

MAKING HOME WORK: THEATRE-MAKING WITH OLDER ADULTS IN RESIDENTIAL CARE

Helen Nicholson

Department of Theatre and Performance,
Royal Holloway,
University of London, UK

Abstract

The paper reflects on the significance of artistic practice with older adults in residential care settings, asking what ‘home’ means to residents living with dementia. To consider how cultural stereotypes of ageing as narratives of loss and decline might be challenged, this paper draws on a recent production *On Ageing* that was staged at the Young Vic Theatre in London. This play dramatised gerontologist Tom Kirkwood’s view that ageing is not a process of deterioration but accumulation, which determines how the body ages physically. Socially, we also accumulate ‘stuff’ as we grow older and home is often defined by the emotional significance of possessions. So what happens when, in old age, people’s physical space shrinks? The research draws on the principles of person-centred care and non-humanist theories of materiality to debate how home is constructed through the imagination and in the material, spatial and temporal practices of everyday life. In considering how and why creative activity with older adults can help to change a residential care home from an institution to a domestic space, it suggests that the arts have a significant role to play in end of life care.



Helen Nicholson is professor of theatre and performance at Royal Holloway, University of London, where she specialises in applied theatre and contemporary performance. She is the author of several books in the field, including *Applied Drama: The Gift of Theatre* (2005), *Theatre & Education* (2009) and *Theatre, Education and Performance: The Map and the Story* (2011). Helen is co-editor of *RiDE: The Journal of Applied Theatre and Performance*, published by Routledge.

Email: h.nicholson@rhul.ac.uk

Keywords: AGEING, DEMENTIA, HOME.

Paradigms of performance: Researching the oldest-old

Contemporary anxiety about ageing and an ageing population is, according to gerontologist Gary A. Andrews, demanding a re-assessment of the ways in which older adults experience end of life care (2005:xvii). The renewed emphasis on ‘positive ageing’ within both gerontology literature and popular culture is challenging stereotypes of older adults as frail, forgetful and incapable of self-care, and the narratives of decline often used to

NJ, 35, 2011

describe the imagined vicissitudes of ageing are being re-assessed. Yet increasing human longevity is placing unprecedented pressure on health care as the fastest growing segment of the population — the ‘oldest-old’ — experience dementia and other age-related conditions. At its bleakest, the technology of care overtakes the social and emotional aspects of older adults’ lives with shocking consequences. Speaking in response to a damning report about end of life care in some National Health Service (NHS) hospitals in the UK, Professor Raymond Tallis, Emeritus Professor in Geriatric Medicine at the University of Manchester, argued that a lack of appropriate care had arisen partly because a ‘business model’ had permeated the health service management, such that ‘people only value the things that can be counted’.

This paper focuses on the role of the artists and the arts in residential care settings for older adults, all of whom have dementia and may also experience additional mental health problems. In many ways, this paper is a response to Tallis’ criticism of paradigms of performance management in the health services that echo business models of efficiency and productivity rather than the immaterial labour of compassionate care. Insights from performance studies are instructive in illuminating the culture of performance management that, Tallis argues, sometimes constrains health professionals. In his book *Perform or Else: From Discipline to Performance*, Jon McKenzie famously pointed out that the idea of performance has multiple meanings, arguing that although theatre-makers associate performance with social efficacy, managers relate performance to efficiency and some scientists ‘are not interested in cultural or organisational performance, but in *technological performance*’ (2001:95, emphasis in original). In some forms of health care management, the latter of these two paradigms of performance dominate. In the UK, which guards a well-regulated NHS that still attracts the leading medical specialists and researchers, health care is free to all citizens and funded by taxpayers, which means that there are political sensitivities about cost-effectiveness and how the money is spent. Targets are set for efficiency, and the organisational structures of the health service are a matter of public and political scrutiny. Furthermore, advances in medical research have meant that some aspects of health care (cardiology, for example) have become highly technical, and the status of health professionals working in areas of medical specialism that depend on technological expertise has been enhanced accordingly. Both organisational performance and technological performance measure outcomes and the NHS regards patients’ ability to return home to a ‘normal’ or economically productive life as one indicator of success — whereas the loss of working days is offered as evidence of failure (NHS Employers, 2009:23). Working with older adults, particularly those experiencing dementia and living in long-term residential care, necessarily invokes another set of priorities that challenge some of these assumptions. Unable to contribute productively to the economy and unlikely to return to ‘normal’ life, provision for the care of the oldest-old arguably shows the values of society at their most acute.

Artists not only bring their understanding of performance as a social and cultural practice to health care settings, their presence also draws attention to forms of knowledge not captured by paradigms of performance management. In his book *The Postmodern Condition: A Report on Knowledge*, first published in 1979, Jean-Francois Lyotard suggested that in the post-Enlightenment grand narrative, science came to represent ‘the totality of knowledge’ which set up hierarchical divisions between two kinds of knowledge — the ‘positivist kind’ that is ‘directly applicable to technologies’ and the ‘critical, reflexive, or hermeneutic kind’ that has been more closely associated with the arts (Lyotard, 1984:14). In addressing the question ‘who decides what knowledge is, and who knows what needs

to be decided?’ (1984:9), Lyotard offers an alternative perspective. He argues that the truth-claims of science are based on linguistic practices and communicative interaction which have been legitimated as ‘objective’ by those who hold institutional and cultural power. One of the consequences of the Western philosophical habit of classifying knowledge into bounded academic disciplines is that knowledge is often generated from only one perspective. This means, according to the sociologist Bruno Latour, that the emphasis on ‘objectivity’ in scientific research has tended to insulate it from messier and political questions of value (Latour, 1999). Although his argument that the practice of science is as unpredictable, creative and ethically-orientated as the work of artists is persuasive, the perception that the arts represent vernacular, subjective know-how and scientific knowledge is objective, empirical and ‘evidence-based’ remains rooted in the popular imagination and embedded in much health policy.

