Therapeutic drama activity for the cognitively impaired elderly in a nursing home

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ABSTRACT. The use of drama as a nightly activity for the cognitively impaired elderly patients at the Sakubara skilled nursing home commenced in 1989. Although it was started for the pleasure of the patients, and not for a therapeutic purpose, positive behavioral changes were observed. The therapeutic effects of the activity were measured and reported. Based on our 7-year experience and research, the definition, goals, structure, and conceptual framework of therapeutic drama activity were developed; the skills used in this activity and its cultural background are discussed. Finally, the philosophical background of the nursing home that promotes the therapeutic effects is presented. (Aging Clin. Exp. Res. 7: 441-450, 1995)

INTRODUCTION

The use of drama as a nightly activity at the Sakubara skilled nursing home commenced in 1989 when a patient began singing the theme song of a drama from her younger days; a nurse recognized the song, and began to chat about the drama with the patients. The patients enjoyed the talk about the drama; their eyes brightened as they related old time stories. This scene impressed the nurse, who was sensitive to the patients' need, and she immediately asked the patients if they could enact the story.

The drama activity stimulated all the patients, and the atmosphere of the nursing home was suddenly enlivened. The drama activity was not initially used for therapeutic purposes, but as a means of mentally activating cognitively impaired patients, by stimulating their spontaneity and creativity, and enhancing their socialization and pleasure. However, along with an emerging awareness of belonging and fellowship, therapeutic effects were also observed, such as a decrease in abnormal behaviors, and an increase in appropriate and positive behaviors.

To determine if this change was produced by the drama activity itself, the nurses discontinued this activity for 3 weeks. The result was striking in that the patients became unstable and previous behaviors gradually reappeared. Then, after restarting the activity, the patients were stabilized.

Seven years have passed since the nightly drama activity was instituted. The nursing home continues the activity every single night. Many of the beginning attenders have maintained their peak functional level, and continue to enjoy the activity. On the other hand, for many of the first attenders, their disease has progressed to the last stage and they are not able to perform anymore, or they are deceased; some suffer from other diseases in addition to dementia, and can no longer perform.

However, the personal relationships that have developed through the drama activity have lasted. The partners (patients) who played together and who are relatively active still remember their partners who are suffering and visit them in their rooms, showing that they care by bringing food, serving tea, holding and massaging their hands, even though they cannot explain what they are doing. These are not purposeful behaviors (they are not acting with understanding), but rather automatic responses driven by some kind of a remaining feeling of familiarity toward the person.

Sakubara skilled nursing home: The institution that provides the therapeutic drama activity

The Sakubara skilled nursing home is located in Sojya-city, Okayama prefecture, in Japan; its capacity is 100 beds for physically frail, disabled, and/or cognitively dysfunctional (dementia) elderly people who...
need assistance in their daily activities. Of the 100 beds, 25 are for the severely cognitively impaired patients who suffer from Alzheimer's disease, vascular dementia, and the mixed type.

Most of the patients are severely cognitively impaired, scoring zero on the Mini-Mental State Exam and other cognitive function scales. Most patients were disoriented, confused, anxious, and had severely disturbed short-term memory when they first came in. They also had behavioral problems, such as wandering, agitation, repetitive behaviors, sleeping disorders, and destructive behaviors.

Interestingly, however, after they went through the rehabilitation program which includes the drama activity, the abnormal behaviors of most patients disappeared. Also, bedridden patients with stiffened joints started to walk or sit in a wheelchair, without active physical therapy conducted by physical therapists.

THE DRAMA ACTIVITY

Basis for the Drama Activity

In most homes after dinner, people relax, watch TV, and chat with family members. This is a family at-home time. The nightly drama activity follows this same custom. The nurses strongly believe that cognitively impaired elderly in a nursing home need to enjoy a family time. Based on this idea, the drama activity is held from 7:30 to 8:30 p.m. every single night after dinner.

The staff directing the drama activity consists of nurses who take care of the patients. None is specially trained as a drama therapist, and all have developed their skills by simply practicing everyday. Nurses who rotate to the night shift conduct the activity.

On the basis of 7 years of experience and research studies, we have developed the following definition, goals, and methodology for therapeutic drama.

Definition

Therapeutic drama activity is a group-socializing proceeding, and a social learning process of appropriate behavior in a familiar, safe environment, and focused on providing socialization and pleasure for the elderly staying in a nursing home. It produces positive psychological and cognitive effects, and reduces problematic behaviors.

Therapeutic drama activity consists of components of kinesthetic movement, background music, singing, dialogue, settings (art), play (action), and setting up/clearing away. The drama connects the participants to their younger days, and provides opportunities for them to show their special skills, share their joy, and release their energy.

Goals of therapeutic drama activity

1. Psychological and cognitive activation: Releasing emotion and stimulating the mind;
2. Socialization: Promoting pleasure and learning appropriate behavior;
3. Decrease in problematic behavior;
4. Catharsis: Emotional release;
5. Maximization of remaining functions;

Structure of a therapeutic drama enactment

The drama activity consists of three parts: 1) a warm-up, which includes greetings and Master of Ceremonies (M.C.) talk, short reminiscence with kinesthetic movement and an opportunity for patients to show their special skills; 2) an enactment, the action section of the drama; and 3) a cool-off period, during which tea and cookies are served and residents chat.

1. Warm-up (about 10 - 15 minutes)

The warm-up starts with greetings led by the director (a nurse), who then begins M.C. talk, asking the patients what happened during the day, discussing a seasonal topic, connecting between their past and the present (short reminiscences), and developing a topic by using kinesthetic movement. The director helps the patients proceed in kinesthetic movements from simple imitation to creative and abstract movement (according to the theory of cognitive development advanced by Piaget) (1). The director first introduces simple body movements, then creates a situation and movements to fit that situation. For example:

Director: (creating a movement) My name is xx.
(Patients imitate)

Patient(s): (creating a movement) My name is xx.
(Others imitate)

Director: (reminiscence: story of a watermelon)
How did you eat a watermelon? Can you show?
(Patients imitate)

Patient(s): (show how they eat, making sounds and spitting out seeds)

The director often provides opportunities for the patients to show their special skills in front of the other patients as the audience; skills such as playing an instrument, dancing or singing, or giving a speech. As the nurses get to know the patients' histories and special skills, the nurses ask if Mrs. xx could play