STORYTELLING FOR HEALING: A NARRATIVE SYNTHESIS LITERATURE REVIEW

ON STORYTELLING INTERVENTIONS WITH OLDER ADULTS LIVING IN

INSTITUTIONS

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A Research Paper

in

The Department

of

Creative Arts Therapies

Presented in Partial Fulfillment of the Requirements

for the Degree of Master of Arts

Concordia University

Montreal, Quebec, Canada

APRIL 5, 2020

CONCORDIA UNIVERSITY

School of Graduate Studies

This research paper prepared

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Entitled: Storytelling for healing: A narrative synthesis literature review on storytelling
              interventions with older adults living in institutions

and submitted in partial fulfilment of the requirements for the degree of

Master of Arts (Creative Arts Therapies; Drama Therapy Option)

complies with the regulations of the University and meets the accepted standards with respect to originality and quality as approved by the research advisor.

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April, 2020

ABSTRACT

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RHIANNON PERLEY-WAUGH

This literature review uses a narrative synthesis methodology to investigate the fields of gerontology and drama therapy. The aim is to discover storytelling interventions with older adults living in institutions, in these fields. It also aims to find how this intervention approach is a useful mental health tool with this population. A qualitative data collection process is used to collect text and narratives from the accumulated nineteen gerontology and three drama therapy studies. By looking at storytelling interventions in the literature, the review offers theoretical conjectures on how storytelling, as a group intervention, exists to facilitate ego integrity in its participants. Furthermore, the review identifies several narratives of commonality within the literature which suggest useful intervention processes for this population: the use of *life-story* themed sessions, music/objects/images/photographs as stimuli and creating a concretized depiction of the *life-stories*. The review also identified common mental health changes across studies, indicating factors such as decreased depression, increased socialization, increased perceived quality of life and greater connection to elements of identity facilitated by this intervention. A final discussion identifies how the above findings can contribute towards research in drama therapy, particularly offering guidance in storytelling intervention design.

Keywords: older adults, institutions, storytelling, mental health

ACKNOWLEDGEMENTS

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Chapter 1: Introduction

The following research paper is a qualitative narrative synthesis literature review of group storytelling interventions used in gerontology *and* drama therapy, with older adults in institutionalized care settings. Gerontology, as defined by the American Psychology Association (APA, 2018), is the "scientific interdisciplinary study of old age and the aging process…[studied by] psychologists, biologists, sociologists, medical scientists, medical practitioners, geriatric service providers, and scholars from the humanities and social sciences" (APA Dictionary of Psychology, 2020). Drama therapy, as defined by the North American Drama Therapy Association [NADTA] is an "active, experiential approach to facilitating change…[using] storytelling, projective play, purposeful improvisation, and performance" (NADTA, 2020). Drama therapy carried out with naturally aging populations can be considered a subset of gerontology as it is inherently part of the field of study being described by the APA above. However, for the purposes of this research, the literature review will depict drama therapy literature separately from gerontology. It does so in order to highlight how gerontology and drama therapy uniquely offer storytelling interventions to older adults in institutional settings. Furthermore, a comparison of the two fields facilitates the discovery of overarching commonalities present within them.

Just as storytelling interventions involve the collective sharing experience, this research will use the collective knowledge from the arsenals of gerontology and drama therapy to create a picture of storytelling work with this population. This means a heterogenous sample of studies will be collected with a variety of research designs – a reality which is uniquely supported by the narrative synthesis methodology (Popay et al., 2006). Because of the nature of narrative synthesis, this research will not involve rigorous procedures from which external validity can be ensured, and bias mitigated (Popay et al., 2006). Subjective synthesis of the literature is a natural part of this methodology and thus the study will be limited by this researcher's inclusion/exclusion criteria and points of focus in analysis. Furthermore, Popay et al. (2006) state that narrative synthesis literature reviews can follow either quantitative or qualitative evaluative procedures. This research will follow a qualitative evidence synthesis, meaning a narrative and interpretive approach will be used in data collection and discussion. This qualitative method can be understood in relation to the paradigms of meta-ethnography, which adopts an interpretivist and positivist mindset (Noblit & Hare, 1988). Noblit and Hare

(1988) describe interpretivist research as "grounded in the everyday lives of people" (p. 3); it provides detailed reports of social or cultural events in order to offer 'significance' to the found connections appearing in the lives of that population. Positivist research tends to be "optimistic about the prospects for general theories or laws and largely seeks to develop them" (p. 3). This research will discover and evaluate the usefulness of storytelling interventions with older adults living in institutions through these lenses; it seeks to qualitatively interpret current literature for *found connections*, using that information to interpret a theory about why the intervention is useful with this population. Furthermore, in keeping with Popay et al.'s (2006) narrative synthesis methodological goals, the paper will use the evaluation to discuss areas for growth in gerontological drama therapy research, particularly regarding storytelling intervention design.

Furthermore, the research will adopt an anti-ageist lens. Authors Whitbourne and Whitbourne (2017) remark that ageism is one of the leading sociocultural factors affecting older adult mental health. It is a societal stigma that ranges from institutions to personal discriminatory practices, thoughts and behaviours (Brownwell & Powell, 2013). Gerontological research has shifted from investigating 'deficits', to interventions that support diverse seniors' experiences; furthermore, a growing awareness for appropriate and anti-discriminatory terminology is heralded (Mehrotra & Wagner, 2009). There are several tenets around gerontological research penned by Ferraro (2006) which state researchers must be cautious of ageism and reinforcing it in their work. This research will apply this concept in its use of language and in the discussion of literature found. The paper will avoid what Bytheway and Johnson (1990) operationalize regarding ageist language and stereotyping; namely, "negative valuation of the aging process" and "stigmatizing and institutional identification of 'special' groups on the basis of chronological age" (p. 33) or in other words, using 'othering' language. However, it must be acknowledged that language is "not neutral", and as such, it can be hard to find positive terminology to describe chronological aging (Taylor, 2011). With these concepts in mind, the paper will use the terms *older adults* (a term adopted by all the writers referenced in this paragraph) and *naturally aging populations* (a term which seeks to normalize that aging is indeed a natural process) to describe the population of focus. These terms hope to respectfully represent those persons above the chronological age of 65, which is often the delineation for late adulthood in developmental psychology perspectives.

Literature Review

This literature overview serves to contextualize or define the following main components of this research: older adults' relationship with mental health and the creative arts therapies while living in institutions, this project's working definition of storytelling and preliminary information on why it works with this population, and the research methodology – narrative synthesis. This examination involved comprehensive searching of online library databases for books, e-books, and peer-reviewed academic journals, thesis databases and any references cited in articles found there relating to the above topics. Recommendations from a librarian were also included in the search. Literature from academic journals was limited by English language only and focused on sources from the year 2000 to the present day; works done outside North America were also included.

Mental Health and Older Adults Living in Institutions

For older adults in long-term care, the ability to connect with family, friends and the general community can for some be challenging (APA, 2014); in this way, some seniors can feel voiceless and disconnected. A recent study about long-term care centres and older adult mental health in Taiwan indicated that increased stimulation from activities as well as high support environments contribute to better mental health for older adults in these settings (Chao & Chen, 2019). Other quantitative studies in continuing care show that loneliness, optimism and self-compassion were significant indicators of old adults' level of mental health (Jeste et al., 2019). In general, the studies examining naturally aging populations' mental health show the need for having resources and socio-emotional supports that enhance the person's "sense of purpose and control in their lives" (Commodari & Di Nuovo, 2019, p. 28). Many of these studies point to how essential social opportunities as well as empowerment are in the lives of older adults living in institutional settings.

Creative Arts Therapies and Older Adults Living in Institutions

Current discussion around seniors focuses on the shift in geriatric care from "curing to caring" (Clark, 1995, p. 402). Due to high levels of isolation and depression experienced in long-term care centres (APA, 2014; Atiq, 2006; Weisberg & Wilder, 1986) one treatment focus has become what Barsky (1986) describes as "inspirational" drama therapy, which instills a "spirit or zest for life" (p. 12). Dance and movement therapists are writing about the contribution of dance in dementia care as offering "vitality through intercorporeal, creative and expressive

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engagement" (Kontos & Grigorovich, 2018, p. 721) which contributes to the individual's creativity and ethical entitlement to equal social opportunities. Music therapists are part of a growing research field regarding Alzheimer's, such as case studies which suggest how song-writing and similar music therapy interventions offer emotional self-expression, reminiscence and opportunities for processing one's current life condition (Ahessy, 2017). As such, the creative arts therapies are becoming increasingly important in offering non-pharmacological mental health support to residents in long-term care centres.

Storytelling: A Meaning

The term storytelling is broad, multilayered and has various cultural meanings. For the purposes of this research, the following are perspectives on storytelling which are adopted in this project's understanding of the concept. A relevant definition of storytelling is that of McLean et al. (2007) who use the term *situated stories.* In their study, these researchers define situated storytelling as a "narrative account of personal memory that is created within a specific situation, by particular individuals, for particular audiences, and to fulfill particular goals…[and] can be created internally or externally" (McLean et al., 2007, p. 263). Storytelling adopts the idea that there is an audience or listener, which McLean et al. (2007) posit facilitates social shaping of the individual when they tell their story to others. Further to this idea, psychologist Bruner (1987) postulates that autobiographical self-told narratives we share, we also *become* in the sharing process, a process that is ancient and universal. The idea, then, is storytelling engages personal conceptualization and shaping of self-image. Furthermore, in the theoretical position of narrative gerontology, there is the assumption that five functions underlie human stories: (a) stories are fundamental to being human; (b) stories are made up of facts and possibilities, therefore leaving life open to change; (c) time and its meaning are connected to us as stories; (d) our life stories include our personal story and the larger story that we live in; (e) as interpersonal creatures, we create personal stories that become inherently expressive of the larger story, one outside our individual selves (Kenyon & Randall, 2001). Authors Keisari and Palgi (2017) who focus specifically on life-story intervention research, describe *life-story* as a compilation of autobiographical fact with "inner personal interpretations, cultural influences, connections and links between these various components" (p. 1079). Storytelling, as both concept and intervention within the scope of this paper, can be seen as an interpersonal and intrapersonal experience for the storyteller. Thus, storytelling is seen as an opportunity for the

person to engage with elements of their *life-story* in a context that is both personal and social. When related to psychology theory, this understanding of storytelling is most linked with Erikson's (1959) developmental theory of ego psychology, which postulates that the final stage of life is one of ego integrity versus despair. Storytelling as it is described here, then, offers the aging person an opportunity to reflect on their life and integrate with their life experiences, fostering a pathway towards Erikson's (1959, 1982) concept of ego integrity.

Storytelling Intervention in Mental Health

Storytelling is used in many different ways, in many different settings. In the field of mental health, it is often used as a means of personal expression in or for a social context to offer growth, connection or personal insight. It has been used with adults with intellectual disability to foster imagination and creative expression for the purpose of helping these individuals connect with their physical and social environments (Folostina et al., 2015). Personal stories as well as fairy tales, myths and other family stories were explored with women experiencing gendered violence in Afghanistan, resulting in the women's engagement with newfound understanding towards their identity and their understanding of societal norms (Mannell et al., 2018). Research has been done with storytelling and female inmates and found to foster an environment of relational connection and a "re-storying of negative self-concepts" (Bove & Tryon, 2018). Even such fields as cognitive-behavioural therapy have noted the need for storytelling in mental health counselling as a way to frame intervention lessons for some populations, such as Jewish clients (Schnall et al., 2016). Mental health recovery agencies in the United Kingdom have also begun research on the use of storytelling as a tool for healing, using a 'personal story intervention' as a way to re-build identity and provide empowerment to those suffering or recovering from mental illness (Nurser et al., 2018). It must be noted, however, that the desire to share one's life stories may differ from culture to culture; this is evidenced by a study done by Chan and Lai (2015) of Chinese elders where it was suggested that an understanding of self-concept and family relationships hindered the participants from wanting to share their life stories.

Other intervention approaches which use storytelling are reminiscence and life review therapies. These therapies are often used with naturally aging populations and have been well established as reducing depression (Rubin et al., 2019). Reminiscence therapy often uses life-stories (written, oral or both) through re-call and re-experiencing to effect psychological

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changes; such changes have been noted in cognition, activities of daily living, depression and quality of life in people with Alzheimer's (Cuevas et al., 2020).

Storytelling in Drama Therapy with Older Adults

Storytelling takes many forms in the current literature on drama therapy. Some drama therapists focus on dramatic play using symbolic objects as the basis for story where groups explore social and personal identities, though this literature is primarily heuristic (Lev-Aladgem, 2000). *Developmental Transformations* (DvT) story explorations were used in a qualitative case study with individuals living with Alzheimer's and showed it as powerful technique for meeting and reflecting the very real and disjointed realities these individuals sometimes face (Parkinson, 2008). *Playback theatre* is another group method focusing on personal storytelling to establish group connection (Keisari et al., 2018), though little qualitative research facilitates this with older adults. Furthermore, explorations of a specific kind of drama therapy called *narradrama*, a method which allows people to re-create and re-integrate their personal stories in embodied form (Dunne, 2009), do not appear in current drama therapy literature.

Another approach to storytelling in drama therapy is that of *life-story*. This work has been facilitated in a palliative care context, offering clients near the end of life a way to "articulate a life-story" where they "explore their own meanings in preparation for death" (Redhouse, 2015, p. 79). *Life-story* is also present in day centre contexts, for individuals both with and without dementia and allows clients to integrate new relationships with their life experience, to explore their current situation and how to approach eventual death (Keisari, Yaniv, Palgi, & Gesser-Edelsberg, 2018; Keisari and Palgi, 2017; Jaaniste, 2011). Life story work of individuals with dementia who performatively share their story through a drama therapy context for other individuals with dementia, has shown facilitation of meaningful social connections (Novy, 2018). Altogether there are several approaches to storytelling at play in the literature, approaches which will be investigated in greater detail in this research.

Narrative Synthesis: What is it?

Current investigations into the literature review methodology indicate an expansion in how researchers approach collecting and summarizing literature. The expansion is so broad that several researchers are doing literature review research on the various kinds of literature reviews being used to date. Nursing researchers Aveyard and Bradbury-Jones (2019) suggest that the expansion of literature review methodologies (and terms) has proliferated to a point that "the

academic discipline of doing a literature review has become muddled and confusing" (p. 1).
Qualitative researchers, particularly those in the creative arts therapies, have sought to
accumulate clarity about the methodologies and methods of doing literature reviews in the
healthcare field (Matney, 2018; Edwards & Kaimal, 2016).

