

**FUNNY THINGS HAPPEN AT THE GRANGE: INTRODUCING COMEDY  
ACTIVITIES IN DAY SERVICES TO OLDER PEOPLE WITH DEMENTIA –  
INNOVATIVE PRACTICE**

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**Abstract**

This paper shares outcomes from the evaluation of a community project where comedy activities were introduced into a day centre for older people with dementia as a result of a partnership between the day centre, a local university and a specialist comedy provider. Four workshops were provided using improvisatory activities and comedy, as a medium to engage older people in reflecting on aspects of their care environment. The main output resulted in a 30 minute 'mockumentary' of the 'Her Majesty the Queen' visiting the day centre in the form of a digital reusable learning object to be used by social work and mental health professionals. The evaluation demonstrated some additional outcomes for those involved and highlighted the benefits of laughter and fun in promoting a positive climate.

**Keywords**

Comedy, day care, dementia, digital reusable learning resource, mockumentary, older people, organisational climate

## **Introduction**

Theories transmitted to students about professional practice in health and social care come traditionally from the perspective of practitioners, often as a heroic narrative, inevitably casting the service-user in a passive role (Wiltshire, 2006). Post-modern theorists like Foucault (1973) call this the authoritative 'gaze' that objectifies the user of public services, generating a power relationship between the professional and the service user. New perspectives are needed to redress this imbalance, drawing on the narratives of the service-users themselves.

Older people with dementia have been particularly marginalised within the move to involve service users within professional education. Some of these challenges are related to critical issues such as informed consent, confidentiality and anonymity, as well as identifying potential partners and the role of gatekeepers (Clark, Prosser, & Wiles, 2010b). A body of evidence, however, is emerging (Basting & Killick, 2003; Clark, Bradford, & Robertson, 2010a; Hayes & Povey, 2011) to demonstrate how engaging with the arts can offer the caring professions new pedagogic insights about how to work more effectively and optimistically with older people with dementia and their representatives. Arts based approaches to user involvement can facilitate increased creativity in how to provide more person-centred support, particularly within institutional settings (Zoutewelle-Morris, 2011).

Any learning and teaching strategies within professional education should incorporate guidance that helps professionals to maximise the potential of older service users and

their carers in ways that promote their independence and works towards a more personalised services such as in the UK policy; *Putting People First* (HM Government, 2007). User involvement in shaping and improving services is a requirement of health and social throughout the UK (Care Inspectorate, Undated; Department of Health, 2002). The *National Dementia Strategy* (Department of Health, 2009, 2010) recognises the importance of partnerships with users and carers in achieving its vision of world class dementia services. Likewise the move toward co-production in care services emphasises the role that users and carers play in both the use and production of public services, by highlighting the interdependence between these relationships. Co-production attempts to move beyond engagement and participation through active engagement in shaping service planning and decision-making processes away from professional determined processes (Needham & Carr, 2009).

Evidence is still accumulating however, to show how professional power tends to be emphasised in working with older people, and the challenges for us all in how to increasing their involvement and participation in the process of accessing and using social care (Biggs & Powell, 2000; National Collaborating Centre for Mental Health, 2007). Likewise, greater participation of users in social work education and practice should lead us to learn *with* older people rather than *about* them. Notwithstanding any breakthrough in scientific research, it is well known that the most effective interventions lie in the purposeful development of services to support people with dementia and their carers, in a way which reflects the diverse and individual nature of their experience (Killick & Allen, 2001; Kitwood, 1997; Nolan, Ryan, Enderby, & Reid,

2002). Finding practical ways of achieving this may be problematic, but, hopefully resolvable, and this paper describes one local approach of trying to take such an initiative forward.

