraged by the carers in daily group activities. With his words, Des shifted the typical lightness of being in group settings and enacted agency in addressing his personal reality as he perceived it.

Des, Speech and Belonging

Des' difficulties with navigating his challenging speech in relation to his identity remained the theme throughout our time together in DT workshops. The following vignette describes a moment within the workshop where this theme took a broader meaning, further informing the research questions.

We are at the beginning of Workshop 4 and I am going through some of the points we agreed upon for this group. I remind and invite everyone to do as much or as little as they feel like at any given moment and emphasise how important it is that everyone has a choice to participate or not. A few people nod their heads as I say this.

Des: "I don't ... don't want to be here!"

This is Des's second workshop, and I'm concerned that one of the carers might have encouraged him to come even though he didn't feel like it. I ask him if he came by himself. Des is trying to speak but he's struggling to utter the first word. I cross over the circle to come by his side and hold his hand while he speaks. I encourage him to take his time.

Des: "Oh, plenty of time."

Everybody is facing Des at this point. My mind goes back to the time when I encountered Des in the communal area and struggled to remember his name. I never saw him relate to anyone and I, also, was hesitant to approach him as he seemed very fragile and disconnected. And here he is, holding my hand ever so firmly, still fragile in his body yet very present to me and everyone else.

After trying for a while to utter his words, Des says: "I ... can't speak".

I acknowledge that he has some difficulties speaking and I continue to enquire whether his comments about not wanting to be here refer to our DT group or the Home residence.

Des: "Yes ... in this place ... I don't have a home anymore. I'll die here." It takes a couple of minutes for Des to say these words. There is a silent pause in the room with everyone looking in Des's direction. I take a deep breath as I hold Des's hand. He is holding his other hand across his chest. The silence is interrupted by Alf speaking.

Alf: "I don't think personally ... Des ... not that he doesn't want to be here ... he has trouble speaking, struggles hearing, and I think the more he'd sit there, the harder he'd find it to talk. I think he'd probably be better off to leave it as he won't improve."

I take another deep breath and turn my head back to Des.

Me: "Des, do you want to be here with us?"

Des: "Yes". This time his voice is clear.

I turn back to Alf, still holding Des's hand and say: "In this group we don't all need to talk, and not all the time anyway. We can just be here and talk when we want or feel like we can".

Des: "I *can* talk!" Again, Des's voice is clear with a hint of determination.

Me: "Of course you can".

Alf silently bends his head down and says nothing further on the subject of Des's speech.

Des continued to come to every workshop until the very end and, unfortunately, Alf stopped coming soon after. This exchange prompted me to further inquire into subtle and not so subtle ways in which the DT participants identified as different as well as the wider social context of othering within ageing and disability.

Des, the Playful Trickster

Although Des's engagement in workshops often addressed his difficult feelings there were plenty of times when he expressed other sentiments. On these occasions, Des was playful and expressed his sense of humour quite readily. In Week 7, Des suddenly interrupted my facilitation by asking me "What's [my] husband like?" The moment he asked this was very much akin to an improvised comical twist in the scene in which the spotlight was suddenly on me. There was something very playful in Des's tone of voice and his facial expression was open and smiling with an awareness that he did something that others in the group found funny. I attempted to get out of this question rather quickly by naming a few things about my husband that might describe him to some extent. Des was visibly enjoying my moment of juggling this impromptu invitation to reveal something personal.

Later, in that same workshop, Des inquired about the purpose of my research: “Are you trying to find out ... whether we are fit to be in this place ... if we are nuts?” Although he asked this question with a hint of humour, the conversation explored in the group allowed others to ask further questions which they might not have addressed otherwise. We discussed the collaborative nature of my project and the fact that the data is co-created between all of us as we spoke and embodied. Des pointed to the table in the middle of the group: “Hence ... the round table. King Arthur ... he had the round table”. We entertained the image of Camelot and brave adventures in relation to our DT group and the aspects of equality and unity related to the metaphor of the round table.

Des managed to spotlight me on several occasions inviting me to reveal more of myself to the group. My intention for how I conducted this research with participants was to remain open, accessible as a person, and collaborative throughout. However, I noticed that Des’s impromptu questions and comments meant that I was called to respond to him and the group in his time and on his terms. In Week 12, while exploring participants’ significant life events and people, I asked the group to name someone who had inspired them in their lives. Des addressed me: “You inspire me.” I responded to this by saying that the feeling is reciprocal, but I recall feeling challenged in that moment and again somewhat exposed. Des was able to carve out a space in the group in which he seemed so authentically himself both with his vulnerability and a sense of agency. I often felt called by Des to deepen my own sense of authenticity, vulnerability and agency as a researcher and a person.

Des, “The Bear”

Des’s expression was often self-directed and unprompted. He would often bring his own twist to things, such as those trickster moments previously discussed. In Workshop 7, Des engaged with a story-making activity in which we used everyday objects as a way of developing a

character and a story. Des chose a small toy bear. Prompted by a variety of questions about this object, Des told us a brief story which is retold here in the first person with Des's words in inverted commas. The ellipses in the text reflect the pauses in Des's speech:

My name is ... Bear ... and I am ... "a real bear".

I am not sure ... where I used to live before

but now ... I "live in a zoo".

I "used to like climbing trees"...

but now ... I am here ... "locked up".

There are "other two bears... in here"...

we have no contact ... and I feel ... "left out".

"My name is Bear".

It is important to note that at this point (Workshop 7), the group has previously heard Des directly express difficult personal feelings related to his disability and living in the Home on three other occasions. The group have always witnessed and received Des's sharing respectfully. This often required a sense of pause and waiting on behalf of the other participants. It required patience and holding the space for Des to say what he needed/wanted to say. On this occasion, Des's brief account of the Bear created a pause which resonated with a deeper silence than before. This was not followed up with the usual reflections on life-drama connections spontaneously arising from the story. There was a sense that silence was the acknowledgement of both Bear's and Des's struggles, as well as everyone else's in the group.

In the month following the end of our workshops, I attempted to conduct an interview with all the core members of the group. Des was unwell when I came to see him. In my interview with John, he spoke about Des's condition deteriorating quite rapidly in the weeks after we closed our group: "He [Des] seems very disoriented and keeps bumping into things with his walker ... I am worried about him." Des passed away soon after. I will close this segment about

Des with a brief vignette from our last DT workshop.

We are at the start of our last DT workshop together. John and Des are saying hello to each other and shaking hands and John comments on Des's "nice strong grip". They exchange a smile.

Later on, in the closing activity, I ask everyone to share something about what this group meant to them.

Des: "I like being here". Des is having difficulty breathing and speaking. It looks like it takes a lot of effort to do both.

Me: "What do you like about being here, Des?"

Des: "The community."

Me: "Okay, the community ... and what about the stories, imaginative things we did here?"

Des: "No good asking me ..."

Me: "Why?"

Des: "Because I'm stupid."

Everyone in unison: "Nooo!"

Me: "Can you hear our disagreement with you, Des ... our reaction?"

Des: "Yes ... but I feel stupid ... because I can't talk." He says this with clarity in his voice.

John: "The way you talk is not important. It's the way you act. You're very friendly and everybody likes you here."

The rest of us nod in agreement and a few affirming, "Yes!" and "That's right", are sounded around the circle. Des's face seems serene as he looks around the circle and says nothing further.

Alf – “I’m Better Off On My Own”

Alf, the Collaborator

On my second day in the Home, I found myself sitting next to Alf in the community exercise activity. Alf was easy to talk to and engaged with enthusiasm and interest in my project. We had a couple of conversations in which we collaboratively discussed the possibilities around introducing DT in the Home as part of my research. At the time when I first met Alf, I wrote in my notes that I was not sure why Alf was living in the Home. I was aware that there are many different reasons why people lived in aged care, but there was something energetic and engaged about Alf that struck me as not of this place. There were not many people in the Home similar to Alf. He described the mix of residents in the Home as: “The ones who can walk can’t talk and the ones who can talk can’t walk”. Alf was a keen walker and was looking for someone to have “a stroll and a friendly chat with”. The themes of ability, belonging and companionship have been further expanded with Alf’s participation in the DT group.

Alf, the Quiet One

Prior to starting the DT group, Alf alluded to being not very social in a group context and worried that what he had to say, “might not be of interest to others”. This concern might have influenced Alf’s quiet presence in the first workshop he attended in Week 2. In our closing ritual the group members were asked to notice something in the room and Jennie said that she “noticed that Alf hasn’t had very much to say ... [he] seems a bit shy.” (Jennie witnessing Alf’s silence). Alf responded to Jennie addressing all of us in the circle:

“I am always that way. Always have been known to be quiet. Whether that has got something to do with a personality or what whatever ... I have always been the same ... that’s why I never take part in various talking and stuff like that and I always feel that my life is my life. I mean, we have all had our downfalls. A lot of people do not know how to

handle it. I mean, I lost three of my family within four years and I had people ringing me up to say: come down and see us and have a cup of tea ... and all that. I say, no thanks ... thank you for the offer. I say, you go down there, and you enjoy yourself but ... I say, once you walk away from it, you're back to square one."

This moment of Alf's opening up was met with a sincere recognition from the group members, with John saying that he "can understand that" and Jennie thanking Alf for his sharing. Alf's poignant contribution pointed to his struggle and ambivalence around engaging and belonging and allowing himself to feel both what he referred to as "enjoying himself" and the loneliness of coming back to "square one".

Alf, the Otherer

In Week 4, Alf was confronted with Des's speech difficulties and suggested that the group might not be suitable for him as "he [Des] won't improve". Alf's personal concerns around social expectation and acceptance seemed to have impacted how he saw and described Des in the group. He spoke of Des in the third person, which I found particularly challenging. I was facilitating space for everyone to explore their voice and agency in the moment when one of the participants was denying the value of the struggling voice of the other participant. Surprisingly, this somewhat challenging encounter seemed to have enhanced determination and clarity in Des, and on the other hand, Alf seemed to have withdrawn further.

It seems important to note that both Alf's and Des's use and/or clarity of voice have been witnessed and highlighted in this group context by other participants. Both Jennie and Gwen (on different occasions) have pointed to Alf as being "shy" and "quiet". They did this with a certain element of care, which might have helped Alf to open up and explore his personal feelings around being with and talking to people. On the other hand, Alf's comments about Des's speech struggles might have appeared less caring but have also resulted in Des's ability to assert

himself and declare “I *can* speak!” The aspect of witnessing participants’ engagement in the group resulted in allowing space for further exploration and acknowledgement of the nuanced qualities of voicing and agency as performed by the participants.

Alf, in Non-verbal Playfulness

Alf continued to attend every second workshop over the next seven weeks before he stopped coming altogether. The times Alf seemed more actively engaged was in playful interactions with other participants. He seemed particularly animated in “guess the feeling/object/action” games, which relied on embodying the action or certain states of being and less on verbal explanations. In the last session he attended, Alf embodied an action of pouring milk and cereal into a bowl for Stephen’s breakfast, a ritual he performed to assist Stephen on a daily basis. It took a while for the group to guess what this action was, with suggestions ranging from “making tea” to “drinking tequila” and a lot of laughter in the group. Alf was the centre of the group’s attention in these moments, and he did not appear to mind that role.

Alf, Being Present in Absence

The themes of voice, participation and belonging characterised Alf’s time in the group as well as his absence. In the weeks after he stopped coming, Alf was mentioned on three occasions by different group members. It seemed that his presence in the 4 workshops he attended created a sense of connection and curiosity about him within the group. So much so that his absence was making him still somewhat present in the group. In Week 11, John initiated a conversation about Alf not coming back and suggested that it might have been something to do with him being shy. The conversation about what it means to be shy and uncomfortable in group settings sprang up spontaneously, at which point Gwen announced: “Hmm, sometimes it’s not because

they are shy ... they just don't want to come." Gwen's determined and decisive tone, with which she often expressed both her own as well as her characters' opinions, allowed the group to consider Alf's decision beyond the constraints of his shyness or discomfort and explore the possibility of agency in his absence.

Stephen – Voicing the Pain of the Past

Stephen in the Home

Stephen had a strong presence in communal activities during the time of my observations. Firstly, I noticed how much younger he was than the other residents. He appeared to be in his mid-40s, and I was struck by how similar in age we were. He also came across as sociable and full of childlike jovial energy, which was different from how I perceived most of the other Home residents.

Even though I hadn't spoken to Stephen directly, I noticed that he always seemed busy chatting away with staff and other residents. In my reflections on my first encounter with Stephen, I could see that I had some reservations about speaking to him as I could not understand much of what he was saying. Stephen had learning difficulties and physical disabilities, which meant that his speech, although audibly strong, was not easy to comprehend. This did not seem to deter him from engaging with people, making jokes and commenting on what was going on. I was curious about Stephen, but in those early days of my project in the Home, I was apprehensive about having him in the DT group. I wasn't sure how I would handle a potentially broad spectrum of cognitive abilities among the participants. Although the group remained open to all the residents in the lower section of the Home, I never actively encouraged Stephen to join us prior to starting the workshops.

Stephen and Belonging

Six weeks into the DT group work, I passed by the communal area to say hello to people, as I did each week before setting up the workshop space. As soon as Stephen saw me that morning, he started talking to me. At first, I could not understand what he was saying, but he kept on talking. As I got closer, he said in a clear, slow voice: “Why don’t you ask me to come to your group?” My heart sank when I heard his words, my thoughts searching for a suitable answer. What could I say to avoid telling him that I was worried that the group won’t be suitable for him or vice versa; that it would take too long for me to understand his speech and I wasn’t confident enough I could do that and facilitate the group? Was my research interest in voice and agency in the Home limited to those I felt I could understand? Was having Des in the group and the attention and time needed to express himself the limit of what I could handle as a researcher/facilitator? I communicated none of these things to Stephen, and at the same time I had a feeling that this was a familiar theme in his life and that on some level he might recognise the content of my nervous internal chatter entitled – What can I do with Stephen?

Stephen, the Past Home

Stephen joined our DT group that same morning and remained a regular participant throughout. From the very start, Stephen displayed a level of urgency with which he wanted to share stories from his past with all of us. These stories were fragmented, sometimes shared suddenly and seemingly unrelated to the creative activity we were engaged with. He would share a sentence or two about the “horrible place” where he used to live before coming to the Home where a “nasty woman did not like [him]”. The following brief vignette describes Stephen embodying a confrontation with a carer in his previous residence.

Stephen is recounting a scene from his earlier life in which he's confronted with the carer whom he refers to as a "stupid woman". He says, "In this place [referring to the residence in which he lived previously] ... the woman was nasty." He goes on to say more, but his words become blurred. He places his hands over his neck to demonstrate. His speech continues to be unclear, but his action is evidently indicating that there is some hurting going on. I mirror his actions by placing my hands over my throat: "It looks like someone is being hurt, Stephen? Are you being hurt?"

Stephen: "I strangled her with my hands [continues to demonstrate with his hands over his throat] ... because she wasn't very nice to me."

Later, in the same workshop, Stephen has a chance to write a brief letter to his younger self (with my assistance) in which he says: "Dear Stephen, I am very happy here. I love the good staff in here."

Stephen expressed gratitude towards the "good staff" in the Home on many occasions and reassured the group participants that "... [he] would never hurt anyone here ... never!" When sharing about the place he used to live in, there was a contrast to how I remembered seeing Stephen in those days of communal activities where he was often smiling and making jokes. In the DT group, we were privileged to witness a very different side of Stephen which he communicated both with his words and his embodied struggle while sharing the stories. When recounting his past challenges, he seemed visibly distressed with no attempt to lighten the narrative with jokes or smiles. The group participants were able to meet these moments with dignity and allow time for Stephen to say what he needed to say without trying to interpret his narrative.

Stephen, the Endings

As we started to approach the end of our time together in the DT group, I acknowledged the impending closure of the group and facilitated reflective space for the participants. In this time, Stephen became seemingly anxious and repeatedly asked questions: “When”, “Why” and “What happens after we end?” These questions were often intertwined with various accounts of his personal losses. Stephen told us about his mother passing away when he was young and the difficult decision his sister had to make to move him into an aged care facility. Stephen also shared about a young woman who he had loved who was “now gone”. It was unclear if the young woman passed away or might have been moved to another care facility. Stephen’s painful accounts allowed the group to acknowledge the impact that their personal losses had on their lives. The shared experiences of loss and grief also enabled Stephen to connect to other participants who belonged to another generation and with significantly different lived experiences.

Stephen, the Boss.

As mentioned above, Stephen used the space in the DT group to explore and share many challenging aspects of his life. However, similar to Des, he often embodied the aspect of a trickster character. Stephen referred to himself on several occasions as someone who liked to “stir things up”. Just like those more pensive and reflective aspects of his character, this lighter and probing energy was very welcomed in the group.

The way in which these aspects of Stephen’s character would manifest in the group were often sudden and unexpected. Like Des, he would call out the research phenomena of our activities and name the fact that we have a camera and audio recorder in the room. It seemed to me that in naming these assistive research props in the space he was inviting me to stay present and authentic in my role and reasons for being there.

In the very first workshop he attended he suddenly asked me in a clear voice: “Are you the boss?” My answer to him was fairly clumsy, as I proceeded to claim a somewhat neutral non-boss stance in this group. However, in attempting to negate my *boss* status as something that I do not relate to on a personal level, I denied the position of power and privilege I held in the group. Yet again it seemed that Stephen was able to clearly and very directly highlight a potential blind spot in my research and practitioner self. I felt both humbled and grateful to learn these lessons from Stephen.

As we came to the end of our last workshop, Stephen reflected on what he liked about the DT group and our time together.

Stephen: “I like it here because of friendship ... Des is next to me ... (referring to the fact that Des and Stephen lived next door to each other for a few years without ever having a conversation before attending the DT group) ... this group is the best group.”

Me: “Why is that Stephen? Why is it the best group?”

Stephen: “I don’t know.”

Me: “Is it the feeling that it gives you, and if it is, what is the feeling?”

Stephen: “Because I’m in charge ... in here.”

Jennie – A Woman’s Voice

Jennie, the Quiz Master

Jennie was in her late 90s when I met her in the Home where she had been living for a few years already. Her family home was nearby, and she was well acquainted with a few other local residents living in the Home. One of them was Marge. I often observed Jennie and Marge deeply involved in a conversation. Both came across as very coherent, well read and communicative. Jennie, Marge and John were well ahead of everyone else in the weekly quiz activities, usually facilitated by one of the carers. Jennie answered questions with sharpness and

speed and with a hint of delight on her face when she got the answers right. At other times, Jennie's face was mostly serious with an air of stoicism about the way she carried herself. She used a wheelchair to move around, with her upper body appearing straight and strong.

At first, I did not think that Jennie might join our drama therapy workshops. She shared no enthusiasm and asked very few questions about it. After the first attempt at holding the workshop in the corridor of the Home, and Marge's strong disagreement with the story content of the workshop, I was worried that Jennie too would not return. However, her comment about the unfinished story in that first chaotic gathering gave me hope. She said, "One could do with knowing what's going to happen at the end. It's like us here ... we don't know what's going to happen to us". I hoped that Jennie's poignant statement related to challenging existential reality also signified her inner curiosity that will bring her along to our group where we would co-create stories and ponder their endings together.

Luckily for all of us, Jennie came along and attended most of the sessions, often taking a co-facilitator role and caringly monitoring who came and who might have been missing a workshop and why. Yet Jennie's presence in our group was often characterised with quietness, which gave space to others. Jennie listened deeply and reflected sensitively and often vulnerably. Her sharp intellect was not the predominant way in which she shared herself. Instead, she introduced us to her inner world filled with deep reflections on life, losses and dreams.

Jennie, Transcendence of Loss

Jennie experienced significant loss starting in early life, which she shared with the group at various points in workshops. Sometimes these reflections and snippets from her life were inspired by a story we worked with, and sometimes by a simple game of charades we played. In Week 7, Jennie was deeply involved in a story-making activity in which her story character

Merilyn intersected with John's character Joe, creating a sub-story of their encounter and subsequent relationship. We purposefully left these characters to simply sit with us over the week to meet them afresh in the following workshop and see what conclusion to their stories we come up with. A few days later, I was compelled to visit the Home on a day when there was no workshop to simply say hello to the residents. I went to see Jennie in her room, where I found her sitting, very quiet and solemn. The following vignette describes our encounter.

I am sitting on the edge of Jennie's bed, and she is in her armchair with her arms folded in her lap. She seems a bit sad and deeply pensive. She starts talking to me straight away. She's telling me about a man who "led a lonely life and was sometimes misunderstood". Yet, there were "many who loved him deeply and will miss him terribly". My thoughts run to John's character Joe, the pilot, who seems to fit this profile. I think that Jennie is trying to develop the storyline further and get into his inner world. She doesn't need prompts to do this, and I let her explore her thinking about Joe.

As she continues to tell me more about the "girl he met only recently and discovered love only to leave her prematurely", I notice that Jennie is visibly shaken by this story and I realise that she might be talking about someone else, a real person from her life. I am not used to having difficulty following Jennie's words. She usually communicates clearly and concisely. But today is different because Jennie, as I soon find out, has just lost her son. It seems that the surreal parallels between the imaginative and the real life I just experienced are not only my feelings. Jennie tells me that she feels like she is floating in a dream-like state of disbelief and pain. She doesn't want it to be real. She doesn't want it to be real.

Jennie missed the following workshop to attend her son's funeral. She came back the following week and although she never openly referred to her son's passing in the group, there was a sense that her loss was acknowledged and held with dignity by all the participants.

Jennie, the Housewife with Dreams

Apart from Joe, who was essentially John's character, the protagonists Jennie explored in our workshops were all female. A common theme among these characters' storylines was yearning for something more, a dream of a sort which was often constrained by the reality of life. One such character is a woman Jennie introduced to us in Week 5 in which we worked with postcards to create and share an individual story. The following vignette describes the group's encounter with Jennie's character.

Jennie is holding a postcard with an image of a busy street on the Greek island of Corfu. She is inviting us into her story by setting the scene first: "... people are walking along and there is this one lady here [pointing to the postcard] in the doorway and she's looking around. She's probably wondering what the person with the camera is doing taking her picture ... or the people walking along. She's in the habit of watching what's happening in the world ... and wondering: What are they all doing and thinking? She lives upstairs, she's local ... she's been around here all her life. She has a family and when she has a little bit of time after lunch she walks up to the front gate and just walks up and down the street ... just for a little while, to see. She's lonely I suppose ... they are all at work and she's probably lonely and just watches the busy street ... wondering."

I am delighted to be acquainted with this woman in the postcard and I thank Jennie for shining the light onto her as I have not noticed her before when I looked at the postcard. We take a moment to stay with this seemingly obscure figure in the postcard image and

acknowledge her presence in our group. She is no longer invisible to us as we ponder her daily life filled with an inner world of wonder and yearning.



