

Never Ending Story and Forgotten Futures: moving beyond decline/renewal binaries in dementia care

‘Memory...is the active reinvention of a self that is joyfully discontinuous as opposed to being mournfully consistent’

(Braidotti 2013, 167)

The idea that identity is intimately associated with narratives of the self, both as unique individual and participant in social groups, is a key feature of commonly held notions of memory. John Locke argued, as long ago as 1689, that a person is not constituted by a biography, but a remembered biography (1689/1959). The influence of this view is observable in responses to everyday life, from the routine to the traumatic, and plays out explicitly in non-medical interventions in the field of dementia care. This article explores performative interventions in dementia care which draw instead on Rosi Braidotti’s (2013) problematization of received assumptions that memory as a coherent narrative is an important basis – if not *the* basis - of identity formation. She suggests that agency is affirmed within often discontinuous, and always active moments of living, in which ‘dis-identifications from dominant models of subject-formation can be productive and creative’ (167). Braidotti’s post-human perspective critiques humanism as a Eurocentric paradigm, which employs a binary logic of ‘identity and otherness as respectively the motor for and the cultural logic of universal humanism’ (15). Her nomadic theory builds upon a line of philosophical thought from Spinoza, through Nietzsche, to Deleuze, to foreground the idea that to experience reality is to participate in acts of becoming rather than to perform a series of Aristotelian assertions of being. Her thinking challenges how the difficulty of demonstrating coherent, memory recall among people living with dementia is perceived and understood, and has implications for diagnosis and treatment. Nomadic thought ‘rejects melancholia in favor of the politics of affirmation and mutual specification of self and other in sets of relations or assemblages’ (6). The idea of finding the affirmative in every human situation – understood always as a relational dynamic – locates memory and the act of remembering in a positive, active frame, regardless of a person’s ability to articulate a logical, chronological narrative of remembered events.

Braidotti’s (2013, 15) analysis sets out to de-centre prevailing notions of a Eurocentric ‘humanistic norm’ and has important consequences for how relationships between identity and memory are understood. This, in turn, poses particularly interesting questions as to how dementia is perceived: as, firstly, a medicalised, anatomical condition, and, secondly, as a daily, lived reality for currently some 850 000 people resident in the UK. Our research suggests that understandings and approaches to dementia care are conceived among a constellation of binaries. As a result, depending on what side of the binary is favoured in practice, treatment will tend either to reaffirm normative understandings – Foucault’s (1973/2006, 55) ‘normalisation’; Braidotti’s (2013, 15) ‘eurocentrism’ – or contest them. This article will argue the importance of actions informed by critical responses to ‘humanistic norms’ that structure understandings of dementia, in order to recuperate people living with the condition as social actors. The task of re-defining agency for people living with dementia, beyond explicit and problematic binaries, has implications for practice, which will be explored by means of examples of Applied Theatre in dementia care: *Never*

Ending Story (2016- ongoing) and *Forgotten Futures and the City* (2017-ongoing). These projects deliberately problematize normative assumptions associated with dementia, expressed in binary form, including, but not limited to

- Pharmacotherapy/Arts Intervention
- Remembering/Forgetting
- Participation in city life/Exclusion from city life
- Reminiscence Theatre/Imaginary Theatre.

In the UK, the second half of the 20th century was marked by very significant advances in national health care (the NHS having been established in 1948), which profoundly affected public perceptions of health, illness, and the person. Momentous shifts took place in government policy making, diminishing reliance on medical models of health care, in which health conditions were regarded as unique to individual patients, in favour of a more social model, which acknowledged collective responsibility for treatment and prevention. This turn placed an onus on society at large to recognise, provide for, and support people living with compromised health (in whatever form it took). The state's ability to implement a social health care model is very sensitive to broader cultural assumptions about health and well-being. The importance of shaping those assumptions is testified to by the ongoing expansion of public health information campaigns, and their influence on public conversation, from talk radio, to social media, to soap opera plotting.