Lyotard’s Wittgensteinian analysis of knowledge-creation has implications for my research into the work of artists in residential care. If Lyotard and Latour are to be believed, paradigms of performance that value only the ‘things that can be counted’ not only offer a partial view of the world, they also perpetuate particular ways of thinking and knowing that have been legitimated by those who hold cultural or political power. This also implies a way of thinking about research that assumes, by extension, that the only valid methods involve some form of measurement. In researching and evaluating the work of artists with older adults, the first question I am often asked by artists is how the work will be measured. This not only suggests that they have internalised the perception that only discourses assumed to be ‘scientific’ or ‘objective’ hold value, it also implies a belief that their own insights and interpretations have less authority. This way of thinking about research under-estimates and under-values the intuition of empathetic and compassionate carers who work with older adults on a daily basis and further implies that scientific judgements are more ‘valid’ than other forms of knowledge.

In her book *Theatre in Health and Care*, Emma Brodzinski (2010) offers a helpful way of thinking about multi-disciplinary evaluation in health care settings that challenges the distinctions between different forms of disciplinary expertise. She rehearses the argument that artists assume that evaluation will reduce or underplay the creative experiences of the participants, whereas clinicians require empirical evidence of the health benefits of arts practices. ‘The important question’, Brodzinski suggests, ‘appears to be whether different parties are talking about the same thing in different ways’ (2010:14). In response, she argues that different forms of expert knowledge can serve to complement each other. This requires, I would suggest, recognition that different ways of knowing are equally legitimate and that the tacit knowledge of carers, the vernacular know-how of older adults and the creative insights of artists, are as valuable to the formation of knowledge as paradigms of performance that value measured outcomes and empirical data. In developing this research, therefore, I am interested in teasing out how arts-based research methods can illuminate creative practices in residential care settings, not as a way of replacing social scientific methods or the scientific practices of medical research but as a complement to them and as a way of seeing the creative experiences of older adults from another perspective.

This paper is located within these gaps, where the ontology/epistemology binary that defines distinctions of knowledge between the material and ephemeral (or fact and value) might be challenged (or subverted). I am searching for a way of thinking about how the

aesthetic vocabularies of performance — including narrative, symbolism, metaphor — can assist an understanding of the significance of arts practice with older adults. By moving beyond the idea that the arts are an activity that help older adults pass the time in their care home, this research attends to the relational aesthetic inherent in the performance of everyday life as participants move between material and imagined worlds, between attention and inattention, between memories of the past and their creative responses to living in the here-and-now. This involves, I suggest, juxtaposing humanist ideas of ‘person-centred care’ against non-humanist conceptions of how an ecology of space, objects and environment contribute to affective and sensory relationships with people and places. By taking account of what political theorist Jane Bennett describes as ‘the vibrancy of things’ (2010:110), I hope to shed light on how older adults with dementia experience ‘home’ both as an imagined place and a material reality.

This paper is structured in four parts, each of which illuminates a different response to ‘home’ and a different set of dramatic or performative practices. My purpose in this paper is not to recommend a particular methodology that might be applied to all contexts but to question how theatre-making with people with dementia might be informed by inter-disciplinary debates and how this process might allow assumptions to be challenged. Firstly, I shall focus on the relationship between ideas of person-centred care and reminiscence, in which memories of home are invoked as a way of narrating past life in the present. I shall then turn my attention to the relationship between scientific metaphors of ageing and cultural performance, asking how they might challenge assumptions about ageing as a process of deterioration and loss. In the third section, I shall examine practice with older adults with advanced dementia, asking how the layering of material, sensory and imagined worlds might create a sense of home. Finally, I shall draw together the strands of my argument by making some tentative observations about the potential for inter-disciplinarity in this important aspect of social care. Methodologically, the examples are drawn from my experience of witnessing theatre and participating in workshops with older adults who are experiencing dementia and may exhibit behaviour described by the medical profession as ‘challenging’. Some of this work was carried out in partnership with Age Exchange Theatre Trust, a London-based company that specialises in developing person-centred arts practices with older adults. For the purposes of this paper, both the residential homes and the residents’ names have been anonymised. Taken together, I hope that by focusing on home as a metaphor, a symbol, a set of relational practices, an imagined memory and a material place, I can begin to open questions about how different approaches to theatre-making and performance can assist the oldest-old to construct a sense of home in their care setting and how, in the process, theatre can begin to facilitate an exchange of disciplinary knowledge that illuminates the science of ageing.

Remembering home: Reminiscence in person-centred care

Person-centred care for people with dementia was conceived in the 1980s as an alternative to the medicalisation of the condition and represented a radical critique of the ways in which dementia had been treated as a disease. Person-centred care, by contrast, recognised the social and personal implications of the condition and was based on the understanding that it developed in response to a complex intersection of psychological, social and neurological factors. One of the most influential voices in this field was Tom Kitwood, a social psychologist whose humanist theories of dementia and personhood have introduced profound and positive changes to dementia care, a process that also created the conditions in which the arts have assumed a small but significant role. ‘Person-centred care’ is a

term that is widely invoked by artists and theatre-makers who work with people with dementia and its theoretical structures have also offered a social scientific justification for the practice of reminiscence in dementia care, in which remembering home (often childhood homes) is conceived as one way to affirm a positive sense of selfhood and self-worth.