To answer the question, 'what is narrative synthesis', it must first be defined, 'what is a
narrative literature review'. According to Bourhis (2017), narrative literature reviews "provide a
synthesis or description of literature…without using quantitative methods" (p. 1076), serving the
purpose of chronicling the history or development of a topic. Narrative synthesis is a more
specific approach to narrative literature review inquiries outlined by authors by Popay et al.
(2006), which is a primary source on this type of review. For Popay et al. (2006), narrative
synthesis naturally allows researchers to "[bring] together evidence in a way that tells a
convincing story of why something needs to be done….[and] is one of the ways in which the gap
between research, policy and practice can start to be bridged"(p.5). It relies primarily on the use
of words and text to summarise and explain the findings of the literature and oftentimes focuses
of the effectiveness or implementation of a policy, practice or intervention (Popay et al., 2006).
According to Popay et al. (2006), narrative synthesis can include the combination of qualitative
and quantitative studies in collected data.

Narrative Synthesis – How Does it Synthesize?

Studies examining the various literature review methodologies state that several narrative
synthesis literature reviews on health care topics do not operationalize nor clearly delineate the
review process (Tricco et al., 2015). In this way, an understanding of how data was collected and
analyzed is not clearly stated in the literature review. Despite the practice of narrative synthesis
reviews being unclear, researchers have outlined a framework for how to conduct these kinds of
reviews. Authors Popay et al. (2006) provide clear guidance on how narrative syntheses must be
framed, stating that inclusion and exclusion criteria are mapped around discovering the
effectiveness or implementation factors of an intervention. Furthermore the following aspects
must be present in the synthesis of the data collected: "Developing a theory of why the
intervention works, why and for whom, developing a preliminary synthesis of findings of
included studies, exploring relationships in the data, assessing the robustness of the synthesis"
(Popay et al., 2006, p. 11).

Narrative Synthesis and Drama Therapy

In the literature examined here, both in the ProQuest thesis database and general academic journal searches, there has been little literature reviews done on interventions in the field of drama therapy. The most literature that was present using search terms "narrative synthesis" and "literature review" and "creative arts therapies" and "drama therapy," yielded one article specifically related to drama therapy; an article of an integrative systematic review of interventions related to psychodrama (Orkibi & Feniger Schaal, 2019). When adding the additional element of "older adults" or "seniors" to these search parameters, nothing relevant appears in the literature accumulated.

However, while drama therapy intervention literature reviews may be scarce, it is clear that general creative arts-based intervention literature reviews are taking place. This is evidenced by the wealth of 'creative arts therapies' used in literature review titles in addition to literature reviews on the efficacy of art therapy specific interventions while doing this literature search. A need is evident for expanding literature reviews on drama therapy interventions.

Chapter 3: Objective

As a performer, director, facilitator and training drama therapist, it is not hard to see how performing and sharing personal stories in a supportive group environment can be empowering both in the creating and the witnessing. But is there enough qualitative evidence in the literature to date that shows this intervention being done? Furthermore, is it a useful mental health tool for older adults in institutionalized care settings? To answer these questions is precisely the reason for this review. By finding storytelling interventions in geriatric psychology and those in current drama therapy literature, the review will use a comparison to discover how these fields use storytelling in group intervention with older adults living in institutionalized care. An additional level of the comparison will be to illuminate the factors of change experienced by participants in the reviewed literature. By collecting data on the storytelling intervention research and the mechanisms of change this tool elicits, a more wholistic understanding of storytelling as a therapeutic method can be seen. Based on the collected data, this synthesis will interpretively evaluate and discuss the theoretical implications of why storytelling interventions appears useful with naturally aging populations, what narrative commonalities are represented in the current field of intervention research (in gerontology *and* drama therapy) and how these commonalities inform future intervention design research in drama therapy.

Chapter 4: Method

Study Collection Process

   Literature collection involved a comprehensive database search through Concordia University Library catalogues. The following Figure 1 and Figure 2 depict the search terminology imputed into each of the core databases of the initial comprehensive search. These words were grounded in the three core topics of the research objective, namely (a) the field (i.e. gerontology or drama therapy); (b) naturally aging population identifiers; (c) storytelling intervention/use. The field was indicated by 'mental health' or 'gerontology' and 'drama therapy' or 'dramatherapy'. Naturally aging population identifiers included 'older adults', 'elders' or 'seniors'. Storytelling was demarcated by using 'stories' or 'storytell*', where the asterisk was used to return both 'storytelling' and 'storyteller' in the search. An additional search term, 'reminiscence', was also used as an identifier for storytelling in the searches due to its close ties to life-story work identified in this paper's literature review. The investigation took place between September 2019 - February 2020. The initial search did not include date limitations so as to more accurately collect the history of literature on this research topic. The search was not limited to dissertations and journal articles but remained open to include print books/e-books as well. The Preferred Reporting Items for Systemic and Meta-Analysis (PRISMA) and Cochrane Systemic Review Handbooks for Interventions were used as guidelines for the search and records selection process (Moher et al., 2009; Higgins et al., 2019).
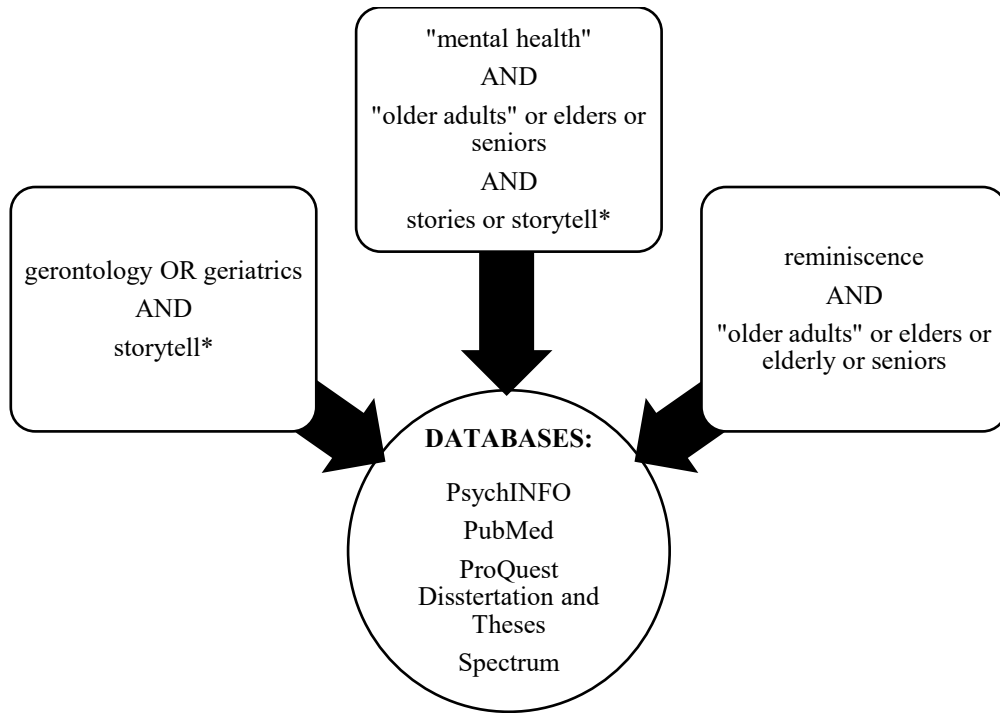
Figure 1. Search parameters for gerontology literature search
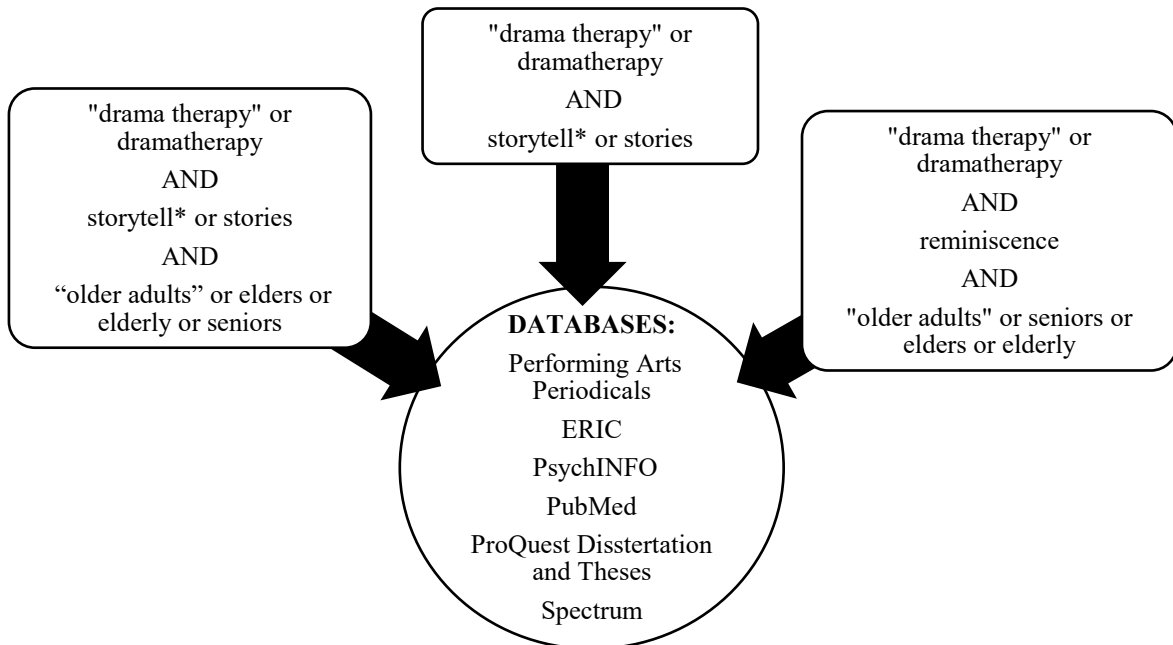
Figure 2. Search parameters for drama therapy literature search

Screening Criteria

The preliminary comprehensive search involved selection criteria as follows:

- Evidence of naturally aging population as participants (chronological age 65 and above) in study
- Evidence of "storytelling" / "reminiscence" / "personal story" / "personal narrative" or "life story" or "autobiography" keywords used with participants in paper title or abstract
- English language papers
- Qualitative, quantitative and mixed methods studies. Evidence of case study research was also included.

The researcher used these criteria when reviewing the search results. This preliminary procedure involved referencing paper titles and abstracts only. Some articles which fit the inclusion criteria were not available for sourcing from the Concordia University library and its affiliates and thus were not included in the selection process. Because drama therapy with older adults technically falls under the larger umbrella of gerontology, crossovers in collected literature from the comprehensive search occurred. After accounting for duplications across database searches using a citation and bibliography software Zotero (v.5.0.84), a total of 169 suitable papers were compiled for gerontology and 7 suitable papers for drama therapy. It must be noted, that one drama therapy paper was found using search parameters for both drama therapy and gerontology literature. Due to the limited number of search hits acquired for drama therapy, an additional hand-search was facilitated with the reference sections of the 7 drama therapy records using the same eligibility screening criteria above. The hand-searched articles were considered for drama therapy if they were authored by drama therapists, showed evidence of performative/theatre methods in abstracts or were published in creative arts therapies journals such as Drama Therapy Review or other theatre journals. This hand-search resulted in an additional 6 records under gerontology and 1 drama therapy.

Study Selection

The abstracts and methods sections of the gerontology and drama therapy records were then examined in detail by the researcher to select appropriate literature for this study. The first phase of literature reviewing process for gerontology papers was based on the following criteria:

- Research method involved use of a storytelling/reminiscence/life story or life review intervention directly with the participants; research methods not involving a direct

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application of intervention such as structured, semi-structured or open interviews were *not* included.

- Primary research participants chronological age 65 and above; intergenerational, family or caregiver/patient studies were *not* included

- All research participants from institutionalized care setting, which for the purposes of this paper includes hospitals, long-term care, assisted living or retirement homes/complexes as defined by Galik (2013) in the Encyclopedia of Behavioural Medicine.[1]

- Intervention research method

Phase One study selection for drama therapy matched all of the selection criteria of the gerontology review process above with the following three exceptions:

- Studies with participants from institutionalized care environments proved too limiting a factor for the available drama therapy literature done with naturally aging populations. As such, research conducted in day-centre contexts (with community-dwelling individuals) was included for selection.

- Papers with full research methods on storytelling in drama therapy was also too limiting. As such, *reports* of research studies were also included for selection.

- Studies were considered for drama therapy if they had evidence that the researcher was trained in drama therapy techniques or a creative arts therapies program *or* employed drama therapy informed intervention (considered to be '*informed*' if intervention reflected an aspect of the definition of drama therapy laid out by the NADTA in this paper's introduction).

Limiting records to intervention-based inquiries was in service to the research goal which desires to find what storytelling interventions exist between gerontology and drama therapy and how they offer client change. For this selection process, intervention-research in a mental health context hereby is considered the application of "a diverse assortment of techniques based on a variety of psychological theories all aimed at client change" (University of Waterloo, 2020).

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[1] Full definition: "Institutional care is provided within a congregate living environment designed to meet the functional, medical, personal, social, and housing needs of individuals who have physical, mental, and/or developmental disabilities. Vulnerable children, and older adults, individuals with developmental disabilities, mental retardation, chronic mental illness, and physical disabilities are more likely to receive care in institutional settings, such as orphanages, nursing homes, residential facilities, and rehabilitation centers. Care and services in institutional settings often include, but are not limited to, 24-h supervision/monitoring, assistance with activities of daily living, skilled nursing care, rehabilitation, adaptive aids and equipment, psychological services, therapies, social activities, and room and board. The cost of institutional care varies by the facility and the services that are required."

Thus, studies which had storytelling components in the method, such as interviews but did not directly apply a storytelling intervention technique aimed at client change were omitted. The interventions were considered storytelling interventions if they followed the definition laid out in this paper's introduction, namely that they: (a) facilitated autobiographical reflection and (b) had an audience/listener.