Figure 8: The postcard image used by Jennie in story-making

When Jennie introduced us to her protagonist, she seemed to have a deep sense of knowing this housewife intimately. After losing her mother suddenly at the age of 5, and experiencing family separation and displacement, Jennie dedicated her adult life to marriage and raising her own family. She never travelled outside Australia as she was “too busy raising children”. She compensated for this lack of lived experience outside of her local community by reading. Jennie seemed to have projected some of the loneliness that she might have inhabited in her own life onto this character. Simultaneously, she has also brought her out from obscurity and has given shape to her inner life (the female figure is on the righthand side of the Figure 8

above, looking to her left). By the time we said goodbye to Jennie's protagonist there was a sense of hopeful curiosity in the group about what might become of her with the possibilities that lay ahead.

Annabella was another one of Jennie's characters with a close connection to her own story of yearning and loss. Jennie introduced us to Annabella through a story-making activity using objects. She picked up a child-size tap dancing shoe from a tray of objects offered for this activity. She told us about a young woman, Annabella, who was a keen ballet dancer dreaming of becoming a prima ballerina one day. Unfortunately, her dreams were "too difficult to achieve" as she was "simply not the right build" for "the level of dancing required". Annabella went about her life "buying pretty things to make her feel better" instead of dancing. As a group, we explored and embodied the aspects of "Annabella's broken dreams" and discussed how we tend to deal with loss. Jennie told us about her love of ballroom dancing and how she met her husband and danced with him for many years before he passed away. Jennie has not danced in nearly 40 years ever since she lost her husband.

Jennie, Voice vs Tolerance

During the weeks I facilitated the workshops, I had many private conversations with the group participants in order to check in and see how they were doing. The conversations with Jennie were significant as it became apparent that she struggled with balancing her feelings of tension and frustration with social interactions within the Home. She often spoke about feeling "intolerant" and how uneasy she was with that state of being. Jennie's life was centred in an era "where one [a woman] knew her place". The social norms of Jennie's time did not seem to favour a woman speaking up and pointing to unsatisfactory aspects of life. On one occasion she shared, "I've been a bit angry lately ... I struggle to tolerate certain people and one of the carers really gets on my nerves every time I see her. I don't like feeling this way." Jennie's father was "a

stern, intolerant man” and she worried that she would resemble him if she were to speak up about the things which bothered her “around here [referring to the Home]”. In workshops, she often reflected on the strict upbringing she and her siblings endured and spoke of a “horrible threat” that the “girls [her sisters and her] will be taken to a convent” for misbehaving and speaking “out of turn”.

The theme of silencing some aspects of herself was evident in Jennie’s reflections and the characters she engaged with. Both the Housewife from the Greek island and Annabella, the dancer, touched on these aspects of the secret inner life and desires hindered by life circumstances. In Week 2, in reflecting on a story we worked on, Jennie related an experience from the past of having met a woman on a ferryboat with whom she was able to “open up” and share a significant personal story. She recounted this experience holding her hand on her heart as if to point to the place from which this sharing occurred: “I was always very shy and I didn’t mix easily. Since I have been on my own, my husband died a long time ago ... I seem to have come out of my shell and come into my own”.

Other participants also alluded to being part of the generation of the “children who should be seen but not heard”. In Jennie’s (and Gwen’s) case this generational predicament of growing up intersected with their gender role in a time when adult women have often been regarded with a similar attitude of silencing.

Prior to engaging with Jennie’s experiences in DT workshops and witnessing some of her struggles with tolerance and speaking up, I have already come across this phenomenon of silencing her in my encounter with the Home manager. After the Home accreditation had been finalised (see Chapter 5, under *Whose Voice?*), he named Jennie as one of the “whingers in here [the Home]” saying: “I won’t have the types of Jennie ruining everything!” At the time of this encounter, I was unaware of the deeper significance that these words represented in Jennie’s life

story and current personal struggles. A request to tolerate challenging life circumstances without complaining was yet again the theme of Jennie's life, years after her experiences of having a "difficult childhood" and remaining a "good wife and a mother". Jenni's participation in the DT group did not significantly change these living circumstances. However, she was able to use the creative work DT offered to start untangling her narrative of in/tolerance and the challenges that come with it.

In our interview after the workshops were completed, Jennie was given an opportunity to explore an aspect of her life past and/or present using objects to create a scene with her in it (see Figure 9 below). The following vignette presents the narrative of Jenni's arts-based creation.

Jennie is tentative to begin with but soon the objects start taking their place in the scene, and the stories intertwined in her life follow. Jennie is represented by a lion figure which is later joined by a small crystal on its left side. Her spiritual life is represented by a wax angel who tells a story of her "own private angels who have been with [her] all [her] life". The cow, chook and the cat figures tell a story of Jennie's adventure into a farm life when she moved into this area many years ago. The collection of used stamps is her "relationships and connections with people [she] loves". The ball of wool speaks of Jennie's creativity and love of art and metaphor – it's colourful, intertwined and linear all at once – a bit like Jennie. The yellow flower represents the "nice people in here [the Home]" and the brown tree bud/cone is a reminder of the ones she struggles with.

Once the scene is set, Jennie starts reflecting further on the symbolism of the objects before her and the story deepens. "When I see that bright colour there [points at the yellow flower] it reminds me of happy days full of sunshine but there is always a sore spot in here [points to her

heart] ... I feel quite emotional today. I try to be bright and cheerful, but it doesn't always work. And sometimes I think I am a tiny thing like that [she puts a small crystal close to the lion]." The "tiny thing" brings up a story about her father "... a hard man. He didn't show us any affection. He had a way of speaking to us ... it made me feel inferior ... not good enough. Never ever a word of praise or recognition for my hard work at school or anything."

Jennie recounts a painful scene around her wedding and her dad's hurtful words. Yet there were no tears in any of these encounters as "... we were not allowed to cry", she says.

She goes on to tell me that some years after she suddenly lost her father, a good friend took her to an empty beach front and said, "You go and stand there and shout at the top of your voice at your dad – 'How dare you!'"

"I couldn't do it ... eventually it got a bit better but it's still with me ... the hurt ... and the fear that I could turn out to be like him."

Jennie examines the lion further and describes it as a "him" and "full of sort of strength and leadership ... not loud but forceful when needed". She tells me that she has been able to "speak up more since [her] husband died. Because he was a leader and I referred to him as a leader in the family until one day he said that he felt insecure without me, and I couldn't believe it. After he died, I felt I found some strength to stand up and lead. I used to feel intimidated by most people. In here, there are some people who make me feel like that." She points to the small crystal next to the lion. "I try to be inconspicuous ... I hold my tongue most of the time ... it's easier to hide ... as if from the limelight of some sort. So, I have the lion part protecting me ... he goes ahead first, checking if it's safe."

The last object to join this scene is the figure of a snake. It represents Jennie's feelings of intolerance which she keeps hidden inside, "ashamed of how much it reminds [her] of [her] father." The snake itself feels "rejected and unwanted" by the lion/crystal parts of Jennie, but

she struggles to find a peaceful resolution to this predicament. We leave this scene as we have left many other stories in our DT workshops, allowing for different endings, always with a hint of hopeful possibility.

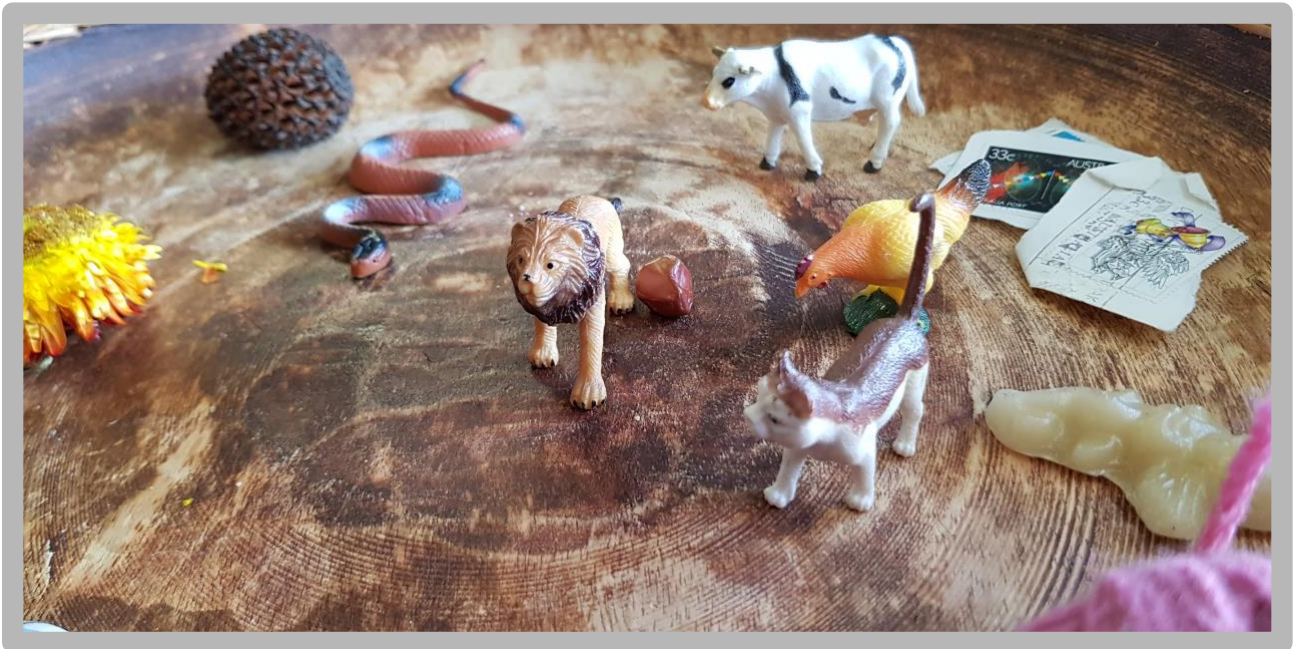


Figure 9: Jennie's scene in creative semi-structured interview

By the time the workshops came to a close it was evident that Jennie had developed significant trust in the group and me, as she continued to open up and share her inner world. In our last workshop together, this is how Jennie reflected on our group.

“I feel a closeness between us since we have been coming together. A sort of a warmth, you know? It's a sort of feeling of belonging.”

Bruce – A Quiet Voice

Bruce and Dawn

From the very first time I met Bruce, I also learned of his wife Dawn. One of the carers was talking about her in a way that gave me the impression that Dawn was a resident in the Home as well. But that was not the case. She lived in their family home nearby and came to visit Bruce almost every day I was there, which is why she was such a familiar face in the Home.

Bruce attended almost every drama therapy workshop and Dawn came knocking on the door nearly every week. Sometimes to say goodbye, sometimes to show friends and family that Bruce is “doing drama”, sometimes to remind Bruce of something happening the following day. Dawn was also present in Bruce’s reflections on life and the creative material he explored. Bruce had a quiet and gentle presence in the group and with time it seemed that it was Dawn’s continuous presence which became something that distinguished him from other participants.

On occasion Bruce reflected on a more daring and assertive side of his younger self. Bruce had suffered a stroke in the past which has impacted his walking and some cognitive abilities. I imagine that he was a somewhat different person/character prior to having a stroke and wondered how this challenging stage of his life impacted his relationship with Dawn. At the time of meeting Bruce for the first time it seemed like Dawn was his voice and his agency, fiercely overlooking the care he was getting away from their family home.

Bruce’s compliant nature and Dawn’s ever assertive presence in the Home made me think of the family members and carers who sometimes tend to compensate for their older loved ones by being protective and preempting their needs. Even though Bruce remained the quietest of the voices in our group, he was very present in his ability to see and acknowledge others. His gentle way of being drew attention and care from other participants who often asked: “And what do you think, Bruce?” to which he would usually react with a big smile.

'I'm Bruce, and I'm Happy to be with these People'

At the very beginning of our group, in Week 2, we went around the circle saying our names and something we noticed in the room. When I asked Bruce what it is that he saw, he said: "I see beautiful people!" This statement, in many ways, encapsulated Bruce's ability to see and affirm the value of everyone throughout our time together in the group.

Bruce was very concrete in his thinking about the creative material, often producing quite linear conclusions about what might be happening in the story or with an image he chose to explore. When it came to playing games with words, meanings and embodiment, he would often find a way to bring attention to what he seemed to have valued the most: the people around him. In a word-guessing game, he started by saying that he "liked and appreciated all these people [pointing to everyone]". He then went on to say that his word is related to how he felt in our group. Other participants went on to guess the following: "comfortable", "relaxed", "friendship", "belonging". After a while, Bruce said with a smile on his face: "It's all that ... my word is 'acceptance'". The meaning of "acceptance" and the way Bruce presented it made the group explore it further in the context of relationships and happiness in life.

Bruce, the Connector

Even though Bruce was mostly quiet in our workshops, he often helped clarify what Stephen was trying to say when his speech was difficult to understand. I wondered if Bruce's experience of stroke and the challenges he encountered might have helped him attune to Stephen's speech patterns, enabling him to retrieve his missing or misunderstood words. Bruce assumed this role of a connector in the most understated way, allowing for Stephen to take his time to express himself, as well as the time for others to understand him.

There were other occasions in which Bruce expressed his willingness to reach across and be there for others. The following brief vignette describes a moment in Week 8 during the check-in part of the workshop.

We are saying hello to the person on our left and I assist between Bruce and Gwen as the distance between their seats makes it challenging for them to reach each other. As I do this, Des reaches out for Bruce's other hand. Bruce extends his arm to hold Des's hand and at this point he is holding both Gwen's and Des's hands simultaneously. His arms are stretched both ways and he smiles gently, turning his head to look at both Gwen and Des. Des's other hand is placed on his chest.

Gwen looks at Bruce and says: "You are always friendly, and you always look neat and tidy ... and I like you".

Bruce (smiling at Gwen): "Thank you, Gwen."

They hold their hands like this for a few moments longer with the rest of the group witnessing this embodied connection between them.

Bruce's presence in the group was characterised by the way he connected with others and therefore gently asserting his desire to belong. In his reflections at the end of our time together, he said: "I like this group. We are all here for the same reason ... and we look after each other".

John – An Ambivalent Sharer

John, the Dignified Presence

There were several ways in which John was noticeable to me during my initial visits to the Home. He always carried himself as if we were in the finest of establishments having gathered for a social event. There was an air of pride in the ways he held himself while sitting in

the group no matter what he was doing. John was always well-spoken, polite and very gentleman-like, echoing an era gone by in the way he engaged with me and those around him. He seemed reserved, yet warm at the same time. The most I heard John speak was during quiz games where he knew most of the answers, along with Jennie and Marge. Apart from this, John was quiet, but he was always present in the communal space during morning activities.

From the start of our drama therapy workshops, John's presence in our group was equally warm and reserved. There was something measured about him. John was extremely well-mannered and respectful, and with that it was sometimes difficult to tell if he was sharing his thoughts and feelings freely or he might have held back in consideration of other people's feelings and opinions.

John, Practical and Reserved, Yet Moved

At the beginning of our workshops, John often stayed within the realm of the here and now and offered often logical perspectives on the creative material he engaged within our group. However, upon hearing other participants' imaginative perspectives, he would often reflect them back to the group in a coherent manner, which enabled John to widen his views as well as offer witnessing and affirmation of others in the group. He did this most obviously in relation to Gwen, who in many ways, expressed opposing qualities to those of John. Gwen embodied fragility in the way she carried herself and she always seemed deeply empathically involved with the characters and story content she explored. Unlike Gwen, who gave so much of herself to her characters, John's upright posture and his distant, practical approach to creative material appeared measured and controlled. These opposing qualities became apparent in the second workshop where we explored the story of Stone Soup (the contents of the story are described in Chapter 5 under the subtitle: Drama Therapy Workshop, Take Two!). Gwen connected the symbolism of the story to the role of Jesus "showing the villagers that love and charity" are the

way to surmount their obstacles. John, however, had a strong opposing reaction portraying the Traveller as someone whose self-interest is possibly at the forefront of their actions: “He obviously knows what’s going to happen because he is carrying a big pot under his coat”. However, having witnessed Gwen’s faithful portrayal of the Traveller as a woman holding a child, John’s practical outlook of the Traveller had somewhat softened: “When he knocked on their doors, they could only see the small picture of the relationship between themselves and the man and then, later on they could see the relationship between everybody in the village. It changed their thinking. They couldn’t work out a way to feed everyone, but he showed them how to do it and he gave them a new thought process. They suddenly understood. In that case, it is a good story!”

This is one of the moments where Gwen’s values, her ability to tap into the imaginative realm and her willingness to embody the characters and situations opened up new perspectives for John.

Later, towards the end of our workshops, we worked with the story called *Crescent Moon Bear*. Again, Gwen helped bring this story to life by making symbolic connections between the characters of the bear and the soldier returning from war. Her compassionate outlook on the nature of the soldier’s inner struggle and those who loved him initiated the following reflection for John: “I have a couple of experiences, stories like that ... personal ones ... of people I knew. One was an artistic chap, captured by the Japanese and in a war camp. Being artistic, he was really impacted by this. When he came back, the family went out to greet him, but he wouldn’t have anything to do with them. They made his bedroom all nice, but he pushed everything out ... he wouldn’t have it ... slept on a mat. They had to realise the situation and that a lot of people had those unrealistic expectations of people coming back from the war. He was like that for a long time and gradually they understood the problem and he came nearly good. So, it’s similar

to the story you were telling except that they didn't climb any mountain in real life. Nobody comes back from the war exactly as they went in."

John, "I Do Not Talk About It"

John made multiple references to being a private person who "doesn't like to pry into people's personal stuff" and someone who "does not like to talk about [one]self". In the first four workshops it was evident that John had lived a very active life, culturally enhanced by extensive travel and the "company of people [he] was surrounded by". When talking about relationships he had with people in the Home, he said that sometimes it was "... hard to find a common thread because we haven't had the same life. We all had different experiences of life. So that's why we're all different ... some of us have been in certain types of company and others have not. It goes back, I think, to the lives we lived previously."

John appeared particularly careful about sharing stories about his life that would somehow highlight his privileged position and the consequent experiences he enjoyed prior to living in the Home. He stated his position: "I am not particularly interested in people's stories, and I don't think they are interested in mine" in various ways, yet he was drawn by the storytelling and story-sharing content of our workshops and attended each one of them attentively. Despite his stated reservations, John went on to share his life and continued to be moved by others sharing theirs. At the beginning of our time in the workshops, I found these statements somewhat rigid, and I became curious to understand the deeper meaning behind his paradoxical position.

In our interview after the workshops were completed, John explored aspects of his past as well as present life using objects to create a scene with him as a central figure (see Figure 10 below). The following vignette presents the narrative of John's arts-based creation.

John is going through some of his documents as I come in. He tells me that he has yet another surgical procedure on his head due tomorrow and he is putting things in place. He tells me that he had tumours removed previously by the same surgeon. He seems calm about it, but I wonder if he is putting his papers in order in case something goes wrong this time. I feel grateful that he has agreed to do this interview even though he is evidently busy. My sense of unease is heightened by the fact that a few of the group participants have been unwell recently and Gwen and Des are currently hospitalised.

John seems curious about the various objects available to work with. He places a small blue woollen ball in the middle to represent himself. He then chooses to include the people whom he engaged with in our DT group, and as he places different coloured buttons in the circle around, he reminisces about the group: "... umm! Let's see ... there are so many aspects to that group ... such different people there and the reflections they all shared. How do you get something that represents a whole lot? I have found it interesting that people spoke of things in our group that they normally wouldn't talk about. You could know someone in here [the Home] for a couple of years and talk to them but you would never expect to hear the things they have done or the kind of people they are inside until you get into a group like this where they tend to bring things out and tell you things that they would probably have never mentioned in everyday conversation. As though they are using memory that they haven't used for a long time. It was an interesting thing and the session prompted you, I think, to delve into your own life and bring out things you really have forgotten."

John's voice is soft as he continues to fill in his *creative scene* with people in his life. He brings in four animals to represent his wife and three children, each one symbolically connected to the respective animal. "... it's hard to fill in that gap in the background without bringing in the family because they play such a big part in your life and most of your life has

revolved around them.”

John’s reflections go far into the history of his family as he describes his wife’s youth in India during the British imperial occupation and her family’s tragic experience of the Japanese bombing in WW2. As we ponder these challenging historical images there is a loud PA system announcement coming in from the main hall. The sound is similar to that at the airport when a bell sounds before the announcer speaks. John’s room is tucked away from the main reception, but the sound is loud. I can’t hear what the person is saying as John continues to speak as if nothing is happening. A minute ago, I had a strange sensation of being transported into another era through John’s story only to be jolted back into this world which also seems slightly unreal. Both with themes of intrusion: colonisation and bombing in John’s story, and here, a constant reminder that this is shared space and that the outside is never too far.

I notice that John has picked out three soldier figurines and placed them in a circle on the opposite side from his family and close to some of the symbols representing the DT participants. He tells me that they represent his years spent in the war in New Guinea. John has previously mentioned war in one of the workshops in relation to soldiers he knew, but he didn’t ever share any personal experiences of war. He tells me about a young man, 19 years old, who went to war and came back after two years as a 40-year-old. “I think my personality changed a lot once ... I don’t like talking about it ... umm, about the war.” I try to reassure him that he doesn’t have to talk about it, but he goes on to say: “... I was quite young and when I came back, I was so serious. I became more selective. It has been 70 years now, but I think it has left such a deep imprint on me. I think it gave me a philosophy or something ... it has always stuck with me. I felt quite different to anyone. As I said, I do not talk about it.”

John’s brief description of his war experience gives another layer of context for his ambivalence around sharing his experiences of life and the stoic resilience which he often

embodied in our group. As someone who has a lived experience of war, I feel respect and empathy for John's resistance to talking about it. War traumas are often unspeakable. I feel a deep sense of kinship with John right now as we sit in silence and ponder these images and the richness of the stories they hold.



Figure 10: John's scene in creative semi-structured interview

John's Belonging

John was one of the most consistent members of our drama therapy group having missed only one workshop due to a doctor's appointment. He was one of the oldest members of

the group (late 90s) having survived multiple, life-threatening conditions. He appeared content with his life in the Home with a sort of resilience and determination deriving from his personal philosophy: “Life is as good as you choose it to be.”

Even though he often dismissed the importance of personal sharing, he has been an invaluable, warm listener and a witness to so many personal, sometimes intimate moments of other participants’ expressions. In the time we have spent together in our DT group, his reluctance to open up often disappeared and he would present parts of himself which the group appreciated.

In our last workshop, he reflected on our group: “Well, I think living in the situation like we are ... we don’t get an opportunity to have close group friendships ... not to suggest that [the audio here dropped off]. But it is nice to have an association and closeness with people in here ... and I think there should be more of it ... that’s all.

Jennie: “It’s a sort of feeling of belonging.”

John: “Yes ... that you don’t have without a group like this.”