Kitson's theories of person-centred care are instructive to theatre-makers who work with older adults because they acknowledge that selfhood is sustained by networks of social relationships. He drew on theories of social psychology to argue that personhood is always constructed actively, as a relational process that involves others. By extending this perception of personhood to people living with dementia, in an essay first published in 1988 Kitson was explicitly concerned to offer an alternative to their objectification and 'dehumanisation', a process that he associated with an unethical 'modernising project' of scientific progress (2007b:108-110). He argued that people living with dementia are better able to sustain a sense of selfhood and individuality when they are part of a network of reciprocal and caring relationships, within which everyone is able to give as well as receive. Creating person-centred environments, he suggested, is an ethical process that requires carers to have an empathetic understanding of the individual subjectivities of people living with dementia. It is here that he makes a distinction between the 'essence' of personhood, which he considers to be naturally sociable, and individual subjectivity, which is acquired over a life history as a result of 'the accumulation of layer on layer of experience' (2007c:229). Gaining an awareness of each person's past life not only enriches the quality of relationships in the present through an understanding their individual subjectivities, Kitson suggests, but the interactivity also serves to keep alive an 'essence' of personhood. This has practical as well as theoretical implications, and he recommended that 'a good care environment' should be 'a place of enhanced sociability' (2007c:230). Seen in this light, reminiscence became regarded as a way in which carers might connect with both the individual's identity and sustain their social relationships. This position is articulated clearly by gerontologist Habib Chaudhury in his book *Remembering Home: Rediscovering the Self in Dementia Care* (2008), whose study of the positive effects of reminiscences of home in dementia care draws heavily on Kitson's theories of personhood. It is interesting in this context that Kitson describes such sociable activities as 'a kind of "coming home"' (2007c:230).

Dramatising narratives of home with people living in residential care is, of course, an emotionally complex process. The move from home to 'a home' is a major upheaval for older adults, although for some people this change of environment is accompanied by relief as everyday struggles are ameliorated (Chaudhury, 2008:8-9). Moving into residential care is often accompanied by a profound shift in identity that not only affects older adults but also redefines their social networks and emotional relationships of family and friendship. Bringing narratives of home into this new 'home' environment is part of sustaining the residents' links with the past, but moving house also provides an opportunity to redefine selfhood in relation to their new circumstances. Humanist readings of home, consistent with person-centred models of care, suggest that the home is a place where identity is formed and through which people are grounded — an 'irreplaceable centre of significance' (Relph, 1976:39). In this conceptualisation, it follows that guided reminiscence with artists in residential care homes has the potential to encourage residents to find continuity with the past and, in the process, to create a new sense of belonging to the present. Chaudhury suggests that reminiscence about remembered homes 'can help redefine aspects of the self in the current environmental context' (2008:20), a process that is creative, socially interactive and, I would add, rich in dramatic potential.

Encouraging reminiscence is, in itself, a creative and performative practice that involves attentive listening to the stories people tell and careful observation of how memories are embodied. Listening is a reciprocal process, and can be challenging when memories appear fragmented or when the behaviour of the person living with dementia is unpredictable. Kitwood points out that erratic behaviour may be construed as a 'problem' by carers and medical professionals, but he suggests that when it is read sympathetically it often indicates concerns or anxieties that dementia 'sufferers' may be unable to express in other ways. He concludes that in this context:

The carer's task here is a highly creative one: to acknowledge the gesture, to honour its possibilities, and to enable it to be converted into an action that has meaning in the interpersonal world. (2007a:62)

When theatre-makers invite people with dementia to remember home, the process of listening to memories and responding to their gestures, their repetitions and their inattention is similarly creative. This was illustrated to me very clearly in one care home where I was working with a group of undergraduate students, all in their late teens or early 20s. Having taken 'home' as the theme for an intergenerational reminiscence theatre project, the students devised a series of short scenes to show the residents about their lives at university, each of which was set in a student house. The performance used direct address to tell their stories and they introduced 'real' objects from their rooms that the residents were invited to touch, smell, taste and hold — a bar of soap, a bottle of beer, a soft toy, a cricket bat, a chipped cup — that both punctuated the performance and encouraged participation. We also hoped that the symbolism of the objects would speak across generations in ways that would stimulate the residents' memories of their own childhood homes.

The reaction of the residents surprised us. They were generally responsive to the performance, and the invitation to engage with the objects was widely accepted. At the end of the performance, unnoticed by the students, one woman gathered the objects up and, one by one, they disappeared. As we had planned to use them as a starting point for one-on-one reminiscence work with each resident, this presented a problem that was only resolved when one of the care workers recognised her behaviour pattern. Understanding the reasons for her agitation was instructive, and marked a turning point in the process. From Kitson we learnt that:

Hiding and losing objects may be part of a person's attempt to 'make things safe' when there is an overpowering sense that things are continually being taken away. (2007a:62)

Giving her objects to touch, only to remove them later, exacerbated her anxiety and restlessness and we learnt that, if we gave her objects that she could keep, she became calmer and increasingly able to participate in the activities. It was interesting that the students' performance reminded residents of their own early adulthood when they were roughly the same age as the students and many of the memories we heard focused on their struggles for independence. Rose, for example, told us the same story several times about how she had crept out of her bedroom to go to the woods with a group of boys. We never found out what she did when she got there, but the delight with which she recounted the story suggested that it was an event that she knew was mischievous and assumed (rightly) that the students would enjoy the spirit of her misbehaviour. In some cases the students' empathetic listening meant that the residents had little sense of the differences

between their ages, and 19 year old Amy found that her 92 year old companion, Betty, was asking her for make-up tips and comparing their complexions, apparently unaware of any difference between Amy's smooth young skin and her own. Amy's presence seemed to blur temporal boundaries between the past and the present for Betty, and we accepted her whispered confession that a young man had got into her bed the previous night, without her mother knowing, without contradiction.

