

AN ABSTRACT OF THE THESIS OF

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Educators and other individuals within the long term care continuum along with current gerontological researchers call for consideration of quality of life factors related to aging. Optimal aging applies to physical health, as well as cognitive and socio-emotional health. Each is imperative to a quality of life, specifically in long term care settings. Aristotle suggests that *eudaemonics* or a state of happiness, is revealed at end of life and constitutes a life well lived. Research reveals factors related to optimal wellbeing remain unrealized by many residents in the long term care system. The large number of baby boomers yet to embark on their elder journeys further exacerbates this deficiency. The resources that will be required for the care of our elder baby boomers are of great concern not only to elders, but also to family members, gerontologists, researchers and educators. Thus, exploration of new and innovative programs within long term care may address this increasing population. One such tool is therapeutic

dramatics, or theatre utilized as an activity within the activity programs in the long term care continuum. The effective utilization of selected theatre techniques can augment current activity programs while simultaneously providing therapeutic engagement through communication.

Consequently, by application of theatre as communicative action, improvements in connectivity between residents, health care professionals and family members may improve. This action can reveal the level of *eudaemonic wellbeing* that a resident is experiencing and provide a measurement device for subsequent research as well as enhance communication through cognitive and socio-emotional exercises. This can lead to optimal aging and ensures quality of life factors go beyond rudimentary levels. In short, the revitalization of activity programs, and the delivery of academic information to professionals within the long term care environs, will benefit elders.

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New Activity Programs In Long Term Care:

Theatre and Eudaemonics

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TABLE OF CONTENTS

Introduction – Statement of Problem	2
Literature Review	3
Communication	3
Theatre	4
Eudaemonic Wellbeing and Gerontology	4
Elders as “The Third Culture”	7
The Role of Theatre in the Long Term Care Continuum	9
Limitations and Procedures	11
Justification and Significance	14
Conclusions and Suggestions for Further Research.	16
Gerontology	16
Communication	17
Theatre	18
Bibliography	20
Appendices	
Booklet (Appendix A)	
DVD (Appendix B)	
Demographic chart (Appendix C)	

New Activity Programs in Long Term Care: Theatre and Eudaemonic Wellbeing

Statement of the Problem

The long term care continuum consists of assisted living facilities, retirement homes, continuing care centers, and nursing homes and offers an array of options for our elders today. However, a portion of elders of low socioeconomic status are left with fewer choices, especially those with health complications, such as diabetes, heart disease or stroke conditions, or other disabilities. These individuals may find themselves, due to a lack of resources or familial support, as well as health issues, housed in a nursing home setting. Some nursing homes prove to be caring and supportive environments that add structure and a sense of familial like ties to a resident's life. However, many nursing homes often lack innovative social and activity programs. Still fewer develop new programs to meet the creative needs of the current generation of elders or the soon to arrive baby boom generation.

Adding to these drawbacks is the fact that activity directors in long term care facilities are not required to possess academic credentials beyond rudimentary certification, and oftentimes remain unaware of theories and concepts that could assist in program development. As a direct result, a limited activity program is offered. Many times residents within the long term care facility suffer from a lack of specific activities to hold their interest. Moreover, engagement with the residents, conversations about their

specific needs, wants, goals and past lives, may be overlooked and substituted with rote games, such as Bingo

Sadly, television often serves as a substitute catchall activity for many elders in long term care. Television promotes a passive mode of 'watching' rather than an engaged mode of participating. Theatre, specifically, dramatic exercise, can be an effective activity and mode of communication within this setting and includes activities such as theatre performances (by staff with able residents) improvisational exercises and story telling as well as dramatic word games and exercises.

Theatre is communication in action. Through the communicative act, well-being or lack thereof is revealed. This thesis will identify the importance of theatre as a viable tool within activity programs. By promoting *eudaemonic wellbeing* as a benchmark for the measurement of communicative action expressed through the utilization of theatre, Aristotle's ancient concept, can identify a life well lived.