## **Challenging discourses on dementia in professional education**

Kitwood (1997) established a vision for a culture of dementia care where language, environment, positive person work and human values, are able to come together in order to facilitate opportunities for personal growth to flourish. People with dementia may be less able to respond to more conventional methods of engagement with services. Within a day care setting, person led-approaches are often challenged by time constraints; limited resources and the need for staff who are well trained and committed to person-centred approaches (Måvall & Malmberg, 2007). It is also important to draw on different methods to enhance interactions which may help to extend our practical and theoretical understanding of how the complex interplay of social, health, biographical and interpersonal factors contribute to the concept of 'selfhood'. These include moving towards the enhancement of the communication abilities of people with dementia as well as our own sensitivity, capacity and willingness to respond (Sabat, 2005). Kitwood (1997, p. 119) asserted that being 'present' with and for the other is fundamental to successful interaction. This includes letting go of the drive 'to do' towards focusing more on 'being' with people in creative, flexible, compassionate and responsive ways. These are important messages for professionals in health and social care, who are constantly confronted with statistics showing the

increase of people living with dementia (Brookmeyer, Johnson, Ziegler-Graham, & Arrighi, 2007), and the challenges associated with some inevitable dependency (Townsend, 2006). This master narrative must be challenged (Harris & Keady, 2008; Somers, 1994; Townsend, 2006) by adopting more positive discourses and imagery which help both the public perception and professionals to re-conceptualize dementia in a way which is empathic, and based on the strengths and capabilities of people living with it.

It is purported that the arts provide one method to help promote social inclusion and well-being within dementia care, but, there is a need for a more systematic research into the efficacy of particular initiatives or programmes (Clark, et al., 2010a). Employing humour and laughter as one of these initiatives may appear to be risky at first sight. Masumoto (2009) has identified humour as a linguistic device used by older people as a way of mitigating the force sometimes felt against them, and to lighten the seriousness of a topic as well as to solicit empathy. Her research which was based in Japan, drew on linguistic analysis (Matsumoto, 2007, 2009), to illustrate that not only can humorous narratives be used to break taboos around difficult subjects, but, can also defy and subvert the socially-given image of older people being weak and depressed. Likewise, Daminakis and Marzarli (2011) have asserted that within an inter-personal context, expressing and appreciating humour contributes to sustaining positive social connections. Their own research with older people demonstrated that the use of authentic humour and being able to laugh at one's self and life's uncontrollable circumstances appeared to support a positive sense of self, and was adaptive for coping

with the inevitable losses that accompany the ageing process. According to Martin, Puhlik-Doris, Larsen, Gray, and Weir (2003), humour that is self-enhanced, can be beneficial to people living with dementia, and corresponds with the ability to form a positive, optimistic outlook on life, despite the presence of enduring or immediate stressors. Martin et al (2003) refer particularly to the concept of affiliative humour, including tolerance and acceptance of both oneself, and others and its benevolent nature. They make the distinction of what they term as 'self-defeating humour' where making jokes about one's self or allowing others to make one a butt of the jokes, is used to gain acceptance. Furthermore, the utilisation of humour demonstrates an underlying recognition that the paradoxical aspects of life can contribute to a sense of wholeness and personal meaning through the life course (Damianakis & Marziali, 2011). Within care settings, some physical benefits of humour and laughter on health and well being had been demonstrated (Martin, 2007). Berk (2001) for example, notes its benefits in increasing muscle relaxation, improved breathing, and circulation, the decrease in stress hormones and a measurable increase in the immune system's defences.

### **The Grange comedy project**

The project discussed here had a limited budget and was funded by a small grant from the University made available to support user and carer involvement in professional education. Within our university, the user involvement strategy had not been as successful in engaging older people in its learning and teaching. This small grant allowed us to engage the services of a specialist provider experienced in comedy

training with older people. As an experiential project, we were not prescriptive about any outcomes, but had a broad aim of capturing some of the content from the project in the form of digital learning materials that could be subsequently used in the delivery of professional education. It is thought that the development of such a reusable learning object could be utilised as stimulus material to engage students with issues around the support and care of older people living with dementia in a more challenging way. Broadly speaking we aimed to use comedy as a medium to explore alternative ways of learning with older people and confronting issues or stereotypes around ageing and well-being in later life using arts based approaches. This was also based on our previous experience of developing a range of service user led projects in experimenting with use of the arts in learning and teaching (Hafford-Letchfield, et al., 2008; Hafford-Letchfield, Couchman, Webster, & Avery, 2010). This particular project was underpinned by the concept of partnership throughout, by shifting to a model where older people have a more active role to play. An initial consultation with service users, carers and staff at a local authority day centre who had volunteered to participate, led us to develop a bespoke programme of activities. Using a medium like comedy helped to cross boundaries between social sciences and the arts which we thought might communicate older people's experiences more powerfully. The remainder of this paper outlines the process we adopted, the key themes from our evaluation of the project workshops and some of the outcomes captured. We have used these to reflect on the learning gained from undertaking this project particularly around the impact of the overall project on the views and experiences of those who participated.