Dramatising the older adults' memories raised some complex ethical and dramaturgical dilemmas. Performing memory allows theatre-makers to respond to Kitson's exhortation to honour the possibilities of the older adults' non-verbal cues by converting them into more immediately intelligible forms of expression. Following Kitson, the students made the decision to follow the convention of many person-centred reminiscence-theatre-makers by using naturalism as a dramatic form, a decision that was intended to respect the memories they had heard and 'convert' them into legible narratives. As Raymond Williams pointed out, the convention of naturalism 'is that speech and action should as closely as possible appear to be those of everyday life' (1987:13) and this suggests that, on the surface at least, it is this dramatic form that most will most closely replicate the values of person-centred care. But whose version of everyday life does this imply? The memories we had heard were repeated, circular, fragmented and often poetic, sometimes in song, and often rich in atmosphere and emotion. The process of composition into naturalistic dialogue stripped these memories of the performative aesthetic we had heard and although the dialogue and the linear structure of each of the dramatised memories meant that the work was engaging, it was not particularly artistically inventive. The students experimented with elements of direct address, introduced comedy and tried to create the kind of 'gaps' that Baz Kershaw describes as integral to subverting the cultural authority of the performer, but nonetheless they felt obliged to honour the residents' stories by re-presenting them episodically, in logical narrative structures. Furthermore, the performers' attempt to keep the residents' attention meant they sometimes had to come in and out of role unexpectedly, a process that sometimes felt clumsy because it broke the theatrical illusion on which naturalism depends (Kershaw, 1999:181).

It is easy to criticise a reminiscence performance with older adults for its production values. In the context of a care home setting and working with people with advanced dementia, making innovative theatre is perhaps not the most important priority — but I am reminded of the moving documentary *Malcolm and Barbara: A Love Story* directed by filmmaker Paul Watson for ITV in 1999, which showed Malcolm Pointon, a distinguished music educator and composer, in progressive stages of dementia. As part of his 'care package' he was offered music therapy but he found this approach patronising and infantilising and complained, possibly with some justification, that by his standards the music therapist was just not a very good musician.

Looking back on the dramatisations of home offered by the student cast, however, although they were primarily concerned with an ethic of person-centred care rather than their own performances — and rightly so in my view — the limits of naturalism as a dramatic form drew attention to deeper problems with humanist theories of both home and selfhood that had informed the work. Kitson's humanist perception of personhood is of its time and his essentialist position has long been contested in performance theory, challenged for its insistence on seeking a common humanity, and critiqued for

individualising and crushing difference. And although in practice person-centred care has introduced a welcome and ethical alternative to the medicalisation of dementia, it also validated a view of personhood that is now seen as contradictory.

One of the most troubling articulations of these contradictions is rehearsed by Chaudhury, who believes that inviting people living with dementia to recall memories of home can reveal the 'essence' of the person who is 'still there' and that reminiscence provides a mechanism through which their old self might be glimpsed. He suggests that:

Achieving a person-centred culture of care requires that we strive to connect with the person who is there, no matter what the outer reality of disability might be. (2008:104)

In the context of Chaudhury's construction of selfhood it is, perhaps, understandable that he regards dementia in terms of absence, but read through the political lens of disability-led arts, disability rights and disability studies it is a profoundly disturbing statement. In all the work I have observed and undertaken with people with dementia there have been startling moments of clarity or animation that surprised the families and even, at times, the person themselves, but there is a risk that continuing to look for the person *behind* their disabilities risks missing who they are *now* and all the emotional benefits that brings. This undoubtedly contradicts the spirit and intention of person-centred care but, as disability studies scholar Michael Oliver points out, humanist models of individualisation imply that the disabled person should be 'normalised' rather than recognising that disability is 'part of the self' (Oliver, 1990:xiii). Dramatically, we found that by organising the residents' stories into logical narrative structures and converting them into 'normal' language, the textual richness of metaphor, rhythms and fragmented imagery of their memories was diminished. The use of naturalism as a theatre form dramatised, therefore, a central problematic that is inherent in humanist ideas of person-centred care and provided a visible articulation of complex cultural and political questions from which we all might learn.

Person-centred care offers an important way to value individual identities and the introduction of reminiscence into residential care homes as part of this process brings the past into the present, an act of imagination that can help to create the kind of sociable culture of care that has many positive benefits for both older adults and their carers. Reminiscence *theatre* is also undoubtedly enriched by insights from gerontology and the empathetic practices of person-centred care. But not everyone in residential care wants to be reminded of the past and reminiscence theatre necessarily focuses on what is absent, remembered or imagined — and this means that theatre-makers can unwittingly collude with 'normalising' people with dementia by presenting memories in dramatic forms that construct an illusion that these stories are being enacted as they 'really were'. All autobiographical memory is fragmented and partial, whether we are living with dementia or not, and presenting neat, linear narratives in autobiographical performance is, according to Dee Heddon, to 'pretend that gaps in knowledge and memory do not exist' (2008:67). I am interested, therefore, in finding ways to value incoherence, forgetfulness and inattention as well as the narratives of reminiscence. This requires, I suggest, a theoretical framework that supports theatre-makers to work in ways that are artistically inventive and take into account the positive values of person-centred care, a process that requires a revised set of aesthetic and political vocabularies.

