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Creating Connection through Dance/Movement Therapy among Older Adults with

Dementia: Development of a Method

Capstone Thesis

Lesley University

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Specialization: Dance Movement Therapy

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Abstract

The purpose of this thesis is to examine the use of Dance/movement therapy (D/MT) with a focus on sensory stimulation among individuals living with dementia to promote a higher level of engagement, connection, and reminiscence. This thesis will provide a literature review on the challenges that individuals living with dementia experience and the importance of a person-centered approach to care that is grounded in relationship (Newman-Bluestein & Chang, 2017). Additionally, the role that Dance/movement therapy plays among people with dementia and the benefits of sensory stimulation within this population are also included. Finally, a Dance/movement therapy intervention that was implemented at an affordable housing community in the Boston area among a diverse, low-income group of older adults with mild to severe dementia in February and March 2020 will be presented. A Chacian structure was implemented with a focus on touch through the use of props, hand holding, and self-massage, as well as stimulation through music, encouraging reminiscence. The observations indicated valuable benefits for group participants, confirming a need for further research to be conducted on the benefits of D/MT among this specific population.

Keywords: Dance/movement therapy, Dementia, Person-centered, Touch, Sensory stimulation, Connection

Creating Connection through Dance/Movement Therapy among Older Adults with
Dementia: Development of a Method

Introduction

Dementia is a general term that describes an array of particular conditions that involve abnormal changes in the brain, which has a negative impact on memory, recognition, thinking skills, movement, and language (Ho, Cheung, Chan, Cheung, & Lam, 2015). This cognitive decline also has a major impact on the relationships, behavior, and emotions of those with the diagnosis (Alzheimer's Association, 2019). A loss of one's sense of self, social isolation, anxiety, frustration, and depression are just some of the symptoms that individuals with this disease experience on a daily basis (Karkou & Meekums, n.d.) Due to the prevalence of this disease and the challenging symptoms that often come with it, it is imperative that more research is conducted on the benefits of various types of therapy and care for individuals with dementia that fosters a sense of support and connection, with a focus on relationship-centered care, putting the relationship with the individual above all else (Newman-Bluestein & Chang, 2017).

Focusing on emotional connection with the individual allows them to be seen for their strengths and what is possible rather than focusing solely on the cognitive decline that takes place with an individual living with this illness (Newman-Bluestein, 2017). Because of the need for a person-centered, holistic approach to care for those living with dementia, D/MT may serve as a useful intervention as it emphasizes a person-centered approach, valuing the individual as a whole and meeting them where they are in their present state of need. In addition, a person living with dementia more easily reads nonverbal forms of communication, which gives more reason to believe that D/MT may

serve as an effective tool in fostering a sense of well-being in the individual (Newman-Bluestein & Chang, 2017).

The use of sensory stimulation has an important role in promoting a sense of wellbeing in those living with dementia and is accessed in D/MT sessions through the use of props, music, and touch (Levy, 2005). These tools help to elicit self-expression, reminiscence, and connection to self and others (Levy, 2005). It has been found that facilitators, with the use of touch, can engage group members and increase participation (Scott, 2016). This writer has had the opportunity to work with older adults with dementia during an internship at an affordable housing community in the Boston area. An increasing interest in this specific population has been established throughout the internship experience for this writer and has promoted a continuous curiosity and respect for individuals living with this disease.

Throughout this writer's internship experience, the development of a method emerged. This method was focused on the use of sensory stimulation and was implemented within two D/MT sessions. The main focus was on the use of touch through props, hand holding, and self-massage as well as auditory stimulation through the use of music to encourage a higher level of reminiscence, engagement, and connection to self and others. The intended outcome of the chosen thesis project is to create a platform for future research on the benefits of D/MT among older adults living with dementia, as well as a deeper personal understanding of the chosen population and the role that D/MT plays as a form of care among these individuals. The hope of this project is to bring an added awareness to others of the need for holistic, person-centered care for those living with this disease. A review of the literature will deliver insight on theoretical methods and

viewpoints that supports the approach that was developed by this writer among older adults with dementia. The literature will include information on dementia and its symptoms, as well as the benefits of D/MT and the role that it plays among individuals living with this illness. The literature will also cover the benefits of sensory stimulation, particularly touch and music among older adults with dementia, and the ethics and cultural implications regarding touch within a D/MT setting.

Literature Review

Dementia

Dementia is a general term that covers a large number of particular medical conditions, which involves abnormal changes in the brain (Ho, et al., 2015). These abnormal changes often have a negative impact on the lives of those living with the disease and can be a devastating experience for both the person diagnosed as well as their caregivers and loved ones. While there are over 13 different kinds of dementia, 60 to 80 percent are Alzheimer's disease (AD) cases with Vascular dementia being the second most common (Newman-Bluestein & Chang, 2017). The cause of dementia involves the damage of cells in the brain. This brain cell damage inhibits the ability for communication among other brain cells. When the brain cells are not able to communicate properly, feelings, thinking, and behavior often becomes negatively affected (Alzheimer's association, 2019).

The various types of dementia are associated with different kinds of damage in the brain cells. In Alzheimer's disease, for example, the region of memory and learning called the hippocampus is the first to be damaged, which is why memory loss is often the earliest sign of AD. While AD and Vascular dementia are the two most common forms,

it is important to note that it is more inclusive to use the term dementia. As Newman-Bluestein and Chang (2017) state, “To use the common terminology “Alzheimer’s and other dementias” is to refer to 20 – 40% of the affected people as “other”” (p. 3).

