

**Dementia, performance, and environment: an exploration of dementia-friendly
performance and the importance of space and place**

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Abstract

This research looks at the design of the theatrical environment and how this is important in access to theatre for those living with dementia. It looks at the importance of scenography not just as a visual method of communication, but as a technique that encompasses the relationship between self and space. This includes spatial performativity and place orientation allowing the observer to experience the space however they can, which is vitally important for those living with dementia. These aspects emphasise and improve the theatrical experience and therefore this research explores how the experience of certain elements is important for those living with dementia, such as the relationship between the familiar and un-familiar. Moreover, spatial performativity and place orientation are explored in how they allow those living with dementia to access theatre, and how this has been implemented already in not just the performance, but the whole theatrical environment.

To investigate the importance of space and place on those living with dementia, I have studied a performance of *Maggie May* at Leicester Curve and the work of Vamos Theatre, both of which are designed for those living with dementia. I have interviewed those involved in these productions and have used the information from these interviews to look at how the performances were designed for different performance environments, with a focus on scenographic elements (lighting, sound and set) and the overall environment of the theatrical, including front of house areas and the impact the design of such areas has on those living with dementia.

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Chapter 1: Introduction

This research examines the relationship between those living with dementia and the theatrical environment, focusing upon the place orientation of those living with dementia when accessing theatre performance. ‘Place orientation’ refers to a person’s ability to navigate themselves in a space and identify their surroundings. This relationship is vitally important when considering the engagement of people living with dementia in the theatrical environment. As well as how their relationship with space is altered in comparison to a person not living with dementia. Of the theatrical environment, Carlson states that “The entire theatre, its audience arrangements, its other public spaces, its physical appearance, even its location in the city, are all important elements of the process by which an audience makes meaning of its experience” (Carlson, 1993. p.2). The idea presented here suggests that the theatrical experience goes beyond the visual elements of watching a piece of theatre. It instead pertains to the experience of theatregoing, where every element included in the design of the space is part of that theatrical experience. This not only suggests that the theatrical experience begins further than the entrance of the building, but also that this experience is further than the standard view of theatre spaces. This is especially pertinent for someone living with dementia, as their ability to navigate and access theatre is reduced to their ability to understand their environment.

This thesis is framed by the following questions, which explore the relationship between dementia, performance, and environment:

1. How can space and environment support those living with dementia when accessing theatre?
2. What scenographic considerations are made when designing dementia-friendly theatre shows?

3. How has current theatrical practice for those living with dementia been conceptualised?

This thesis uses ethnographic analysis to explore how scenographics can affect those living with dementia, and the key elements of scenographics in theatre that should be applied to the creation of theatre of this type.

1.1 Forthcoming Chapters

The forthcoming chapters explore my own research into dementia-friendly performance and the methods implemented to answer my research questions. It also documents current practice in these performances. Furthermore, it documents the importance of the scenographic, as defined in the forthcoming chapters, in dementia-friendly performance. Transcripts of my research interviews have been reproduced in full in appendix B, with documentation pertaining to the participants of this research can be found in appendix A. A key to the transcriptions can be found at the beginning of appendix B, as well as within chapter 3, section 7 of this work.

Chapter 2 examines the current research which has been produced in giving context to my own research. As well as giving a brief overview of the following areas: dementia and the arts, creativity, and performance, accessibility, scenographics, theatrical space, and dementia and theatre space. The purpose of this chapter is to inform and situate this research within the context of dementia, scenographics and theatre production. Throughout this thesis and specifically in chapter 2, there will be reference made to different types of theatrical experiences. Although they may seem similar in theory, they present different challenges and contexts to the creative output. Explored within this thesis are the following: a visit to the theatre, an activity that takes place post visiting the theatre, a creative activity that happens

outside the theatrical environment e.g. a care home, and a performance that takes place in a care home.

Chapter 3 details the research process and the key decisions made within my research. This begins with a brief note about my previous research, which was halted by the global pandemic, which had knock-on effects into 2021. It continues with a review of current methodological approaches and how they influenced my research methodology. This leads into my discussion of my own methodology and the scope of my research including the reasoning behind the chosen productions, which form my fieldwork within this thesis. It also contains a description of my coding and transcription work including a key for the transcriptions. It also has a compiled list of the thematic categories and subcategories used for coding my transcriptions.

Chapter 4 details the two case studies from my fieldwork, exploring the approach to design, technical elements and other decisions made by the creative teams of the two productions. Further to this, these sections contain quotes from my interview transcriptions, which have been used to showcase the perspective of the creatives involved in developing these shows. Also in this chapter is my analysis and comparative analysis of the two performances. I discuss how the different elements – set, sound, costume, props, and sound – worked to create an accessible environment for those living with dementia through place orientation. Within this section, reference will be made to two different environments. The case study in section 4.1 *Maggie May* will discuss a performance in a typically theatrical space which in this case is Leicester Curve theatre. The second environment referenced in section 4.2 *Vamos Theatre* will discuss a performance by actors which visits care homes. The distinction between these two environments is noted in section 4.3 *The theatrical environment*.

Within this research, there are a number of terms used that I believe need some clarification. Within the forthcoming chapters of this work, both the phrases ‘theatre complex’ and ‘theatre environment’ are used in relation to theatrical spaces. The use of both these phrases is relative to the vastly different scenographic and physical experiences for those living with dementia depending on the theatrical environment. A ‘theatre complex’ refers to a theatre with more than one auditorium, and often other elements such as a shop, café and art gallery. Where ‘theatre environment’ is used, it is in relation to any type of theatrical space, including the theatre complex, as well as care homes and non-traditional theatrical spaces. These phrases are used interchangeably where applicable.

Chapter 2: Research Context

2.1 Dementia and the impact of the arts

Dementia is considered to be one of the greatest global healthcare challenges of the twenty-first century (Frankish & Horton, 2017). Dementia is a broad term to describe various different symptoms which affect cognitive functions and often the result is a deterioration in this function (World Health Organization, 2022; Alzheimer's Society, 2021). It can cause a number of neurological issues, including trouble with memory, orientation and comprehension which can lead to changes in mood, emotions, and behaviour (World Health Organization, 2022). There are many different types of dementia with the most common being Alzheimer's followed by vascular dementia, among many others. These may have different causes but ultimately are defined by the loss of cognitive functions. In certain types of dementia (Alzheimer's and dementia with Lewy bodies) can cause visuoperceptual impairment which can reduce quality of life (QOL) (World Health Organization, 2022; Alzheimer's Society, 2021).

It is estimated, in the World Alzheimer's Report (2021), that over 55 million people are living with dementia globally and that figure is expected to rise to over 78 million by 2030 (Gauthier et al., 2021). According to Innes, Calvert, and Bowker (2020), the estimated cost of dementia in the UK is over £26 billion per year, with a saving of £11 billion where informal carers (i.e., family and friends) provide care for someone living with dementia. The purpose of the World Alzheimer's Report (2021) is to analyse and evaluate the difficulties that face people living with dementia, and the things that could be done to improve services or clinician response to dementia and other related illnesses (Gauthier et al., 2021). The report provides a large number of recommendations to improve the response to dementia both clinically and socially. This includes improved dementia training and education, improved

disclosure training for clinicians and government funding for clinicians to ensure a clearer patient review service (Gauthier et al., 2021). These factors within the World Alzheimer's Report (2021) are important to note, as the stress on clinicians in diagnosing and care givers in providing adequate care to those living with the condition is very high. One method of improving outcomes for those living with dementia and ensuring quality of care for those living with dementia is the implementation of arts activities (Zeilig et al., 2018). The implementation of such activities can improve socialisation among those living with dementia. This improved engagement both for those living with the condition and care staff, reducing stress in clinical settings for both those involved in such activities (Broome et al., 2017). Further to this Public Health England (2016) states that,

The arts have great potential to contribute to integrated, person-centred, health and social care. Music, dance, visual arts, and writing are used to support health and wellbeing in a wide variety of settings. Arts are used for prevention, to support independent living and to meet the physical, mental, and social needs of increasing numbers of people requiring long-term care (Public Health England, 2016, p.5)

Although the previously aforementioned research suggests a commonality between the different types of dementia, it is noted by many academics (Innes, Calvert, and Bowker, 2020; Hubbard et al., 2003; Kitwood, 1997) that every person living with dementia will experience it differently and be impacted by it in different ways. Luxmoore (2017) also supports this theory, noting that although dementia comes with a typical list of symptoms, each person's experience with these symptoms is unique. Kitwood (1997) suggests that there may be more to the way people experience dementia, with anything from lifestyle, values, temperament, and class affecting the way in which a person may experience these symptoms. Jones (2017) states that

The experience of dementia is not a universal process and different sociocultural understandings, and conceptualisations have a profound influence over responses to the symptoms of dementia in different places and at different times. (Jones, 2017, p.304)

In the same vein, Biggs, Carr & Haapala (2019) note in their study that the relationship between class and dementia is significant and there is a correlation between those at a social disadvantage and the prevalence of dementia. Furthermore, data from the World Health Organization suggests that dementia affects women at a disproportionate rate to men; globally, 65 percent of deaths due to dementia are women (World Health Organization, 2022). This is noted within this research as the correlation between diversity and social inclusion within theatre is similar to that of those living with dementia. Where social disadvantage may also have an impact on access to the theatrical experience. According to Arts Council England (ACE) (2016), “People from BAME backgrounds and people with disabilities continue to be underrepresented in the theatre audience” (ACE, 2016, p.7), where outside of London people from BAME backgrounds make up only 5% of the overall audience demographic. It also notes that accessible performances had increased by 14% between 2012 and 2013; however, it is unclear how many performances this equates to. However, within the more recent Theatre Access Survey (2021) it is noted that less than 3 in 10 theatres in the UK offered accessible performances, including relaxed performances.

For those living with dementia, loss of memory can often be the first warning sign of the condition. However, it is often identified alongside one of the following conditions: agnosia, aphasia, apraxia, executive function, and delirium (Holsinger et al., 2007). The complexities of memory do not mean that a person living with dementia has simply forgotten something, it means that

an ever-increasing number of new facts are not stored at all. It is not a case of remembering or forgetting information, but more about not having stored the information at all ... The information is not there to be either remembered or forgotten, because it simply no longer exists ... the feelings attached to the missing facts continue to be stored in the usual way. Thus, people with dementia may feel happy or sad without knowing how or why those emotions have been created ... Life makes less and less sense, and the inevitable feeling of panic stores repeatedly in the memory (Willmore & Garner, 2005, p.28)

James (2009) makes note of Garner's (2008) analogy for how memory works, comparing it to a photograph album where each memory is a photograph in our own personal photo album. When trying to remember something we look back in our photo album to assess this memory and place it in our timeline, normally garnering the response of it slipping your mind. However, for those living with dementia, these memories get muddled and can lead to a large amount of confusion and what can be seen as abnormal behaviour (James, 2009; Garner, 2008). Furthermore, Evans (2008) states that "early childhood memories [can become] more prominent, and the hold on recent memory less so" (p.159). Although this is not inherently linked to the topic of dementia and the arts, memory is something that is key to this research. Many art-based interventions use memory to engage those living with dementia in the activity (Saragih et al., 2022). This is also true of theatre for people living with dementia, where audiences use their own experiences to relate to the performance. This is something that will be explored further in the forthcoming chapters.

Literature from multiple sources (Magee et al., 2012; Gauthier et al., 2021; Nguyen & Li, 2020) suggests that the negative impact of stigma against people with dementia is substantially affecting their quality of life. Nguyen and Li (2020) state that from their review of the existing literature surrounding this topic,

This type of stigma is manifested in different forms, such as public fear and negative social construction of the people with dementia and their families among general public, or discrimination in health services (Nguyen and Li, 2020, p.149)

As stated by Nguyen and Li (2020), that there is a correlation within these studies, between a lack of exposure to those living with dementia and negative views of those with the condition (Nguyen & Li, 2020). The limitations within this review pertain to the choice in publications which were limited to studies with written findings in English. As well as the exclusion of articles in which stigma was not the focus of the studies. Often in literature about dementia,

stigma is highlighted to show the negative effect stigma can have on those living with dementia. Bastings (2009) identifies the negative effects through a series of interviews with people living with dementia, friends and family of someone with dementia, and medical professionals. They highlight the fears that often come along with a diagnosis of dementia which include the fear of being a burden, fear of the unknown and fear of a meaningless existence (Bastings, 2009). Bastings (2009) states in the findings of their research that

In their view, if you had dementia, you were emotionally, physically, and financially enslaving those you love to your care. They saw shame in such “dependency.” No one described the experience of dementia as positive in any way, for either the person going through it or the family members. (Bastings, 2009, p.8)

The literature considered here focuses on the limitations of those living with dementia and who have a negative outlook on the diagnosis of dementia. Dementia is becoming more prevalent among the population of the world (Frankish & Horton, 2017; Gauthier et al., 2021). I believe it is important to note these stigmatisations and focus instead on why and what can be done to improve these and what can be done to improve the lives of those living with dementia. Although this is not the main purpose of this research, the knowledge of the effects dementia can have on those living with it, including the negative effects of stigmatisation from the general population is key to understanding the social isolation faced by people living with dementia. Furthermore, it also highlights the importance of theatre and performances in order to include those with dementia in these social experiences.

2.2 Dementia and current creative explorations

There are currently numerous studies (Drago et al., 2006; Palmiero et al., 2012; Robertson & McCall, 2020; Hannermaan, 2006) which explore the impact that creative practice has on those living with dementia. The correlation between these studies is how creativity within art, music, and dancing, among many more, can affect those living with dementia in areas such as self-

expression and social connections (Robertson & McCall, 2020; Zelig et al., 2014). One systematic literature review by Young et al. (2015), which comments on the research performed in small-scale studies, despite their limitations, suggests that arts-based activities have a positive impact on cognitive processes. These include communication, engagement, and attention. The studies reviewed by Young et al. (2015) explore different creative arts in different countries all with varying methodological approaches. However, observational data as well as focus groups are the chosen methods within these studies to ascertain the impact of the work (Van der Vluter, 2012; Davidson and Fedele, 2011; Lep et al. 2003). From this data, Young et al. (2015) discuss how the different styles of arts-based activity within a care home setting impacted the participants. For instance, Davidson and Fedele's (2012) study of a six-week singing programme for people living with mild to severe dementia. Video recordings of the sessions were taken to gather observational data through standardised measures. These showed an improvement in social interaction and memory from the beginning of the study to the end. It is noted, however, within this literature review that more research, on a larger scale, may answer some of the limitations, as well as how the impact of these interventions varies depending on the cognitive ability of those participating.

The common factor within these studies is the importance of engaging people with dementia in activities such as these, and the impact they have not only on those living with dementia, but also on those around them (Broome et al., 2017). Detailed examination of creative activities by Hannemann (2006) suggests that creative activities are not designed to improve the creativity of those living with dementia. Instead, they are an implement to influence the well-being of those living with dementia, providing opportunities for socialisation over a common activity which can reduce isolation and loneliness.

A study by Robertson & McCall (2020) explores the relationship between dementia and arts-based activities, using interview and observational data to explore the impact creativity

has on those living with dementia. The arts-based interventions observed in this study analyse secondary qualitative data from an earlier project exploring the use of a creative activity toolkit within a care home setting. This includes a range of activities from music, poetry, and the visual arts (Robertson & McCall, 2020). The findings of this qualitative data analysis recorded significance in the layout of the physical setting in which these activities took place, objects or tactility and the sequence of events within the activity. The overall outcome of this analysis discovered that in order to be successful in the application of art-based interventions, consideration regarding the physical setting were important. As well as good lighting and space, and social engagement with other participants and those supporting in the facilitation of the study. The importance of this in relation to my study is how space can affect the theatrical experience for those living with dementia and how the scenographic elements of theatre create environments in which those living with dementia can comfortably enjoy theatregoing. The generalisability of this paper, however, presents an issue regarding the use of secondary data. Further data analysis from certain participants within the initial study would have enabled the further exploration of varying levels of cognitive ability and the overall engagement with the activity and its impact (Robertson & McCall, 2020).

A study by Morrissey et al. (2016) examined the role of props and music in dementia care in order to engage participants. The ethnographic research included music sessions which took place at three care homes in Ireland over varying amounts of time, the longest being 18 months. The theme of the music sessions changed with each session at the request of the residents but were formatted the same every time, dependent on care home. The props were chosen initially based on their likelihood to engage the residents. They were later based upon theme and tactile attractiveness, apart from the props used in the Swaytheband sessions, which were designed to encourage movement to the music being played (Morrissey et al., 2016). The study analysed the finding, stating that participation was split into five analytical participation

themes: touch and intimacy, connection and movement, shifting roles, materiality and using props to disengage. However, in all these categories, it was noted that there was significant importance in props and tactility to engage residents, with importance placed on touch and presence within the music sessions. According to Morrissey et al. (2016),

this work shows how props – simple and digital – can engage participants with dementia to participate in several ways in music sessions but notably create participation that is meaningful to them. [...] Most importantly, this work shows how props can create participation that is meaningful for people with dementia. (p.1015)

Overall, this study provided evidence that props and tactility play a significant part in engagement of residents in activities, and further supports the idea of connection and socialisation of residents within the care setting. This is significant in this research, as the use of props and tactility allow for those living with dementia to engage fully in the performance. Therefore, being able to access the performance through their experience of touch can support their scenographic experience. As will come to be discussed in the forthcoming sections of this chapter and throughout the rest of this work, the use of tactility can support those living with dementia to form a full understanding of the space they are in. This is especially important in theatre for those living with dementia as their experience is enhanced by their ability to understand the environment around them.

Further studies (Broome et al., 2017; Camic et al., 2013; Letrondo et al., 2022) observe similar distinctions with the work by Robertson & McCall (2020). This involves analysing the importance of involving care personnel in arts interventions within the care home setting. A significant analysis and discussion on the subject were presented by Camic et al (2013). The qualitative study had 24 participants, 12 of whom were living with dementia and 12 of whom were carers of people with dementia. The study sought to explore the effect visiting an art gallery has on those living with dementia, and the relationship between themselves and those involved in their care. Further to this, the study also explored how varying forms of art or styles

could evoke reactions from those living with dementia, whether that be positive or negative reactions to the stimuli.

The findings from this study supported the proposed idea that using art and art environments for people living with dementia, can foster an element of social inclusion. Furthermore, it can enhance the relationship between a person with dementia and those caring for them. Of this, it is stated that “such cultural institutions, as communities of place and shared interest ... have potential utility for well-being enhancement as stimulating and empowering places that can foster social inclusion” (Camic et al. 2013, p. 166).

Therefore, the evidence suggests that not only can the art itself provide meaningful engagement, but the environment of the art gallery offers those living with dementia a sense of community and engagement in the wider world. The study by Camic et al. (2013) presented a general conclusion about the emotional effects of using art as stimuli for those living with dementia, the observational data suggests that in order to be conclusive in the findings presented, a larger sample size of participants would be needed.

Although most articles and studies comment on the overall effectiveness of this type of engagement for those living with dementia, there is not yet a plan to include this style of arts-based participation in routine care provision in the NHS (Windle et al., 2018). This is typically down to staffing issues or overall costs in NHS services, where care homes are funded by the local councils. They typically receive a weekly rate of £209.19 per person, with other fees being paid by the person living in a care setting or family (Alzheimers Society, 2023). These activities are often implemented private care homes, where there is often a team of staff for activities. Therefore, there is more opportunity to engage those living in the care home in activities due to the dedicated activities teams. The engagement of those living with dementia both with arts activities and with the exploration of seeing art are noted within this section.

Although seemingly variable activities, part of this research is to explore how these activities engage those living with dementia, and how this has been translated to performance.

2.3 Pre-existing theatrical implementations for those living with dementia

The observation that theatre could improve the quality of life for those living with dementia is one that has gained significant traction within the academic theatre community (Dassa & Harel, 2019; Van Dijk et al., 2012; Taylor, 2019; McCormick, 2017). These studies focus on the effect theatre has on those living with dementia, whether through care home settings or the experience outside of a known environment. So far this has shown a significant correlation when using performance to support those living with dementia. Taylor (2016) states that,

Many people with dementia have spent a lifetime attending theatre, concerts, and music halls. A diagnosis of dementia can reduce confidence and increase isolation, leaving people with dementia and their supporters feeling less likely to attempt such trips. As life becomes more mundane, these stimulating, meaningful activities assume greater importance and present significantly increased potential for enriching lives. (Taylor, 2016, p.7)

Mendes (2016) comments that the opportunity for those living with dementia to experience theatre in a theatrical environment, whether a traditional theatre or in a care home, is one that challenges “them and the limited beliefs they may hold about themselves as a result of narrow views of dementia often reflected in societal attitudes” (p.327). One exploratory study by Van Dijk et al (2012) focuses on the application of theatre within a care home setting. The aim of the study was to compare the application of two different types of theatre related activities, and whether the Veder method could be applied by caregivers within a care home setting.

