Article title
What Can We Learn from Play?: A Comparative Analysis of Creative Play and 'Playing Along' in Dementia Care Environments

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Abstract
In this article, I explore play in dementia care settings, specifically two types, creative play (play that engages creativity and imagination) and 'playing along' (Blum 2014). Acknowledging debates on truth telling in dementia care, I consider how engagement focused approaches in dementia contexts employ play to encourage connection, communication, and care. To do so, I explore the work of researchers and applied theatre creatives in two projects: the Playful Engagement and Dementia Project and TimeSlips, alongside the communication strategy Validation therapy. Considering the relational qualities and use of play in all three, I ask if, in dementia care settings, embracing the flexible way play deals with the divide between fiction and reality can, without harm, address the needs of individuals living with dementia.

Keywords
Dementia, Creative Play, Validation therapy, Relational Clowning, Timeslips

Play and Dementia: A Comparative Analysis of Creative Play and 'Playing Along' in Dementia Care Environments

Introduction

In this article, I explore play in dementia care settings, specifically two types, creative play (play that engages creativity and imagination) and 'playing along' (Blum 2014). Acknowledging debates on truth telling in dementia care, I consider how engagement focused approaches in dementia contexts employ play to encourage connection, communication, and care. To do so, I explore the work of researchers and applied theatre creatives in two projects: the Playful Engagement and Dementia Project and TimeSlips alongside the communication strategy Validation therapy. Considering the relational qualities and use of play in both projects and in Validation therapy, I ask if, in dementia care settings, embracing the flexible way play deals with the divide between fiction and reality can, without harm, address the needs of individuals living with dementia.

In the first section entitled Debates on Truth Telling in Dementia Care**,** I outline discussions on truth telling in dementia care settings and consider how play might work to respond to these. Contextualising the debates first with a brief discussion, I then explore the implications of absolutes in relation to 'lying' and 'truth telling' in this context and consider how play might mitigate potential concerns about any communication approach beyond absolute truth telling.

In the next section, 'Playing Along' versus 'Going Along', I explore a communication strategy used widely in dementia care, Validation therapy. I argue this form of communication embraces notions of agreement and so called 'playing along' as a strategy to create connection and relationality in dementia care.

Then, in the section entitled Creative Play, I explore the work of academics and creatives in two projects, the Playful Engagement and Dementia Project and TimeSlips, as examples where creative play is used to develop reciprocal and relational connection in dementia care. Comparing the approach used in Validation therapy to that of the Playful Engagement and Dementia Project and TimeSlips allows the differences and similarities between the two to be explored and the relationship between creative play and 'playing along' to be considered.

Finally, in the section entitled Creative Play, What Can Be Learnt? I suggest what principles of play from Validation therapy and the creative play examples might be adopted across dementia care, by individuals, applied theatre practitioners and carers alike, to further allow the complex relationship between fiction and reality in dementia care to be delt with in a manner that is flexible and meets the needs of individuals living with dementia.

Debates on Truth Telling in Dementia Care

According to the 2016 Health foundation inquiry into truth and lying in dementia care, the spectrum of communication within those environments runs from whole truth telling at one end through to looking for alternative meaning, distraction, going along with and lying at the other. When exploring debates around truth telling and dementia, one must consider a range of factors; what constitutes a lie for example, the difference between a lie and deception, and the moral, ethical, and indeed practical repercussions of lying to an individual with diminished cognition to name a few.

Ekman (1985) defines lying as the act of falsification or a purposeful alteration of the facts to mislead a person intentionally. For Benn (2001) lying has a different moral character to non-lying deception, while Blackhurst (1992) disagrees saying both infringe on the person's right to autonomy. From Kant to St Augustine to Thomas Aquinas, arguments against lying occur along a continuum, from immoral at one end, to potentially justifiable for the greater good at the other. While Kantian thought suggests all lying is wrong, St Augustine and Aquinas were both a little less rigid and the utilitarian point of view considers consequence in its judgment of lies. From that perspective, a certain level of deception may be acceptable if it is in a person's best interest; the morality of the action thus determined by the outcome.