Because of the importance of being both sensitive and inclusive to those with this disease, this writer will use the term dementia to refer to all of the various forms of this disease that fall under this title.

In dementia, there is a cognitive worsening in the areas of the brain that encompasses spatial navigation, language, memory, thinking skills, and recognition (Ho et al., 2015). Due to this decline, people living with this incurable disease may experience frustration, fear, and helplessness, along with many other difficult emotions. Other symptoms of dementia include difficulty performing routine tasks like preparing and planning meals, paying bills, and keeping track of items like cellphone, keys, and wallet, as well as issues with short-term memory (Alzheimer’s association, 2019). Difficulty engaging in activities, adapting to the environment, and processing sensory stimuli often becomes worse as the disease progresses. Goldstein-Levitas (2016) stated, “The effects of sensory deprivation can be observed in the self-soothing and maladaptive behaviors (repetitive movements, primitive vocalizations, aggression, wandering) frequently exhibited by individuals with this disease” (p. 430).

It is estimated that this disease will affect approximately 135 million people by 2050 (Goldstein-Levitas, 2016). It is one of the leading causes of death in the United States resulting in placement in long term care facilities for the majority of those diagnosed with the illness (Goldstein-Levitas, 2016). Because of the prevalence of the disease and the inevitable placement in long term care facilities for so many, it is

important that more research be conducted on the quality of care within these facilities, that focuses on person centered care that emphasizes connection and support, respecting all aspects of the individual and focusing on their strengths (Karkou & Meekums, n.d.).

Resilience in persons with dementia

While there are many negative effects of dementia, there is much strength held within those who have this disease. Newman-Bluestein and Chang (2017) suggest that many individuals living with dementia may be greatly in-tune with others' feelings. Additionally, they often communicate in a genuine and honest way (Newman-Bluestein & Chang, 2017). They are frequently still able to relate, and even when they do not recognize their caregivers, persons with dementia are still motivated by the relationships they have with them. They also have shown concern for those that are in suffering, have expressed interest in social engagement, and may still hold the ability to make choices (Newman-Bluestein & Chang, 2017). Newman-Bluestein & Chang (2017) stated,

Even when they can no longer speak, they may recall music and lyrics from long ago and may remember how to waltz, do the Twist, or play a game of catch.

Depending on the context and appropriateness of programs geared to their current abilities and interests, they may be able to continue learning new skills. (p. 4)

Because of the evidence of the existing resiliency and strength held within individuals living with this illness, it is imperative that they be treated with respect, and valued for all they contribute as individuals. It is essential that more research be directed on the benefits of various types of therapies and interventions for those with the disease as well (Karkou & Meekums, n.d.). Ho et al., (2015) found in their research that

interventions that include balance, flexibility, aerobic, and resistance exercises are beneficial towards quality of life and functionality for those living with the disease. Additionally, it was discovered in the research that physical exercises accompanied by music enhanced overall cognition, particularly recall and information processing for those with dementia (Ho at al., 2015). Because there is evidence that physical exercise may serve as an effective intervention for those suffering with the disease, as well as the need for a person-centered, holistic approach to care which focuses on the individual's strengths, D/MT may function as a useful intervention among these individuals as it focuses on physical movement to promote wellness in addition to an emphasis on person-centered care, meeting each individual where they are.

D/MT, Older Adults, & Dementia

Dance/movement therapy is the use of movement to psychotherapeutically enhance the spiritual, emotional, mental, and physical wellbeing of individuals. It is centered in the belief that the mind and body are interconnected and that what people express through body language gives insight to what emotional state they are experiencing (Levy, 2005). This form of therapy is applicable to individuals who are considered healthy as well as those who suffer with mental illness and physical ailments. Bräuninger (2014) found in their study that D/MT supports older adults and quality of life by improving physical health, reducing physical setbacks, promotes psychological wellbeing and improves social relationships (p. 183). Specifically, dance/movement therapy with older adults supports mental stimulation and physical care in an economical and safe way as well (Levy, 2005).

Chacian methodology

D/MT with older adults began in 1942 with Marian Chace who was named the “Grande Dame” (p. 19) of Dance/movement therapy, and who inspired therapists today in their work with older adults, focusing on the physical, psychological, and social wellbeing as the central goals among this population (Levy, 2005). There are four central categories that hold Chace’s beliefs about D/MT. The first category is Body Action. It is within this stage that the mover begins noticing breathing patterns, levels of tension, and certain body parts. Symbolism is the second category and allows a patient to re-experience or react and enables them to feel understood, leading to the continuation of symbolic statements among group members (Levy, 2005). Chace would often reflect a patient’s behavior by mirroring and expanding upon the observed behavior of the client. The third central category is titled Therapeutic Movement Relationship, and involves the ability that Chace carried in establishing interactions that were both empathetic and meaningful. She expressed an emotional response by embodying their movement, giving them a space to feel seen and understood by someone. Rhythmic Group Activity was the fourth and final central category involved in Chace’s D/MT beliefs. She held the belief that a group moving in unison together was of one breath (Levy, 2005). Through this unifying breath, each client is able to feel individually an added sense of security and strength from the group (Levy, 2005).

The methodology that Chace built her D/MT interventions around comprised a unique and self-contained structure of group therapy. This form of group therapy included the warm-up, theme development, and closure. The warm-up portion of Chace’s interventions involved initial contacts with group members, welcoming them to the circle and giving them time to adjust to the group. The focus of this stage was to

establish a sense of trust and openness among group members, find rhythmic expression within the group, and to physically warm-up the body focusing on the release of tension in certain areas of the body (Levy, 2005). Theme Development was the middle portion of the group therapy session and would begin to unfold once the group became more comfortable and cohesive. By observing the group's nonverbal movements, Chace drew themes from them through verbalization, movement, and imagery (Levy, 2005).