Literature Review

This section will reveal research information from the following three disciplines, Communication, Theatre, and Gerontology. Also included will be a section on Eudaemonics. Furthermore, this chapter will describe the validity of this thesis and the importance of the creation of theatre activities in long term care for the eudaemonic well being of elder residents.

Communication

Communicative action that is specifically relative to cohort variances amongst nursing homes residents is paramount to their individual wellbeing. These relationships can be instrumental in the existence of autonomy experienced by a resident in long term care. Giarrusso and Bengston, (2001) present theories and empirical evidence that suggest by considering variant age cohorts, professionals can begin to have an accurate understanding of the elder individual, their perspectives and their needs.

Cohort groups consist of variations of economic, gender, historical perspectives, and cultural and ethnic differences. These cohort variants represent what is termed as an individual's "life world". Friedland states that the "life world represents those social arenas in which culture, personality and institutional legitimacy are formed through communicative action." (Friedland, 2001, p. 360) This life world places emphasis on the existence of the core of American culture, one connected to the function of communication. Without a system of communication, we are not a community, or a functional society. (Friedland, 2001) Without communication, such as body language, speech or the written word, a tangible criterion is lacking. Therefore, the communicative act is measurable as positive or negative, as therapeutic or damaging. Communication

and the value of communication are criterion necessary for the evaluation in consideration of quality of life or optimal well-being and are elements of eudaemonic well-being.

Theatre

The premise behind the utilization of theatre to aid in recovery of depression or illness, as well as to solicit communication, has been around since Aristotle. (Cornish and Kase, 1981). In the nineteenth century, European psychiatric hospitals were innovative enough to install a theater and used drama as a cognitive and therapeutic discipline. (IACAT, 2000) Theatre for elders and marginalized individuals is actively encouraged by Guglielmo Schinina, (2006) who has experimented in making theatre accessible to those in war torn areas. He states, "I arrived at the conclusion that the value of theatre does not lie in its capacity to emphasize what unifies human beings, but rather in its potential to emphasize their differences and to create bridges between them." (Schinina, p. 17) His research of the impact of "social theatre" with these marginalized individuals generated what Schinina calls "theoretical justification to the search for a universal means of communication that was to be found in the unifying factor of the body." (2006, p.17)

While delivering social theatre in Yugoslavia, Schinina found that communication and theatre are inextricably linked. Specifically, both were instrumental in his ability to encourage war victims to communicate despite their emotional crises brought on by war, homelessness and loss. He reflects, "Psychosocial activity aimed at community building in difficult circumstances has to focus on three components: relationships, communication and creativity." (Schinina, 2004, p.15) This correlation between social theatre within these war torn areas, elders, and the disabled in nursing homes may not

seem apparent at first. Deeper examination reveals that both have experienced homelessness, loss and congregate housing. Further, both groups lose their independence and free will. Although, the victims of war torn Yugoslavia have seen far worse (in some cases), their rudimentary losses remain similar.

Eudaemonic Wellbeing and Gerontology

Eudaemonia, or Aristotle's concept of wellbeing, furthers our understanding by tying connectedness via communication to well being in life. Various authors have studied the ethical concept of eudaemonia as defined by Aristotle in *Eudemian Ethics*. (Woods, 1982; Carlo and Pope Edwards, 2005) Their definitions contribute to the above stated summation of eudaemonic wellbeing. By understanding the concept of *eudaemonic wellbeing*, we may provide and promote a quality of life that is often vacant in nursing home residents at end of life. By utilizing *eudaemonic wellbeing* as a benchmark for measuring the impact of said communication, professionals may be closer to understanding what is most beneficial for each cohort group. One specific method of promoting *eudaemonic wellbeing* is through an engaged communicative act, between caregivers and elder individuals.