In dementia care, there are those who consider lying in any form unethical, and a practice that can never be considered person-centred or to support personhood. Defined by Kitwood as 'a standing or a status that is bestowed on one human being by another in the context of relationship and social being', personhood is sacred to all of us and in dementia care is vital as it calls for all individuals to 'treat each other with deep respect' (1997: 8). Kitwood describes 'dishonest representation, trickery or outright deception' in dementia care as 'treachery' (1990: 181). Sherratt agrees, suggesting the use of lies is the 'easy way out' (2007: 12). Walker (2007: 30) calls lying 'poverty of the imagination' while Pool (2007) maintains it can never be justified within a person-centred approach as it betrays trust and destroys therapeutic relationships. Finally, Müller-Hergl argues lying is unethical and disrespectful and that 'suffering does not justify unethical actions' (200711).

Codes of professional practice within health care go against the practice of lying. However, also prefaced is the ultimate responsibility of any health care professional and the key principle of medical ethics, Primum Non Nocere (First Do No Harm). According to Jackson (1991) the clinician is not duty bound to avoid intentional deception if there is a therapeutic need. Nevertheless, arguments against lying remain compelling with Kitwood (1997) warning the practice not only devalues and undermines the person with dementia; it also creates a negative social interaction between the individual and his or her carer.

Regardless, Culley H et al (2013) note the need for non-pharmacological interventions in dementia care that in turn demand new communication strategies. Kirtley and Williamson (2016) acknowledge that debates around lying in advanced dementia care are ongoing and that there remains no agreement on the issue in the UK or internationally. More importantly, there appears to be no fixed view amongst people living with dementia and their carers regarding the acceptability of lying (ibid).

If a certain amount of deception motivated by a wish to reduce truth-related distress or other risks does occur in dementia care, the perceived acceptability of deception seems to vary depending on the context in which it is undertaken as well as the intention behind it. To explore these debates further particularly in the context of play, in the next section, I examine Validation Therapy. As a communication strategy for engagement widely used in dementia care, Validation therapy embraces notions of agreement and play, particularly so called 'playing along', as strategies to create connection and relationality in dementia care.

‘Playing Along’ versus ‘Going Along’: Validation Therapy

Somewhere along the spectrum of communication outlined by Kirtley and Williamson in the Mental Health Foundation Inquiry (2016) is the communication strategy Validation therapy. Created by Naomi Feil in the 1960s, the practice engages the principle that, ‘meaningful connection does not take a pill. It takes reaching out. It takes listening and it takes a dose of wonder’ (Feil 2013).

Based on the general principle of validation, the therapy incorporates a range of specific techniques. It accepts the personal ‘truth’ or ‘facts’ of the experience for the individual living with dementia and rather than challenging these, adopts playful creative strategies to engage with those ‘truths’ or ‘facts’. It is an alternative communication strategy to absolute truth telling or reality orientation which chooses to ‘work around, rather than confront the expressions of factual inaccuracies inherent in dementia’ (Bleathman and Morton 1992: 658). While reality orientation attempts to facilitate the person’s reconnection with their present place and time, Validation therapy engages in the subjective reality of the individual with a diagnosis of dementia, ‘focusing on the emotional rather than factual content of what people say’ (ibid).

Validation therapy seeks a deep understanding of the individual with a dementia diagnosis. It focuses on a connection between the delusion experienced by the individual and their needs in that moment. Bleathman and Morton (1996) argue, the therapy assumes that the behaviour and speech of the disorientated person has underlying meeting and that disorientated people living with dementia often return to the past to resolve unfinished conflicts. Thus, by engaging with the disorientated individual in their reality, one may be able to understand better their needs in moments of heightened emotion and destress.