A supportive closure that allowed patients to leave with a sense of gratification was of high importance to Chace (Levy, 2005). A major component to the closure of her group structure involved repetitive communal movement that was done together at the end of the group to allow for connection and support among group members, and aided in an overall slowing down process (Levy, 2005). She also permitted time at the end of the sessions for group members to verbally exchange thoughts and feelings that came up for them during their time together, and it served as a way to solidify the experience further and allow patients to process their feelings on a deeper level. This method formed by Chace laid a solid foundation for the use of D/MT among this population, and many therapists within the field follow her framework during group sessions when working with older adults.

Because of the cognitive decline among individuals with this illness, it is important to note the cognitive benefits that this form of therapy offers as well. Movement activities often arouse temporary cognitive restructuring and Sandel (1978) stated, "When people participate in movements that remind them of former competencies or pleasures, they often appear more alert, organized, and competent (as cited in Levy, 2005, p. 230). Because of the difficulty with verbal communication that

also takes place among many with dementia, D/MT has been known to additionally go outside the cognitive to an embodied method that focuses on the use of nonverbal communication (Hill, 2004, as cited in Chaiklin & Wengrower 2009).

Laban movement analysis

For the purpose of this paper, it is important that this writer include information on the basic principles of Laban Movement Analysis (LMA), as a movement observation coding sheet utilizing LMA terminology was used to track movement qualities of the group participants. LMA is an instrument used to support intentional observation of the complexities of individual behavior, a tool to explain movements objectively, and refine understanding of people's overall movement qualities (Moore 2009, as cited by Aubourg, 2018). Rudolf Laban, who identified as an educator, artist, scientist, and visionary, developed LMA in the 1950s. Laban created LMA as a way for both mover and witness to gain insight into people's movements and the intention behind them (Moore, 2009, as cited by Aubourg, 2018). There are four major categories that are broken down in LMA: Body, Effort, Shape, and Space (BESS). Body is the underlying organization of body parts and the connectedness or disconnectedness of these body parts, as well as the use of breath within the body (Moore, 2014).

Within the Effort category, there are eight fundamental effort actions, which are press, punch, slash, wring, glide, flick, dab, and float, which have to do with the quality of the movement (Moore, 2014). Shape involves the way that the body moves through a space (Moore, 2014). Is the body curved in space? Does the body move in a narrow position when it is in a crowded area? Is the movement rounded? Lastly, Space has to do with how the body is used and where the mover goes in the space. It could be indirect or

direct movement, up or down, or, side-to-side. Many Dance/movement therapists utilize BESS along with other components involved within LMA as a way to record client's non-verbal communication and gain further insight into what they may be experiencing as a result of the movement they are expressing.

D/MT Sensory Stimulation, and Dementia

The use of sensory stimulation plays a major role in promoting an overall sense of well-being in those with dementia and is something that is accessed in D/MT sessions through the use of props, music, and touch (Levy, 2005). These tools help to elicit self-expression, reminiscence, and connection to self and others. Donna Newman-Bluestein (2017) stated "The sensory stimulation that props furnish propels people into action by giving them something to respond to, which is helpful because inability to initiate is a common symptom of dementia" (p. 5). Sandel (1978) stated, "touching and being touched appear to have a rejuvenating effect on the participants which increases their alertness and responsiveness to others" (as cited in Levy, 2015, p. 229). In addition, Choo, Barak, and East (2019) found that the use of intuitive movement along with reminiscent music enhanced the quality of life among older adults with dementia during a 10-week long program that they conducted involving an Intuitive Movement Re-embodiment program.

The authors of the study hypothesized that the use of physical gestures and reminiscent music can promote joy as well as improve the quality of life of older adults with dementia (Choo, Barak, & East, 2019). Data gathered from this study revealed a marked increase in well-being. Results from this particular article indicate that the use of D/MT may serve as beneficial among this population, particularly in regard to music,

which elicits reminiscence among group members. Scott (2016) found that facilitators, with the use of touch, could engage group members and increase participation. He assessed the use of touch and emphasized that the tender massaging of different body parts such as the hands, neck, face, and shoulders elicits response from those with dementia and has resulted in individuals reaching out to connect and touch in return (Scott, 2016).

Hicks-Moore and Robinson, (2008) conducted a repeated measures design among people with dementia and results indicated that hand massage significantly decreased agitation for up to an hour after the intervention among residents (p. 96). Zeindlinger (2014) also points out that in many long-term care facilities, the main form of physical contact is for medical or hygienic purposes, and that there is a need for affectionate touch among this population (p. 27). Levy (2005) stated, “In particular, physical contact helps to alleviate fears of loneliness and isolation and to allay the sensory deprivation that frequently befalls the elderly” (p. 229). It is important that further research be conducted on the various forms of touch and its usefulness, as there are clearly promising benefits of this form of sensory stimulation among this specific population.