The Veder method is a person-centred care method developed by Foundation Theatre Veder and uses methods involved in current psychosocial therapies such as reminiscence

through performance with actors conducting the activity (Theatre Veder, 2022). This method is implemented in a creative setting outside of a theatre. Developed within a study, the Veder Contact Method (VCM) is much the same as the original method; however, it is adapted to suit the implementation of such method into an everyday setting with caregivers instead of actors (Boersma et al. 2016). It is also noted that the Veder Method and VCM have been referred to as a living-room theatre activity in articles pertaining to its use (Van Dijk et al., 2012; Boersma et al., 2016). The use of this term when referring to the Veder Method or VCM is important in the context of this research, where those living with dementia have a different relationship to the spatial, especially when moving to a long-term care facility. For those living with dementia, spatial recognition and familiarity coincide with a sense of belonging (Aminzadeh et al., 2009). The use of the term ‘living room’ implies a sense of homeliness and familiarity with the space that isn’t their ‘home’, which is important to the engagement of those living with dementia. Aminzadeh et al (2009) explore this stating that,

Becoming familiar with long-term care setting and its associated activities and being accepted and confirmed as a whole person by the other residents and healthcare personnel were essential aspects of developing a sense of belonging (Aminzadeh et al., 2009, p.20)

These two studies of the application of the Veder Method were implemented in Dutch care homes, where the method was developed. Where Van Dijk et al (2012) focus on the effect such methods have on those living with dementia, Boersma et al. (2016) focus on the effectiveness and longitudinal worth of caregivers applying VCM to care home settings. The quasi-experimental study by Van Dijk et al. (2012) found that the most effective use of the Veder Method was offered by trained actors as opposed to trained caregivers, where significant improvement was noted regarding social engagement. Similar to this, Boersma et al (2016) found that the adaptation of using care staff as facilitators was unsuccessful with only one care home out of eight implementing it long term. It is noted, within this study, that there was an

improvement in social engagement for those involved in the activities. However, this was not viable long-term due to the training time involved for care staff (Boersma et al, 2016).

Theatre has been implemented further than social care when supporting people living with dementia. Since the early 1990s, groups such as Heydays at Leeds Playhouse have existed (Taylor, 2019). Heydays is an arts programme specifically for older people, which takes place in a theatre and has opportunities to take part in many arts activities, including drama, dance, sculpture, and creative writing, which is all supported by a different artist who helps to facilitate the activities (Leeds Playhouse, 2022).

Taylor developed a group called Our Time, specifically for people living with dementia, from the original Heydays group. The aim of this group was to create a supportive environment that was specifically for people living with dementia. They were designed so they could be creative without the burden of fast paced environments of other groups, which were not specifically designed for those living with dementia (Taylor, 2019). Fast-paced environments refer to the typically more social and interactive groups for those who are not living with dementia. These groups tend to focus on varying different activities, and place importance on the social aspects of the arts. However, these groups focused on the art and creating without necessarily relying on the social aspects, but rather the benefits that the arts can provide in socialisation.

Taylor developed these sessions into group trips to see theatre performances with a significant focus on preparation of those visiting, in order to provide support to those involved. Taylor (2019) notes that trips of this kind were incredibly worthwhile, and she noted a significant improvement in the group's ability to stay focused and engage, not only with the theatre but also with others in the group. Taylor (2019) also comments on how this led to a creative consultancy group, which helped to develop theatre for people living with dementia.

This includes involving them in creative adaptations such as lighting, signage, and background music. When creating theatre for those living with dementia, Taylor (2016) states that

The best people to inform dementia friendly adaptations are people living with dementia. They are experts in living with the condition and we advocate strongly [...] to consult people with dementia to ensure decisions are made with them and not for them. (Taylor, 2016 p.7)

Taylor's work focuses on increasing opportunities for people living with dementia to experience theatre in a way that is comfortable and takes their condition into consideration. Her knowledge of dementia-friendly adaptations has led to a creation of a guide, with the purpose of advising other theatres on how to hold dementia-friendly performances, and how to adapt current programmed shows. The guide details how to get people living with dementia involved in consultancy work, and how this is important to the process. It also explores the experiences of those consultants involved in this process and those involved in implementing the techniques Taylor proposes. Overall, the guide's purpose is to encourage more theatres to include dementia-friendly performances in their programme of shows and to make it as simple as possible to implement in theatres of any size.

Work by Vamos Theatre aims to encourage engagement with theatre, not only through touring shows such as *Finding Joy*, but also with those in care home settings with shows such as *Sharing Joy*. These two pieces of work provide those living with dementia the opportunity to connect to the arts and each other through participation and reminiscence (Vamos Theatre, 2022). *Sharing Joy* is defined by Vamos Theatre as

A huge celebration of life and all its joys, using music, dance, masks, nostalgia, and laughter to bring pleasure and meaning to everyone involved. The show is set between the 1940s and 1960s, with courting couples, wartime nurses, a singing dog and even Elvis himself. There's music to bring back memories, dancing to enjoy or join in with, swinging dresses and best suits. It's a playful and joyous show that encourages everyone to take part and to express themselves. *Sharing Joy* can be performed in a variety of venues, including theatres, care homes, hospices, hospitals, and community centres. (Vamos Theatre, 2022)

The studies and works presented here suggest a pertinent role for the implementation of theatre or performance when supporting a person living with dementia. Whether that is in a care home setting or in theatre spaces, the studies suggest that theatre in any capacity promotes engagement in the world and socially. In these studies, those participating are recorded to have improved socialisation skills as explored further in chapter 4 of this work.

2.4 Accessible theatre and its importance

For those with access requirements or in need of accessible spaces the experience of a theatre complex can be very different. According to Conroy (in Bleeker, 2019),

Accessible theatre means that you imagine your audience to be as wide a group of people as possible, anticipating that they will use communicational apparatus of theatre in potentially different ways. An accessible theatre enables us to imagine and anticipate a wider view of who ‘we’ the audience may be. (Conroy, 2019, p.47)

Of the theatrical experience as someone who is disabled, Kupperts (2017) discusses how her experience of theatre means thinking of functional issues in relation to her wheelchair. This includes the logistics of navigating a space not designed for the sole use of those who are disabled or in wheelchairs. Lord and Noble (2007) discuss these access issues within theatres, stating that “The functional purpose of an arts venue can only be achieved when the visitor, making the most sense of a performance or presentation, is able to participate, listen and enjoy performances or presentations which are fulfilling and inspirational” (Lord & Noble, 2007, p.130). Therefore, for those living with dementia, their ability to engage in such spaces is reliant on the visual stimuli which offers visual signifiers of location and that can be engaged with. This is either in the front of house areas (FOH) or in the performance itself, similar to the work by Vamos, who offer physical engagement in their performances, which allow the audience to fully engage.

A relaxed performance is a performance which has been adapted for the audience, so that they can feel comfortable when accessing theatre. Relaxed performances were developed following the observation that “people with a disability have significantly lower rates of arts attendance or participation than those without a disability” (Kempe, 2015, p. 60). The Relaxed Performance project in 2012 was organised by Ambassador Theatre Group, Prince’s Foundation for Children and the Arts, the Society of London Theatres and the Theatrical Management Association. These relaxed performances have developed and grown in frequency with over 48 relaxed performances of pantomimes staged in the UK from 2014 to 2015 (Fletcher-Watson, 2015; Kempe, 2015). However, Kempe (2015) notes that of the 4,983 audience members, of the relaxed performance, surveyed, 60% of those had never been to the theatre before as a family, with 30% never attending at all. Of relaxed performances Kuppers (2017) discusses the differences in relaxed performances in comparison to non-relaxed performances, stating that,

The lights are kept on (low) in the auditorium, so audience members do not get disorientated, some of the stage sounds are mute. Active behaviour among the audience is tolerated and will not result in expulsion (as it might on a ‘non-relaxed’ day): talking, physical gestures, even walking in the auditorium, releasing energy. In addition, people who sign up for these performance days get a guide to the show beforehand, allowing them to work out the structure of the play, orientating themselves to what is going on, so distress at changing situations can be managed (Kuppers, 2017, p.4)

Although these changes are made within the auditorium in order to reduce anxiety and stress, the biggest challenge in relaxed performances is the attempt to make as few changes as possible to the overall aesthetic of the show. However, there is importance put on adapting the theatre complex, such as the front of house areas, in order to support those with cognitive disabilities in their engagement in the piece of theatre (Kempe, 2015).

Further to these relaxed performances, the implementation of dementia-friendly theatre follows in the same way. These performances make adaptations in order to make the experience

for those living with dementia as enjoyable as possible: “Our aspiration is to increase opportunities for people with dementia to access life-enhancing shows, reconnecting them to their local cultural venues and communities” (Taylor, 2016, p.17). Although the idea for dementia-friendly performances was partly developed from the relaxed performance, these two adaptations are different. Dementia-friendly performances need to consider the whole theatrical space, including the FOH areas and the impact they have on those living with dementia. It also looks at what can be done to ensure the audience can orientate themselves spatially. Furthermore, dementia-friendly performance places further importance on how to communicate with its audience further than movement or verbally. These methods include communicating through colour or music, which the audience can convey their own meaning to. This differs to relaxed performances, where audiences find following stories easier, and often do not need visual reminders of space and place.

These adaptations made for relaxed performances are examples of current adaptations that could be applied to dementia-friendly performances such as those explored in Taylor’s (2016) guide to creating dementia-friendly performance. In this guide, which will be discussed further in section 2.7, Taylor (2016) notes that subtle changes in lighting and sound levels can support those in their theatrical experience. This is relevant to this research as it is important to explore the overall experience of the theatrical environment, from before, during and after the performance. Furthermore, it looks at the ways in which these areas can be adapted to improve the theatrical environment for those living with dementia.

2.5 Theatre Scenographics

Scenography in the twenty-first century encompasses the elements of our surroundings, including scent, texture, and light (Hann, 2019). It has been defined in many ways by many

different scenographers. Svoboda (in Howard, 2002) posits that scenography is “the interplay of space, time, movement and light on stage” (p.14), while Tahir (in Howard, 2002) suggests that it is “a visual art which includes dramatic, emotion and communication elements” (p.15).

Scenography was first used in a theatrical context within the English language, in the late twentieth century where words such as *décor* or *scenery* were used in its place (Aronson, 2020). This term had been used in the Greek language since the origins of theatre in Greece sometime in the first century, where the word *skene* was implemented to refer to the tent or hut located at the rear of the stage (Benedetto, 2013; Hann, 2019). It is in fact the etymological view of this word that features in Hann’s perspective that the use of a *skene* was in fact an act of place orientation (Hann, 2019). Hann (2019) describes place orientation as “acclimatisation that occurs over time ... [encompassing] personal and social decisions, as well as conditioning effects of physical environment that channel and direct action” (Hann, 2019, p. 21). Hann (2019) also acknowledges further etymology of the word *skene* and highlights the use of *skeneographia* and its variations. Each translation from country to country is borne of its own theatrical culture in relation to place orientation. Further to this, Hann (2019) explains how place orientation also relates to how

bodies relate to objects (body-to-object), relate to other bodies (body-to-body), and how objects relate to objects (object-to-object). Acts of orientation extend to the intangible atmospheric qualities (bright-dim, hot-cold, loud-quiet), along with learned social conventions (familiar-unfamiliar, friend-stranger, safe-risky) [...] as well as the manner in which the stage-spectator relationship is managed (darkened auditorium, seat fabric, speaker positions, etc). (Hann, 2019, p.21)

Hannah’s (2008) perspective on the relationship between place orientation and self is similar to Hann’s. However, it also focuses on the nature of the theatrical space itself and the notion of spatial performativity, where it

Insists on exposing the reciprocal relationship between architecture and its inhabitants, where both are active elements [...] is intensified in theatre spaces where every venue contains its own particularities that influence, shape and are in turn shaped by the multiple performances harnessed through the specific spatial program, the social codes

of architectural inhabitation and the mise-en-scene of the theatrical performance itself. (Hannah, 2008 in Hann, 2019, p.21)

Spatial performativity is the concept of how humans experience space and the concept of how performance, movement and architecture emphasise this experience in that space (Smitherham, 2011; McCormack, 2004; Brookes, 2022). Hannah and Khan (2008) suggest that performance and architecture find commonality in the theatre. The architectural physicality of the auditorium brings together the elements of theatre and houses the “fleeting acts of dramatic practice that use ephemeral materials and disposable elements, and theatre as a built form, a stable environment conceived to persist beyond the events it houses” (Hannah & Khan, 2008, p.5). Where the convergence of architecture and theatre exists in the auditorium, Hann (2019) notes her belief that this is also affected by human participation, where place has become “intrinsically multisensory” (Hann, 2019, p.20). Architecture is inherently important to theatre; through the theatre complex we are able to access theatrical acts in a theatrical environment, where there is importance in the overall structure of the theatre. A building’s relationship to scenography is based in its transformative abilities, where the built environment is not necessarily scenographic but the atmosphere and relationship between that environment and people are (McKinney & Palmer, 2017).

Further to Hann (2019) and Hannah’s (2008) perspectives on space and the way the self experiences space, Margot-Cattin et al. (2021) suggest that familiarity is a continuous experience. Hann (2019) suggests that the social conventions, such as the familiar or the unfamiliar, of place orientation are intrinsically built into the relationship between self and place, while Margot-Cattin et al. (2021) suggest that this is not a singular event but rather an ongoing experience. This in turn leads to a larger understanding of an environment whereby the evolution of the environment continues to grow with one’s own. Moreover, they state that “places are constantly shaped by how people interact and actively engage in activities” (Margot-Cattin et al., 2021, p.2534).

Further to this, semiotics also put importance on the sensorial experience of theatregoing. According to Chandler (2022), semiotics takes the form of “a word, an image, a sound, an odour, a flavour, an action, an event, an object” (p. 2). It is a method by which we are concerned with finding meaning through signs and understanding the world by this process (Chandler, 2022). So, in the same way that Hann and Margot-Cattin believe that understanding can be linked to the familiar and unfamiliar, the semiotics of theatre are intrinsically designed to be experienced by the senses. The semiotics model posed by Elam (2002) suggests that semiotics is made up of signals. These are pulled from the text into the performance and are interpreted by audience through the lines that are spoken, the actions performed, and the scenography that is used. Therefore, the audience are experiencing continually through the performance to put meaning to the story, whether through what they have experienced themselves, what they have seen, or what they can relate to. Therefore, the process of space orientation uses these methods of the familiar and unfamiliar, and the semiotic signs to acclimatise to and understand the world the audience are experiencing.

2.6 The modern theatre and the importance of space

Many academics and practitioners (Carlson, 1993; Mackintosh, 1993; Pelletier, 2006) explore the beginnings of theatre buildings and architecture, and the adaptations made from the past into the modern day. However, the work ahead focuses solely on the adaptations to theatre from the late twentieth century to the early twenty-first, where the exploration by those aforementioned academics informs and influences the way modern theatres have evolved.

One type of theatrical environment which is important in this research is the theatre complex, as it is referred to within this research. This is a type of theatrical space, most of which were built or remodelled from older theatres in the late twentieth and early twenty-first century to fit a more modern audience. Many of these were funded by the National Lottery

which was set up in 1994 to fund substantial work to develop cultural centres for cities (Theatres Trust, 2019; Heritage Fund 2023). This choice in time period is based upon the focus on socialisation and community that is promoted through the frequent programming of community events within theatres. Furthermore, it follows the idea that “theatre is about human activity, how people interact with each other” (Mulryne & Shewring, 1995, p.98).

This statement is fundamental to this research, as it presents the idea that modern theatre is not designed just for the spectating of performance, but as place where we are to be social, and to interact. Venues from this time period were developed into the new millennium when city councils wanted to create new landmarks for cities where culture was accessible to everyone. This also provided a larger revenue stream to theatres by including not only bars, but also often having multiple performance venues as well as cafes, shops, galleries and sometimes restaurants (Theatres Trust, 2019; Mulryne & Shewring, 1995). Examples of these theatre complexes include the Hippodrome in Birmingham, the Lowry in Salford, Warwick Arts Centre in Warwick, and Curve in Leicester, which is used within this research. Mulryne & Shewring (1995) state that “Most new theatres [...] show increasing concern with minimising isolation and emphasising contact between individual audience members” (Mulryne & Shewring, 1995, p.32).

Within this section “theatre complex” is used to refer to the theatrical building consisting of auditorium as well as bars, restaurants as well as other performance spaces. The theatrical environment consists of “not just a physical place; it also embraces social, cultural and political aspects and includes spatial and temporal dimensions” (Brorsson et al., 2011, p. 588). Further to this, this experience is enhanced by the interaction between people experiencing the environment and the environment itself (Brorsson et al., 2011).

Strong & Association of British Theatre Technicians (2010) believe that the theatrical experience begins when an audience member arrives at the theatre complex. They also suggest

that modern theatre can be compared to other leisure experiences in its complexity and social programming. In the same vein, Mackintosh (1993) proposes that architecture is the most important thing in the theatrical experience, where the sense of place contributes greatly to this experience. Mackintosh (1993) also recognises that audiences may not even perceive the architecture of the theatre complex as fundamental to the experience. He believes that people separate the practical elements of theatre, such as ease of access or getting a drink from the bar, from the overall theatregoing experience. Regarding the latter ideas presented by Mackintosh (1993), Strong & The Association of British Theatre Technicians (2010) distinguishes the front of house areas, as an opportunity for the theatre complex to become more than the auditorium where audiences experience theatre. Strong (1993) regards the logistical elements of a theatre complex, from the foyer design and access to key areas within the complex, as something that can and will affect that experience. Appleton (2008) also regards the experience of the facility i.e., the theatre complex, a significant part of the theatrical experiences, where

The audience will form an impression of:

- sequence of activities to and from seating: quality of entrance, foyer, cloakroom, toilets, auditorium
- quality of the performance: ability to see and hear; content of play, show or concert; ability of performers, and directors/choreographer/conductor
- associated activities such as eating, drinking and visits to art gallery, exhibitions, and shops
- staff response to public: box office, access to seats. (Appleton, 2008, p.13)

This work seeks to explore how variation in theatrical space can affect those living with dementia, specifically within environments where the relationship between person and materiality is important, such as within theatres. My concept of ‘theatrical environment’ is founded within Böhme and Goebbels ideas of materiality and atmospheres. This is succinctly explained by Lucie (2020), where “atmosphere occurs among subjects and objects but does not belong to either, is not locatable but occurs within space” (Lucie, 2020, p.17). Böhme states that “what affects human beings in their environment are not only just natural factors, but also

aesthetic ones” (Böhme & Thibaud, 2018, p. 1). Therefore, Böhme’s theory relates to the relationship between humans and atmosphere as an interchange in aesthetic, and therefore everyone’s perception of this atmosphere is different. Böhme also relates this to a performance perspective, where

You can approach the phenomenon of atmospheres not only from the side of perception aesthetics, but also from that of production’s aesthetics. This is why stage design is a kind of paradigm for the whole theory and practice of atmospheres: you can learn from a stage designer what means are necessary in order to produce a certain climate or atmosphere on stage: what the sound should be like: how the stage is illuminated, what materials, colours, objects, signs should be used and in what way should the space of the stage be arranged (Böhme & Thibaud, 2018, p.2)

Böhme therefore suggests that although these design theories can be taught and learnt, they will not fit into everyone’s aesthetic choices and vision, and therefore atmospheres are perceived and understood differently within theatrical settings. However, unlike Böhme, I am not focusing on how these differences and paradoxical elements can effect perception of a space in a solely emotional way. Rather, the focus is how to create environments that are suitable for the varying needs of those living with dementia, through the tactile elements of theatricality. My concept of the theatrical environment relates to scenographic choices which are tactile in their nature such as sound, lighting, audio, that create environments in traditional theatrical spaces. This includes the theatrical complex and the non-traditional spaces, such as care homes, where the aesthetics of the surroundings are used to inform the scenographic choices of the theatrical act.

Within their exploration of the theatre complex, Strong and Association of British Theatre Technicians (ABTT) (2010) note a range of principles which are important to the configuration of the modern theatre. These include accessibility, legibility and ease of circulation, and space requirements. All of the recommendations made by Strong and ABTT (2010) focus on the importance of space. They present ideas for how such spaces can be enhanced for those experiencing them. These observations made by Strong and ABTT (2010)

offer insight into the experience of an audience member when entering a theatre complex, and the way that experience is enhanced by lighting, sound, and other visual elements.

Specifically of the foyer experience Strong and ABTT (2010) state that “lighting plays an important part in setting mood and atmosphere and needs to help make the front of house (FOH) areas feel warm, welcoming and also dramatic” (p.48). They also later state that “Foyer lighting can aid navigation, helping to draw audience members to the box office, bars, and the auditorium entrance doors. Lighting can be coordinated with wayfinding to highlight the position of key signs” (p.48). Therefore, the purpose of lighting within foyer areas is for emotive qualities and to enhance the theatregoing experience by making the foyer welcoming, with some consideration of lighting for wayfinding. Signage within theatre venues also has an impact, where signs need to be easy to read and consistent throughout the venue and placed within a theatregoer’s eyeline (Strong and ABTT 2010, p. 60). Of the performance space, Benedetto (2012) states that,

A design must provide a space for the story conveying information about time, locale, and atmosphere. It provides a context within which to understand character. As well, a good design evokes mood, supports the themes and motifs of the place, and is attractive to the senses. A setting does not encapsulate the play in a single image (p.48).

