Creative Urban Care for Older Adults in Thailand: *Drama Therapy and an Innovative Expressive Arts Framework for Better Urban Ageing*

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Abstract

This article examines drama therapy with older adults across three institutional contexts in Thailand: Chulalongkorn Hospital, Thai Red Cross Society; Kwong Siew Foundation Hospital; and Sawangkanives Housing, Thai Red Cross Society. Drawing on a practice-based qualitative study involving 60 older adults, facilitator observations, semi-structured interviews, reflective writings, and institutional descriptions, the article explores how drama therapy was adapted across medical, chronic-care, and senior residential settings. The findings suggest that drama therapy supported memory sharing, emotional expression, social connection, belonging, and quality of life among participants. The article argues that drama therapy should be understood not merely as entertainment or supplementary activity, but as a form of creative urban care that contributes to quality of life, cultural participation, and healthy ageing. It concludes by proposing a modular expressive arts framework for urban ageing that integrates drama, music, visual art, movement, mindful drawing, storytelling, and community-based creative leadership. The concept of creative urban care is offered as an innovative expressive arts framework that contributes to urban culture research and ageing studies.

Keywords: *Drama Therapy, Expressive Arts Therapy, Older Adults, Urban Ageing, Community Well-Being, Quality of Life*

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Introduction

Population ageing is reshaping the social and cultural life of cities. International age-friendly city scholarship argues that urban ageing should not be treated only as a question of medical care or physical accessibility, but also as a matter of participation, social inclusion, local belonging, and the ability of older people to remain visible within everyday urban life (Buffel and Phillipson 2016; World Health Organization 2007). In Thailand, where older adults increasingly move between hospitals, residential communities, family homes, temples, markets, parks, and public health facilities, elder care must therefore be understood as both a health issue and an urban-cultural issue.

In many care institutions, older adults are approached through the language of risk and decline: falls, frailty, memory loss, loneliness, depression, dependency, medication, and chronic illness. These concerns are real and should not be dismissed. However, if ageing is framed only through medical and functional limitation, older adults may gradually be seen as passive recipients of care rather than as people with histories, imagination, humour, cultural memory, and social capacity. This article proposes that creative arts practices can help shift this perception. Evidence from participatory arts and creative arts interventions suggests that arts-based activity can support well-being, social connection, mood, meaning, and engagement among older adults, although outcomes vary by setting, facilitation, and study design (Noice et al. 2014; Dunphy et al. 2019).

The central practice discussed in this article is drama therapy with older adults in three institutional contexts in Thailand: Chulalongkorn Hospital, Thai Red Cross Society; Kwong Siew Foundation Hospital; and Sawangkanives Housing, Thai Red Cross Society. These settings represent different forms of urban elder care. Chulalongkorn Hospital reflects a comprehensive medical and geriatric care context. Kwong Siew Foundation Hospital reflects a smaller chronic-care context, where many older adults live with long-term illness or higher dependency. Sawangkanives Housing reflects a senior residential community, where older adults are not primarily patients but residents with varied levels of independence, social involvement, and care needs.

The activities discussed in this article were conducted with support from the MA Expressive Arts Therapy Programme, Faculty of Fine and Applied Arts, Chulalongkorn University. Students and facilitators participated in workshop preparation, small-group facilitation, translation, observation, interviewing, and reflective writing. Their experiences offer insight into how drama therapy works not only as a therapeutic method but also as a form of cultural practice within ageing institutions.

The article asks three main questions. First, how can drama therapy be adapted across different urban elder-care settings? Second, what forms of expression, memory, vitality, and belonging emerged through the activities? Third, how might drama therapy become part of a broader expressive arts model for improving quality of life among older adults in urban contexts? The article argues that drama therapy can function as creative urban care: an arts-based practice that transforms urban care institutions into spaces of memory, expression, relationship, and shared meaning. This approach does not replace clinical care; rather, it adds an emotional, social, and cultural dimension to urban ageing. The innovative contribution of this article lies in the development of the concept of creative urban care, an expressive arts framework that brings together quality of life, cultural participation, and relational well-being within urban ageing contexts.