Following the primary eligibility review, a total of 49 gerontology and 5 drama therapy articles remained. Phase Two of this eligibility process occurred by employing the following elimination factors:

- Phase One eligible records limited to those published between 2000 and 2020
- Phase One eligible records were then screened to ensure evidence of a group intervention experience
- Phase One eligible records eliminated if main testing focus for the intervention was primarily on cognitive/memory abilities of participants and not on participant mental health factors or quality of life
- Phase One eligible records which were testing more than one type of intervention (besides a control) were also removed

Figure 3 and Figure 4 below, show the study selection and elimination process based on the Moher et al.'s (2009) PRISMA flow diagram (see *Appendix A*) for both gerontology and drama therapy, respectively. An additional level of eligibility outside the guidelines of PRISMA was used in the selection/elimination process for the following reasons. The first was to address the discrepancy in volume of research between the two fields of focus; namely, that drama therapy literature was limited compared with the number of gerontology studies on storytelling with older adults in institutionalized settings. Thus, this second phase of eligibility sought to offer a manageable number of studies for evaluation between the two fields. The second reason for this additional phase was to target studies which were specifically related to the factors of focus for this literature review. This included making sure studies focused on mental health indicators over cognition/memory, that they involved a group experience and that they looked at storytelling specific interventions rather than multiple interventions in a study. The final selected studies were 19 for gerontology and 3 for drama therapy.

Identification

Comprehensive search
n = 876

Identified studies
n = 858

Duplicates removed
n = 18

Eligible studies from
screening
n = 169

Screening

Hand-searches from drama
therapy studies
n = 6

Eligibility

Phase One
eligible studies
n =49

Phase One
excluded studies
n = 116

Phase Two excluded studies
n = 31

Selection

Phase Two eligible studies
n = 19
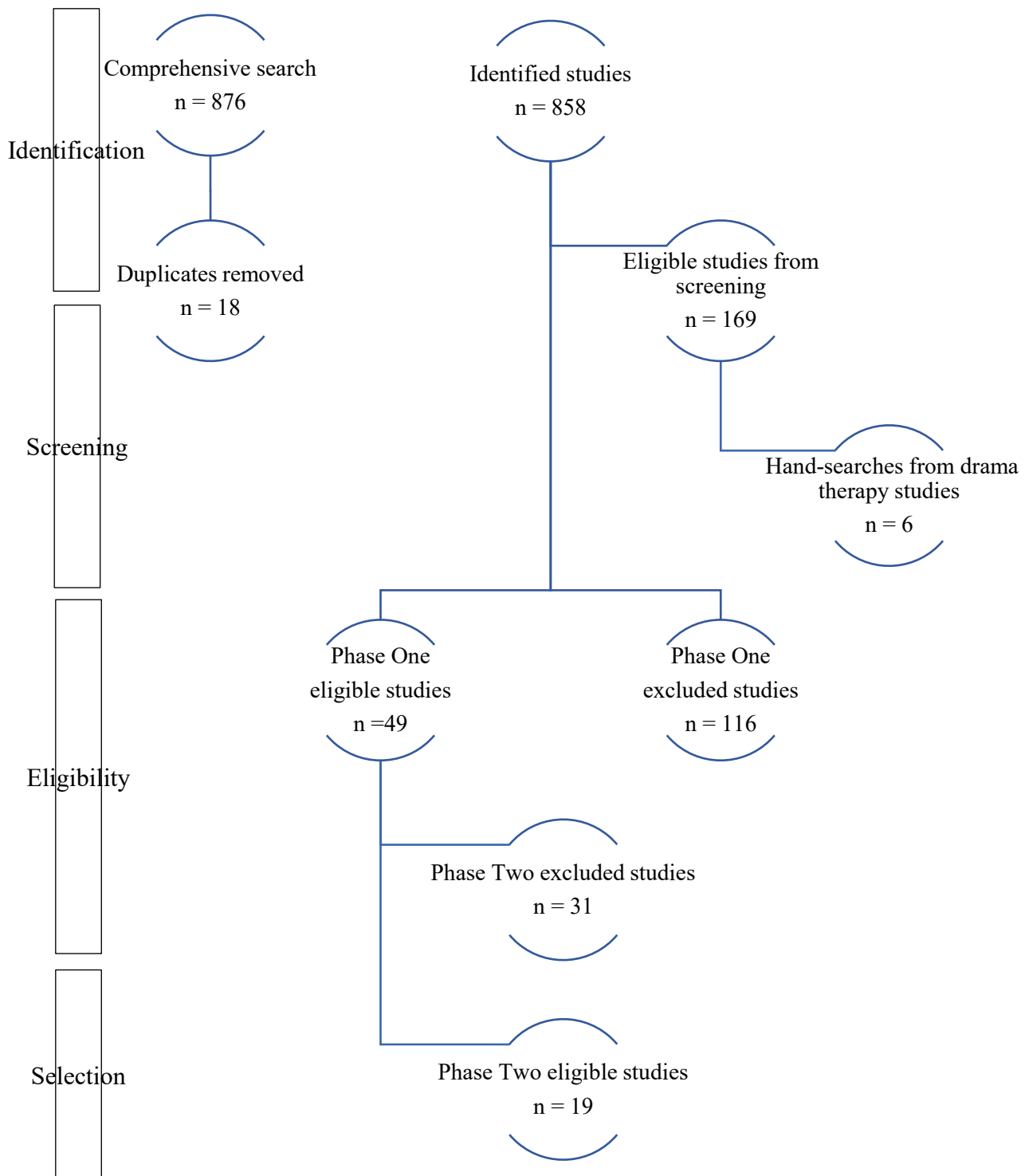
Figure 3. Study selection process for gerontology literature

Identification

Comprehensive search
n = 39

Identified studies
n = 34

Duplicates removed
n = 5

Screening

Eligible studies from
screening
n= 7

Hand-searches from drama
therapy articles
n = 1

Eligibility

Phase One Eligible Studies
n = 5

Phase One Excluded Studies
n = 3

Phase Two excluded Studies
n = 1

Selection

Phase Two eligible Studies
n = 3
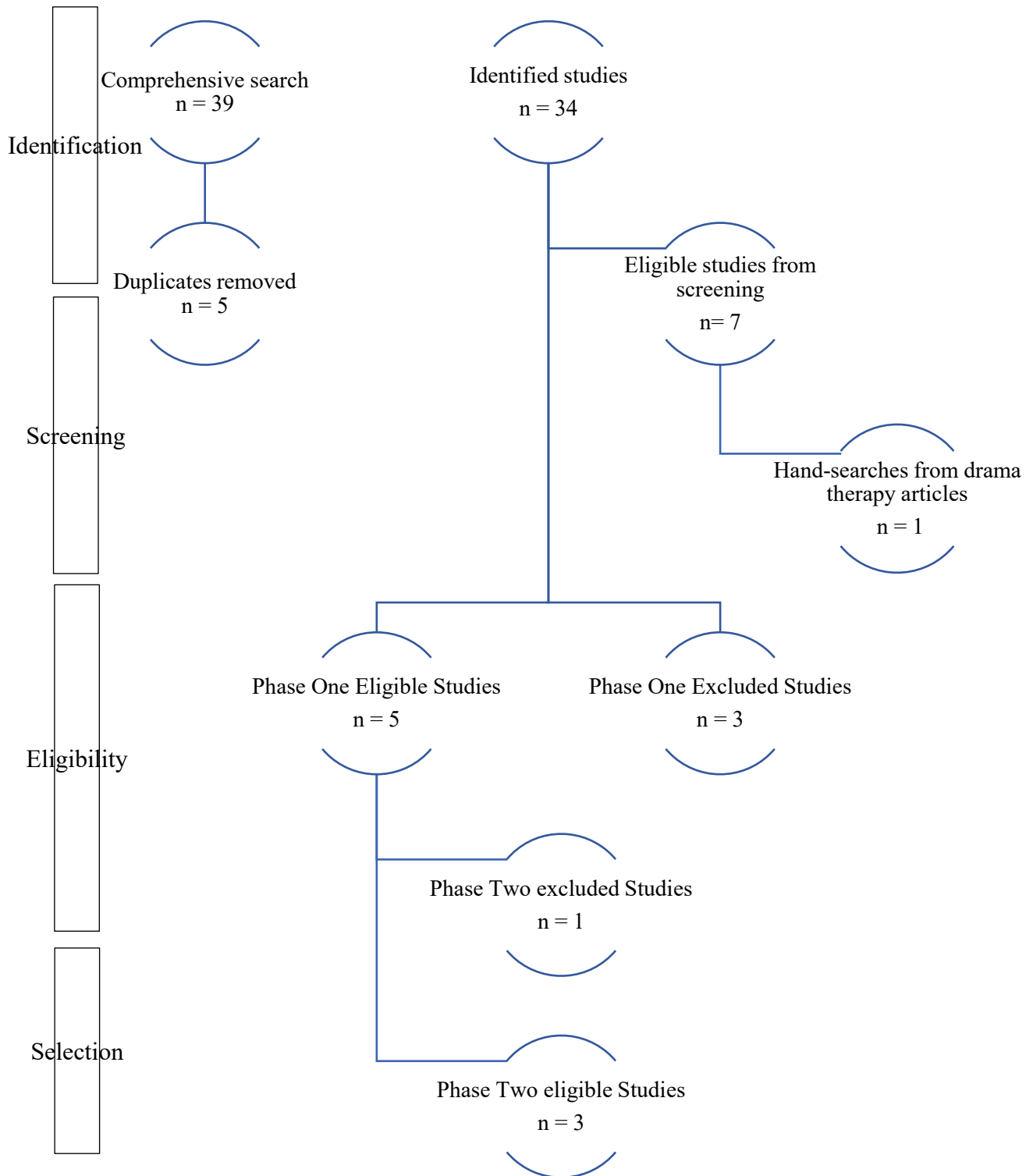
Figure 4. Study selection process for drama therapy literature

Data Extraction

Each of the final eligible records were fully reviewed by the researcher. Four separate data extractions occurred based on the focus of this review as well as recommended components from Cochrane Systemic Review Handbooks for Interventions (Higgins et al., 2019) and other narrative synthesis literature reviews (Weir-Gertzog, 2019; Durant, 2016). Four sets of tables were formulated through Excel spreadsheets to tabulate this data. The first set, Table 1.1 for gerontology and Table 1.2 for drama therapy, identifies this data regarding study characteristics:

- Study: Author(s), Year of Publication
- Country where research took place
- Study design (i.e. qualitative, quantitative, mixed methods, case study or case study report)
- Type of institution where research took place (i.e. long-term care facility, etc.)

The second, Table 2.1 for gerontology and Table 2.2 for drama therapy identifies the following regarding study intervention characteristics:

- Intervention type
- Intervention process (i.e. how did the researcher/clinician apply the storytelling intervention?)
- Intervention methods used (i.e. what did the researcher/clinician use to facilitate intervention)
- Number of sessions of intervention / length of intervention (in hours)

The third set, Table 3.1 for gerontology and Table 3.2 for drama therapy, identifies the participant characteristics of each study including:

- Study: Author(s), Year of Publication
- Total number of participants (N =)
- Gender
- Mean age
- Race/ethnicity
- Diagnosis/es for inclusion/exclusion

The final set, Table 4.1 for gerontology and Table 4.2 for drama therapy, depicts the results of the studies, including:

- Study: Author(s), Year of publication

- Primary outcomes (i.e. descriptive results of statistics, researcher observations of participant participation)
- Secondary outcomes (i.e. results tangential or in addition to original study aim)
- Thematic analysis (i.e. what are the main messages of the study?)

The thematic analysis summarized study messages based on the main elements of this project's research focus, specifically:

1. What researchers reported as contributing factors of the intervention towards mental health changes,
2. Population or timeline specific influences relevant to the intervention,
3. The positive/negative evaluation of group component,
4. The reflection on the validity of their results.

The thematic analysis serves as a guide for topics integral to answering 'how' storytelling is viewed as a useful intervention. These include: the intervention's abilities to offer mental health change, the significance of the *group* component and whether the records can offer validity to the field on this topic. Because qualitative, quantitative, mixed methods and case study reports were used, not all the literature reported on the above listed characteristics. The results of this data extraction are presented in the Results section of this paper.

A narrative and descriptive approach was used to summarize and input the data into the Excel spreadsheet. This means that study information was extracted as primarily text-based descriptions of required information. The researcher compiled data by highlighting the required text/data in the study article and directly copying it to the Excel spreadsheet, where possible. An editing and condensing process then took place in the Excel spreadsheet to reduce the word count in the text-heavy categories such as *study aim, intervention process, intervention method,* and *outcomes.* This meant non-essential content words like 'a' and 'the' were removed or extraneous phrases were removed or shortened to represent the information more succinctly. In some cases, the data for *study design*, *intervention process* and *intervention methods* was depicted in figures or broken up within various sentences in the text of the articles. When this was the case, a paraphrased summary using keywords from the article was transposed by the researcher into the Excel spreadsheet to depict the information from the article. The only category in which the above processes were not followed was in the thematic analysis in Table 4.1 and 4.2. The process of data collection for thematic analysis category involved highlighting

the sections of text which summarized the thematic points of focus outlined above (i.e. intervention usefulness, etc.). An interpretive summary of this collected content was then written in the Excel table by the researcher.

Assessing Individual Study Bias

The studies were reviewed using the most recent guidelines outlined in the Mixed Methods Appraisal Tool (MMAT), formulated by Hong et al. (2018) which is used to assess the quality of articles of various methodologies for systematic literature reviews. The handbook was downloaded from McGill University and the assessment categories & questions used to analyze the risk of bias in this review's selected papers. Both gerontology and drama therapy literature are compiled in Table 5.1 assessing mixed methods studies, Table 5.2 assessing quantitative descriptive studies, Table 5.3 assessing quantitative non-randomized studies, and Table 5.4 assessing quantitative randomized studies.

Limitations

It must be noted that the entirety of data collection and extraction process was carried out by a single researcher. As such, there is potential for a high level of retrieval bias based on a single person's subjective review of eligible materials. Despite the clear eligibility criteria for data collection, interpretation of the study inclusion/exclusion was left solely to one inquirer. Furthermore, the data extraction could also be considered to carry a reporting bias. This is because the narrative/descriptive extraction approach is not considered reliable or rigorous method (Popay et al., 2006). Some of the data extracted was also interpreted by this researcher and thus inherently holds bias. Furthermore, the assessment of bias in independent studies was also carried out by a single researcher, and so the results of the appraisal must be read with that in mind. It is recommended that the MMAT be carried out independently by more than one researcher before logging results (Hong et al, 2018).