Application and provision of theatre or dramatic therapy within the activity program in long term care settings, solicits communicative action, hence eudaemonia is experienced. Activities, such as narratives of life histories or improvisations performed by and for residents, may highlight the daily activity program. Not only are narratives especially important at the end of life, narratives enhance memory and in the telling of the life-story there is an element of cognitive exercise. (Brown, 2003)

Individuals within the long term care environment, regardless of their particular cohort group, deserve a variety of activity choices and social relationships. Social connection is a positive contributor to well-being. Since individuals who are connected to social support groups frequently cope better with illness and stress than those who feel their networks to be inadequate. (Antonucci, 2001) Revelations about how social relationships affect aging individuals in both quality and longevity suggest even simple relational experiences have an impact on their ability to reach *eudaemonic wellbeing*. (Birren, 2001)

Overall the literature reviewed implies that there is a great need for research that specifically relates theatre activities to gerontology as well as research that investigates a beneficence of theatre overall. Gerontology research is rich with a variety of longitudinal studies related to aging over the life span, quality of life, optimal wellbeing, etc. However, research related to content value found within activity programs in long term care, social connectivity or valiancy within communication elder or disabled individuals, is rare. Theatre delivered to elders within institutional settings is also rare.

Elders as “The Third Culture”

The third culture refers to marginalized individuals, (e.g., the elderly, mentally challenged, disabled, etc.) who have been left out of the mainstream of society.

According to Peter Brook, (1987) community theatre sought to reach out to the third culture. However, even community theatre is losing attendees and struggles with funding and profitability. Newspaper articles state that not only is it difficult to raise funds during economic blights, it is even harder to attract an audience. Additionally, if it is difficult to get the audience to the theatre, this becomes further problematic if the audience is disabled or without funds to attend. To help reverse this trend and to reach the third culture in nursing home settings, professionals in the long term care setting may provide theatre activities to their residents. Theatre based activity programs, including narratives, improvisational exercises, and reader’s theatre can provide communal connection.

Theatre, as communicative action and a cohesive social network, is one of the ways to promote connectivity within groups and between individuals. Through connectivity, *eudaemonic wellbeing* exists. This communication can include dialogue, and discourse, as well as generate and solicit ideas between groups or between individuals. Although art therapy has reached the public sector within correctional institutions and psychiatric hospitals, drama therapy is still under utilized and relatively non-existent in these settings.

According to Viola Spolin, (1999) who acted far into her elder years, “Everyone can act. Everyone can improvise. Anyone who wishes to can play in the theater and learn to become stage worthy” (p. 3) Senior theatre groups are a growing option for some

elder citizens, however, these appeal to elders who are capable of traveling, memorizing lines and performing. For the elder citizen in long term care, limited by health issues or cognitive stamina, there are few options. Encore Theatre in Eugene, Oregon is one such senior theatre group that has had great success in the community. However, the demands of theatre life are sometimes too much for the long term care resident. Consequently, to combat these obstacles, utilizing theatre as a social activity for elders within the daily activity program, (within nursing homes, assisted living facilities or senior centers) solves this issue.

After careful review of activity calendars created by activity professionals, as well as other elder publications from the Northwest corridor, the idea of utilizing theatre as an activity has not yet permeated the long term care community. Many of those surveyed stated that they wanted to introduce theatre to their residents but had not done so. Furthermore, the only significant activity (a reader's theatre group) was created by the resident's themselves.

The Role of Theatre in the Long Term Care Continuum

Although the absence of theatre activities within long term care may be due to a lack of information about such programs, there are also other factors. These include a lack of innovation, fear of expense, a fear of change, as well as a misunderstanding related to what elder individuals want or are capable of doing.

Access to information is limited as Roger Cornish (1978) states, "Library shelves are not yet crowded with books on senior adult theatre as they are with, say children's theatre books". (Cornish, 1978, p.1) Cornish also may be suggesting that the theatre community could effectively contribute professionally by providing theatre performances within the elder care environment. However, this concept has not yet reached the long term care continuum or the theatre domain. (i.e. community theatre organizations, university or community college theater programs) Cornish further states, "This is quite natural, many of the basics of senior adult theatre are still to be learned, [and] will only be learned when many more theatre people have dedicated significant amounts of time to practice in the field." (1987, p. 1)

Twenty-five years after Cornish made this statement; books related to theatre for elders are still scarce on library shelves. There are a few books currently available on the market, such as *Creative Dramatics for Senior Adults*, *Drama Activities with Older Adults*, *Enriching an Older Person's Life Through Senior Adult Theatre*, all available through Art Age, (2005) an organization formed by Senior Theatre innovator, Bonnie Vorenberg. While these publications are beneficial, they are not academic sources and may not successfully reach the long-term care professional. Furthermore, specific

activities related to theatre must encompass the variant capabilities of the elder or disabled participant. This requires knowledge of theater exercises as well as gerontology.