Ethics of touch within D/MT setting

It is imperative that the facilitator of the Dance/movement therapy session be thoroughly familiar with the American Dance Therapy Association’s (ADTA) code of ethics, which includes several guidelines around the use of touch within both a one-on-one and group therapy setting. Included in the touch section within the code of ethics, it is mentioned that touch may provide support and safety, help with regulation, serve as a tool for grounding, encourage group cohesion as well as ease discomfort (American

Dance Therapy Association, 2019). While there is indication of the benefits of touch for many, it is important that a Dance/movement therapist examines their therapeutic reasoning for implementing touch and makes informed decisions regarding it. According to the ADTA (2019), a Dance/movement therapist may only utilize touch given written or verbal consent from the client, and only if they believe that this use of touch will therapeutically benefit them. The Dance/movement therapist must take into consideration the client's diagnosis, transference, developmental level, client history around touch, group dynamics, the ability for client to respond to touch as well as integrate it in an appropriate and safe manner, as well as the sociocultural context involved (ADTA, 2019).

Additionally, the client has the right to refrain from touch or change the agreement that may have been made regarding it by speaking up at any point, and revisiting prior informed consent paperwork regularly with a therapist is also encouraged (ADTA, 2019). It is also included in the code of ethics that Dance/movement therapists should be willing to train others who may be helping, such as caregivers or aids during the sessions on the appropriate way to approach and implement touch (ADTA, 2019). Dance/movement therapists should also provide alternative ways for clients to feel connected to the group if they do not wish to touch or be touched. Many D/MT's do this through the use of props to serve as a bridge for participants to feel a sense of involvement without implementing physical touch. One example of how this can be done is by using a scarf as a connector between people (Albert-King, 2019, personal correspondence).

While the participant may not physically be touching someone else, they are both touching the same object such as the scarf, which provides a sense of remaining connected in the group. It is also important that Dance/movement therapists be aware of their own comforts and discomforts around touch and trust his or her intuition if they do not feel comfortable themselves. There is a high likelihood that if the therapist is not comfortable, then the participants may also be experiencing some level of discomfort (ADTA, 2019). Additionally, it is critical that a facilitator seek supervision from a trained professional around issues or questions that may arise regarding touch within a session (ADTA 2019).

Furthermore, Dance/movement therapists are prohibited from using touch that includes body parts that may reasonably be expected to violate or sexually arouse a client. And finally, Dance/movement therapists do not implement the use of touch when institutional policies or legal standards prohibit them from doing so (ADTA, 2019). Touch boundaries are essential in maintaining a contained and professional environment for the safety of both the client and the therapist. However, dance/movement therapists are encouraged to advocate for the potential healing benefits of touch at these facilities, especially because implementing appropriate touch practices is so key in the role of a D/MT.

Cultural considerations regarding touch

For facilitators to become culturally competent with individuals from varying religious, ethnic, and cultural groups, being intentional about learning of a group member's background if possible, is essential. It is important to gain knowledge on the art, music, and dances that are embraced in a given population that may be represented

within the group, as this creates respect, rapport, and a sense of feeling seen within the group (Newman-Bluestein & Chang, 2017). It is especially important to consider the cultural diversity that may be present in regard to viewpoints on touch. According to Sakiyama and Koch (2003),

To respond sensitively to the issue of touch in the dance therapy session, it is crucial to understand the distinct social rules that govern and regulate the use of touch in the culture. Of course, it is also crucial to acknowledge the conditions under which touch is acceptable to individuals based on their unique experiences (p. 80)

There are those cultures that embrace the use of touch more than others, and it is important to be aware of this within the group therapy setting. According to Phelan (2009), touch within a therapy session is more liberally used among many Europeans as compared to other cultures. Additionally, Phelan (2009) stated, “We cannot overlook that the prohibitions of touch may also be rooted in other factors such as the problem with the patriarchal misuse of power, racial disharmony, and homophobia” (p. 104). It is necessary that when facilitating therapy whether one-on-one or within a group, that the therapist considers the impact that culture, ethnicity, race, and religious belief have on others perception and view on touch.

In particular regards to those living with dementia, it is usually the more dominate person who elicits the use of touch, and not the subordinate (Newman-Bluestein & Chang, 2017). In many long-term care facilities and among those with dementia, the resident is always the one treated as subordinate which they may have not been accustomed to in his or her past way of living (Newman-Bluestein & Chang, 2017).

Because of this, uninvited touch can be taken as an added insult in the patient's life, particularly if this person was not formerly comfortable with touch (Newman-Bluestein & Chang, 2017). However, Newman-Bluestein & Chang (2017) point out that many people living with dementia may be very deprived of touch or may come from a cultural background where being physically close is valued, and to pay attention to how each individual reacts to physical contact to gain knowledge on their view of this, especially if no personal background information on the individual is provided (Newman-Bluestein & Chang, 2017). It is true that touch is seen as an essential element of both mental health and D/MT, and it was important for this writer to research the cultural backgrounds represented within the group and the customs and viewpoints that these cultures held. According to Phelan (2009) "When people touch, the distance between them decreases, both literally and figuratively. Touch is what often facilitates feelings, which are held deeply inside, to rise to the surface" (p. 105).

Method

A Dance/movement therapy intervention was implemented at an affordable housing community among older adults with dementia diagnoses ranging from mild to severe. Two 45-minute D/MT sessions were executed among residents accompanied by the care staff on duty, as well as one Cantonese and one Russian interpreter in the same common recreational space of the facility for both sessions. The groups were implemented to observe and record the level of engagement, connection and reminiscence experienced among group members. The following section will discuss information on the participants involved in the intervention as well as how the intervention was conducted, recorded, and processed by this writer.