Conceptual Framework: From Drama Therapy to Creative Urban Care

Drama therapy uses role, enactment, embodiment, imagination, play, projection, storytelling, and performance to support emotional and relational processes. For older adults, drama therapy offers a bridge between memory and present experience. A participant may recall a childhood event, family ritual, school memory, work experience, moment of loss, or moment of joy. Through drama, the memory is not only spoken; it is embodied, shared, and witnessed.

This is especially important in later life, when ageing may involve retirement, bereavement, relocation, illness, or increasing dependency. These transitions can narrow the roles available to an older person in daily institutional life. Keisari's drama therapy model argues that role expansion is a central contribution of drama therapy in ageing, because dramatic play can re-open emotional, social, and imaginative roles that are still meaningful to the older person (Keisari 2021). The older adult may temporarily become a child, student, teacher, bride, singer, market seller, parent, traveller, performer, or community leader. Such role work can reconnect participants with aspects of identity that remain alive but may not be visible in everyday care routines.

Drama therapy also has a close relationship with life review. Life review interventions allow older adults to revisit meaningful turning points and integrate personal meaning; meta-analytic work has shown that reminiscence interventions can support psychosocial outcomes among older adults, although effects depend on intervention type and participant context (Pinquart and Forstmeier 2012). Keisari and Palgi (2017) extend this idea by integrating life review with drama therapy, bringing life crossroads onto the stage so that older adults can explore turning points through voice, role, gesture, movement, and witnessing. Harel, Dovrat and Keisari (2021) further suggest that drama therapy can deepen life-story work by linking personal memory with collective witnessing, unfinished emotional material, self-integration, and imagination of the future.

This article extends that discussion by locating drama therapy within urban culture and institutional life. In an ageing city, care institutions are not only medical or residential facilities; they are also social and cultural environments. A hospital activity room, a chronic-care ward, or a senior housing hall can become a temporary cultural space when older adults gather to move, speak, remember, laugh, perform, and listen to one another. In this sense, drama therapy becomes more than a clinical intervention; it becomes a practice of community-making.

The term creative urban care is used here to describe this broader function. It refers to creative practices that support quality of life in urban settings by strengthening emotional expression, social participation, cultural identity, and everyday meaning. Creative urban care may include drama therapy, music therapy, art therapy, movement, dance, mindful drawing, puppetry, storytelling, creative writing, ritual-making, and intergenerational arts. The core idea is that better urban ageing requires not only buildings and services, but also cultural environments in which older adults continue to be seen, heard, and valued.

Methodology

This article uses a practice-based qualitative approach to examine the adaptation of drama therapy across three institutional settings for older adults in Thailand: Chulalongkorn Hospital, Thai Red Cross Society; Kwong Siew Foundation Hospital; and Sawangkanives Hous-

ing, Thai Red Cross Society. The project was conducted in September 2025 and involved a total of 60 older adult participants, with 20 participants at each site. The activities were supported by the MA Expressive Arts Therapy Programme, Faculty of Fine and Applied Arts, Chulalongkorn University. Ethical approval for the project was granted by the Institutional Review Board of Chulalongkorn University (COA No. 286/68).

The study drew on multiple sources of qualitative data, including institutional descriptions, facilitator observations, student reflective writings, semi-structured interviews with selected older adult participants, and informal feedback from participants and staff members. The purpose was not to evaluate clinical effectiveness through measurable treatment outcomes, but rather to explore the meanings, processes, experiences, and institutional adaptations that emerged through drama therapy practice in different care environments. The drama therapy workshops generally followed a flexible structure consisting of warm-up activities, movement or rhythm-based exercises, memory prompts, small-group sharing, role selection, collaborative story development, rehearsal, short performances, and reflective discussion. These components were adapted according to participants' physical capacities, emotional readiness, cognitive abilities, institutional contexts, and group dynamics. Such flexibility was considered essential when working across medical, chronic-care, and residential settings with diverse levels of functioning and support needs.