Summary of the Group’s Shared Themes

The findings presented in this chapter thus far demonstrated a varied, individual engagement of each of the core participants. The group members shared their individual histories, interests, personal strengths and resources, as well as their current challenges, such as existential loneliness and loss, declining health and the shared predicament of living in the Home. The creative engagement allowed for a shared experience in which the participants reported a shift in the way they perceived each other and emphasised a sense of belonging and connection developed within the group. Thematic phrases such as: “*friendship*”, “*being in charge*” (Stephen); “*closeness between us*”, “*feeling of belonging*” (Jennie); “*we look after each*

other” (Bruce); “*you don’t have [belonging] without a group like this*” (John); “*the community*” (Des) – summarise some of the participants’ direct reflections about the group. However, participants’ expressions of personal voice, enacting agency and ongoing mutual support through creative engagement featured within the data analysis throughout the drama therapy group.

The End of the Journey – An Interview with the External Manager

The decision to interview the external manager after having spent time in the Home was made at the beginning of the project. I wanted to be able to ask specific questions related to the emergent findings from my encounters in the Home and the DT group. As it happened, the external manager, Susan (not her real name), was the first person I met related to the Home, and the last person I collected data from within an interview three months after I finished facilitating the DT group.

In the time I spent in the Home (during Cycles 2 and 3 of the study), I have only encountered Susan once, briefly, during her visit there. As she was in charge of the LifeStyle department in a number of facilities across Australia, she was often working from different sites and overseeing LifeStyle coordination remotely. When I saw her in the Home, the participants were just exiting one of our DT workshops (Week 8) and she seemed surprised at the large number of people who attended. She enthusiastically asked if it would be possible to attend one of the following workshops if she happened to be around on the same day. I explained that the group had been developing a sense of trust and intimacy over the past weeks and that they often voiced some challenges related to living in the Home. I suggested that her presence might interfere with their engagement and ability to feel at ease. After my encounter with the Home manager, the theme of silencing my own voice to preserve an amicable relationship and freedom to conduct my research became present in my research actions. Before I answered her, I was

contemplating the possible consequences of my directness with her. I was quite unsettled by her question, both with the possibility of yet another “outside participant”, as well as my responsibility to say no to her request. Susan seemed to have understood my rationale and did not pursue this request any further.

I met Susan for an interview in a brand-new facility within Melbourne, which was recently opened for residents to move in. When approaching this facility by car, I noticed a large building complex which dominated the area of a busy intersection. The facility seemed grandiose both from outside and from within. I found myself at a reception area asking for Susan and I felt like I was in a foyer of an upmarket hotel in a foreign land. I felt displaced and the large scale of everything around me emphasised the feeling of being disoriented. Susan took me to her office upstairs in a section of the facility designated for residents living with dementia. She seemed very proud of the building and pointed to numerous aesthetic features on the way to her office.

The night before my interview with Susan the ABC released a documentary, *Who Cares*, produced as part of a special investigation into the Australian aged care system. The program detailed disturbing stories of neglect (stories supported by the families of the residents), as well as aged care staff across Australia. I did not see the program prior to the interview. When I saw it a few days later, I noticed that the documentary started with images of extravagant buildings and grounds and leisurely music in the background portraying places which echoed desired holiday destinations similar to this building complex.

The ‘Abysmal’ Aged Care System

When asked about the current state of aged care, Susan shared a powerful insight deriving from decades of working within this system.

In Australia, and that's where my experience lies, we do it exceptionally poorly. Alright? Aged care people are not, in Western society, in Australia, we're not designed to live in institutions. So, when a person is coming into aged care, it's normally because they are vulnerable, they had an episode in their life that's turned into a crisis. Whatever the crisis may be ... they've lost independence in their daily lives or that they may have had an illness, or they may have had both. So, we as a society get this poor person who is exceptionally vulnerable and not well ... they may or may not have dementia or Alzheimer's and we get them, and we strip them ... just strip them. We take away their independence, we take away their families, we take away their home, we take away their pets, we take away their friends, we take away their community. And you've got this poor person that's ... that's, um, emotionally stripped bare. They're naked, they don't know where to go. And we put those into an institution.

Susan seemed somewhat distressed as she recounted her views of the residents' lives in aged care as "abysmal". She made multiple references to the regimented nature of residents' everyday life which is structured around the institutional requirements rather than the needs of the individuals. "I say to the staff, you are working in someone's home. It's not the other way around. They don't have to conform with us, but we make them."

I felt excited by the energy Susan exuded while talking about the changes she has been working hard to implement within the chain of facilities she manages. Her enthusiastic attitude of pushing the margins for a better quality of life was contagious. I could imagine her sitting in board meetings and presenting at conferences about the creative arts therapies she has already utilised in some of her facilities, which provided "... great results! And that needs to be a norm, not the exception." She advocated for residents' prolonged independence, dignity and the importance of some risk-taking in the service of their personal agency. She also added, "I'm not having, you know ... I'm not having a go at aged care. What I'm saying is that as a society we do not do enough, and it needs to change". I was struck by this statement, thinking about who is it

that *can* have a go at aged care? Whose voice is valid or strong enough to challenge what she described as substandard living conditions?

An Implicated Witness/Activist

Halfway through our interview it seemed clear that Susan passionately cares for the residents' quality of life and that she has been fiercely promoting ways in which their lives could be impacted through LifeStyle activities. However, she was also quick to direct the responsibility for what is wrong with aged care towards society and the government. When I asked if it was difficult to sustain her level of enthusiasm and energy in order to advocate and implement change, she described her position as "... very fortunate here!" Susan's LifeStyle programs, using creative arts therapies, a Montessori program for maintaining independence, as well as training staff "to be as educated as they can", have been nominated for awards such as Better Practice. She recounted her recent interactions with the accreditation agency who praised her work saying: "... you need to showcase this; you're doing this exceptionally well! So, we will go for these awards, we will put it more out in the media, and we will endeavour to do our best."

She went on to describe her place of work as a "little bubble where they let me do what is feasible for the residents". She pointed out that the chairman of her organisation was "very generous" and that they adhere to a Planetree, person-centred approach to care. "Do we get it right all the time? No, but we do endeavour to get it right ... and the food here is fantastic! I saw the food they showed in the documentary the other night and it was appalling". This comment echoed the Home manager's statement about the "great food" the residents are "fortunate" to enjoy for the small amount of money invested in it by the government. I imagined both managers sitting with me and Howard at that dining table surrounded by the unbearable noise echoing through the space while trying to identify the food we are chewing.

Susan concluded this narrative of the good fortune she enjoyed within her organisation by telling me about a friend of hers who worked as a LifeStyle manager in another big facility, which was publicly run:

He has 85 residents! Now, I don't know how he does it because you can't give a good program to that number of residents over three floors in those [working] hours. So, I asked him how he does it and he said he worked an hour and a half before he's on [his shift] and he worked an hour and a half after he's on. He's a very committed person in aged care. Um, and that's a public company. So, he has been taken advantage of, but that's what it's like out there.

Silence Between the Lines

Susan asked me to turn off the audio recorder twice during our interview. First, to discuss what was shown on the ABC documentary the night before, and the second time to relate to me what an ex-manager in aged care once said to her. She was very good at navigating what can be recorded and what was to be kept in between the written transcript lines.

The interview was stopped at another point when we were interrupted by the noise of voices coming from outside Susan's office. She had to go outside to let the staff know how much their voices echoed through the space with hard floors. On her return to the office, she mentioned that she was worried about the noise levels confusing the dementia residents living on this floor. We discussed how a carpeted corridor could help this situation, but she told me that it was not seen as practical for cleaning purposes. The architecture of this building was quite different to the Home and yet some familiar themes related to the Inside/Out Life seemed just as relevant.

The following vignette describes the images I was left with upon finishing our interview.

We have just finished the interview and I'm walking through this elegant, spacious building back to my car, still feeling as disoriented and confused as when I arrived. The images of what I have witnessed during my time in the Home, my sensory experiences of people and the space, my embodied exploration of the Home's promotional material and the staff handbook (Characters 1 and 2, the Dominant and the Martyr, described in Chapter 5) – all flashing before my eyes.

Susan's words echo in my mind, interwoven with my perceptions of the Home. The Dominant character I explored, related to the promotional material, is brought to life in Susan's accounts of her successful programs, awards and accreditation agency's general approval, as if the point of it all is to "showcase [*her*] success". The image of the accreditation agency's visit to the Home earlier this year and the unsettling feeling of "The King is coming", again seems very real. In my mind's eye, I can see an image of Susan and the King, holding arms, walking through the Home proudly. The image of the Martyr character is also alive, standing by the sideways embodied by some of the staff I encountered in the Home as well as Susan's friend who works 11-hour days in order to do his job.

I leave this place feeling overwhelmed with images, sensations, many different narratives and their silences.

I admired Susan's passion, and I could feel that she was a well-intentioned person, but I could also see that she was very much entangled within the system of power from which she operated while simultaneously trying to make some changes to benefit the residents. The narrative which enveloped her position prevented her from being consistently authentic in her critique of the aged care system. Instead, she pointed her criticism into the outer spheres of our

society and/or the publicly run sector of aged care, faithfully defending the grounds closer to Home. She was implicated in the paradoxical narrative of how “good they [the residents] have it here” within what she called an “abysmal” system of aged care. In her external, overseeing position, she was always a few steps removed from the reality of the lived experiences of the people she was there to serve.

The stories of success have power and visibility and they often overshadow those more subtle narratives of daily life experiences. The understated but powerful stories of loving care and dedication, unexpected friendships and support between the residents as seen in this study are difficult to put in a brochure and do not make it to the documentaries but they are real and exist somewhere in between the images of glamour and the horror of the aged care system. They are Golden.

Chapter Seven: Discussion

The purpose of this study was to examine: 1) The ways in which power is embodied and expressed within the space of the Home (research community), 2) How voice and agency are represented within the Home, and 3) How drama therapy might influence the residents' habitual modes of interrelating within the Home and their expression of voice and agency.

This research aimed to build knowledge and generate insight into how drama therapy might contribute to older people's perception of themselves and their circumstances within the context of aged care, focusing on empowerment through accessing and exercising their voice and agency.

The following questions guided the research process:

- What are the power structures within the research community (aged care), and how do they shape residents' experiences?
- What happens to residents' voice and agency at the intersection of private and public spaces within the research community? Whose voice is privileged?
- What purpose can drama therapy play in this intersected, in-between space?
- *Where is the Gold? And what is the Gold?*

The concept of *Looking for the Gold*, embedded in the title of this thesis, was an overarching symbolic quest to understand and highlight the moments in which something within the Home held value, as perceived by myself as a researcher and/or the participants (residents and staff). The notion of *value* here has a multitude of meanings related to the care provided within the Home and the individual residents' voice and agency. This quest extended to examining drama therapy and the perceived value it afforded the participants within the Home. The notion of *seeking out the gold* also had a strong reflexive purpose for me as a critical

researcher. When researching within complex and sometimes emotionally challenging communities such as the Home, there can be a tendency to be overwhelmed by what is perceived as oppressive and unjust. Early on into this research it became clear to me that maintaining a curious, open-minded perspective, which I hold as a drama therapy practitioner, would be invaluable in my ability to perceive nuance, narrated between the lines of the collected data.

Chapters 5 and 6 presented an analysis of this study's last three cycles, which employed both critical ethnography and drama therapy to generate different types of data informing the research questions. The analysis was based on the data collected through ethnographic observations and interviews within the Home (Cycle 2), practice-based interactions with a small group of residents using drama therapy (Cycle 3), and analysis of 3 interviews collected after the drama therapy group finished (Cycle 4).

The current chapter provides a summary and discussion of the findings, followed by the theoretical, methodological and drama therapy practice implications, as well as aged care recommendations deriving from this research study.

Part One. Summary of the Findings

Critical Interpretative Synthesis Findings

The initial study findings derived from completing critical interpretive synthesis (CIS) as part of the Cycle 1 of the study. The findings of the CIS of the literature demonstrated a strong connection between the values that creative arts therapists uphold and the potential for the social justice impact of their work with older adults (see Chapter 4). It also became apparent that employing a critical lens is crucial to deepening an ethical view in both practice and research with an ageing population. The starting point in this process is the practitioner/researcher's own values. According to the findings of this CIS, these are core

aspects of the therapeutic work with older people that are directly impacted by the therapist's values:

- *Consideration of the wider social context* – seeing older people within the context of the social, cultural and economic constraints that shape and influence their life experiences.
- *Reflexivity* – unpacking the therapist's own cultural, ethnic, gender, political, personal, professional biases to make choices which facilitate empowerment of older adults engaged in therapy.
- *Relationship* – consideration of the power inequality innate in the therapeutic relationship and the ways to step into a more collaborative process in therapy with older adults.
- *Representation* – consideration of the language used to describe older adults in society and the health context. Highlighting the resourcefulness and richness of older adults' experiences against the reality of their physical and cognitive needs as they age.
- *Voice* – consideration of whose voice is being privileged and prioritised when working with or reporting on work with older adults.

The insights deriving from taking a deeper look into how CATs approach working with older people directly informed the research process. I was encouraged and curious to observe the social context of the study while simultaneously examining my own personal and professional privileges in this environment. This stepping back enlightened some of my preconceived ideas about what it means to be helpful as a therapist and examine all sorts of ways that people need and receive help in this context.

The Home

Thematic analysis of data related to the Home observations (Cycle 2) generated a central theme termed *Inside/Out Life*. The expression *Inside/Out Life* highlighted the presence of the public/outside world within the residents' private dwellings, leaving them somewhat exposed. This intersected space was characterised by both public and private aspects of the Home and governed by institutional regulations rather than individual residents' needs.

As documented in Chapters 5 and 6, the Home's architecture was set up in a way that allowed a certain level of physical permeability to the residents' everyday lives. This intersected space was characterised by collective sounds and movements, including those who reside in the Home, staff, visitors, cleaning equipment, a loud PA system, simultaneous multiple televisions programmed to different channels, medicine trolleys, an upstairs industrial washing machine, and sometimes the loud, cheerful voices of the staff (such as the one leading a Bingo game presented in Chapter 5).

The findings suggest that some residents navigated their belonging within the communal spaces of the Home in various distinct ways, such as: choosing to always sit away from the circle (Howard), voicing repetitive phrases in daily activities (Gillian), excelling in a weekly quiz game (Jennie, John and Marge) or using humour and being cheerful no matter what (Stephen).

The findings also captured the residents who seemed somewhat invisible in the communal spaces due to a lack of social interaction and appearing somewhat absent or sleepy. These residents were usually physically and/or cognitively fragile and were represented in the findings describing Gwen and Des within the communal space.

A further sense of residents' personal fragility and lack of agency within the communal spaces was evident in the descriptions of the anonymous woman vomiting in the morning activity and the person seemingly choking during the Bingo game. What was characteristic and

important to highlight in this study was that, in both instances, the staff maintained a sense of normalcy and carried on as if nothing was going on while assisting the residents. The lack of pause and emotional reaction to the person's fragility was specific to these intersected communal spaces, which were designed to preference the needs of the group over the needs of an individual.

The findings also show that some residents navigated this complex space of *Inside/Out Life* by withdrawing to their rooms with very little or no social interactions. Some of these *Invisible Residents* clearly stated their position of resistance to what was offered within the physically intersected spaces of the Home. Staying within the confines of their rooms seemed to have provided some sense of agency over their living space.

The analysis of the Home observations also highlighted some touching moments of care and warm exchange between the residents and some of the staff. These are described in the findings under the section *The Unseen Care*. This thematic phrase represents a number of encounters with different carers who all displayed deep care and concern for the wellbeing of the residents. However, each of their efforts had invisibility to them, indicating the Home's lack of ability to capture and/or honour such contributions. This invisibility also signalled the lack of power the care assistants enacted within the Home structure (see Figure 11).

Overall, the findings portrayed the Home as a complex institutional setting nestled within the greater social and political structure of aged care. As such, the Home was exposed to a constant interchange of power operating on many different levels. The power itself was shapeshifting within the Home, with most power seemingly being delegated to the outer sphere of the accreditation agency and government policymakers and the least power enacted by the residents themselves. The findings captured the external manager's power as positioned somewhere on the spectrum between the Home and the accreditation agency (see Figure 11).

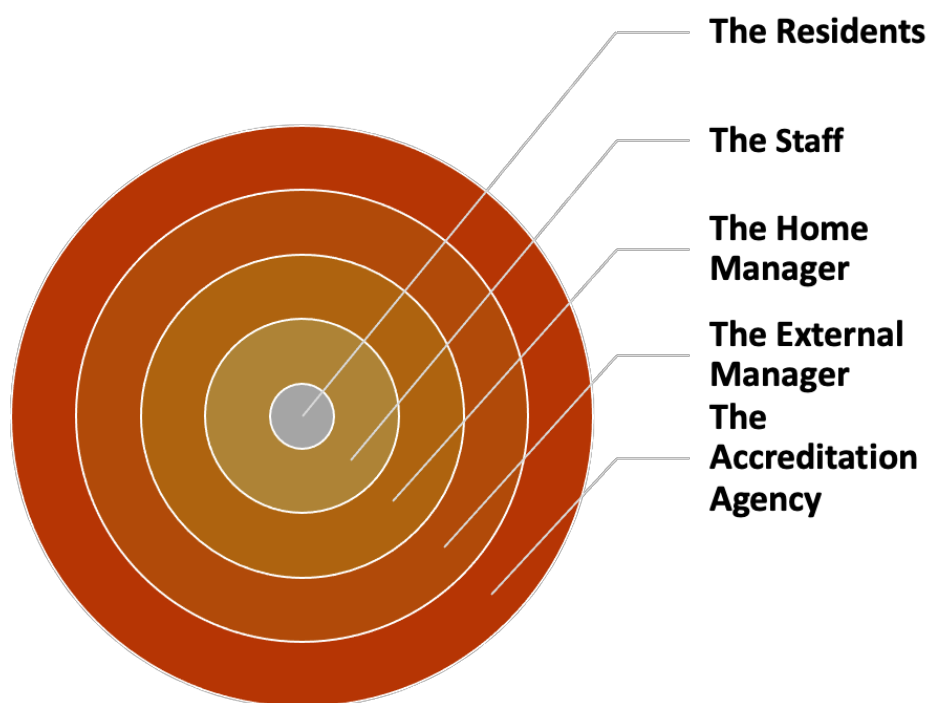


Figure 11: Representation of the power structure within the Home as captured in this study

The findings demonstrate that the voice and agency of both the residents and the staff were compromised by a multitude of rules related to the nature of institutional living and aged care service regulations. The staff who got involved in this project (through interviews and informal conversations) demonstrated a level of understanding of the residents' everyday challenges within the Home and a desire to impact their lives positively. Although there was clear evidence of close relationships between some of the staff and some of the residents, the findings also suggest a somewhat disempowered position of the staff when attempting to advocate for the needs of the residents. The findings section entitled *The King is Coming* indicates a distinct power allocated to the accreditation agency and its position to decide what happens to those who work and live in the Home.

This study captured a pivotal moment of change in the aged care regulating system in Australia. The very announcement of the impending shift in aged care accreditation favouring the feedback of the residents, seemed to have destabilised the position of the Home manager. This, in turn, caused a moment of upset in which the manager explicitly expressed his intention to exercise his deciding power on who can reside in the Home and under what conditions. The findings are limited to this rhetoric exchange and no evidence was found that the manager actioned these intentions in any way. However, this brief moment captured a sense of the Home manager's struggle to retain his position of power within the transitioning system.

Drama Therapy Group as a Temporary Alternative Dwelling

The findings presented in Chapter 6 focus on the engagement of 7 residents seen as the core participants in the drama therapy group. The study found that drama therapy offered a different space for the residents in which they willingly and actively co-created a more autonomous creative landscape characterised by the expression of their voice and agency. This space became a *Temporary Alternative Dwelling* enabling the participants to share individual histories, their interests, personal strengths and resources, as well as their current challenges, such as existential loneliness and loss, declining health and the shared predicament of living in the Home.

The participants reported a shift in the way they perceived each other and emphasised a sense of belonging and connection developed within the group. Thematic phrases such as: “*friendship*”, “*being in charge*” (Stephen); “*closeness between us*”, “*feeling of belonging*” (Jennie); “*we look after each other*” (Bruce); “*you don't have [belonging] without a group like this*” (John); “*the community*” (Des) – summarise some of the participants' direct reflections about the group. However, participants' expressions of personal voice, enacting agency and

ongoing mutual support through creative engagement featured within the data analysis throughout the drama therapy group.

Although this study did not focus on evidencing the therapeutic change within the drama therapy group, the language around the core processes (Jones, 1996) and conditions in facilitating change (Cassidy et al., 2014) were utilised to explore the ways in which drama therapy specifically contributed to the reported group experience and expression of voice and agency. The following section seeks to summarise the evidence of core processes and conditions of change as found in this study.

Core Drama Therapy Processes of Change

The interpersonal shifts that participants reported as occurring in drama therapy workshops can be understood using specific drama therapy core processes (Jones, 1996). The current study's findings were purposefully formulated as ethnographic stories to present a personal trajectory of each participant within the group experience. However, the descriptive narrative indicates participants' active engagement with the core processes of play and creativity, embodiment, dramatic projection, active witnessing, distancing and empathy and life-drama connection. As previously noted, these core processes are interrelated and often occur simultaneously (Jones, 1996).

Play and Creativity.

Play and creativity are at the foundation of drama therapy (Jones, 1996, 2007) and integral to participants' creative engagement in this study. The findings demonstrate that the sense of readiness and/or ability to play varied among the participants, with some of them (John) taking longer to shift from thinking in the here and now to a creative and playful state of being. The emphasis on choice in participation within each workshop meant that the level of

creative engagement was always up to the participant. At the same time, some of the participants in the group who more readily engaged with play and creativity (Gwen) modelled a way of being which intrigued and invited others to be more playful. This also indicated the sense of shared creative power which the participants held within a drama therapy group, with Gwen often assuming a co-facilitating role.

All the participants engaged in various games, such as guessing the feeling/state/action, playful introduction/check-in or engaging in imaginative scenarios through pretend play. The findings suggest that the participants' engagement in play was characterised by attentively listening to each other, mutual assistance and cooperation within games and often accompanied by laughter in the group.

Embodiment.

Findings suggest that embodiment was a powerful way to express, share and witness creative exploration among the participants. All participants engaged in embodiment during warm-up games and often through mirroring as a way of connecting to the action or a feeling state presented by one of the participants.

Findings suggested that Gwen's ability to faithfully embody various story characters significantly enriched the experience of the story for other participants in the group. This indicates again the co-creative aspect of the drama therapy experience where participants can engage on various levels of creativity, including that of a witness of someone's embodiment or role play.

Dramatic Projection.