Participants

A total of 14 residents (N=14) participated in the group therapy sessions. The first session consisted of a total of 14 residents (n=14) with an age range of 69-91 years of age who all lived at the facility. Included among the 14 residents were three Russian speaking, five Cantonese speaking, and six English-speaking residents. Ten of the group members were female and four were male. Among the group members, four members used a walker for assistance, one a wheelchair, and nine ambulated without need for assistance. The second session included a total of nine group members (n=9), which included all participants from the first session with the exception of two of the Russian-speaking, two of the English-speaking, and one Cantonese-speaking resident. Among these nine residents, there were three who used a walker for assistance, one a wheelchair, and five who did not require assistance. There was also one Cantonese interpreter and one Russian interpreter present at both of the groups. Each one of the group members was aware that participation in the group was voluntary and that they could leave the group at any point for whatever reason. The policies and code of ethics of the state of Massachusetts and the affordable housing facility were followed in addition to prior professional training taken by this writer on appropriate care among persons with dementia.

Procedure

The Dance/movement therapy sessions followed a Chacian structure, which included a warm-up, theme development, and closure. Both groups began with chairs set up in a circle with each group focused on maintaining the same structure, including the formation of the group as well as the props used. Music was chosen from a selection from

the 1930's, 40's, 50's and 60's from Russian, Chinese, and American cultures to encourage connection, movement, and reminiscence and was played as background music as residents slowly gathered together in the circle. Knowing the cultures that would be represented in the group ahead of time allowed this writer to research music to be used from each culture, as well as further assistance from the interpreters, who would also be present in the groups, who suggested appropriate music for the cultures represented. The music was played through a Bluetooth speaker, and with verbal consent, videos of each session were also recorded for the purpose of tracking movement observations solely for this writer, and then deleted upon completion of tracking the observations. The props included in each session consisted of ribbon wands, a parachute, and a 24-inch balloon.

Warm-Up

As music played in the background, group members were gradually welcomed to the circle. "L-O-V-E" by Nat King Cole (2000) played as group members were welcomed into the group, and played into the transition of the check-in as members were led through a physical warm-up, which prompted initial contacts between group members as they made eye contact and mirrored one another. The focus was to elicit a sense of safety between the group members, re-establish connection, and strengthen the therapeutic relationship with this facilitator and group as a whole. The rhythmic song "When the Saints Go Marchin' In" by Louis Armstrong (1979) was played to promote group cohesion and expression and focused on the tapping of the feet and gradually moving up to other body parts; moving these body parts to the rhythm of the music with simple movements. This encouraged group synchrony and a sense of group

expression. Touch was also utilized in the warm-up through skin-to-skin contact in the form of handholding and partner dancing; standing to reach out to a group member or this writer to move hand-in-hand together.

Theme Development

Themes were created in each session based upon feelings that participants brought in and reported in the warm-up. Themes were also created based upon the imagery and words that certain group members chose to share as music played that evoked memories, as well as props that reminded group members of an activity they were familiar with performing, like cleaning shoes, rowing a boat, baking a dish etc. Music used for the groups was a mixture of old songs based off of the participant's ages and cultural backgrounds. "Tum Balalaika" by The Barry Sisters (1988) played as group members clapped to the rhythm of the tune. Music that resembled love and joy, along with rhythmic dance songs were utilized to promote engagement and connection among group members. Various colors of ribbon wands were used to encourage rhythmic entertainment and emotionality, as group member's explored different levels, shapes, and ways to express with these tools. (Newman-Bluestein, 2019, personal correspondence). The parachute was used to bring a sense of teamwork and connection within the group, as all but one group member held the edge of the parachute. The balloon was also a prop utilized to encourage awareness of others and foster a sense of empowerment and encourage participants to exhibit far reach movements out of his or her kinesphere (Newman-Bluestein, personal correspondence, 2019).

Closure

Each group consisted of a gradual closure, with gentle stretches working from feet all the way up to the shoulders and neck. Each group member was encouraged to go at his or her own pace, and to modify movement as needed. Group members were prompted to self-massage any areas that felt tense starting from the lower body and working their way up, as this was modeled by this writer. This writer encouraged group members to show extra attention to areas that felt particularly tense and established that this was a time devoted to slowing down and practicing self-care. A slow, Chinese bamboo flute song titled “Chinese Twilight” by Klaus Schønning (2006) played in the background during this time. Group members were then encouraged to bring their focus inward and were led through a time of deep breathing with closed eyes or a softened gaze. Upon completion of the deep breathing exercise, group members were led through a sequence of placing the hands on their hearts, and slowly lifting one arm followed by the other, reaching up towards the sky and placing the hands back on the heart together in unison. This sequence was repeated four times and the movement ended in conjunction with the song as hands rested on the heart. This writer verbally expressed gratitude for the group members’ openness and participation, which established a sense of belonging and connection to the group. Additional time at the end was allotted for group members to verbally process thoughts or feelings that came up for them during the session.

Tracking

Observations were recorded using journaling, as well as arts-based reflection after each of the groups. The journaling notes were to process feelings and emotions that arose during the groups, as well as movement observations around the use of touch, group interaction with props, the amount of reminiscence that came to the surface, overall group

engagement, and connection with group members. A movement-coding sheet (see Appendix A) was used as a way to record movement qualities observed, with a concentrated focus on Body Parts, Space, Action, and Efforts, which draw from the principles of Laban Movement Analysis (Newman-Bluestein, n.d.; Moore, 2014). After each session, this writer observed the playback and filled out a coding sheet, noting movement observation among group members. Arts-based reflection through improvisational movement was practiced from the playback approximately a week after each session in a dance studio to further process the movement qualities recorded on the coding sheet, with a focus on incorporating those movement qualities most present in the groups. Pictures of this writer were recorded, embodying a personal reflection of the overall essence of the warm-up, theme development, and closure observed. These photos were then converted to the Photo Sketch mobile application (Huiying, 2017) to further artistically process the experience.