Considering the performance space, where a black box space is utilised, is something that is taken into consideration when designing the scenographic elements of the performance. Within this setting the designer may consider the layout of the performance space, including the audiences seating, and design the scenographic elements to build this environment into an engaging space. This is significant to the audiences understanding of the performance as their ability to hear and see the performance will be affected if these things are not considered.

There is also significance in the way the audience is presented the performance space. Are they invited in? Are they guided to their seat? Is there sufficient lighting in the space? These considerations are not inherently connected to the layout or design of the auditorium but

enhance the way the audience will experience the space and ease the transition from the FOH. The performance space also presents its challenges in spatial orientation, where the entry to a black box performance space, is different to that of a proscenium arch performance space. This therefore requires more thought in the design to ensure the audience can spatially orientate themselves through familiarity.

The difference between these two spaces for the audience is that one contains a space where the objective is to get from place to place, and act as an interactive area for pre and post show. However, the performance space is theatrical in its nature and provides the opportunity to interact with a semi-permanent environment on the stage. Therefore, they provide the audience with different experiences and therefore their relationship with that space is vastly different.

2.7 Dementia and spatial orientation

Brorsson et. al. (2011) suggests that for those living with dementia, place orientation can be difficult, where “many public spaces may be inaccessible for people with dementia because they feel disorientated and have difficulties navigating and interpreting the environment” (Brorsson et. al., 2011, p.588). Although it can be difficult, according to Wendy Mitchell, a blogger who is living with dementia,

A visit to the theatre can bring so much joy and enable you to stay connected to the community around you. To share laughter and applause in the audience and watch wonderful performances can bring so much happiness. Simple adjustments to lighting, sound and accessibility can bring the opportunity to remain connected to so many. (Mitchell in Taylor, 2016, p.5)

A qualitative exploratory study by Brorsson et. al. (2011) involved the participation of seven people living with dementia, who are referred to as informants, of varying ages, sex, marital status, and locations but living at home. The data collection from repeated in-depth

interviews, which were designed to capture the informants' experience of accessibility in public spaces, with the focus on places, situations, and activities (Brorsson et. al., 2011). The study found that those involved valued their ability to be able to perform activities and visit different places. This includes shops, cinemas, and theatres, all of which created a sense of being active and independent. Moreover, there were significant examples of participants navigating loud and crowded spaces and finding it more difficult including in theatres, where "the loud noise level of the performance could influence the informants' ability to concentrate" (Brorsson et. al., 2011, p. 595). Although this study does not suggest any adaptations to space, it finds significance in the public spatial experience of those living with dementia. It also provides notable evidence that people living with dementia can experience public space differently to those not living with dementia.

Blackman et. al. (2003) focus on the impact design choices can have on those living with dementia, and the ways in which the theatrical space can be designed to improve that experience. Blackman et.al. (2003) state that "Environmental cues are important for people with dementia so that they can recognise and respond to them depending on their disability. For some it might be helpful to follow a sequence of cues" (p. 363). These environmental cues are highly important for those living with dementia and their ability to way find. This can include architectural differentiation, signs, floor plan configuration and access (Marquardt, 2011). Within the theatre, the environmental cues of wayfinding are based in the use of signage and sometimes in the application of selective colour flooring that represent certain areas. For example, the flooring that leads to the Quays theatre at the Lowry in Salford is blue. Blackman (2003) comments on this application of wayfinding devices, stating that,

Locational and directional information must take account of sensory impairment, while recognising that people with dementia may be confused and disorientated by an over-abundance of information. Wayfinding information systematically located at decision points, needs to be well lit, at eye level [...] signs should be simple and explicit with large, dark text on a light background and graphics in clear colours (Blackman, 2003, p.363)

Further to this, wayfinding and orientation lie in the tactile elements of the spatial components such as walls and furniture as well as the tactility of lighting and a focus on reference points such as clocks and paintings (Blackman, 2003; McGilton et al., 2003). Additionally, Torrington and Tregenza (2006) highlight some elements of lighting which are significant. This includes the uniformity of light in one space, for ease of movement and clear wayfinding, and ensuring that different areas of the building are visually distinct. Of this, Torrington and Tregenza (2006) also state that,

The importance of recognisable patterns of light and colour is greatest when other cues are few – when, e.g., there is uniformity in the size, shape, and materials of rooms. [...] if the lighting varies systematically and is related in a common-sense way with the building over-all form and the functions of adjacent spaces, the recognition of location and direction can be enhanced (Torrington and Tregenza, 2006, pp. 89–90)

Where sound is concerned, there is traction in the application of sound within therapeutic settings (Hardy et. al., 2016; Bulsara et al., 2016). However, sound in public spaces for people living with dementia can often contribute to, “difficulty following conversations and other sounds against background noise, and this may contribute to their avoiding social situations and a general dislike of busy auditory environments” (Hardy et al. 2016, p. 2344). The importance of space and the tactile, including sound and light, for those living with dementia, lies in the opportunity to successfully go about daily activities and be able to engage with the world around them in the way they want to.

Scenography is a large part in the environmental experience of those living with dementia in the theatre. All that is seen, heard, and interacted with can have an effect on a person living with dementia. The considerations suggested by Taylor (2019) can affect the scenographic experience of those living with dementia in theatre in a positive way. Interaction with pieces of theatre become easier due to the scenographic adaptations in the theatrical environment. Many of these adaptations suggested by Taylor (2016) focus on the spatial

elements mentioned in this section such as navigation and sound in spaces designed for wayfinding such as front of house areas. However, Taylor also discusses adaptations within the auditorium and the performance itself. These adaptations consider the effects of lighting and sound on those living with dementia and advised by those living with dementia. For example, Taylor (2016) suggests that house lights are best at fifteen percent, where this level is suitable for people to move around but not enough to notice the other audience members.

Other suggestions include softening sudden lighting changes and removing blackouts as these can be disorientating. Further suggestions include removing multiple layers of sound and sudden loud noises as, similarly to the lighting, people living with dementia can find these upsetting. All of these adaptations are advised by consultants living with dementia such as Jo Bennett, who has consulted on three dementia-friendly performances with Taylor. She states that for her, a particular aspect she focuses on when consulting is “the sound – when it starts to ramp up and when there are loud bangs it just goes right to your core. Its horrendous” (Bennett in Taylor, 2016, p.16).

The studies, works and authors within this chapter are evidence of a growing movement aimed at supporting people living with dementia and helping to improve quality of life. This chapter points out the journey from previous research which examines the scientific evidence that theatre does have a positive impact on those living with dementia. Furthermore, practical evidence from studies that proposes meaningful activity, theatre being included in this, is valuable for people living with and those caring for people with dementia in any stage of their diagnosis or journey. However, it also points to the larger picture, that if theatre is good for people with dementia, how do we as artists and academics, support the creation of adapted performances. Furthermore, what adaptations need to be made in order for the entire theatrical experience to be enjoyable and worthwhile.

Chapter 3: Methodology

The previous chapters have explored the context and overall aims of the research I am conducting, including dementia, performance in healthcare, modern theatre architecture and scenographics. The forthcoming chapter explores the methods which I employed for this research including the application of qualitative analysis. It also discusses the development of other research methods such as ethnographic research, with particular focus on the former.

Within this chapter I will be exploring the approaches taken by others within similar fields such as performance in dementia care and how these approaches informed my research methodology. I will also examine how my fieldwork was created and how the methods used assisted in the answering of my research questions set out in the previous chapter.

Additionally, the chapter briefly mentions the research previously intended, before the commencement of this current work, and the reasoning behind the change in design. My focus for this research is to “explore the contribution of the sense of place to the theatrical event” (Mackintosh, 1993, p.3), where the importance in sense of place is a key factor in the lives of those living with dementia. Its purpose is to use qualitative analysis, alongside ethnographic research styles to explore the importance of scenographic elements including sense of place or orientating traits, when experiencing theatre as a person living with dementia.

3.1 Initial Research Plan

My initial research had previously focused on arts-based services for those living with dementia. The previous study was a longitudinal ethnographic observational study. This required the researcher to observe groups of people living with dementia attending these services and record the visual and audible events of these sessions. The overall aim was to

explore how this can be applied to theatre and the importance of theatre for those living with dementia.

During the course of my research, I faced numerous issues, many of which were the knock-on effect of the pandemic. Due to the difficulties faced by service providers during the ongoing Covid-19 pandemic, many groups I approached were in a difficult position where they were unable to assist in my research, despite their wanting to. Many services had spent a long time considering the implications of my research, including the hopeful benefits of assisting with research of this type. However, the uncertainty of the pandemic was very much at the forefront of the service users' minds, who were the ones who made the overall decision of whether to participate or not.

One group was asked about my research, and although a large number of participants were curious, some were unsure as to the nature of my involvement and the overall effect it might have on the experience of the group. For many service users, these groups had become a lifeline over the pandemic, as a further barrier to socialisation was placed in front of a regular schedule of visitors or opportunities to go and be social. This meant that participants had become reliant on online services, where in-person services were suspended and moved online. This meant that as groups became more focused on creating in-person groups again, my research, despite the potential it had, was not as important as making people who had only experienced these groups over video calls comfortable in a non-virtual setting.

This of course was disheartening; however, my aim over this research has always been to focus on service users, providers and those living with dementia, as they are vital to this kind of research. Being able to continue my research as originally intended was secondary to the experience and comfort of those living with dementia who had come to rely on these services and were beginning to experience a sense of normality for the first time in over two years. The pandemic also caused a lot of delay in the receipt of replies from existing

services, as many people who work within these groups or services were still working from home or working less in the office and therefore were unable to pick up emails. Moreover, some groups had changed to different facilitators and some groups simply didn't exist anymore due to funding. The added complications of the pandemic, re-adjusting to new service leaders and in person groups once again, have caused a delay in the ability to find groups to work with, where services were not in a place where they could offer support at that time.

3.2 Scope of Research

It is important here to note the scope the research, as this is essential to the understanding of the overall methodology. There are three factors impacting the scope of my research which helped to narrow down the direction of my research: the impact of the global pandemic, UK based companies, and the theatrical environment.

There are careful considerations of the choice to regard only UK-based companies, theatres, productions, and creatives in this research. One factor that is considered most prevalent during the creation of this research design is the SARSCoV2 pandemic, which is still (at the time of writing) affecting most countries in the world. The nature of this global pandemic led to the closure of borders and suspension of what is considered "normal" life. That being the day-to-day freedom of movement, and the government regulations in many countries, suspending all but essential activities or movement. This had a massive impact on the scope of this research, as it was realistic that only UK-based collaborators and theatre venues could be chosen due to travel restrictions and the obligations of various countries' Covid regulations.

This is not to say that this limited my choices when deciding which companies or individuals to work with. However, it did narrow down the scope of this research

significantly. Other considerations regarding the use of only UK-based productions, companies and theatres were my general knowledge of the UK healthcare system. This allows for an understanding of how the application of theatre or performance may work in a care plan for those living with dementia. Furthermore, my knowledge of UK-based specialists regarding dementia and performance. It is noted within section 2.3 that literature from outside the UK is used, including research conducted in the Netherlands. However, this literature is included with the expectation that it is used to inform what has previously been explored and methods reviewed as to the application of performance alongside dementia care.

Only regarding UK-based companies, theatres, productions, and creatives in this research did not have a particular effect on the choice of production to focus on in my case study. One of the case studies within this work is the production *Maggie May* directed by Jemima Levick. This was produced by Leeds Playhouse, working with production teams from Queen's Theatre Hornchurch and supported by Curve, Leicester. The decision to focus on this piece came down to three factors: this was one of a few current professional and mid-to-large scale productions that was specifically designed for people with dementia, the inclusion of a dementia consultant when designing and directing the work, and the participation of a creative from the production, within my research. The second case study is Vamos Theatre, and their work with those living with dementia. Vamos Theatre is a full mask theatre company based in the West Midlands that “marries full mask with strong visual design and an original soundtrack. [They] make accessible, humorous, human, and fearless work which is based on real life stories” (Vamos Theatre, 2022). Its programme of work includes two productions, *Sharing Joy* and *Finding Joy*, which are created for people living with dementia, and are performed in small scale theatres or in care homes. Both of these productions focus on interaction with those living with dementia. They are included within

this work, due to their audience focus and the diversity of environment where the pieces are performed.

Within theatre, there have been inclusions of relaxed performances for people with neurodivergence and cognitive issues in most commercial pieces. An example is the 2022 touring production of Disney's *Beauty and the Beast*. Relaxed performances are performances of shows with a more relaxed atmosphere, such as brighter lighting levels in the auditorium for ease of movement and lower sound levels to avoid sudden loud noises. Further to this, some relaxed performances such as at the RSC, include a 'visual story' which is a booklet that explores:

- The theatre where the show will be
- Who you will meet and what they will look like – both in the theatre and in the show
- The plot of the show
- Anything else we think is important for you to know (Royal Shakespeare Company, 2023)

This is different from *Maggie May* in the sense that *Maggie May* has the dementia-friendly elements built into its overall design, from the written text to the set and lighting design. It is designed specifically for those with dementia, meaning the adaptations are embedded into the scenographic design. *Maggie May* is a piece that was created alongside people living with dementia and dementia consultants such as Nicky Taylor. The consultants and Taylor guided the piece, as well as the design, to ensure that it was accessible for those living with dementia to experience the piece. The opportunity also arose during the course of this research for me to see this particular production at Leicester Curve, which I will discuss further in subsequent chapters. However, this opportunity gave me a larger understanding of the piece and therefore became a large informant of my research.

Within this research, the theatrical environment refers to both the theatre complex such as Leicester Curve, and the non-traditional spaces explored through Vamos Theatre's

work. These environments provide different technical challenges to that of larger scale theatre. In this set or lighting is not customised to each environment where the performance is to take place. The interest here lies in the examination of differences in both of these types of theatre, and how the environment can alter or effect the production. This is vastly important to this research as it has an effect on the perception of the theatrical experience as well as potentially making the experience for someone living with dementia very different.

Therefore, the focus of this specific time period allowed me to focus on the scenographics of the modern theatre complex, as well as smaller scale theatre, and how these two environments affect people living with dementia in their theatrical experience.

3.3 Existing Methodology

Within this work, exploration of current scenographic methods within research is vital to this work, as means to provide insight into the methods used by practioners. The use of case studies and interviews within this work, focuses on current practice and the methods used to design and create these works. McKinney and Iball (2011) state that “research methodology in scenography needs to accommodate the means of investigating complex interactions of elements and its needs to be responsive to the experimental and fluid nature of scenography” (p.114). This is critical to this work, where the researcher is exploring the scenographic elements of scenography, and observing how this can be interacted with, interpreted, and improved. Beyond this, scenographic research can employ the methods used by artists, theatre designers and theatre historians through review of previous practice. This includes the use and analysis of visual material created by designers who informed current practice (McKinney and Iball, 2011).

Ethnography is an anthropological method, which uses observation of people as a method of analysis (Uttarkar, 2022). According to Hammersley (2018), “Ethnography can be

defined as the study of people in naturally occurring settings or ‘fields’ by means of methods which capture their social meanings and ordinary activities involving the researcher participating directly in the setting” (p.4). The research and methodology detailed here pertains to this proposition by Hammersley, by which the observation of social conventions, in relation to the social relationship between self and space, is recognised and explored through ethnographic methodology. Of ethnographic research styles, Krüger (2008) states “[one type of ethnographer] is concerned with using the understanding gained during ethnographic research in order to *solve problems* or bring about *positive change* in institutions, communities or groups” (Krüger, 2008, p.18, emphasis in original). This research applies methods of ethnographic exploration similar to an architectural ethnography. Architectural ethnography refers to the observation of people in a space, with the intention being to understand how people experience a space and where designs or spaces can be improved (Uttarkar, 2022). This is all representative of the style of research presented within this work, whereby the researcher is observing the subject (a theatrical environment), in order to understand how the environment is designed and how this can impact those living with dementia.

My use of ethnographic methodology is supported by the data from interviews, in which participants have had an involvement in the design of the performances in the case studies. This data is used to support my findings in the observational data of the performances. Of interviews in research, Castillo-Montoya (2016) states that “Interviews provide researchers with rich and detailed qualitative data for understanding participant experiences, how they describe those experiences and the meaning they make of those experiences” (p.118). The purpose of interviews is to ask in-depth questions which align with the research questions designed by the interviewer but also allow the participant to explore their own experience and give information they believe is important. By asking open-ended

probing questions, the participant is invited to answer in as much detail as they feel comfortable to give. Trimingham (2002) applies an open-ended questioning method, with the aim of using her researched knowledge to ask questions which frame the investigation and delve deeper into the participants experience. This approach to research comes from phenomenological research designs which requires the researcher to be “concerned with the lived experiences of the people involved or who were involved with the issue that is being researched” (Groenewald, 2004, p. 44). The application of phenomenological approaches in Trimingham’s work, much in the same vein as Castillo-Montoya’s prose as well as my own research design, is based upon the exploration of the scenographic, where applying open-ended questions to my interview participants allowed for greater detail to be explored when answering.

The methods included within this section seek to explore what is scenographic where, through varying methods of ethnographic research, there is commonality in the investigation of people and their lived experience. These methods include thick description, interviews, and observation both verbally and non-verbally. The application of these methods within my research is important to answering my research questions, as well as acknowledging the scenographic research alongside the dementia research and their relationship in the research’s context.

3.4 Fieldwork and Ethics

The research seeks to explore the importance and application of scenographics within the theatrical complex. This includes on and off stage, but also concerning front of house areas, and the effect these elements have on the overall experience of dementia-friendly theatre. In order to examine these parameters, the application of a case study within this research gives a greater understanding to the theoretical recommendations explored. It also provides a larger

acknowledgement of how these elements have been applied to a production. By applying a case study to my research, I was able to explore the adaptations that were made to a piece of theatre from first-hand experience. This therefore allowed me, with some certainty, to explore how these adaptations were applied and affected the overall aesthetic of the piece.

Furthermore, it was important for me to experience this type of theatre, even as person not living with dementia. I was able to explore the production from a spatial perspective, to get a sense of how a person with dementia may experience the space, both within the production and in the theatre complex itself. Additionally, I found it appropriate to conduct interviews for this research, in order to fully ascertain the application and origins of dementia-friendly scenographics to pieces of theatre. By interviewing a creative involved in the design of the production, I was able to understand the perspective of a person who does not typically design for dementia-friendly productions, and their experience with designing for *Maggie May*. Furthermore, interviewing the creative director of Vamos Theatre allowed me to explore how theatre companies design for people with dementia without using traditional theatrical spaces. Further to this, conducting interviews allowed me to explore the personal position of those working on such productions documented in the case study. It also provides a greater insight into the process of how these were created into the aesthetic of the production and greater theatre complex.

The process of approaching people to partake in my research began with the consideration of the research questions laid out within this chapter, and the consideration of academic authors such as Oliver (2010). Oliver regards the identification of “respondents”, referred to within my work as participants, as something

we do not usually select [...] in isolation from all our other thoughts about the research project. We think about our research aims and the research questions which they raise; we consider the overall research design and the data collection strategies which we might employ; and we reflect on our study population, sampling strategy and the people who we might approach to provide data. (Oliver, 2010, p.26)

The proviso here is that participant identification is aligned with the purpose of the research. Where there is evidence that a potential participant may inform certain observations made based upon already conducted research and justify certain comments made upon that research data, it is logical to approach them as potential participants in the research. Of the two people interviewed within my work, the designer for *Maggie May* was chosen particularly early, before I had been able to observe the production. This is down to my requirements set out in my research questions to understand the view of the creatives within a production of this type. Therefore, if I could not interview a creative, I was not going to focus on this production. My second participant, the creative director of Vamos Theatre, was chosen based upon her creation of touring theatre productions within care home settings and in non-traditional theatre spaces for people with dementia. These two types of theatres will be referred to as “environments” throughout this work, where “environment is a more appropriate term than ‘place’ to encapsulate the context, locale, and reflexivity of this experience” (Walmsley, 2019, p. 43). Although these two case studies have different scenographic styles due to their performance environments, they both offer insight into the nature of dementia-friendly performance and the scenographic elements involved.

When approaching these participants, I considered Oliver’s (2010) view that it is perhaps

more important is to ensure that the core information, provided to all potential respondents, contains an accurate summary of the contribution required of the participant, and stresses that the participant may withdraw from the research process at any time on request. As an additional safeguard, participants could be promised that any data provided by them will be returned to them on request. (Oliver, 2010, p.31)

Therefore, after identifying my participants I contacted them via email to introduce myself and my research. I provided them with a participant information sheet which detailed the information about the purpose of the study and what will happen in the study. I also included why they had been chosen, information on the choosing to take part and if they wished to

withdraw at any point. I also included GDPR (General Data Protection Regulations) information, including the process of filming and consent, and how this data will be used. Further information such as my researcher email and contact details for my supervisory team was also included (see appendix A). Within this email, they were also sent a consent form to fill in (see appendix A) if they wished to take part. However, it was stressed that they were under no obligation to fill this form in and if they wished for further detail, they were welcome to contact me to discuss this.

Both participants were interviewed virtually due to the nature of their work, and commitments to productions within the chosen time period for interviewing. The designer for *Maggie May* was interviewed over the phone and recorded, having given consent to be recorded and included in the research. The creative director of Vamos Theatre was interviewed via a video call, having consented to be recorded both visually and audibly. Further to this, the participants agreed to be recorded under the proviso that any recordings would only be accessible to myself and my supervisors. Both participants did not state they wished to remain anonymous.