Theatre events have been a cultural tradition since the earliest civilizations. In the past, theatre established a means of communal connection, as spectators and actors formed bonds between and among themselves, and with the greater community.

Individuals looked towards the theatre for more than mere entertainment. The theatre provided a source of political, social and creative expression. Prior to the advent of modern technological diversity in entertainment options, many individuals experienced the theatre as a primary mode of artistic diversion and communal discourse. The theatre was once a cohesive socialization mechanism between generations, now its' considered a mere entertainment option. However, theatre and the process of "doing" theatre promote teamwork and group commitment, much the same as sports activities might. Many people believe in the positive social connection that sporting events promote, yet have forgotten the social significance of theatre, a tradition with links and roots to ancient times.

Limitations and Procedures

Limitations

The research encompassed three areas: Gerontology Communication, and Theatre. Gerontology research supported this writer's theory on communication relative to cohort groups, (Hareven, 2000) as well as life world systems, (Friedland, 2001). Further information retrieved from gerontological books and journals includes (Binstock, 1983; Birren and Schaie, 2001; Hareven, 2000; Binstock, R.H. & George, L., 2001). Communication research was limited to recent journals and books such as (Pecchioni, L. and Croghan, J., 2002; Portnoy, E. 1997; Postman, N. 2000; Orbe, M.P. 1998; Nussbaum, J.F., and Pecchioni, L.L. et al., 2000). Other authors contributed in both communication and gerontology with articles, such as (Friedland, L. A. 2001 and Gudykunst, W. B. and Young, K., 2003)

Theatre research from journals and books had no specific limitations. This inclusivity heightened the breadth of the literature and included historical works that were instrumental in the development of this thesis. Articles related to creative methods of psychosocial and socioemotional work with residents within long term care (Basting, A., 2006; Engleman, M., 2000) were invaluable. Research heralding theatre as a viable discipline for human connectivity obtained from (Mee, E.B., 2002; Brook, P. 1987; Nagel, A.M., 1952; and Spolin, 1999, and 2000) adds validity, feasibility, and justification to this work as well.

Some of the best research and information came from Guglielmo Schinina (2004), who provided a great resource for theatre work with Serbian war refugees. His

perspectives linked theatre, and communication, as well as psychosocial wellbeing. Furthermore, Schinina's work identifies how theatrical exercises sift through the aftermath of trauma and loss issues and resurrect the human psyche through performance.

Much of the material utilized for the segment on eudaemonia solicited from (Butcher, S. H., 1902; Carlo, G. and Edwards, C.P., 2005; Woods, M., 1982) brought an ancient concept to life. Each of these sources contributed to the affirmation that the disciplines of communication, gerontology and theatre, link together. Further information taken from demographic sources include the U.S. Census Bureau (2005) and The Oregonian newspaper (D'Arcy, 2006).

Procedures

For this study, research was gathered and utilized for the written portion of this thesis. The research was valuable in the preparation of the booklet. Viola Spolin's work contributed to the simplistic idea that 'anyone can perform'. Her ideas, later reformed, to include variant cohort groups, made the concept of this thesis pragmatic. During my work with elder and disabled residents in long term care settings over the last seven years, I was awed by how much can be accomplished with innovation and creative impetus and how encouragement can solicit invention amongst even the most disadvantaged resident.

