Bridging the Gap: Relationship Building Through the Use of Dance Movement Therapy With Older Adults With Dementia: Literature Review

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Abstract

The purpose of this capstone thesis is to examine how the use of dance movement therapy (DMT) can be a beneficial intervention for relationship building when working with older adults with dementia. Studies have shown that dementia is a state where body and mind are in distress (Hill, 2009; Karkou & Meekums, 2017). Therefore, caring and understanding of dementia treatment is vital for maintaining relationships and developing new ones. Person-centered care (PCC) has been used in this thesis as a theoretical psychological framework to support relationship building with elders with dementia.

Karkou and Meekums (2017) suggested that due to the condition of dementia, people are experiencing a decline in verbal memory and abstract thinking, therefore is a need to offer an effective therapeutic intervention which is non-verbal and body-oriented, such as DMT. Accordingly, the therapeutic movement relationship (TMR) and Marian Chace's DMT-based framework was used to address, support, and connect between the benefits DMT, PCC and TMR have to the person with dementia. By presenting different interventions of DMT, this thesis is hoping to address how and why those tools are essential for working with older adults with dementia. In addition, the importance of involving care staff and family members in the process of relationship-building was addressed.

Keywords: Dance/ movement therapy, Dementia, Personhood, Person-centered care, Marian Chace, TMR, Relationship building.

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As the world population ages, dementia becomes one of the global health threats (Lyons, 2019). According to Karkou and Meekums (2017), dementia is a degenerative brain syndrome that affects memory, thinking, behavior, emotions and social functioning. Research has indicated that while dementia causes the mind to deteriorate, the body remains healthy and functioning, causing a separation between mind and body (Hill, 2009; Karkou & Meekums, 2017; Martinec & Lera, 2018). The same authors claimed that there is a need for treatment and care which is holistically based, where body and mind are seen and heard (Hill, 2009; Karkou & Meekums, 2017; Martinec & Lera, 2018).

Dance Movement Therapy (DMT) uses a holistic approach to improve the well-being and preserve the sense of self for older adults with dementia. This capstone thesis will review literature examining DMT's efficacy in supporting relationship building with elders with dementia. The philosophical approaches of TMR (therapeutic movement relationship), PCC (person-centered care) and DMT (dance movement therapy) will be further examined in the coming pages. The author intends to find parallel lines between these philosophies as she explores ways that these approaches can benefit older adults with dementia. This thesis intends to be useful for dance movement therapists through developing their method of providing dance therapy with elders with dementia. This in-depth examination of DMT—its history, development and interventions—aims to assess DMT's ability to work with the emotional and psychological state of the dementia.

Relationships are basic to human nature, where the individual can find comfort and support. Rogers (1951) outlined the term 'client-centered' psychotherapy theory. Thomas Kitwood (1997) was inspired by Rogers's work and developed person-centered care (PCC), a philosophical approach used for older adults with dementia, focusing on the needs of the patient and developing an interpersonal relationship (Fazio et al., 2018). Kitwood (1997) described how in dementia, the basic human needs are under threat because of the decline in the patient's ability to complete activities of daily life. Many aspects of the individual's life and identity are undermined, including; past experiences, occupation, and attachment to others (Lyons, 2019). Fazio et al. (2018) explained that the environment and the brain have a parallel effect on the abilities of the individual with dementia; therefore, interventions that involve social interaction are essential.

This thesis is proposing that a person with dementia is still a person; therefore, they need to be treated that way. This thesis looks at the literature around and discusses the PCC approach through examining the importance of seeing a person with dementia as an individual who deserves to be treated with respect, understanding and attunement, rather than a declining patient. The PCC approach emphasizes preservation of the individual's identity while building and maintaining a relationship with older adults with dementia.

According to Martinec and Lera (2018), DMT can contribute to the delay of cognitive decline and improve mood and social interactions of the individual with dementia. Through the use of movement expression, music, relationship building with the therapist and others, the person with dementia can delay the prognosis by improving their day to day life (Martinec & Lera, 2018, p.3). Martinec and Lera (2018) explain that a person with dementia has difficulties in orientation to time and space as well as their independence. These new challenges require the

individual to learn and adjust to a new reality. Martinec and Lera (2018) noted that the use of creative thinking through the practice of expressive art therapies can stimulate creative solutions in everyday life. In addition, expressive arts for elders with dementia could lead to many benefits, such as the "feeling of freedom without others' deliberations, development of new skills, social communication, expression of emotion and finding new solutions without the fear of mistake" (Martinec & Lera, 2018, p. 2).