Findings demonstrated that dramatic projection was another powerful drama therapy process that enabled participants to explore and share their inner material through the stories

and characters they created. This was achieved through the use of various every day or nature-related objects, used postcards, cooking spices or colourful fabrics. Dramatic projection provided an opportunity for the participants to create and explore original creative content that was deeply individual and self-directed. The findings demonstrate that most participants invested in these activities both creatively and emotionally, the result of which was some moving characters and stories, such as Des's Bear living in the zoo, Jennie's Greek Housewife yearning to venture outside, and John's Lonely Pilot character, all expressing important parts of the inner realities of their creators.

Active Witnessing.

The findings suggest that active witnessing is an ongoing and fundamental process of change in this study. Active witnessing, as outlined in the literature review, has two aspects to it, each complementing the other (Jones, 1996; Karkou & Sanderson, 2005). The first is related to a more external aspect of witnessing and being witnessed by others and the second one is an internal aspect of witnessing oneself within a creative engagement. The drama therapy workshops in a group context were characterised by participants' ongoing reflections on mutual seeing, hearing, and affirming of each other. What gave this process more significance is that participants reported this as a novel experience in the Home context and something that would not have happened "... without a group like this" (John). It is important to note that active witnessing was noted as significant in data analysis throughout the process of the workshops. The witnessing ranged from sharing creative material with each other to affirming each other's physical appearance, personal qualities, as well as participants' silence or absence.

Life-drama Connection.

This aspect of therapeutic change often becomes evident in a reflective part of the drama therapy process and leads to new personal insights. Findings show that an interactive, reflective discussion among the group participants was a significant part of their engagement. It provided space for connections between the creative explorations and real-life experiences to be voiced. Kapitan (2010) speaks of the reflective space in arts therapies in which the metaphor meets the real life as an opportunity for less visible aspects of one's life to come forth. In the space of the aged, where there is too much exposure of the personal, the residents willingly took an opportunity to share that which is invisible.

Conditions of the Temporary Alternative Dwelling

The study workshops aimed to provide an experience that echoes a drama therapy program in the context of aged care. Therefore, it is important to outline the therapeutic conditions which played a pivotal role in the *Temporary Alternative Dwelling* becoming a distinct experience for the participants within the Home.

The findings suggest that every intention was there for the workshops to be carried out in privacy and safety for the participants, gradually building a sense of familiarity with the introduction of ritual opening and closing activities. The participants were encouraged to engage with the creative material in a way that most fitted their personal interests in a given art material, individual creative capacities and energy level and personal mood at the time of the workshop. The ongoing emphasis was on creative freedom, which implied no set expectations when it came to participants' contributions and encouraged mutual respect and acceptance. This included moments of sometimes long pauses to allow for individual needs and at other times it meant that the co-created material took surprising and exciting turns for the ones witnessing.

The workshops also allowed for reflective space, as mentioned above, in which the participants were able to make connections between the creative material explored, their real-life experiences and each other.

The findings suggest that the use of drama therapy methods, which are characterised by the above-named processes of change (Jones, 1996), played an important role in enabling the conditions of the *Temporary Alternative Dwelling*. However, it is important to emphasise the meta-processes of change as postulated by Cassidy et al. (2014) as foundational to residents' experience of the group workshops. The meta-processes of change are characteristic of drama therapy practice, enabling participants' experience of change to take place. They are termed as follows: *safety, working in the here and now, working alongside clients, being actively involved, and allowing clients choice and control* (Cassidy et al., 2014). The significance of these conditions will be further discussed (in Part Two of this chapter) in the light of the findings referring to the lack of residents' agency and voice within the Home community.

Participation as an Agency

Findings demonstrated a consistent engagement with the drama therapy workshops among six out of the seven core group participants. Since the participants have not been incentivised by any means other than their weekly experience in the drama therapy group, the findings suggest that the participants' ongoing engagement with the workshops could be seen as a form of *voicing their choices*. Evidence of this was found in Gwen's determined participation and the urgency with which she asked the group members to remind her to attend on the day of the workshop, "... you live near me ... you remind me!" In this statement, Gwen exercised agency through her choice to attend the workshops while voicing her desire to be included, to belong, and to be kept in mind by her fellow participants.

Stephen exercised his right to participate by gently challenging my unspoken resistance to encourage him personally to join the group. Once he joined, he remained a constant group member until the end. Even though some of the creative instructions did not always seem to make sense to Stephen, he remained deeply present in the group, navigating his own way of communicating and expressing himself.

Another example of defiant presence in the group was evident in Des's engagement. Des's ability to speak and his place in the group was somewhat challenged by Alf early on, who suggested that "he [Des's speech] will not improve". This confrontation seemed to have encouraged Des's resolve to affirm his ability to speak and belong to the group and continue to attend until the end.

It is possible to argue that there were very few other options for the residents in the time slot provided for the drama therapy group. However, the findings suggest that the specific nature of the drama therapy workshops meant that the residents were curious to experience themselves and others in ways that were distinctly different to their everyday Home life and therefore co-created the conditions for the *Temporary Alternative Dwelling* to exist.

Part 2. Embedding the Findings Within a Wider Scope of Aged Care and Drama Therapy

The following section of the chapter aims to locate and discuss the potential significance of this study within the fields of aged care and drama therapy. The approach to this discussion takes into consideration the trajectory from *the inside out*, including my own practitioner-researcher considerations, participants' personal experiences and reflections, as well as the wider political perspectives on ageing.

Inside/Out Life – Researcher as An Intruder

The theme of Inside/Out Life derived as the main phenomenon from the second cycle of the study and became a foundational concept from which the rest of the study developed. Having explored the importance of the *therapist's values* in the previous study cycle (CIS, Chapter 4), I found myself highly alert to my own position of power upon entering the Home. The very notion of the intrusion on residents' lives that characterises the Inside/Out life was first recorded within my own feelings of visceral discomfort related to my outsider access to the Home. The freedom to access different areas of the Home was interrelated with my non-uniformed appearance putting me aesthetically in relation to the Home management team.

In a performative sense, I was embodying a role of privilege similar to those who were paid to organise and regulate the work being carried out within the Home. This privilege, although at times quite uncomfortable, significantly informed and enriched my role as an empathetic, critical, witnessing researcher. I was prompted to explore the ways in which researchers within a similar context might reconcile the inherent tension between the aims and the means of their study.

I came across researchers working within an education system and engaging children and young people from a reflexive, ethical perspective. Raysnsford (2015) prompted by the work of Fielding (2004) and Lewis and Porter (2007) developed an “ethically reflexive checklist” in order to keep vigilant and use any opportunities to engage children and young people in a collaborative and empowering way (p. 163).

She used questions that highlighted the notions of control, choice, autonomy, voice and agency available to children and young people in their encounters with her as a researcher. This was an important part of reflexive practice to ensure that potential oppressive practices within

the education system are not further perpetuated within her research activities (Raynsford, 2015).

In exploring the ethical dilemmas researchers encounter in the field, I realised that my ethical reflexive checklist is largely located within my body. My felt discomfort was brought on by feelings of empathy and my reactions to what I perceived as the residents' challenging living circumstances. My awareness of the intrusion, which I embodied by simply being in people's living spaces, enabled a sort of reflexive, ethical lens. I was able to remain aware of the power and the privilege which I embodied in my professional, free, young, plain-clothed able body. This sort of insight is necessary to undertake critical ethnographic research in a way that is expansive and remains curious.

Ruth Baahar (1996), Cuban-American anthropologist, talks passionately about researchers entering into deeply impactful relationships with their participants allowing themselves to be 'heartbroken' by what is difficult. Therefore, it could be said that my own embodied reactions to the challenging living circumstances presented a sort of radar for both what is unjust and how it might feel to be exposed and vulnerable. As a drama therapist, I am well versed in using my body to attune and connect with my participants in practice. Similarly, as a researcher, I have utilised the resourcefulness of my emphatic attunement to perceive the nuances of lived experiences which are sometimes taken for granted or difficult to explain.

Inside/Out Life – Home and Belonging

In recent decades, the field of environmental gerontology emerged in response to the undeniable significance of the relationship between the individual and their environment (Rowles & Bernard, 2012). The notion of home, belonging and identity, as we grow older, become further intertwined and take on a significant meaning in one's sense of happiness and

wellbeing (Kendig, 2003; Phillipson, 2004; Scheidt & Windley, 2006; Schwarz & Scheidt, 2012; Wahl & Weisman, 2003). Ideas about what home represents in the lives of older adults have been integral to the field of environmental gerontology. I will attempt to contextualise the concept of *Inside/Out Life* in relation to residents' sense of belonging in the Home and their ability to claim the Home as their own.

Home as a Place of Transition

One of the striking images deriving from the early days of observations in this study was the undeniable sense of the Home being a place of transition and permeability, a sort of waiting room. This image was further established through my encounters with Jean, who often sat by the entrance/exit door with her handbag in her lap as if in expectation of a departure of some kind, even though she rarely ventured outside the Home. Later, within the drama therapy workshops, Des would often refer to his life in the Home as "*just waiting to die*". The ongoing changeover of the framed photos at the reception area of the residents who had recently passed away was another testament to this reality. In my attempt to further explore the complexity related to the transitional aspect of the Inside/Out Life phenomenon, I turned to the concept of liminality within aged care.

The concept of temporal-spatial liminality was first explored by the French ethnographer Arnold van Gennep (mentioned in Leibing et al., 2015) in relation to rituals enabling or signifying one's transition in status. Van Gennep defined this process of transition as having three stages: 1) separation (from one's past identity and status), 2) the period of liminality (not as one used to be and not yet as one shall be), and 3) integrating into the new self/status. Van Gennep's concept of liminality was further elaborated within social sciences by Viktor Turner (1969, 1977). Turner emphasised a sense of uncertainty and ambiguousness that characterised the state of liminality. He described the individuals' status of liminality as "betwixt and

between” (1969) and often related liminality with “a social invisibility and a lack of classification” (Leibing et al., 2015). Another definition of liminality, as used in the study of anthropology, echoes the findings of this study stating the following: “the transitional period or phase of a rite of passage, during which the participant lacks social status or rank, remains anonymous, shows obedience and humility, and follows prescribed forms of conduct ...” (Dictionary.com).

The findings illustrate that the transition from the familiar life and sense of identity into an unknown aged care environment has been rather difficult for most residents. In my final interview with the external manager, she painted an unsettling picture from her years of experience working in aged care: “... we get them [new residents] and we strip them ... just strip them. We take away their independence, we take away their families, we take away their home, we take away their pets, we take away their friends, we take away their community. And you’ve got this poor person that’s ... that’s, um, emotionally stripped bare. They’re naked, they don’t know where to go. And we put those into an institution.” Although it was encouraging that the external manager seemed to have understood the depth of loss and trauma that older people go through when entering aged care, the findings illustrate that not enough consideration has been invested in facilitating this complexity in the everyday life of the residents.

What Makes a Home?

Some gerontology researchers (Braithwaite et al., 2007) refer to Australian and the UK-based aged care facilities as a far more “homelike environment” than those in the USA, where many facilities built in the 1960s and 1980s tend to retain their panoptic designs similar to prison building designs explored by Foucault (1977). The main characteristic of these buildings is the centrality of the care staff stations enabling easy access and the view of the residents’ rooms (Braithwaite et al., 2007).

Although the Home was built in recent decades, the architectural design has a semi-panoptic form which gives some of the residential rooms slightly more privacy than most others. Furthermore, the findings demonstrate that the building design of the Home clearly favours the overall institutional context over individual needs for privacy and personal preference. A study by Duffy et al. (1986) showed that these debates about the impact of architectural design on residents' everyday lives have been taking place for decades. In their study, the administrative/managing staff and the architects had a clear preference for more panoptic designs and spaces which encouraged residents to congregate in groups. However, residents who were interviewed were "... less supportive of designs that fostered interaction between residents and had a stronger preference for designs that secured privacy than did either administrators or architects. This difference of preference was particularly strong with the design of lounge areas, where almost all administrators preferred configurations of chairs, so people were facing one another, while 70 per cent of residents preferred configurations where they were not" (Braithwaite et al., 2007, p. 78).

The findings of this study point to an overwhelming dominance that the built environment has over residents' everyday lives. The almost constant interference of sounds down the long corridors (trolleys, multiple TVs, PA system, washing machines, industrial kitchen) and the presence of passers-by (staff, visitors, other residents) make this space unlike any other home that most residents would have inhabited in the past.

The dominance of the institutional needs was also asserted through the regimented everyday routines in which there was very limited flexibility and choice for the residents. Braithwaite et al. (2007) state that the way care is performed within aged care is similar to that of a "disciplinary society" (p. 74). Further, to restraint (which has not been observed in my study) and visual surveillance, there are a multitude of smaller disciplinary elements directing

residents' everyday lives. These are connected to the overall running of the facility and consist of timetabled routines such as having a bath, an exercise or other activity, eating or an outing. These timetabled elements might not be as significant on their own, but when mounted together in a daily experience, they can have a strong and sometimes unbearable impact on one's life (Braithwaite et al., 2007; Leibing et al., 2015).

A study carried out in Canada by Leibing et al. (2015) inquired about the meaning of "home" with a group of older people still residing in their homes. The participants defined two distinct considerations of what makes a home: 1) one chooses to live in this place (this could include some sort of assisted living residence), 2) one is able to make "... autonomous decisions about their everyday life, including when to relate to others" (Leibing et al., 2015, p. 17). This group of respondents further elaborated that any acceptable consideration of an aged care facility should be conceived as individual residences rather than group living environments. They also emphasised the importance of facilitating "individuality" and group activities that are chosen by the residents reflecting their specific values, culture and interests (Leibing et al., 2015). A couple of the respondents in this study clearly echo some of the findings from Leibing et al.'s research, and the reality of many people living in aged care: "... My vision of autonomy is (...) to decide myself what I want to do" and "I feel at home because no one dictates anything. I do what I want, I am free! I am free! Here, I am free!" (Leibing et al., 2015, p. 18).

Other gerontology studies (for example, Somerville, 1992; Vassart, 2006) report similar "insistence on the liberty of decision" (Leibing et al., 2015, p. 15) from the perspective of lived life experience and established sense of identity and social needs. This is yet another confirmation that older people are very clear on what home and belonging feel like and what kind of home environment would be good enough to live in.

Resistance as Belonging

As previously mentioned, the Invisible Residents communicated their position of defiance to the Home environment by staying within the confines of their rooms, limiting their social interactions and physical exposure to strangers. At first glance, I found this act of withdrawal from the intersected Home environment as potentially detrimental to their sense of belonging and general wellbeing. It was in my conversations with the three participants (Helen, Henry and Joan) that I realised that withdrawal was their act of resistance and a way to assert their belonging, not within the Home, but within themselves. In my exploration of the notion of resistance, I was drawn to Allan Wade's article, "Small acts of living: everyday resistance to violence and other forms of oppression" (1997), in which he explores people's acts of resistance as a move towards personal health and dignity. Wade suggests that "... any mental or behavioural act through which a person attempts to expose, withstand, repel, stop, prevent, abstain from, strive against, impede, refuse to comply with, or oppose any form of violence or oppression (including any type of disrespect), or the conditions that make such acts possible, may be understood as a form of resistance" (1997, p. 25). Wade's analysis of resistance is deeply strength-based and highlights that people's daily life behaviours of pushing back under challenging oppressive circumstances can be seen as an expression of their innate desire to act out a sense of justice and agency in their lives. Wade's therapeutic work exemplifies identifying these behaviours with his clients, addressing the strength and health potential that could be further extended to other areas of their lives.

Findings from the current study illustrate ... When asked about why she kept to herself within the confines of her room, Helen spoke about feelings of loss, pointing out that "defiance is all [she had] left". Although Helen did not share much about her past, I wondered how much of the sense of loss she referred to would include her previous experiences as a professor of literature and the privileges that position would have afforded her in life. In *Domination and the*

Arts of Resistance, James Scott (1990) speaks of a necessary boundary that one constructs to preserve a sense of dignity and authenticity within an oppressive environment. An image of the closed door is what comes to mind when I look back at passing by the rooms of the *Invisible Residents*. Perhaps an attempt to create a physical barrier within the porous environment in which they had very limited control.

Erving Goffman's (1961) book *Asylums* is the study of how patients in a mental health institution responded to everyday challenges that often compromised their basic dignities. His work clearly demonstrates that people tend to employ creativity to negotiate disproportional relations of power in their environment. One of the examples Goffman includes is an expectation that patients would willingly participate in suggested activities relevant to their treatment plan and the institutional routines. Goffman's observations outlined various modes of avoiding, modifying, and transcending the expectations and conditions of patients' everyday institutional routines. This prompted me to further explore the ways in which the Home residents' behaviours might have communicated their own attempts to somewhat modify their lived environment. In the scene (described in the findings chapter) in which the game of Bingo took place, some residents seemed to be only physically present and yet walking away with prize snacks. I wondered if they were playing a game after all, but a different kind in which their physical presence within the space satisfied the performative aspect of the Bingo game. They showed up and walked away with a prize snack without really participating. Wade (1997) suggests that people living under various challenging circumstances tend to become versed in various methods of "playing the game" in order to get by in daily life (p. 30).

The importance of creative acts of agency through which Goffman's participants survived and modified their living environments is important to keep in mind with a view to how

creativity, when used purposefully and intentionally, can open further pathways for the residents to explore and enact their agency and voice.

Performative Aspect of Resistance and Belonging

I now take a closer look at the ways in which two of the participants, Gillian and Howard, negotiated their belonging within the Home communal space and discuss how their coping mechanisms might be seen as forms of resistance.

From a performative perspective, the behaviours detected within the Home, both in residents and staff, as well as the interference of the architectural and material elements, have held a multitude of meanings informing an overall sense of the Home environment. Some of these micro-level behavioural patterns were described in the findings under *Negotiating Belonging*, referring to Gillian and Howard. Gillian's daily insistence on commenting on the temperature of the room very quickly became a sort of a performance piece in which she shared something that was real to her. I often wondered what would have happened if, instead of repeating "It's hot in here", she screamed one day, or said something directly offensive to someone. Scott's (1985, 1990) perspective from psychiatric settings suggests that patients have an awareness that complaining about the manner of treatment or any other dissatisfactory conditions using an emotional tone will likely be characterised as evidence of pathology/disorder. Even without overly emotional expression of feelings, it seemed easier for those around Gillian to discount her behaviour as a potential mental health challenge rather than to inquire into the meaning of her repetitive statements from a wider symbolic perspective. What was it that Gillian was pointing to as hot, perhaps uncomfortable or unbearable?

Howard's resistance to joining the circle in the daily community activities could be seen as related to both the Invisible Residents' patterns of behaviour and that of Gillian. Howard was clearly visible in his separateness, asserting his very own spot in the room on a daily basis. His

act of sitting out was simple, yet powerful and symbolic, providing him with a spotlight of his own ... as if the small sofa seat was his personal stage from which he could speak or not, or simply be. In my fieldnotes and sketches, the image of Howard sitting outside the circle often appeared as if he were on an island of his own. In reference to the above-mentioned study (Duffy et al., 1986) related to aged care residents' preference to sit away or not face other fellow residents, it could be said that Howard asserted his choice despite the existing constraints of the communal space.

Voicing Resistance and Belonging

According to Scott (1985, 1990), people living under oppressive life circumstances are often threatened by retribution for their open and direct acts of defiance. This premise seems particularly relevant to Jennie's life experience of growing up with an oppressive father and being singled out by the Home manager as someone he would have preferred not use their voice. My exchanges with Jennie in private as well as within the drama therapy workshops have often touched on this tension between her feelings of discomfort and voicing it. Sharing her living environment with a number of other people, including carers, brought various feelings she identified as intolerance. Jennie's strong religious stance and her experience of living with a father who showed very little patience and love for those around him made her uncomfortable with her own feelings of intolerance. In a way, Jennie's life mission was to censor her own shadow feelings in order to get on with those around her and present the loving and tolerant side of herself. Despite Jennie's desire and ability to conceal a lot of her confronting feelings, the home manager still identified her as one of those residents who 'whinge' and whom he would prefer not to be part of the Home. The contrast of this juxtaposition was fascinating, bringing up a parallel between Jennie's father and the home manager. Say something about the aged care system benefiting from this generational need to comply...

I have looked here at various ways in which residents resisted the norms of their everyday life and negotiated their own belonging and agency within the Home. It is important to note that any forms of resistance did not alleviate the challenging circumstances which might have provoked the behaviours. Wade reminds us that no act of resistance is “... a substitute for a life of equality and respect” (1997, p. 31). However, recognising various attempts that residents employed to negotiate their personal positions are important aspects of vitality and the creative force available to them within their daily lives (Stern, 2010). This will be further elaborated on in this chapter in the section discussing the participants’ use of creativity in drama therapy workshops.

Inside/Out Life – The Power of the Accreditation Agency

I will now examine the outer sphere of the Home system and discuss the relevance of the accreditation agency as a regulating body and its impact on the overall experience of the Home and the Inside/Out Life phenomenon. I will attempt to expand the previously mentioned notion of discipline as a phenomenon that drives and controls not only the micro-decisions of care within the Home, but also the ways in which aged care is regulated from without.

In their book, *Regulating aged care: ritualism and the new pyramid*, Braithwaite et al. (2007) premise that the role of regulation in aged care had a direct impact on aged care facilities becoming more institutionalised and less home-like. There are multiple aspects to regulating aged care, and no doubt some of these are well intended with a focus on the residents’ protection and care. However, this study’s findings demonstrate an element of incongruity within the regulation process and a sense of distance from the very residents it is intended to serve. Therefore, it seems important to explore what drives the aged care regulation system to come across as an entity that somehow separates itself from the very people it is meant to serve.

As discussed in the previous section of this chapter (see Home and Belonging), Braithwaite et al. (2007) liken aged care institutions to disciplinary systems not too different to those described by Michel Foucault (1977), in which the main purpose of the institution is to control through some sort of surveillance. They go on to say that "... nursing homes not only discipline the bodies of residents to comply with institutional regimes, the majority of staff are also impoverished and disciplined people; even the administrator [the Home manager in this study] is much more lacking in freedom than other professionals thanks to a regulatory process that makes their very tenure in the position of authority quite fragile" (2007, p. 74). It could be said that this kind of external tension, applied through regulating rules and a ritualised visit such as the one witnessed in this study, creates a pressure cooker situation that leaves everyone within the facility somewhat disempowered. From this perspective, the Home manager's monologue upon the accreditation agency's visit resembled the steam being let out and the ultimate cry to retain a sense of power that was slipping away. The Home manager's solution turned quickly towards consequences for those who might endanger his position of power (i.e. those residents who "whinge"), echoing Foucault's (1977) reflections on the relationship between discipline and punishment. Braithwaite et al. point towards a "culture of distrust" created by the regulatory multi-layered system in which everybody is regulated by someone else and "... in which all are ground through the disciplinary mincer" (2007, p. 93). This system of power imbalance has enabled a vicious circle of demand and supply in which liability demands further regulation and documentation. Braithwaite et al. (2007) brand this system of perpetual regulation as "ritualism", adding the following illustration:

Getting the documentation right is the way to protect yourself. The way to persuade the disciplinary actor above you is to show her that you are a credible agent for her discipline, passing it on to those below in a way that can be documented to those above. It is the documents and the disciplinary practices that are your defence, not any imaginative or dedicated things you might

have done to improve the quality of life of residents. That is, ritualism is your defence – devoting your energies to institutionalized means rather than to a goal like reducing pain. The contrast is palpable at every layer of the regulatory apparatus, in the United States and England or Australia, in the proportion of the time people spend working on documentary defence rather than hands-on problem-solving. (2007, p. 94)

The findings demonstrate that the amount of energy spent to fix and present the environmental aspects of the Home, as well as those of the necessary paperwork involved, attest to this phenomenon of the accreditation ritual. The ritual seems far removed from the residents and the true essence of their wellbeing in the Home. This brings us back to the idea of ownership and agency that's lacking in residents' lives over the space which they inhabit. It highlights the Inside/Out Life phenomenon as not being just a physically porous and un-boundaried space, but also heavily impacted by the invisible economic and political forces controlling the embodiment and performance of power within residents' daily lives.