As Bleathman and Morton continue, this connection occurs through the adoption of ‘exquisite listening’ (1996: 867) where the quality of attention is vital. Exquisite listening is listening that occurs on a deep level, is responsive and person centred. The practice of validation means that the listener does not correct the confused individual when they ask for their long deceased loved one for example (‘your mother is no longer alive’). They do not deceive the individual either (‘she’ll be along any minute’). Instead, they validate the emotion that drives the request (‘You’re upset, and you miss your mother?’ What would she do to make you feel better if she were here? Shall we do that together?) their exquisite listening and subsequent validation potentially creating a space for connection.

Literature on Validation therapy suggests a general lack of awareness of the elements of play it exhibits and a possible lack of self-conscious application of the strategies needed to make full use of play. There is an opportunity therefore to explore the act of ‘going along with’ in relation to these strategies within the context of play and by doing so, to reframe that act as ‘playing along’ which inherently requires a level of agreement. ‘Playing along’ implies a contract between players who usually (although not always) both agree to the rules of the game.

Schechner notes, play ‘forgive[s] rather than enforce[s] and provide[s] flexibility rather than rigidity’ (2002: 79). In this context, ‘Playing along’ might be considered more ethically sound, particularly if used to ensure the safety or minimise ‘truth-related distress’ (Day et al 2011: 825) its adaptable, individual, and creative nature (arguably absent in absolute truth telling) potentially more helpful in these situations.

Added to this, substitute the phrase ‘going along’ with ‘playing along’ and one moves beyond avoidance and/or distraction and into notions of reframing/ agreement and

understanding. From a humanistic perspective, Validation therapy is built on drive to know and understand the individual with a diagnosis of dementia so as to provide the most responsive and supportive environment for that individual. The playful attitude used in Validation therapy stands in contrast to reality orientation in that it attempts to communicate 'with a disoriented elderly person by validating and respecting their feelings in whatever time or place is real to them [...] even though this may not correspond with our "here and now" reality' (Vanderslott 1994: 151).

These notions could be taken a step further when considered in relation to creative play which allows further engagement of empathy, responsiveness, and creativity through the act of play. In dementia care, confusion and other symptoms of the disease sometimes make conscious agreement between players impossible. There is evidence, however, that even in the most confused or unresponsive states, this agreement can be reached, as pointed to later in the applied theatre and creative practice examples, the Playful Engagement and Dementia Project and Time Slips.

In the broadest strokes, creative practice is based in communication and a wish to understand one another better. The experienced creative practitioner working in an applied theatre context will recognise the value of 'exquisite listening' and its influence on the quality of relationality between facilitator and participant, particularly where co-creation (participant and facilitator creating together) is involved. Applied theatre in dementia care environments has the potential to generate positive effects and, most importantly, happens in an environment of curiosity with an intention to know others better.

Looking at Validation therapy, the Playful Engagement and Dementia Project, and Time Slips together in the next section, allows me to compare engagement focused approaches in dementia contexts, and the determine their differences and similarities. It encourages a consideration of best practice in terms of how play might be adopted more broadly in dementia contexts, and how complex relationship between fiction and reality in dementia care to be delt with in a manner that is flexible and meets the needs of individuals living with dementia along with their families and carers.

Creative Play

As current innovations in dementia care (particularly in applied theatre) show, creative practice can be hughly responsive to the person in the moment. Nicholson (2011) perhaps best describes the move to explore creative practice in dementia care beyond long established aims of distraction and reminiscence. She notes her own 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 (Nicholson, 2011, p.50).

Creative practices in this inconstant context embrace play. According to Sicart, 'To play is to be in the world. Playing is a form of understanding what surrounds us and who we are and a way of engaging with others. Play is a mode of being human' (2014: 1). Seeing play as 'a portable tool for being' he suggests 'it is not tied to objects itself but brought by people to the complex interrelations with and between things that form daily life' (ibid: 2).