## **Engaging the participants**

Following a period of consultation with service users, carers and staff at a local day centre who agreed to take part, the project team undertook some initial improvisation activities with those attending the day centre to establish rapport and to engage them in finding a suitable topic and style of working and which could be captured digitally for the reusable learning resource. Some of the informal carers were naturally initially apprehensive, so an approach which utilised 'mockumentary' was suggested. Mockumentary uses a style of filmmaking in which fictitious events are presented in documentary format and are commonly used to analyse or comment on current issues by using a fictitious event in comedic form. Mockumentaries are often improvised as an unscripted style of acting which helps to maintain the pretence of reality. After several group discussions with staff and informal carers, we agreed that this appeared most suited to exploit the older people's potential where they would not themselves become the overt subject of laughter, but could rely more on a parody and tongue-in-cheek style. Choosing a subject which all the service users could relate to which particularly built on their longer term memory as short term memory is an issue for people living with dementia. This gave rise to the suggestion of enacting a visit of Her Majesty the Queen to the Grange Day Centre. This was initially suggested by one of the comedy trainers, but, appeared to touch on all the participants' experiences in one way or another. Adopting the above style and topic enabled us to then identify some of the issues that might impact on the service and its service users and staff and to capitalise



on the funny side of this, from which a number of comedy scenarios could be developed. Ethical approval was given from both the university and the Local Authority involved. Whilst our project did not involve research, our application sought to clarify the process, safety, and consensual issues in relation to both filming and the evaluation process.

Whilst there was some initial apprehension, mainly related to shyness, most of the service users participated enthusiastically throughout the project, and particularly encouraged each other. At the beginning of the process, several project posters were distributed to individual participants for at home, and displayed at the centre itself, which included an outline of the workshops, the dates and content of each. These included photos of the project teams' members to aid recognition and familiarity. These served as triggers to participants, most of whom experienced intermittent moderate short term memory loss. There were a number of detailed considerations given to obtaining informed consent throughout the process. Written consent was obtained at the beginning of the project in partnership with those management staff and informal carers who knew each older person well. Consent was then obtained verbally before each individual workshop after a short reorientation exercise with the people participating on that particular day. In total, those participating included, 12 older service users (hereafter referred to as the Grangers), 4 family carers, 8 staff and 2 comedy trainers. These were supported by a project leader and a person responsible for filming and technical issues.

The preparation period at the day centre resulted in designing and delivering four workshops lasting approximately 2-3 hours each. These ran in weekly succession over four weeks and were held at the same day and time each week. The workshops were based around the following topics:

- Workshop one: The Grangers and staff receive the news that the Queen is planning to visit their day centre and much excitement and planning begins.
- Workshop two: The day centre makes practical preparation for the Queen's visit including receiving a security visit from the Palace and a programme of activities where the Grangers get to grip with the formal royal protocols.
- Workshop three: The Grangers prepare their entertainment for the Queens visit.
- Workshop four: Her Majesty the Queen visits the Grange.

The workshops did not work to an exact script but allowed scenarios to develop based on the main theme. Experiential drama techniques were used to work with the issues that Grangers came up with themselves. All of the workshops were continuously filmed and photographed. Footage from the former was edited to make the end 30 minute mockumentary. The photographs were printed after workshop two and used during the two subsequent workshops as an 'aide memoir', to recapitulate, and remind the Grangers of what we were doing and why. They also provided a reflective tool for promoting discussions between service users, carers, staff and the project team about 'how it was going' between each weekly workshop. At the end of the project, all the