The Arts Council, established in 1946, was a key institution of the British Welfare State, and its support for cultural democracy as well as the democratisation of culture encouraged a range of practices, now classified as Applied Theatre. As state policy, and especially that of the NHS, began to address disease prevention and quality of life, funded artists and companies were available to design and implement cultural interventions to enhance well-being. The counter-cultural revolution of the 1960s saw artists accelerate movements toward cultural democracy, radically reconsidering who might have access to, and ownership of the arts (Kershaw 1992). This cultural revolution mirrored international shifts in thinking about societal and environmental conditions, such as housing quality, income level, access to social and other support networks, educational opportunities etc. (see Brodzinski 2010), which began to be understood as having important impacts on medical conditions. Changing public attitudes were favourable to the emergence of arts practices, implemented to deliver complementary, and often therapeutic benefits, for people who had medical needs.

By the turn of the 21st century, the British government had formally recognised the role of the arts in enhancing people's well-being, in a *Public Health White Paper* (2004). This policy direction has been developed by successive governments, and ongoing commitment manifests itself in *Arts in Health* (2016; Department of Health) – a comprehensive review of all the existing arts intervention projects for well-being. This is in conjunction with Arts Council England's presence in the All Party Parliamentary Group on Arts, Health and Wellbeing (est. 2014). Encouragingly, the publication of the most recent inquiry report *Creative Health: The Arts for Health and Wellbeing* (July 2017) confirms cross-party acknowledgement of the significance of the sector and its work. In summary, 'Arts in Health'

– an umbrella term, encompassing all art forms from visual art through to dance, and all in between – has emerged as a significant field of practice on the applied arts spectrum. The case studies considered in this paper are examples of Applied Theatre practices as implemented in dementia care.

Dementia manifests as a radical inability to fully, partially, or ever, recall past events, with serious consequences for common associations between memory recall and notions of identity and self. This plays out melodramatically in the mediatised public domain, in outlandish metaphors, such as ‘Dementia Tsunami’ and ‘Dementia Tidal Wave’ (see Hatton 2020). The impact of such environmental metaphors frames persons living with dementia as existing in a state of utter destruction, following a rapid decline, without hope of ‘renewal’. For an Applied Theatre facilitator, the decline/renewal binary is perhaps the most problematic of all, a challenge taken up in an ongoing research project which produced the case studies considered here: *Forgotten Futures* (Liverpool 2017, *Hope Graduate Theatre Company*) and *Never-Ending Story* (intergenerational; North Wales 2016-ongoing, *RMD Memory Matters Creative Arts Company*). Both projects take multi-sensory approaches to arts intervention in care homes and schools, and place equal emphasis on enhancing the well-being of persons living with dementia, and engagement with care staff and families.

Binaries and Metaphors

Braidotti’s (2013) critique of Eurocentric thought suggests that it is more than an ideology shaping a collective psyche, but a material, structural element, which acts on the world through public policies and institutions. Doreen Massey (1999) shows that urban built environments can be thought of as institutional forms, because architectural choices and urban planning dictate a way of being, and impose behavioural prescriptions, as to how people interact in, and navigate urban spaces. As cities experienced de-industrialisation in the mid- to late-twentieth century, discussions on urban built environments began to turn on a binary opposition of decline and renewal. Saskia Sassen (1991, intro) coined the phrase, ‘global city’, to describe common practices by which cities were reinventing themselves to become competitive corporate players on a global stage. The signature practice for such cities was to embark on large and comprehensive urban regeneration projects, transforming old, declining areas firstly by demolition and rebuilding, and then by means of social regeneration, manifested in forms of gentrification (see Ritzer 2009, Rennie Short 2004, 2014). Culture has been recognised, internationally, as part of the regeneration formula crucial to success (as in Barcelona, Dublin, Bilbao).

Apart from Richard Florida (2017), who champions the neoliberal pursuit of cultural capital, scholars are critical of the employment, even exploitation (Hassan 2007 and Smith 2007) of a shallow form of culture. Many critics of the global city paradigm are influenced by Massey’s (1999) argument, which is anticipated by Henri Lefèbvre (1991), in ways that are important to this article. Lefèbvre (1991) suggests that because a streetscape, by its very construction, brings people together it also makes space for alternative action: where there is a collection of people the seeds of dissent and revolution can be sown. If interaction with the built environment informs social understanding and action (Massey 1999), it has the potential to enable relationships between apparently unconnected realities: cultural claims for urban regeneration to which a decline/renewal binary is central, and cultural responses to dementia, popularly understood as a process of terminal decline.