Data were analyzed using reflexive thematic analysis to identify recurring patterns and themes across sites and data sources. The analysis focused on six areas: institutional adaptation, memory and identity, embodied vitality, group belonging, low-resource creativity, and ethical facilitation. Rather than seeking objective measurement, the analysis aimed to develop an interpretive understanding of how drama therapy functioned within different urban elder-care contexts and how participants engaged with creative processes.
All participant information was treated confidentially, and personal examples are presented without identifying details. This is particularly important because older adults' narratives may involve emotionally significant memories, personal relationships, experiences of loss, and other sensitive life events. Within this study, participants' stories were approached not merely as data but as expressions of lived experience, identity, and personal dignity.

The study also recognizes the facilitators and students as reflective practitioners whose observations formed part of the data corpus. Their accounts were not treated as neutral measurements but as situated reflections on what they observed, experienced, learned, and questioned during the workshops. This reflexive dimension is consistent with practice-based and arts-based research traditions, where understanding emerges through engagement with creative processes and the relational contexts in which they occur.

Three Institutional Contexts of Urban Ageing

The three sites differed in their institutional functions, participant characteristics, and forms of drama therapy adaptation. However, each provided opportunities to explore how creative arts practices could support quality of life, social participation, and meaningful engagement among older adults. A comparative overview of the three settings is presented below.

Site	Institutional Context	Participants	Main Activities	Key Functions of Drama Therapy
Chulalongkorn Hospital, Thai Red Cross Society	Medical and geriatric care setting	20	Memory sharing, role-play, group performance, reflection	Supported emotional expression, memory stimulation, social interaction, and person-centred care
Kwong Siew Foundation Hospital	Chronic-care and high-dependency setting	20	Music, rhythm activities, storytelling, adapted role-play, reminiscence work	Encouraged participation, reduced isolation, stimulated memory, and fostered emotional engagement
Sawangkanives Housing, Thai Red Cross Society	Senior residential community	20	Collaborative storytelling, dramatic enactment, group performance, reflection	Strengthened community participation, social connection, leadership, and active ageing
Total	Three urban elder-care settings	60	Drama therapy adapted to local needs and capacities	Demonstrated the role of creative urban care in supporting quality of life, belonging, and cultural participation

Figure 1. Comparison of Drama Therapy Across Three Urban Elder-Care Settings.

Chulalongkorn Hospital, Thai Red Cross Society: Drama Therapy within Holistic Medical Care
Chulalongkorn Hospital represents a highly developed medical and geriatric care context. Older adults who come into this setting may experience complex and overlapping concerns involving physical health, cognition, emotion, medication, mobility, family support, and social participation. In such a context, care is often multidisciplinary, involving medical professionals, nurses, rehabilitation staff, psychologists, social workers, and other specialists.

Drama therapy in this context can support the human dimension of medical care. Hospitals are essential for diagnosis and treatment, but hospital culture can sometimes make older adults feel defined by illness. Drama therapy invites a different kind of encounter. Participants are not approached first as patients with symptoms, but as people with life stories, memories, talents, humour, and emotional worlds.

In the Chulalongkorn Hospital context, drama therapy can support emotional expression, memory stimulation, social interaction, and a sense of personhood. When an older adult shares a memory and sees it enacted by others, that person receives recognition beyond the clinical chart. This form of recognition is important in holistic geriatric care because quality of life is not limited to biological function; it also includes meaning, relationship, and dignity. An example of the workshop activities conducted within the hospital setting is shown in Figure 2.

Kwong Siew Foundation Hospital: Drama Therapy in Chronic and High-Dependency Care
Kwong Siew Foundation Hospital represents a smaller chronic-care hospital where many older adults may live with long-term illness, frailty, limited mobility, or dependency. In this context, participation must be understood with sensitivity. Not every participant can stand, speak clearly, remember easily, or perform actively. A small gesture, smile, gaze, rhythm, or vocal response may be meaningful.

Figure 2. Drama therapy workshop at Chulalongkorn Hospital, Thai Red Cross Society. Older adult participants engaged in memory sharing, small-group storytelling, dramatic enactment, and reflective discussion. The activities illustrate how drama therapy can support emotional expression, social interaction, and person-centred care within a holistic medical setting.