Two critical outgrowths of my investigation into Spolin and Schinina's work prompted the concept of utilizing social theatre as an activity tool for elders and assisted in the creation of the activity booklet (See Appendix A) and operational DVD. (See Appendix B)

The booklet was adapted to allow individuals with cognitive, emotional or physical disabilities to participate. The booklet offers an array of exercises designed to be cognizant of visual, auditory, cognitive or physical impairments. This booklet focuses on methods of delivery for application of activities to enhance elder lives and to promote *eudaemonic wellbeing* in long term care settings.

The DVD is an instructional tool that can be used to present factors involved in an elders' life before and after placement within long term care. The content within is not meant to represent all nursing home facilities, merely to demonstrate how theatre can be used to present a story. The DVD depicts a variety of individual residents that are often in long term care settings. Furthermore, by detailing the trials and tribulations a resident experiences in an institutional setting, the viewer may feel empathy.

This DVD is particularly salient because it is a representation of the diverse array of individuals found within long term care environments. It also offers insight into the distinctive experiences and symptoms of marginalization (e.g. loneliness, isolation and loss) experienced by living within a long term care facility. Experience within the long term care industry led me to devise particular characterizations based upon the individuals met within the long term care continuum. These included individuals I have met within long term care facilities with serious physical and cognitive disabilities.

Theatre courses in directing and producing as well as instruction from books, (Kahn, D. and Breed, D., 1995; Hauser, F. and Reich, R., 2003) assisted in the writing and development of the script, as well as direction and production of the segments within the DVD.

Justification and Significance

In Oregon, according to the U.S. Census Bureau, (2005) 12.8% or 423,459 persons are 65 years old and above. Almost half of those individuals or 41.5% are living with a disability and will require additional community assistance and potentially long term care. Presently there exists a lack of innovation within the formation of activity programs in long term care facilities. This contributes to further marginalization of the elderly by the very organizations meant to serve them.

Ann Davis Basting, who wrote, "*God is a Talking Horse*" (Basting, p. 78) researched the effect of bringing theatrical performance to the lives of disabled individuals. Basting writes, "...in order to better understand the experience of disability, scholars and activists call for the voices of the disabled, for their stories to be told and heard". (Basting, 2006, p. 78) Basting utilized individuals with Alzheimer's and dementia as actors, and through their performance she was able to afford her audience, "... the experience of repetition, disorientation, and the unreliability of objects, language and memory". (2006, p. 91)

The results of this activity were profound for both the audience and actors. However, she states, "... too much confusion meant that audiences might have missed the most important point of the play: that these tales of loss and transcendence had been forged in collaboration between facilitators and people with Alzheimer's disease themselves." (2006, p.91) Without these communal efforts by Basting and Schinina, who recognize the validity of providing "social theatre" to those marginalized, or the "third

culture”, there would be no solace for these participants, except for the lonely translucent glow of the television. Through the application of theatre games, elders, as well as children, even those with autism, language barriers or other disabilities, are able to express themselves in a creative and expressive manner. This activity seals a bond with others, as the experience is one of mutuality. Elders with cognitive deficits or disabilities are still fully capable of expression. Failing to recognize the importance of *eudaemonic well being*, specifically at the end of life is a travesty. By not making progress in this vein, especially for those on their last journey, we do a great injustice to our community, our citizenry and ultimately, to ourselves.

Based upon this research and my own personal experience within the long term care continuum, I believe social theatre is an important vehicle through which to promote therapeutic connectedness via communication. Succinctly, theatre validates the construct of psychosocial wellbeing by promoting such wellbeing, rather than by merely evaluating whether wellbeing is present. This study is one way to advance our knowledge about these critical aspects of theatre as a social activity.

The reason theatre can benefit elder individuals is tied to “live” interactive communicative action. This form of theatre is not concerned with attracting box office draws, but rather with what is innovative and profound.

Conclusions and Suggestions for Further Research

Gerontology

The recent formation of the field of Gerontology has inspired the concept that aging is a distinctive and important stage of life. This realization can heighten awareness by provoking an impetus for more research and suggests the aged individual is more than just 'old, feeble and slow'. Now that gerontology has become a substantial academic program, more individuals, especially young people, can see those aged individuals as an irreplaceable historical resource.