Results

This writer tracked observations of the warm-up, theme development, and closure of both groups. Components of the sessions that were tracked include group participation and interaction, imagery and reminiscence present, movement qualities, and response and initiation of touch. The warm-up included initial contacts often exhibited through physical touch, and level of interaction as the group began to move together during the first song was also tracked. The theme development offered an opportunity for deeper connection and participation and allowed for reminiscence as different props were introduced and a variety of songs were played. Finally, the closure took place which allowed for the reflection and winding down process to unfold.

Warm-up Group One

Several group members were engaged in conversation before the group began, as there were thirty minutes prior to the start of each group dedicated to members being welcomed and given refreshments set up at tables adjacent to the recreational space. While many of the group members were involved in conversation, there were two group members that appeared withdrawn as evidenced by their lowered gaze and self-soothing behaviors. As group members came to find a seat within the circle, they were individually greeted by being offered a handshake as they found their place in the group. In the first group, all but three individuals shook hands with this writer without hesitation, while the other three group members who presented particularly withdrawn needed verbal guidance by asking, “would you like to take my hand”. It was especially important for this writer to bring my height to the level of the individual by kneeling and making an effort to make eye contact.

Everyone in the first group eventually responded by reaching out to shake my hand in return and engaged in eye contact, with two of the participants turning the handshake into a dance, interlacing hands and moving them in a side-to-side motion to the rhythm of the music together. An excerpt from a journal reflection of the warm-up from this writer stated, “Energy level in the room as group members came to the circle felt low, although a shift in energy took place when two group members joined hands and danced together in the circle”. It was also noted that a greater level of participation took place as several group members observed this interaction and began to smile and move more actively as well.

Reminisce and participation was observed as some of the group members began to sing to the familiar tune “When the Saints Go Marchin’ In” by Louis Armstrong (1979), and a physical marching with the legs took place. A sense of group cohesion was starting to form as everyone was moving his or her legs up and down together and eye contact was being made. The movement transitioned from the legs up to the arms, and group members accessed a reaching motion in the vertical plane moving to the rhythm of the music, reaching up and then pulling downward. Group members tapped their legs to the even tempo of the music, and movement in the horizontal plane among certain members was accessed as members leaned their bodies in to say something to the person next to them, with one member who expressed that they grew up singing to this familiar tune.

Warm-up Group Two

During the second group, this writer noticed an overall lack of breath and tension displayed in the upper body as group members slowly made their way into the circle, with two members displaying self-referencing movement as they touched their hair, face, and arms. There was one group member in particular that displayed a concave, narrow shape to the body, with lowered gaze and minimal eye contact. This writer noted in a journal entry the difference in posture that took place in this individual when bending down to lightly touch their knee and greet them: “It was moving to witness the response in this person to my light touch—their lowered gaze began to lift and direct eye contact was made”. It was also noted that this group member took this writer’s hands and began to slowly sway them from side-to-side. As the opening song came to a close and the second song began to play, this writer noticed more ease of breath as group members

began to adjust further in the group. Upon reflection of the warm-up, this writer noted an overall sense of trust gradually being established within both groups, as group members responded to touch with awareness and openness and began to slowly make eye contact with group members. An arts-based, embodied response of this reflection was recorded (Figure 1 found in Appendix B).

Theme Development Group One

Colorful ribbon wands were handed to group members and movement with these ribbon wands were explored together. It was important to this writer that each group member was given the choice of what color they wanted to use, which instilled a sense of autonomy. This writer was a witness to this in the first group as one group member expressed their excitement of getting to pick their favorite color. Many group members chose their favorite colors while some chose the color that most matched their outfit. In the first group, a Russian folk song played titled “Russian Dances” by Samovar Russian Folk Music Ensemble (1999) as exploration with the ribbon wands began to unfold. This writer verbally and physically mirrored the movement qualities being witnessed from certain group members, making statements such as, “I see that you are moving your ribbon wand in a circle. Everyone let’s see if we can join in and all move our ribbons in a circular motion together”. This writer also wanted to expand group members' movement, exploring different levels with them with the ribbon wands, as it was reported by many group member’s care staff that they rarely had the opportunity to explore movement outside of their usual seated position. An excerpt from a journal entry from this writer stated, “I led group members through a sequence of shaking our ribbon wands from low,

to middle, to high with our arms, accessing different levels—this seemed easy for some and more difficult for others”.

During a point within the first group, members were prompted to reach with their ribbon wands to the person across from them. As this reaching movement was being executed, a feeling of play and connection was felt by this writer, as many group members were witnessed laughing and taunting their partners as they would move their wands in a swishing, whipping, motion towards each other. After time with the ribbon wands came to a close, the parachute was introduced, and all (but one) held onto its edges. The group was prompted to inhale as the parachute was lifted in the air and exhaled as it came down. A deeper level of group synchrony and cohesion was felt as this was performed in unison together. Group members transitioned out of this breathing exercise and further exploration took place with the parachute. During this exploration one group member expressed that this action resembled kite flying, and some nodded in response to this reflection. A conversation then took place around kite flying as certain group members recalled childhood memories around this activity.

The balloon was the last prop introduced in the group. This writer allowed the balloon to go anywhere in the space, and witnessed as some members accessed far reach, executed punching or flicking motions, while some executed gliding, sustained movement as the balloon would float slowly away from them. Many group members reacted in laughter, as the balloon would bounce from person to person, often landing on someone’s face or head, bringing an element of surprise and intrigue.