Drama therapy in chronic-care contexts therefore requires gentleness and flexibility. It may include music, rhythm, hand movement, simple props, visual prompts, familiar songs, brief role play, or collective storytelling. The purpose is not theatrical perfection. It is to awaken attention, invite presence, stimulate emotional response, and reduce the feeling of isolation that can occur in long-term care. Music-based intervention studies in dementia and older adult care similarly suggest that rhythm and familiar sound can support mood, anxiety, behavioral symptoms, memory, and quality of life, while still requiring careful attention to evidence quality and individual differences (Ueda et al. 2013; Moreno-Morales et al. 2020).

One example from the workshops involved an older man who revisited memories of school life, freedom, flooding, work, and gratitude. Through the activity, he was able to perform parts of his childhood experience, reflect on his relationship with education, and remember a kind woman who helped him learn to read Thai. The value of this moment was not that it produced a polished performance. Its value lay in the fact that the participant could revisit his past with energy, humour, and reflection, while others listened and participated.
In chronic-care settings, drama therapy can reintroduce a sense of aliveness into institutional routine. Many older adults in such settings may spend long hours waiting, resting, receiving medication, or being physically assisted. Creative activities offer a different rhythm. They invite the person to respond, imagine, choose, and connect. Even brief moments of participation can challenge the assumption that frail older adults have little to contribute. The adapted workshop activities implemented at Kwong Siew Foundation Hospital are illustrated in Figure 3.

Sawangkanives Housing, Thai Red Cross Society: Drama Therapy as Community Activation
Sawangkanives Housing, Thai Red Cross Society, differs from the two hospital settings because it is a senior residential community. Older adults there are not primarily defined as patients. They are residents, neighbors, potential friends, and members of a shared living environment. Some live there continuously, while others may move between Sawangkanives and other family or personal residences. The site therefore raises questions not only about care, but also about community life, participation, leadership, and active ageing.

Figure 3. Drama therapy workshop at Kwong Siew Foundation Hospital. Activities were adapted to accommodate varying levels of mobility, frailty, and dependency through the use of storytelling, rhythm, reminiscence, and simplified role-play. The image demonstrates how creative urban care can promote participation, emotional engagement, and social connection in chronic-care environments.

Drama therapy in this context can function as community activation. The aim is not only to support emotional expression, but also to encourage residents to meet, listen, collaborate, and imagine themselves as part of a living social environment. This aligns with evidence that group-based social and educational activities can reduce social isolation and loneliness among older people more consistently than purely individual support models (Cattan et al. 2005).

In the Sawangkanives workshops, facilitators observed themes often associated with youth: freedom, creativity, imagination, daring, openness to new experience, and a can-do attitude. This is significant. Urban ageing is often represented through problems: dependency, loneliness, cost of care, safety, or decline. Yet in a supportive creative environment, older adults may express playfulness, confidence, curiosity, and leadership potential. Drama therapy can therefore help change the cultural image of ageing.

Sawangkanives also suggests a sustainable model for future creative urban care. Rather than relying only on outside facilitators, senior housing communities could gradually develop resident-led arts clubs or peer-facilitated creative groups. Drama, music, mindful drawing, storytelling, and movement could become part of everyday community life. In this sense, creative arts practice becomes not only an intervention, but a cultural infrastructure for better ageing. The community-oriented nature of the drama therapy activities at Sawangkanives Housing is illustrated in Figure 4.

Figure 4. Drama therapy activities at Sawangkanives Housing, Thai Red Cross Society. Participants collaborated in storytelling, dramatic enactment, and group reflection within a senior residential community. The image illustrates the role of creative arts practice in fostering belonging, community participation, and active ageing.

The Drama Therapy Process

Across the three sites, the drama therapy process followed a flexible structure. The first stage was preparation and warm-up. Older adults may feel unsure when invited to "act," especially if they associate drama with formal theatre or public performance. Warm-ups using gentle movement, rhythm, mirroring, voice, or humour helped reduce anxiety and create a safe atmosphere.