The contemporary city, like the contemporary capitalist corporation, is commonly spoken of as a kind of person, with its own psychological and physical integrity, suggesting a negotiation between cities and human bodies as mutually supporting metaphors. Capitalist regeneration, of the kind critiqued by Hassan (2007), Massey (1999), and others, reimagines a city as a brand that takes on a symbolic corporate life of its own, achieving renewal through regeneration, and rebranding. For the individual, cosmetic procedures now make it possible - and desirable - for the human body itself to be regenerated, processes which actively stall ageing or try to reverse the signs. The individual body becomes a site of renewal reflective of the process employed for urban renewal and the built environment. By contrast, in this economy of physical improvement, a person living with dementia is a ruin, a site of irreversible degeneration, presenting, not only a problem, but an unsolvable one. The reason is that the condition is not cosmetic, but deeply rooted.

So how then does the embodied condition of dementia cast light back on what is unseen about urban regeneration? Might regeneration involve not only cosmetic operations, but deep erasure of the city, leaving it a visually ordered but radically de-humanised site? How does attention to the decay of deep bodily structures – especially the brain – enable critical thinking about eurocentrism and the power of humanistic norms in the Western social imagination? In attempting to answer such questions, Malcolm Miles's (2015, 36) concept of "imagineering" sheds light on the cultural consequences of regenerative approaches to the contemporary city, 'In the symbolic economy by which cities compete for global recognition, images made for external perception freeze out those of everyday life.' As a result, images contrived for branding purposes - very often involving exploitation of local culture – erase the presence of marginalised groups, such as those living with dementia from the public imaginary of the city.

In Miles's symbolic economy, nursing homes are highly unlikely to provide the kind of imagery for 'external perception' that would enhance their social capital. As a result, they risk coming, by default, to embody a sense of the 'threat' posed by those who fail to comply with regeneration's cosmetic priorities; their very existence tarnishing the shiny new surfaces of re-branded urban space (Douglas cited in DeSilvey 2017). They warehouse "rejected bits and pieces", that are recognizably "out of place," but still have some identity because they can be traced back to their origins" (DeSilvey 2017, Kindle Location (KL) 383-385). Nursing homes are usually located in suburbia, peripheral to a city, both physically and metaphorically. As a consequence, opportunities for those who live in them to participate in the city's promise of vitality are severely compromised, and their presence is completely eclipsed in the corporate imagery of everyday urban life.

Contesting this erasure, Caitlin DeSilvey (2017), an urban historian who employs an entropic perspective on built environments, understands change, including processes of decay, as culturally valuable actions that present opportunities for engaging people and acknowledging human vulnerability (171). She is attracted to properties associated with entropy as a way of reading decay which embraces disorder and randomness in any given system, a form of perception that enables 'a multiplicity of potential arrangements' (2017, 187-188). Specifically, DeSilvey insists on embracing sites of decay as opposed to trying to

arrest, or erase them altogether. This involves extending a welcome to potentially endless possibilities of 'positive reformulations [that] catalyse the continual remaking of matter or culture' (219-221), embracing chance, and new formations; alternative and unpredictable. She identifies decay and renewal, entropy and regeneration, as false binaries that obscure exciting possibilities present in moments of transition.

DeSilvey's (2017, 97) idea of a vacant space, a by-product of acts of transformation and change, represents her understanding of the random emergence in cities, of inspiring spaces to create, to take ownership of, to fill. Her commitment never to arrest change and transformation, but to acknowledge and give witness to it, is a radical strategy of embracing the here and now. Acknowledging the endless reconfigurations brought into existence by active processes of change, DeSilvey (2017) echoes Braidotti's (2013) post-human analysis of memory in particular, in which she, too, argues for the benefits of chance and unpredictability in acts of remembrance. Her strategy may be thought of as refusing the inbuilt positive/negative structure of the binary opposition, a feature of Paul Ricoeur's (1999) analysis of remembering, which revives and renovates a binary in order to assert the *active* role of forgetting. Ricoeur complements DeSilvey and Braidotti's insights, by proposing a need to recognise often unanticipated benefits produced by acts of forgetting, and possibilities that arise from what is thought of as 'negative' action.