photographs were printed and distributed to individual participants for their 'life-story' work. A selection were also made into a 'scrapbook' of the project as a whole that it could be used as a reminiscence tool after the project had finished. Over the duration of the project, the day centre staff and Grangers worked continuously on an intensive programme of supplementary activities to support the 'Queen's visit'. These included art and crafts to make decorations for the visit; reminiscence discussion groups which centred on the Grangers life course events associated with their personal memories of the Queen; and preparation and practice of the planned entertainment which involved singing and dancing. All of these activities helped to maintain continuity, enthusiasm and focus on the project theme. The weekly workshops commenced with a planning meeting with informal carers and the project team followed by improvisation activities with the Grangers which enabled them to be re-orientated to the workshop topic. A short debriefing took place after each workshop, initially with the Grangers and then with carers, management staff and the project team. Filming of the debriefing with the latter group were filmed to capture any data for evaluation purposes as opposed to conducting more formal focus groups or individual interviews common to evaluation. This was agreed by those involved as a more appropriate method to avoid unnecessary pressure on carers and staff who were subject to other stresses and time constraints in their caring roles.

The project ended with a viewing at the day centre of the mockumentary by the Grangers, staff, and carers. Full credits of participants names were given on the final film with their consent and participants were given some choice where possible about

the final editing process. A formal 'launch' of the mockumentary was then celebrated by issuing invitations to the local authority and NHS Trust, friends and family. This was a much grander affair where the film was shown on a 'big screen' followed by speeches and lunch after which each Granger and participant in the project was given a copy of the final DVD.

### **Evaluation of the workshops**

The themes arising from the evaluation and discussed here arose from viewing approximately 6 hours of digital recording collected during the filming of the project as material to edit the final mockumentary, and from the voluntary recording of the planning and debriefing meetings with staff, family carers and the project team after each workshop. This source, in its raw state, provided a record of more natural events and conversations as the project progressed. This data was not produced for research purposes but remained in its natural state. Our purpose and funding was focused firstly on the direct provision of the specialist comedy activities for the Grangers, and secondly, on the making and editing of the digital reusable learning object. We had very few resources for evaluation. The project was not designed as a research project, but it was still felt important to make use of the material available to facilitate reflection on what different participants might have gained from the project and to disseminate these. The evaluation is based on naturally occurring events and was undertaken by the project manager alone using an eyewitness account. It is based on impressions from watching the footage available, and making some purposeful notes and observations

about the process. The evaluation is also discussed in terms of our experiences and discussion within the project team about some of the following:

- Spontaneous expressions of individuals during the workshops and observations of how some of the participants and groups appeared to respond to the comedy improvisations and other activities.
- Issues arising from the direct feedback given by informal carers and staff during the debriefing episodes.

### **Themes from the filming and interviews**

Three main themes discussed here emerged from the above process. These were: the benefits of 'being in the moment'; how comedy allowed us to 'challenge' stereotypes, and the benefits of the project in building closer relationships within the day centre.

#### *Being in the moment*

Whilst it wasn't real, the excitement and anticipation of a visit by the Queen generated lots of excitement and anticipation amongst the Grangers.

*If it was real, I might not have been chosen to meet the Queen and at least  
this way we all have a chance to be there*

(Doris, a Granger)

Whilst some Grangers were not always able to retain accurate recall of workshops, lots of 'feel good' moments were noted. When reminded of the next workshop, one Granger who often demonstrated very challenging behaviour, stated:

*Get me a pen and paper so I can note that down.*

(Pam, a Granger)

This was of great interest to staff who had never noticed Pam wishing to write anything before. She also paid a lot of attention to one of the comedy trainers who had successfully engaged with her mischievous sense of humour. The staff stated that Pam frequently did not recognise people and had difficulty in remembering who they were. They noted however, that with this particular person, she asked after him and about him on numerous occasions, between workshops and during the workshops, which they attributed to her enjoyment of the individual attention he had been giving her.