Play exists everywhere, including dementia care. But as Schechner argues, it has the potential to create 'multiple realities' and possesses 'porous and slippery boundaries' (2002: 82) and that makes it dangerous if not correctly managed in certain environments (dementia care for example). That being said, play also has the ability to produce distinct acts and modes of behaviour that signal to all players that what is occurring is indeed play and it is that signalling that is relevant when discussing 'playing along' and play that holds imagination and creativity at its core i.e., creative play. Examples of creative play, The Playful Engagement and Dementia Project and Anne Basting's TimeSlips, both engage a methodology that includes these important signals with an awareness of their function and impact. There is also an awareness that these signals might not be read, particularly by those in end stage dementia. Nonetheless, the conscious development of signals that play is afoot place personhood at the center of these examples practice.

The Playful Engagement and Dementia Project

The Playful Engagement and Dementia Project (2012-2016) was multi-disciplinary, engaging nursing and Applied Theatre academics and staff and residents in five residential care facilities in Brisbane, Australia with two relational clowns, Anna Yen, and Clarke Crystal (Balfour et al 2017). In the following section, I unpack elements of the project, as articulated by the researchers involved, to consider its use of play.

As outlined by Dunn et all (2013) and Balfour et al (2017) the intention behind The Playful Engagement and Dementia Project was to identify the potential of relational clowning to improve quality of life for individuals living with dementia. The approach used by relational clowns (Tiny and Dumpling) prefaced their dynamic as 'siblings' and failure at certain aspects of life, finding a partner for example. They also took cues from the participants' themselves and improvised accordingly.

Relational clowning is not clowning as one might expect. Here the clown dons no face paint or outlandish costume, only the familiar red nose provides a visual signal that play is happening (something important to note in later discussions around signalling and agreement). Outlining the project, Dunn et al draw on Vandenberg's notion that play 'has as much to do with the way something is done, as it does with what is done'; that it 'is more like an adverb than a noun' (2013: 177). In the project, much of the interaction between the relational clowns and participants came through everyday activities that would not be considered overtly playful. What was playful was the approach which, as Dunn et al continue, proved 'effective in generating moments of engagement and mutual recognition' (ibid: 174). Much like Validation therapy, the quality of connection in the project was 'more apparent in the how rather than the what of the play' (Dunn et al 2013: 179) the 'how' utilising a spontaneous, reflexive, and sensitive approach and 'applying frameworks and their associated vocabularies according to the individual's play preference' (Dunn et al 2013: 176).

Reflecting further on the project in 2019, Dunn et al considered the evaluation of creative practice in dementia care environments, particularly in relation to Quality-of-Life measurements and affect. Using examples from the Playful Engagement and Dementia Project, they described 'quality moments of life' as being 'Opportunities for individuals living with dementia to play, experience agency and in so doing, create small moments of joy' (Dunn et al 2019: 50). You'll note the importance of play to the creation of these moments. Looking at the research, the creative and playful interactions or 'small moments of joy'(ibid) between Tiny, Dumpling and the participants appear to have come more through the experience of engagement than the action itself (often familiar in nature, singing a song or knitting for example). Indeed, reading Dunn et al's 2013 account it appears to have been the ability of the interaction and relational aspect of the practice to disrupt expectation around these familiar activities that allowed play and subsequent affect to occur. So, for example,

within the context of the play act (knitting) hierarchy could be challenged (Tiny getting tangled up in the wool) allowing residents to achieve a higher status (helping Tiny to get untangled) and ability than the clown himself. Thus, Tiny and Dumpling's playful/ joyful failures created scenarios that required the 'help' from the residents. While this may not have been possible for all residents (particularly those in end stage dementia) for those able to join in, it appears to have built a communal attitude towards play and developed a sense of knowing (understanding of the rules of play) shared between facilitator/s and those participant/s able to read the play as such.

Analysing the practice, Dunn et al explain these joyful moments were built with an understanding of Lieberman's (1977) Five Dimensions of Playfulness: 'physical spontaneity, cognitive spontaneity, social spontaneity, manifest joy and a sense of humour' (2013: 178). Used as an interpretative framework to explore the play, Lieberman's Dimensions also allowed the spontaneous, joyful, and reflexive nature of the practice to be explored. What is clear from Dunn et al's description is the ability of this play to do several things simultaneously, for example, laying the groundwork for later interactions while encouraging alternative routes to engagement when traditional ones (those reliant on verbal communication for example) were unavailable. In addition, play allowed relationships to develop between participants through group interactions, several participants at once 'helping' the 'failing' Tiny together and playing along as a group in the process.