Chapter 5: Results

This section is split into three parts. The first part depicts data extraction from the eligible gerontology records. The second part depicts data extraction from the eligible drama therapy records. The data extraction for both sets of records, as listed in the above section, was broken down into four categories depicted in four sets of tables: study characteristics, study intervention characteristics, participant characteristics and study outcomes/thematic analysis. The final part of this section depicts the results of the MMAT assessment of bias in individual studies for each

record in this investigation. Because a variety of study methodologies gathered, four different tables are used to summarize the bias assessment for mixed methods, quantitative descriptive, quantitative non-randomized and quantitative randomized designs.

Part One: Gerontology Studies

  Gerontology Study Characteristics. The following Table 1.1 represents the study characteristics of the 19 gerontology records eligible for this review.

  Study characteristics summary. The most telling element of Table 1.1 is the variety of countries in which storytelling research is taking place; countries from around the world are present – from both western and eastern hemispheres. Thus, it would appear research in gerontology represents diverse cultural backgrounds.

  In terms of the kind of institutional setting where this research takes place, it appears long-term care facilities are the most frequently used. Second to that is research at assisted living facilities. Hospitals and other types of care settings are present, but minimal. One study did combine different care site populations within their study.

  Study designs were primarily quantitative, though three studies used mixed method designs. In general, the majority of studies tested intervention and control groups in their designs. A small portion of studies used repeated measures to discover participant mental health changes over time.

  Study aims and test measures do vary, however, it appears that most of the research focuses around four main topics: quality of life, meaning of life, depression and cognition.

Table 1.1

Gerontology study characteristics

Author(s) & year of publication	Country	Institution(s)	Study aim	Study design	Test measures
Asiret and Kapucu (2016)	Turkey	Long-term care facility/ Rehabilitation facility	To investigate the effect of reminiscence therapy on the cognitive status, depression, and daily living activities of institutionalized patients with mild and moderate Alzheimer's Disease	*Quantitative:* Quasi-experimental two-group (intervention/control) pre-post test	MMSE, GDS, The Daily Living Activities Observation Form (mobility, hygiene, nutrition, sleep, dressing, establishing and maintaining communication, willingness to collaborate, socialization, and restlessness status)
Bailey et al. (2017)	USA	Long-term care facility	To conduct a randomized controlled trial of a nursing home intervention to reduce depressive symptoms in residents with dementia	*Quantitative:* Experimental two group (intervention/control) pre-post test	CSDD physician interview for patients with depression and cognitive disability, GDS, Quality of Life- Alzheimer's Disease (QOL-AD), activity enjoyment rating, behavioural observation instrument ABC
Chiang et al. (2008)	Taiwan	Veterans' home	To evaluate whether a Life Review Group Program (LRGP) improved self-esteem and life satisfaction in the elderly	*Quantitative:* Experimental two-group (intervetion/control) repeated measures (baseline, post-intervention, 1 month post test)	Life Satisfaction Index (LISA); Rosenberg Self-Esteem Scale (RSES)
Ching-Teng et al. (2018)	Taiwan	Long-term care facility	To test the effectiveness of a structured group reminiscence therapy protocol on the life satisfaction of institutionalized older adults	*Quantiative:* Quasi-experimental two-group (intervention/control) repeated measures (baseline, post-test, 1 month post-test)	Life Satisfaction Scale
Ching-Teng et al. (2020)	Taiwan	Veterans' home	To test the effectiveness of a group reminiscence therapy protocol on the depression and meaning of life among elderly institutionalized veterans	*Quantitative:* Quasi-experimental two-group (intervention/control) pre-post test	GDS-short form, Meaning of Life Scale (Chinese version)
Dammeyer (2004)	USA	Assisted living facility	To reduce social isolation in facility dwelling older adults. Experimental group will show less emotional and physical isolation than control. General well-being will increase.	*Mixed methods:* Quasi-experimental two-group (intervention/control) pre-post test	UCLA Loneliness Scale Version 3, linguistic rating measure, Lubben social network scale (LSNS), sociometric closeness scale of group participants, Philadelphia Geriatric Morale Scale (PGMS)

Note. GDS (Geriatric Depression Scale), MMSE (Mini Mental State Evaluation), Cornell Scale for Depression in Dementia (CSDD)

Table 1.1

Gerontology study characteristics

Author(s) & year of publication	Country	Institution(s)	Study aim	Study design	Test measures
Gonzalez et al. (2015)	Spain	Long-term care facility	To examine the benefits of a reminiscence program for elderly people with dementia in reducing depressive symptoms and increasing self-esteem and psychological well-being dimensions	*Quantitative:* Quasi-experimental single-blind two-group (intervention/control) pre-post test	Center for Epidemiological Studies-depression scale (CES-D), 10-item Rosenberg Self-Esteem Scale (RSES), Ryff Psychological Well-Being scales (PWB)
Johnson-Highsmith (2017)	USA	Long-term care facility	To compare the effect of group reminiscence therapy in depressed elderly patients residing in a nursing home	*Quantitative:* One-group (intervention) pre-post test	GDS
Lin (2010)	USA/ Taiwan	Long-term care facility	To investigate the efficacy of a revised version of the life review program (LRP-TW) to influence improvement in the QOL of elders with mild to moderate Alzheimer's Disease	*Mixed methods:* experimental, repeated-measure design	SF36 (a comprehensive perception of physical and psychological health); MMSE; GDS-11; Observation Note/Checklist for orientation, affect, thought performance
Lök et al. (2018)	Turkey	Long-term care facility	To investigate the effect of reminiscence therapy on cognitive functions, depression, and quality of life in Alzheimer's patients	*Quantitative* : Randomized control trial two-group (intervention/control) pre-post test	MMSE, CSDD, Quality of Life-Alzheimer's Disease Scale (QOL-AD)
MacKinlay and Trevitt (2010)	Australia	Long-term care facility	To examine whether spiritual reminiscence could enhance quality of life and impact interpersonal interactions and personal behaviour, and thus improve meaning in life for the participants	*Mixed methods* : one-group intervention pre-post test and thematic analysis	MMSE, qualitative analysis of: individual interviews, group sessions and researcher observations
Phillips et al. (2010)	USA	Assisted living and long-term care facility	To test the effect of a storytelling program, TimeSlips, on communication, neuropsychiatric symptoms, and quality of life in long-term care residents with dementia	*Quantitative:* Quasi-experimental two-group repeated measures (baseline, 7 weeks post-test, 10 weeks post-test)	CSDD, Neuropsychiatric Inventory- Nursing Home Version, Functional Assessment of Communication Skills, Quality of Life–AD (QOL-AD), and Observed Emotion Rating Scale

Note. GDS (Geriatric Depression Scale), MMSE (Mini Mental State Evaluation), Cornell Scale for Depression in Dementia (CSDD)

Table 1.1

Gerontology study characteristics

Author(s) & year of publication	Country	Institution(s)	Study aim	Study design	Test measures
Richards-Campbell (2004)	USA	Christian assisted living facility	To test the hypotheses: Will the elderly individual show fewer signs of depression? Will they interact with others frequently and regularly, working toward the development of a support system? Will they reach out to family and/or friends to share their wisdom? Will they experience an increased sense of spiritual well-being?	*Quantitative:* One-group (intervention) pre-post test	GDS, Spiritual Well-Being Scale (excluding questions 14, 19, and 20), Instrumental Activities of Daily Living Scale, Likert scale survey questions, MMSE.
Sivercová and Bužgová (2018)	Czech Republic	Long-term care facility	To analyse the effect of group narrative reminiscence therapy on cognition, quality of life, attitudes towards ageing, and depressive symptoms in a group of older adults with cognitive impairment in institutional care	*Quantitative:* Quasi-experimental/exploratory/descriptive pre-post test on intervention/control	Quality of life (WOHQOL-BREF, WHOQOL-OLD); GDS; cognition (MMSE); attitudes towards ageing (AAQ)
Stinson and Kirk (2006)	USA	Assisted living facility	To determine if depression decreased and self-transcendence increased in older women participating in structured reminiscence group	*Quantitative:* Experimental two-group (intervetion/control) repeated measures (baseline, 3 weeks, 6 weeks)	GDS; Self-transcendence scale (STS)
Stinson et al. (2010)	USA	Assisted living facility	To determine if depression decreases with participation in structured reminiscence group	*Quantitative:* Experiential two-group (intervention/control) repeated measures (baseline, 3 weeks, 6 weeks)	GDS
Wang (2007)	Taiwan		To test the hypothesis that structured group reminiscence therapy can prevent the progression of cognitive impairment and enhance affective function in the cognitively impaired elderly	*Quantitative:* Randomized control trial two-group (intervention/control) pre-post test	MMSE, GDS - Short Form, CSDD
Willemse et al. (2009)	Netherlands	Psychiatric hospitals (long-stay ward), sheltered housing program	To assist participants in developing a coherent, meaningful life-story and to improve their life satisfaction	*Quantitative:* One-group (intervention) pre-post test for life satisfaction	Manchester Short Assessment of Quality of Life (MANSA); Philadelphia Geriatric Center Moral Scale (PGCMS)
Zausniewski et al. (2004)	USA	Retirement community	Examine the effectiveness of a focused reflection reminiscence group on the negative emotions of elders in retirement communities	*Quantitative:* One-group (intervention) pre-post test	Emotional Symptom Checklist; Focused Reflection Evaluation form

Note. GDS (Geriatric Depression Scale), MMSE (Mini Mental State Evaluation), Cornell Scale for Depression in Dementia (CSDD)

Gerontology Study Intervention Characteristics. The following Table 2.1 shows the intervention characteristics for the 19 gerontology records reviewed.

   Summary of study intervention characteristics. A general overview of this data shows that research involving storytelling in gerontology consists primarily of group reminiscence therapy or 'life review' interventions. Few studies did not include the word 'reminiscence' or 'life-review' in their description of their intervention.

   A review of the intervention processes revealed a majority of the studies used themes to ground and focus their facilitation. The most common themes indicated across the studies were: childhood memories, work/school life, family/marriage, traditions/holidays, food/cooking, personal achievements and wishes.

   Though the studies varied in their outlines of intervention methods, there was evidence of several studies which encouraged 'group' or 'dyad' sharing amongst participants. In addition, photographs, images, objects, and/or music prompts were present in some combination in almost all 19 studies as methods for stimulating storytelling. At least four studies described an element of creation or active engagement with memories as part of their method (such as creating memory books, writing/reading stories, role-playing).

   The number of sessions and session length varied greatly across the studies. This said, the general number of sessions ranged between 6-8 weeks and they primarily ran for one hour.

Table 2.1

Gerontology study intervention characteristics

Author(s) & year of publication	Intervention	Intervention process	Intervention methods	# of sessions / length
Asiret and Kapucu (2016)	Reminiscence group therapy	Check-ins followed by reminiscence prompting on a theme. Issues summarized at end. Themes included: introduction, childhood and family life, school days, starting work and work life (for housewives, a day spent at home), a day of fun outside the home, marriage, plants and animals, infants and children, food and cooking, holidays and travel, and celebrations.	Prompting often done using objects or old photographs (sometimes those of participants); encouraged to share past events and experiences around theme.	12 weeks / 30min-1h
Bailey et al. (2017)	QAR Depression intervention (reminiscence-based, cognitive-behavioural reading activity)	Reading passages for reminiscence, expressions of thoughts and feelings about oneself and significant others. Titles of 12 readings included: Hobbies, Pets, World War II, The Depression, Childhood, Married With Children, Occupations, Favorite Holiday, Retirement, My Children Are Grown, Grandchildren and Great-Grand-children, and Nursing Home Life.	Following the reading of each paragraph, structured questions were asked/ answered by group for meaning-making of passage; encouraged relating theme to an experience in their own past (reminisce); relating to an activity they could currently enjoy (behavioral activation)	2 weeks @ baseline; 6 weeks @ intervention / 2X30min
Chiang et al. (2008)	Life review group program	Themes included: childhood memories; adolescence; the subject's family; the subject's job; the subject's friends; the greatest thing the subject has accomplished in life; and the summary of the life review and the integration of life events	Group discussions on various life review topics; rounds, dyads and role-playing	8 weeks / 1-1.5h
Ching-Teng et al. (2018)	Reminiscence group therapy	Reminiscence activities which ended with photographs and works for participant's room. Themes included: welcome (creating atmosphere), childhood memories, recall work and school experiences, wedding memories, the parenting experience, Happy New Year, my wish, and, farewell sincerely: summarize feelings/group video	Activities involved creating art/objects or using song/object prompts for culturally sensitive interactions/reminiscence	8 weeks / 40 min
Ching-Teng et al. (2020)	Reminiscence group therapy	Reminiscence activities which ended with photographs and works as memorial boards in participant's room. Themes included: greetings, childhood memories, school and military experience, war experience, traditional Chinese delicacies, celebrating Chinese New Year, personal wishes, and farewells.		8 weeks / 1h

Table 2.1

Gerontology study intervention characteristics

Author(s) & year of publication	Intervention	Intervention process	Intervention methods	# of sessions / length
Dammeyer (2004)	Reminiscence group therapy	Summarizing previous sessions, acknowledging each participant, noting absences, following up with absent participants, and recording highlights. Themes included: school days, games and fun, holidays and family traditions, first date and first job, chores and entertainment, family and pets, first house and special anniversaries, and cherished mementos/ words of wisdom/ and memorable endings	Sharing within spontaneously formed dyads; sharing with group	2Xweek for 4 weeks / 1h
Gonzalez et al. (2015)	Reminiscence group therapy	Strengthen personal identity/ integration of experience. Integrate people from the current time and social context. Themes included: important events in life cycle, places/things from past/remote everydayness, main roles/responsibilities, interpersonal relationships then/now, goals/objectives acheived throughout life, sharing life journeys, autobiographical memory of important life events, narratives of traditions, traditional games, film/music to prompt past emotions	Two activities performed using prompts such as music, images, objects; free association/question answering	10 weeks / 1h
Johnson-Highsmith (2017)	Combination transmissive and escapist reminscence group therapy	Boasting past achievements; reliving past enjoyments; recounting lessons learned; sharing traditional values and wisdom	Share about their moments in time in a positive manner using various media	
Lin (2010)	Life-review program for Taiwanese culture	Activity based sessions per theme/life stage. Themes: Pathway of leisure in life, Trust & Mistrust, Autonomy & Shame/Doubt, Initiative & Guilt, Industry & inferiority, identity & Confusion, Intimacy & Isolation, Generativety & self- absorption, Integrity vs. Despair, Renewal of life	Singing; object interaction; cooking; trivia; horticulture; life review games	
Lök et al. (2018)	Reminiscence group therapy	Reminiscence group encouraged to remember important experiences, positive experiences, and achievements in the past. Themes included: first meeting, childhood experiences, festivals, memorable travelled places, favorite foods, important historical terms, achievements, and music of the time	Sharing reminiscences verbally with group members; objects, music, photographs used as prompts	8 weeks / 1h