The family carers provided very positive feedback on their own sense of wellbeing and on feeling less stressed:

*Initially I wasn't quite sure how comedy could actually illustrate the seriousness of the situation and I realised how I always take on the role of protector rather than allowing Winston to be himself.*

(Family carer)

Naturally much discussion took place between the project group about issues of Grangers being able to engage or remember the project and of the value in this. The

family carers and paid staff however, expressed a strong belief that what happened for each individual 'in the moment' was important and, overall, had brought both the Grangers and the carers' great joy and sense of satisfaction:

*Although some of the memories have gone, you could still see that people had certain skills that we should value, so that they can continue to use the skills that they have.*

(Family carer)

This carer was discussing an activity where Grangers showed substantial and sustained periods of concentration to learn royal etiquette. Another example related to one of the Grangers who clearly not very 'pro-royal', had given us some very insightful moments into her sense of humour and personality. When asked what she had to say to the Queen, she stated that she would sit in the toilet and would tell the Queen, 'Go on, get in there.' Whilst her language skills were deteriorating, being able to make people laugh by making fun of the Queen and soliciting a response appeared to contribute to her self-esteem. This was particularly moving for her husband, one of the carers involved, who reported that this showed him a glimpse of her fighting spirit. This older person had become very argumentative as the dementia took hold and he had been very distressed by this, so these lighter moments were very much enjoyed. These naturally occurring funny moments were facilitated through the co-existence of the dramatic world with the real world.

### *Using comedy to 'challenge' stereotypes*

Although the Grangers were improvising, their portrayals provided some insights into how they expected things to be done. Some insights into professional behaviour were reflected back when Grangers played the part of managers, taking a fake call from Buckingham Palace announcing the Queen's visit, and when organising the menu with the day centre cook. Their ad-libs also brought many social skills into play. For example, when the Queen commented that she usually had a red carpet (as we only located a strip of blue carpet), one Granger quickly commented, 'Well it is *Royal* blue.' During the line up to meet the Queen, a Granger who always carried a toy dog, waved this spontaneously in the Queen's face, an act of knowing defiance. The act of drama and playfulness was constructive in igniting people's imaginations, giving them the confidence to step into the imaginary world of the Queen's visit. The hilarity of the Queen joining in the reggae dancing entertainment and presentation of a coconut to the Queen on the day of her simulated visit reflected their awareness of making best use of the resources they had. When entertaining the Queen with a reggae song 'It's all right' all the residents began to spontaneously change the words to, 'it's all right and it's all wrong.' Their laughter appeared to poke fun at the potentially superficial nature of the situation which perhaps reflected a contrast to their own day-to-day reality as well as being able to enjoy the pretend visit for what it was. Staff concerns about whether we would be laughing at people dissipated after our first workshop:

*No one is questioning what we are laughing at as we can see past this as*



*there is such a sense of well-being and the trainers take a lead role and have fitted in nicely.*

(Manager)

### *The benefits of the project in building relationships*

It was noted by both those who were working in the Grange and those of us who were 'outsiders' such as the family carers and members of the project team, that the climate of the Grange during the time of the project, changed considerably. For example, some closer relationships developed between family carers and workers where greater exchange of information about the Granger being supported in both their home and day care setting, contributed to achieving a more person-centred knowledge and understanding of their context and history. Relationships between the different participants were enhanced by the creation of lots of opportunities for reminiscence, music, creativity and playfulness, making space for Grangers, care staff and informal carers to get to know each other in a more natural way. The filming of the pre and post workshop discussions showed that the laughing continued where people continued to speculate over how a storyline might have developed as well as those that actually did.

Communication was also perceived to have increased between Grangers themselves. For example, one Asian woman who had been brought up in South Africa spoke a lot about the childhood games she played with her siblings and of her relationship with her parents, during a Royal table-setting activity. Many of the Grangers using this day centre were not born in the UK, and had little shared history or cultural values in some

areas of their lives. However, the opportunities to reminisce about where they were, and what they were doing, during the Queen's coronation provided the opportunity for them, to share stories and experiences from their own lives. Some of the workshop improvisations were perceived to increase attention span for some individuals:

*It's amazing what they come up with. I wouldn't believe it unless I've seen it.*

(Family carer)