Relational clowning embraces reflexivity and responsiveness to achieve these outcomes with the work relying on an agreed understanding that what is happening between clown and participant/s is most definitely play. In this context, for the act of 'playing along' to happen, it is the resident who must agree to the alternate reality and existence of Tiny and Dumpling, not the other way around. They agree to enter the fictitious world aware that has been created by the clowns and only exists in the moment of play. Thus, the creative practice is an example of an interaction that applied theatre artist Liz Postlethwaite suggests 'creates a moment where someone can be in another moment' (2022) which, like all art, may provide the opportunity to 'take people aware from things that pre-occupy them' (ibid).

In the Playful Engagement project, after an initial offer by the relational clown, it is the participant who must say 'yes and' for play to take place. It is then the role of reflexive and responsive relational clown to select the most appropriate play grammar and adjust that as needed to allow the interaction to continue and develop. Therefore, while similar to 'playing along', the reciprocal and inclusive nature of the creative practice could not happen without agreement; agreement regarding the chosen 'reality' in which the play takes place and of equal importance, agreement in the attitude of both players.

However, as Balfour et al explain,

> When considered within an interaction between a relational clown and an individual living with dementia, one can see that a relational clown must work not only to create fictional works and multiple versions of reality (as clowns do) but also to simultaneously accept the multi-fictions and shifting realities that might be at play for the individual living with dementia (2017: 110).

Much like Validation therapy, 'the approach works with the realities that exist for the individual in the moment, while simultaneously generating new realities that may or may not be rooted in one or more versions of reality' (Balfour et al 2017: 111). Tiny and Dumpling continuously gauged the relational tone of the interaction and the play that fuelled it, using their ability to respond in the moment and exist in relation to everything else, material, and immaterial, real, or fictional, in that moment. In relational clowning then, an unstable reality is acceptable. Indeed, instability opens potential for further play and connection.

Pleasure also encourages play to occur; out of which feelings of joy emerge. Moments of affect and of 'connection and relatedness',

> provided opportunities for residents and artists to engage in ways that privilege temporary and ephemeral moments of pleasure, play, silence, and indulgence, recognizing that every encounter requires renegotiation and adaptation as situations, moods, and conditions change (Balfour et al 2017: 123)

As Dunn et al note, these interactions are 'highly dialogical, with these dialogues (including those that are mainly non-verbal) being spontaneously generated in action and honed to the perceived needs of each individual participant' (2013: 176). In their analysis, Balfour et al highlight the importance of pleasure in the interaction, both for the performer and participant as it accentuates (again much like Validation therapy) an attuned form of listening and responding. 'Embodied listening' as defined by Balfour et al 'creates a relationship that validated the individual' (2017: 120). Much like the 'exquisite listening' of Validation therapy, it is developed in relational clowning through a patient approach, one that allows space and time for silence and pauses and one that recognises the potential in all interactions.

Timeslips

TimeSlips, created by Anne Basting is also a relational interaction that privileges ephemeral moments of play and pleasure in its methodology. The practice embraces creative play and prioritises listening as it draws out the imagination of the individual living with dementia in creative storytelling to foster engagement with others. Focusing on creativity rather than memory and reminiscence, the method was first developed in the United States in 1998 and now has an international reach with over two thousand trained facilitators across the world (TimeSlips 2022).