Table 2.1

Gerontology study intervention characteristics

Author(s) & year of publication	Intervention	Intervention process	Intervention methods	# of sessions / length
MacKinlay and Trevitt (2010)	Spiritual reminiscence group therapy	Spiritual reminiscence group (in 24 week study) used same 6 themes for discussion. Themes included: meaning, response to meaning, self-sufficiency/vulnerability, provisional/final meanings, relationship/isolation, hope/despair and fear.		6 weeks or 24 weeks / 30min - 1h
Phillips et al. (2010)	*TimeSlips* storytelling program	Facilitators use open-ended prompts to engage the storytellers, recording verbatim responses on a flip chart or marker board. Facilitators do not correct storytellers, but instead provide whatever is needed (e.g., more time, prompts) to allow response to the image. Responses woven into narrative and read back to the group for further development or closing of story.	A funny or staged photograph distributed to each person	2Xweek for 6 weeks / 1h
Richards-Campbell (2004)	Life-review reminiscence/ redemption group			2Xweek for 4 weeks / 1h
Sivercová and Bužgová (2018)	Narrative approach reminiscence group therapy	Recalling memories on themes. Themes included: place where I come from, childhood games and favourite activities; school years, teachers, schoolmates and friends; first loves; first job; favourite meals and dining; social life (leisure time); holiday celebrations.	Objects used as stimuli; refreshments provided	8 weeks / 1h
Stinson and Kirk (2006)	Reminiscence group therapy			2Xweek for 6 weeks / 1h

Table 2.1

Gerontology study intervention characteristics

Author(s) & year of publication	Intervention	Intervention process	Intervention methods	# of sessions / length
Stinson et al. (2010)	Structured reminiscence group therapy	Thematic prompts each session. Themes included: favourite animal, personal backgroud, songs of 1920s-1960s, pictures, work/home life and jobs	Stimuli including objects, photos, music for reminiscence, engagement and sharing.	2Xweek for 6 weeks / 1h
Wang (2007)	Reminiscence group therapy	Reminiscence group with two co-facilitators. Themes included: first meeting, childhood experiences, older flavour of food, old style music, festivals, my family, younger age and my achievements.	Used photographs, household and other familiar items from the past, old time music, and old time flavour of food as memory prompts.	8 weeks / 1h
Willemse et al. (2009)	Creative reminiscence group *Searching for meaning in life*	Themed sessions. Themes included: own name, early scents, food and drink, own roots, childhood houses, sayings and expressions, hands, friendship, turning points, aging, meaning of life and religion, and the identity.	Reminiscence, dialogue, creative expression around theme.	12 weeks / 1.5h
Zausniewski et al. (2004)	Focused reflection reminiscence group therapy	Reminiscence of past times, provoke shared feelings, bolster self-esteem, gain validation from group process around themes. Themes included: favourite holidays, foods, pasttimes, tranportation first experiences	Pictures as prompt. Not focused on past problems or psychotherapy.	6 weeks / 2h

Gerontology Participant Characteristics. The following Table 3.1 represent the participant characteristics for the 19 gerontology records for this review.

Participant characteristics summary. General overview of this data indicates fairly small sample sizes were used across studies; only five studies had sample sizes N > 60. Most studies involved male and female participants, with the majority of studies having more females than males. While the range of participant's mean chronological age was between 67 - 84.59, the average age of participants across this pool of studies approximated at 79.74. Few studies reported racial or ethnicity information on their participants, so true cultural diversity in this literature is unknown. Inclusion and exclusion diagnoses varied widely in this cohort of studies. Diagnosis factors (for either inclusion or exclusion) centered around participant cognitive function and/or depression level. As such, these 19 studies depicted a variety of participants from those cognitively stable to those with mild to severe dementias and/or Alzheimer's.

Table 3.1

Gerontology participant characteristics

Author(s) & year of publication	N =	Gender	Mean Age	Race /Ethnicity	Diagnosis(es) for inclusion/exclusion
Asiret and Kapucu (2016)	62	F:42, M:10	82.1		*Inclusion:* Alzheimer's disease diagnosis, MMS score is 10 to 24 points, ability to communicate *Exclusion:* any MMSE score outside < 10 or > 24
Bailey et al. (2017)	51	F:46, M:5	84.14		*Inclusion:* Mild/moderate cognitive impairment (MMSE score of 10-26); symptoms of depression (GDS ≥ 8)
Chiang et al. (2008)	75	M:75	78.13		*Inclusion:* MMSE score of 20 or more, no symptoms of brain injury
Ching-Teng et al. (2018)	48	F:21, M:27	76.22		*Inclusion:* scored > 5 on Short Portable Mental Status Questionnaire *Exclusion:* severe dementia, severe depression, inability to communicate
Ching-Teng et al. (2020)	24	M:24	76.7	Taiwanese	*Inclusion*: MMSE score from 21 to 24, GDS-short form score $\geq$5, diagnosed with mild/moderate depression *Exclusion:* severe dementia or depression diagnosis, inability to communicate
Dammeyer (2004)	34	F:31, M:3	83.65	Hispanic / Caucasian	*Inclusion:* A UCLA Loneliness scale score of >7 *Exclusion:* Communication difficulties, disruptive behaviours

Note. GDS (Geriatric Depression Scale), MMSE (mini mental state evaluation), Cornell Scale for Depression in Dementia (CSDD)

Table 3.1

Gerontology participant characteristics

Author(s) & year of publication	N =	Gender	Mean Age	Race /Ethnicity	Diagnosis(es) for inclusion/exclusion
Gonzalez et al. (2015)	42	F:29, M:13	80.24		*Inclusion:* diagnosis of AD determined by the DSM-IV-TR, MMSE (Spanish version) score < 23, impairment on neuropsychological examination, levels between 3-4 on Global Deterioration scale, no speech/vision disoders *Exclusion*: levels over 4 on Global Deterioration scale, history of previous stroke, taking any medical condition significantly affecting the brain, serious psychiatric symptoms, or a history of drug abuse
Johnson-Highsmith (2017)	15	F:6, M:9	72	African American / Caucasian / Hispanic	*Inclusion:* GDS score <10 *Exclusion:* Acute memory disorder (ie. Dementia / Delusion)
Lin (2010)	34	F:21, M:16		Taiwanese/ Mandarin	*Inclusion:* Mild to moderate Alzheimer's Disease dementia (MMSE score of 10-23)
Lök et al. (2018)	60	F:34, M:26			*Inclusion:* Alzheimer's disease according to International Working Group-2 (IWG-2) diagnostic criteria, MMSE-Standard score between 13 and 24 points CSDD score of > 8 *Exclusion:* other types of dementia, MMSE score < 13/30 and > 24/30
MacKinlay and Trevitt (2010)	113		83.37		
Phillips et al. (2010)	56	F:49, M:7	84.59	African American / Caucasian	*Inclusion:* a dementia diagnosis or current treatment with a cholinesterase inhibitor; MMSE score of ≥ 11 but < 24 *Exclusion:* CSDD score > 12, receiving hospice care, with advanced terminal illness.

Note. GDS (Geriatric Depression Scale), MMSE (mini mental state evaluation), Cornell Scale for Depression in Dementia (CSDD)

Table 3.1

Gerontology participant characteristics

Author(s) & year of publication	N =	Gender	Mean Age	Race /Ethnicity	Diagnosis(es) for inclusion/exclusion
Richards-Campbell (2004)	7	F:6. M:1		Caucasian	*Exclusion:* Cognitive defecits based on MMSE/Clock drawing predication diagram (no score rubric noted)
Sivercová and Bužgová (2018)	119	F:89, M:30	79.6		*Inclusion:* Presenting cognitive impairment (scoring between 24 and 10 in an MMSE test)
Stinson and Kirk (2005)	24	F:24	82.17	Caucasian / African American	*Inclusion:* Not currently taking anti-depressant medication, or if taking such medication, stabilized on medication for at least three months prior to study *Exclusion:* cognitive impairment; psychiatric disorder
Stinson et al. (2010)	47	F:47	82.53		
Wang (2007)	92		79.34		*Inclusion:* mild to severe dementia by Clinical Dementia Rating score of 1–3, no psychiatric diagnoses, impaired vision or hearing *Exclusion:* inability to complete GDS
Willemse et al. (2009)	36	F:26, M:10	67		
Zausniewski et al. (2004)	34	F:28, M:6	84		*Inclusion:* Score of less than 3 on Short Portable Mental Status Questionnaire (SPMSQ) for cognitive impairment

Note. GDS (Geriatric Depression Scale), MMSE (mini mental state evaluation), Cornell Scale for Depression in Dementia (CSDD)

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Gerontology Study Outcomes and Thematic Analysis. The following Table 4.1 represents the study outcomes and thematic analysis for the 19 gerontology records for this review.

   Study outcomes and thematic analysis summary. Study outcomes varied significantly based on study designs, aims and sample sizes. In general, however, outcomes often indicated an improvement in the intervention group on mental health factors of change, compared either to pre-intervention levels or to a control group's patterns pre to post test. This improvement on mental health factors of change was sometimes statistically significant, mixed statistically significant or not statistically significant.

   The studies varied in the mental health factors of focus in their study, a fact which is reflected in the thematic analysis for the intervention's contribution to mental health change. However, many researchers posited that the interventions *contributed* towards increases in areas such as quality of life, meaning of life or life satisfaction while often decreasing depressive symptoms. The data also showed twelve of the nineteen studies indicating the importance of interpersonal connection and social engagement provided by the intervention. Two of the studies noted that the intervention only provided immediate mental health change but could not suggest the intervention had long-term benefits. One study suggested their intervention can be considered useful for a variety of hospitalized older adult patients and another specifically for individuals living with mild to moderate dementia. In addition, the representation of validity by researchers revealed seven studies with statistically significant results in favour of positive mental health changes, six studies each with either non statistically significant or mixed statistically significant results regarding the changes.

Table 4.1

Gerontology study outcomes

Author(s) & year of publication	Description of primary outcomes	Description of secondary outcomes	Thematic analysis
Asiret and Kapucu (2016)	Statistically significant increase in MMSE scores pre to post test in intervention versus control group. Statistically significant decrease in GDS scores pre to post test in intervention versus control. Positive change in communication, collaboration, socialization, and restlessness on Daily Living Activities Observation Form.	No change between groups pre to post test on mobility, individual hygiene, feeding, sleeping, and dressing on Daily Living Activities Observations (DLAO). 33.3% increase in Communication (DLAO) pre to post test for intervention. 33.3% increase in collaboration/socialization minimum scores in intervention group. 33.3% decrease restlessness for intervention and control group.	1) Intervention contributes to increased cognitive function, decreased depression symptoms, some positive change in participant daily collaboration, socialization and restlessness. 2) Interpersonal component key 3) Mixed statistical significance
Bailey et al. (2017)	Experimental condition participants experienced statistically significant positive change over control condition on CSDD (physician scale for client depression), the activity enjoyment rating, and rates of expressive verbalizations, engagement with materials, and laughter occurring during a group activity (ABC).	QOL-AD remained stable in the experimental condition; a minor but nonsignificant decline in quality of life noticed for control. No statistically significant difference in GDS scores.	1) Intervention contributes to potential decrease in depressive symptoms (observed by physician) and increased verbal engagement/interaction among participants 2) Interpersonal component key 3) Mixed statistical significance
Chiang et al. (2008)	Self-esteem scores significantly increased post-intervention and at 1 month follow up. Statistically significant difference in intervention/control group life satisfaction at post-intervention and 1 month follow up.	Self-esteem scores increased in intervention group. Life satisfaction scores increased from in intervention group.	1) Intervention contributes to increase in self-esteem and life satisfaction. Facilitates positive outlook on life experiences and greater sense of meaning/purpose around life. 2) Interpersonal component key 3) Stastically significant results
Ching-Teng et al. (2018)	Statistically significant differences between intervention/control groups life satisfaction at baseline, post-intervention and 1 month post-intervention. Life satisfaction showed statisically significant improvement from baseline to post-test and 1 month post-test in intervention group.	Statistically significant life satisfaction scores not maintained at 1 month post-test.	1) Intervention contributes to increased life satisfaction 2) Intervention effects short-term only 3) Statistically significant results

Note. QOL(quality of life), MMSE (Mini Mental State Evaluation), GDS (Geriatric Depression Scale), Cornell Scale for Depression in Dementia (CSDD)

Table 4.1

Gerontology study outcomes

Author(s) & year of publication	Description of primary outcomes	Description of secondary outcomes	Thematic analysis
Ching-Teng et al. (2020)	Depression scores significantly reduced in intervention group and had large effect size. Meaning of life scores significantly increased in intervention group and had moderate effect size.	Control group depression scores increased in control group pre to post test. Control group meaning of life scores improved slightly pre to post test.	1) Intervention contributes to reduced depressive symptoms and increased perception in meaning of life 2) Appropriate intervention for individuals with mild/moderate dementia 3) Interpersonal component key 4) Statistically significant results
Dammeyer (2004)	Only sociometric measure showed decreased emotional *and* physical isolation; other emotional isolation/physical measures not statisically significant. Non-statistically significant results for Philadelphia Geriatric Morale Scale	No significant partial correlations between three ratings and the post-treatment measures of social isolation. Partial correlations between verbal and reminiscence ratings and post-treatment scores on the Philadelphia Geriatric Morale Scale (PGMS).	1) Intervention contributes to potential decrease in emotional and physical isolation and opportunity to facilitate social connection. 2) Interpersonal component key 3) No statistically significant results
Gonzalez et al. (2015)	Pre-post test interaction statistically significant for reduced depressive symptoms in intervention. No statistically significant pre-post interaction in Rosenberg Self-Esteem scores in intervention. Pre-post test interaction statistically significant on all Psychological Well-being items except Purpose in Life in intervention.	Intervention/control comparison showed statistical change in intervention depression scores; no change in control. Intervention/control comparison not statistically different in pre or post test for Self-Esteem scores. Intervention/control comparison showed statistical change in Self-Acceptance/Positive relations with others, autonomy, mastery over environment in intervention; no changes except significant decrease in personal growth in control	1) Intervention contributes to reduction in depressive symptoms and improvement in some aspects of psychological well-being. 2) Interpersonal component key 3) Mixed statistical significance
Johnson-Highsmith (2017)	Statistically significant decrease in depression scores pre-test to post-test	Participants showed increased interaction with each other, their surroundings and took part in more facility activities	1) Intervention contributes to decrease in depressive symptoms and potential for increased comfort with interpersonal interaction 2) Interpersonal component key 3) Statistically significant results