Theme Development Group Two

In the second group, this writer noticed many group members chose the same color ribbon wands as they did in the first group. During a point in the theme development, this writer followed the instinct to hold the ribbon wand with both hands out in front of my body, executing a rowing motion. As group members witnessed this, they gradually joined in until everyone in the group was executing a rowing motion with the ribbon wands, moving forward and back in the sagittal plane with the upper body. This writer asked group members what this rowing motion reminded them of and personally expressed its resemblance to rowing a boat. One group member mentioned they used to go fishing on a boat. This statement organically allowed the group to transition into a fishing motion as group members cast their “fishing rods” into the water while another song played. A sense of play was also present within this portion of the theme development as many group members were smiling at one another, making direct eye contact. Movement was executed in the sagittal plane as group members leaned forward and reached towards the center of the circle with the ribbon wands.

After the ribbon wands were gathered, a Yiddish love song played titled “Tum Balalaika” by The Barry Sisters (1988). This writer felt a sense of cohesiveness and grounding as group members began to clap together to the rhythm of the song. One Russian group member began to sing to the familiar tune, and two other Russian group members joined in. The group began to alternate from clapping the hands to tapping the legs, and a pattern began to form, moving from legs to hands and back to legs for the majority of the song. The parachute was the next prop introduced, and everyone within the second group was able to hold on to the edges of it. The breathing exercise led in the second group with the parachute was done to an instrumental Chinese new-year song, and

one of the Chinese group members expressed to the interpreter that they recognized it. The breeze produced from the parachute appeared to be welcomed by group members, with one who mentioned that it felt like a nice breeze on a hot summer day. A sense of refreshment and calm appeared present within the group as group members continued to move the parachute in unison. However, towards the end of use with the parachute, a couple of group members were not lifting their arms as high and one reported that their arms felt tired.

There appeared to be a higher level of attentiveness present within the balloon portion of the second group than the first. One group member who did not present very alert during the group instantly opened her eyes wide as the balloon bounced off of her head and went towards another member of the group. Many members who executed only near to medium reach within the group suddenly accessed far reach as they leaned forward to hit the balloon, with one group member expressing that it felt good for them to smack the balloon with force. This writer witnessed many group members encouraging one another as someone would make contact with the balloon and hit it back. An excerpt from this writer's journal stated "I felt group rapport strengthened on a deeper level as group members encouraged each other during the balloon portion of the group". An arts-based response by this writer that reflects the presence of far reach movement, movement in the sagittal plane, as well as effort made to connect, is found in figure 2 (see Appendix C).

Closing Group One

As "Chinese Twilight" by Klaus Schönning (2006) played in the background, a member from the first group verbally expressed their wish to stretch their legs and

proceeded to stretch one leg out straight in front of them, slightly leaning the upper body forward. Everyone joined in as they witnessed the group member modeling this, and the sound of deep breathing was especially present among one of the group members. This writer encouraged members to self-massage with the hands where tension was felt, first modeling this with the legs, and moving to arms, and then eventually reaching the shoulders, neck, and temples. Group members were given the option to close eyes or bring them to a soft gaze if they wished. Roughly half of the group did this, and a sense of pause and relaxation was felt within the group, as one group member verbally expressed that they felt more relaxed while massaging the temples. As members from the first group were led through the closing sequence to slow, classical music, a sense of inward reflection was felt by this writer, as many of them were still holding a soft gaze with the eyes and placed hands on the heart. As the song ended and group members were thanked for being present, a reciprocation of thanks took place as several group members came to personally thank this writer before leaving the space.

Closing Group Two

During the second group closure, one member expressed particular tension in her shoulders and neck, and much of the stretching portion of the group was dedicated to self-massaging this area of the body, and one group member mentioned that this felt particularly good after using the parachute. The moment in the second group when members were prompted to place hands on the heart, it felt especially unified and connected to this writer, as this happened in conjunction with a collective exhale within the group. As time was allotted for verbal processing and conversation at the end, many group members made a point to share their gratitude for what had unfolded within the

group. This writer felt a sense of spiritual connectedness as this communal movement was being performed, as well as gratitude for what each individual contributed to the group. An embodied reflection of this was recorded (Figure 3 in Appendix D)

Discussion

This thesis capstone explored the benefits of sensory stimulation among individuals living with dementia through Dance/movement therapy to promote an elevated level of engagement, connection, and reminiscence within the group therapy setting. The symptoms of this disease are devastating, with isolation, depression, and anxiety often being a part of the everyday lives of someone living with this illness (Karkou & Meekums, n.d.). While it is found that the cognitive decline that takes place with this disease is nothing short of challenging, it is also evident the strong emotional awareness that these individuals possess (Newman-Bluestein & Chang, 2017). Due to this knowledge, it is imperative that a person-centered approach to care that puts the physical, emotional, and spiritual needs of the individual first, be a priority.

This also gives great cause to believe that D/MT is an effective approach when working with those with dementia, as it accesses the spiritual, physical, and emotional, putting relationships at the center of the work. There is an emotional awareness within these individuals that needs to be validated, and this is done through genuine relationship and respect. The literature points to how D/MT improves quality of life among this population by decreasing physical setbacks and improving connection with others (Bräuninger, 2014). The literature also states that the use of sensory stimulation in particular, helps to enhance engagement and participation in those with dementia, and promotes a sense of wellbeing (Scott, 2016). The results of the two D/MT interventions

developed were found to support the literature review. Through observation and reflection, this writer found that group connection, reminiscence, and participation was present within both of the groups. Additionally, there was an overall positive response to touch through hand holding, self-massage, and the other props utilized.