DeSilvey (2017), Braidotti (2013) and Ricoeur (1999) explore the importance of relational configurations for understanding how human beings interact, and make sense of the world. This emphasis is visible in new approaches to dementia care, notably the evolution of person-centred care (Kitwood 1997) toward practices of 'relational care'. This emerging trajectory goes beyond concentration on the quality of life of a person living with dementia, to concern itself with approaches which give equal weight to the quality of lives of those intimately associated with that person. Scholarship by Morhardt and Spira (2013), and Nicky Hatton (forthcoming, 2020) documents transitions involved in designing care around these new priorities. While DeSilvey (2017) is mainly concerned with decay in built environments, I suggest that there is an interesting correspondence between her entropic analysis and questions raised for Applied Theatre practitioners involved in dementia care. Our case studies investigate the possibility of accommodating conflicting responses to decline, to produce a considered and respectful evaluative format, with important implications for rethinking the purpose, design, and implementation of performative interventions.

As Applied Theatre interventions are intensely social, it is reasonable to argue that they are well placed to respond to such developments. The best work has always recognised and developed the relational constellation around a person living with dementia: carers, family, and people in the nursing home environment. In similar ways to DeSilvey's entropic perspective, arts interventions typically disrupt the predictable routines of a nursing home's daily schedule. Creative interruptions produce new meanings, values and experiences, which unfold within new relational configurations, brought into existence by the very process of moving from order to perceived disorder (see Hatton 2020). DeSilvey's approach to urban studies is experimental and at odds with conventional studies, refusing policies of heritage preservation, on the principle – echoing Braidotti's concerns - that the conservation of historical sites is flawed when coercively imposed 'in order to stabilize memory in

material form and to stabilize associated identity formations' (229-234). This critique of influential policies in respect of the built environment, has implications for how human identities are constructed, understood, and where they stand in relation to processes of change, including decay. If only identity as informed by authorised memory is valued, DeSilvey's work suggests that we may ignore the significance of signs and manifestations of aging, fatefully missing Leonard Cohen's point that 'it is the cracks that leave the light in'.

The City as Ruin/Dementia as Ruin

The urban ruin is imagined as a building which has degenerated and must be replaced. It belongs to an irretrievable past and stands in the way of progress, preventing a projection of the image of the future. This imaginary also applies to the ruined social capacities of the person living with dementia; however, David Lloyd (2008) insists that in the ruin are embedded 'signs of alternative possibilities, of potentials in the past that have not been exhausted by or for the present': in other words, ruins point to hopes for a future other than the one that eventually happened. Lloyd's insight reflects that of Ricoeur, who suggests that in prioritising historical narrative and the act of reminiscence, we tend to interpret a given historical epoch, not only through the lens of hindsight, but also as a self-contained unit of time. The danger is that we then fail to acknowledge, that in that actual moment, people were living in a constant state of expectancy. As 'no historical moment ever exhausted its own dreams' (Ricoeur in Kearney 1999) any hermeneutic act can only ever be truly understood as a moment of future anticipation. Repositioning dementia as a ruin in Lloyd's sense changes its metaphorical meaning from something that no longer has purpose or social contribution, to a location of hopes, dreams and desires. Undoubtedly, some of those will have been fulfilled, some won't, but this reframing means that negative perceptions associated with the condition (Hatton 2020) may be rethought.

If practitioners take seriously Sue Mayo's (2014) insight that we resist asking older people to reminisce, in favour of anticipating, or commenting upon the future, then people living with dementia (including those with early onset) must be accorded a much more active social role. Specifically, *Forgotten Futures* accepts Mayo's insight as a critique of reminiscence theatre - a widespread practice, as acts of reminiscence are often more accessible to people living with dementia than engaging in acts of 'imaginary projection'. However, it can all too easily become, in Lloyd's phrase, a matter of 'rooting through the shards and remnants of spent lives and of ways of living that the ongoing process of progress and development has consigned to the rubbish heap, tracing the contours of things whose value both in use and in exchange has evaporated, listening for voices and waiting for ghosts' (2008, 7). Contrary to DeSilvey's strategy of acknowledging the creative possibilities in entropic processes, rejecting the exclusive pursuit of strategies to preserve and arrest, reminiscence theatre can be read as a failure to acknowledge potential. Such potential is enabled by embracing unknown, random, and often chaotic new configurations which occur when an alternative approach is employed, as a means of exploring the consequences of a human story that 'persists nonetheless - to understand change not as loss but as a release into other states, unpredictable and open' (DeSilvey, 2017, 79). Unpredictability is a condition which creative work in schools, theatres, and other public institutions embraced from the 1960s to the 1980s. It has been systematically degraded under the global economic system known as neoliberalism.