Table 4.1

Gerontology study outcomes

Author(s) & year of publication	Description of primary outcomes	Description of secondary outcomes	Thematic analysis
Lin (2010)	No statistically significant difference between intervention and control groups on QOL; indicator for objective QOL for cognition was better in treatment than control group and QOL for physical health, mental heatlh and depression lower in treatment than control group	Opportunity for participants to recall and share their past life events with others; completed the tasks with or without assistance	1) Intervention contributes to opportunities for sharing past life event with others and potential increase for cognition QOL 2) Interpersonal component key 3) No statistically significant results
Lök et al. (2018)	Statistically significant MMSE score increase from pre to post test in intervention group. Statistically significant increase in CSDD scores pre to post test in intervention group. QOL scores increased from pre-to post test in intervention group.	No significant difference between MMSE scores for intervention/control group pre-test; significant diffence in post-test. No significant difference between MMSE scores for intervention/control group pre-test; significant difference in post-test. No significant difference between QOL scores for intervention/control group pre-test; significant difference in post-test.	1) Intervention contributes to increased in cognitive function, reduced depression symptoms and increased quality of life. 2) Interpersonal component key 3) Statistically significant results
MacKinlay and Trevitt (2010)	8 themes surfaced from thematic analysis: 1) meaning 2) response to meaning 3) growing older: vulnerability and transcendence 4) connectedness (need for relationship) 5) wisdom and insight 6) hope and despair 7) group process 8) communication style of the facilitator	MMSE scores decreased pre to post test.	1) Intervention contributes to developing opportunities for making meaning of life/life experiences/things that interest them 2) Interpersonal component key 3) Non-significant results (primarily qualitative results)
Phillips et al. (2010)	Increased expressions of pleasure and social communication; pleasure statistically significant until Week 7 post-intervention. Non significant depression score differences; though treatment group had lower Cornell Scale for Depression in Dementia scores at Week 10 than control.	Social and basic needs communications scores stable in treatment up until Week 7, declining only in Week 10. Increase in spontaneous interpersonal dialogue and verbal communication in Functional Assessment of Communication Skills scores. Also indicated by pleasure scores, positive interactions around pleasure and play.	1) Intervention contributes to significant increase in social communication abilities and expressions of pleasure. 2) Intervention effects short term only 3) Interpersonal component key 4) Mixed statistical significance

Note. QOL(quality of life), MMSE (Mini Mental State Evaluation), GDS (Geriatric Depression Scale), Cornell Scale for Depression in Dementia (CSDD)

Table 4.1

Gerontology study outcomes

Author(s) & year of publication	Description of primary outcomes	Description of secondary outcomes	Thematic analysis
Richards-Campbell (2004)	Non-significant reduction in GDS scores pre to post study; 86% of participants reported level of social interaction/activity was the same or greater than prior to treatment; 43% of participants reported effort to reach out and share wisdom, 57% did not; non-significant trend towards increased existential and religious well-being	Positive significant correlation between pre-post test results for GDS scores; no significant correlation between depression self-report scores; spiritual well-being scores approaching significance	1) Intervention contributes to reduction trend in depression symptoms and increased trend in exisistential/religious wellbeing 2) Non statistically significant results
Sivercová and Bužgová (2018)	Intervention group exhibited statistically significant improvements in QOL including: physical health, mental health, environment, global QOL, past/present/future activities, social participation; non-statistically significant fewer depressive symptoms, increase in MMSE score, change in attitude towards aging	*Intervention/control change comparison:* statistically significant difference in QOL for: mental health and social participation, attitudes towards ageing, and GDS score; reduction in depressive symptoms associated with improvement in quality of life in the domain of social relationships. *Intervention within-group correlations:* enhanced MMSE score associated with reduction in GDS score and improvements in QOL in the domains of intimacy, and life fulfilment.	1) Intervention contributes to improved mental health, social participation, reduced depression symptoms and changed attitudes towards aging in institutions 2) Interpersonal component key 3) Mixed statistical significance
Stinson and Kirk (2005)	No signficant difference between intervention and control group on depression / self-transcendence score	Non-significant decrease in depression and increase in self-transcendence in intervention group vs. control; increase in depression at end of intervention group; significant inverse relationship between depression and self-transcendence over time	1) Intervention contributes to reduction trend in depression symptoms and increased trend in self-transcendence 2) Non statistically significant results
Stinson et al. (2010)	Group reminiscence associated with lower depression scores if offered twice weekly/6 weeks	Engagement in intervention must occur longer than 3 weeks for significant improvement in depression symptoms	1) Intervention contributes to reduction trend in depression symptoms 2) Non statistically significant results

Note. QOL(quality of life), MMSE (Mini Mental State Evaluation), GDS (Geriatric Depression Scale)

Table 4.1

Gerontology study outcomes

Author(s) & year of publication	Description of primary outcomes	Description of secondary outcomes	Thematic analysis
Wang (2007)	Statistically significant effect on MMSE and CSDD scores. Slight improvement in GDS-short form scores. Increased cognitive function and decreased depression symptoms.	Control group had decreased MMSE scores and increased CSDD and GDS-short form scores. Cognitive decline continued and depression symptoms worsened for control group.	1) Intervention contributes to increased cognitive function and reduced depressive symptoms. 2) Statistically significant results
Willemse et al. (2009)	Small statistically significant improvement in life satisfaction; accepted/feasable intervention for individuals with variety of psychiatric diagonses	*Psychotic disoder participants:* significant positive effect size for life satisfaction, significant negative effect size for depressive symptoms; *Clinically depressed participants:* large positive effect size for depression symptoms, large positive effect size for Attitude Toward Own Aging	1) Intervention contributes to increased life satisfaction and reduced depression symptoms 2) Useful intervention with variety of mental illness diagnoses 3) Statistically significant results
Zausniewski et al. (2004)	Non-significant reduction in anxiety and depression symptoms up to 12 weeks post study; high scores on intervention evaluation by participants	Men higher drop-out from study; low ratings on socialization factor; statistically significant spike in anxiety symptoms immediately post study; depression symptoms steadily decreased and statistically significant at 6 weeks	1)Intervention contributes to reduction trend in negative emotions, primarily anxiety and depression symptoms 2) Mixed statistical significance

Note. MMSE (Mini Mental State Evaluation), GDS (Geriatric Depression Scale), Cornell Scale for Depression in Dementia (CSDD)

Part Two: Drama Therapy Studies

  Drama Therapy Study Characteristics. The following Table 1.2 represents the study characteristics of the 3 drama therapy records eligible for this review.

  Drama therapy study characteristics summary*.* Table 1.2 only shows one study which reported the location of the research. As such, a general representation of cultural backrounds in this cohort of drama therapy studies is unknown.

  Drama therapy literature on this topic and population was limited, the two studies which listed the institutional setting showed that the intervention occurred (at least partially) in an adult day centre context, not in long-term care or assisted living settings. The same study which occurred in day centre context also involved participants from a retirement community and thus was the only study which represeted an institutional care setting.

  Study aims for the three studies were thematically similar, seeking to discover how drama therapy affected mental health factors in older adults; in the case of Keisari and Palgi (2017) and Novy (2018), the drama therapy was informed by *life-story*. Study designs on the other hand differed across the data – with a quantitative and mixed methods. Novy's (2018) study was a report on a case study project and was not empirical. Test measures were unique to each study focus.

Table 1.2

Drama therapy study characteristics

Author(s) & year of publication	Country	Institution(s)	Study aim	Study design	Test measures
Jaaniste (2013)	Australia		Can the research demonstrate the efficacy of dramatherapy for a small group of people with dementia for experiential wellbeing and QoL	*Mixed methods:* Quantitative- Pre-post test two-group (intervention/control); Qualitative- phenomenological analysis of sessions for narrative, ethnography and metaphor	*Quantitative:* GDS-Short form, Shortened Boston Version scale for language and cognitive assessment, and the Quality of Life- Alzheimer's diease form *Qualitative:* Creative-Expressive Abilities Assessment (CEAA), Jones (1996) adaptation of Sutton-Smith-Lazier Scale of Dramatic Involvement
Keisari and Palgi (2017)		A day center, a social club, and a continuing care resident community	Examine the influence of life review and drama therapy on key indicators of mental health and psychological well-being among older adults.	*Quantitative:* Experimental two-group (intervention/control) pre-post test	Meaning in Life Questionnaire, Ryff's Psychological well-being scale (PWBC), GDS- Short version, Subjective Successful Aging questionnaire, combined questions from Philadelphia Geriatric Center Morale Scale and (PGCMS) the Life Satisfaction Index A (LFSIA).
Novy (2018)		Nonprofit adult day centre	Does a performative approach to life story work increase opportunities for connection and communication among and between people living with dementia.	*Qualitative:* Case study	Researcher observation/video footage, case material, participant questionnaire

Drama Therapy Study Intervention Characteristics. The following Table 2.2 represents the study intervention characteristics for the 3 drama therapy records eligible for this review.

Drama therapy study intervention characteristics summary. The data shows intervention processes for at least two of these studies used themed sessions to guide the therapy group. The third report on a case study by Novy (2018) did not give thorough detail of the process, though it involved one to one work and then transitioned into a performance component involving others.

The drama therapy methods which were used were also quite similar across all three studies. All studies showed story prompting methods to stimulate life stories/experiences, some of these included using photographs, images, music, object interaction. Each of the studies used methods of dramatic role explorations and dramatizations/enactments to service the themes and goals of the storytelling intervention.

Two studies listed the number and length of sessions, both were the same length at 1.5 hours per session but the number of sessions was 12 versus 16; the third study did not list this characteristic.

Table 2.2

Drama therapy study intervention characteristics

Author(s) & year of publication	Intervention	Intervention process	Intervention methods	# of sessions / length
Jaaniste (2013)	Dramatherapy for people with dementia	Active experiential sessions. Themes: Getting to Know You , The Weather ("taking the temperature"), Finding Treasure, Colour, Planting Seeds (sharing life's memories and achievements), The Joys and Woes of Memory, Grief and Loss, Animal Kingdom with Art therapy (fun reconnecting), Magic shop, Dealing with difficult people (stumbling blocks of 'cared for' rather than carers), In the Land of Forgetfulness, The Joys and Woes of Memory 2, Future Wants and Needs, Grief and Loss 2 (ending), Celebrating ourselves	Projective material (purposeful artmaking, object interaction), improvisation, story work, roleplay and qualitative phenomenological process interventions. Two of the interventions employed are developmental in nature: the Embodiment, Projection and Role developmental stages and Developmental Transformations	16 weeks / 1.5h + 30 min tea time beforehand
Keisari and Palgi (2017)	Life stories and drama therapy'; group life review & drama therapy	Strengthen meaning of life and interpersonal encounters. Session themes included: <u>First:</u> acquaintance building, understanding the concept of life-crossroads, identifying five life-crossroads in his/ her life story; <u>Second:</u> sharing and processing the life-crossroads stories; <u>Third:</u> recognize the main dramatic roles from the life- crossroads story as representation of the main theme in the story; <u>Fourth:</u> Expanding and deepening connection/integration of life- crossroads creating a unified life trajectory; <u>Fifth:</u> Observing one's life path from new points of view, look at choices and plasticity of perceptions of life story, Deepening the themes that emerge from the life- crossroads. <u>Sixth:</u> Choosing a future life- crossroads to strengthen sense of purpose and meaning in life. <u>Seventh:</u> summing up, examining achievements, farewells.	Ice breakers; mythological stories prompts; oral sharing written stories/poetry; vignette creation - dialogues, inner and outer voices with participant as observer; dramatic roles; dramatizing life story; paper representations of life-crossroads; sharing circles	12 weeks / 1.5h
Novy (2018)	Life story project	The life story project was a complex intervention, serving reduction of social/emotional isolation. <u>First:</u> recording participant's life story through multiple one-to-one sessions, <u>Second:</u> performing life story - recruiting audience, dramatizing, collaborative performance experience	Picture prompts for storytelling and story representation; creation of 'life story' book (images and written stories); dramatization - visual media/objects/photographs, time period music, set-building, enactment (through volunteer actors), narration and non-verbal communication between performers/audience	

Drama Therapy Participant Characteristics. The following Table 3.2 represents the participant characteristics for the 3 drama therapy records eligible for this review.

Table 3.2

Drama therapy participant characteristics

Author(s) & year of publication	N =	Gender	Mean Age	Race/ Ethnicity	Diagnosis(es) for inclusion/exclusion
Jaaniste (2013)	13	F:1, M:12	72.25		*Inclusion* : dementia or Alzheimer's disease diagnosis *Exclusion* : psychiatric diagnosis
Keisari and Palgi (2017)	55	F:44, M:11	78.4		*Inclusion:* Normal cognition MMSE score > 24
Novy (2018)	1	F		Dutch	*Inclusion:* dementia diagnosis

Note. MMSE (Mini Mental State Evaluation)

Drama therapy participant characteristics summary. The characteristics of these research studies varied significantly in terms of sample sizes, ranging from 1 to 55. The age range was relatively close for the two papers which reported participant chronological age – the average age between the two studies being 75.33. Two studies focused on inclusion of people with diagnoses of dementia or Alzheimer's, while one focused on relatively full cognitive functioning individuals. Only one study reported the race/ethnicity of its participant.

Drama Therapy Study Outcomes and Thematic Analysis. The following Table 4.2

represent the study outcomes and thematic analysis for the 3 drama therapy records eligible for

this review.