The second stage involved memory sharing. Participants were invited to recall meaningful moments from childhood, school, family, work, marriage, friendship, travel, or community life. These prompts allowed participants to reconnect with parts of their lives that might not usually be discussed in care settings. Memories were not treated as fixed stories, but as living material that could be explored through body, voice, and imagination.

The third stage was small-group development. Participants selected one or more memories and worked together to transform them into short scenes. Facilitators supported the group by clarifying the story, assigning roles, encouraging quieter members, and ensuring that the story owner felt respected. Props were simple and symbolic. A scarf could become a wedding veil. A chair could become a classroom object. A gesture could represent a younger self. The simplicity of the materials made the process accessible and low-cost.
The fourth stage was performance. Short performances allowed participants to witness one another's memories. Playback theatre scholarship describes this kind of staged witnessing as a process through which personal stories can be transformed and reflected by a group, creating recognition, belonging, and narrative re-framing (Kowalsky et al. 2019; Keisari et al. 2018). In the present workshops, performance was not treated as an aesthetic product but as an act of social recognition.

The final stage was reflection and closure. Participants were invited to share feelings, insights, bodily sensations, or memories that emerged. Closure helped bring participants back to the present and supported emotional integration. This is especially important in work with older adults because memories may carry joy, regret, grief, longing, pride, or unfinished emotional meaning.

The process varied across institutions. At Chulalongkorn Hospital, the work needed to align with a medical environment and respect participants' health needs. At Kwong Siew Foundation Hospital, the work needed to be simpler, slower, and more responsive to physical limitations. At Sawangkanives Housing, the work could place greater emphasis on community interaction, social leadership, and continuing participation.

Findings and Discussion

Reawakening Vitality in Later Life

One of the strongest themes was the reawakening of vitality. Facilitators observed that many participants became more animated as the sessions progressed. Some who initially appeared hesitant became expressive during rehearsal and performance. Others showed humour, curiosity, and physical energy. Several reflections described participants as reconnecting with youthful feelings. This does not mean that drama therapy denies ageing or romanticizes old age. Rather, it reveals that later life contains many layers. An older adult may live with frailty and still carry playfulness. A participant may need assistance and still have a strong sense of humour. A resident may be socially withdrawn but become lively when a familiar memory is invited into the room. Participatory arts research similarly cautions that benefits are often process-based and context-sensitive, but it also identifies participation, social contact, cognitive challenge, and emotional engagement as recurring benefits of arts work with older adults (Noice et al. 2014). This finding is important for urban culture because cities often design elder care around risk management. While safety is necessary, older adults also need opportunities for joy, experimentation, and social recognition. A city that cares well for ageing citizens must make room not only for wheelchairs, ramps, medicines, and clinics, but also for laughter, rhythm, memory, movement, storytelling, and imagination.

Memory as Shared Cultural Practice

A second theme was the transformation of memory into shared cultural practice. Older adults did not only tell stories; they offered memories that became group material. Childhood scenes, school stories, wedding images, and moments of gratitude were transformed into short performances. This gave participants a chance to see their memories reflected by others. When memory is performed, it becomes more than private recall. It becomes a small cultural event. Other participants witness, respond, and sometimes enter the story by playing supportive roles. This can reduce isolation because the story owner is no longer alone with the memory. The group carries it together, even briefly. Randomized research on life-review playback theatre has also found that participation can support mental health among community-dwelling older adults, suggesting that the combination of life review, enactment, and group witnessing deserves further attention in ageing care (Keisari et al. 2022). This process is especially meaningful in urban elder-care settings, where residents or patients may live near one another without necessarily knowing one another's personal histories. Drama therapy can create a bridge between strangers. A person who was previ-

ously seen only as "another patient" becomes someone who once skipped school, sold noodles, wore a wedding veil, loved a teacher, cared for a family, or dreamed of a different life. Such recognition strengthens community.