We noted that it took longer to get the men involved as the female Grangers tended to take the lead. Some Grangers remained in the margins but got drawn in at different points, for example in laying the formal dining table, an activity where Grangers brought in their best silver cutlery, their linen tablecloths and crystal glasses from home (as well as a tape measure to measure the spaces between the cutleries). Those not physically able to dance or sing were observed to conduct the music from their chairs or move their feet, nod their heads to give support. The workshops provided a topic for conversation where everybody's responses to the activities were accepted at the level that they were able to, or wished to participate. All of the informal carers reported a raised mood in their loved ones and a raised general alertness. Overall the project brought informal carers into very close proximity with the day centre. Those who could not physically attend had rung up to find out how it was going, as the project generated a lot of interest particularly when the Grangers took their photos home. The project provided an opportunity for us all to meet new people, bring outside visitors into the day centre. Finally, the visit of the Queen, played by a carer, gave everyone a reason to

dress up in their best clothes, and a party atmosphere was created. The formal launch of the DVD brought in senior managers and members. We all had a lovely surprise when two of the Grangers responded to the showing of the DVD by calling out loud every person's name on the credits challenging out assumptions about their level of reading skills.

## **Discussion**

One of the key capabilities in working with people with dementia has been cited by Skills for Care (2011, p. 13) as:

*Finding different ways of communicating as peoples skills in communicating change and taking account of culture, making use of their past experiences to support communication with them, enjoy interacting together and using humour to communicate this pleasure.*

Combined with caring and sensitivity, encouraging and exploiting humour in our experience proved to be a powerful therapeutic device. Having fun and being funny was in some instances, helpful in the management of stress and the sharing of a burden such as the examples above where the service was perceived as merely one of respite provision. The methods used through improvising comedy facilitated validation of the personal experiences of individuals whose autonomy, ability and choice is often lowered and who may otherwise experience poor self esteem. Staff involved in the project reported that they learnt more details about the life histories of Grangers which enabled them to be more person-centred. They reported feeling inspired about

generating themes for the activities traditionally provided in the day centre and how these might be more accessible for people with dementia. Comedy improvisation based on a familiar theme such as the Queen's visit gave us a more flexible narrative which allowed maximum involvement with people who might otherwise be marginalized in such untraditional activities. Further, as mentioned in some of the literature, laughter can be used as a mitigating force to lighten the seriousness of everyday problems and improve the participants' sense of well-being, the topic or to indicate empathy with the speaker (Matsumoto, 2007).

We have also developed digital learning resource that can be replayed in professional education settings and whilst we have not had the opportunity yet to review its use, early use with students has illustrated the potential to direct their attention to different aspects of the mockumentary and draw out more challenging stereotypes. The mockumentary illustrates a number of aspects of dementia care, firstly, an insight into the personhood of those participating and their potential. It is also a trigger for considering what we laugh at and why and some of the ethical issues that accompany laughter. For example the mockumentary focuses specifically on some issues that we might shy away from and enables them to be discussed in a supported learning environment. The mockumentary enables us to see the persons living with dementia as a whole and has potential for sparking discussion about this kind of work.

Further research is needed to evaluate the outcomes of comedy for the wellbeing of older people with dementia. Our project was not intended as a research study and

further expansion of this type of provision could be accompanied by use of pre and post wellbeing measures (Eckersley, 2009). How far the goals of day care could be modified to provide more innovative programmes of activities and or its organisation, could explore different models including peer and staff led programmes. This could be of interest to those responsible for developing more personalised care and may offer a more sustainable approach in the light of reduced resources.

Being engaged in this project gave rise to many discussions between those involved on how we could act in ethically appropriate ways, including working through issues of informed consent, anonymity, and confidentiality. A decision about the dissemination of the learning resource, which has real people in it, was particularly challenging. As people heard about it, they naturally wanted to have and see a copy and so we have had to go back and renegotiate distribution at different points after the project ended. We have adopted a guiding principle that what was eventually edited should do the individuals no harm, underpinned by what was included in the DVD, reflected a commitment to their rights and dignity. We sought ethical approval from the relevant bodies even though we were not strictly undertaking research, and even with approval, encountered some issues once the project got underway. Ownership and copyright of the digital learning resource whilst with the university, is also subject in the UK to the Data Protection Act 1998 (Clark, et al., 2010b), given that a digital image of an individual can be considered to be personal data for the purpose of the Act, and therefore requires consent. Banks (2007, p. 88) makes a useful distinction between an 'intellectual' rather than legal resolution, suggesting that 'the researcher should know enough about the