However, a void exists between the research and the knowledge imparted by that research and the provision of that knowledge to those who are most benefitted by it. This is where the validity of this thesis lies, in the delivery of this research put to action through therapeutic theatre exercises. In addition, there are specific actions to be considered for implementation by academic settings. First, gerontologists within academic institutions can utilize students, both undergraduate and graduate level, to consort with the long term care continuum. The long term care continuum is greatly in need of interns, researchers and volunteers to work with elder and disabled individuals. This can provide students with practical experience while simultaneously promoting both the *eudaemonic wellbeing* of elders and soliciting a greater understanding of this population.

The resulting development of intergenerational relations can only promote more interest and less ageism within our communities. Secondly, gerontology students can deliver their academic knowledge to individuals within the community by speaking

publicly to employees, residents and family members within the long term care setting. Topics and issues may range from end of life issues, to new and innovative health care practices, activities, physical exercises, and cognitive exercises for those with dementia and Alzheimer's disease, etc.

Lastly, gerontology departments can become great sources of information to the public at large and can provide a resource for those within the community by distributing much needed information via brochures or websites. This service will not only educate the public and the students in academic settings about aging and aging services, but will solicit the understanding that gerontology is a viable discipline, thereby reducing some of the fear of aging itself.

Communication

Qualitative and/or quantitative research on effective communication that promotes inter-connectivity between staff members, and resident cohort groups may benefit the disciplines of communication and gerontology. Qualitative research on the state of *eudemonic wellbeing* as signified by specific dialogue would benefit those within the long term care setting. Research on social connectivity variance may prove to be a significant venue as well as research relative to communication between family members and residents in long term care settings. These findings could generate new information for activity directors, social services and gerontologists. Research on the beneficence of activity programs that solicit communication (such as narratives and life stories) as opposed to traditional activities, (such as Bingo) may provide valuable research for further development of activity programs in long term care.

Theatre

The theatre community consists of actors, audience members, directors, producers and acting coaches as well as academic professionals. These individuals may integrate the elder community into the theatre world in the following ways:

- a) Theatre students may be encouraged to present theatre to elder individuals at senior centers, nursing homes and assisted living facilities.
- b) Theatre students can conduct their own social theatre projects either for credit or for research value.
- c) Producers and directors may consider utilizing elder actors on stage in order to represent the demographic of the community and provide a variation in acting styles.
- d) Traveling theatre groups comprised of students from local colleges and university settings may allow for exposure to academic programs and new and innovative theatre techniques.

These suggestions benefit the community in the following manner.

Student engagement in community work allows for hands on experience with a challenging audience. This fulfills a much-needed venue for acting experience and provides a service to those in need. Furthermore, allowing the actor to create, direct, and work collectively with other actors, promotes practical experience and philanthropy. Lastly utilizing elder actors on stage represents a true demographic and solicits knowledge about elder capabilities. Rather than portraying a young actor as an elder, the utilization of an elder actor will add authenticity and different styles to the production, as well as offer an outlet for the elder to be involved in live communicative action.

In short, the revitalization of activity programs, the delivery of academic based literature and practices to professionals within the long term care environs, and the development and provision of innovative theatre programming within long term care settings, would benefit elders immensely and enhance the role of theatre as a social connection linked to human creativity and wellbeing. Throughout the development of this thesis, my goal has remained intact. I have not vacillated on the topic of my thesis, as I firmly believe that this concept, this thesis and its directives are thoroughly applicable within the field of long term care. The genesis of this idea has led me to continue to develop my knowledge through practical experience, research, and employment within educational settings and the long term care continuum.

I have learned that there are no barriers to the provision of social connectivity via theatre for elders within long term care except those that we impose upon ourselves due to a lack of knowledge or fear of change. Through the revitalization of theatre, through the delivery of mechanisms that reify the connection between audience members and actors, care providers, family members and residents; we can increase our understanding of one another regardless of age, disability, gender, religion, sexual preference or socioeconomic status.

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