3.5 Ethnography

The purpose of my ethnographic research was to observe the experience of dementia-friendly performance, and the considerations made when designing not only the production, but the overall theatrical experience, including the design and adaptations of the theatrical complex.

During the design of this research, I looked at Hammersley (2018), who states that ethnographic research is:

- Aimed at documenting what actually goes on
- Emphasises the significance of the meanings people give to objects, including them-selves, in the course of their activities (p. 4)

Paying particular attention to the latter part of Hammersley's statement, the purpose of this research, as detailed in my research questions, is to observe the significance of scenographics on those with dementia and acknowledge the importance of space when exploring scenography. Further to this, by observing the final production of *Maggie May*, I was able to consider the design of both the production and the theatrical complex. In doing so I could observe the dementia-friendly considerations and infer reasoning behind these changes. Regarding the former part of Hammersley's statement, the observations of space are ethnographic in their exploration. The observation of the theatrical space alongside the application of ethnographic observations within the data analysis of interviews, allowed me to focus on how dementia considerations affect those working on the scenographic design and to provide a greater data collection on these effects.

3.6 Data Analysis and Transcription

The process of transcription and data analysis were simultaneous in some parts, where the identification of key comments within the transcription were identified quite early on. Within this research, I am particularly interested in the experience of creating the scenographic elements of dementia-friendly theatre, and the personal experience of those who undertake these design opportunities. Further to this, I want to focus on the experience of space, and how this has been used within dementia-friendly theatre including the scenographic theories mentioned within the last chapter. Therefore, the analysis of interviews and theatrical spaces used within a case study are of significant importance, where this data will inform the answers to my research questions. All interviews have been transcribed verbatim.

These transcribed materials were initially analysed by identifying key passages and relating them to the knowledge I had of the two productions chosen as my case studies. This method was useful in its simplicity, providing an initial analysis of the transcribed materials

separately through Geertz's (1973) concept of "thick description". This method analyses the answers given by those interviewed and merges the participants lived experience and the researchers' interpretations of the experiences, in order to gain a more thorough analysis.

This became difficult when analysing and comparing the two case studies as identifying the information to compare was difficult. My secondary method of analysing the data was coding, which according to Saldana (2021) involves "a word or short phrase that symbolically assigns a summative, salient, essence-capturing, and/or evocative attribute for a portion of language-based or visual data" (p.3). When it came to coding, I decided that the use of computer-assisted qualitative data analysis software was not required due to the amount of data I had collected. Therefore, coding took the form of a manual process of categorising the data in a written format. This involved printing out, colour coding, and separating them into thematical groups, which made the analysis of this data easier in regard to written notes and thoughts. The thematic groups took the format of three categories with each subcategory relating to a specific theme within the individual interview:

Theme 1: Design

Design (*Maggie May*)

Design process (*Maggie May*)

Scenography (Vamos Theatre)

Theme 2: Accessibility

Audience (*Maggie May*)

Tactility (Vamos Theatre)

Space (Vamos Theatre)

Accessibility (Vamos Theatre)

Theme 3: Creating Theatre

Rachael's experience (Vamos Theatre)

Learning as a designer (*Maggie May*)

Dementia consultants (*Maggie May*)

Finding Joy (Vamos Theatre)

Sharing Joy (Vamos Theatre)

These thematic categories and subcategories allowed me to match the two interviews together despite being different in their content. It allowed me to further analyse the two

shows further in section 4.3 than I had explored in their respective case study sections as well as being able to compare the two. The comparison also meant that I could further analyse the similarities and differences between the two and form a conclusion which answered the research questions found within section 2.7.

The transcription conventions used within the transcriptions (found in appendix B) were designed following the conventions noted in Have (2007). This development of conventions focused on sequencing, speech production, such as stress, emotion, or pattern of speech, as well as doubts and comments noted by the transcriber. Furthermore, according to Heath and Luff,

The process of transcription is an important analytical tool, providing the researcher with an understanding of, and insight into, the participants' conduct. It provides the researcher with a way of noticing, even discovering, particular events, and helps focus analytic attention on their socio-interactional organisation. (Heath & Luff, 1993: 309)

The transcriptions are available in full in Appendix B.

Transcription Key

ED	the researcher
FO	Francis O'Connor, <i>Maggie May</i> designer
RS	Rachael Savage, <i>Vamos Theatre</i> creative director
Ellipsis (...)	pause or where speech trails off
<i>Italics</i>	emphasis
Dash (-)	speech is cut off
(Bold)	actions, gestures or change in who speaker is talking to
(audible)	noises made to represent speech, such as audible agreement
[???	inaudible or indecipherable speech

Chapter 4: Case Studies

4.1 *Maggie May*

One of the key elements of creating theatre for those with dementia and about dementia is the centring of people living with dementia. This is apparent in *Maggie May* by Frances Poet, a play which tells the story of Maggie after her diagnosis with Alzheimer's, and how this affects her life. This includes her relationships with her friends and family, and how the decline in cognitive function affects her. *Maggie May* has five characters: Maggie, the main character, her husband Gordon, with whom she lives with and supports her daily, as well as her son Michael, her best friend Jo, and Claire, her son's girlfriend. These characters all play a significant part in Maggie's life and contribute to her understanding of her daily activities.

The piece was directed by Jemima Levick, and was created by Leeds Playhouse, working with production teams from Queen's Theatre Hornchurch and supported by Curve, Leicester. The focus on authentic storytelling, comes from the need to create true and real interpretation of what it is like to live with dementia. Key to the authentic story telling of the piece is the theatre and dementia advisor, Nicky Taylor, who worked alongside the whole production team to advise and support the creation of the piece alongside the dementia consultants.

4.1.1 *People living with dementia as consultants*

Taylor has been the theatre and dementia research associate at Leeds Playhouse for the last eight years, collaborating with people living with dementia to support them in their exploration of theatre. Taylor's previous experience with creating dementia-friendly theatre with people who are living with dementia offers her a unique perspective on the experience of working with people living with dementia and the invaluable knowledge that was shared:

I invited people living with dementia who were either familiar or unfamiliar with the theatre to carry out a consultation. There were six people living with dementia and their partners drawn from our regular Playhouse sessions and four people living with dementia and support staff from EDUCATE – one of the national networks of Dementia Engagement and Empowerment Project (DEEP) groups – whose members use their lived experiences of dementia to raise awareness and campaign for change. Inviting them to contribute as consultants was an intended message of respect, offering people with dementia the status of expert, collaborator, co-creator. Their experiences were paramount to creating the dementia friendly performance with integrity, rather than by making assumptions. (Taylor, 2019)

Taylor discusses involving those living with dementia in creating theatre, stating that “welcoming people with dementia as creative equals and involving them as decision-makers, advisors, curators and artists helps them to thrive” (Taylor in Poet, 2020, How *Maggie May* came to life). Therefore, by including people living with dementia in research when creating theatre, those involved gain “self-confidence and self-esteem through feeling they are making a meaningful contribution, and the enjoyment of social activity and sharing their stories” (Tanner, 2012, p. 296).

This is not only invaluable to the overall authentic nature of works such as these but is also clearly important to those who consulted on the work. According to Rosa Peterson, who is living with dementia and was a consultant on *Maggie May*, “Being involved with *Maggie May* has been brilliant. I’ve loved it. It’s about everyday life and we’re living it. I hope when people see it, it makes them more understanding and more patient” (Peterson in Poet, 2020). Whether that is due to the portrayal of the experience of living with dementia, or the fulfilment of being part of creating something and battling the negative stereotypes that coincide with dementia, both promote the nurturing spaces that theatre creates. Evidence suggests that for older adults,

creative engagement through theatre for these older adults helps them translate social and verbal skill sets from their former professional lives into new productive outlets. Intentional use of theatre as a means of reflection and personal analysis promotes self-confidence, which includes their comfort in social engagement (Fleuriet & Chauvin, 2018, p. 48)

Therefore, the opportunity for those living with dementia to explore their own feelings and experiences about living with dementia in this space with those experiencing similar things, promotes the community nature of theatre and the welcoming and nurturing environment. This is important to this work, where exploration of the theatrical environment as a significant space for supporting those living with dementia is the main purpose.

4.1.2 *Maggie May* design

Reviews about *Maggie May* comment on the authentic nature of the piece. This includes the effective application of set and lighting components that explore the everchanging experience of living with dementia. A review from WhatsOnStage comments on the effectiveness of the dementia-friendly elements. It states that “[The] production is fully dementia friendly, the use of songs from the 70s a prompt to remembering, scenes played statically, projections indicating Maggie’s state of mind” (Simpson, 2022). The piece focuses on the real affect dementia can have on those living with dementia and those around them. One review states that, alongside similar plays about illness,

Maggie May presents no dilemma to be debated, just a condition to be experienced. In dramatic terms, Alzheimer’s has no resolution. That means the story has no inevitable place to end. For all the musical interludes, the play feels more televisual than theatrical, a sharply observed set of character studies, but a situation no one can change (Fisher, 2022)

For the costume and set designer of *Maggie May*, the process of designing came from the guidance of Taylor and the consultants. According to the *Maggie May* set designer, Taylor and the consultants were vital in his designing of the play in a way that worked for those living with dementia, stating in a participant interview that

They fed in their needs. And so, they were sort of kept abreast of what was going on as we were rehearsing and developing the piece [...] taking advice on colour and mainly on colour, actually, was the big thing and making it seem a little bit more explicit than you might of clarify things a little bit more and got rid of some

ambiguity that might have had in another, some version of the story. (O'Connor in participant interview, 2022)

This gave the designer an understanding of the elements of the design that were functioning for those living with dementia, such as choices in costume colours or lighting and sound. Moreover, it also offered an opportunity for the consultants and O'Connor to understand each other, and the process involved in designing for dementia-friendly performance.

O'Connor does also comment that his design process did not completely change from the traditional process he has when designing. The only difference being the consultancy with the collaborators throughout the process. He considers that his design for *Maggie May* was no different to his designs he had previously created for other shows. He had designed based on his own interpretations of the text and the considerations of how the set was to be used by the actors. He also considered what was needed by the audience, not as an afterthought, but as a further consideration without affecting the overall aesthetic of the show. The interpretation of such a design for this production relied heavily on the material of the play. O'Connor had already considered dementia in his design due to the context of the story and considered the access needs as a supplemental design addition. His own experience with this work, regards the play as important to the audience and having impact on them, resonating due to the adaptations or advice from those living with dementia.

The concept of creating a world for the play is similar to Hann (2019) and Hannah's (2008) perspectives on place orientation and spatial performativity, where the stage designs, costumes, props, lighting, and sound designs form the world that O'Connor discusses. For those living with dementia, significant importance is placed upon their relationship to space, where place orientation helps their understanding of where they are or what is happening.

This regard for place orientation and the world of the design is clear in the design of *Maggie May*.

Part of O'Connor's collaboration with the consultants included exploring the way colour affects those living with dementia, and how to use colours which could work for the audience and not lead to confusion. The design for *Maggie May* focused on consistency and place orientation with key colours, set pieces and captions being used to notify the audience of changes in location. The consistent piece of set was what O'Connor describes as a roof canopy. This was a grid above the stage covered with notelets or post-it notes, as he later addresses them in his participant interview. This can be seen below in figure 1.



Figure 1: Set design for *Maggie May*

Within the story, Maggie and Gordon use the notes as a way to remind Maggie of daily tasks or events that are happening,

... A note floats down from the sky in front of her. She picks it up and reads.
GORDON. You and your notes. Can't move a step without tripping up on one.
MAGGIE. Why didn't you tell me?
GORDON. Tell you what?
MAGGIE. That it's today our Michael and Claire are coming. (Poet, 2020, p.7)

The use of this motif within the play is both dramatic and realistic. For people living with dementia, notes left by family members are used as reminders of tasks or events, like the way they are used by Maggie (Phinney et al., 2007).

O'Connor's set was uncomplicated in its design but offered an easily recognisable change in location. The choice to have a limited number of set pieces on the stage was one which allowed for each setting to be recognisable and limited distractions for the audience. The simplification of the furniture design used on stage made it easily recognisable to the audience, who could clearly see the change in scene and setting by which set pieces adorned the stage. For example, the design of the beds, used in a scene where Maggie is in the hospital and a scene where Maggie and Gordon are in their bed, was a simple metal frame with a mattress as seen below in figure 2.



Figure 2: Simple beds used for Maggie's home

The simplicity in design made it clear that it was a bed, and a simple addition of a doctor's clipboard signified the change in use and setting of the bed, as seen in figure 3.



Figure 3: Simple beds with clipboard for the hospital

Overall, the design within *Maggie May* allowed for the audience to follow the scenes, and follow the story, including the passage of time. They also featured key signifiers that were subtle and didn't distract from the overall aesthetic of the piece.

The costumes within the piece are also important, where each character was given specific colours or tonal groups, as O'Connor refers to them. This was something that was advised by the dementia consultants, which Poet (2020) comments on stating that within early meetings with the consultants there were "discussions about how colour could be a useful way to identify a character (hence Claire's gold trainers)" (How *Maggie May* came to life, Para 16). In this instance, Gordon was always seen in red, Maggie was grey, Michael was blue, Claire was purple and consistently seen with gold trainers, and Jo was cream/brown. As the play moves from day to day, the characters' costumes change but the colour remains consistent. Where Gordon may be wearing a red jumper one day, the next he is wearing a red shirt. By creating a consistent colour choice for the characters, O'Connor

was able to provide a consistent identifiable feature to each, while also offering the audience visual motifs that show the passage of time and location change.

4.1.3 The front of house design

O'Connor states that for *Maggie May*, "it just [needed] to be a story clearly told and you know, to designers that ... that just follows though in the way we design with the show" (2022). Leeds Playhouse, who worked in collaboration with Queens Theatre Hornchurch to create the production, states that

in a dementia friendly production, we will consider access, comfort, and support for our audience members. With all those elements considered throughout, so the set design, the use of music throughout the show. We know that music and humour is a huge part of what gets people with dementia through their day. (Leeds Playhouse [Video], 1:30)

This is true of *Maggie May*, where the production team considered every element of the production to be as accessible as possible to people living with dementia. This not only includes the design of the overall production, but of the experience of the theatrical environment, including the front of house (FOH) areas. These areas include the café, toilets, and entrances to the auditoria. Within the theatre, the theatrical environment is extended into the entirety of the theatre complex including those FOH areas.

For *Maggie May*, these considerations involved the knowledge of Taylor, who consulted with O'Connor on the designs of the show. Furthermore, the dementia consultants used their own experiences of the theatrical environment to inform the design of the FOH areas in each venue. The modifications made to the FOH areas of Curve in Leicester involved changes to music and lighting choices. Similar to how people with dementia experience these factors in the auditorium, it is also vitally important that FOH areas follow the same advice. In order to create a relaxed environment for those living with dementia, adjustments to

lighting and sound were made. This included the use of classical music at a low volume to create a calming environment without being too overwhelming, and natural lighting.

The design of the Curve is advantageous in this circumstance, as the building features a large glass wall at the front of the building which meant the need for LED lighting was minimal. The purpose of the lighting is to provide a general wash or even lighting on every surface which improves wayfinding abilities and distinguishes the FOH areas from the auditorium space. An additional adaptation to the theatre was the removal of welcome mats. The removal of the welcome mats at the entrance means that there is no risk of a person living with dementia misinterpreting the mat as something dangerous and, therefore, they will find the entrance more welcoming. The use of clear and distinct signage was implemented in the toilets and in the FOH areas to make wayfinding easier. There were signs which clearly showed the entrance to the auditorium and signs which had arrows towards the auditorium entrance. This made it easier for those living with dementia to find the correct auditorium for *Maggie May*, as there is more than one in this particular theatre. In the toilets, the clear entrance and exit signs made it easier for people to navigate, and also meant people could easily distinguish the exit door from cubicle doors. Hand dryers were turned off in the toilets which reduced the risk of loud and sudden noises which can startle and cause distress in people living with dementia.

Within this FOH environment, the creatives who worked on *Maggie May* saw the need to add a picture booth, as seen in figure 1, which was designed by Warda Abbas. It was a “comfortable space for reflection outside the auditorium ... to amplify the experiences of people living with dementia and their relationship to music” (Curve Online, 2022).



Figure 4: Picture booth for *Maggie May*.

The booth had programmes from the show, advice on dementia support groups, dementia diagnosis information, an activity sheet related to music, and a preshow information guide. Furthermore, there were pictures of the show, including the cast on stage and questions on the wall such as “what does music mean to you?” as seen in figure 1. These images offer the audience members the opportunity to still engage with the performance after they have stepped out of the auditorium and reflect on their experience of the show. The purpose of the booth was to engage the audience in their relationship to music which is a constant theme in *Maggie May*. However, its location means it also acts as somewhere for people to sit and relax if the performance becomes too much. The positioning of this booth is something worthy of note. Being placed outside of the auditorium doors does not inherently make it

theatrical nor does it contradict the purpose of such an environment by not being theatrical. On the contrary, its placement and design proposes a third option which is founded in the relationship between the spectator and the booth.

The photobooth in itself offers the spectator a sense of scenographic information, where the booth is an installation that coincides with the performance. Rebentisch (2012) describes installations as “comparable to a stage set whose fourth wall closes behind the viewer — a ‘total’ closure that may well feel quite oppressive. It is accessible only from within; it cannot be viewed from some neutral position outside of it” (p. 157). This relationship between self and objects not only make this booth an installation, but also offers a sense of spatial performativity. Therefore, the connection between the spectator and the photobooth relies solely on the interaction with the objects and how these objects are experienced.

A significant factor in this is the paradoxical encounter with it, where it is scenographic both when interacting with the installation and when not interacting with it. To those who choose to interact both visually and tactilely with the booth, their experience of it is part of their theatrical experience. By interacting it will support their experience and provide further information about the show or services that are run for those with dementia, further engaging the audience with the production. However, those who do not interact are experiencing it in a different way, where their experience ends with simply experiencing it visually. Therefore, they are not connecting their FOH experience with the performance in the same way that those who interacted with it did. Although both of these vary in their interaction, both are scenographic.

Furthermore, the environmental factors of the placement of such an installation, offers a juxtaposition in atmospheric qualities. The photobooth is seen as warm and inviting through its use of colour and objects versus the open and sparse environment of the FOH areas within

the theatre complex. This is not to say that the theatrical environment are not inviting. The clear distinction between such a transformative space and something that was installed with the purpose of being inviting and calming, offers a new environmental potential to such a space. Hann states that this element of “place orientation seeks to highlight how visually conceived objects, such as furnishings and tapestries, also operate as part of a wider assemblage that enact a feeling of place” (2019, p. 100).

Something which was touched on previously is the pre-show information pack which was made available to everyone who booked tickets to a performance of *Maggie May*. The pack gave information about what a dementia-friendly performance is, about the show, show times and technical information. It also detailed the show synopsis, photos of the production and the cast, as well as information about the theatre itself. Taylor states that this information

will be absolutely crucial in helping customers plan the logistics of their visit ...It should also contain helpful supplementary information advising people of coins taken at nearby car park payment machines, for example, or pointing out that volunteers will be on hand to wait with people who have been dropped off close to the theatre while their supporter parks the car. These details boost the confidence of customers, alongside their trust in your staff and venue. (Taylor, 2016, p. 31)

The engagement of audiences is something that is of significance in dementia-friendly performance, and applies here, where the purpose of this preshow booklet is to engage audiences before their visit to the theatre. Therefore, the preshow booklet is part of the scenographic experience and by extension, is vital to the audiences orientational understanding of both the environment they will enter and for the performance. Moreover, having this information available to those living with dementia is essential to their ability to access theatre and theatrical environments, as it eases anxiety. The description of the theatre means that visits can be planned. Therefore, every aspect of visiting the theatre such as navigating the FOH areas and the toilets are thought about and it also familiarises the audiences with the space, so they know what to expect. This is effectively a form of place orientation which takes place outside of the theatrical environment.

The booklet also focused highly on visual signifiers such as images and arrows as opposed to just written information. For example, the information on entrances and exits of the building used imagery of the ground plan of the theatre as well as images of the entrances with arrows, to point to the door. By using these images, they are not only familiarising the audiences with the building, but are also providing them with discernible information which allows them to recognise the entrance or to help them find it. By providing information this way, the theatre becomes more accessible for people living with dementia as they may recall the images of the entrance easier than they recall a description of the entrance. According to Haroon et al. (2022), pictorial stimuli or images can enhance understanding, and make recognition of subject matter easier as language and communication are affected most commonly for people living with dementia. It also provides them with the knowledge that they are entering a theatrical space when they recognise the theatre. In the same way someone not living with dementia may feel about visiting a theatrical environment leading up to the trip, evokes those feelings in someone living with dementia as they can recognise the theatre.

4.1.3 Significance of the design

For those living with dementia, familiarity can come from people, objects, sounds, and places, where the familiar is comforting and can ease anxiety (Son et al., 2002). Therefore, by using imagery or motifs that are familiar to the audience, the set is not only something audience members living with dementia or caring for someone with dementia can relate to, but also acts as a familiarisation technique. The relationship between familiar and unfamiliar is something that is discussed previously within this work, where place orientation is formatted in social conventions such as the recognition of what is familiar or unfamiliar.