The popularity of the method is perhaps due in part to its sustainable and accessible nature along with a methodology that is based on its core values:

- Saying 'yes, and'.
- Asking beautiful questions.
- Giving proof of listening.
- Opening ourselves to wonder.
- Committing to rigor and the value of all human beings.
- Finding meaning by connecting our personal expressions to the larger world. (Ibid)

The first core value roots the practice firmly in improvisation. Basting argues, the ability to say, 'yes and', to accept a prompt and playfully respond to that prompt in the moment to create a shared version of reality through storytelling, is immensely powerful, particularly when it invites and fosters 'expression from people whose views are commonly overlooked in mainstream culture' (2017: 165). Improvisation is always spontaneous, and it relies on a signal that says, 'let's play'. Through improvisation, one responds cognitively and creatively in the moment to another. In Timeslips, although the context of the play is clear (it is obvious play is afoot) there is no attempt to reality orientate. Stories do not have to make sense; they do not have to follow a narrative or even include a defined chronology of events. Like Validation therapy and relational clowning, listening and the quality of that listening is vital

but not so as to create logic. Participants are not restrained by the need to make 'sense' and there is an acceptance of all realities present in the room.

Improvisation is facilitated and encouraged through 'beautiful questions' (UW Milwaukee Classroom) open questions with no right or wrong answer that allow access to shared creative conversations. Answers to these questions from participants are repeated with each response echoed and affirmed, 'giving proof of listening'(ibid) to the participant and confirming the importance of their engagement and value to the creative activity. Facilitators ask beautiful questions, echo responses, and build on those responses with further improvisation. Listening in Timeslips is therefore about acceptance; accepting the reality of the individual living with dementia and building on that reality to develop a creative interaction that is communally experienced.

Observing a recorded example of a TimeSlips Creative Storytelling session (ibid) one notes the time and space given over to the initial welcome when each storyteller/ participant is greeted by a TimeSlips facilitator. Familiarity and a level comfort are evident in the exchanges, suggesting this form of greeting is a regular and built upon relational practice. The prompt, an image, is then introduced. It is clear that staged images, one that might have a story behind them, are the most useful as, in a similar way to the beautiful questions, they allow for a multitude of possibilities. In the recording I observed, the images offered range from an elderly female pilot to four men in white, hand standing at a picnic, to a child and elephant sitting together in an embrace. A scribe sits at the centre of a circle of participants and facilitators capturing responses to the beautiful questions while echoing and affirming those responses adding 'yes and prompts' to further develop the story.

In the recording, a Timeslips group respond to a colour photograph of an Inuit boy in the snow, allowing the following story to emerge in short sections, each re-read and validated before the next prompt is offered to develop the story further. One section is read out by the scribe,

> And we have a boy named Dimrod who is ten years old. He is living in Alaska by himself. In his hand he either has a long whip (says Nathan) or a snake ready to bite him in the you know where (says Rodger) (ibid).

Another prompt is offered, 'so what is Dimrod going to do after he's done hunting'(ibid). one facilitator asks. A participant offers 'go home and eat'(ibid). 'What will he eat?' asks the facilitator (ibid). 'Well, he has his food serviced to him by…' (ibid) says Rodger, struggling to find the end of his sentence. "He belongs to this ah, this ah', he continues (ibid). After a moment of listening, a fellow participant offers 'meals on meals' to which Rodger and his fellow storytellers, along with the facilitators erupt in laughter. 'I knew that woman was a life saver,' Rodger says, 'and I knew she'd come up with something really terrific'(ibid). The group go on to collectively create a recipe for Dimrod for 'fired, baked squirrel', which is read back and validated by a facilitator, 'It's a sweet and sour squirrel casserole with pine nuts, raisins, onions, celery, and carrots', first, it's fried and then baked'(ibid). 'Right' says a participant, adding 'with a light tomato sauce'. To which the facilitator adds 'first its fried and then baked, with a light tomato sauce' (ibid).

Like the Playful Engagement Project, TimeSlips, celebrates the creative capacity of the individual living with dementia despite their cognitive limitations. Its use of play avoids assumptions of creative limitation, encouraging instead an acceptance of the multifaceted state of being of the person living with dementia. Play, in the interaction detailed above, is complex and carried out in a variety of ways. It is found not only in the concept of the creative practice but also in the disruption of language and tropes, in the embrace of the absurd and in the playful attitude of all involved.