To establish a better understanding of the effectiveness of the role of sensory stimulation and D/MT among this population, more observations contextualized in a formal study are necessary. Further, additional in-depth observations could aid in promoting deeper insight on the use of touch through skin-to-skin contact versus touch from other sensory tools. As a whole, D/MT may promote increased positive mood in individuals with dementia who are often bombarded with feelings of hopelessness, as well as promote an increased level of attentiveness, engagement, and connection to self and others. It is this writer's hope that this thesis will bring awareness to the value of D/MT among this population, and the need for further research on this topic. This experience has taught this writer the importance of relationship on a greater level and the significance of being in the present. It has taught the power that comes in being vulnerable, which allows for deeper levels of connection to be created. To be a witness to the emotional sensitivity, resiliency, and openness present among this population has been an invaluable gift, and one that will continue to be valued and celebrated moving forward.

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Appendix B



Figure 1. Embodied personal reflection of the warm-up. Awareness and Openness

Appendix C



Figure 2. Embodied personal reflection of the theme development. Reach and Connect

Appendix D

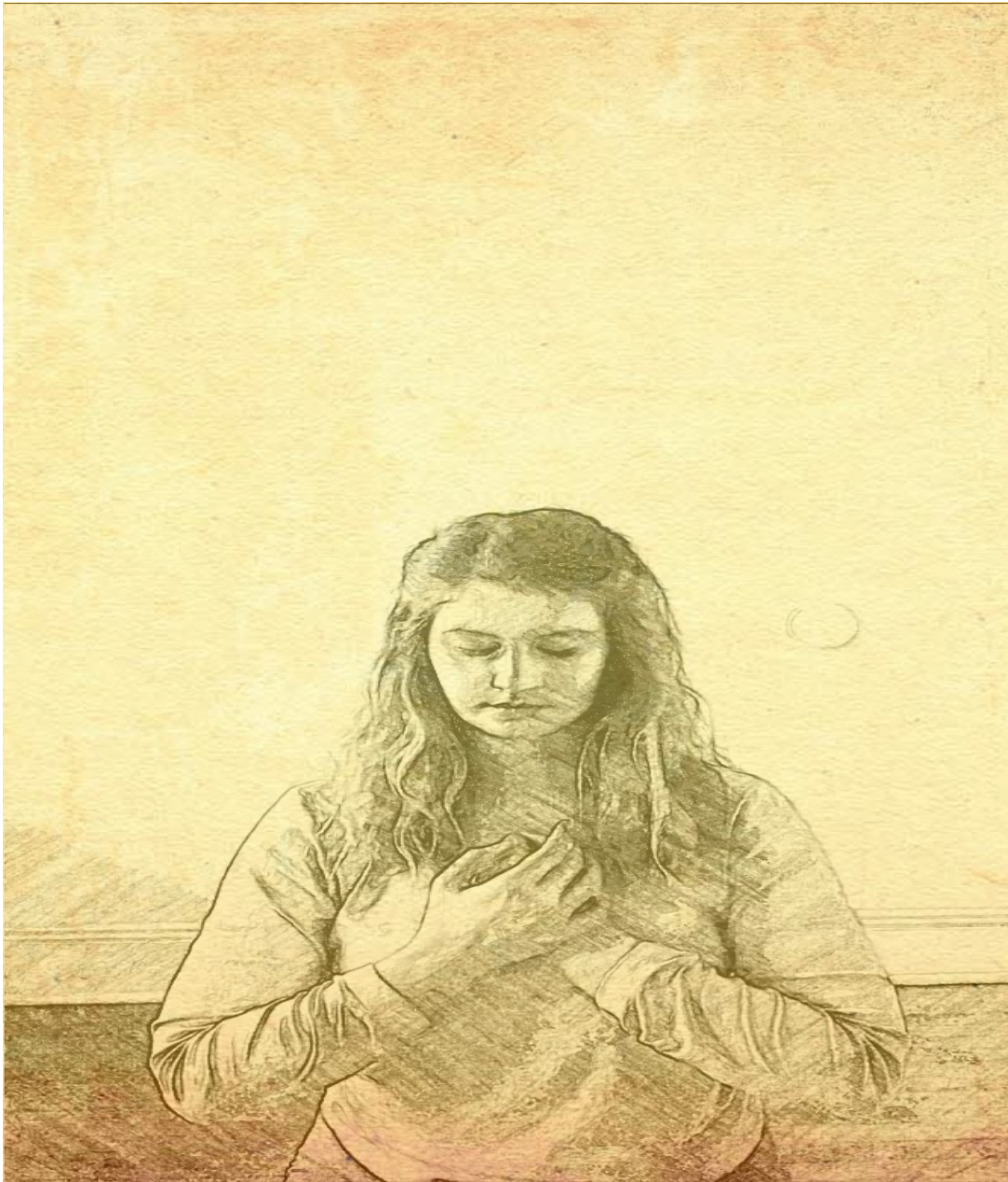


Figure 3. Embodied personal reflection of the group closure. Gratitude and Community

THESIS APPROVAL FORM

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Expressive Therapies Division
Master of Arts in Clinical Mental Health Counseling: Dance/Movement Therapy, MA

Student's Name: Anna Barnes

Type of Project: Thesis

Title: Creating Connection through Dance/Movement Therapy among Older Adults with Dementia:
Development of a Method

Date of Graduation: May 16th, 2020

In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Thesis Advisor: Laura L. Wood, PhD, RDT/BCT

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