DMT interventions focus on non-verbal communication and means of expression. Lyons et al. (2018) emphasized the benefits of DMT as a psychological approach focusing on non-verbal expression through encouraging the development of communication and interaction with others, thus improving mood and potentially supporting negative symptoms of dementia. Marian Chace, a DMT pioneer, developed the concept of Therapeutic Movement Relationship (TMR; Young, 2017). Levy (2005) described TMR as the ability to engage in spontaneous interactions with the client through dance and movement. She also stated that the ‘‘intimacy and immediacy of the movement interaction style’’ makes it challenging to ‘‘monitor’’ (p. 121), and therefore, the therapist must stay attuned to the therapeutic relationship both verbally (statements) and non-verbally (movements expressions).

Lastly, it is the author's desire to educate the dementia patient's caregivers, family members and care staff about the importance of relationship building so that they might find their work and their relationship with their loved once more meaningful. "Through a trusting relationship with the dance therapist and the flow of the movement, the individual may be able to reach beyond this relationship to other people" (Hill, 2009, p.186).

Literature Review

Dementia

With the increase in the ageing of the world population, forms of dementia have become worldwide health threats (Hill, 2009). According to Alzheimer's Disease International (ADI, 2020), dementia affects 50 million people over the world.

By definition, dementia is an umbrella of diseases characterized by pathological brain changes (Lyons, 2019). The damage in the brain cells affects the ability of the cells to communicate with each other. This miscommunication causes a decline in a person's mental, social and physical functions (ADI, 2020; Hill, 2009). The brain cells associated with dementia are various within the different types of dementia (Lyons, 2019). At the same time, often, the first center (hippocampus) to be damaged by the diseases is the center for learning and memory. Accordingly, memory loss is often one of the early symptoms of dementia (ADI, 2020).

According to ADI (2020), there are more than one hundred forms of dementia. Different subtypes of dementia have been classified based on symptoms and patterns of decline. Alzheimer's disease (AD) is the most commonly diagnosed form of dementia, followed by vascular dementia, Lewy body dementia and frontotemporal dementia (ADI, 2020; Lyons, 2019). Dementia symptoms are characterized by difficulty in finding the right words or understanding what people are saying, difficulty in performing previously routine tasks, and personality and mood changes (ADI, 2020). Symptoms are often revealed in three stages:

1. The early stage may include forgetfulness or difficulties in orientation in space and time.
2. As dementia progresses to the middle stage, symptoms become more noticeable and restricting. They can include having difficulty with communication, behavior changes, or needing help with day to day activities and personal care.

3. The late-stage is one of near-total dependence and inactivity. Symptoms include becoming unaware of the time and place, having difficulty acknowledging family and friends, having difficulty walking and experiencing behavior changes that may worsen and include aggression (Lyons, 2019).

According to the Dementia Alliance International (2017), dementia is not a normal part of ageing. Still, it is commonly seen in older adults over the age of 65, or in people with a disease or injury that damaged brain function, and is progressive and irreversible (Hill, 2009; Dementia Alliance International, 2017). At present, there is no cure for dementia. However, many of the difficulties associated with dementia, such as anxiety and depression, can be treated medically (Dementia Alliance International, 2017).

The literature emphasizes the value of dementia treatment approaches that review the person as a whole, where their physical, emotional, social, cognitive and spiritual processes are seen (Karkou & Meekums, 2017). Lyons (2019) highlighted the need for a broader view of dementia treatment that emphasizes less on the cognitive/neurological deficits and more on the way a person with dementia is cared for as a human being. Furthermore, literature argued for the value of the arts and embodied practices for dementia (Hill, 2009; Karkou & Meekums, 2017; Lyons, 2019). The embodied practice is capable of avoiding peoples' impairments and connecting with them at a pre-cognitive level which might be able to slow down the progressive nature of the disease. Dance movement therapy (DMT) is one of these interventions that has been considered a useful intervention for people with dementia (Karkou & Meekums, 2017).