Metaphors and materiality: The spatial geographies of ageing

Defining dementia — or indeed ageing — without focusing primarily on narratives of loss or decline requires a significant cultural change. Learning to accept that a person is altered by the condition is, of course, a painful process for relatives and friends and can be very distressing for the person living with dementia, but continually seeking the person who is ‘lost’ or ‘hidden’ by the disability may hinder affective relationships in the here and now. We should all allow each other to forget and to change, whether or not we are living with dementia. Dementia researchers Clive Baldwin and Andrea Capstick cite Deleuze and Guarrati to make the case for the deterritorialisation of dementia, pointing out that discourses of decline and loss derive from the neuropathology of dementia which measures dementia ‘sufferers’ against people deemed ‘normal’ or ‘healthy’ (2007:17). Writing about dementia from a psychoanalytic point of view, Nader Robert Shabahangi asks a similar question, ‘Can we find meaning in dementia by turning the gain-loss paradigm on its head by recognising that there lie hidden riches if we look at dementia through a different prism, beyond loss and gain?’ (2005:4-5).

One answer to this question can be found, interestingly, in the work of Tim Kirkwood, a biological gerontologist. Kirkwood’s research suggests that ageing is due to a process of *accumulation*. In his BBC Reith lectures in 2001, *The End of Age*, he explained that biological change happens from birth onwards but that ageing is caused by the accumulation of cellular defects. A healthy lifestyle, perhaps unsurprisingly, means that the body is more able to repair itself and resist the free radicals that change its chemical structure. In his fourth lecture, *Making Choices*, Kirkwood explained that ‘ageing results from accumulation of damage,’ and that ‘if we remove known sources of damage from our consumption we slow the damaging process’. My aim here is not to explain the science of how damage to our DNA might be alleviated — even if I could — and Kirkwood himself uses conservative terms such ‘stealing’ independence and ‘robbing’ identity to describe the effects of conditions associated with ageing. In some ways Kirkwood’s theory of accumulation mirrors Kitwood’s positive idea of subjectivity as an ‘accumulation of layer on layer of experience’, but it also draws attention to the ways in which the materiality of body is responsive to, and created by, non-human ecologies and physical environments.

Writing about the body as ‘an accumulation strategy’ as a political geographer, David Harvey brings together the physical, the personal and the political in his observation that, ‘the body is not a closed and sealed entity, but a relational “thing” that is created, bounded, sustained and ultimately dissolved in a spatiotemporal flux of multiple processes’ (Harvey, 2000:98). I am interested in exploring how this idea from biological science and political geography that human bodies are part of a wider ecosystem can be turned to cultural performance and in asking how the metaphor of accumulation might alter negative cultural attitudes to ageing and influence arts practices in dementia care.

It is significant in this context that I first learnt about Kirkwood’s theory of accumulation by going to the theatre. The British company Fevered Sleep’s production, *On Ageing* (Young Vic Theatre London, 2010), was a tender dramatic essay that reflected on the process of ageing, performed entirely by children, all of whom were between the ages of 7 and 12. I was struck by the way in which the stage, which began as an empty white cube furnished with just one long white table and chairs, gradually became full of *stuff*. The dialogue was punctuated by interludes in which the children filled the space with the kind of clutter that you might find in a loft. As an audience member, it was easy to connect with the layering of personal narratives

and material objects that this production invoked. It was the collaboration with scientists, however, that had enabled directors David Harradine and Sam Butler (2010) to make links between the cultural practices of everyday life and the biology of ageing. They described how they started the devising process with a series of workshops between children and older adults, a process through which they developed the metaphor of accumulation. It was only later that they learnt that this metaphor was also used to describe the technological performance of the body in biological gerontology. This neat synergy between the arts and science confirmed the production's strongest theatrical metaphor.

On Ageing was partly funded by The Wellcome Trust as part of their ambition to encourage public engagement in bioethical issues through the arts, and its theatrical imagery challenged audiences to engage with the personal and cultural implications of scientific metaphor. One of the insights the production dramatised was that, although both experience and material possessions accrue over a lifetime, the spatial geography of older adults shrinks as they live increasingly within diminishing scale, organising their domestic routines around their immediate neighbourhood, their home, a room and even, perhaps, a particular chair. The cultural geographers Jenny Hockey, Bridget Penhale and David Sibley have analysed ways in which social space and time are constructed by older adults. They suggest that material objects have affective significance, particularly for bereaved partners, because they mediate between past time and the present in complex ways. This recognition that *things* have energy of their own challenges conventional interpretations of material objects as inert:

[Al]though there is recognition that the objects, images and sounds recollected across a lifetime may potentially occupy a special place in older adult's lives, they tend to be treated as passive props of stimuli to more active reminiscence 'work'.

(Hockey *et al.*, 2007:135)

Hockey *et al.*'s study of the spatio-temporal environments of older adults reveals that 'material objects and spaces have their own agency', not least because they provide one way for the social presence of people who are absent to be felt. It is interesting in this context that the objects used by the cast in *On Ageing* had an emotional value for the directors, having been reclaimed from their parents' lofts rather than simply acquired from an anonymous props store or garnered from charity shops, and this attention to detail formed part of symbolic texture of the production. The combination of the accumulated objects and the children's use of first person narratives to recount the thoughts, memories and feelings of adults of different ages, invoked Nigel Thrift's concept of 'TimeSpace', a term he uses to describe how temporality and spatiality are not fixed and separate entities, but always in dynamic interplay (May and Thrift, 2001).