Neoliberalism and Dementia

Neoliberal economics has changed not only employment practices, forms of trading, and the role of the state, but the very meaning of what it is to be human. In every aspect, neoliberalism has been a revolutionary social force, content to use public policy, but ready to use violence to achieve its objectives. In the case of Western liberal democracies, Jen Harvie (2013) cites Foucault's argument that 'political ideologies such as neoliberalism are not principally imposed through top-down government "controls" but rather through "governmentality" – the dissemination of knowledge that people internalise so they become self-governing'. Neoliberalism degrades the state's capacity to intervene in 'markets', so as to privilege property, productivity, and profit margins. In this system, the human person is recognised exclusively as *homo œconomicus*, who only makes sense in relation to his/her capacity to work to generate profit. *Homo œconomicus* is human capital, or an entrepreneur of the self, and in positioning *homo œconomicus* as the centre of a social vision, neoliberalism deliberately displaces ideas of human solidarity – such as collective action - in favour of individualism.

The commodification of culture, the depletion of public spaces and the calculated branding of cities promotes neoliberal ideology. According to Miles (2015, 1) 'Culture has become a mask of social ordering under neoliberalism' with a new type of purchasing power coming from what has become known as the 'creative classes' in jazzed up, newly regenerated areas. Jen Harvie (2013, 2) suggests that 'self-interest ... is actively cultivated by dominant neoliberal capitalist ideologies which aggressively promote individualism and entrepreneurialism and pour scorn on ...welfare support'. In this context, it is instructive to consider how understandings of dementia care conform to, or challenge, the neoliberal agenda. Hatton (2020) notes how Government policy in recent years has advanced a neoliberal agenda, especially in the area of Wellbeing and Health. She suggests that the onus of responsibility for personal wellbeing and health has been loaded onto isolated individuals, overturning the progressive ethos of welfare state arrangements. What used to be considered a public issue has been reframed as a private matter. In the area of health policy, responsibility has been displaced from the state to the individual, supported not only by legislation but by abusive narratives circulated by a media culture which amplifies the prejudices of owners holding vast amounts of private wealth.

Framing people living with dementia as a strain on the national healthcare system, reflects the de-humanised analysis of their lack of productivity within the capitalist machine. However, an alternative neo-liberal reading of people living with dementia sees them as a business opportunity. Once their access to NHS care has been conditionalised out of existence, those with enough money for health insurance will be made available as active consumers of privatized, American style health care. A pharmacotherapy approach to care for people living with dementia is much more profitable for pharmaceutical corporations than elevating low cost mediations such as arts interventions, despite the growing evidence base for the efficacy of arts interventions in dementia care settings (see Malone and Redgrave, 2016). Even where their work is supported, Nicky Hatton (2020, 9) stresses the need for caution for arts facilitators working within the 'wellbeing agenda'. In an argument

similar to Jen Harvie's (2013), Hatton suggests that, despite their best intentions, they may in fact serve to advance neoliberal agendas. She also refers to requirements for artists to produce 'quantifiable evidence about improvements in wellbeing' as something that may in fact play directly into incorporating entrepreneurial applied theatre practitioners in a neoliberal scramble for funding.

Developments in dementia care toward relational care contradict neoliberal ideology, as the approach always considers the individual in relation to others. It is inclusive and recognises inter-related levels of interaction, and care - often delivered by loved ones without recognition or financial reward - and the impact that has on all involved. In a worst-case scenario, current pressures could see the flawed humanity that defines the NHS at present replaced by what many people fear would be an inhuman, commercially driven, mode of care. However, Braidotti (2013, 108) emphasises Lyotard's definition of the inhuman as the alienating and commodifying effect of advanced capitalism on the human: a contradiction within the body itself, which 'confirms the non-unitary structure of the subject, but also functions as the site of ultimate resistance by humanity itself against the dehumanizing effects of technology driven capitalism. In this respect, for Lyotard, *the inhuman has a productive ethical and political force*' (108, my emphasis). Lyotard's idea of the body not as the site of compliance and passivity but as the ultimate site of resistance, offers drama facilitators a very interesting entry point when working with people living with dementia.