Discussing play and TimeSlips, Swinnen and de Mederios note this creative storytelling method 'is not used to infantilize and trivialize people living with dementia but as a way to explore potential for expression, meaning-making, and relationship building' (2018: 261). They argue 'play has meaning in itself and is separate from the necessary activities of daily life' (Swinnen and de Mederios 2018: 262). In a similar way to Dunn et al, they also draw on Lieberman's five components of play to analyse TimeSlips and its spontaneity (physical, cognitive, and social) as well as its ability to manifest joy and a sense of humour, all of which can be seen in the example above. They also quote Winnicott who argues, authentic understanding of self is found through imaginative, unscripted play (ibid). Thus, the play undertaken in TimeSlips has purpose. It is not engaged with to keep 'people busy or improving their cognitive health' (Swinnen and de Mederios 2018: 268) but to encourage emotional connection with others through freedom of expression.

In TimeSlips, play is communal, its practice focusing on social and relational benefits that offer 'an alternative to the emphasis in the dementia studies discourse on cognitive and psychological improvement through arts interventions' (ibid). The creative act happens because of the group and each individual participating is a member of that group, however, the relationality that occurs because of this does not limit itself to the group. As the founder of Timeslips Ann Basting notes, 'the shift towards engaging through imagination helps care partners more deeply understand the people whose stories (and identity) they had difficulty accessing because of memory loss (Swinnen and de Mederios 2018: 165-6). An example of this can be found in Fritsch et al's (2009) research. They discovered that care staff who observed resident-initiated interactions through TimeSlips practice, became more motivated to initiate their own interactions with residents. An increase in staff/ resident interactions was also found to reinforce future exchanges between both groups over time. Thus, much like the relational clowning work of Tiny and Dumpling, Timeslips through its improvisational methodology (one that embraces connection over correction) can disrupt hierarchal structures based on whose reality is correct, and subsequently create connection between previously disconnected groups.

Conclusion: Creative Play, What Can Be Learnt?

This article has argued that individuals working in dementia settings can embrace the ideas of play outlined above and, indeed, the flexible manner with which play deals with the divide between fiction and reality. Goffman suggests that in any human contact, 'many crucial facts lie beyond the time and place of interaction or lie concealed within it' (1959: 13). This is never more so than in the interaction between a carer or applied theatre practitioner and an individual living with dementia, particularly when that individual is immersed in their own reality. By choosing through play to engage in the unseen world, the carer or applied theatre practitioner must accept a lack of ownership over the structures that govern it. They can only take cues and offer reassuring messages; they cannot change the dynamics of relationships or the narrative structure of the interaction. Similarly, they must accept the historical context in which the reality is based, the relationships that are included and the narrative structure, however nonlinear.

In relational moments, creative play approaches such as reflexivity, responsiveness, and improvisation increase the quality of communication, building on it for future exchanges. Adopting the reflexive and responsive approaches of communication strategies such as Validation therapy and creative and applied theatre practice such Timeslips and The Playful Engagement and Dementia Project to create moments of connection across dementia care,

can only help develop relationships, particularly when it emphasises play over a determined outcome.

In this article, I began with an exploration of play, moving across a spectrum from going along with, to 'playing along', to creative play, positioning these in relation to debates that surround truth telling in dementia care. I examined Validation therapy, an alternative method of communication to reality orientation, and considered the common features between it and creative play. I did so to show that principles adopted from these acts of play can allow the complex relationship between fiction and reality in dementia care to be delt with in a way that is adaptable and meets the needs of individuals living with dementia. I will end with a discussion of what can be learnt from those features and consider what further aspects of creative play and 'playing along' can inform engagement activities in dementia care environments.

As witnessed in TimeSlips and the Playful Engagement and Dementia Project, the benefits of creative play are undeniable. Play in these instances comes from and helps to develop relationships. Here, the responses of one person are dictated by the response of the other and vice versa. Play, in this context, is as much about attitude and the way something is done, as it is about the act of doing, or indeed, the outcome.