The performance not only aroused my interest in accumulation as a biological process, it also inspired me to reconsider how cultural performance with older adults with dementia might reconstruct the metaphor of accumulation as a positive attribute of the oldest-old. This requires, I suggest, accepting the positive ethic of person-centred care, and combining it with non-humanist readings of the agency of material culture and an understanding that the metabolic processes of physical change happen through the body's interaction with the environment. Jane Bennett's analysis of vital materiality is instructive here. She points out that human bodies are in themselves complex ecosystems of human and non-human matter, an insight that mirrors

Kirkwood's ideas of accumulative ageing. She prefers the term 'materiality' to 'environment' because, she suggests, it is a word that takes account of the 'complex entanglement of humans and nonhumans' (Bennett, 2010:111-112).

If ontological distinctions between human beings and the objects that surround, define and inhabit us can no longer be sustained, it raises questions about how the temporal and spatial practices of a residential home might be brought together through the arts in ways that encourage residents to feel 'at home'. So what might non-humanist interpretations of home and the vitality of material culture add to an ethic of person-centred care? What are the implications of the metaphor of accumulation, both as a positive expression of a lifetime of experience and as factor in physical ageing, for cultural performance in dementia care?

Material and imagined spaces of home

Home means many different things — it is built in the imagination, in the temporal enactment of space, in affective engagement with others and in relation to the material cultures that enable people to embody the past in the present. Writing in their book *Home*, feminist geographers Alison Blunt and Robyn Dowling suggest home is constructed at the intersection between materiality, as a lived experience of a dwelling place, and in the imagination, articulated as feelings of belonging (2006:27). Their emphasis on the material and emotional geographies of home serves as a useful reminder that not all memories are positive and that home can be oppressive as well as comforting. Encouraging people with dementia to recall memories, however gently, may be distressing if they know that they now find remembering difficult, or traumatic if the process triggers memories they have buried. Furthermore, the social and emotional meanings of home are particularly complex for people living in residential care, especially for those with dementia and other mental health issues, where the process of inhabiting a new 'home' with unfamiliar people and places may leave residents oscillating between a sense of safety and fear. Creating affective relationships with home, in this context, involves allowing space for each resident's different attachments to imagined and remembered homes and also understanding that the material practices of 'home' require each person to have some agency over the rhythm, repetition and routines of everyday life. One of the challenges for artists, when working in partnership with careworkers in residential settings, is how to encourage a positive sense of homeliness as an imagined space, a remembered place and, relationally and affectively, in the here-and-now.

Old people's homes, as they were once known, are not always the most promising places for creative work. The balance between the structures of institutional life and the comfort of a home is not always easily achieved, particularly when the architecture is not conceived on a domestic scale. On my first visit to one residential care home in London, a secure unit for older adults with dementia and mental illness, I was struck that it had been built on the same site as an old Victorian workhouse, a location that had offered public welfare in three consecutive centuries. The workhouse building is still there, an imposing, brick-built institutional structure in the gothic style that was designed to impress and intimidate in equal measure. Pausing to read the stone plaque that commemorated its opening in 1873, I reflected on the stigma associated with going into a workhouse and I was reminded how upset my own great-aunt felt when she realised that she was dying in a hospital that she remembered as a workhouse. Social change is captured in architecture, and the residential care home I approached was a neat but rather anonymous two-story

block, opened in 1996 and run by the National Health Service. I waited for a while until the entry phone was answered and when I walked into the building it seemed almost unnaturally quiet. As I was led towards the dining room where we were to work, however, the silence was broken by music and song that lent energy to the space. The rooms were built on a domestic scale, surrounded by secure gardens that were tidy and well-maintained, if lacking in colour. The dancer and visual artist had arrived before me and each was working with a resident, most of whom were wheelchairs users who communicated largely non-verbally. The art-work was inspired by the theme of 'growing' home, a project that not only enabled the residents to plant their own scented herbs to grow in their rooms, it also provided an opportunity to touch, taste and smell fruit and vegetables that they remembered from their homes in different parts of the world.

On this particular day, each older adult began the session by planting seeds into soil, assisted by one of the artists. The intimacy of sharing the activity, the residents' concentration and the care with which they spooned the earth into pots they had painted, was in itself a creative act. Tim Ingold and Elizabeth Hallam (2007) describe creativity not as the innovative practice of talented artists but as an on-going process of cultural improvisation. It is a view of creativity that is consistent with Ingold's perception that all social life is a 'task' which is improvised over time and in relation to the human and non-human world, as a grounded aesthetics of everyday existence (Ingold and Hallam, 2007:5-6). The empathetic creativity of the seed planting represented the best person-centred care, in which residents were invited to take their time choosing colours for their pots and the seeds they wished to plant — small moments of creative autonomy. In the physical act of planting they showed increasing engagement with their material surroundings and, as they continued with the activity, they also became more alert to the people in the room. One man had been a watchmaker by trade and, although he spoke little, he held the tiny seeds in the palm of his hand with all the attention to detail of his craft. His pleasure and satisfaction in the job was clear and he took pride in ensuring that each speck of soil was dusted from the table. As he did, he drummed his fingers on the table in time to the music, and gestured for me to join his fingers in dance. He nodded with enthusiasm when I asked him if he had enjoyed dancing and, as our fingers waltzed and jived, the playfulness of the improvised movement invited reciprocity, a symbolic connection in which the past and present met in a miniature cultural performance.