These reciprocal conventions are relative to theatrical spaces. The building or auditoria may be unfamiliar, but the atmospheric qualities are familiar. These can include

brightness and temperature, as well as the stage–spectator relationship qualities such as the darkened auditorium or the fabric of the seats. Therefore, the relationship between the audience and something identifiably familiar within the set allows them to relate and therefore engage in the performance. Furthermore, the audience can experience the place orientation of theatre in the same way that someone not living with dementia may.

The ability to relate to performance using your own experiences is kinaesthetic empathy. This is something which Reynolds and Reason (2012) identify as the combination of kinaesthesia, which is the sensations in movement and position through the senses, and empathy which is “projecting oneself into the object of contemplation” (p.19). This convention effectively allows those watching to engage with the production through their own experiences, whether completely related to the subject or not. Therefore, the audience can relate to the subject matter through their own experience of a colour, item of clothing or set piece without all having to have experienced the same thing in order to relate and empathise.

In a similar way to the importance of the familiar in the set, Hann (2019) states that “costume orientates a reading of place where, independent of linguistic reinforcement, the learned semantics of costume can locate action within a certain period or geographic location” (p. 48). Such orientation from the costume is incredibly pertinent to this audience demographic where the understanding of the period, time and location may need to be inferred from the visual rather than the linguistic. Therefore, the inferred orientating traits of the costumes further engage the audience in the world of the theatrical environment on the stage and strengthens the relationship between oneself and the performance. This also relates to the semiotics of the piece, where the audience are understanding the piece based upon the signs given to them. In this case, the set offers these visual signs that offer meaning and location to the set, such as the clipboards added to the beds to visually signify a hospital bed.

These changes in the semiotics, allow for the audience to gain further meaning, different from what they understand as familiar and unfamiliar.

As for the front of house elements, Hann (2019) states that

scenography does not 'make' place, but rather navigates place. [...] By understanding scenography in terms of place orientation I argue that this accounts for the systems of materiality that tie an event of theatrical placeness together. Scenography is a crafting of place orientation (p. 23)

Therefore, scenography is in everything, including the FOH areas, that is perceptible through the senses. However, the way place orientation is made is through those inherently scenographic elements, however small, and their relationship with the self. Furthermore, FOH areas not only hold elements of scenographics, through the relationship of self and objects, but are scenographic because of its place orientating traits. Therefore, the FOH areas are important within a theatre complex due to their place orientating traits and the suggestion that the theatrical experience begins when you enter the theatre complex.

The previously mentioned social conventions that include the familiar and unfamiliar extend into this, whereby the atmospheric qualities coincide with the social conventions to orientate those in the space. Further to this, these place orientating traits are what provides clarity and accessibility to those living with dementia. The exploration of theatre spaces can be distressing, where the person living with dementia finds navigating unfamiliar spaces confusing and difficult due to their lack of familiarity. This means that in order for dementia-friendly theatre performances to be accessible to those living with the condition, considerations need to be made to the FOH environment. Such considerations focus on making these areas easy to navigate with easy-to-read signage, choices in lighting and music and focusing on the movement of the audience members through this space.

The combination of these dementia-friendly elements contributes to the effectiveness of *Maggie May* and the accessibility of this work. Through the factors previously mentioned, such as the design and the adaptations to FOH areas, *Maggie May* offers the audiences living with dementia the opportunity to experience theatre in a comfortable and accessible way. Furthermore, the design and implementations of advice from those living with dementia, which are embedded into the design, further develop the scenographic environment. This allows the audience to engage with the show and therefore get a meaningful experience from visiting the theatre. Such engagements in theatre are less accessible for those living with dementia, so *Maggie May* offers the opportunity to engage and experience theatre through place orientation and spatial performativity. This engages and relaxes audiences from the get-go and provides a fulfilling experience for those living with dementia. Moreover, the suggestions and collaborative working of the designer, Taylor, and the consultants offer a truly cohesive experience not only on the auditorium but in the theatrical complex as a whole, where every detail is considered for its accessibility for a person living with dementia. Poet (2020) comments on this and states, “*Maggie May* has been a genuinely collaborative experience process from first to last, shaped by people with dementia for people with dementia” (How *Maggie May* came to life, Para 16). Therefore, these adaptations have had a considerable impact on the performance and the relationship between self and space, where the audience can engage in their own way with the environment.

4.2 Vamos Theatre

4.2.1 *What Vamos do*

Vamos Theatre is a full mask theatre company which has created performances for those living with dementia, both in traditional theatrical environments and in non-traditional theatrical environments such as care homes. According to Arts Council England (2019 n.p.), which provides funding to Vamos,

the company [...] share the joy that art and culture can bring with people who can so often become cut off from the things they used to love. As dementia progresses, non-verbal communication becomes more and more important. By using masks and body language, Vamos Theatre creates shows that draw you into wordless worlds where you listen with your eyes and begin to see the things around you in a new way.

Rachael Savage, the artistic director of Vamos Theatre states that “full mask theatre doesn't use any words and these masks. They're incredibly accessible and they connect with different people in very different ways” (2022). *Sharing Joy* is told through tactile story sharing, and the opportunity to interact with those telling the story and the costumes, masks, props, sets and music that are vitally important to the performance. Savage also states that “*Sharing Joy*, it's got nothing to do with dementia whatsoever. It's a celebration of life” (2022). This is different to the prose of *Maggie May*, in which the production is written about the experience of dementia, while also being made for people with dementia and therefore using the experience of dementia as its method of familiarity and therefore its orientation. However, *Vamos*' work is solely focused on providing a theatrical experience to those living with dementia without being about dementia. It relies upon the connection between the audience and the performers physically and emotionally, while also using music, costumes, and movement to tell the story. One study by Gray et al. (2020) suggests that theatre designed for people with dementia has the potential to be “sensorily, emotionally, and critically [engaging] [...] which [they] suggest occurred in part because [they] produced a different kind of cultural narrative, beyond the tragic about dementia and care practices”.

Savage explains her reasoning behind *Vamos Theatre*'s work with those living with dementia as something personal to herself and her experiences. Her main drive in creating this style of work “which is elderly people in this country are, I do not think that they're held with the respect they should be. And I think that's from when people retire. I think their status drops, their self-importance drops, the way in which people value them drops. You do not get that in Japan. You know, this whole kind of hierarchy of age” (2022). Therefore, Savage's

aim has been to ensure those living with dementia have a good quality of life and are able to access theatre as they would have before being diagnosed with dementia. Testimony from care staff has shown how the work performed by Vamos has been fulfilling for residents in care homes, where

The performance from Vamos had so much to offer our residents. Many of them got involved either by singing, dancing, playing with the large balloons or parachute, and really being able to express their emotions. You could really see and feel the energy and happiness in the room at the end from both staff and residents making it an experience that would not easily be forgotten. (Extra Care Charitable Trust, 2017)

The connection made between those living with dementia and those performing in Vamos' productions shows how the opportunity to experience theatre in this way is fulfilling and offers more than simply viewing theatre in traditional spaces. Therefore, the forthcoming section explores the methods used by Vamos to engage those living with dementia. Furthermore, this section will also note how these methods and design elements, enhanced the theatrical experience and how this made it more accessible to those living with dementia.

4.2.2 *Vamos' design*

A significant thing to note when discussing *Sharing Joy* is that it is designed to be fun. It is designed in such a way that the theatrical environment that is created, whether in a black box space or a care home, serves as an opportunity for the audience to engage, interact and enjoy performance in an accessible way. *Sharing Joy* is

set between the 1940s and 1960s, with courting couples, wartime nurses, a singing dog and even Elvis himself. There's music to bring back memories, dancing to enjoy or join in with, swinging dresses and best suits. It's a playful and joyous show that encourages everyone to take part and to express themselves. (Vamos Theatre, 2023)

The purpose of the show aligns with its use of design in the costume, props and masks used within and provides a connection with those living with dementia through sensory stimuli. The combination of these elements offers the audience a visually stimulating production which incorporates emotional and physical connection and tactility which are key to Vamos' performances. This is something which carries through the show right from the beginning, even before the beginning of the scripted performance. Savage states that "the journey starts the moment we step inside those doors" (2022). *Sharing Joy* is designed to be interacted with through touch and movement, having no barrier between performer and audience. Savage states that "the main point is that we physically touch, hold, dance, shower love on the audience" (2022). As previously mentioned within this section, *Sharing Joy* has been performed in two environments and each has its differences which affect the overall performance. However, Vamos have adapted their performance in such a way that the difference in spaces and familiarity with spaces, or lack thereof, do not affect audiences from accessing, interacting, enjoying, and engaging with the show.

Whether performed in a care home environment or in a traditional theatre environment, Vamos considers the importance of the initial interaction with the audience. As such, each audience member, irrespective of location, is engaged with from the moment they enter the performance space and sometimes even before. In the black box theatre setting, Savage (2022) explains that "sometimes the most terrifying thing for a person living with dementia to come to the theatre is in actually entering those doors".

Although they are the same performance, there is a clear difference in the impact space has on the performance, where familiarity with an environment allows people living with dementia to access theatre. Although the environment and therefore the audience's familiarity differs, the engagement of the audience from the minute they enter the theatre

complex allows the audience to feel comfortable and welcome, therefore easing some of the anxiety that comes from navigating unfamiliar spaces.

After inviting everyone to the performance, Vamos begins by giving “a short speech at the beginning which introduced myself, introduced each actor and then the actor shows them the masks and put the masks on” (Savage, 2022). During this pre-show introductions, Vamos takes the time to explain “that there is a couple of things in the show which you might find – it might make you jump. So, we kind of give those surprises away and say, okay, this is this noise that happens or that noise that happens” (Savage, 2022). These considerations of informing the audience of loud noises or things that may be distressing if unexpected not only help the person living with dementia but any care staff that may be present, as they can anticipate if someone may be distressed.

As well as the spatial considerations, the set has an impact on the audience’s perception of the environment and aids in creating the world of the performance. The set is small, due to the requirements of transporting it, but complex with embellishments which allow the company to create different environments within the care home. Due to the nature of the show and the restrictions in transport and space available in care homes, the set is used as a visual pacer, where a change in location or time period is highlighted through the addition of bunting or cloths that have different painted imagery on as seen in figure 5.



Figure 5: The simple set for *Sharing Joy*

Vamos' shows are less about transporting the audience to a different setting and more about engaging them and accepting where they are now, while using their past to connect the two together. Therefore, the set is not a standalone scenographic piece, the combination of the costumes, props, set, and music are also included in the world that is being created.

Another significant factor in Vamos' performance of *Sharing Joy* is the detail in costuming, which according to Savage are "incredibly important as they tell the story" (2022). These costumes are designed to be recognisable and Savage (2022) states that one of the costumes "is a navy blue with the apron, with the galley and sails, and people recognise it immediately and they recognise the status of that costume as opposed to a nurse's costume". This can be seen in figure 6 below.



Figure 6: The Matron's costume in *Sharing Joy*

This may not be inherently true, as the different life experiences of each person and how their personal experience with dementia, are different and as such, not every audience member will actively recognise such a costume. However, part of the recognition within these costumes may not be inherently in the memory of the person who would wear such an outfit but, in the colour, shape, style and the actor wearing the costume. The visual clues allow the audience to recognise the status of the character, or at least understand the role they play alongside the rest of the characters even if they do not recognise that this character is Matron. These costumes are in keeping with the visual element of *Sharing Joy* which is designed to be highly visual and rely on non-verbal communication to explore the story and engage the audience. Part of these costumes include the masks which are a major part of the work *Vamos* does and are a considerable visual aid in the telling of the stories.



Figure 7: The masks used in *Sharing Joy*.

The masks, shown in figure 2, are used by Vamos in their performances and are very visual in their expressions, which makes it easier to read the character without the verbal form of communication used in non-mask theatre. Savage (2022) states that “these masks, they're incredibly accessible and they connect with different people in very different ways”. For example, it is easy to look at the masks in figure 2, and from their expressions and features determine their age, gender, and mood. The access to this information just from looking at the masks makes them significantly important in theatre for those living with dementia. The audience are not relying on subtext or having to remember key information about individual characters as it is all written for them on the masks.

As well as the masks and costumes, the props used by Vamos are important to the story telling and interaction between the actors and the residents. The props used within this show are for the same purpose of engaging and connecting with the audiences through the use of props as something to share with an actor as seen in figure 7.



Figure 8: Silks used to engage with the audience in *Sharing Joy*

Savage (2022) states that “[*Sharing Joy*] is less about the surroundings. It’s more about the fizzling, physical engagement, and attachment”. This is something which is clear in *Sharing Joy* through its use of tactility and physical touch; however, the surroundings play a massive part in such performances, even if not noticeably or purposefully. Theatrical or not, space has the potential to create environments which those living with dementia can engage in easily through the use of tactility.

Vamos uses props from Jabadao, which is a physical development play company that specialise in working with children in their development by using play to enhance their skills. However, this company also works with companies such as *Vamos* to help them develop movement and wellbeing for older people living with dementia. Groups that have worked with Jabadao state that,

Jabadao encourages movement, communication, and activity in a person-centred way, using music and props. The movement activity has proven to be particularly beneficial for those with dementia, as groups are encouraged to move and engage in a positive environment, bringing their own personality and style of movement to the group and giving them the opportunity to express themselves through movement and verbal communication (Creative Minds & South West Yorkshire NHS Partnership Trust, 2018)

Savage states that Jabadao provide a large number of props for their performances such as, “giant balloons, they have ribbons on sticks, they have *massive* parachutes, or they have scarves and all of these things are, for me, the absolutely most important key hook for connecting with people living with dementia” (2022). These props, have a significant impact on those living with dementia. Therefore, the use of them in work by Vamos is about engaging the audience through tactility and shared connection. That can be through the use of props or masks, and the ability to engage and build a connection with the audience is only aided by the use of such props.

Vamos also utilises sound and music within their productions to further engage those living with dementia in the production. For Vamos, music supports their engagement with audiences; as Savage (2022) states, “we get the music on from the minute we walk in the care home, because music will change everything”. The use of sound encourages those living with dementia to engage, especially when used in conjunction with the mask performance. Vamos’ use of sound from various eras including the 1950s and 1960s, which is the era a significant number of those currently living with dementia grew up and therefore have a strong link to these eras of music.

This alongside the inclusion of period costumes such as the matron uniform, offers the audiences with the opportunity of reminiscence. This allows them to access memories of the past, and also provide a sense of familiarity to the performance. As such, music plays a large part in place orientation, where the use of music is one of the strongest links to memories. The use of music in this performance therefore allows those living with dementia to connect to the performance through their familiarisation of music, and therefore engage and experience the performance in a more meaningful way.

4.2.3 Space in Vamos’ work

Vamos performs this work in two environments. One is the care home, and one is the theatrical environment. The care home environment has a significant on those living with dementia. As such, the design of this environment is considered to include “a wide spectrum of design principles, surrounding safety and security, entry and egress, active engagement and wayfinding, aimed to help those with a dementia” (O’Malley et al., 2015, p.319).

The principles that are most relevant to this research are those that support engagement and the wayfinding abilities and orientating landmarks, such as including distinctive colours which are more memorable or recognisable objects or artwork (Chmielewski & Eastman, 2014, p.16). These design principles, which are often considered when designing care homes, affect the relationship those living with dementia have with the space and as such foster positive behaviours including increased social contact (Chaudhury & Cooke, 2014). The positive behaviours therefore allow those living in care homes to comfortably engage both with other residents and with activities that are designed to enhance their experience of living in residential care. This therefore means that Vamos’ approach when entering such an environment is important.

Savage (2022) comments that in order to invite audiences to performances in care homes, the actors “talk to individuals and [they would] go and walk around the home and say, thank you so much for having us and this is what we’re doing. Would you like to come and join us?” There is significant evidence, in dementia research, which points to the importance of decision making, even in activity involvement where “Being and remaining central to decisions that affected them was a way to affirm: I am a person! I am still here!” (Fetherstonhaugh et al., 2013, p.149). Therefore, by inviting the audience to join them in the performance, Vamos is acknowledging the agency those living with dementia have in decision making. Further to this, the performance space in the care home is then opened up to those residents as the opportunity to view theatre in their own home, where the theatre has

come to them. The performance space is often a big area such as a living room or sometimes an activity room. These rooms are used often by the residents either to sit and relax in or to participate in a variety of activities. The opportunity to have performances in such an environment is highly valuable, as the residents recognise it, but also have utilised this space for activities before.

The place orientation is therefore founded in not only the recognition of space but also its purpose of being used for activities previously. As such, the opportunity arises for the residents to interact further with the performance as they have spatial recognition and therefore have a larger understanding of place orientation due to their familiarisation. This knowledge and awareness therefore make the performance more accessible as they recognise and understand the space. Those living with dementia also find it easier to engage as they are not relying on the place orientating traits of a traditional theatrical space, to engage and orientate them. Therefore, it is possible that their engagement is initiated from the moment they are invited to the performance by Vamos. Not only is the audience already in the performance environment but they are aware of the surroundings and familiar with engaging in activities in this space. Further to this, the type of engagement from audiences may be greater, such as dancing, touching and movement through props, as they may get less distressed over their unfamiliarity. As such, they will be able to engage for longer periods and without distraction from their unfamiliarity.

For audiences visiting the traditional theatrical environment, importance is placed upon welcoming them before they step into the auditorium. Savage states that, “sometimes your biggest [...] challenge is getting people to step onto that black floor, because it looks like [...] a bloody great, big, frightening hole to them, in their minds” (2022). Some types of dementia can cause issues with visuoperception, which means that in black box theatre, the black flooring can be perceived as dangerous. These spaces are often what Vamos use for

these types of performance due to the ability to manipulate the space easier. As such, audiences may find entering the space disorientating and not accessible, leaving them reluctant to enter the space. Therefore, the actors would “be at those doors supporting them and welcoming them to come into the theatre” (Savage, 2022). This type of encouragement can ease anxiety and allow those living with dementia to feel welcomed. This can also act as a place orientating method, whereby the invitation to enter and the support of encouragement can make the space more accessible, familiar, and therefore ease anxiety. This helps in aiding the acclimatisation or place orientation of themselves in the space. Further to this, the welcoming and supportive acts of the actors allow the audience to meet the performers and therefore recognise them in the performance which further supports the spatial performativity traits where the audience are familiar with the performers. Savage also leads training sessions with ushers and FOH staff to ensure they could support those living with dementia adequately, and that they could assist the audience during the performance. Savage (2022) comments on a particular experience for the ushers at the RSC where

there were members of the audience who wanted the loo during the show ... you'd ... copy their movements and you dance your way to the toilet and then you danced your way back in again. And what was amazing was seeing the ushers who had trained up and different people needing the loo and just seeing people getting up and these ushers just kind of dancing with people out. (Savage, 2022)

This interaction with the audience and the ushers maintains the playfulness of the performance, offering the audience a sense of theatricality even when not directly in the performance environment. As such the performance goes further than the entrance of the theatre and enters into the FOH areas with the audience and the ushers maintaining the theatrical atmosphere despite not being in the performance space. Moreover, by maintaining this atmosphere even when the audience would typically be distracted by needing to leave the theatre, there is a lasting effect of place orientation. This allows them to re-engage with the theatrical space, and therefore maintain the elements of place orientation. This is crucial to

this experience as the ushers are engaging the place orientating traits of the theatre outside of the performance space, and therefore supporting those living with dementia in their re-engagement during the performance.

The care home setting also has its challenges. For audiences in this environment, the relationship to the space is more intimate than the black box space. This is down to the audience's experience in the care home setting and their recognition of this space as their home or, in some cases, somewhere they have been before. Therefore, they may not view this space as theatrical and as such struggle to reconcile their view of the space as more than their living room, for example.

Both environments are set up in the same way, but extra work is done beforehand to engage the audiences in both environments and encourage and invite audiences to the performance. The special consideration made by Vamos to introduce themselves to all residents, irrespective of their willingness to engage in theatre, further emphasises the scenographic nature of this environment and their presence in it. For example, the introductions themselves play a part in the performance and engaging people in the performance. Part of this is the acknowledgement that the actors are in the resident's home and thanking the residents for having them in the space. This introduction was tailored specifically for visiting care homes and changes the dynamic of the show. The perception becomes that the actors are there to see the audience rather than vice versa, which is the dynamic in theatrical environments. Thus, the location of the performance alters certain dynamics in order to make the audience's relationship to them and the performance as personal as possible.

Furthermore, the relationship between the space in which performance takes place is important in interactive performances such as these. The building, in this case the care home or the studio space, has a significant impact on the spatial performativity and therefore the

audiences experience with the work. Transforming spaces with performance is something that has occurred in both types of venues of which *Sharing Joy* has been performed. Black box spaces or studio spaces are designed for this purpose, giving a simple and buildable space which performers fill with meaning based upon their work. This does not make it easier to transform, as there are numerous considerations and alterations needed to support people living with dementia in such a space, including the black floor. This means that this environment must be more inviting and comforting in order to engage audiences in the performance, especially in unfamiliar environments.