Belonging, Friendship, and Group Cohesion

A third theme was belonging. Small-group work encouraged listening, negotiation, role division, and mutual support. Participants had to decide whose story to perform, who would play each role, how the story should unfold, and how to present it to others. These tasks created social interaction in a natural way. This is important because loneliness and social isolation are major concerns for older adults. Group creative activities can help create bonds that are different from ordinary conversation. When people create something together, they often experience shared ownership. The performance becomes "our scene," not only "my story." This shared creation can strengthen a sense of belonging. In Sawangkanives Housing, this has particular importance. A senior housing community is not automatically a community in the deeper sense. People may live in the same compound without feeling emotionally connected. Creative arts modules can help transform co-residence into relationship. Drama therapy can become a catalyst for friendship, peer support, and community identity.

Low-Resource Creativity and Urban Accessibility

A fourth theme was low-resource creativity. Drama therapy does not require expensive equipment. It can use body, voice, space, ordinary objects, and memory. This makes it practical for urban care institutions with limited budgets. A small room, a circle of chairs, a few scarves, simple musical instruments, or everyday materials can be enough. This matters for policy and practice. If creative ageing programmes require high budgets, specialist venues, or professional stages, they will remain limited. But if creative arts modules are designed to be simple, safe, and adaptable, they can be introduced into hospitals, community centres, senior residences, local health stations, temples, and neighborhood clubs. The value of drama therapy lies not in theatrical polish, but in participation. The question is not whether older adults perform beautifully by professional standards. The question is whether they can participate meaningfully, express themselves safely, connect with others, and experience renewed dignity.

Ethical Facilitation and Safety

The workshops also revealed challenges. Drama therapy with older adults requires careful facilitation. Group work can generate tension if one person dominates the story or changes another participant's memory. Facilitators must protect the emotional ownership of personal narratives. Creative freedom should not override respect for the person whose story is being shared. Physical safety is another concern. Some participants may become energized and attempt movements beyond their safe capacity. Facilitators need to balance encouragement with protection. Drama therapy should invite vitality without pushing older adults into risk.

Time management and closure are also important. Older adults need enough time to enter the creative process, but also enough time to return to the present. Closure may include reflection, appreciation, grounding, breathing, or a simple closing ritual. Without closure, participants may leave emotionally activated or physically tired. These challenges do not

weaken the value of drama therapy. They demonstrate that effective arts-based practice requires training, sensitivity, and ethical awareness. Good facilitation is the difference between a meaningful creative process and a poorly managed activity.

Creative Arts Modules for Better Urban Ageing

The findings suggest that creative urban care operates through several interconnected processes, including the reawakening of vitality, the sharing of personal and cultural memory, the development of belonging and social connection, the accessibility of low-resource creative practices, and the importance of ethical facilitation. These themes emerged consistently across the three institutional settings despite differences in care context and participant needs. While drama therapy was the primary modality examined in this project, the findings point toward a broader range of expressive arts practices that may support quality of life, cultural participation, emotional expression, and healthy ageing among older adults. This broader perspective is consistent with creative ageing research, which highlights the potential of arts participation to foster social engagement, emotional well-being, cognitive stimulation, and meaning-making in later life, while recognizing that outcomes remain context-dependent (Dunphy et al. 2019; Noice et al. 2014). The below table illustrates how the principal themes identified in the study informed the development of the proposed creative urban care modules. The following modules are therefore presented as a practice-oriented framework derived from the study findings and informed by the wider creative ageing and expressive arts literature.

Key Finding	Implications for Creative Urban Care	Related Modules
Reawakening vitality	Opportunities for play, expression, movement, and engagement remain important in later life	Drama, Movement, Music
Memory as shared cultural practice	Personal memories can become collective cultural resources	Drama, Storytelling, Puppetry
Belonging and group cohesion	Creative activities can strengthen social connection and community participation	Drama, Music, Intergenerational Exchange
Low-resource creativity	Effective programmes can be implemented using simple and accessible materials	Visual Art, Storytelling, Mindful Drawing
Ethical facilitation and safety	Activities must be adapted to physical, emotional, and cognitive needs	All modules

Figure 5. Table of the Relationship Between Key Findings and Proposed Creative Urban Care Modules.