Perhaps the most moving part of this workshop for me was when the planting was finished and Lily, a resident in the home gestured to me to walk with her in the garden.. The activity of planting seeds together had opened the way for her to make other connections and, as a theatre-maker, I was interested in finding ways to move from the everyday relationality of this social task to the artistic languages of narrative, symbol and metaphor. Initially we communicated non-verbally but gradually, as I listened, I grew accustomed to her idiom and her words became more distinct to me. I followed her pace and took her cues as she moved between talking to me about the plants we could see in the garden and those she imagined or remembered. At times there was a formality in her speech and manners, asking me clearly and politely, for example, if I minded if she sat down. At other times Lily seemed to inhabit a world of the unconscious and spoke in lengthy narratives that seemed very clear to her but which I found difficult to follow. In contesting the idea that dementia equates with loss, Shabahangi points out that:

People with dementia are not present in the way our consensus of reality expects them to be, but they are there in their own way. Because [they] live in an altered state of consciousness, their behaviours are typically non-linear, and their actions are non-directed; they often inhabit dreamland and move fluidly through it'. (2005:6)

He further suggests that there is a richness that comes from 'staying open to the flow, open to the unknown', and I held on to this spontaneity as Lily looked intently at a small patch of garden, creating stories about the insects and birdsong. I didn't know whether she was invoking a memory or inventing a story but, rather than trying to 'make sense' of her words, I responded by adding to her story, each taking a turn to add a few words. Lily had a history of aggressive behaviour and I was unsure whether she would accept me trying to enter her world rather than asking her to conform to mine. But she took my suggestions seriously and the combination of her imagination and mine invented a dreamlike story where the human and non-human inhabitants of the garden met. When she had finished, she smiled and took my arm, telling me very distinctly that her tea-break was over and she needed to get back to her desk. This comment suggested that, through the storytelling, Lily had become aware that she had entered an inventive world of the imagination that was different from the practices and routines of everyday life. Later, when I asked a careworker about Lily's life, I was told that no biographical information was on record — she had been found homeless and no family or friends had come forward who might be able to add to her life story. But she seemed particularly 'at home' in the manager's office where she sometimes busied herself by tidying the desk, trying to answer the phone and referring to the manager as 'his nibs', suggesting that she had perhaps worked as a secretary. The world she inhabited was perceived affectively rather than cognitively understood, defined not by ideas, concepts or reflexivity but enacted and embodied in the here-and-now. Entering into Lily's creative processes of cultural improvisation — by inventing a story with her — gave me an opportunity to appreciate who she was now, both in her imagined 'dreamland' and her domestic habits, each of which was layered by the accumulated experience and physicality of her life.

Inhabiting home: Inter-disciplinarity and relational aesthetics of care

The metaphor of accumulation takes account of the materiality and imagined space of home, as both a felt experience and physical presence. Henri Lefebvre famously suggests that for people to be recognised as active social beings, they must produce space for themselves (1991:416) and an analysis of the rhythms of life — physical, social and psychological — provides one way of thinking about how an accumulative ecology of things, people, memories and imagination contributes to making home work for people with dementia. This re-situates dementia care within three different but mutually dependent ecological registers, recognising that the social, the environmental and the neurological are all equally important to sustaining a network of care. Latour's actor network theory is apposite here, a metaphor he uses describe how human and non-human actions are inter-connected, relational and always in flux (Latour, 2005). Applied to dementia care, Latour's theory of social relationality allows practitioners to recognise the significance of inter-disciplinarity and to understand that networks of care can be mapped as an assemblage of different disciplinary perspectives and lived ecologies, including the embodied know-how of people with dementia and the people who care for them on a daily basis.

So what is the role of artists and theatre-makers with this inter-disciplinary and inter-agency cartography of care? My argument within this paper is that artists can make a contribution to the lives of people with dementia in residential care by encouraging them to produce space creatively, even though their inhabited space may be shrinking with time. This approach builds on Kitwood's humanist theories of person-centred care and it is also indebted to Deleuze and Guattari's theory of deterritorialisation in that it aims to delink dementia from its cultural associations with narratives of loss, failure and decline. It is interesting in this context that, when invoking Deleuze and Guattari's theory in relation to dementia care, Baldwin and Capstick use the word 'frame' to describe how perceptions of dementia are perpetuated:

Dementia is still *framed* in terms of configuration of neuropathology, decline, loss (of cognitive faculties, self, engagement and so on), disease and suffering — that is, in relation to what is *framed* as 'normal' or 'healthy'. (2007:17 — my italics)

As well as encouraging the creativity of people with dementia, this suggests that theatre also has a part to play in illuminating ways in which some popular and medical conceptions of dementia are framed and understood. For example, I have already suggested that reminiscence with people with dementia is often predicated on the view that remembering the past will recover the 'real' person who has been lost but, when transformed into theatre, the process of 'normalising' the language and non-verbal gestures of people with dementia shows that it risks missing the richness of their imaginative lives in the present. This is not an argument for de-medicalisation of the condition of dementia, nor am I suggesting that reminiscence has no place in dementia care. On the contrary, each has an important part to play in a relational network and aesthetic of care. But I am arguing for a paradigm shift in which people with dementia are not set against 'normal' pathologies of ageing but are, instead, valued for the rich contribution they continue to make to the lives of others. Theatre-makers can assist in challenging negative perceptions by re-framing dementia, both by working creatively with people with dementia in their homes and by generating dramatic representations of ageing that challenge prevailing cultural narratives of decline and loss. By dramatising scientific metaphors, theatre-makers can encourage public engagement in the science of ageing and, as one discipline illuminating another, invite dialogue about how cultural attitudes and scientific paradigms impact on the experiences of people at the end of their lives.