society or community through their research.’ In our project, this involved constant consideration of obtaining informed consent not only permission to film and make visual images with people whose understanding is subject to fluctuation, but to also think ahead to where we might display those images to different audiences in different contexts. Our consent process implies that those participating were able to consent to future use but to disseminate the resource beyond a controlled educational audience is ethically questionable. We have made an effort to maintain rapport and relationships of trust with the Grange Day Centre, for example, when making a poster of the project for a gerontology conference, getting agreement, making sure they had their own copy. Other gatekeepers, such as management of the day centre and family carers, in this case, did not pose any particular challenge as there was a spirit of partnership throughout. Using visual images was an essential aspect of this project and has proved to be valuable in revealing powerful information that text or words alone might not. For example, we had an intense debate about having the Grangers names on the film, and people are clearly recognisable. These types of issues have required procedural reflexivity and avoided too much subjectivity in the way that the mockumentary was put together. The mockumentary included a section at the end of interviews with staff, carers and Grangers about how they found the filming and their views on some of these issues helps to reflect our honesty and truthfulness’ in what we were trying to achieve. The very purpose of making the mockumentary was intended as a participatory and co-productive project, but it would be dishonest to say that it did give rise to other ethical conundrums briefly shared here.

Dementia is often defined as challenge within professional education and there has been increasing publicity about how those affected are marginalised and stigmatised and in particular, around the unacceptable low standards of care. Whilst small, our project has aimed to offer one alternative perspective using unconventional methods which 'see the person first' which should give courage to those using creative therapies such as comedy as interventions to improve the health and well being of people with dementia.

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## **References**

- Banks, M. (2007). *Using Visual Data in Qualitative Research*. London: Sage Publications Ltd.
- Basting, A. D., & Killick, J. (2003). *The Arts and Dementia Care: a resource guide*. New York, NY: Center for Creative Aging.
- Berk, R. A. (2001). The active ingredients in humor: psychophysiological benefits and risks for older adults. *Educational Gerontology*, 27(3-4), 323-339.
- Biggs, S., & Powell, J. (2000). Surveillance and elder abuse: the rationalities and technologies of community care. *Journal of Contemporary Health*, 4(1), 43-49.
- Brookmeyer, R., Johnson, E., Ziegler-Graham, K., & Arrighi, H. M. (2007). Forecasting the global burden of Alzheimer's disease. *Alzheimer's and Dementia*, 3(3), 186-191.
- Care Inspectorate (Undated). *Welcome to the Care Inspectorate*. Retrieved 12 June 2012, from <http://www.scswis.com>.
- Clark, A., Bradford, L., & Robertson, J. (2010a). *What is considered 'state of the art' in providing high quality social care at home to people with dementia in rural and*

- remote areas and can it be applied in my local authority?* Aberdeen: Centre for Rural Health, Universities of Aberdeen/University of the Highlands and Islands.
- Clark, A., Prosser, J., & Wiles, R. (2010b). Ethical issues in image-based research. *Arts & Health, 2*(1), 81-93.
- Damianakis, T., & Marziali, E. (2011). Community-dwelling older adults' contextual experiencing of humour. *Ageing & Society, 31*(1), 110-124.
- Department of Health (2002). *Requirements for Social Work Training* (No. 28150). London: Department of Health. Retrieved 9 June 2012, from <http://www.dh.gov.uk/assetRoot/04/06/02/62/04060262.pdf>.
- Department of Health (2009). *National Dementia Strategy*. London: Department of Health. Retrieved 12 June 2012, from [http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_094051.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094051.pdf).
- Department of Health (2010). *Quality outcomes for people with dementia: Building on the work of the National Dementia Strategy*. London: Department of Health. Retrieved 12 June 2012, from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_119827](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_119827).
- Eckersley, R. (2009). Population measures of subjective wellbeing: how useful are they? *Social Indicators Research, 94*(1), 1-12.
- Foucault, M. (1973). *The Birth of the Clinic: an archaeology of medical perception*. London: Tavistock Publications Limited.
- Hafford-Letchfield, T., Couchman, W., Harries, B., Downer, J., Jackson, R., Khisa, C., et al. (2008, 23-25 January). *Using arts-based methods to develop service user led learning materials for social work education*. Paper presented at the conference 'Practical Learning: achieving excellence in the human services conference', Edinburgh.
- Hafford-Letchfield, T., Couchman, W., Webster, M., & Avery, P. (2010). A drama project about older people's intimacy and sexuality. *Educational Gerontology, 36*(7), 604-621.
- Harris, P. B., & Keady, J. (2008). Wisdom, resilience and successful aging: Changing public discourses on living with dementia. *Dementia: The International Journal of Social Research and Practice, 7*(1), 5-8.
- Hayes, J., & Povey, S. (2011). *The Creative Arts in Dementia Care: practical person-centred approaches and ideas*. London: Jessica Kingsley Publishers.
- HM Government (2007). *Putting People First. A Shared Vision and Commitment to the Transformation of Adult Social Care*. London: Department of Health. Retrieved 12 June 2012, from [http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_081118](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118).
- Killick, J., & Allen, K. (2001). *Communication and the Care of People with Dementia*. Buckingham: Open University Press.