Creative play is collaborative and non-hierarchical. In creative play, particularly co-creation creative play (where facilitator and participant have equal creative status) failure can happen for all players and is embraced. Fears of failure are negated through the disruption of traditional power dynamics and this positive outcome is compounded by a practice that is affect as opposed to outcome driven. Collaborative creative play in a dementia care setting often has no goal beyond creating connection through interaction; its main objective being to derive 'meaning from being in the moment of a "true" encounter with other human beings' (Swinnen and de Medeiros 2018:268).

A playful approach does not have to be overt, but the practice must be reflexive and responsive. At its best, it offers choice, particularly in relation to levels of engagement which Postlethwaite states should not be defined by a specific response but understood as something that looks 'different for different people' (2022). As seen in the examples above, embracing a reflexive and responsive attitude lays the foundations for future interactions and relationships to develop. Similarly, the facilitator must accept the multiple realities that potentially exist in settings where confusion and cognitive incapacity arise, and develop in the creative play an atmosphere between both parties that is continuously gauged and responded to as necessary

Often, in creative play, for play to occur, participants actively agree to engage and often, it is the facilitator and participants together who control the narrative and creative frame within which the play occurs. Validation therapy sees this exchange reversed somewhat. Here it is the carer/ family member who must agree to the narrative expressed by the individual living with dementia. It is that individual who dictates the creative frame and the carer/family member plays within it. In the creative and applied theatre practice play examples discussed here, relationality is continually re-enforced through current and future interactions. The 'playing along' adopted by strategies such Validation therapy similarly looks to develop connection and particularly, understanding (what can the state of confusion communicate in terms of the physical and psychological needs of the individual in that moment for example). Joining an individual in their alternate reality might allow a connection in that reality which, in turn, could reveal the issue driving a particular emotional state. |Once this issue is understood, it can then be addressed.

Motivations to lie in dementia care, as discussed earlier, include being in the 'perceived "best interest" of the person in terms of minimising potential risks and maximising benefits to the person's physical and psychological well-being' (Kirtley and Williamson 2014: 18). For Bleathman and Morton in Validation therapy, the 'goal of achieving a grasp of reality is

superseded by that of communicating with disorientated people in whatever reality they are in, with the result of easing distress and restoring self-worth' (1996: 866). Creative play with its ability to weaken hierarchal structures and level the status of its players has a similar goal. By allowing the disorientated person to communicate from their own reality and accepting the legitimacy of that reality for them, one might mitigate feelings of failure for that person. Validation therapy recognises the experience of dementia as one characterised by feelings of loss and isolation. Being reflexive and responsive to the individual in their world and embracing the notion that multiple realities may exist in any moment of interaction allows one to recognise 'the emotional needs of dementia sufferers' and highlight 'inadequacies in the attempts to orientate the disorientated' (Bleathman and Morton 1996: 866).

As noted above, similar approaches to 'exquisite listening' (Bleathman and Morton 1996:867) found in Validation therapy can also be found in the creative and applied theatre practice examples discussed. 'Exquisite listening', 'embodied listening' and 'beautiful questions' all encourage person-to-person connection, create relational value in every interaction and seek to encourage personhood, uninterrupted by reality orientation. In so doing, they consider the needs of the individual living with dementia beyond the rigid binaries of lying and truth telling, instead seeking a creative approach to connection, and understanding.

We know dementia is prolific and complex; that approaches to it require creative consideration. Lying in dementia care sits within an ethical quagmire and rightly so as it challenges vital notions of personhood. Alternatives exist however that embrace ideas of play. They do so in such a way as to address the prime directive of any individual (arts practitioner or carer) working in health care environments, to do no harm, while simultaneously addressing the needs of individuals in confused and distressed states. In Validation therapy, the needs of the individual take precedent. Most importantly, those needs cannot be understood if the individual themself is not known and understood. Thus, it embraces the 'relational aesthetic' outlined by Nicholson (2011: 50). Potentially, creative approaches to communication such as play in dementia care allow the movement between 'material and immaterial worlds' (ibid) to be acknowledged and accepted as part of everyday life within that care. Creative practices such as those suggested above provide examples where varied forms of knowledge, like varied states of being, are accepted and valued in equal measure.

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