Part of Vamos's mission statement is "to transform lives through the empathy and connection of full mask theatre" (Vamos, 2022). This is clear in *Sharing Joy* where the aim is to connect through theatre in whatever way is possible, utilising space to create a world within their theatre productions that audiences can connect to. The overall impact of *Sharing Joy* is one that is lasting. Reviews from residents who have attended performances show the importance of performing and including those living with dementia, where people have stated that Vamos "bring us noise and laughter and make us feel alive" (Vamos Theatre, 2023). The combination of all these factors and the considerations of environment work together to provide a meaningful and fulfilling experience, even in the later stages of dementia where understanding through traditional methods may be diminished. Such use of tactile elements and engaging through movement considerably improve the impact theatre has on people with late-stage dementia, where it

involves people in an experience and engages them in a story, allowing them to enjoy the moment as the people they are now, rather than who they once were, and to develop their skills, imagination, and relationships in the present. (Mendes, 2016, p.325)

Therefore, productions such as *Sharing Joy* offer an opportunity to access theatre that engages and is fulfilling, with the intention of allowing people living with dementia to be

creative and choose how they interact. Their purpose is to engage the audiences from the moment they enter the building, whether that be in a traditional theatrical space where the audience's theatrical experience begins when they enter the theatre complex, or in a care home where the environment holds paradoxical theatrical potential, where the environment has the potential to be theatrical but only when utilised as such. These very different environments hold the same value to Vamos, where the importance is the audience and their relationship with the space and therefore Vamos's mission is to make these audiences as engaged and comfortable as possible from that initial moment.

4.3 The theatrical environment

These two productions, though different in many ways, find commonality in the engagement of the audience, which has been designed specifically for those living with dementia. This is not to say that these two productions aren't alike, but the ways in which they are made for those living with dementia allow them to explore how theatre for those living with dementia can be diverse, while also attempting to engage audiences.

Both productions use space to their advantage, providing a theatrical experience even in non-traditional theatre spaces such as care homes. *Maggie May* focuses on its use of the traditional theatrical space even before the space has been experienced by the audience. This means that an act of place orientation has occurred outside of the environment and therefore begins externally. This allows audiences to experience a non-physical theatrical experience through the pre-show information pack which is accessible before the theatre visit. As mentioned in the antepenultimate section, this information pack is designed to familiarise the audience with the environment and the show before their visit. The aim being to reduce anxiety and to begin the process of familiarisation of the previously aforementioned.

Therefore, *Maggie May* offers the audience an opportunity to engage with the performance and the performance environment even before visiting the theatre. Furthermore, this also allows those who may never have visited a theater or a particular venue, to get to know the venue and therefore know what to expect from their visit. This is especially important for those who have loss of semantic memory, who find it hard to “assign meaning to nonverbal environmental sounds, visual percepts, tactile, olfactory and gustatory stimuli” (Snowden et al. 1998, p1102). However, Snowden et al. (1998) also state that information on current personal experiences is better retained than when relating to past experiences. Both statements are true, and places importance on the need to offer familiarisation techniques to everyone in different formats, as no person living with dementia is the same, and experiences differ.

However, familiarisation is vital to the audience’s understanding of the piece of theatre and to their environment, as the ability to recognise and recall information about somewhere they may never have been can provide a lot of comfort in a potentially anxiety inducing situation. Morrissey (2014) states that “unfamiliarity of the environment leads to confusion and distress on the part of the person with dementia as they try to make sense of their environment” (p.95). By offering the opportunity for familiarisation outside of the venue, there is a process of place orientation that takes place. This allows those living with dementia to explore the world of the show and the theatrical environment in a familiar environment. This includes their homes or with people who are familiar such as family, friends or care staff who may be accompanying them to the theatre. When entering the theatre, audiences may not immediately recognise their environment. However, certain environmental factors such as the colours or furniture may be recognisable to them. The information pack also detailed the location of amenities such as toilets or how to find them as well as the uniforms the staff will wear. Although this extra information may not be as important in terms of place orientation,

it can assist in navigation, with the opportunity to offer information on what to look for if these things are needed. This will support their acclimatisation to the space and ensure that they can navigate and explore the space with a lesser risk of danger or distress. Furthermore, for those who may have never visited the theatre before, it offers them a chance to explore the space in a way that reduces anxiety and feels welcoming from the second they enter. This, therefore, makes the overall theatrical experience more accessible, as it becomes a familiar environment and therefore feels more welcoming and less imposing.

As for Vamos' work, their effort to welcome and support those visiting the theatre or as an audience within a care home provides the support those living with dementia need to engage in theatre. In a similar way to how *Maggie May* noted the uniforms worn by the staff working on the show, Vamos ensured that all staff had appropriate training on supporting those living with dementia. This was utilised during performances in traditional theatrical environments, where staff were involved in the performance by dancing or engaging with the performance when audiences were leaving or joining the performance. By including the staff in the performance, they allowed the world of the performance to include the spaces further than the space they were in and engage the audiences even in the wider theatre complex. This is similar to how *Maggie May* engaged audiences outside the theatrical space. However, due to the nature of Vamos' work, the ability to include the staff in the performance was to a greater extent. As such the collaborative nature of Vamos' work provides greater opportunity for such engagement by those not involved in the production. The traditional theatrical etiquette of watching a performance is not utilised in Vamos' production as they are in *Maggie May*. This is down to the two different production types, where *Maggie May* is designed for the traditional theatrical environment, where people may consider it as an auditorium with a divide between the audience and the stage. Vamos, however, does not have this divide and is designed to be theatrical while not fitting in the same theatrical style as

traditional theatre. *Vamos* by design is interactive and made for the purpose of interacting with the audiences up close, and to engage physically and emotionally with the audience in whatever form the individual audience members are comfortable with.

As stated previously within this work, *Maggie May* is a production about dementia for people living with dementia; however, *Sharing Joy* is created for people living with dementia but is not about the experience of living with dementia. In contrast, *Maggie May* is devised to raise awareness to the experience of living with dementia, and how this can be perceived by those living with the condition as well as those who support them. The plot of *Sharing Joy* has nothing to do with dementia, and its purpose is to shine a light on the fact that people living with dementia are still capable of engaging and enjoying performance. The difference being that the plot of *Sharing Joy* has no suggestion of anything to do with dementia and is simply for those living with dementia to enjoy. Although these two productions are different in their concept, they are both designed to be accessible for and engage those living with dementia in theatre. As such, they find commonality in their ability to provide those living with dementia with an engaging piece of theatre and, despite their differences, offer further accessibility to theatre.

These two different pieces of theatre also utilise the technical elements, such as lighting, sound, set, costume, and props to their advantage. The use of such elements in both *Maggie May* and *Sharing Joy* are similar, though different in their overall design, whereby the set for both shows is designed to be symbolic and not overly realistic. As stated in the preceding sections, *Maggie May* is designed for the traditional theatre space, therefore the set design is designed to both fit the space and support the telling of the story. In comparison, the set for *Sharing Joy* is designed for non-traditional spaces and therefore is designed to be transported with ease while also supporting the story of the piece. Here the commonality between the two is the ability to enhance the story telling, and therefore both sets were

created with the audience at the forefront of their design. Both offer the audience place orientating traits which enhance their experience of theatre and support the accessibility of theatre through uses of colour, texture and imagery (such as simplified furniture in *Maggie May*).

However, the features of these set pieces differ in their stylistic choices, and therefore the audience type is conveyed through the design. As mentioned within this work, *Maggie May* is designed for the theatre, as in the traditional theatrical environment where people are there for the purposes of seeing theatre. Therefore, the set for *Maggie May* is designed for the end-on stage, in which the audience experience theatre with no physical contact with the actors or the set, props and costumes. This means that the visual experience of the set must serve the audience and fill in the gaps and storyline using space and place to inform of setting changes or period changes. This is supported by the lighting and costume which will be explored further in the forthcoming section. By design, the set for *Maggie May* offers just enough detail that it is clear where the scene is taking place, while also being ambiguous. While also focusing on the intention of using the audiences own lived experience to fill in the gaps, and therefore use the ambiguity as a place orientating trait.

Vamos uses similar ambiguous traits to support their work; however, they are used in a different way. For Vamos, *Sharing Joy* is less about the overall theatrical experience of the scenographic elements, and more focused on the engagement of the audience through physicality and shared happiness. Therefore, similarly to *Maggie May*, *Sharing Joy* uses a simple set that is designed to give the space a setting, while not distracting from the work of the actors, allowing them to fully engage with the audience through touch and movement. The set is simple and is only used to differentiate the space, often care homes or black box theatre spaces, from its original state. This allows the audience to be immersed in the work of

the actors, and engage further, as the set is not distracting or taking away from the tactile experience of *Sharing Joy*.

Both productions support the use of tactility with its performance. The engagement of audiences through tactility has been discussed previously in this work and includes Hann's (2019) perspective that scenographic environments are inherently multisensory. Where audiences can engage through touch as well as other senses, there is a sense of place orientation and recognition of space and place. Of this Hann (2019) states that she "approach[es] place as intrinsically multisensory – or, more directly, [she] can speak of the smell of a place, but it would seem odd to discuss the smell of abstract space. In this way, place is always multisensorial and phenomenological by definition" (p.20). In saying this Hann is referring to the experience of the theatrical environment as something that is experienced through emotions and the physical elements which inform those emotions. Such engagements are not lost for those living with dementia as their ability to engage physically with objects or space, even if they cannot engage through following stories or communicating verbally, is still part of experiencing space and environments.

The implementations of tactility within the theatrical experience are used differently in the works. *Sharing Joy* uses tactility as its main feature, focusing on engaging the audience and supporting them throughout the show. The key takeaway from the interview with the creative director of *Vamos* was the focus on the audience and ensuring that they were able to engage and make connections. The use of tactility in this way offers support to the place orientating traits of the space, through the connections made with care staff, family, and friends. For those living with dementia, connections can play an important role in their quality of life, where touch can allow those living with dementia to feel safe and secure, as well as loved. As such, the importance of using it in the way *Sharing Joy* is vital to ensuring the audience are engaged and want to engage in the piece of theatre.

Tactility offers an alternative form of intimacy which transcends verbalization, and allows the audience to feel connected, not only with the performers but also with the props and those also in the audience. As such, tactility forms a major part of the story telling, allowing the performers to touch, hold and move with the audience, and therefore support the audience in the theatrical environment. Tactility offers more of these methods of place orientation than what is familiar and unfamiliar, utilising the relationship between the stage and the spectator and the atmospheric qualities to enhance this experience.

Environmental qualities such as the fabric used on props or costumes, whether it is quiet or loud and whether the person they are touching is hot or cold, are conducive to the place orientation of the audience. These elements form a picture of the world they are in and offer information to fill in the gaps of what may be confusing or anxiety inducing. This, in effect, is key to the accessibility of *Sharing Joy*, which allows those living with dementia to engage and experience theatre while having the enhanced support of tactility to understand their surroundings. The props used within *Sharing Joy* are designed to be held and experienced by the audience, while also fitting with the story and allowing the actors to engage with the audience.

As discussed in section 4.2 of this thesis, there is a significant importance on the audience's ability to feel and engage with their senses in theatre, as it supports the place orientating factors of the familiar and unfamiliar with textures. These props are utilised as a method of communication with the audience, as the audience can infer and understand when connected to the piece and create their own meaning. It is also used to engage and have fun with the audience, which is a significant factor in Vamos' work, where the piece is designed for the purpose of having fun with the audience through movement, touch, and laughter. The props also encourage the engagement of the audience, allowing them to get involved in the performance even if they are simply holding a piece of fabric and moving it to the music. For

the audience, the props hold a lot of significance, whereby they feel involved and comfortable and therefore are able to connect and orientate themselves in the piece.

While Vamos' work focuses on touch and experiencing theatre through mask and non-verbal communication, *Maggie May* employs traditional theatrical staging techniques, which does not exceed the proverbial fourth wall. While these techniques do limit the tactile nature of the relationship between the performance and the audience, there are other methods that are used within the production of *Maggie May* which support the place orientating traits of tactility not found in the performance itself. While Vamos use tactility as the key to their performance, *Maggie May* offers tactility through the photobooth installation which is designed for interaction and offers a hands-on consideration of the performance. Within the *Maggie May* section of this chapter, the photobooth was discussed as a spatially performative installation, which was designed to be interacted with. As such, the ability to touch and engage with the resources offered within the photobooth installation has a large part in the tactile understanding of the piece. It offers the audience the opportunity to hold and engage with photos, literacy pieces surrounding the piece and providing them the opportunity to explore their own experiences of the content of the piece.

Furthermore, while Vamos encourages engagement through the use of props and movement, *Maggie May*'s usage of props is solely for the actors to use to create a realistic scene. Although this doesn't actively encourage the audience to engage in the same way as the use of props in *Sharing Joy*, it does create a more realistic environment for show. *Maggie May* has a significant sense of realism, whereby the audience can relate to the scenes as something they may have experienced in their life. The combination of realism alongside the use of the props encourages the audience to relate to their own experience of living with dementia. Therefore, their ability to orientate themselves within the play is increased through

their familiarity with the content. The props also offer signals to the audience, or semiotics, where they can prompt and remind the audience of the plot.

Something that both works have in common is their ability to orientate the audience through familiarity. Whether that is through tactility and familiarity in fabric or objects, or through scenarios and scene content that the audience can relate to in their everyday life. Both uses of familiarity allow the audience to engage, and to gain meaning through the performances which in turn allows them to enjoy the performance.

Costume played a large part in both performances, allowing the audience to differentiate between and recognise characters, as well as allowing the audience to reminisce with the use of period costumes. Regarding the costume, the clear purpose in both pieces was to differentiate between characters. As previously discussed within this chapter, the costumes in *Maggie May* were designed in colour palettes per character, meaning that throughout the show each character changed costumes, but stayed within their chosen colour palette. For example, Maggie (the titular character) was always seen in grey. The significance of the costume, as stated previously, is to show the role of the character, but also provide information on the period and geographical location of the scene or piece. All this information is shared with the audience without the use of verbal communication and allows the audience to follow this movement of time without explicitly being told this information. By using the colour palette for each character, the audience is able to easily identify each character even when they may not be able to remember the character's name, or their specific role in the show. This plays a large part in the audience's ability to engage with the piece, and to orientate themselves through the recognisable colours of the characters. In non-adapted performances, the audience may struggle due to memory loss and memory issues. However, the use of colour in *Maggie May* provides them with enough information to be familiar with the characters and recognise them easily. This therefore acts as a familiarisation technique,

which works to spatially orientate the audience within the space, and therefore allow the audience to engage comfortably.

Costume also plays a significant part in the design of *Sharing Joy*; however, it is utilised in a different way to *Maggie May*. As *Sharing Joy* is set in the 1960s, all the costumes are reflective of this time period. Some of these costumes feature bright colours and patterns or are significant to the setting of the piece such as the Matrons uniform.

Within this work, memory and dementia has been discussed, with evidence pointing to the conclusion that for those living with dementia, often the memories of childhood are the easiest to recall. Being able to recall memories from early in their life is something that is common for a large percentage of people living with dementia and often these memories resurface and become the main memories they maintain. Therefore, Vamos' use of period costume in *Sharing Joy* functions as an aid to the familiarisation techniques that support place orientation. Therefore, the costumes used within *Sharing Joy* are utilised as a method of familiarisation which allows those living with dementia to orientate themselves in the world of the piece.

The importance of memory also plays a part in the use of music within both of these pieces, whereby the music is to support not only the plot and action within the play, but also to support the audience's understanding and engagement. According to Devere (2017), "music is embedded in the fabric of human culture and identity. We have all been exposed to music in some way, whether by listening to recordings, playing an instrument, attending concerts, or dancing" (p. 31). Sacks (2008) also states that "music remains fundamental and central in every culture" (p. xi). It is evident that for Sacks, music has a large significance in people's lives and therefore the significance of music for those living with dementia is the opportunity to reminisce with music as a powerful emotive source. As such, music for those living with dementia "seeks to address the emotions, cognitive powers, thoughts, and

memories, the surviving ‘self’” (Sacks, 2008, pp.372–373). Studies such as one by Shirsat et al. (2020) suggest that activities for those living with dementia are further supported by the use of music, even if the activity is not inherently music based.

Therefore, Poet (2020) comments on how music could work within the piece, stating that “Narrative reminders could guide an audience member who might otherwise struggle to follow its thread and how music might support this, giving joyful breathing space to an audience having to work hard to hold onto the story” (How *Maggie May* came to life, Para. 16). Both *Maggie May* and *Sharing Joy* use music from the mid twentieth century, which is an era of significance for a large majority of people currently living with dementia. Therefore, the use of music such as Rod Stewart in *Maggie May* and Elvis in *Sharing Joy* allows the audience to connect to the piece and ease anxiety, as they recognise the music. Although both pieces have the same intention with the use of music from this period, their application of such music differs. For *Sharing Joy*, the music plays a large part in the interaction between the audience and the performers. Music is used to underscore the entire piece, using the themes of the piece to choose music which fits and shares those same themes. This is an important part of *Sharing Joy* as although the audience may not remember the lyrics, they may remember a time when they listened to the song, or how they felt. Therefore, the familiarity of the song or the emotions which the song evokes, allows the audience to connect with the piece and therefore, orientate themselves in the piece through their own meaning making. *Maggie May* uses music both diegetically and non-diegetically, using it both for the plot but also to underscore the piece. Diegetic sound is sound which is included in the world of the piece. For example, when Maggie is calmed down by her husband singing *Maggie May* to her, this is something that can be heard by the characters in the play and the audience. Whereas non-diegetic sound refers to sound which is not linked to the piece and is only heard by the audience, not the characters in the piece. Although this is not inherently a

factor in the place orientation of the audience of the piece, the difference in between the application of sound within these two pieces is interesting.

My belief here is that *Maggie May* is designed and produced for those living with dementia who enjoy theatre, whereas *Sharing Joy* has fewer traditional theatrical constructs, and is designed to engage the audience in a theatrical way, without inherently being a traditional form of theatre. This distinction is clear in *Maggie May*, considering the use of tactility, as well as the technical elements, and the development of the piece alongside the dementia consultants, whereby the creatives of the piece were adapting the piece to be dementia friendly, while *Vamos* created it to be dementia friendly. Although not dissimilar, there is a distinction in this that *Maggie May* was written as an independent piece that could be produced as a non-dementia accessible show, and tweaks were made along the way to make it dementia friendly. And although the play's purpose was always to be a dementia-friendly performance, there was a consultation process which allowed for the development of its dementia-friendly elements. In *Sharing Joy*, the piece was designed around those living with dementia, with the focus of engaging the audience through laughter, movement, and touch. Both pieces are designed for people living with dementia; however, the practicalities in each performance created vastly different performance types and their different methods of engagement and use of tactility.

Although these performances are different, they are successful in what they do: creating accessible theatre for those living with dementia. Both performances have successfully demonstrated how theatre can and should be adapted for people living with dementia and how this can impact them. Although these performances have different audience types and meanings behind them, they successfully engage the audience and provide them with a supportive environment in which to enjoy theatre. The considerations made by both of the production teams within their respective shows are shown to work for

the audiences. However it is clear that in order to create this type of theatre for those living with dementia, the perspective of a person living with the condition is needed. This is something that *Maggie May* ensured was included in the development of their piece from the initial stages. However, for *Vamos* the experience of the creative director allowed them to create the piece which was developed over time to what it is now.

This allowed them to get feedback from audiences and decide what was working and what was not. This development meant that *Sharing Joy* was engaging and worked for the audience in the way it does in its current form. Moreover, the development in this way allowed the creatives to explore the best methods for engaging the audience but also supporting them in their theatrical experience. This includes the audience's ability to acknowledge the familiarisation qualities such as those that are visual, tactile, and auditory. As such, both pieces do this successfully, and therefore promote the importance of creating theatre for those living with dementia.

Chapter 5: Conclusion

This research set out to explore the relationship between space and those living with dementia in a theatrical environment. I have examined the conception of the pieces, how they were designed, what considerations were made to make the performance dementia friendly and how the technical elements, including the props and costume, worked for the audience and their place orientation. The total conclusion of this work is that there is evidence to suggest that space and environment design does play a large part in the overall theatrical experience of those living with dementia, and the design of not only the technical elements such as set and costume, but also the front of house areas. By exploring the two performances detailed in the preceding chapters, I was able to explore the ways in which space and environment have an effect on those living with dementia in the theatrical space, and the considerations employed by these two performances allow those living with dementia to access theatre at any stage of their life living with dementia.

The conceptualisation of two current performances, both of which are designed for those living with dementia, allowed me to determine how space and environment are utilised in theatre practice for those living with dementia. This enquiry led me to explore the complexities of place orientation and how these two performances offer support to the orientation of those living with dementia. This also allowed me to consider my secondary question, in which the scenographic considerations and the importance of space go hand in hand, using one with the other to support those living with dementia, and create a meaningful and worthwhile experience. Both performances offer different performance styles, orientating traits, and themes. However, the most significant factor that they both share is the importance of creating theatre for those living with dementia, with that audience demographic in mind. Simply put, both of these performances focus on supporting the audience and enhancing their experience.