Home-making with the oldest-old, and perhaps particularly with people with dementia, is in itself a creative act, an ecology of human and non-human interactions, involving both people and *things*. Caring for the oldest-old involves a network of carers, often including family members and professional care staff as well as medical practitioners with different forms of expertise. But in consumer societies in which business models dominate systems of value and cultures in which technological expertise is held in high esteem, care of the oldest-old is often undervalued and this leads to a lack of self-worth and self-confidence amongst even the most empathetic carers. In visiting different care settings, I have observed that one of the consequences of artists working in residential care home is that artists, when working in partnership with enlightened care home managers and their staff, have the opportunity to encourage a shift in culture in which the creativity of everyone involved in making home work is respected and multiple perspectives are valued..There is more research to be done to address the inter-disciplinarity of dementia care but it is clear that creating a positive 'home' environment is not built on hierarchies of knowledge but through networks of relationality, mapped creatively in space and time as a cartography of care.

Works Cited

- Andrews, G. A. (2005). Foreward. In M.J. Johnson (Ed.), *The Cambridge Companion of Age and Ageing* Cambridge University Press.
- Baldwin, C. and Capstick, A. (Eds.), (2007). *Tom Kitwood on Dementia: A Reader and Critical Commentary*. Maidenhead: Open University Press.
- Bennett, J. (2010). *Vibrant Matter: A Political Ecology of Things*. London: Duke University Press.
- Blunt, A. and Dowling, R. (2006). *Home* London: Routledge.
- Brodzinski, E. (2010). *Theatre in Health and Care*. Basingstoke: Palgrave.
- Chaudhury, H. (2008). *Remembering Home: Rediscovering the Self in Dementia Care* Baltimore: John Hopkins University Press.
- Harradine, D. and Bulter, S. (2010). *On Making on Ageing*.
<http://www.feveredsleep.co.uk/past-projects/on-ageing/on-ageing-credits/on-making-on-ageing>. Accessed 18.3.2011.
- Harvey, D. (2000). *Spaces of Hope* Edinburgh: Edinburgh University Press.
- Heddon, D. (2008). *Autobiography and Performance*. Basingstoke: Palgrave.
- Hockey, J., Penhale, B. and Sibley, D. (2007). Environments of Memory: Home Space, Later Life and Grief. In J. Davidson, L. Bondi and M. Smith (Eds.), *Emotional Geographies*. Aldershot: Ashgate Press, pp.135-146.
- Ingold, T. and Hallam, E. (Eds), (2007). *Creativity and Cultural Improvisation*. Oxford: Berg.
- Interview with Raymond Tallis, Today Programme BBC Radio 4, 15.2.2011 <http://news.bbc.co.uk/today/> Accessed 15.2.2011
- Kershaw, B. (1999). *The Radical in Performance: Between Brecht and Baudrillard*. London: Routledge.
- Kirkwood, T., (2001). *The End of Age: BBC Reith Lectures 2001*.
<http://www.bbc.co.uk/radio4/reith2001/> Accessed 17.4.2011
- Kitwood, Tom. (2007a). Towards the reconstruction of an organic mental disorder (1993). In Baldwin, C. and Capstick, A. (2007) (Eds.), *Tom Kitwood on Dementia: A Reader and Critical Commentary* Maidenhead: Open University Press, pp. 51-65.
- Kitwood, Tom (2007b). The contribution of psychology to the understanding of senile dementia (1988). In Baldwin, C. and Capstick, A. (2007) (Eds.), *Tom Kitwood on Dementia: A Reader and Critical Commentary*. Maidenhead: Open University Press pp. 108-118.
- Kitwood, Tom (2007c). The Concept of personhood and its relevance for a new culture of dementia care (1994). In Baldwin, C. and Capstick, A. (2007) (Eds.), *Tom Kitwood on Dementia: A Reader and Critical Commentary* Maidenhead: Open University Press, pp. 223-232.
- Latour, B. (1999). *Pandora's Hope: Essays on the Reality of Science Studies*. Cambridge, Mass.: Harvard University Press.
- Latour, B. (2005). *Reassembling the Social*. Oxford: Oxford University Press.
- Lefebvre, H. (1991). *The Production of Space*, (trans. D. Nicholson-Smith). Oxford: Basil Blackwell.
- Liotard, Jean-Francois (1984). *The Postmodern Condition: A Report on Knowledge*, (trans. G. Bennington and B. Massumi). Manchester: Manchester University Press.

- May, J. and Thrift, N. (Eds.), (2001). *Timespace: Geographies of Temporality* London: Routledge.
- McKenzie, J. (2001). *Perform or Else: From Discipline to Performance* London: Routledge.
- NHS Employers (2009) *Quality and Outcomes Framework Guidance: Delivering Investment in General Practice*. www.nhsemployers.org/Aboutus/Publications/Documents/QOF_Guidance_2009_final.pdf. Accessed 10.4.2010.
- Oliver, M. (1990). *The Politics of Disablement*. Basingstoke: Macmillan.
- Relph, E. (1976). *Place and Placelessness*. London: Pion.
- Shabahangi, N., R. (2005). *Redefining dementia: between the world of forgetting and remembering*. http://pacificinstitute.org/news/nader_dementia.pdf. Accessed 14.4.2011
- Williams, R. (1987). *Drama from Ibsen to Brecht*. London: The Hogarth Press