Module 1: Drama and Life-Review Theatre

This module uses memory prompts, role play, symbolic objects, and short performance. The approach emerged directly from the present project, where participants transformed personal memories into shared dramatic enactments across all three sites. It is suitable for older adults who can participate verbally or physically, but it can also be adapted for those with limited mobility. The aim is to support identity, meaning-making, humour, and social recognition. Possible activities include childhood scenes, school memories, family rituals, market stories, festival memories, wedding stories, work-life episodes, and imagined future scenes. The module is particularly useful for senior residences and community centres, where it can strengthen peer relationships.

Module 2: Music and Rhythm for Social Connection
Music can support mood, memory, movement, and group synchronisation. Rhythm-based warm-up activities and musical elements were used throughout the workshops to support engagement, attention, and group cohesion. Older adults may respond strongly to familiar songs, rhythms, percussion, humming, or call-and-response singing. Rhythm activities can be adapted for seated participants and those with limited movement. In urban ageing contexts, music can connect personal memory with collective culture. Songs from earlier decades, local festivals, religious traditions, or community histories can help participants reconnect with place and identity.

Module 3: Visual Art and Symbolic Expression
Although visual art was not a primary focus of the present project, expressive arts therapy literature suggests that visual image-making may provide an additional pathway for emotional expression, reflection, and communication among older adults. Drawing, collage, color work, clay, and memory-object creation may be particularly valuable for participants who are less comfortable with performance-based approaches. In senior housing communities, visual art modules can lead to shared exhibitions, wall displays, memory maps, or community art corners. These outputs help make older adults' inner worlds visible in the physical environment.

Module 4: Movement, Body Awareness, and Gentle Embodiment
Movement modules can include seated movement, mirroring, gesture, stretching, breath awareness, balance games, or symbolic movement. The importance of embodied vitality observed during the drama therapy workshops suggests the potential value of movement-based approaches as a complementary module. The purpose is not exercise alone, but body connection, emotional awareness, and confidence. Movement can help older adults experience the body not only as a site of pain or limitation, but also as a source of expression. It should be adapted carefully, with attention to medical conditions, fatigue, and mobility aids.

Module 5: Mindful Drawing and Emotional Grounding
Mindful drawing combines slow visual expression with breathing, attention, and emotional regulation. While not directly examined within the present project, mindful visual practices may provide a complementary approach for supporting emotional grounding, present-moment awareness, and gentle self-expression in hospital and residential care settings. It can be useful for older adults who need calming activities, especially in hospital or residential settings. Simple lines, shapes, colors, or repeated patterns can help participants focus on the present moment. This module can also connect with Thai cultural values of gratitude, calmness, and respect for life experience. It does not require artistic skill. Its value lies in slowing down, noticing the body, and allowing feelings to appear gently through marks on paper.

Module 6: Storytelling, Puppetry, and Object Theatre
Storytelling emerged as a central process across all three sites. Participants frequently drew upon personal memories, significant life events, relationships, and experiences when creating dramatic scenes and sharing stories with others. Through this process, personal narratives became shared experiences that fostered reflection, recognition, and social

connection. Building on these findings, puppetry and object theatre may offer additional expressive pathways for older adults who are less comfortable with direct performance. Everyday objects, photographs, fabrics, or symbolic items can serve as prompts for reminiscence and storytelling while providing a degree of emotional distance that may enhance feelings of safety and comfort within the creative process.

Module 7: Intergenerational Creative Exchange
Urban ageing should not isolate older adults from younger generations. Intergenerational modules can bring students, children, caregivers, and older adults together through arts activities. Older adults can share stories, songs, skills, crafts, or memories of neighborhood change. Younger participants can help document, perform, draw, or digitally present these stories. Such activities strengthen cultural continuity and challenge stereotypes.

Module 8: Community Performance and Creative Leadership
The final module focuses on sustainability. Older adults who enjoy creative activities can be supported to become peer leaders. They may help lead singing circles, story groups, drawing clubs, gentle movement sessions, or memory theatre activities. Community performance does not need to be formal. It may take the form of a small sharing day, seasonal festival, family event, or exhibition. This module is particularly relevant to Sawangkanives Housing and similar senior residences because it moves the model from activities provided for older adults to creative culture developed with older adults.