And What of the *Invisible Care*?

The stories of successful accreditations, organisational recognitions and program awards such as those referred to by the external manager (see end of Chapter 6) have power and visibility and they often overshadow those more subtle narratives of daily life experiences. The findings illustrate that the understated but powerful stories of loving care and dedication, unexpected friendships and support between the residents and staff are often lost or are difficult to capture within the current regulatory systems. However, the findings demonstrate that those *invisible relationships of care* are presented as far more valuable and meaningful in the residents' everyday lives than the overall investment in improving the Home façade or administrative paperwork.

It is important to note that since this study's data collection occurred, the aged care accreditation has moved towards a person/client-centred process in which the voices of the residents are meant to be taken into consideration over the facility's documented evidence. However, the application of a new regulatory process does not address the existing power dynamics which have been set in place for decades (Braithwaite et al., 2007), as demonstrated by the Home manager's monologue. Unless the actual embodiment and performance of power is addressed within individual home facilities, this new person-centred regulatory process can easily become another ritualistic practice that sounds much better on paper yet leaves much of the hidden narrative behind.

Drama Therapy as a Temporary Alternative Dwelling

In this section of the chapter, I will explore drama therapy workshops in relation to the overall findings resulting from Cycles 1 and 2. Here, I will include personal perspectives of my own and the participants' experiences and conclude by discussing findings from the outer sphere of the Home (interview with the external manager). I will use examples and language of the core processes of change to discuss how participants expressed voice, agency and power in drama therapy workshops. I will attempt to unpack the nuances and various forms in which voice, agency and power were accessed by the participants (as embodied, verbal or non-verbal, a metaphor, a reflection or an action).

Voice, Agency and Power Within the Temporary Alternative Dwelling

The findings have encapsulated many moments in which the participants shared a sense of ownership of their creative material. I suggest that these acts of intentional engagement with the creative material enhanced and enriched the participants' sense of empowerment. In this section of the chapter, I will explore drama therapy workshops as a temporary alternative

dwelling in relation to the overall findings resulting from Cycles 1 and 2 of this study. I will use examples and language of the core processes of change in drama therapy to discuss how participants expressed voice, agency and power within the workshops. I will attempt to unpack various nuanced forms in which voice, agency and power were accessed by the participants as embodied, verbal or non-verbal, through a metaphor, a reflection or an inter/action. I will attempt to contextualise these findings into a broader scope of drama therapy's potential to facilitate conditions for participant empowerment, voice and agency within aged care.

Reclaiming Power Through Play and Creativity

The findings illustrate that carers often related to the residents in the Home with an element of playfulness. However, a sense of dignity afforded to the residents in this conduct varied widely, from respectful and thoughtful (the way Sharrin guided the confused resident with dementia during the night shift) to the somewhat patronising and almost bizarre use of playfulness by the carer leading the game of Bingo. Another notable aspect of the playfulness witnessed within the Home was the often lack of meaningful, reciprocal and autonomous engagement on the part of the residents.

Play and creativity are at the core of drama therapy engagement (Jones, 1996), which calls for an element of freeing oneself of the preconceived notions of how to behave (Emunah, 1994). This can be challenging for older adults (including people of the younger generations), as being playful can be confounded with being childlike (Sandel & Johnson, 1987; Crimmens, 1998, Gersie, 1997). I was mindful of this when introducing playful activities from the start of our workshops, especially having witnessed playfulness being performed in a somewhat infantilising manner within the Home community. Therefore, within the workshops, play and creativity were therapeutically driven processes where the sense of discomfort which might have arisen with any given activity was sensitively considered and addressed. This resulted in participants'

willingness to play in a dignified way with options to engage at various levels.

Furthermore, participants' playful engagement during greeting rituals or while playing games allowed contact through mutual touch and encouraged interactions. This proved to be a mutually affirming experience as participants often commented on each other's contributions during these activities. This process of reciprocal affirmative witnessing (Jones, 2007) evolved from the group without any direct prompting or encouragement from me as a facilitator. I suggest that these initial playful interactions were the beginning of what participants later identified as a sense of community and belonging in the group. It is what Winnicott (1986) defined as "... human ability to create the world" through play, which was powerfully witnessed within this group (p. 11).

Keisari et al's (2020b) study explores the use of playback theater within adult daycare communities and suggests an "evolution of playfulness" as one of the main outcomes of their study. They demonstrate the potential of the improvised play to enhance older participants' inner resources, their creative expressions and relational capacities. Keisari et al (2020b) point out that creative engagement has potential to facilitate empowering and healthy expression of social roles which older participants might not have had opportunity to engage with otherwise. These roles, such as, "director" or "actor" are closely related to expression of one's voice and emanate a sense of creative productivity and agency. These roles can be seen as a stark contrast to the roles related to dependency and illness. (Keisari et al, 2020b).

Jones (2007) suggests that "... playfulness in dramatherapy concerns the way a client can enter a state which has a special relationship to time, space and everyday rules and boundaries. This relationship is characterised by a more creative, flexible attitude towards events, consequences and held ideas" (p. 88). Jones (2007) goes on to say that playful engagement in

drama therapy allows a sense of experimentation with the rules and attitudes in one's life. Given the restrictive nature of the residents' institutionalised daily experiences, the findings suggest that creating an opportunity for an intentional, interactive, playful engagement was particularly meaningful and empowering for the group participants.

Embodiment – Standing Tall, Embodying the Strength of Character

Some of the most notable moments of participants expressing a sense of personal power were reflected in Gwen's exploration of characters and stories during our workshops. Findings illustrate that Gwen's deteriorating health (reflected in the weakness in her upper body with a bent forward position and frequent tiredness and sleepiness) presented a stark contrast to the vitality and vigour expressed through her creative engagement (both verbal and embodied). Gwen's story enactment of the wife facing the bear was a pivotal moment, an opportunity to demonstrate that even though Gwen's body was physically fragile, her capacity to embody strength and fearlessness was still within her reach.

In drama therapy practice and literature, the body is considered a host to various possibilities and opportunities and subject to transformation (Parker, 1992; Milioni, 2007). The enactment in drama therapy often facilitates participants' access and expression of sensitive inner material with the help of dramatic distance established by using objects or stories (Jones, 2005). In Gwen's case, the enactment of the story character acted as a "medium of persuasion" enabling her to access and embody her uncompromising voice and agency, which she might not have had the opportunity to explore in her daily life (Milioni, 2007, p. 7). It could be said that most of Gwen's creative engagement in our workshops was in the service of expressing her self-determination within various imaginative contexts (see descriptions in Chapter 6 of her interpretation and embodiment of the Traveller as a woman with a baby, the Widowed Wife in search of love and the Woman at the foreign market).

Jones (2004) regards embodiment within creative arts therapies as related to the interconnectedness of one's body and identity. This is reflected in the ways that participants in drama therapy "... (un)consciously communicate through their body" (Dokter, 2016, p. 115). Jones's (2007) examination of embodiment extends from the personal to the socio-political and cultural influences on one's body, often reflected in and communicated through embodiment. He proposed three aspects of focus on the body within drama therapy:

- 1) Helping clients to develop their body's potential.
- 2) Helping clients to take on and rehearse various embodied identities.
- 3) Facilitating clients' exploration of the personal, socio-political and cultural influences impacting their bodies.

The findings demonstrate that Home life has had a considerable impact on residents' lives in general, with their bodies largely being handed over to institutional care. The image of the residents' lives being "stripped bare" on their arrival to aged care, as portrayed by the external manager, speaks to this metaphoric process of disembodiment reflected in their loss of control and, at least in part, their identity. From this perspective, the ownership that Gwen commanded over her fragile body has both symbolic and very concrete importance. I suggest that since Gwen's use and control and ownership of her own body was compromised, having an opportunity to embody compelling dramatic scenes through enactment would have given her a sense of considerable empowerment, even if only momentary.

Drama therapy is sometimes described as an opportunity for the participants to rehearse various roles and narratives (Landy, 1994; Jones, 1996; Emunah, 1994), which are then integrated into participants' daily life repertoire of being. In Gwen's case, the strength emanating from her characters seemed to echo the strength she possessed and was still holding onto even until the last moments of her life. In our workshops, Gwen had an opportunity to

demonstrate an inner sense of power absent from her outward appearance and everyday behaviour. Keisari et al. (2018) write about how the practice of playback theatre with older adults located the “old body” on stage. In doing so, they note the often-stigmatised ageing body “... frequently treated as one who has lost functioning and vitality, undergoes a new experience – an awakening presence, causing an awakening of the aging body *and* the spirit’ (Keisari et al., 2018, p. 60). I suggest that Gwen’s experience was somewhat awakening and affirming, prompting other participants to inquire into and witness their own inner vitality deriving from creativity (Stern, 2012).

Projecting One’s Inner Story – Dramatic Projection

As previously described, the process of dramatic projection enables that which is internal and perhaps challenging to be externalised so that the participant can witness and reflect on it (Jennings, 1993; Jones, 1996). Drama therapists often use everyday objects as a projective tool (Emunah, 1994; Jones, 1996, 2008; Landy, 1994), facilitating participants’ engagement with “material from life” (Jones, 2008, p. 59). I chose three examples from the findings of this study to discuss the impact that the process of dramatic projection had on participants’ personal empowerment within their living context.

Des’s Lonely Bear

During our workshops, Des often illuminated the challenging existential realities of old age, namely that of losing one’s capacities and the impending end of life. The participants responded to Des’s comments about himself in various ways, often encouraging him by pointing out his qualities and contribution to the group. However, Des’s story about the lonely bear trapped in the zoo (referred to in Chapter 6) illuminated another level of internal struggle that the group met with silence. As if the depth of the Bear’s grief and loneliness was unspeakable.

Des's engagement with the process of dramatic projection allowed for his inner conflict to be expressed and simultaneously witnessed and related to by everyone else in the group. The story about Des's lonely bear was about him, but it was also about everyone else who felt trapped and lonely in some way. The meaning of existential loneliness in old age has been conceptualised by Sjoberg et al. (2017) as having four significant themes: "(1) being trapped in a frail and deteriorating body; (2) being met with indifference; (3) having nobody to share life with; and (4) lacking purpose and meaning" (p. 1358). Their analysis further concluded that older people have a significant need to "... share one's thoughts and experiences of life with others", and the absence of meaningful interrelating "reinforces a sense of worthlessness", resulting in existential loneliness and disconnect from life (Sjoberg et al., 2017, p. 1362). Through the process of dramatic projection, the Bear's story gave voice to this unbearable reality and allowed the burden of the struggle to be shared among the participants.

Gwen's "raised voice"

The findings demonstrate an overt enactment of agency in Gwen's dramatic projection using a postcard from which she developed a foreign marketplace scene with her as the main character (refer to Chapter 6). She projected a strong voice in this role, commenting that it was her "raised voice" that grabbed the attention of the shop owner and resolved her objective. Further to commanding the scene with the shop owner, Gwen also demonstrated the ability to step in and out of the dramatic reality (Pendzik, 2006) to ensure that the audience was *with her*. She interchanged between the director, narrator and actor of her scene, negotiating "... the degree of distance from reality", thus taking an overall control and agency over the creative process (Landy in Jones, ed., 2010, p. 45).

Gwen's tenacious persistence in getting the shop owner's attention somewhat echoed her insistence on being reminded of the weekly workshops by fellow participants. It is possible that

Gwen's self-determined visibility and presence in the group and within the dramatic reality somewhat counteracted the fear, as an older woman, of being unseen and forgotten by society (Sjoberg et al., 2017). I suggest that Des and Gwen's engagement with dramatic projection facilitated a process of honouring and witnessing important existential themes significant for all the participants.

Jennie's Dreaming Housewife

Jennie's engagement with the creative material facilitated an exploration of her past and present life experiences highlighting themes of universality present among the women of her generation. These themes derive from the social norms and experiences of being an obedient daughter and stay-at-home wife committed to their family. I suggest that Jennie used drama therapy workshops to deeply explore her inner world beyond reminiscing on *what was* but also shared her pain about what her life *was not*.

The female characters Jennie developed through story-making methods reflected a quality of taking charge, similar to that of Gwen's characters, although somewhat more subtle in nature and expression. Jennie's Housewife, Dancer and Actress characters (refer to Chapter 6) all reflected Jennie's creative, seeking spirit that she struggled to express freely throughout her life. This longing to venture out in the world and explore who she was beyond her role as a daughter of a strict father and later a dutiful wife to her husband was captured in her Housewife character. Jennie introduced us, the audience, to this woman's inner world, bringing her out of obscurity within the bustling street image of the postcard (used as a story-making projective tool). As an audience, Jennie invited us to wonder about who this woman was with her family surrounding her and who she was watching – the passers-by or contemplating venturing onto the lively street. How does her identity shift in relationship to these different ecological systems surrounding her life? What does it mean to witness the life that she might have desired but

found to be out of her reach? I suggest that the process of dramatic projection allowed both Jennie and the Housewife to “... step out of the daily life and try something different with enough distance to allow them to feel safe” (Vaughan, 2007 cited in Jones, 2007, p. 92–93).

Both Gwen and Jennie’s life stories and the themes they brought to this study highlight the need to employ a critical feminist lens when viewing gender influence on the experience of ageing and old age. From a feminist gerontology perspective, Jennie’s creative engagement features an important social narrative related to the obscurity present in older women’s life trajectories and their experience of ageing (Macfarlane & KostECKI, 2016; Cruikshank, 2009). My study is specifically concerned with the participants’ ability to express their voice and agency, therefore illuminating their presence and impact within their living environment. The Home manager’s comments referring to his intent to deny Jennie’s potential complaints illustrate a complex interplay of power related to Jennie’s lifelong experience of compliance and subservience as a woman. Macfarlane and KostECKI (2016) support the notion of viewing the process of ageing as a complex narrative and encourage development of “... models and experiences that focus on social and cultural meanings” in order to challenge “... powerful social and economic policies that shape lived experience” (p. 55).

Cruikshank (2009) attests to the invisibility of older women in the social narrative, often leaving their concerns understudied. Hooyman et al. (2002) urge feminist gerontologists to ensure that their work enhances the image of older women within the variety of social settings. The findings of this study demonstrate that older women have the capacity to highlight their own “concerns” through creative engagement within a safe therapeutic environment. Providing adequate circumstances, older women can speak for themselves and express a complex socio-cultural narrative surrounding their lives, experience of ageing and living in an aged care environment. By being an active agent within the process of dramatic projection, Jennie was

able to spotlight significant issues related to a generation of women whose inner lives are rich with yearning and vitality and the capacity to express it creatively.

Witnessing the Generation of Silent Children

Further to the above-mentioned, socio-cultural, generational constraints, the findings illustrate that prompted by the creative material, participants often shared memories of growing up in a particular time when “children were to be seen but not heard”. This aspect of silencing and compliance with those in places of authority in early upbringing echoed the reality of living within an institutional setting where even a washing machine, on occasion, seemed to have a louder, more significant presence. Very early on in the study’s data analysis, the process of witnessing was identified as one of the core elements of empowerment present among the participants, the significance of which was amplified by the results of the findings in the previous study cycles (refer to Chapters 4 and 5).

What does it mean to be heard as well as seen – in one’s voice, silence, gesture, feeling, memory or energy? And in all sorts of different ways, as illustrated by the findings of this study, including being sad, rebellious, intolerant, contrary, determined, vulnerable, joyful or contemplative. The literature suggests that older people are often misunderstood and pathologised for the behaviour they display within the systems that serve them (Nelson, 2004). With reference to previously discussed literature on resistance as powerful creative communication in the context of oppression, Reynolds (2020) indicates that as practitioners we need to embody *committed witnessing*. This kind of witnessing implies solidarity with the people we engage with and it “... requires the witness to respond by taking actions to change the conditions that support and promote abuses of power” (p. 7). Instead, as illustrated by the findings of the CIS (referred to in Chapter 4), practitioners can also turn a blind eye (Hadley, 2013) in favour of *psychocentrism* (Defehr, 2016) “... redefining people’s complex responses and

acts of resistance to fit narrowly defined categories of trauma criteria and symptomology” (Raynolds, 2020, p. 7). Raynolds goes on to suggest that we need to keep *politicising trauma* and bring awareness to the complex interplay of interpersonal and structural power as impacting the social contexts in which we practice.

Heymann-Krengel's (2006) take on active witnessing includes the present inner spectator and retrospective spectator, indicating a prolonged period of holding the person and/or the interaction in one's mind. In the context of the invisibility of old age (Sjoberg et al., 2017; Macfarlane & Kosteci, 2016; Cruikshank, 2009) and social segregation of aged care settings (Lamb, 2013), this idea of contemplative holding in mind deriving from witnessing can be an affirming experience for the participants. Witnessing in drama therapy is a twofold process (Jones, 1996; Karkou & Sanderson, 2005; Sajani, 2010) as described earlier, of seeing others as well as oneself within a creative process (through a role or a projection), an “... act of being an audience to others and to oneself” (Jones, 2007, p. 101). In his interview, John recounted an element of surprise as to who the people in the group were in relation to how he perceived them previously. John's comments reflected other participants' sentiments of seeing each other within the group as *more than* ... perhaps their everyday persona, institutionalised body, disability, gender, race, religion or social background. What does it mean or feel like to step into the space in which one's socio-cultural status of invisibility of old age is acknowledged and at the same time a new co-created space becomes available in which rules of conduct are mutually established and negotiated? The current study illustrates that witnessing within the creative engagement derived a powerful process of mutual recognition and coming together as an intimate community within the Home. The process of witnessing through a creative engagement within aged care systems has the potential for extensive further study with a view to personal and community empowerment.

Life-drama Connection – Allowing for a Painful Story

As illustrated in the findings, Stephen's reflections on his life were often provoked by what was happening in the group. It is possible that the ongoing premise of storytelling, unpacking of the metaphors and meanings and the participants' embodied exploration inspired Stephen to share his own experiences of life (Gersie, 1997). Drama therapists use stories to invite a shared human experience to come to light and use metaphors to help participants illuminate some of those experiences that might be too difficult to put into words or might land themselves more truthfully as an image or a symbol (Gersie, 1997). Prompted by symbols and images deriving from the participants' creative engagement, Stephen shared many painful stories about his past. Landy (in Jones ed., 2010, p. 46) references the discovery of mirror neurons (Gallese, 2008) in relation to what drama therapists have observed as an empathic relational connection between drama and everyday life experience. The mirror neurons (Gallese, 2008), empirically demonstrated the phenomenon of being emphatically identified and moved by observing another's embodied emotion or action. This process of mutual connection emerging within the group allowed participants to witness Stephen not just as his usual gregarious self, which he presented in the communal space, but also as a resilient survivor of institutional abuse. In sharing his painful story, Stephen was able to claim space, time and agency within the group.

It could be said that within the Home community, Stephen often embodied the role of a Joker (Landy, 2000). From the resistance stance (Raynolds, 2020; Wade, 1997) it is possible that Stephen's playful nature was a way to communicate his vitality and personality regardless of his physical and cognitive challenges or to stand out among the other residents, some of whom were twice his age. His life experience contained prolonged periods of institutionalised abuse, and maybe Stephen was finally feeling free to express some joy within the safety of the Home.

The question that seems pertinent here in relation to *feeling at home* is whether Stephen had opportunities to explore and express himself more fully prior to coming to drama therapy group. In Chapter 4 (critical interpretive synthesis), I critique examples in the literature pointing to the tendency within aged care to keep an element of lightness when it comes to CATs with older adults (Cedar, et al., 2015). I suggest that Stephen found a deeper sense of safety within the drama therapy group prompting him to open up and share a different side of himself.

In his accounts, Stephen introduced us to a wider repertoire of roles significant to his life, such as the Wounded One, Angry One, Determined One and the One in Charge. One of the ways drama therapists facilitate role exploration is through engaging participants in role methods (Landy, 1994), which might then translate into further reflections on one's life-drama connections. For Stephen, this trajectory of creative engagement with other possible roles within him was less typical. It was his engagement with the process of life-drama connection that initiated a more dramatic, creative exploration. Stephen's accounts of his life experiences were expressed in a dramatic embodied manner using gesticulation and considerable effort for his speech to be understood by the group. His accounts were somewhat performative and we (the group) were a captive audience to his life-storytelling act. It could be said that it was the process of life-drama connection that initiated a more creative and explorative engagement for Stephen. This affirms the notion that the process of life-drama connection is a cyclical and iterative process that inspires continuous contemplation (Jones, 1996; Karkou & Sanderson, 2005). Landy (in Jones, 2010) points to a reciprocal flow and continuity between drama and everyday life which evolves according to the participants' lived contexts. The findings suggest that creating therapeutically intended workshop space, somewhat separate from the communal

environment, enabled Stephen and other participants (Jennie, Des, John, Alf) to explore and witness each other in a variety of feelings related to their life experiences.

The Othering of the Other – Belonging as Agency

As previously mentioned in the literature review chapter of this thesis, the ageing process has been conceptualised through a hierarchical lens which often compares the capabilities, purpose and economic potential of individuals through various stages of their older adulthood (van Dyk, 2016). This phenomenon of categorising the process of ageing can be both subtle (for example, adverts promoting the lifestyle of youthful looking older people), as well as direct (for example, moving older people with higher care needs to separate sections of an aged care facility). It is unsurprising to note that the notion of pitting older people against each other can become an internalised mechanism among older people used to identify themselves and differentiate them from each other. These experiences in old age often echo and reinforce some traditional social norms from previous life stages. Within the context of aged care, this highlights the question of belonging and the ways in which belonging can be negotiated.