This article now turns to consider two case studies, in which the contradictory forces discussed so far are negotiated, in the interests of socially sensitive, relational values. The projects are further compromised by the consequences of austerity measures implemented in the UK by the Conservative and Liberal Democrat coalition government,¹ from 2010, which left the Arts Council's budget severely reduced. That has meant that people living with dementia in privately funded care are more likely to benefit from visits by arts companies. To include residents in state and local authority provision in *Forgotten Futures*, Hope Graduate Theatre Company sessions were offered free of charge. *Never Ending Story* was commissioned by the Alzheimers Society, indicating a growing interest in the sector, in arts related interventions.

Forgotten Futures: The Materialisation of the Imagination – an Invitation to Dream.

Reminiscence Theatre is a form of dramatic practice that gained currency in the 20th Century and continues to be widely applied in Dementia Care settings. It is a form of theatre which draws upon past historical events/epochs to generate performances designed to stimulate memory for audience members and enable acts of reminiscence. It will very often use popular forms of culture from the era under dramatic exploration such as songs, pictures and key historical figures. Direct interaction with the audience is a common feature. Reminiscence Theatre prioritises supporting the recall of personal narratives by people living with dementia. This underpinning assumptions driving this approach are challenged by the *Forgotten Futures* project; not least the organising idea that people affirm agency by

¹ It is important to acknowledge substantial resources available for dementia research, under the Coalition government's Dementia 2020 initiative. It may be that the driver of this policy decision is a need to reduce costly demands on NHS budgets.

articulating their history: telling their story. As acts of remembering bring with them the dichotomy of forgetting (Ricoeur 1999), the centrality of Reminiscence Theatre's appeal to reliability, so that remembered events have the status – or, at least, the appearance – of testimony, must be scrutinised. Where this happens, the construction of life narratives conforms to Braidotti's (2013) category of 'mournful consistency', and is neglectful of the potential of 'joyous inconsistency', located in omissions in one's personal narrative.

Participants in *Forgotten Futures* were encouraged to put aside the quest to 'accurately' recall their lives through story and to engage more actively with imaginary projection. This approach, which eschews dependency on memory, reflects Lyotard's observation that a body should not be a site of compliance but of resistance, in which agency is not a function of Locke's narrated biography, but is confirmed through the act of imagining in the here and now. Imaginary Theatre is a devised form of drama practice in dementia care, celebrating the power of imagination, embracing unpredictability, and exploring 'contemporaneous' (a neologism invoking both the immediate moment and porous/ fluid) imaginary worlds where collective story-making takes place simultaneously *here-and-now* and *there-and-then*. It is self-consciously a site where randomness, chaotic thoughts and imaginative wonderings are essential construction materials.

Forgotten Futures was an applied theatre project conducted in 4 nursing homes in and around the city of Liverpool, in April 2017. The premise of the project was Sue Mayo's (2014) observation that older people need to be engaged in more 'future-orientated' discussions, coupled with the recognition that people living with dementia are often residents in nursing homes and get very little opportunity to engage, and exercise active citizenship, within their own city. The city often becomes closed off to them; a hub of activity that happens beyond the walls of the nursing home, which define their existence on the wrong side of an access/exclusion binary. *Forgotten Futures* explored the importance of identity in relation to the city, with special reference to how the built environment, and the lived cultures it shapes, informs people's sense of identity. The project investigated ways in which engagement and interaction with the city might be seen to strengthen older people's sense of agency.