5.1 Original contribution to knowledge and research questions

The originality of the research can be described as the following: through qualitative analysis, using an ethnography as my primary research source, this thesis has discovered the importance of scenographics in the theatrical environment for those living with dementia. It has highlighted how these elements support the audience in the theatrical environment through place orientation. Previous research detailed within this thesis has not explored the effects of the environment of theatrical practice, it has detailed how theatre can be adapted for people living with dementia and how the design of space can affect the same demographic. However, the exploration of the theatrical environment for those living with dementia has yet to be discussed. The research questions of this thesis seek to determine how the theatrical environment affects those living with dementia, and how current practice has sought to make this experience better for those living with the condition. With this in mind, I will now detail how each research question was answered, and the findings which each question provided.

1. How can space and environment support those living with dementia when accessing theatre?

This question proved to be the centre of this thesis, yielding the largest amount of analysis from my research. Within this research there was evidence of a large number of implementations in both *Maggie May* and *Sharing Joy* which worked to support those living with dementia in their theatrical experience. These were considered attempts to provide the audience with enough familiar qualities to spatially orientate themselves. As well as be able to explore theatre using their own experiences visually, auditory and through tactility to inform them of not only the plot of the piece but also to inform them spatially in the theatrical environment. There was evidence that such implementations had been successful, both from the perspective of the creatives interviewed within my research, and through feedback

received by the companies from audience members which were showcased on their respective websites. The success of these productions lies with its accessibility and adaptations, such as the lighting, sound, and costumes, as well as the adaptations in the FOH areas in *Maggie May*, and the overall writing and aesthetic of *Sharing Joy*. Both of these productions considered the importance theatre has on the lives of those who enjoy theatre and considered the limitations of current theatre access for those living with dementia. In this way it sought out the areas in which theatre was inaccessible for those living with dementia. It created very different theatrical environments for those living with dementia, but that had the same purpose; to create a theatrical environment accessible to those living with dementia. These productions also focussed on the elements of the theatrical environment that were commonplace in the theatrical experience, such as the use of music and some of the aesthetic qualities in the set, lighting, and materialistic qualities, and adapted these to orientate those living with dementia in the space through the familiar qualities.

2. What scenographic considerations are made when designing dementia-friendly theatre shows?

As found through my interviews, there are a large number of scenographic considerations made in both performances, which have been aided by consultants who are either living with dementia or have worked on dementia-friendly productions previously. These considerations include lighting and sound levels, costume considerations such as using a certain colour palette for a character as well as props and set considerations. They play a large part in the audience's ability to engage and connect with the piece and therefore are significantly important to the overall theatrical environment. The implementations stated within the preceding chapters had such a large impact on the audience, allowing those with dementia to access the space and feel comfortable within the theatrical environment.

The importance in these changes lies within the ability and access those living with dementia have to theatre, where the scenographic adaptations made do not affect the overall aesthetic of the performance. Rather, they allow them to comfortably enjoy the performance without the distress that can be caused by non-adapted theatre. Furthermore, specifically for *Sharing Joy*, the adaptations are rooted in the performance, and not inherently adaptations but are more so design choices. However, both of the productions created a performance in such a way that allowed those living with dementia to access the performance and experience theatre comfortably.

3. How has current theatrical practice for those living with dementia been conceptualised?

This thesis has provided a deeper insight into the practice of dementia-friendly theatre, and how two different performances have been designed and created. These performances have been influenced by creatives who have worked on previous dementia-friendly performances and therefore their knowledge of dementia-friendly performance has been influenced by this previous work. Moreover, *Vamos* have developed their work overtime, with feedback from audiences allowing them to create a work such as *Sharing Joy*. For those living with dementia, opportunities to experience the wider world in the way they did before their diagnosis is limited due to a number of factors, with the biggest being simply that a lot of spaces are not designed for people living with dementia. However, the opportunity to engage in cultural arts-based activities is significantly important, where the access to such can alleviate stress, reduce anxiety, and improve the overall quality of life of those living with the condition. Therefore, creating these environments, in the way that this thesis has sought to analyse with considerations of not just the theatre performance

but the wider theatrical environment, is vitality important to the population of those living with dementia and to the future growth of those who will come to live with the condition.

5.2 Reflections on methodology and limitations

This thesis makes a significant contribution to research in scenographics, theatre production, and dementia. The decision to create a research project using ethnographic methodology proved to be useful and allowed me to develop my prose throughout the course of my research. Furthermore, the decision to create an ethnographic interview-based research methodology allowed me to gather more valuable information from a primary source which allowed for a deeper exploration of the process of creating dementia-friendly performance. However, this work is not without its limitations. Upon reflection, the opportunity to interview those living with dementia about their experiences of theatre which has been adapted for those living with dementia may have been fruitful. This could have furthered the understanding of how the conclusions from my initial research question were effective for a person living with dementia. However, this proved difficult, as documented in section 3.1 of this work, due to the impacts of the COVID-19 pandemic. This made research involving those living with dementia significantly more difficult due to loss of arts-based groups for people living with dementia. As well as inaccessibility to care homes due to the higher impact COVID-19 on those who are immunocompromised. Therefore, due to these factors effected by COVID-19, I found it important to ensure that all research conducted allowed those involved to feel safe, such as conducting interviews online and visiting performances while wearing personal protective equipment such as a mask. It was also significant that all the performances that were analysed had performed since the re-opening of all entertainment after the lockdown

in early 2020. This was important as certain elements of the performance, such as the tactile elements of *Sharing Joy* were revised or adapted to factor in the infection risk of COVID-19.

5.3 Future

The purpose of this research was to evaluate how current productions for people living with dementia are adapted, specifically the technical elements, but also analysing how space in the theatre environment can support those living with dementia. These considerations settle on the idea that space is important in theatre adapted for people living with dementia, and both productions discussed within this work offer valid examples of how space can be utilised and adapted for the audience demographic. There is potential to develop immersive experiences for those living with dementia from this work, focusing on the use of space in these immersive environments, with the possibility of making dementia-friendly performance commonplace in commercial theatre, but also developing theatre similar to Vamos' work, which engages the audience no matter their limitations.

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Appendix A: Participant Information and Consent Forms

A.1 Participant information sheet

Introduction

My name is Nell Dare. I am a research student at the University of Salford.

You are invited to take part in the research project: Dementia, theatre and emotional connections: How theatre can be adapted to support those living with early onset dementia.

My research will take the form of a thesis, for which I will be interviewing yourself and using that interview data in my final work.

Before you decide on whether to take part, it is important for you to understand why the research is being done and what will involve. Please take time to read the following information carefully before you decide whether you wish to take part. You are welcome to discuss the project with others before you make your decision. My contact details are below. Please ask me if there is anything that is not clear or if you would like more information.

What is the purpose of this study?

The purpose of this research is to understand how theatre that is adapted or created specifically for those with dementia maintains the aesthetic of the show while also being able to make it a relaxed performance. My research will detail the effect relaxed performances have on the technical elements, and how these adaptations were informed.

Why have I been chosen?

You have been chosen as you are involved with the technical aspect of a production which offers dementia-friendly performances or in producing dementia-friendly work.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep, be asked to sign a consent form and you may still withdraw at any time. You do not have to give a reason for withdrawal from the study.

If you do withdraw you should, however, note that I may continue to process information you have already provided or has already been observed. I will only do this for research purposes and in an anonymised way, and in a way that cannot be identified.

What do I have to do? And what will happen if I take part?

If you choose to take part, I will set up an in person or virtual meeting in which I will ask you questions to do with your work on dementia-friendly performances and your experience.

Will I be recorded and how will this be used?

Yes, the interviews will be recorded. I will ask you to sign a consent form for filming and only data for which consent has been granted will appear in the project. You will be given a copy of this consent form to keep for your records. The transcripts of audio recordings made during this research will be used for analysis and for illustrative purposes in conference presentations, or articles.

What will happen to the results of the research study?

The information I gain during the interview will be gathered and will be explored in a written thesis. All participant information will be confidential. The thesis will explore your work on these shows, how the performance was adapted and how the scenographic elements all worked together to create a relaxed performance.

What should I do if there is a problem?

If you have any concerns about this project, you should raise them first with me and I will do my best to answer your questions.

You may also contact the supervisors of this project, Kelli Zezulka or Jack Wilson (details below).

Thank you very much for taking the time to read this document.

Further information and contact details

Researcher: Nell Dare, email: e.dare@edu.salford.ac.uk

Supervisors: Kelli Zezulka, email: k.l.zezulka@salford.ac.uk

Jack Wilson, email: j.j.wilson@salford.ac.uk

A.2 Participant Consent Form- Rachael Savage



Participant ID:

Participant Consent Form

Dementia, performance, and environment: an exploration of dementia friendly performance and the importance of space and place

Consent to take part in Research

I confirm that I have read the information sheet dated May 2022 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

I consent to the information collected about me being used to support other research in the future and may be shared anonymously with other researchers.

I consent to being recorded/filmed for the named study and give my consent for the use of the recording transcripts to be used in the resulting thesis for this work.

I understand that personal information e.g., name, age, and data relating to me will be kept in a safe and secure location and will be used purely for the purposes of this research, and each participant will be anonymised in the final thesis.

Participant name: Rachael Savage

Student name : Eleanor Dare

Participant signature:

Student signature :

Date : 21/07/2022

Date : 21/07/2022

Participant consent form V2 May 2022

A.2 Participant Consent Form- Francis O’connor



Participant ID:

Participant Consent Form

Dementia, performance, and environment: an exploration of dementia friendly performance and the importance of space and place

Consent to take part in Research

I confirm that I have read the information sheet dated May 2022 for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason.

I consent to the information collected about me being used to support other research in the future and may be shared anonymously with other researchers.

I consent to being recorded/filmed for the named study and give my consent for the use of the recording transcripts to be used in the resulting thesis for this work.

I understand that personal information e.g., name, age, and data relating to me will be kept in a safe and secure location and will be used purely for the purposes of this research, and each participant will be anonymised in the final thesis.

Participant name: Francis O’Connor

Student name : Eleanor Dare

Participant signature: F. O’Connor

Student signature : 

Date : 03/08/22

Date : 03/08/2022

Participant consent form V2 May 2022

Appendix B : Transcribed Interviews

Research Interview- Designer

Date: 03/08/22 **Start Time:** 12:30 **Finish Time:** 12:50 **Duration:** 00:19:28

Location: Over the phone **Interviewee:** Francis O'Connor **Interviewer:** Eleanor Dare

FO [00:00:18] Hi Nell.

ED [00:00:19] Hello.

FO [00:00:20] Hello (Laughter)

ED [00:00:22] Thank you for taking-

FO [00:00:23] Sorry, I'm a great believer in just spontaneously stroking my heart. So if it's alright for you Nell, It's good for me.

ED [00:00:32] That's absolutely fine. Thank you so much. Thanks for taking time out of your day to do this as well.

FO [00:00:38] No-No-No bother. You just ask away and I'll try and answer.

ED [00:00:43] Okay. Magical. So obviously this is about *Maggie May*. So my first question is just what was your main role in the production of the show?

FO [00:00:57] Er, Set and costume designer for *Maggie May*. It started in Hornchurch and then went on, but it's a co-production with Leeds. It and then went on it on a tour which was interrupted by Covid. We never actually got to open it in Hornchurch, we got a couple of previews done and then it ground to a halt, slap bang on the grounds when the covid lockdown happened.

ED [00:01:28] Oh, no.

FO [00:01:32] So it wasn't the ideal show to be doing during covid.

ED [00:01:35] No.

FO [00:01:36] No, not with the audience demographic.

ED [00:01:38] Yeah. So, what was it that drew you to this performance or work of this kind?

FO [00:01:49] Well, I mean, to be perfectly honest, principally, it was the director who I'd worked with before. And so she asked me, Jemima Levick, asked me to design it. And then I was intrigued by the, you know, as a designer I'm intrigued by that kind of constraints

that were put on the show and not really constraints, but kind of the, the advice that was given to me about how, what colours would work or how to deliver a show that would be audience friendly and, you know, take into, take into account the needs of the audience, beyond beyond entertainment and beyond normally what you'd be doing for an audience, you know. Yeah, it was that kind of- which was another interesting facet to me, as opposed to drawing me to it, I'll be honest that didn't draw me to it, that was just an interesting facet of the project, you know what I mean?

ED [00:03:05] Yeah. Yeah. No, that kind of leads into my next question, which is how did you kind of embed those dementia-friendly considerations into the work?

FO [00:03:18] Well, I certainly when it came to things like the- they gave me some guidance and they had lots of well, I had one and particular I can't remember her name, but this one particular woman who was the advisor for us and basically liased with the creative team and the cast. But there were there was a group of audience members, who, who, had a long history with all the dementia sufferers and their supporters that had a long history with West Yorkshire Playhouse because they're brilliant, brilliant, they do brilliant schemes there and they're absolutely fantastic what they do at West Yorkshire or Leeds playhouse as it's now called. And they and, and they fed in their needs. And so they were sort of kept abreast of what was going on as we were rehearsing and developing the piece. But I took sort of feedback from their advice about what you know, like having specific colours for specific characters and them not being, I can't quite remember, but I couldn't make anything too garish or too aggressive looking and like it had to be an even lighting of the whole show would got to be, have a sort of, very, very carefully done, so it didn't shock or disturb and, and. So I suppose, you know, like it was taking advice on colour and mainly on colour, actually, was the big thing and making it seem a little bit more explicit than you might of clarify things a little bit more and got rid of some ambiguity that might have had in another, some version of the story. And, you know, I think that's sort of. Does that sort of answer that?

ED [00:05:31] Yeah. That was really good. Thank you so much. Um, so this one's kind of not related, but it's kind of just about how you kind of already answered it. But just delving further into about how it differed from non-dementia-friendly performances that you'd done previously and how the work that you did was changed by the dementia-friendly element.

FO [00:05:58] It didn't, it didn't change the way that I worked and it didn't change my normal approach to design and it didn't even change how I felt about, basically like things like do you remember the, the, the taking the edge of the notelets, which was the big thing for me, you know, about the notes that get dotted around, and losing those in the canopy, the roof canopy and then them all falling at the end.

ED [00:06:25] Yeah.

FO [00:06:25] if that happened when you went to see it? I think on two occasions it never fell.

ED [00:06:31] No it did.

FO [00:06:33] That, that, that, taking taking an image of the Post-it notes and using that as kind of the key sort of signaler that, that I'd have done that for any play. You know, I could have picked that up that for any play. So, things like that, and I just treated it like a normal play. But with the with the proviso that I took guidance on what would and what wouldn't work. But it's remarkable what works. I mean, one of our big concerns, was you know the bit where um the um dementor comes, the bit where the dementor appears? And that was a real dilemma because it meant it was meant to scare the central character, but we couldn't have it too scary because that you don't want to do that for dementia, you know, for people with dementia because it can upset them. So, we have to be just really careful to make it a little bit scary, but not to, you know, it just it was just tempering things, you know, in that situation and. Does that help?

ED [00:07:42] Yeah. No, that was really good. Thank you. Um, so I just want to kind of understand your understanding of dementia-friendly performances. So, what do you believe dementia-friendly performance is? Like what does it encompass?

FO [00:08:02] Bimey. Um

ED [00:08:04] Make it easier, in terms of the technical elements.

FO [00:08:07] In terms of the technical elements, it's just being aware and being thoughtful about what your exposing the audience to, who have different, you know like dementia sufferers, they all have different needs. It's not like one big sort of group all have the same anxiety all have the same, but you have to generally respond to there, like I just respond to the advice that I'm given. And we were very, very careful about making sure that it was as responsive to them to the needs of the audience as we possibly could make it. And so, we always deferred to them. And obviously, if there was anything that we would do that was that conflicted with that, we simply didn't do it. That was bottom line, but it didn't. Just ask me the question again because I'll try and give you a more succinct answer because I think I'm waffling.

ED [00:09:11] It's just what is your understanding of dementia-friendly performance in the technical elements?

FO [00:09:18] Just being careful about your use of colour and the use of not- making things very clear to an audience. So, what I was saying about not having too much ambiguity or nuance, that sounds awful, but I hope you know what I mean by that. It just needs to be a story clearly told and you know, to designers that that that, you know, that just follows through in the way we design with the show. And, and, and I think colour was the big thing for me, you know, that it was very um. And that was the thing about not having too many clashing colours or not and making each character specifically one tonal group because that was something that really was led from, from the advice we got. And so that's why each person had a kind of. I mean, it's not like they had they were all red or all blue, they were all but there was a kind of tonal. I mean, in some ways, it sort of makes it a little bland. But in

other ways, it's just, you know, it just it's easier to. It's easier for the audience to kind of understand which character is which if they've got a real specificity to each person.

ED [00:10:42] Mm hmm.

FO [00:10:44] That's that's sort of what that's how it impacted me in terms of how I feel about it.

ED [00:10:51] Oh, okay. Thank you. That was really good. Um, so I know you spoke a little bit about it, about the advisor, but how would the considerations for the dementia friendly, for the performance presented to you? And obviously you collaborated with someone from Leeds Playhouse. But how did that work.

FO [00:11:16] In terms of, well, they were showing- I mean, before we built anything I showed that I showed this design to I mean, they advanced on things like colour beforehand, but they weren't prescriptive at all in any way. So, I think they just gave this broad, broad um advice, which was pretty obvious like when they said it to us, but useful. And then I went off and just did the design, in the way I normally works with Jemima and then we showed it to the advisor and and got their input. It was as simple as that. it wasn't a long, convoluted process, but that we were very responsive to their needs. I didn't imagine that it ever would be because we were we were, you know, it was very much a collaboration. So, um I it didn't need to be. So, there was no conflict because it was it was very much we we wanted it to work for the audience. So, does that answer that question?

ED [00:12:28] Yep. Yeah, that was that was quite succinct.

FO [00:12:33] Okay.

ED [00:12:33] So this is a bit of a different topic. It's kind of away from the dementia stuff. But obviously as I do design as well, like I'm a designer, every person has a different view on what Scenographics is and what Scenographics implies like, Rachel Hann has a different to like other Scenographers, I guess. But what do you believe as a designer that Scenographics implies?

FO [00:13:05] I mean, for me as a designer, I'm sort of conflicted about Scenography actually, because I don't quite know, it's just another name for a designer you know, im terribly old fashioned. I don't, I don't I don't, that label. I don't I mean; I don't mind it. I'm quite happy being called a designer. For me, it's it's about it's about creating the world for the, creating the world of the play, creating a world that the actors can play in that, that somehow illuminates what the authors, what the author's intent is, and perhaps bring something new and surprising to it. And basically, maybe, you know, I do a lot of new plays, like a lot of new plays, that sort of work in the past and a bit less so now. But in the early days lots and lots and stuff, and new dramas. And it was always the most exciting thing to me when I presented the design to the writer. It's always the scariest thing with a new play, because you're the first person, before they even see it with an actor. You're the first person who puts their world, that they've sat in front of a computer or typewriter, creating in their own heads, you're the first person to reveal that to them, you know? So, it's an immensely

sort of privileged position to be in. And a sensitive one. So, I think it's incumbent on me to give the best possible space that I can imagine for the words of the author to manifest themselves on. If that doesn't sound too um arty farty. And that's what that's what I think design is about, you know, and making a playground so that it's not and it's not an inert place. It's somewhere that as well as I think the audience should, can discover it as they watch it. But yeah. The actors can discover, it in their rehearsal. So, it's making a playground for the play, basically is my *raison d'être* as a designer.

ED [00:15:35] Yeah. Yeah, I like that was. I like the idea that that makes sense. Um, so kind of the last question I've really got is just what do you believe you have learnt from the experience of working on *Maggie May*?

FO [00:15:57] Um, that's a good question. Don't do a play during covid. Now that's something that, um, I learnt. I learnt, um. I mean, apart from the practical things about colour and sensitivity, the obvious stuff that comes out of actually working on that and the stuff I've already spoken about. I mean, I suppose it's given me some knowledge, watching the audience that's really interesting and watching how they react to things and that that audience. I mean what did I learn? that audience need to be served to you know and that there is and that's been a lot of the audience got an awful lot out of that show. You know, judging by the feedback and stuff that I've heard, not just the not just the dementia sufferers, the also the the the carers. And I think what I learnt is, is actually what we all know is that there is a sort of value to what we do as as theatre makers, which beyond, you know, entertainment is beyond, you know, it has a has a value in that has some societal value I suppose. And when it, when it can directly affect and move in the true sense. That, does that sort of make sense? Again, I'm very conscious of not sounding too pretentious. I think it's actually important because I suppose it reminded me that I've actually you've got you know in what plays can and do mean. But in that group with that audience, it had a particular resonance because it was so specific to that audience. It was quite specific to that audience. And and I think, you know, but we you know, it was great how it affected them so much. Yeah.

ED [00:18:19] Yeah. Thanks so much. So, I just want to say thank you for being here on the phone and answering my questions. And do you have anything he would like to ask or add?

FO [00:18:34] No, no. But it's, Nell if there is anything when you sort of reading back on this and going what was he on about or what do you mean by that? You know, just ask me, and I'll you know, you know, because I don't know if you're recording this or writing it down, but if you need any clarification, just let me know.

ED [00:18:53] Okay.

FO [00:18:55] Okay. And good luck with it, when do you have to submit it all?

ED [00:18:59] So I've got another couple of months of research and then I've basically got another year to submit. But it should be, I want to get a summer graduation in so hopefully it should be by May.

FO [00:19:13] Okay. Okay. Well, listen, the best of luck with it.

ED [00:19:16] Thank you so much. Enjoy the rest of your day.