When we speak about community in general, there is often an image of connection, belonging and an element of reciprocal values implied (Greensdale, 2013). However, Shaw (2007) suggests that “far from generating harmonious social relations, community can create or at least reinforce, social polarization and potential conflict; differentiation rather than unity” (p. 29). Consequently, the community generates both potential for diversity as well as exclusion and segregation (Crow & Mah, 2012). This can be particularly complex in an aged care setting where there is very little psychosocial support for various relational dynamics.

One of the significant moments presented in the findings of this study related to the encounter between Alf and Des. Alf could be identified as one of the most able-bodied

participants in the group, whereas Des was visibly struggling with his speech, movement and sight. Preceding this encounter, Alf identified the phenomenon of differing abilities present in the Home community as “the ones who can walk can’t talk, and the ones who can talk can’t walk”. The discussion about the abilities needed to participate in a drama therapy group was brought up by Alf, stating that Des “can’t talk” and he would be “better off leaving it”. This was a challenging moment to witness but invaluable in prompting me to further explore the nature of othering present among the older adults.

Silke van Dyk’s (2016) postcolonial perspective indicates the insidious nature of othering among the older adults perpetuated by the overall social narrative on ageing. Premised on the classification of old age into the capable Third Agers and dependent Fourth Agers, it is possible to say that Alf would have identified himself as belonging to the Third Age regardless of his aged care dependency. His description of varying abilities among the Home residents points to his own need to identify his belonging in this community. It is possible that Des’s disabilities brought too much of that difference which he was aiming to bridge in order to feel at home. In his encounter with Des, I suggest that Alf has in some way enacted this divisive social phenomenon to distinguish the identity of the group as more able-bodied and coherent. This might have been what Alf needed in order to belong to the group as someone who could both “walk and talk”.

As I mentioned earlier, the encounter between Alf and Des challenged me as a facilitator, and my immediate internal response was to protect Des from the possible discomfort he might have felt in being exposed as somewhat less able. However, bearing in mind the complexity of the social set-up of the Home community, and the wider social context of ageing, enabled me to pause and hold space, recognising the variety of difficult feelings and needs in the group. This perspective echoes the findings of the CIS (refer to Chapter 4) and the importance of

understanding the social context of ageing, including the ways that ageism impacts older adults participating in creative arts therapies. Alf might have had personal reasons for saying what he said, but at that moment his comments were tightly aligned with the othering that Des might have experienced within the wider society, not just in the Home. This awareness enabled me as a facilitator to be empathic to both Des as the one being outwardly othered and Alf whom I perceived as enacting his own othered self in search of belonging.

During the workshops, Des could clearly articulate the struggle and pain of someone occupying the Fourth Age and what he perceived as a futile life of “waiting to die”. The group, as an audience, witnessed Des’s trajectory from doubting himself and his belonging in the group to being able to proclaim his ability to speak and express himself. Therefore, what started as a somewhat uncomfortable spotlighting of Des’s disability became a point of empowerment for Des rather than another passing remark left unnoticed and unprocessed within the Home community.

“I’m in Charge in Here”, Conditions for Change in Drama Therapy

The phrase “*I’m in charge in here*” has derived from Stephen’s reflections on his time in the drama therapy group. Stephen’s answer speaks to the core of drama therapy’s action based, participant-led engagement, which often leads to an exploration of an inner story and new personal insights (NADTA), such as Stephen’s exploration of a deeply personal story of institutionalised life from a young age. The findings demonstrate that the participants’ overall engagement with drama therapy is reflected in Stephen’s statement.

What are the aspects of drama therapy which enabled the holding of this complex confluence between the wider social and deeply personal narratives? I suggest that Cassidy et al.’s (2014) model of meta-processes of change describes the fundamental structure which enabled me as a drama therapy facilitator to engage the participants in their personal and

creative material. The encounter between Alf and Des demonstrated all the aspects that Cassidy et al., (2014) includes in her meta-processes model: working in the here and now, establishing safety, working alongside the client, offering control and choice, and facilitating the client in becoming actively involved. I suggest that prior to this exchange, there has been a level of safety established in the group which enabled both Alf and Des to speak up. The activities run in that particular workshop were flexible enough to allow for a narrative exchange between the two participants, which suggests the facilitation in the *here and now*. However, the exchange itself became a dramatic moment intersecting various personal and social realities, and as such, a notable moment co-created between Alf and Des. This suggests participants' *active involvement, control and choice*. And, finally, as a facilitator throughout the encounter, I attempted to *work alongside* both Alf and Des in a witnessing and affirming mode.

I suggest that the above-named meta-processes, fundamental to drama therapists successfully engaging participants in personal growth, enabled a challenging exchange with both participants being held in positive regard (Rogers, 1961) and with sensitivity by the facilitator and the group. The small size of the group, the relative physical boundary from the rest of the Home community, as well as time to listen and be heard, also contributed to enabling this scene to take place and evolve.

The findings affirm the notion that drama therapy as a discipline can serve a wide variety of needs and abilities (Gersie, 1997). Gwen and Stephen's participation in workshops also attests to this negotiable, malleable aspect of space and time present in drama therapy (Landy, 1994) in which different participants' abilities can come to coexist and be celebrated for their particular humanness rather than compared to and contrasted within a cultural lens of old age or disability. Drama therapists pay close attention to a wide spectrum of participants' expressions, including the emphasis on micro-level creativity. It is this all-encompassing ability to see all life

as drama (Landy in Jones, 2010) that gives this space a sense of momentary freedom from some of those socio-normative constraints. I propose that it is the creative and the therapeutic aspects of drama therapy that have enabled the participants to claim their agency and voice, carving a sense of community and belonging in the group.

Temporary Alternative Dwelling as a Co-created Community

The findings of this study demonstrate that the participants identified the drama therapy group as a place of belonging and community in which they were able to witness each other creatively and more fully than before. The literature suggests that positive and meaningful relationships in older age have a significant impact on older adults' sense of self and ability to cope with the challenges of ageing (Krause, 2009; Qualls, 2014; Ryff et al., 2012). Therefore, it seems pertinent to this discussion to further explore the significance of belonging within the context of aged care.

Baumeister and Leary (1995) identified the need to belong across the life span as a “fundamental human motivation” and as an important point of analysis when considering human behaviour, social interconnection and needs (p. 497). They propose that human beings have a ubiquitous need to establish and cultivate “... at least a minimum quantity of lasting, positive, and significant interpersonal relationships” (p. 497). They nominate two criteria to meet this relational impetus:

- 1) One needs to engage in consistent and recurrent enjoyable interactions with a few other people.
- 2) These interactions need to take place in a structured context within a group governed by reciprocal respect and care (Baumeister & Leary, 1995).

The requirements necessary to enable a sense of belonging, described by Baumeister and Leary, echo the structure and intention behind the drama therapy group in this study. When asked to reflect on the time spent within the drama therapy group, participants clearly named a new kind of relationship with each other characterised by “belonging and warmth” (Jennie).

The current study builds upon a small body of research in drama therapy with older adults, which suggests a positive impact on individual wellbeing as well as an interpersonal connection with other participants (Jaaniste, et al., 2015; Sandel & Johnson, 1987; Reinstein, 2002; Keisari & Palgi, 2017; Keisari et al., 2018, 2020b; Ceder et. al., 2015). One of these studies, by Keisari and Palgi (2017), indicates a positive impact that the use of drama therapy together with life-review therapy had on participants’ relational capacity, among other significant outcomes. Their study extended upon previous findings with life-review group therapy, which demonstrated positive outcomes in the area of social connection and mutual recognition among the participants (Korte et al., 2014, mentioned in Keisari & Palgi, 2017). However, Keisari and Palgi (2017) suggest that the use of the creative drama therapy techniques enhances the social dynamics in which “... each member [of the group] has his/her own unique and essential role in a dramatic creation [strengthening] the individual’s sense of relevance and the involvement of the elders in their own community” (Bernard et al., 2015) (p. 1087). The “individual’s sense of relevance”, reported by Keisari and Palgi (2017), echoes the findings of this study and could be expanded from the perspective of power, agency and voice.

Keisari et al (2020b) further suggest that creative group participation leads to the “evolution of social engagement” allowing for “... the [older] participants to experience themselves as relevant and important to others and to relate to community roles such as a “friend,” “neighbour,” or “partner.” The ability to improvise and perceive the other with

empathic attunement seems to enhance the participants' sense of connectedness and engagement within the group." (p. 19).

I suggest that the previously discussed nature of creative agency, integral to drama therapy, enabled and facilitated a more contained and inviting space of connection for the participants. This is in contrast to perceived disempowerment and disconnection, which is often characterised as the Inside/Outside Life reality of the Home. Therefore, I suggest that drama therapy can simultaneously allow residents to process their painful reality of home/less/ness, which they face in aged care, while facilitating a co-creation of different home spaces, albeit a temporary one.

Exiting from Within

This study began and ended with my encounters with the external manager, Susan. Findings indicate Susan's passion and dedication within a long-standing career in aged care. However, Susan's commitment to improving the residents' lifestyle across the chain of facilities in her charge (nine facilities at the time of the data collection) seemed very much entangled within the system of power from which she operated. The findings suggest that the narrative which enveloped her position prevented her from being consistently authentic in her critique of the aged care system. Instead, she pointed her criticism into the outer spheres of our society and/or the publicly run sector of aged care, faithfully defending her employer organisation. This inconsistency resulted in a somewhat paradoxical narrative in which Susan insisted how "good they [the residents] have it here", referring to her organisation within what she described as an "abysmal" system of aged care. Overall findings of the study indicate that both the Home manager and the external manager regarded the residents' everyday reality from a considerable distance with somewhat unrealistic perceptions of the quality of care experienced by the

residents (for example, the Home manager referring to food served at the Home as “great”). Drama therapy theory (Jones, 1996) suggests the need to balance the relational empathy and distance both within oneself and with others for change to take place. In the case of the external manager, she expressed a considerable amount of empathy for residents’ loss of identity and agency upon entering institutional care. Therefore, my analysis brings me back to the distance discussed previously (refer to section in this chapter, the power of the accreditation agency) deriving from the notion of discipline and ritualism within aged care.

Braithwaite et al. (2007) recognise that aged care staff and managers are under considerable pressure in their roles within the power system that regulates and disciplines each layer of the organisation, starting with the residents. Even though the external manager is operating from a more empowered external position, the findings suggest that she is also subject to regulation and discipline. This is illustrated by her account of the encouragement and praise she has received from the regulatory professionals for the programs implemented within her organisation. Braithwaite et al. (2007) suggest that “... the way to persuade the disciplinary actor above you is to show her that you are a credible agent for her discipline, passing it on to those below in a way that can be documented to those above. It is the documents and the disciplinary practices that are your defence, not any imaginative or dedicated things you might have done to improve the quality of life of residents” (p. 94). The findings suggest that both the Home manager and the external manager are operating from a notion of ritualism, performed and internalised over a period of their time spent working in the aged care system. Braithwaite et al. (2007) describe a somewhat hypnotic system of power operating within the aged care context in which everybody becomes institutionalised in one way or another. The findings from the external manager’s final interview clearly indicate her understanding of the dehumanising impact aged care has on most people and yet the power system within which she operates blinds her ability to fully embrace the reality of those she is employed to serve. I suggest that both

managers' personal values and visions of care are deeply implicated in the various degrees of power/less/ness available to them, and as such they interchangeably perform both acts of care and of oppression within their positions of power.

The findings suggest that performing research within the aged care setting from an etic, outsider perspective (Carspecken, 1996) is highly valuable considering the level of complexity presented in this study and supporting literature. Furthermore, drama therapy methods applied within critical ethnographic methodology have the ability to capture the nuances in participants' experiences across the aged care community. This study suggests that drama therapy as a discipline has the capacity to meet the complexity of the aged care setting and facilitate the process of "... construction of life-giving personal stories and the deconstruction of internalized hegemonic or oppressive interpretations" (Cooper-White, 2014, p. 883, citing White & Epston, 1990).

Part 3. Expanding the Implications of the Study

This section of the chapter seeks to explore what this study and drama therapy as a practice have to offer to the work of creative arts therapies within the aged care context.

Methodological Implications and Limitations

This study included both critical ethnography as a research methodology and drama therapy methods as a practice-led inquiry. As mentioned earlier in Chapter 3, other researchers have previously used an amalgamation of ethnographic research methodology and drama, forming a performance-based research method called *ethnodrama* (Mieniczakowski, 1995, 2001) and, more recently, drama therapy, producing *ethnodramatherapy* (Snow, 2011). Rather than merging the two, the current research design attempted to allow the methodology and practice to mutually inform one another within the emergent study process. The ongoing study inquiry,

premised on the concept of *seeking the gold*, also concerned my continuous curiosity about what might be beneficial in undertaking critical ethnographic study as a drama therapist and vice versa.

It is important to note that I started this research as an experienced drama therapy practitioner and a novice ethnographer. It could be said that my practitioner identity was initially informing my emergent researcher role. This meant that my roles evolved from initially perceiving the research through my practitioner lens (during Cycles 1 and 2 of the study) and later undertaking the practice of drama therapy from a researcher stance (Cycles 3 and 4). I will attempt to formulate the mutual affordances of practice and research methodology as they transpired within this study.

Drama Therapist Performing Critical Ethnography

My ethnographic field observations, undertaken within the Home community as a practitioner-researcher, benefited from my drama therapy skills. Kapitan (2010) proposes that the arts therapist as a researcher employs a specific lens within research, which relates to “using our skills in attending to a life concern as we encounter it” (p. 31). Kapitan (2010) further proposes that the uniqueness of arts therapist researchers is not explicitly related to their use of arts methods as much as it is embedded in “how they think and what they pay attention to” (p. 31). The ongoing practice of observation, relating, co-creating and interpreting discern arts therapists from other therapy modalities as well as other community practising artists (Kapitan, 2010; Karkou & Sanderson, 2005).

My existing relational skills and ability to meet people where they are at (Cassidy et al., 2014) enabled me to connect with the participants with relative ease while spending time in the Home community. My observational skills, which include my embodied, felt sense (Gendlin,

2003) inherent to my professional practice, extended to all my encounters, enabling me to perceive and have a “... sense for unknown, unarticulated and indistinct meaning[s]” within the Home environment (Pritchard, 2019, p. 21). Gendlin (2003) refers to the therapist’s felt sense as having the capacity to perceive “... complex structures of meaning embedded in our experience” (Pritchard, 2019, p. 21). I was able to triangulate the audio and visual observational data with my embodied, empathic responses to relational experiences.

Further to this perceptual capacity and embodied ability for meaning making, my drama therapy lens also enabled me to identify subtle performative acts both in relational encounters as well as within the inanimate Home environment. And, lastly, my ongoing practitioner reflexivity helped me to delve deeper into the aspects of my personal biases and values.

Critical Ethnographer as a Drama Therapist

By the time of starting Cycle 3 of the study (drama therapy workshops), I felt deeply awakened to my critical ethnographic research senses. Critical ethnography informed my ongoing inquiry about the Home community as a whole, the broader system of aged care and our socio-cultural attitudes surrounding ageing and old age. Inspired by critical ethnographers such as Soyini Madison (2005), whose work invites deep societal and cultural inquiry, while simultaneously focusing on participants’ personal experiences within the chosen community, I was encouraged to maintain a wider research lens while facilitating drama therapy workshops. This also meant that I was able to turn the critical ethnographic lens to aid reflexive observations of myself as a practitioner, the drama therapy methods I used, and my existing and evolving value system.

Drama Therapy as a Method of Inquiry

Drama therapy methods have been used in a variety of practice-led research studies (for example, Meyer, 2017; Musika-Williams, 2020), with the focus of studies relating to the practice itself. Barrett (2010) and Lees (2011) point to the reciprocal value in applying practice-led research where the practice inquiry further enhances the practice skills. This usually implies engaging participants to examine an aspect of their lived experience and assisting them in making meaning out of that experience (Kapitan, 2010). The current study demonstrates that drama therapy methods can be used simultaneously as therapeutic practice and as a broader socio-cultural inquiry research method, such as this one. This study proposes the following affordance that drama therapy practice offers as a research method.

The first benefit is based on the premise that engaging in creative research methods allows a more profound and diverse knowledge and understanding of self and others (Denzin & Lincoln, 2005; McNiff, 1998; Meyer, 2017; Savin-Baden & Major, 2013; Prior, 2013). Macfarlane and Kosteci (2016) suggest that new models of inquiry must be employed to reflect the depth of social and cultural meanings relevant to older adults' experiences of life. This study provides evidence of such a model of practice deriving from profound relational and intrapersonal insights for the group participants.

Another significant benefit relates to the collective, co-creative nature of drama therapy research participation. The data produced within the group creative encounter is action based, collaborative and emergent and, therefore, more likely to empower the participants' reflection and meaning making. This is particularly significant within research communities where participants' voice and agency are compromised, such as within aged care.

Lastly, the existing drama therapy methods and relevant theories have much to offer when seeking to comprehend and unpack complex socio-cultural narratives. This study utilised theoretical approaches related to therapeutic change, core processes (Jones, 1996) and meta-processes of change (Cassidy et al., 2014) to suggest a shift in participants' ability to actively and autonomously participate in the creative process expanding their voice and agency within their living environment.

Drama therapy practice concerns itself with the nuance and complexity of human experience and the surrounding world and welcomes the narratives which are often too difficult to put into words. There are many personal and collective challenges within intricate social systems, such as aged care, which can benefit from being investigated in a respectful, dignified and empowering manner. Drama therapy as a research method can be utilised to uncover these challenges while simultaneously facilitating the conditions for participants' empowerment and healing.

Study Limitations and Challenges

Time and Resident Participants

The concepts of running out of or not having enough time have been recurring themes in the background of this research. Engaging participants who are potentially nearing the end of their lives was a constant reminder of the risk of possibly lacking research data and simultaneously seeing the futility of the research task in the face of someone's passing. Unfortunately, two participants passed away (Gwen and Des) soon after we finished our drama therapy group, and three were unwell/unavailable (Stephen, Alf and Bruce) when I returned to the community to carry out the individual interviews. Therefore, Cycle 4 of the study is missing the reflective voices of five participants. These circumstances could have been somewhat

mitigated with a structured interview scheduled midway through Cycle 3 (drama therapy workshops).

Time and Staff Participants

The initial study design intended to engage a small group of volunteer staff in a short-term workshop program using drama therapy methods. The intention was to work with the themes emerging from Cycles 1 and 2 of the study, as well as themes related to the performance of caregiving and receiving. There were several staff who seemed interested in my research questions and willing to engage with drama therapy. However, after much deliberation on time and space, it seemed impossible to fit in such activity within their busy work schedules. I suggest that this creative exploration could have enhanced the findings with specific personal narratives about institutional caregiving's potential challenges and benefits.

Textual Representation of the Creative Process

In this thesis, I have struggled with presenting the embodied creative process from the drama therapy workshops in a textual, narrative form. I have wondered how to represent in words what has often been expressed in a glance, a firm handshake, an embodied role, a silent pause, a space between the bodies or a deep sigh. My concern is that my written words take away from the authenticity of the participants' experience and that some of the meaning might be/is lost in translation between the mediums of communication. McNiff (2012) urges his arts therapies colleagues to conduct and disseminate knowledge deriving from arts-based research in "... their unique ways of knowing and communicating as primary modes of research" (p. 7) in a way that allows art to convey participants' artistic expression. Drama therapy practice and research can be performance oriented (Emunah, 1994, 2015; Snow, D'Amico, & Tanguay, 2003; Bailey, 2010; Sajnani, 2012; Harel, 2016), inviting an extended participant experience as well as

an opportunity for audience involvement. Considering the segregation and invisibility of older adults residing in aged care, it seems essential to consider authentic research representation of participants' experiences and voices as well as opportunities for wider community performance when appropriate.

In the absence of performance in the case of this research, I have turned to my reflexive experience of being deeply moved by the participants. This was my way of bringing as much authenticity to what participants expressed in this study as possible. Ruth Behar (1996) invites ethnographers to engage their reflexivity and open their hearts toward the people whose lives they study. Behar suggests that a level of authenticity and truth can derive from the ethnographer's ability to allow herself to feel heartbroken together with her participants and write about the issues they encounter from that space.

Theoretical Implications

One of the focus questions of this study sought to understand the role that drama therapy could play within the complexity of the *Inside/Out Life* circumstances as perceived in the Home. The findings suggest that drama therapy workshops provided the participants with an alternative space within the Home in which they co-created a sense of belonging and community while exploring their individual voice and agency through various creative methods. The findings further suggest that the conditions which facilitated a sense of individual empowerment relate to the existing theories in drama therapy, namely core processes of change (Jones, 1996, 2007) and meta-processes of change (Cassidy et al., 2014).

Core Processes of Change

The findings support and further extend Jones' (1996) theoretical understanding of how core drama therapy processes operate in enabling therapeutic change. Even though the current

study did not explore therapeutic change as such, it offers evidence of change in participants' exploration and use of voice and agency within their living context. These processes (play, embodiment/role, dramatic projection, distancing/empathy, active witnessing and life-drama connection) were further identified as playing a crucial role in facilitating participants' personal insights and a deeper awareness and knowing of one another, contributing to an overall sense of belonging and community. My research specifically highlights the core processes of change in drama therapy as having a capacity to facilitate voice and agency for older people living in aged care. I suggest that there is scope for further theoretical exploration on the role core processes play in facilitating personal empowerment and community building within aged care.

Meta-processes of change

The findings suggest that the meta-processes of change (Cassidy et al., 2014) used to define the conditions necessary for drama therapists to facilitate change in their practice extend beyond the focus of therapeutic change and into the field of the social justice impact through participant empowerment. Within the context of institutionalised living, the named processes (safety, working in the here and now, therapist working alongside participant, participant choice and control, participant being actively involved) speak directly to facilitating conditions in which participants' voice and agency can be enacted autonomously and more authentically (Cassidy et al., 2014).

The existing literature demonstrates that drama therapy has the potential to intercept social narratives (for example Sajnani, 2010, 2012; Jones, 2004, 2010; Dokter, 2016) and empower participants within various social contexts (Jones, 2010). The current study suggests that there is scope for further exploration of the meta-processes of change (Cassidy et al., 2014) in relation to an institutionalised living context such as aged care. I will elaborate further in the sections regarding implications and recommendations for drama therapy in aged care.