Niamh Malone and Hope Graduate Theatre Company (HGTC) initiated the *Forgotten Futures* process by identifying key public art works which reflected the cultural fabric of the city. Participating residents in each care home were invited to respond to the images as a set of stimuli, and to tell their own stories, facilitated in doing so by storytelling structures, music and props. While statues of the Beatles and Billy Fury prompted people to reminisce, HGTC consciously integrated more contemporary images that required residents to use their imagination, and to look forward and consider the future of the city. The project culminated in a session centred on a photograph of a derelict site zoned for development on the Dock Road, in the city centre. The residents were asked if they had the opportunity to work alongside the council and develop this land for the city, what would they propose? There was a wide range of answers, the most memorable of which was offered by a woman who announced, 'Oh, who cares love?' This stimulated a discussion about the purpose of public consultation and the impact of recent cuts to the council budget. The resident's outburst also could be seen to qualify Braidotti's (2013) elevation of the random and unpredictable and the fruits of such encounters for generating other avenues of exploration. The

presumption on behalf of the facilitator was that all residents would have an interest in the future of the city, where in fact, the group's responses indicated complex feelings both about the built environment and the impact of ordinary people's voices on policy discussions.

Imaginary Theatre complements Laura Cull's (2012) notions of immanence in theatre practices, which develop Braidotti's (2013) understanding of agency, narrative, and ownership, in relation to transcendence. Cull draws on a Deleuzian analysis of what is referred to as 'two ideal poles of a continuum of relation to creative production, with the former [immanence] tending towards a 'bottom-up' approach in contrast to the top-down tendency of the latter [transcendence]' (22). She argues that creative encounters can foster a sense of immanence, when the liveliness of elements, such as unmediated happenings, improvisation, and spontaneity are included by design as central components of a creative meeting. Embracing immanence is also a way to decentralise power relations between drama facilitator and participant, she suggests:

There is no leader, director, author, or transcendent idea that commands coordination and organization from without; rather, 'coordination arises more spontaneously and in a manner immanent to the ... activity (Holland 2006). The material bodies involved in the creative process do not obey commands issued from a transcendent source, but generate their own rules and forms of creation.

(Cull 2012, 25)

Immanence is based on an ontological principle which is concerned with ideas of 'becoming' as opposed to 'being'. Invoking a binary between immanent and transcendent reflects a tension that exists between Imaginary theatre and Reminiscence theatre, evidenced in Imaginary theatre's approach to promoting the here and now, and prioritising imagination over memory recall. For the *Forgotten Futures* project, the idea of 'becoming' plays out in invitations to participants to think about the future, as opposed to just reflecting on the past. By doing so, facilitators and participants reaffirm that people are always in a state of becoming, and, in turn exist always in relation to their environment, including people around them.

Never Ending Story – Connecting the Generations

The *Never-Ending Story* (RMD Memory Matters Creative Arts Company) is a project grounded in Donna Miles's developing arts practice, dedicated to helping people living with dementia articulate, not only a remembered biography but perspectives on the now - *the lived present* - as active authors of their own, ongoing life story. To this end, she, like Malone, uses 'Imaginary Theatre'. The *Never Ending Story* commenced in 2016 in Flintshire, North Wales. The project is intergenerational, bringing together schools (3 primary, 2 secondary), churches, community groups and people in long term care from local nursing homes. *Never Ending Story* was designed in such a way as to use arts intervention strategies that would complement established national programmes such as the Alzheimers Society's *Dementia Friend*². As a result of this project, by the beginning of 2018, 997 staff and pupils have gained *Dementia Friend* status, while actively engaging in creative arts practice.

² This is a national initiative. For more information visit: <https://www.dementiafriends.org.uk/>

The overarching aim of *Never Ending Story* was to bring generations together, to work towards demystifying dementia for younger generations in particular, and also to aid the inclusion of people living with dementia in the community at large. Miles's artistic interventions were deliberately designed to educate the young school-going generation on the condition of dementia, enabling them confidently to identify how simple steps could enable someone with the condition to live well in their community. To achieve this, the project design emphasised not only educating young people, but bringing them into the company of those living with dementia to put their understanding into action, through an original creative intergenerational storytelling project. This co-dependent project, uses arts interventions - storytelling principally, accompanied by music, visual imagery, and movement - to work towards enabling those living with dementia to be acknowledged, accepted and included within their community. This was a very deliberate strategy to enable the creation of a *Dementia Friendly Community*, identifying practical ways for all sectors of the community to come together and support and respect everybody.