- Kitwood, T. (1997). *Dementia Reconsidered: the person comes first*. Buckingham: Open University Press.
- Martin, R. A. (2007). *The Psychology of Humor: an integrative approach*. Burlington, MA: Elsevier Academic Press.
- Martin, R. A., Puhlik-Doris, P., Larsen, G., Gray, J., & Weir, K. (2003). Individual differences in uses of humor and their relation to psychological well-being: development of the Humor Styles Questionnaire. *Journal of Research in Personality*, 37(1), 48-75.
- Matsumoto, Y. (2007). Dealing with changes: discourse of elderly Japanese women. In N. H. McGloin & J. Mori (Eds.), *Japanese/Korean Linguistics 15* (pp. 93-107). Stanford, CA: CLSI Publications.
- Matsumoto, Y. (2009). Dealing with life changes: humour in painful self-disclosures by elderly Japanese women. *Ageing & Society*, 29(Special Issue 6), 929-952.
- Måvall, L., & Malmberg, B. (2007). Day care for persons with dementia. *Dementia: The International Journal of Social Research and Practice*, 6(1), 27-43.
- National Collaborating Centre for Mental Health (2007). *Dementia: the NICE/SCIE Guideline on Supporting People with Dementia and their Carers in Health and Social Care*. London: British Psychological Society and Gaskell. Retrieved 12 June 2012, from <http://www.nice.org.uk/nicemedia/live/10998/30320/30320.pdf>.
- Needham, C., & Carr, S. (2009). *Co-production: an emerging evidence base for adult social care transformation. Research Briefing 31*. London: Social Care Institute for Excellence Retrieved 12 June 2012, from <http://www.scie.org.uk/publications/briefings/files/briefing31.pdf>.
- Nolan, M., Ryan, T., Enderby, P., & Reid, D. (2002). Towards a more inclusive vision of dementia care practice and research. *Dementia: The International Journal of Social Research and Practice*, 1(2), 193-211.
- Sabat, S. R. (2005). Capacity for decision-making in Alzheimer's disease: selfhood, positioning and semiotic people. *Australian and New Zealand Journal of Psychiatry*, 39(11-12), 1030-1035.
- Skills for Care (2011). *Common Core Principles for Supporting People with Dementia: A guide to training the social care and health workforce*. Leeds: Skills for Care. Retrieved 12 June 2012, from [http://www.skillsforcare.org.uk/developing\\_skills/dementia/supporting\\_people\\_with\\_dementia.aspx](http://www.skillsforcare.org.uk/developing_skills/dementia/supporting_people_with_dementia.aspx).
- Somers, M. R. (1994). The narrative constitution of identity: a relational and network approach. *Theory and Society*, 23(5), 605-649.
- Townsend, P. (2006). 25th volume celebration paper: Policies for the aged in the 21st century: more 'structured dependency' or the realisation of human rights? *Ageing & Society*, 26(2), 161-179.
- Wiltshire, J. (2006). *The True History of Medicine*. 'Paper presented at the conference 'Association for Medical Humanities UK 4th Annual Meeting: Health, Illness and Representation.'

Zoutewelle-Morris, S. (2011). *Chocolate Rain: 100 ideas for a creative approach to activities in dementia care*. London: Hawker Publications.

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