Implications for Drama Therapy Practice in Aged Care

Understanding the Social Context

Coombes (2011), a music therapist, argues that our practice (creative arts therapies) has “traditionally, insulated itself from the cultural context in which the work takes place” (p. 1), and the findings of the CIS (Chapter 4) attest that overlooking the social and political context of therapy can be detrimental providing a “thin narrative” (Dokter, 2016). This study addresses the gap in the literature related to drama therapy within the aged care system. In doing so, it highlights the importance of understanding drama therapy practice in aged care from a wider socio-economic, political and cultural context. Furthermore, it is crucial that drama therapists pay attention to the specific nature of the power interplay and performance of care within a chosen aged care locality. This process of inquiry allows for contextualising the needs of the drama therapy participants, thus widening the scope of therapeutic reach across the aged care community. The reframing and “enlarging therapeutic space” (Sajnani, 2010, p. 194) has the potential to employ drama therapy methods not just with therapeutic aims but also for the purpose of exploring various professional challenges arising for the aged care staff. My study highlights the complexity of aged care and how it is possible to simultaneously care for the residents and be implicated in the system that disempowers them. Sajnani (2012) suggests that drama therapists are equipped with relevant skills, methods and knowledge to challenge oppressive social ideologies and practices, engage with complex issues and facilitate reflective spaces in which to come up with and co-create possible solutions and programs.

Ongoing Reflexivity

Coinciding with a broader social inquiry is the need for drama therapists to engage in ongoing reflexivity of their values and attitudes for their practice to be anti-oppressive (Hadley,

2013; Baines, 2013). The overarching complexity of old age and institutionalised living encompasses many potential blind spots for drama therapists, such as unconscious ageism, ableism, unprocessed personal grief or fear of loss and death.

My study highlights how meta-processes of change, as defined by Cassidy et al. (2014), can relate to the conditions necessary for facilitating change related to participants' voice and agency. Therefore, it is important for drama therapists to understand meta-processes of change and examine the ways in which these conditions are embodied and performed within their practice. This seems particularly important within a complex institutional setting such as aged care. For example, this study has illustrated notable discrepancies between how a person-centred aged care ethos (Kitwood, 2007) is conceptualised and how it is performed in everyday life. Similarly, the meta-processes (safety, working in the here and now, therapist working alongside participant, participant choice and control, participant being actively involved) need to be examined and the point of reference reviewed with questions such as: Safe according to whom? How much and what kind of control can the participant perform? What are the limits of our ability to work alongside the participant? This study highlights that my own blind spots, such as undermining my professional power status or unintentionally discriminating against a less able participant by choosing not to invite him to join the group, presented me with invaluable learning and insight, which other drama therapists could find useful.

Challenging and Expanding Professional Identity

This study has challenged, expanded and questioned my past and present professional identity and the ways I choose to create value within the settings in which I practice. An image of a raptured, assumed professional identity (Coombes, 2011; Meyer, 2017) has emerged within this study, which made me unsettled, curious and enthusiastic in equal measures. In order to practise drama therapy in socially relevant ways within aged care, it is necessary to engage in an

ongoing process of expanding and re-negotiating our positions with our values leading the way. As suggested in the CIS findings (Chapter 4), this process needs to start with challenging the eurocentric prevalence within our therapeutic trainings (Sajnani, Marxen, & Zarate, 2017), and the *therapist as an expert* narrative (Sajnani, Marxen, & Zarate, 2017) imbued within these systems. Within the context of aged care, we must resist unconscious colluding with the systems and practices which undermine older adults' dignity in any shape or form. As mentioned earlier, drama therapists have the skills, the knowledge and the "response/ability" (Sajnani, 2012) to address injustice within aged care by advocating for residents' right and space to express their own voice and agency.

Recommendations for Drama Therapists Working in Aged Care

The main challenge found within the Home living environment is the overexposure of residents' private lives to the public sphere encapsulated as the Inside/Out Life phenomenon. This context also implied that residents live their daily lives in compliance with the rules and regulations of the Home system. As long as institutionalised aged care remains active, there will be a need to provide alternative spaces such as drama therapy groups in which power and rules can be disrupted and reorganised by the residents in a way that informs the narrative of their lives in a more positive and empowering way.

The following outlines some practice suggestions that some drama therapists might find useful when working or planning to work in an aged care facility:

Social Context

If the therapist is unfamiliar with the aged care facility, it is important that they include the time to get to know the residents and the staff and "sense" the requirements of the context as well as the individuals. The drama therapist can suggest, in their proposal, to engage in an

observational stage at the beginning of their practice as well as at regular intervals as a way of “checking the pulse” of the organisation and having an opportunity to evaluate the social atmosphere within which people are living and experiencing drama therapy.

If the drama therapist is interested in facilitating an anti-oppressive therapeutic space for the participants, it is imperative to understand the power interplay within the facility. My study demonstrates that the awareness of nuances surrounding the social context can make a significant difference to drama therapists’ ability to practise with a social justice lens.

Drama Therapy as a Collaborative Shared Process

Although drama therapy is inherently collaborative, the findings of my study showed some potential and willingness for the participants (Gwen) to take over parts of the session as facilitators. Considering the need for participant empowerment in this context, it could be useful for drama therapists to explore co-facilitation with some or all members of the group. The process of session planning and report writing, if relevant, could also be a collaborative act. It is also highly recommended that the therapeutic aims are collaboratively established and reviewed between the residents and the therapist regularly.

Drama Therapy Practice Proposal

The proposal can focus on multiple challenges of old age such as social isolation and depression addressed by the existing creative arts therapies literature (Keisari & Palgi, 2017; Dunphy et al., 2019) as well as systemic challenges related to institutionalised living circumstances with emphasis on residents’ empowerment (addressed in this study). The aim of addressing the full spectrum of challenges the residents might face is to meet the individuals and organisations at the level of their need and at the same time suggest that it is possible for

the residents to progress from simply coping within aged care to living lives in which they feel fully heard, seen and acknowledged.

Extending our Practice Knowledge

This would imply proposing a wider aged care community engagement with an aim to facilitate reflective and learning spaces for the aged care staff and managers or interactive, reflective spaces including residents and staff or residents and their family members. Drama therapy can facilitate exploration of embodied ways of knowing and understanding of power from a more nuanced perspective. This engagement could also highlight the blind spots with regard to the concept and performance of person-centred care in relation to residents' everyday experiences. There is scope for further research regarding how drama therapy core processes of embodiment, dramatic projection, distancing, empathy and active witnessing could enlighten understanding for those working with older adults within aged care.

In conclusion, it is a privilege and a challenge for a drama therapist to work with older adults as they transition towards the end of their lives away from their own home and family. As professionals, we have so much to offer older adults in aged care and yet so much to receive. It is worth facing our personal existential fear of ageing, sickness and ultimate death in order to witness the wonder and beauty of the creative spirit, often in its final scene on stage. It is worth extending our professional knowledge and voice to ensure that our practices are anti-oppressive and facilitating the participants' dignified creative expression.

Royal Commission Recommendations and Drama Therapy

The Royal Commission into Aged Care Quality and Safety report (2021) calls for a "fundamental and systemic aged care reform" (p. 2), providing an opportunity for a much-needed wider cultural shift surrounding old age and care. My study suggests that it is imperative

for aged care settings to go beyond accommodating the basic needs of quality and safety and urgently address the disempowering nature of institutionalised care.

The figure below (Figure 12) is a summary of the Royal Commission recommendations outlined in 8 different points centred around consumer dignity and choice (Aged Care Quality Standards, 2021). It is encouraging to find that both music therapy and art therapy have been nominated in the report as recommended practices within aged care. However, due to the lack of literature related to drama therapy in aged care and general underrepresentation of the professional field within Australia, drama therapy has not been named in the recommendations. I suggest that my study has sufficient evidence to support the use of drama therapy within aged care and will state the relevant findings related to four specific recommendations below:



Figure 12: Aged Care Quality Standards (2021)

Recommendation 1, Consumer Dignity and Choice

I am treated with dignity and respect and can maintain my identity. I can make informed choices about my care and services and live the life I choose.

This is presented as a central point of the recommendations and an overarching goal for the residents' sense of wellbeing and quality of life. The findings of my study show that "maintaining [one's] identity" and "living the life [one] chooses" within the institutionalised aged care setting is highly challenging. This is clearly illustrated by the external manager's description of residents' lives being "stripped bare" and the Home manager's statement that "nobody chooses to live in aged care". My study addressed the reality experienced by the residents in this gap between the ideal recommendations and performed everyday practices. The findings show that a small group space, intentionally facilitated using drama therapy methods, can address some of the difficult experiences of the institutionalised life and start to create a safer and more autonomous space for the residents. The concepts of mutual *respect* and individual *choice* and *dignity* are all strongly featured in the study findings. Furthermore, based on this study's findings, I suggest that drama therapy should be presented with social justice-oriented aims within aged care, with the potential to creatively and sensitively address the complex reality of the *Inside/Out Life* phenomenon.

Recommendation 4, Services and Supports for Daily Living

I get the services and supports for daily living that are important for my health and wellbeing and that enable me to do the things I want to do.

This recommendation again implies residents' choice to "do the things [they] want to do". Findings suggest that drama therapy, if introduced and available to residents in aged care, could be one of those services that residents would willingly engage with. The findings demonstrate that the participants enjoyed coming to drama therapy workshops, which was

evident in their regular attendance and creative engagement. The image of Gwen vigorously demanding to be reminded of the following week's workshop attests to this.

Recommendation 5, Organisation's Service Environment

I feel I belong, and I am safe and comfortable in the Organisation's service environment.

Correspondingly with the first point stated above, the findings demonstrate that residents' belonging and safety are largely compromised within the "Organisation's service environment". Therefore, it is suggested by this study that drama therapy can facilitate smaller group spaces in which belonging and safety are achievable and well enjoyed by the participants. As one of the participants (John) stated "... it is nice to have an association and closeness with people in here [the Home] ... [belonging] that you don't have without a group like this [referring to the drama therapy group]." However, as discussed previously, there is ample potential for drama therapy to address the issue of overall belonging and safety within the aged care community. Drama therapists have the skills and knowledge, and the "response/ability" (Sajjani, 2012) to address injustice within aged care by advocating for residents' right and space to express their own voice and agency.

Recommendation 6, Feedback and Complaints

I feel safe and I am encouraged and supported to give feedback and make complaints. The findings demonstrate that residents' voice and ability to "make complaints" was compromised by the interplay of power dynamics across different layers of aged care authority (please refer to Figure 11). This study provides evidence of drama therapy's potential to facilitate a space where participants freely addressed challenging feelings and experiences related to the Home life. Furthermore, as mentioned above, drama therapists have the skills to engage in

broader community-based practice addressing the existing challenges and advocating for residents' voice and agency.

In conclusion, this study demonstrates that drama therapy within the aged care context has the potential to help older adults deconstruct their institutionalised, cultural and social identities and explore new possibilities of relating to self and others. This process can be transformative, enabling the residents to enact their voice and agency and meaningfully participate and connect with their home community.

Conclusion, Summarising the Gold

This study contributes to the existing literature indicating that drama therapy approaches can enhance older adults' psychological wellbeing and quality of life (Jaaniste, Linnell, Ollerton & Slewa-Younan, 2015; Keisari & Palgi, 2017; Keisari et al., 2018; Keisari et al., 2020a, 2020b, 2020c; Keisari 2021; Harel & Keisari, 2021) with a specific focus on participants' voice and agency. However, there is currently no research contextualising drama therapy engagement with older adults within the aged care system and the intricacy of power interplay within this professional context. The study sought to illuminate this complexity and the importance of applying creative arts therapies, in this case drama therapy, with the view to facilitating conditions for participants' voice and agency within aged care.

The study offers the following conclusions:

- 1) The study calls for engaging creative arts therapies to critically examine the social context with specific focus on the power performance and distribution across the aged care community.

- 2) Through examining the social context of the Home, the findings concluded that the residents' living environment is physically porous and unboundaried. The *Inside/Out Life* phenomenon conceptualised in this study addresses the intersection between the public realm of the Home and residents' private lives. This living environment is highly regulated, regimented, oriented towards group and institutional needs with residents having to negotiate personal space in order to preserve a semblance of autonomy and dignity. The *Inside/Out Life* is characterised by residents' loss of identity with compromised opportunities for expression of personal voice and agency.
- 3) The findings concluded a hierarchical imbalance of power distribution across the Home where the residents seemingly enact the least amount of influence, and the accreditation agency acts as the most potent decision-maker within the system.
- 4) The Home care staff were also found to be disempowered and often voiceless. However, there were compelling moments identified as *Invisible Care* suggesting the importance of meaningful relationships between the care staff and the residents.
- 5) The findings demonstrate that drama therapy workshops represented an alternative dwelling for the small group of participants, facilitating personal voice and agency through core processes of change (play, embodiment, dramatic projection, distancing, empathy and active witnessing).
- 6) The process of participant empowerment was further facilitated by the meta-processes of change - *safety, working in the here and now, working alongside clients, being actively involved, and allowing clients choice and control* (Cassidy et al., 2014).

- 7) The workshop participants identified the drama therapy group as a co-created place of belonging and community.

The question embedded in the title of this thesis is *Where is the Gold?* And *what is the Gold?* This study sought to critique the system of power interplayed within the Home and the notion of *gold* as often represented in the façade of the aged care buildings or clever advertising. At the same time, the study uncovered the possibility of tangible golden aspects that exist in the Home – those often-disregarded relationships of care between the staff and the residents, as well as transformational relationships which occur between the residents when given space and opportunity for meaningful connection.

The Royal Commission into Aged Care Quality and Safety (2021) provides an opportunity to challenge the existing structural and economic systems in Australia and invite much needed cultural reform within aged care. It is imperative for aged care settings to go beyond accommodating for the basic needs of care and safety and urgently address the disempowering nature of institutionalised care. The late Chairman for the Royal Commission, Richard Tracey, who passed away shortly before the report was finalised, encouraged his fellow royal commissioner, Lynelle Briggs to “... drive the policy agenda beyond change at the margin to transformative change, given the degree of substandard care that was apparent to us.” (Australian Associated Press).

The findings of this study do not highlight the shocking conditions under which people live. The challenges described here are much more subtle than some of the descriptions deriving from the Royal Commission report (2021). However, these challenges cannot be overlooked by aged care agencies or creative arts therapies practitioners. There is a clear gap between the way aged care is conceptualised, the way it is performed in everyday life, and how it is experienced by those in care. This study is aligned with the recommendations of the Royal Commission report, addressing the complex narrative between the lines. This study does not offer a solution;

instead, it highlights a complex intersection between the residents' private lives, the institution and the wider system of aged care. The study demonstrates that drama therapy methods facilitated by a skilled therapist have the capacity to engage participants in a compelling creative process in which they can exercise their voice and agency, direct their own narrative, and inform the wider socio-cultural system of their lived realities.

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Appendix 1: University of Melbourne ethics approval letter

13 September 2017

Dr L.E. Bolger
Melbourne Conservatorium of Music
The University of Melbourne

Dear Dr Bolger

I am pleased to advise that the Humanities and Applied Sciences Human Ethics Sub-Committee approved the following Project:

Project title: **Exploring older adults' personal perspectives on ageing and old age through Dramatherapy**
Researchers: **Dr N Sajjani, M Ercole, Dr L E Bolger**
Ethics ID: **1749641**

The Project has been approved for the period: **13-Sep-2017 to 31-Dec-2017**

It is your responsibility to ensure that all people associated with the Project are made aware of what has actually been approved.

Research projects are normally approved to 31 December of the year of approval. Projects may be renewed yearly for up to a total of five years upon receipt of a satisfactory annual report. If a project is to continue beyond five years a new application will normally need to be submitted.

Please note that the following conditions apply to your approval. Failure to abide by these conditions may result in suspension or discontinuation of approval and/or disciplinary action.

- (a) **Limit of Approval:** Approval is limited strictly to the research as submitted in your Project application.
- (b) **Variation to Project:** Any subsequent variations or modifications you might wish to make to the Project must be notified formally to the Human Ethics Sub-Committee for further consideration and approval. If the Sub-Committee considers that the proposed changes are significant, you may be required to submit a new application for approval of the revised Project.
- (c) **Incidents or adverse effects:** Researchers must report immediately to the Sub-Committee anything which might affect the ethical acceptance of the protocol including adverse effects on participants or unforeseen events that might affect continued ethical acceptability of the Project. Failure to do so may result in suspension or cancellation of approval.
- (d) **Monitoring:** All projects are subject to monitoring at any time by the Human Research Ethics Committee.
- (e) **Annual Report:** Please be aware that the Human Research Ethics Committee requires that researchers submit an annual report on each of their projects at the end of the year, or at the conclusion of a project if it continues for less than this time. Failure to submit an annual report will mean that ethics approval will lapse.
- (f) **Auditing:** All projects may be subject to audit by members of the Sub-Committee.

If you have any queries on these matters, or require additional information, please contact me using the details below.

Please quote the ethics registration number and the title of the Project in any future correspondence.

On behalf of the Sub-Committee I wish you well in your research.

Yours sincerely



Ms Jennifer Hassell - Secretary
Humanities and Applied Sciences HESC
Phone: 90353341, Email: hassell@unimelb.edu.au

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The University of Melbourne, Victoria 3010, Australia
T: +61 3 8344 1539 (external) T: 40777 (internal) W: unimelb.edu.au/research



Appendix 2: University of Melbourne ethics amendment approval letter



19 December 2017

Dr L.E. Bolger
Melbourne Conservatorium of Music
The University of Melbourne

Dear Dr Bolger

Project title: **Exploring older adults' lived experience and personal perspectives on ageing and old age in a residential care setting through Dramatherapy.**

Researchers: **Dr N Sajnani, Dr L E Bolger, M Ercole**

Ethics ID: **1749641**

I am pleased to advise that the amendment to this Project dated 24 October 2017 was approved by the Humanities and Applied Sciences Human Ethics Sub-Committee on 18 December 2017.

Please note it is your responsibility to ensure that all people associated with the Project are made aware of the amendment.

Yours sincerely



Ms Jennifer Hassell - HESC Secretary
Humanities and Applied Sciences
Phone: 90353341, Email: hassell@unimelb.edu.au

Appendix 3: Letter of support for this project by the Home manager



18th December 2017



To the Human Ethics Advisory Group (HEAG),

We are writing this letter at the request of Maya Ercole to confirm that we are working with her as she commences her research project entitled: *Exploring older adults' lived experiences and personal perspectives on ageing and old age in a residential care setting through Dramatherapy*.

We are aware that Maya's research will consist of the following procedures:

- Observations of the staff and the residents in their daily activities within our facility. Observations will be carried out across our facility and recorded through Maya's research (field) notes and reflective journal. No observations will be recorded about the staff and residents who opt out from participating in this study.
- Facilitation of Dramatherapy (DT) workshops, carried out with a small group of residents and staff who are willing to explore the questions in Maya's study in a creative and reflective way. All workshops will be video recorded in order to capture different aspects of the activities (such as interactions, spoken work and body movement). Any reflective art work produced by the participants will also be digitally scanned as research data.
- Conducting semi-structured interviews with individuals participating in DT workshops. All interviews will be audio recorded and transcribed.

Maya will have approval to conduct these procedures for the period of time stated and approved in her ethics application.

If any unanticipated problems or adverse events are to occur, it is up to Maya to report these events to the HEAG at the University of Melbourne as promptly as possible. We understand that, if we have any concerns or complaints about the conduct of this research project, which we do not wish to discuss with Maya or her supervisor, we can contact the Manager at the Human Research Ethics at the University of Melbourne directly to lodge an official complaint.

This research will be a valuable contribution to understanding ageing in a residential care environment and application of DT in this setting, and we will be happy to support this endeavor.

Sincerely,



Appendix 4a: Plain Language Statement

Plain Language Statement

VCA & MCM



Project: Exploring older adults' lived experiences and personal perspectives on ageing and old age in a residential care setting through Dramatherapy.

Dr Lucy Bolger (Responsible Researcher)
Tel: +61 3 9035 9496, email: bolgerl@unimelb.edu.au
Dr Nisha Sajjani (External Supervisor), email: nls4@nyu.edu

Maya Ercole (PhD student), email: ercolem@student.unimelb.edu.au

Introduction

Thank you for your interest in participating in this research project. The following few pages will provide you with further information about the project, so that you can decide if you would like to take part in this research.

Please take the time to read this information carefully. You may ask questions about anything you don't understand or want to know more about.

Your participation is voluntary. If you don't wish to take part, you don't have to. If you begin participating, you can also stop at any time.

What is this research about?

This research is about exploring ageing and being old through a personal perspective of older people. These themes will be explored through participants engaging in a set of Dramatherapy group sessions where they can creatively reflect on this stage of their life and the world around them.

What will I be asked to do?

Dramatherapy is a form of psychological therapy where people participating engage not just in talking but also in action. This action could be: body movement, singing, taking on a character or a role in a story, making a story or a poem, drawing or simply participating in a social game. Dramatherapist uses creativity and playfulness to connect with participants and to enable participants to connect to themselves and other group members. There are no drama skills required to participate in one of these sessions only a bit of playfulness and willingness.

All residents who are interested in Dramatherapy will be offered to join a trial group session with Maya so they can find out about Dramatherapy through experience and have an opportunity to ask questions about the research project. Should you agree to participate in the research project (after you have experienced Dramatherapy session), you will be asked to join a group of residents (8-12 in the group) for a total of 10 Dramatherapy sessions within the designated communal area of your home. The sessions will run on a weekly basis in duration of 1 hour each. Maya is an experienced Dramatherapist and she will facilitate all 10 sessions, assisted by one of the designated staff members from your residence facility.

Appendix 4b: Plain Language Statement

A month after the sessions have finished Maya will come back to the nursing home to conduct one to one interviews with each participant individually. The kinds of questions you might be asked in this interview will be about your experience of Dramatherapy and any personal reflections on the themes explored in Dramatherapy after the sessions have finished. The interview will last for about an hour and it will take place at the nursing home.

As this is a research project all sessions will be video recorded, individual interview at the end will be audio recorded and your art work will be digitally recorded as research data (you can keep the art work originals if you wish) so that Maya can watch/listen to it later and extract useful data for her study.

What are the possible benefits?

The benefits of participating in this research project mean that:

- You can deepen your relationship with others in your home community.
- You will have an opportunity to view your life from a different perspective and share your own life story creatively with your home community.
- You will have an opportunity to explore your views about your life with the group as well as how the society views older people nowadays.
- You will participate in creating new knowledge and understanding about ageing.

What are the possible risks?

Sometimes taking part in creative and self-reflective activities can bring out difficult or uncomfortable feelings which you might find distressing. In Maya's work as a Dramatherapist she considers this as a normal part of the creative therapeutic work and something she is skilled to deal with. As all your participation will be voluntary and at your pace, you can always opt out from doing something if it doesn't feel right. Maya will remind everyone of that throughout the project.

Another challenge can be in sharing personal thoughts, feelings and opinions with a group of people who you might not feel close to. If you at any point have concerns about your participation in the group that you can't share with everyone Maya will be available after sessions to talk alone in hope to help you resolve these difficulties. If in the course of this research you wish to access external support (other than Maya or nursing home staff) for your emotional wellbeing, Maya will work with the registered nurse to ensure that access is provided to an appropriate professional (such as a counsellor) through your GP referral.

Do I have to take part?

No. Participation is completely voluntary. You are able to withdraw at any time. If you decide to withdraw you can request to have all the information about your participation taken out of the research.