Table 4.2

Drama therapy study outcomes

Author(s) & year of publication	Description of primary outcomes	Description of secondary outcomes	Thematic analysis
Jaaniste (2013)	*Quantitative:* 1)statistically insignificant increase in Quality of Life scores for intervention; decrease in Quality of Life scores for control 2) statistically insignificant increase in depression scores for both intervention/control 3) statistically insignificant decrease in Boston Naming Test scores in intervention versus increase in control	*Qualitative:* 1) Common themes throughout sessions were: anger/frustration, family, grief and loss, memory *Triangulation of quantitative/qualitative data:* provide additional insight to the quantitative data scores; correlation between quantiative and observational data	1) Intervention contributes to potential increase in quality of life and communicate feelings in satisfying and creative ways 2) Interpersonal component key 3) Non-statistical significant results; qualitative/quantitative data triangulate supportively for Quality of Life
Keisari and Palgi (2017)	Meaning in life, self-acceptance, successful aging scores showed increase pre-post test in experimental group; control was unchanged. Decrease in depressive symptoms scores pre-post test in experimental group; control scores increased.	Relationships with others indices significant increase for experimental; control indices decreased. Intervention/control group not statistically similar at baseline for self-acceptance and relationships with others (control had more positive scores on both).	1) Intervention contributes to enhanced meaning of life, self-acceptance, successful aging and decreased depression symptoms 2) Interpersonal component key 3) Statistically significant results
Novy (2018)	Provided a unique opportunity for participant to be seen in a different light and the potential for her to connect with members of her community in new ways.	Life stories, when they are performed in community, have potential not only to strengthen peer relationships, but to restore a sense of identity in both the storyteller and their listener(s).	1) Intervention contributes to meaningful social interaction by: compensating for verbal communication impairments by using body-based interactions, establishing context/active representation of life story which is more easily connected with by peers 2) Interpersonal component key 3) Qualitative study: non-statistical results

Drama therapy study outcomes and thematic analysis summary. Study outcomes varied

significantly based on study designs, aims and sample sizes. All studies, in general, showed

contribution of the intervention towards positive mental health changes from pre-intervention to post-intervention or in comparison to control group patterns. Outcomes tended to depict improvements to participant sense of self, meaning and/or quality of life and reduced depression. Statistical significance varied due to study design; though one study held statistically significant results and the mixed method study was able to successfully triangulate it's quantitative and qualitative data.

As with gerontology, discussion/analysis sections were analyzed for themes reflecting the following, if present: researcher identifying intervention contribution to mental health change, researcher identifying specific implication for intervention (population/timeline), researcher identifying importance of interpersonal component in intervention, researcher discussing implications of statistical significance of data. Much of the thematic analysis showed researchers identifying enhancements to participant quality of life, meaning of life or interpersonal communication. All studies indicated the importance of interpersonal connection and social engagement provided by the intervention. Because of the variety of methodologies involved, including a report on a case study and mixed methods study, a clear picture of 'statistical significance' is not indicated for this cohort of studies.

Part Three: Assessment of Bias in Individual Studies

Adopting Hong et al.'s (2018) MMAT format for assessment, below are the assessment of bias of individual studies for all studies included in this literature review. This appraisal tool is appropriate for use with "most common types of study methodologies and designs." (Hong et al., 2018) however, "cannot be used for non-empirical papers such as review and theoretical papers" (p.1). As such, the drama therapy study by Novy (2018) which was a review of project case study rather than a proper empirical case study was not given a bias assessment for this project. The following Tables 5.1 to 5.4 represent the MMAT for this study.

Table 5.1

MMAT Mixed methods study assessment (Hong et al., 2018)

Study	Are there clear research questions?	Do the collected data allow to address the research questions?	Is there an adequate rationale for using a mixed methods design to address the research question?	Are the different components of the study effectively integrated to answer the research question?	Are the outputs of the integration of qualitative and quantitative components adequately interpreted?	Are divergences and inconsistencies between quantitative and qualitative results adequately addressed?	Do the different components of the study adhere to the quality criteria of each tradition of the methods involved?
Dammeyer (2004)	Yes	Yes	Not clear	Yes	Yes	Yes	Yes
Jaaniste (2013)[b]	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Lin (2010)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
MacKinlay and Trevitt (2010)[a]	Yes	Yes	Yes	NA	Qualitative Yes Quantitative NA	NA	Qualitative Yes Quantitative NA

[a]Article only reported on qualitative findings. [b]Drama therapy study

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Table 5.2

MMAT Quantitative descriptive study assessment (Hong et al., 2018)

Study	Are there clear research questions?	Do the collected data allow to address the research questions?	Is the sampling strategy relevant to address the research question?	Is the sample representative of the target population?	Are the measurements appropriate?	Is the risk of nonresponse bias low?	Is the statistical analysis appropriate to answer the research question?
Johnson-Highsmith (2017)	Yes	Yes	Yes	Yes	Yes	Not clear	Yes
Richards-Campbell (2004)	Yes	Not clear	Yes	Not clear	Not clear	No	Yes
Willemse et al. (2009)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Zausniewski et al. (2004)	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table 5.3

MMAT Quantitative non-randomized study assessment (Hong et al., 2018)

Study	Are there clear research questions?	Do the collected data allow to address the research questions?	Are the participants representative of the target population?	Are measurements appropriate regarding both the outcome and intervention ?	Are there complete outcome data?	Are the confounders accounted for in the design and analysis?	During the study period, is the intervention administered as intended?
Asiret and Kapucu (2016)	Yes	Yes	Yes	Not clear	Yes	Yes	Not clear
Bailey et al. (2017)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Ching-Teng et al. (2018)	Yes	Yes	Yes	Not clear	Yes	Yes	Yes
Ching-Teng et al. (2020)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Gonzalez et al. (2015)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Keisari and Palgi (2017)[a]	Yes	Yes	Not clear	Yes	Yes	No	Yes
Phillips et al. (2010)	Yes	Yes	Yes	Yes	Yes	No	Yes
Sivercová and Bužgová (2018)	Yes	Yes	Not clear	Yes	Yes	Yes	Yes
Wang (2007)	Yes	Yes	Not clear	Yes	Yes	No	Yes

[a]Drama therapy study

Table 5.4

MMAT Quantitative randomized study assessment (Hong et al., 2018)

Study	Are there clear research questions?	Do the collected data allow to address the research questions?	Is randomization appropriately performed?	Are the groups comparable at baseline?	Are there complete outcome data?	Are outcome assessors blinded to the intervention provided?	Did the participants adhere to the assigned intervention?
Chiang et al. (2008)	Yes	Yes	Yes	Yes	Yes	Yes	Not clear
Lök et al. (2018)	Yes	Yes	Yes	Yes	Yes	Not clear	Yes
Stinson and Kirk (2005)	Yes	Yes	Not clear	No	Yes	Not clear	Yes
Stinson et al.(2010)	Yes	Yes	No	Yes	Yes	Not clear	Yes

Summary of Assessment of Bias in Individual Studies. In general, the eligible records used in this report held fairly robust quality. It must be noted that this MMAT was carried out by a sole researcher and thus the results of the appraisal subject to one person's judgements. Using a single reviewer on this appraisal tool is not recommended by Hong et al. (2018), so the results of Tables 5.1-5.4 must be read with that in mind.

A total of 52.6% of the collected studies were perceived as fulfilling all appraisal requirements for their study design. The remaining 47.4% of the studies had primarily 1 to 2 perceived omissions or unclear reporting. The studies with the most difficulty in reporting appeared to be the quantitative randomized study designs. As evident in Table 5.4, each of the studies held errors in either the purported randomization technique or did not provide adequate information on how researchers/outcome assessors were blinded to who was in the intervention/control groups. Oftentimes, it appeared that researchers in these studies were also clinicians, which immediately suggested bias on that particular appraisal category. The strongest consistent reporting occurred in the studies in Table 5.1 which was the MMAT for mixed method study designs. Only one of the mixed method studies, by Dammeyer (2004), failed to provide a rationale for the mixed methods design; another study in Table 5.1 could only be evaluated on

the qualitative reporting but scored 'Yes' in all applicable categories for that methodology. The most striking difficulty for some of these collected studies, appeared to be appropriately defining the target population and thus indicating an appropriate sample of that target population.

While there are a few studies whose reliability is questionable, namely Stinson and Kirk (2006) and Richards-Campbell (2004), the researcher feels comfortable with the quality of the collected studies. Because the paper by Novy (2018) did not fit into the MMAT requirements, a true bias assessment was not possible for this work. In this case, the researcher acknowledges including a potential biased paper in the review; the purpose of which was prioritizing the representation for drama therapy literature over potential quality of study. The same can also be said for the inclusion of the 47.4% of studies with unclear reporting or omissions; this research focus is less concerned with the rigorous quality of the study than on discovering the potential works which report on storytelling interventions with geriatric populations.

Chapter 6: Discussion

Brief Return to Theory

It is important to begin the analysis of this literature review by returning to the theoretical underpinnings around storytelling and why it can be seen as an important healing tool for this population. As discussed in the literature review of this paper, the crux of why storytelling works lies in the developmental ego theory of Erikson (1959) who stated that as we age an important and final stage we reach is one of ego integrity versus despair. Erikson's definition of ego integrity is thus: "the acceptance of one's one and only life cycle as something that had to be" (1950, p. 268) and later in his book on psychology and aging, he describes it as "a sense of coherence and wholeness" (1982, p. 65). In fact, it is important to note that many of the collected studies in this project used Erikson as a reference to give frame and meaning to the interventions they facilitated.

So how does storytelling offer opportunity for ego integrity? Psychologist Jerome Bruner (1987) describes storytelling in the context of autobiographical narrative making – a process that facilitates the narrator (or storyteller) 'becoming' or integrating with the narrative they tell about their life. As such, the very act of telling one's story becomes a form of identity formation and *re*-formation. In this review and the thematic analysis of studies, it is clear that the storytelling interventions being used have contributed to individuals feeling more satisfied with their life,

with more meaning in their life and with improvements to things like self-esteem all of which have links to one's identity.

The other key function of storytelling as a mental health intervention is the individual's opportunity to share their story with a listener, with others in a social atmosphere. Because it is through the sharing and interpersonal process that a story lives, it connects the storyteller with the greater story outside themselves (Kenyon & Randall, 2001), the greater story being that of universal human experience. Thus, for storytelling to occur (and to experience psychological benefits) it must inherently be a social, interpersonal experience. Almost every study, in the gerontology and drama therapy literature noted how instrumental the group and social format of the intervention was to the participants. Indeed, several studies noted the improved socialization, comfort in social communication as outcomes proffered by the experience in the intervention.

When contextualized within the tenets of drama therapy, the storytelling process can be correlated with the therapeutic factor of active witnessing described by Jones (1996) which is the act of "being an audience to others or to oneself within dramatherapy" (p. 101). This is to say, there is inherent healing benefit in having one's experience, one's feelings, one's own personal story witnessed. In this way, the storytelling process in drama therapy parallels what Bruner (1987) says about sharing one's personal narrative; the person and story *becomes* through the sharing with an audience or witness. Furthermore, dramatization of stories, which appears in the intervention process of each of the drama therapy studies in this review, provides aspects of what Emunah (1994) describes about culminating enactments – that it is the process of "sharing one's internal world" or "what was private is now witnessed" and people then experience "intense acceptance" and "communion" within the group (p.43). Thus, drama therapy theories of therapeutic change echo what Bruner describes as the process for storytelling as a healing tool.

How important then, is it for clinicians, nurses and therapists working with naturally aging populations to offer their clients opportunities to engage in storytelling, building towards their sense of ego integrity. This is of significance in institution settings where the typically biomedical atmosphere can negatively affect people's mental health, particularly in the onset of depression (Canadian Coalition for Seniors Mental Health [CCSMH], 2009). It is therefore of vital importance to provide individuals in care home environments with psychosocial supports (CCSMH, 2009), opportunities to combat the stresses and changes associated with not only the natural aging process, but also institutional living. The argument that storytelling interventions

can be a healing tool with this population has some grounding based on the results of this literature review; despite some of the studies not having statistical significance on their outcomes, important changes to participant mental health were noted as a result of the various processes of intervention(s) found in this study. Furthermore, many of the storytelling interventions had an overarching similarity in their process; they engaged with *life-stories* based on key 'life narrative' themes such as family, relationships, traditions, and achievements.

The main argument this narrative synthesis review makes, both in light of the above theoretical positions *and* general commonalities noticed in the data, is that storytelling interventions are a useful tool for psychological healing with older adults. Why? Because they offer opportunities to facilitate a dynamically social process of ego development, creating a "sense of coherence and wholeness" (Erikson, 1982, p.65).

Gerontology and Drama Therapy Synthesis: Commonalities for Keeping in Storytelling Interventions

Life-Story **Themed Sessions in Intervention Process**. One of the most notable elements to the gerontology literature was how frequently the research involved thematic structuring in the intervention process. These themes most frequently centered around sharing stories from various parts of life: childhood, family and friendship, work/jobs/home-life, foods, traditions, achievements and important life turning points. In two of the drama therapy studies, thematic prompts were used in the intervention process though neither appeared to focus on these specific *life-stories* from childhood to current age as did the majority of gerontology studies. The drama therapy study by Keisari and Palgi (2017) focused on 'life-crossroads' throughout the 12-week program – though these life-crossroads could be correlated with the above themes, the exact kind of 'crossroads' they explored with participants was not reported. The drama therapy study by Jaaniste (2013) focused on various different topics, most of them related to the participant's immediate 'aging experience' such as memory loss and 'things to let go of'.

Though statistical significance was mixed in several of the gerontology studies, studies such as Johnson-Highsmith (2017) and Lök et al. (2018) who adopted the *life-story* theme approach to their storytelling intervention (with cognitively stable and cognitively impaired individuals, respectively) had statistically significant changes in participant depression, quality of life and desire for more interpersonal engagement. Similar statistical significance was found in the Keisari and Palgi (2017) study for meaning of life, self-acceptance, successful aging and

decreased depression for cognitively stable individuals. This commonality of positive mental health changes may suggest that it is beneficial to use '*life-story* themes' for storytelling interventions with older adults of varying cognitive capacity. However, this review also discovered studies which used themed *life-story* approaches with participants with dementia, Alzheimer's or general cognitive impairment (Bailey et al., 2017; Sivercová & Bužgová, 2018) and found mixed statistical significance for their testing measures. This mix in results can be from a number of factors, including the study design and sample size, but may also be that a *life-story* themed intervention was not as effective for those with cognitive challenges. It is possible that the opportunity to take part in the group setting and have interpersonal connection was a higher contributing factor to the statistically significant results than was the themes of the intervention process itself. Further research must be done to clarify this discrepancy and discover how effective *life-story* themed interventions are for cognitively stable versus challenged populations.