A Proposed Model: Creative Urban Care for Ageing Communities

Based on the three-site experience, this article proposes a creative urban care model with four levels. The first level is individual expression. Older adults need opportunities to express memories, feelings, hopes, fears, humour, and identity. Creative arts modules allow expression through multiple channels: body, voice, image, rhythm, role, story, and object.

The second level is relational connection. Creative activities should not only produce individual satisfaction; they should build relationships. Group work, paired sharing, ensemble rhythm, shared performance, and collaborative art can help older adults experience belonging.

The third level is institutional transformation. When creative arts become part of hospital or housing culture, the institution changes. It becomes warmer, more participatory, and more human. Staff may also begin to see residents or patients differently, recognizing their histories and capacities rather than only their needs.
The fourth level is urban cultural participation. Older adults should remain part of the cultural life of the city. Their memories, songs, gestures, stories, and creative expressions are part of urban heritage. Creative ageing programmes can connect elder care with local museums, universities, community arts centres, schools, parks, and public cultural events. This model suggests that better urban ageing requires more than health services. It requires a cultural ecology of care. Expressive arts modules can help create that ecology by linking well-being with creativity, place, community, and participation.

Implications for JUCR and Urban Culture Research

This article contributes to urban culture research in three ways. First, it introduces creative urban care as an innovative expressive arts framework for understanding how quality of

life, cultural participation, and social connection can be supported within ageing communities. In doing so, it reframes elder care as a cultural issue rather than solely a medical or demographic concern. Ageing affects how communities remember, relate, organise space, transmit culture, and define quality of life.

Second, it positions creative arts practice as a practical strategy for liveable urban communities. Drama therapy and expressive arts modules can be adapted for hospitals, senior residences, community centres, and public health settings, helping to make care environments more participatory, relational, and emotionally meaningful.
Third, the article expands the concept of cultural continuity. Older adults carry memories of neighborhoods, rituals, education, family life, migration, work, festivals, music, and social change. When they are invited to share and perform these memories, they contribute to the cultural memory of the city. Creative arts activities therefore support both personal well-being and urban cultural heritage.

For Bangkok and other ageing cities, the challenge is not only to build age-friendly infrastructure, but also to cultivate age-friendly culture. Ramps, clinics, transport, and housing are necessary, but they are not enough. Older adults also need spaces where they can laugh, remember, perform, sing, draw, lead, teach, and belong.

Conclusion

This article examined drama therapy with older adults across three institutional settings in Thailand: Chulalongkorn Hospital, Thai Red Cross Society; Kwong Siew Foundation Hospital; and Sawangkanives Housing, Thai Red Cross Society. The project, supported by the MA Expressive Arts Therapy Programme, Faculty of Fine and Applied Arts, Chulalongkorn University, showed how drama therapy can be adapted to medical, chronic-care, and senior residential contexts. Across the three sites, drama therapy created opportunities for memory, role exploration, embodied expression, social connection, and renewed vitality. In the hospital, it supported holistic care by restoring attention to personhood. In chronic care, it offered gentle activation for older adults with limited mobility or dependency. In senior housing, it functioned as community activation, helping residents step out of routine and recognise their creative capacity.

The article argues that drama therapy should be understood as part of a wider model of creative urban care. For ageing cities, creative arts modules can support quality of life by integrating drama, music, visual art, movement, mindful drawing, storytelling, object theatre, and intergenerational exchange. Such modules are flexible, low-resource, culturally responsive, and adaptable to different institutional settings. Better urban ageing is not achieved only by extending life or managing illness. It is also achieved by supporting quality of life, social participation, cultural engagement, and meaningful human connection. In this sense, creative urban care complements rather than replaces medical and residential care. While hospitals, medications, rehabilitation services, and supportive housing remain essential, older adults also benefit from opportunities to remember, create, perform, share stories, build relationships, and contribute to community life. The concept of creative urban care proposed in this article offers an innovative way of understanding how expressive arts practices can support these dimensions of well-being. For ageing cities, the challenge is therefore not only to provide care, but also to cultivate cultural environments in which older adults remain visible, valued, and actively engaged in urban life.

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