FO [00:19:19] Take care.

ED [00:19:21] Thank you bye.

FO [00:19:21] Bye.

Rachael Savage Interview- Creative Director

Date: 29/06/22 Start Time: 16:00 Finish Time: 16:35 Duration: 00:35:40

Location: On Zoom Interviewee: Rachael Savage Interviewer: Eleanor Dare

RS [00:00:00] Okay cool, So. We do (something else that we do as well), just thought of something else. So, we started out making a show called Finding Joy, which is about living with dementia. From now on. I really recommend that you use the term living with dementia as opposed to people with dementia. And you can also shorten it to people living with dementia, the PLWD. Um and so we so start making a show about a person living with dementia. And it was true story, and it was based on a grandmother and a grandson and ... that story it won awards. It was called finding joy. It won awards its toured all over the world, because of course, dementia is an international subject. I'm going to come back to Finding Joy. So, then we were asked from that- then, because I'd made a show about one person living with dementia and I wanted to do more research because you can say you understand dementia when you understand one person, but everybody's so individual, everybody's stories individual. And so, I then made a show, especially *for* people living with dementia and we toured to care homes, and that was called Sharing Joy. And it's a bloody stupid title, basically. I found the joy. I then wanted to share the joy. I have confused people ever since with these two similar titles because they're very, very, very different shows. So, sharing Joy is a show, particularly for people living in late-stage dementia, and it tours to care homes or it tours to theatres. People come and visit the theatre space and the way in which the scenography, if you like, works. First of all, I'll talk about the masks. So don't know if you've seen any images of our masks on our website.

ED [00:02:09] (audible confirmation)

RS [00:02:10] So, full mask theatre doesn't use any words and these masks. They're incredibly accessible and they connect with different people in very different ways. So ... we ... so when performing in care homes, people will come up to us at the end and go, oh my God, I can't believe it. Margaret never engages in any of the work I do with her as an activity coordinator, and she's just completely and utterly engaged in those- in the show. And I've said and I've said things like, is she living with dementia? Is she deaf? Is she hard of hearing? And they go, yes, she is she can't hear a bloody thing. And I'll go, well, none of our shows have any words. They're all silent. And so, the masks, because the masks are ... like a silent film, if you like, people, one don't need uh, hearing. We have a huge deaf audience and ... and they are also accessible in connecting and understanding in different ways. I also directed re-re-re-directed the show to make it more tactile. So, the mask is one level, the costumes are another. So, say, for example, in part of the show there is, there are three nurses, there's a matron, two nurses who are on the job at the beginning of the Second World War, where you're trained on the job essentially because we were so desperately in need of nurses. And as soon as those costumes come out, one cost- you know, you have the costume of a matron. Which is a navy blue with the apron, with the galley and sails, and people recognise it immediately and they recognise the status of that costume as opposed to a nurse's costume. So, the costume, because full mask theatre doesn't have words, the costume and props, masks and wigs, all the visuals are incredibly important because they

tell the story. So, costumes are relevant as are props because you can't mime in mask theatre so you need props for everything. And then the set the actual set that we take into care homes is tiny. Because we wheel it in and wheel it out. We have a hospital screen that unravels and has a surprise. We have another simple set which has doors with a singing dog and singing pigs, I think come out. And it also then transfers as we go from different venues, it has different cloths that fall down and become different places. We also then have ... hooks, buttons where bunting attaches and different things attach that go all the way around. So, the show, is like in a horseshoe where you've got the set there [*hand gestures to show the positioning of the stage*] and then the audience come round, all the way round there. And it's really for a first row, just a front row. So that was the set of Finding Joy, however. The most ... I believe the most important part of the show is ... are the props that we use, which we get from Jabadayo theat- Jabadayo company. Jabadayo is capital letters and its J, A, B, A, D, A, O, JABADAO. And you can look them up online and you can look up their shop, because their shop has got all of these amazing things that they sell where ... I've worked with JABADAO, I've known about JABADAO for the last thirty-five years, and they work with, they might have giant balloons, they have ribbons on sticks, they have massive parachutes or they have scarves and all of these things are, for me, the absolutely most important key hook for connecting with people living with dementia. Um...along with music. So, we have a- we have three different um ... playlists. We have a pre-show which is gentle, and we get music on from the minute we walk the care home because music will change everything. Um... and so we have a gentle pre-show that we have the show soundtrack, which is really, really varied, from gentle to exciting to more calm to um ...it's really eclectic. And then there is a post-show one which is really energetic and celebratory. So, they're kind of all the levels, all of those parts of the show that we have. Having said that, Finding Joy, going back to Finding Joy, which is the love story based between the grandson and the granddaughter. That show is actually the story of ... The son and mother of the artistic director of JABADAO. So, it's all kind of interconnects. And so, Finding Joy came first, based on JABADAO's own personal story. Then Sharing Joy came, and then we started to tour Finding Joy again. And we started touring it. And having you can either call them relaxed or chilled performances. And so, the relaxed the performances that we started doing, first of all, we were doing relaxed performances for people living with learning disabilities. And then we started doing shows inviting and having open audiences and calling them either relaxed or chilled performances for people living with dementia. And we- in order to make it welcoming and accessible, myself and the actors used to go outside and be at the doors welcoming people in, because sometimes the most terrifying thing for a person living with dementia to come to the theatre in is actually entering those doors. So, we would be at those doors supporting them and welcoming them to come into the theatre. We would then show them the masks outside and just chat. Chat, chat chat. Then we would all go into the theatre and then I would run a ... a short speech at the beginning which introduced himself, introduced each actor, and then the actor showed them the masks and put the masks on. And then we said, okay, so there is a couple of things in the show which you might find- it might make you jump. So, we kind of give those surprises away and say, okay, this is this noise that happens or that noise that happens. And then we take the noise down, the sound levels down, and we leave the auditorium lights on. But we've left- we've, we used to put- leave them on at something like 20%. And actually, I've really reduced that because I don't think we need it. I think for- So I don't know, we take it down to about 10 to 15%. So that was Finding Joy. We did the RSC. We were the first company that the RSC ever

programmed something for people living with dementia, and that was Sharing Joy at the venue, which we're hoping to do again in 2023. And then the other thing that we've just done is we just finished, toured during lockdown, which was called Love Through Double Glazing, which was myself and Cirque Du Soleil clown Sean Kempton and my dog. We stole the show, and we did a show outside care home windows, which was called Love Through Double Glazing. And within that show, it was- there was masks of the clown. It was visual. It was naughty. It was sexy. It was anarchic. It caused food fights, water pistol fights. Uh ... laughter, tears. Yeah, it was. It was probably the most important job I've ever done in my 30-year career. And... that's it. That's it. That's exactly what we did. I think what you were asking.

ED [00:11:02] Yes, that was really good. So basically, the reason I got into this, dementia and the technical theatre kind of thing, because that's what I did for my undergraduate. But my grandmother had dementia. She died when I was 12. She had Vascular Dementia and my granddad before he died was a musician. Always had been, and when her dementia got worse as she reached the end of her life, she thought she was 12, she thought she was the same age as me, because I was 12 at the time. But the music really helped her. So, I was in a class in my undergraduate one day and I was just like, What if we did this? And they were like, That's a good idea. And basically, then I started like researching things. I wrote my entire undergraduate dissertation on groups or theatre performances that are designed for people living with dementia. That's how I ended up here. So, I do have a list of questions that I do want to ask, kind of based on the same things that you've just talked about. But they're just specifically asking more in-depth questions, like getting a bit further into what you've told me. There not, there not here to trip you up and if you don't want to answer a question, that's absolutely fine.

RS [00:12:26] Or if, or if I'm saying the same old shit that I've just told you, I'll say that's the same stuff that I've just told you. Yeah.

ED [00:12:34] Yeah, that's fine.

RS [00:12:36] Yeah. Okay.

ED [00:12:38] So the first question I've got is like, what drew you to this kind of performance or this kind of work specifically with people living with dementia?

RS [00:12:49] So ... if I'm really honest, I was asked to do it. So, we were touring to Hereford Courtyard with a show called Nursing Lives, and the then chief exec came and asked me and said, We'd love to do a co-production with you, which was a massive honour for us at that time, which was about sixteen years ago. And then he dropped the bombshell and said, I want it to be about dementia. And like you, I was going through personal experiences at that time that are emotional and close and terrifying and ... But apart from that and actually my Nanny didn't- she was 97. And so actually it was, she was never diagnosed as living with dementia, but she was forgetting everything. And I think that was I'm not sure that that was dementia or just that she was nearly 100 years old, so she was bloody old. And anyway, it was close to the bone. And then I started doing research into it and I read novels, newspaper articles, and I met people, and this is 16 years ago, and all of the research that I

was doing was negative. It was it was like everybody was telling me that the person died and you kind of go, no shit, sherlock, we all die, Tell me, tell me some different ending to any of our stories. And then I got in touch with old family friend Penny Greenland Artistic Director of JABADAO, and she told me her son's story. And as soon as I heard that story, I just said, Can I come and move in? Because she was actually then living with her mum, Audrey, and caring for her. So, I just went and moved in. And it was the most inspirational care and ... Joy. Just joy. And I never looked back. And so, I've been ... passionate about it ever since. Yeah, that's what drew me in.

ED [00:14:53] Thank you so much. So, this one's kind of weird and it's kind of not related to what I just asked you about. But how would you say the. From what you said, the two performances differ. Is that kind of like as in like going into homes and then being in like a theatre? Do you think there's a difference? Do you think-

RS [00:15:19] That's-

ED [00:15:20] Carry on.

RS [00:15:21] Completely and utterly different experiences and shows. And the target audience is completely different. And therefore, uh. So, sharing joy is tactile. That's the main point is that we physically touch, hold, dance, shower love on the audience. I'm just going to shut the door. My husband is back. **(Talking to someone off camera)** I'm just in a meeting love! **(Talking to interviewer again)** Whereas finding joy is ... it's a proscenium arch. It's to show that you go to the theatre, you sit in your seat, and we don't touch anybody. So that's the main difference.

ED [00:16:03] Thank you-

RS [00:16:04] Oh also, so actually Finding Joy is about somebody living with dementia. Sharing Joy, it's got nothing to do with dementia whatsoever. It's a celebration of life.

ED [00:16:14] So do you see more positive reaction to people living with dementia in their own home? Do you see like a more positive reaction to that kind of work?

RS [00:16:31] Never performed it in anybody's home.

ED [00:16:35] Like, as in like their care home. The care home, that's what I meant sorry.

RS [00:16:40] As opposed to what? I don't understand.

ED [00:16:44] I think what I was trying to say was obviously there was a difference between performing one performance, obviously they're both entirely different, but performing one in a theatre, and then performing one in a care home. Do- from the experience of people coming to see the one in the theatre as opposed to the reaction of people viewing it at their care home in their space. Would you say the reaction is maybe not better, but do you think there's more of a closeness?

RS [00:17:16] So. I don't know if you're asking the question between Finding Joy and Sharing Joy. But I've got something else to add to that, which is sometimes we tour Sharing Joy, which is a show made specifically for people in dementia. We sometimes perform that format, in theatres.

ED [00:17:34] Right.

RS [00:17:34] So you want me to give you the comparison between those two?

ED [00:17:38] Yeah, I wanted to.

RS [00:17:45] I'm not sure that there's any difference whatsoever. The only difference and the only thing that we were sometimes worried about is sometimes we perform in the theatre space, which is a studio space which has got a black floor. So again, that goes back to what I was saying earlier on about relaxed performances where sometimes your biggest uhh ... challenge is getting people to step onto that black floor because it looks like it looks like a bloody great, big, frightening hole into them in their minds. So, I suppose in their own homes they are... in a care home they are more familiar with the surroundings perhaps. Though I'm not... I think people in late-stage dementia, I don't think they always are. So, for me, it's less about the surroundings. It's more about the fizzling, physical engagement and attachment.

ED [00:18:51] That's really interesting. Thank you. Sorry, that was confusing. I confused myself. The one thing I want to ask that I think is kind of important is just the. Kind of. How has your view on people living with dementia changed since you've been, I know you kind of answered it, since you've been a part of these performances?

RS [00:19:20] Massively. So, when I first of all started, I didn't know about ten years ago. The first. I've made such whopping great mistakes and and I laugh about those mistakes and I laughed with Kelly Greenland Artistic Director of JABADAO about those mistakes because she made the same mistakes as well, which is so when we first did our very, very, very first show in a care home, we can be a bit precious and wanky about the mask sometimes about, you know, we shouldn't show the masks beforehand... they are with...it's really important when they first go out and they first connect with the audience. And so, we want to keep all of that surprise and a secret and the world of theatre. Let's keep it hidden away. And so stupidly I asked for the audience to stay outside until we completely set up and we were ready for the show to begin in their care home like you would in a theatre. It's the most stupid thing I've ever done in my life, because they were all waiting outside in wheelchairs, queued up, disengaged, treated disrespectfully because I'd made them wait in a corridor. And then they were brought in and then they had to be, you know, using those horrendous hoist things to get them into their chairs whilst I hid behind this little screen quaking in my boots. So that was the stupid mistake I made. Oh, there was another one. Oh, yeah, yeah, yeah. Um, so then I started touring with the youth theatre that I had at the time. They were aged between 16- and 24-year-olds, and we all again waited outside. We made a different show, all but- Sharing Joy kind of went on a real journey over the last ten years where it's developed and changed. And so, this was an early one and they were all waiting outside and I've got a photo of them crapping it. They were utterly, utterly terrified and because they

didn't know what to expect. And then when we went in there was one girl in the youth theatre who was really really naughty called Rosie. She was really, really, really cheeky and she was terrified. And when she went in, the first woman who met her was also called Audrey. And she looked at her and she looked at her breasts and said, "When you jump up and down do those things bounce?" to which Rosie went, "well yeah, they do." And then she said, "Do you like Dick?" And Rosie said, "Well, I think so, but I'm only 16." And so those- so all of that preconceptions were smashed. Just smashed. And that's that's now what I love more than anything. It's the unpredictability. You can do a theatre in a in a show in a theatre, and you get the same laughs at the same point every night. You go to the care home; every single different day is different. Yeah.

ED [00:22:33] Thank you so much. On the topic of you were saying about people waiting outside of performances, obviously in the bit at the start when we were talking about what you actually do and how the performances work, you were talking about how you do those. I think the way they've been said to me before is like tactile meeting, like meet and greets where because... basically I work at two big theatres in Manchester and they've done relaxed performances, not specifically for people dementia, but they did a relaxed performance of *Beauty and the Beast* and the cast all came out and they introduced themselves and they were really nice and obviously it's kind of a similar thing, but how... the journey of that, how does it start?

RS [00:23:34] About when you connect with them when they first come in?

ED [00:23:38] Yeah.

RS [00:23:39] So, uh. When we go to care homes now, the journey starts the moment we step inside those doors. And as soon as we walk to reception, where sometimes the staff are quite dismissive of us because they think we're just delivering bloody art and they're delivering medicine, and that work is far more important and. And so, we I used to have it where I'd say, okay, my job is to go in there and make all of those residents feel ...welcomed, feel loved. So I would go and talk to individuals and I'd go and walk around the home and say, thank you so much for having us and this is what we're doing. Would you like to come and join us? And. And so it starts immediately. So, we would kind of do our preamble would be about an hour or an hour and a half before the show even started. So that's in theatre, in care homes, in theatres. It's the same thing where I would say to the actors, we get out there, we get out there immediately. We talk to people, we go and hold hands, dance. We do whatever we have this thing where we play *Yes, let's* where we accept *anything* that's thrown at us. And often with people, living in late-stage dementia, words don't make sense anymore. So, we communicate without words. And so, it happens immediately and even at [??] at the RSC a really interesting because we'd taken finding joy there. I had we have this training called *Listening with Your Eyes*. And we had trained...300 at least 300 members of staff at the RSC in this training, which is called *Listening with Your Eyes*, which is the Alzheimer's Society came to see *Finding Joy* and said, can I bottle that? Can you bottle that and give me training sessions? So, they commissioned it, *Listening With Your Eyes*. So, all of the stuff with *Listening With Your Eyes*, and part of which is about how to communicate without words. Where you're using touch and dance and its two hour, it's it's kind of an intensive training. But during that show at the RSC, there were members of the audience

who wanted the loo during the show. So even those moments you would make an offer, you'd accept the offer, you'd, you'd copy their movements and you dance your way to the toilet and then you danced your way back in again. And what was amazing was seeing the ushers who had trained up and different people needing the loo and just seeing people getting up and these ushers just kind of dancing with people out. So, it starts, but it never finishes until the moment that they actually leave the foyer. Brilliantly at the RSC, they also had a pet dog, which is a bloody great big ... St Bernard or whatever they're called, massive dogs and they are just. No, they're trained pat dogs.

ED [00:26:58] Yeah.

RS [00:27:01] It's non-stop. That's what I said that I made a complete balls up when I first did it, where I kind of went, okay, the show is half an hour long. It starts here, ends there. Rubbish.

ED [00:27:16] So I've kind of got one question left, which is just what do you think you have learnt from your entire career in this job, like what have you. what have you learnt, that's it.

RS [00:27:33] I. I think it's belief that I've held for most of my life, which is elderly people in this country are, I don't think that they're held with the respect they should be. And I think that's from when people retire. I think their status drops, their self-importance drops, the way in which people value them drop. You don't get that in Japan. You know, this whole kind of hierarchy of age. And it's funny because I've got, I've got a really good mate, and we go running together and she's a head teacher and she's obsessed with small children. And I'm kind of going kids, kids, give them to me when the mid-twenties, so at least then I can have a decent conversation with them, they're so boring. And she watches me and the way, so she talks to the children as we're running and anybody elderly. I stop, I talk, you know and it's. I think it's just different. People's passions for different...Demographics, I guess. And so, I'm... I've learnt that I'll never tire of people who are older, older, wiser, and I don't. I don't believe that just because they're living with dementia, which doesn't make them wiser. Yeah. I was, when I was at drama school at the Royal Scottish Academy I, in my first year. This is probably where it all started actually, my first year of first job in our first term, which was bloody tough, was to go to a care home, find out stories make show about it. And I was English, still am, in a rough area of Glasgow and most of the time feeling like I should keep my mouth shut because rightly so, Scots don't like the English very much. But I met elderly not a- s she was 92, called Clara Cunningham, and she was English. And she and I connected. And I ended up telling her story. And her story was about falling in love. God that was probably the First World War. She was land girl and she fell in love with an injured soldier who was from Glasgow. And they fell in love. They got married, they moved to Glasgow. They had children that they couldn't afford to look after and so they had to give up some of their kids to go back to England. And anyway, we we made the story of them, their lives, and we pulled from the show, and I played Clara Cunningham, and this was just at drama school. And then at the end of it, I was asked by the social services that would we do an extract of the show was part of a royal command performance. And first of all, I went, "no what's this go to do the Queen? The Queen won't understand giving up her children. The Queen won't understand the family, the queen won't understand bollocks to that student and Anti-monarchist" I said I'm not doing it. And then I just kind of went hang on a

minute, shut up Rach, this this woman is 92 years old. This is the final chapter the life, if she was to find out that her life story is so important that the Queen wanted to hear it. What a bloody, you know, how would that make her feel? So, we did. So, we did. We were part of the Royal Command Performance. and that also made me realise that that difference in different generations, beliefs and values, that I find really interesting. Even when talking to my kids now, I'm really interested in how their opinions on, they're mixed race, and their opinions on racism, anti-racism, gender. It's so ... refreshing and informed that when they have a conversation with my parents, it's really embarrassing. Because they're clueless. But I'm really interested in how those generations, how we have different beliefs, and they develop. I've waffled a bit there, so. Yeah.

ED [00:32:09] I just want to say thank you for being here to answer my questions. Is there anything you would like to add to that that I haven't?

RS [00:32:25] Can I ask you questions?

ED [00:32:27] Yeah, of course. Yeah.

RS [00:32:29] What? What theatre do you work at in Manchester?

ED [00:32:34] So I work at three. So, I work at the Lowry. Lowry Centre and I work at the Palace in the Opera House, which is obviously different company.

RS [00:32:45] Yeah. What do you do at the Lowry?

ED [00:32:48] I'm. I just bar staff. I don't do anything interesting, bar staff. I might have a technical job. I don't really. Potentially.

RS [00:33:00] Oh from your interview this morning?

ED [00:33:02] So that interview got cancelled and then moved to Friday, that's a different job. That's the Pendleton College, which is an arts college in Manchester. And I'm at the Palace and the Opera House I'm front of house.

RS [00:33:28] Yeah, yeah, yeah. No, it's brilliant. And also, bloody brilliant to be working within the environment that you interested in. I think that's such a good idea.

ED [00:33:39] I'm used to work at a pizza express.

RS [00:33:43] Yeah, exactly. And. A couple of things about if you're going for a job as a technician. Technicians. Now, you probably know this. Theatres are desperate for technicians. They're like rocking horse shit because the. The industry has been decimated by the the pandemic. And so. I don't know what your experience of being a tech, your stage management is, but if one of the things that you say in your interview is I want to reach for, I want to trade, I want to learn on the job. I want to be good. I want to become a good technician. I want this to be a lifetime career. They'll be the exact things that those people want to hear.

ED [00:34:35] Thank you.

(Interview got cut off)