Miles initiates the project by educating younger people about the condition of dementia with a view to their understanding that people living with dementia are often isolated, lonely, and no longer seen as active citizens within their own communities. In this phase, she makes use of familiar applied theatre approaches, such as those found in Augusto Boal's *Theatre of the Oppressed* portfolio, alongside original creative approaches to storytelling, encompassing improvisation, role play and devising. Following a series of facilitated encounters with care home residents, and the preparation of group creative narratives in dramatic form, a community event is held for local people, people living in care, and pupils from the local schools. This event is designed to demonstrate that 'people living with dementia have varying capabilities for maintaining narrative coherence, however when considering the fact of using the imagination, formal coherence is not completely necessary; which opens up possibilities for anyone to enter into this type of process' (Malone & Redgrave 2016, 177). This methodology for arts in dementia care is congruent with Cull's 'bottom-up' democratic, radical-immanence approach, decentering power relations, and giving preference to immediate happenings in the here and now. The final creative storytelling afternoon is enlivened by music, drama and movement in a fun and informal environment, enhanced by the use of props, costumes and openness to accepting and celebrating non-linear and often chaotic thought processes which inform the stories.

Conclusion:

Braidotti's (2013) critique of inherited notions of identity, DeSilvey's (2017) re-evaluation of entropy and critical perspectives on urban regeneration – both as planned practice and cultural metaphor – combine in the Imaginary theatre form at the centre of these case studies. These theoretical tools enable a practice which disrupts conceptual binaries and their consequences, as Imaginary theatre acts on the assumption that persons with dementia negotiate changing identities in lived social action, thus demonstrating capacity for agency in relational contexts. If they are in a ruined condition, their actions demonstrate human capacities in line with Lloyd's (2008) insistence on the ruin as a site of future options which may not have transpired, but were nevertheless the focus of human desire and

emotional investment. In this way, *Forgotten Futures and Never Ending Story* are attempts to address a consensus among scholars on 'the limitations of art and dementia research which focuses exclusively on wellbeing, or which relies solely on quantitative measures to interpret the value of the work' (Hatton 2020, 11).

As interventionist arts projects, they attempt deliberately to embrace and acknowledge entropic processes in the human body, to try to find positive potential in their uncertainty and unpredictability, and to challenge the overwhelming negativity of the popular framing of dementia. In designing and co-creating work, the power of memory's fictional qualities is playfully mobilised alongside its documentary claims, in keeping with Jean Said Makdisi's insight, 'One of my clearest childhood memories may have been reinforced by a family picture in which the memory is sealed' (Said 2005, 50). The processes and outcomes both of *Forgotten Futures* and *Never-Ending Story* suggest that when Applied Theatre practitioners embrace the unpredictable energy of narrative gaps, they open up spaces into which imagination may move, to complete, or indeed create, stories. Achieving this means treating memory as a site of shifting imbalances between real and fictional events; in other words, approaching remembering as a creative act. In this way, memory is associated more with becoming than with being, embracing the now of 'joyful discontinuity' (Braidotti 2013). Like all applied theatre facilitators, the desire to make a difference, however small, tends to be the driving force behind implementing an arts intervention project. Paul Ricoeur's (1999) definition of Utopia as, 'a permanent tension between...the space of experience and the horizon of expectation', reminds us that perhaps the most pressing binary of all is the one of countering influential accounts of the 'human norm' by exposing creative potential in the actuality of the lived, present, experience. Binaries are false and problematic from the outset, however Ricoeur would have us believe that it is actually in the act of recognition of a binary, the subjugation of a middle ground – a norm – that space to question and to seek an alternative path may be found.

Finally, neither care workers nor applied theatre practitioners claim to exist outside the social terms dictated by neoliberal political economy. Even paid caring work challenges neoliberal economic theory because it participates in a gift economy without which capitalist economic arrangements cannot be sustained. Caring labour – whether by relatives, paid care workers, or artists who opt to do it – involves significant, unquantifiable, personal sacrifice. Because 'the logic of sacrifice is external to neoliberal reason, working as a supplement to it [...] it carries the potential for breaking open or betraying the limitations of [neoliberal] logic' (Brown 2015, 215-216). The challenge to neoliberalism's version of human reality, in other words, is both conceptual and practical.

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