Will I hear about the results of this project?

The results of this project will form part of Maya's final doctoral thesis for the purpose of the University of Melbourne submission. She would like to ask you and other participants to suggest ways in which you would like to experience the findings of the research. This could be a written report, presentation, a sketch or it could involve the group participants as co-presenters.

Appendix 4c: Plain Language Statement

What will happen to information about me?

All the data collected in sessions (video recordings, reflective [art work](#), audio recordings) will be transcribed and pseudonyms will be used in place of participants' names in case you wish to remain anonymous. All digital files related to the project (audio files, transcription files, photographs of the [art work](#) and ethnographic field notes) will be kept in a password protected computer at the University of Melbourne.

The files will stay there for 5 years after which the paper forms such as consent forms will be [shredded](#) and electronic files deleted.

Where can I get further information?

If you would like more information about the project, please contact the researchers; Dr Lucy Bolger (Responsible Researcher), Tel: 39035 9496; <mailto:bolgerl@unimelb.edu.au> or Maya Ercole (PhD student), Tel: 0406563881; <mailto:ercolem@student.unimelb.edu.au>

Who can I contact if I have any concerns about the project?

This research project has been approved by the Human Research Ethics Committee of The University of Melbourne. If you have any concerns or complaints about the conduct of this research project, which you do not wish to discuss with the research team, you should contact the Manager, Human Research Ethics, Office for Research Ethics and Integrity, University of Melbourne, VIC 3010. Tel: +61 3 8344 2073 or Email: HumanEthics-complaints@unimelb.edu.au. All complaints will be treated confidentially. In any [correspondence](#) please provide the name of the research team or the name or ethics ID number of the research project.

Appendix 5: Consent Form

Consent Form

VCA & MCM



Project: Exploring older adults' personal perspectives on ageing and old age through Dramatherapy

Primary Researcher: Maya Ercole, <mailto:ercolem@student.unimelb.edu.au>

Additional Researchers: Dr Lucy Bolger (Responsible Researcher and Supervisor), <mailto:bolgerl@unimelb.edu.au>

Dr Nisha Sajani (External Supervisor), <mailto:nsajnani@lesley.edu>

Name of Participant: _____

1. I consent to participate in this project, the details of which have been explained to me, and I have been provided with a written plain language statement to keep.
2. I understand that the purpose of this research is to investigate participants' personal perspectives and reflections on ageing and old age.
3. I understand that my participation in this project is for research purposes only.
4. I acknowledge that the possible effects of participating in this research project have been explained to my satisfaction.
5. In this project I will be required to take part in 10 weekly group drama therapy sessions and one one-to-one interview with the researcher upon finishing of the group project.
6. I understand that my participation in drama therapy sessions will be video-recorded and that my final interview will be voice-recorded for the purpose of accurate transcription. Any art work that I produce will be digitally recorded and kept as research data. I can keep the originals if I so wish.
7. I understand that my participation is voluntary and that I am free to withdraw from this project anytime without explanation or prejudice and to withdraw any unprocessed data that I have provided.
8. I understand that the data from this research will be stored at the University of Melbourne and will be destroyed after 5 years.
9. I have been informed that the research content I contribute to such as recorded DT sessions and one to one interview will all be all used as data. I can choose for my contribution to be under a pseudonym but I am aware that members of my community could possibly identify the content as related to me. My personal details (name, date of birth, address) will remain confidential, subject to any legal requirements; my data will be password protected and accessible only by the named researchers.
10. I understand that after I sign and return this consent form, it will be retained by the researcher.

Participant Signature: _____

Date: _____

Appendix 6: Participants Personal Management Plan

Participant's personal management plan, all participants in stage one

VCA & MCM



Project: Exploring older adults' lived experiences and personal perspectives on ageing and old age in a residential care setting through Dramatherapy.

Dr Lucy Bolger (Responsible Researcher)

Tel: +61 3 9035 9496, email: bolgerl@unimelb.edu.au

Dr Nisha Sainani (External Supervisor), email: nls4@nyu.edu

Maya Ercole (PhD student), email: ercolem@student.unimelb.edu.au

Introduction

This sheet is given to you because you chose not to opt-out from Maya's study which will involve her observing and getting to know the residential community and those who work and live there. This sheet provides information about the steps you can take if you feel uncomfortable or unsure about being part of this study at any point.

In the first stage of this study, Maya will be coming and observing what happens at your facility to learn about everyday life of your community. Each day Maya comes to the facility she will greet everyone and remind them that she is there to carry out her study.

If you do not want to be observed for any reason on a particular day, that is completely fine.

You can:

- Tell Maya directly
- Inform a staff member at the facility so that they can notify Maya
- Inform the facility management.

If you are uncomfortable with Maya observing you on a particular day, she will make sure that she does not include you in her observation notes for that day. If you are uncomfortable with Maya being present in the room on a particular day, Maya will leave the room and observe a different aspect of the residential community life.

If you change your mind and wish to opt-out of participation in the study completely, you can do this at any time by:

- Talking to Maya of your decision
- Leaving a written note for Maya in the designated pigeonhole
- Informing a staff member you are familiar with, if you are a resident.

Maya's observations of you will cease immediately and all unprocessed data already collected will be discarded from the study.

Please note: You are under no obligation to be observed and no-one will mind if you say no. If you choose to say no, this will have no impact on your place at the residential care home.

If you need to discuss further the information provided here or you have any other questions you can approach Maya to speak with her or contact her via email above.

Thank you for reading this.

Ethics ID: 1749641.2

Appendix 7: Risk management plan

Below are examples of the steps you can take in case you need to communicate any discomfort with regards to this project.

Your experience during the study project	Action you can take	Result of your action
You might not wish to be part of Maya's observations on a particular day.	You can approach Maya directly and ask her to be excluded from observations that day.	Maya will make sure that she excludes you from any observations that day.
	If you do not wish to speak to Maya directly you can either speak to a member of staff if you are a resident or your manager if you are a staff member.	Maya will make sure that she excludes you from any observations that day as soon as she is notified.
You might feel that Maya's project is making you uncomfortable in general.	You can speak to Maya directly.	Maya will listen to you and discuss ways in which her observations might need to be adjusted so that some of the intrusion might be avoided.
	You can address this issue with your manager.	Maya will take note of your communication and endeavour to adjust her observations.
	You can contact Maya's supervisor (contact details above).	Maya and her supervisor will discuss if the observations need to be adjusted and how.
You might feel that being part of this project is having an adverse impact on your personal or professional wellbeing.	You can speak to Maya about this and discuss the nature of the discomfort you are experiencing.	Maya will listen to you and discuss ways in which her observations might need to be adjusted.
	You can address this issue with your manager or staff member if you are a resident.	Maya will take note of your communication and endeavour to adjust her observations <u>in order to</u> prevent any further discomfort.

Appendix 8a: Drama therapy workshop example session plan

Session stage	Activity	Rationale
Focus	<p>Take a moment to focus on your breath and arriving at the space.</p> <p>Bring awareness to the circle and people around you.</p> <p>Passing a small stone around the circle – have a feel of the stone in your hand and notice its qualities (texture, weight, temperature.) and think of a moment when you shared a meal with people in your life – what was the meal like? Were you hungry? Where were you?</p>	<p>To allow and acknowledge the transition from the everyday space into the DT workshop. To notice the participants, present in the room. And focus on one’s breath and notice any feelings/sensations in the body.</p> <p>This gives the participants a chance to check in with themselves before we check in with each other.</p> <p>Get a sense of transition and arrival into the workshop/therapeutic space.</p>
Warm-Up	<p>Go around and say your name and how are you today – when you are ready to pass it on gently touch the person next to you.</p> <p>Take turns to suggest a movement of different parts of the body to stretch.</p> <p>Pass a beach ball around and say the name of the person you are throwing it to.</p> <p>Play Keep the ball in the air - emphasise that this a group/community effort.</p>	<p>Participants can take a moment to say hello to each other and reconnect.</p> <p>Warms up the body and connect with each other through mirroring.</p> <p>Warms up the body and connect with each other. Encourages playfulness.</p> <p>An opportunity to energise the body and work together as a group. Encourages playfulness.</p>
Bridge-In	<p>Pass the tray with different spices around and ask them to guess what they are by smell only at the beginning.</p> <p>Pass around the cooking pot and ask everyone to imagine that we are all cooking a soup and for each person to offer and ingredient to put inside this soup... don’t worry if the ingredients don’t quite match what someone else has put in... this is a magical soup that turns out right whatever we put in.</p>	<p>Invites some of the symbolic themes of the session through a physical and textual experience. Warms up the imagination and as well as personal memories of cooking/eating and being together.</p> <p>Prepares the participants for the story themes of the story. Encourages imagination and playfulness.</p>

Appendix 8b: Drama therapy workshop example session plan

Main Event	<p>Tell the story of 'the stone soup'. In small groups of 3 share what you found interesting about the story and share it with the rest of the participants as a still image. The group to reflect.</p>	<p>The story has several strong themes that participants might find interesting to explore. A strong theme is community coming together in resourcefulness, unity, and creativity.</p> <p>An opportunity to explore the themes of the story verbally and through embodiment.</p>
Bridge –Out	<p>Share the reflections in the bigger group...does this story reflect real life. What is it like to be rejected (the Traveler)? What is it like to be embraced? What it is like to be alone? And what is it like to be part of a group, of a community? What does it mean to open one's heart to another and share?</p> <p>Pass the pot around again and see if we would like to offer some more imaginary ingredients as a group before we put it away.</p>	<p>This is an opportunity to further explore the relationship between the themes of the story, drama of the embodiment and participants life experiences and views.</p> <p>An opportunity to expand the dramatic reality and the possibility of what soup and ingredients can represent in the DT space.</p>
Closure & grounding	<p>Go around the circle and say your name and something you notice in the room. Go around and say one thing you are looking forward to in the next week.</p>	<p>This is a way to consciously close the imaginative space and move on with our day ahead. Coming back to the here and now and making sure that everyone feels grounded.</p>

Appendix 9: Semi-structured interview questions sample

Interview questions – Phillip, Thursday 22/02/18

About you and your time working here.

You mentioned before that you have been in a PCW role before your current role - Could you please tell me a bit about your work experience here so far.

What did you do before this job?

What was it like when you first started in relationship to residents?

Do you remember what was it like to be in such a hands-on role with people?

About your views on ageing – including your own ageing?

What are your reflections on your own ageing and a possibility of living in a residential home like this one?

Have you experienced difference in your role in the world as you're growing older?

Do you have these conversations with your family?

What are your thoughts about the residential homes in our society – what role do they play?

What do you think empowers the people living in here?

What kind of attitude/action/person? When do you feel like the [job](#) you're doing is giving you satisfaction and it's creating value?

If you could change things here so that you and the residents feel more empowered what would that look like? |

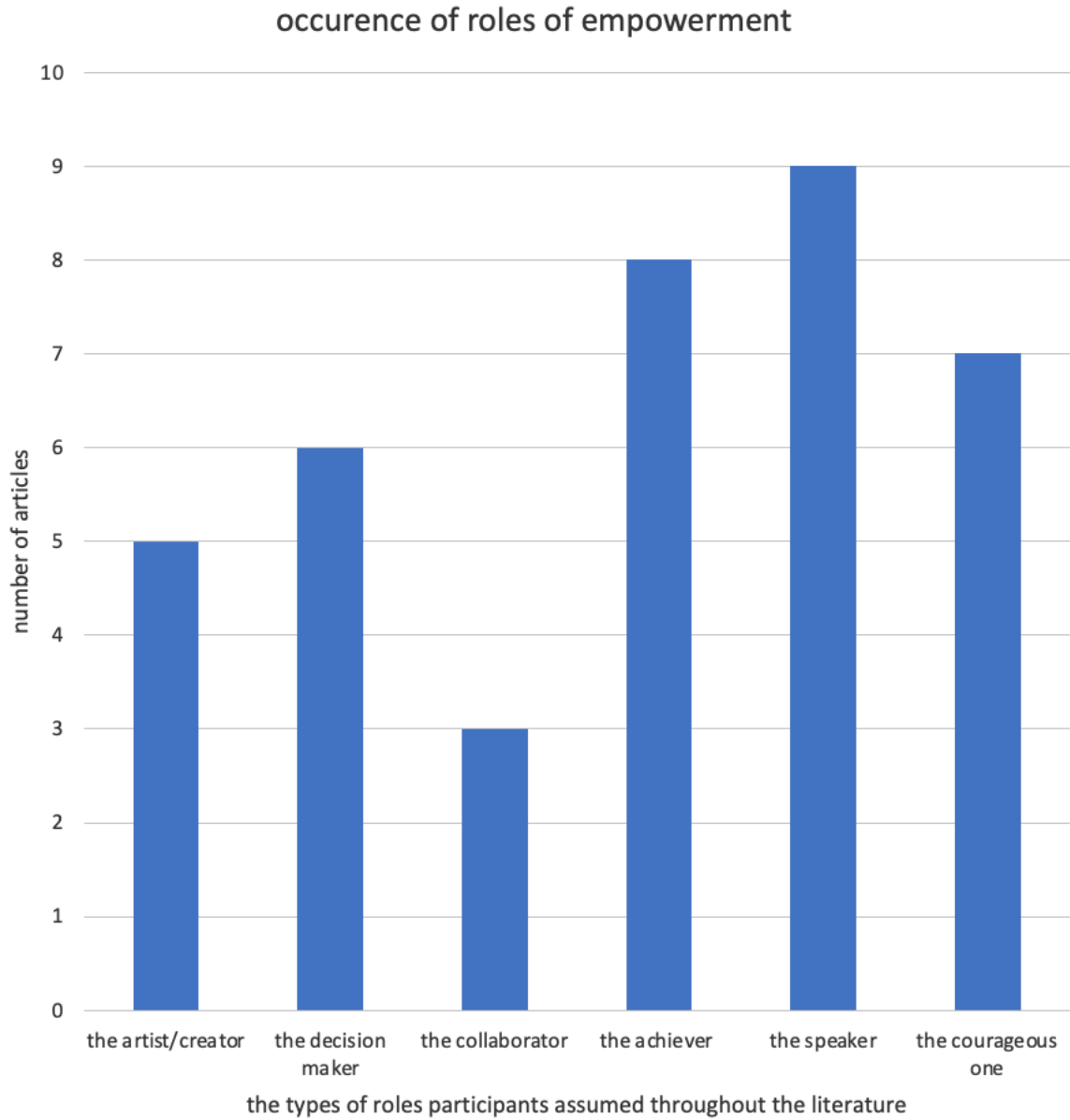
Appendix 10a: Sample of Critical Interpretative Synthesis analysis (themes deriving from question: How can art form empower the older adults?)

HOW CAN ART FORM EMPOWER THE OLDER ADULTS?	
forms of empowerment	thematic findings (numbers relate to articles as listed in Table 4)
role play and witnessing	<ul style="list-style-type: none"> • Adoption of various NEW ROLES by OAs 1 • OAs EMPOWERING EACH OTHER THROUGH METAPHOR 1
exploring the unknown through the art form	<ul style="list-style-type: none"> • UNCOVERING the HIDDEN PARTS of OAs personality through dramatic play encounter (intact parts of their personalities that are hidden beneath the “mask of aging”) 1 • Exploring and expanding THE SYMBOLISM OF OLD AGE for OAs through playful object transformation (a walking cane) 1 • OAs CREATING their ALTERNATIVE REALITIES 1 • the safety of dramatic play allows the OAs to BRING FORTH STRONG DORMANT FEELINGS into the group and name them 3
playing	<ul style="list-style-type: none"> • OAs using play to BREAK DOWN BARRIERS and encourage laughter and relaxation 3 • Process of play as: TRANSFORMING OF THE SELF 5 • <u>DvT</u> providing a platform for PLAYFULNESS, PRESENCE & LOVE in OAs interactions 9
being an artist/creator	<ul style="list-style-type: none"> • ZINES as a SOCIAL ACTION TOOL, promoting autonomy, independence, critical relationship with mainstream culture 2 • OAs VIEWED THEMSELVES AS AN ARTIST for the first time in their lives 2 • OAs finding a CREATIVE OUTLET for themselves 2 • OAs finding metaphors in nature that RELATE TO LIFE IN A NURSING HOME 2 • For OAs CREATING IS A LIFELINE 2 • For OAs creating is AN IMPETUS TO AFFECT CHANGE 2 • OA uses the arts to EXPLORE HER JEWISH and GENDER IDENTITIES 2 • OA she uses the arts to UNPACK CHALLENGING RELATIONSHIPS that occur by living in a nursing home 2 • OAs exploring of CREATIVE SELF- REFLEXIVITY THROUGH ART 2 • Creative involvement was A CATALYST FOR INTELLECTUAL DISCUSSION and CRITICAL THINKING 2
embodiment	<ul style="list-style-type: none"> • OA EMBODYING STRENGTH and BEAUTY in character 1 • OA EMBODYING YOUTH and LIFE-GIVING POTENTIAL 1 • OA EMBODYING VITALITY & LONGEVITY 1 • OA EMBODYING BEAUTY & SEDUCTIVENESS 1 • OA EMBODYING RESILIENCE 1 • OA EMBODYING CHOICE & CHEEKINESS 1 • OA EMBODYING INVINCIBILITY 1
transformative experiences through engaging with a character/ metaphor/art form	<ul style="list-style-type: none"> • OAs’ opportunity to RECOGNIZING ONE’S LIFE IN A HERO’S JOURNEY 3 • OA exploring THE POSSIBILITIES IN THEIR OWN LIVES through imagined reality 3 • STORY-WORK as INVITATION and CONTAINER for OAs’ personal feelings and thoughts 4 • OAs remarks that exploring the imaginative space ‘OPENED HER EYES’ 4 • OAs are able to IDENTIFY aspects of THEIR EXPERIENCE in the art form 5 • Process of play as: TRANSFORMING OF THE SELF 5 • Once the personal material has been expressed IT BECAME CONSCIOUS 5 • Once the personal material has been shared IT HAS BEEN MODIFIED BY THE GROUP INTERACTION 5
agency through choice and decision making	<ul style="list-style-type: none"> • OAs ACTIVELY ENGAGED IN CHOOSING within the creative process 4 • OAs EXERCISING CHOICE through engagement with music 13 <p>Art form involved DECISION MAKING, NEGOTIATION and INTERACTION for OAs 4</p>

Appendix 10b: Sample of Critical Interpretative Synthesis analysis (themes deriving from the question: How can art form empower the older adults?)

	<ul style="list-style-type: none"> • The group were PROUD of the finished collage and wanted it displayed on the wall 4 • OAs involved in CREATING and ACHIEVING ALONGSIDE OTHERS, A SENSE OF CONNECTION to others through joint creativity 4 • OA opportunity TO DIRECT THE THERAPIST through the art (once she told me that the figure was there, or rather what it was doing, one could see the simple schema of a person) 12 • OA's ability to "PULL IT TOGETHER" (into a graceful, flowing image) 12 • OA's ability to use PERSONAL RESOURCES to compensate for the lost ones (drawings speaking instead of the words) 12 • Art form in DT can SIMPLIFY AND CONCRETISE FEELING STATES and interpersonal RELATIONSHIPS 5 • OAs experienced an enhanced SENSE OF PERSONAL CONTROL and CAPACITY TO VERBALIZE 5 • OAs have managed TO NAME some CONCRETE GROUP THEMES AND ISSUES 5 • OAs EXERCISING CHOICE through engagement with music 8 • OAs' OWENERSHIP of the art form 9 • OAs are EXERCISING & REHEARSING COURAGE in the art form 9 • OA DISCOVERING HER PHYSICAL ABILITIES through movement 12 • OA using the artistic process to EFFECT CHANGE, GAIN CONTROL, and to MASTER A PROCESS 12
agency through self-representation	<ul style="list-style-type: none"> • OA's picture as a POWERFUL EXPRESSION OF BOTH DISABILITY & COURAGE 6 • OA seeking for NEW FORMS OF visual EXPRESSION 6 • OAs artwork was often personal, conveying POWERFUL IMAGES or STORIES ABOUT THE ARTISTS' LIVES 6 • OA's art as representation of BOTH JOY & STRUGGLE 6 • OAs art processes REFLECTING THEIR LIFE STRUGGLES 6 • OAs experiencing ACCOMPLISHMENT, MEANING, and ENGAGEMENT through the art form 7 • OAs experiencing CULTURAL RESPECT through TH's cultural sensitivity in choosing the art form 13

Appendix 11: Sample of Critical Interpretative Synthesis analysis (breaking down the empowerment roles)



Appendix 12: Sample of thematic analysis

<p>Bingo activity with 6 tables set up with up to four people each. The PCA is talking very loudly and enthusiastically. I am sitting in a corner close to the table where Howard, Graham and Stephen are sitting. Stephen seems a bit sleepy and he doesn't seem to be following the numbers. Howard is moving both his and Stephen's numbers on the sheet. Graham's face is serious looking and he seems disconnected from the game (he doesn't seem to move the numbers either). (my comment: There is something irritating in hearing the PCA naming the numbers continually and in a loud voice. She uses playful names for certain numbers which makes it interesting the first time but after a while it sounds infantile and patronising. I wonder what it's like for her to keep shouting the numbers over and over again?)</p> <p>There are two people in a reclined wheelchair on my right by the window. They both appear to be coming in and out of sleep. There is someone (male voice) shouting in the corridor on my right. It's difficult to distinguish if this person is in pain but they are definitely trying to communicate something. One of the ladies participating in Bingo is asking the PCA if the person is ok and the PCA assures her that he'll be fine. The man continues to shout and there are now a couple of PCAs trying to help out. The Bingo PCA continues to project her voice over the noises in the corridor. She seems enthusiastic, smiley and spirited.</p> <p>The lady next to the window is now asking for a drink. The man on her right starts coughing up and vomiting while the bingo still goes on. The prizes for Bingo are being given out and they are the choice of crisps and chocolate bars.</p>	<p>"loudly and enthusiastically"</p> <p>"sleepy"</p> <p>"not following the numbers"</p> <p>"disconnected"</p> <p>"irritating"</p> <p>"sounds infantile and patronising"</p> <p>"over and over again"</p> <p>"in and out of sleep" "someone shouting"</p> <p>"trying to communicate something"</p> <p>"is the person ok?" "he'll be fine"</p> <p>"continues to shout" "trying to help"</p> <p>"voice over the noises"</p> <p>"enthusiastic, smiley and spirited"</p> <p>"asking for a drink"</p> <p>"coughing up and vomiting" "the bingo still goes on" "the choice of crisps and chocolate bars"</p>
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Note: In this sample of thematic analysis the field notes closely resemble the vignette written in the findings chapter to closely capture the dynamic scene played out during the Bingo game. However, the thematic codes extracted (in the right column) have been used to compare the themes deriving from data throughout the 4 study cycles.