Nevertheless, there was enough evidence in the frequency of the *life-story* themes in gerontology literature that it may be a useful format upon which to scaffold future drama therapy interventions in storytelling. Furthermore, drama therapy has the unique ability, as evidenced in all three of the drama therapy studies, to apply various methods in exploring these themes. It would be interesting to see future drama therapy research develop storytelling interventions which adopt the hallmark themes above such as childhood, family, jobs, etc. and use the performative and active methods of story-making (such as enactment or role play) to explore the 'meaningful life stories' tied to these themes.

Images, Props, Music Prompts. The most commonly repeated elements in intervention processes was the use of images, props/objects and music as prompts for reminiscence, story starting or activity building. In almost all gerontology and all drama therapy studies, at least one if not all three of these stimuli were used with the participants as part of the intervention process.

Therefore, it would seem these items are a useful and reliable story-facilitator with this population. For example, in studies like Phillips et al. (2010) for gerontology and Novy (2018) in drama therapy, photographs and images were described in the papers as central in the process, helping participants to express themselves and their stories more clearly. The commonality in the data suggest that these prompts may provide stimuli which act as a springboard for the person finding their personal story.

Objects and music were not as often referenced in the various studies, however seven gerontology studies and one dramatherapy study used objects as stimuli and four gerontology studies and one in drama therapy used music as stimuli. Though the specific kinds of objects were not described nor specific songs, there appears to be enough repetition of these devices in the research that these prompts would be useful for facilitating story explorations.

Drama therapy intervention development in future may benefit well from incorporating these stimuli into the process of storytelling. An intervention development project or research study could try to incorporate images, props and music related to each 'theme' of the process, as discussed in the previous section. For example, an image of a street, a skipping rope and appropriate age-related song could be used as part of warm-ups to a 'childhood' themed session. The field of drama therapy can make use of this review's findings about the consistent use of these stimulation tools, finding efficient ways to incorporate them into the formulation of future storytelling interventions.

A Concretized Storytelling Experience. One of the most intriguing findings from this review, was that some literature in gerontology *and* drama therapy reported a 'concretized' storytelling experience in the intervention process. That is to say, there was evidence in both the collected gerontology and drama therapy studies of a 'physical creation' or manifestation of the older adults' stories. In drama therapy, this 'physical creation' existed in two of the studies as a dramatization/performance of life experiences for group members and/or the public to witness (Keisari & Palgi, 2017; Novy 2018). In gerontology, this 'physical creation' was distinguished as 'life-story books/collections' for participants to display in their rooms (Ching-Teng et al., 2018; Ching-Teng et al., 2020), and a collectively created and orally shared narrative story (Phillips et al., 2010). Though the drama therapy literature's concretization process was a more active one, it was encouraging to see similar creations occurring in the gerontology literature.

In the drama therapy studies, the dramatization of the participant's stories into 'action' was described as being powerful in connecting the storyteller with witnesses (Novy, 2018) and gave the storyteller an "outside observation…to gain a full perspective of the dramatic creation of his life" (Keisari & Palgi, 2017, p. 1083). In two of the gerontology studies, a more permanent representation of the participant's stories was carried out in the creation of the 'life-story' book, giving the participants a physical reminder of their explorations in the group (Ching-Teng et al., 2018; Ching-Teng et al., 2020). In Phillips et al.'s (2010) study on *TimeSlips* an interwoven

narrative was created from the session materials and combined into a collectively created and witnessed story, narrated by the facilitator(s). In this way, the literature shows a movement towards researcher-clinicians concretizing the stories of the storytellers within the intervention process.

Drama therapy already appears to have a head start in utilizing this 'concretization' of story method within the intervention process, though it is not a method foreign to other interventions in gerontology. Though its use in gerontology literature appeared less than in the drama therapy, it still remains an intriguing commonality in this data. Further development in gerontology *and* drama therapy may benefit from using this method in intervention programs for naturally aging populations.

Common Factors of Change for this Population. A secondary part of the research objective in this review was to highlight the factors of change presented in the literature regarding storytelling interventions. Across the studies, both in gerontology and drama therapy, the following factors appeared the most frequently:

- Potential for reduced depression
- Increased socialization, reduced social/emotional isolation, interpersonal connection
- Increased perceived quality of life
- Re-engagement with parts of identity (self-acceptance, self-esteem, meaning making of life)

Though study bias varied, and results were not always statistically significant, the patterns in the data showed that these mental health factors were most often changed in the participants. It must also be noted that some of these factors were based on observed changes by researchers and some were directly reported by participants.

Because the literature in drama therapy on storytelling with older adults in institutional settings is limited, it would be beneficial to see more research in drama therapy around these factors. Furthermore, there is a need to offer clearer, more statistically reliable results regarding the efficacy of the interventions themselves. A goal of future work in this area may be to facilitate more mixed methods studies, gaining both observed and direct-reported data for the relationality between the intervention and the effects it has on participant mental health.

Future Goals for Drama Therapy in Gerontology

Based on the above discussions as well as some additional patterns in the data, there appear to be several opportunities presented to the field of drama therapy as a result of this review. The first lies in study designs and logistics. Across the board, both in the gerontology literature and drama therapy literature, it was consistently clear there was a deficit in sample sizes (Richards-Campbell, 2004; Stinson & Kirk, 2006; Zausniewski et al., 2004). This was a challenge/limitation which lead to potential inconclusiveness of the collected data. Part of this issue was the attrition from the studies; this was often listed as result of participant deaths, severely declining health, other personal circumstances and/or general disinterest in the intervention/study. All these, but particularly the first two, may be considered anticipatory factors taken into account when working with naturally aging populations. This factor also brings to light the general 'robustness' and reliability of the studies currently published on this topic. Though just over half of the studies in this review appeared to fulfill requirements for bias assessment, that left just under half with issues in reporting bias. It would do the field of gerontology on the whole (including drama therapy) well to keep the reliability factors of study design in mind when publishing research.

Based on the data retrieved in this review, another goal for study design in this field and focus would be to invest in more mixed methods studies. The mixed methods studies in this review were some of the most robust research reported in the MMAT. Furthermore, at least two of the studies worked from an approach which used observational qualitative data to support quantitative data and vice versa (Jaaniste, 2013; Lin, 2010). This allowed the researchers to make the most of each method of inquiry, gathering both quantitative data and qualitative observations to depict the therapeutic changes in participants. Since Jaaniste (2013) has already published a mixed methods study on this topic, drama therapy does have a start in using this methodology to triangulate collected data on storytelling with older adults. Future research in the field may benefit from using her study as reference when carrying out similar designs. Mixed methods studies offer an opportunity for research that is unique because as dance/movement pioneer Laban (1988) states: "a synthesis of scientific and artistic movement observation is highly desirable, for otherwise the movement research of the artist is likely to become as specialised in one direction as that of the scientist in the other" (p. 95), a combination provides the most wholistic view of a phenomenon.

One limitation drama therapy literature presented was the lack of research done in institutionalized settings. This review had to change its study selection criteria to widen the net of potential studies due to this factor. As such, much of the data retrieved from drama therapy articles for this review did not actually represent the review's intended target population of older adults living in institutionalized settings. Thus, this review has uncovered a major gap in drama therapy literature, a gap which should be addressed by future studies on the topic of storytelling with older adults.

Another limitation in drama therapy literature compared to gerontology appeared to be in the diversity of research locations. Gerontology literature showed a wide representation of countries (and therefore, cultures) – depicting research with older adults from across the globe. Drama therapy literature under-reported locations of research with only one study outlining where the research took place. To more accurately offer generalizability of this intervention to naturally aging populations, or to identify key cultural adaptations to intervention design, it is important to keep research diverse. Drama therapy has some large shoes to fill in presenting research for older adults around the world.

A factor which was noted by a few of the repeated measures studies in the gerontology literature was uncertainty around the continuity effect of the storytelling interventions. Both Ching-Teng et al. (2018) and Phillips et al. (2010) noted that the benefits to participants only appeared to have a short-term mental health effect on their participants. This similarity in data outcomes suggests a need for more repeated measures and longitudinal studies to be carried out. It might also suggest that storytelling interventions must be offered as a repeated intervention with this population to facilitate lasting and continuing mental health improvements. This thematic similarity between studies marks an important trajectory not only for future research in gerontology and indeed, drama therapy, but also for policy and organizational standards within institutional settings. The first step appears to be facilitating more research, developing a clearer picture of the continuing effects of storytelling interventions. After it is ascertained what the longevity of the effects of storytelling interventions are, it would offer institutions insight into how frequently to offer these programs to their residents/patients.

A final trajectory indicated by this literature review for drama therapy is in the intervention development of storytelling for older adults in institutionalized settings. As discussed in a previous section, sequential thematic *life-story* integrated with drama therapy

methods may be an important intervention approach to develop. The focus will be to find, formulate and discover clearer procedures and processes to integrate thematic *life-story* into drama therapy storytelling interventions. In addition to the *life-story* theme integration, this review also suggests a need to differentiate intervention procedures for variety of cognitive functioning levels. A natural next step from this literature review would be in intervention design research, focusing on creating intervention processes using *life-story* themes and how these processes can be adapted for a variety of cognitive abilities.

From reliable study designs to re-designing interventions, drama therapy with a gerontological focus has exciting paths ahead to contribute to research and clinical development for naturally aging populations. Much work has yet to be done to clarify, make more reliable and more effectively facilitate storytelling interventions as a mental health tool for older adults in institutionalized settings.

Chapter 7: Limitations

This literature review holds some important limitations. The first are related to the inclusion and exclusion criteria chosen by the researcher in the selection of studies. In the process of the comprehensive search a variety of studies were presented; many which offered storytelling interventions with intergenerational populations, included families or caregivers, or used interviews in the intervention and data collection. Intergenerational studies were a frequent appearance in the search – it is quite possible that important data around storytelling interventions were lost by excluding these kinds of studies from the review. The same can be said for research done with families and caregivers. These two integrated populations may have shown significant opportunities for mental health growth and healing through storytelling that were not represented in this narrative synthesis. Though interview studies did not fall within the intervention research focus of this review, they may have held important insights into the storytelling experience for participants. In particular these studies may have shed light on the important *life-story* explorations which are most meaningful to this population. A separate literature review of interview studies may facilitate further insight around the *life-story* themes uncovered in this synthesis and could contribute to greater specificity of themes to use in future intervention design research.

In addition, this research relied on a broad definition of storytelling as both concept and intervention and was highly subjective to this researcher's viewpoint. This subjectivity has

catered the research to the focus of 'storytelling' as an intervention which may not be conceptually generalizable outside the context of this review. That is to say, this research used a broad and overarching definition of storytelling intervention and with that lost specificity in representing and focusing on unique/specific approaches to therapy with this population. For example, this synthesis included reminiscence in its definition of storytelling, however reminiscence therapy is a specific approach in its own right and might have benefited from a review of its own. The factor which ultimately limited this specificity was due to the small number of research studies being done with older adults, on storytelling in drama therapy. Furthermore, the goal of this research was to provide a general overview of 'storytelling' approaches in gerontology and drama therapy and so required a more open and subjectively construed operational definition to fulfill the requirements of the synthesis.

Further to this point on subjectivity, is the fact that the narrative synthesis methodology is inherently prone to bias (Popay et al., 2006) and that it was carried out by a single researcher. This reality affected both the method and analysis of data – from the selection process, data collection focus, and bias assessment to the chosen topics for analysis. The methodology itself also serves to highlight how an intervention is efficient (Popay et al., 2006). Because of this, the synthesis focused on representing the positive and useful aspects of the intervention and only depicted important commonalities across studies which could contribute to further development of the intervention. Thus, the results of this literature review data collection and analysis must be interpreted remembering that this was a "bringing together of evidence in a way that tells a convincing story about why something needs to be done" (Popay et al., 2006) so focused on the data which helped tell this 'convincing' story.

A further limit to this study is its ability to outline a relationship of 'cause and effect' between the application of intervention and the noted improvements in mental health. This review's qualitative approach to narrative synthesis has meant the data are coming from heterogenous studies and lacks quantitative rigor and reliability measures. This limits the generalizability of this review in representing 'efficacy' of the intervention. Because an interpretive framework was used in this review design, the results of the analysis must be viewed as *relative* rather than representative. It is quite possible that the actual tool for healing in the intervention is not the intervention itself but the fact that it takes place within a group environment. Many other unknown confounding factors may have contributed to the mental

health changes discovered in this review in support of storytelling interventions. Thus, the qualitative approach and narrative synthesis methodology limit the level at which the intervention can be interpreted as the *cause* of mental health improvement with this population. Instead, the review can only use theoretical conjectures on why this tool is useful.

Chapter 8: Conclusion

The essence of this literature review is to depict a 'narrative' of storytelling as a healing tool with older adults. This was achieved through selecting studies which investigated interventions using storytelling as part of the core process of the therapy; it was a selection process which looked at gerontology literature more generally, and in drama therapy, more specifically. Part of representing this 'narrative' of storytelling intervention was highlighting the significant factors of change this healing tool elicits. In general, the 'narrative' of this process was one which can be told as follows: that storytelling interventions are instrumental in facilitating ego integrity of participating individuals, that storytelling interventions are useful when utilizing sequential *life-story* themes as well as photographs/images, objects and music, and are interventions which benefit from a form of concretization. Furthermore, the data patterns show there are indeed positive changes in participant mental health – from quality of life to self-esteem – which appear to come from taking part in these interventions.

Of course, the overarching desire of the research is to offer direction to the field of drama therapy in future contributions to therapeutic work with naturally aging populations. There are many directions to go, but the most significant for drama therapy is examining and delineating detailed processes and structures for storytelling interventions. Part of that development can also be to develop *life-story* themed interventions which are adaptable to the varying cognitive abilities found in institutional settings. Secondly, drama therapy must begin contributing more research on naturally aging populations – research which is robust and offers reliable data upon which not only the field of drama therapy can grow, but that of gerontology as well.

This intervention's story has been told and witnessed, the time for *becoming* is now. This literature review has shown storytelling with older adults in institutions is still growing and much more work has yet to be done – both for the intervention itself and for the population with whom it appears to offer important healing change.

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Appendix A

PRISMA 2009 Flow Diagram

Identification

Records identified through
database searching
(n =   )

Additional records identified
through other sources
(n =   )

Records after duplicates removed
(n =   )

Screening

Records screened
(n =   )

Records excluded
(n =   )

Eligibility

Full-text articles assessed
for eligibility
(n =   )

Full-text articles excluded,
with reasons
(n =   )

Included

Studies included in
qualitative synthesis
(n =   )

Studies included in
quantitative synthesis
(meta-analysis)
(n =   )