As mentioned above, dementia itself is a disease that is progressing and devastating. Currently, research is recognizing treatment and care for those who are experiencing dementia in a more holistic approach, where body and mind are seen and heard (Hill, 2009; Karkou &

Meekums, 2017; Martinec & Lera, 2018). Additionally, the import of seeing the person with dementia as a person, and accordingly treat them, is highlighted in the literature (Fazio et al., 2018; Kitwood, 1997; Smebye & Kirkevold, 2013).

Person-Centered Care

"Person-centered care" (PCC) is a "philosophy of care built around the needs of the individual and contingent upon knowing the person through an interpersonal relationship" (Fazio et al., 2018, p. S10). PCC approach encourages family and professional care to acknowledge the individual as a person who is able to express themselves and maintain relationships, despite their progressive disease (Smebye & Kirkevold, 2013). This approach of treatment is also asking dementia caregivers to focus on the person's strengths rather than their deficits (Smebye & Kirkevold, 2013).

Origins of Person-Centered Care

Carl Rogers (1951) outlined the term 'client-centered' psychotherapy theory. Rogers was an American psychologist, one of the fathers of the humanistic psychology stream, and the father of the client-centered therapy method (Corey, 2009). Rogers was influenced by how people share, obtain, and control others and themselves. His humanistic psychotherapy is illustrated by three elements: empathy (understanding), congruence (genuineness), and acceptance (or unconditional positive regard; Corey, 2009).

Thomas Kitwood (1997), was inspired by Rogers's work and based his approach on Rogers's theory. Kitwood first used the term "person-centered care" in 1988 (Fazio et al., 2018). He wanted to differentiate care approaches for dementia as medical and behavioral oriented. Kitwood used PCC in order to connect his viewpoints of working with dementia that highlighted the communication and relationships (Fazio et al., 2018). Fazio et al. (2018) explained that

Kitwood (1997) suggested a new perspective about dementia that sees the disease as interacting between neurological deficiency and psychosocial factors. Fazio et al. (2018) emphasized that Kitwood and Bredin (1992) highlighted the need for high-quality personal care that supports personhood and involves recognition, respect, and trust. Theoretically, they observed the needs of persons with dementia. They determined that love is the center surrounded by the following five offshoots: comfort, attachment, inclusion, occupation, and identity (Fazio et al., 2018, p.S11). The approach that Kitwood and Bredin (1992) established to meet this need was "person-centered care" (Fazio et al., 2018).

Personhood and Selfhood

In western philosophy, a person is described by their cognitive attributes which include rational thinking and having a memory (Smebye & Kirkevold, 2013). Accordingly, memory loss is associated with a person's form of identity. As a result of dementia, the person's consciousness of memory and thinking are affected (Smebye & Kirkevold, 2013). As brain cells are destroyed due to the progress of dementia, the person's sense of self is also destroyed (Fazio et al., 2018).

Kitwood (1997) identified the term 'personhood' as a critical psychological concept in PCC. Lyons (2019) explained that Kitwood acknowledged the fact that even though people with dementia are experiencing a stage of cognitive decline, caregivers should approach them with dignity and volubility throughout their illness.

Smebye and Kirkevold (2013) described personhood as

> the right of every human being regardless of capacity, and it is through relationships with others that a full sense of being a person evolves. Personhood is thus a product of

> relationships with others and can be nurtured or diminished, depending on whether the person is being valued or depersonalized. (p.2)

Fazio et al. (2018) stressed that recognizing and maintaining selfhood is key to PCC. As researchers stressed the need to see and value the person as a human being, the connection between personhood and PCC in inevitable.

The intention of this literature review is to review the many aspects of personhood as well as the impact of dementia on the individual and all parties involved: professional care, family, and the person with dementia. Higgs and Gilleard (2015) stated that the personhood of people with dementia had become one of the defining aspects of policy and practice in dementia care. This statement has drawn upon other studies where the person is seen as the most important for relationship building.

As a result of their research, Smebye and Kirkevold (2013) concluded that PCC, as well as relationship-based care, had a positive outcome for persons with dementia, their family caregivers and professional care staff. Besides, PCC and relationship-based care supported the person's sense of self by what they said and did. Higgs and Gilleard (2015) offered to focus less on people's difficulties and instead, identifying their strengths and positive capabilities. Fazio et al. (2018) indicated that the core of PCC is the self, as reflected in who we are and what are our values and beliefs. Furthermore, they stressed that selfhood should be reviewed as more than just memory-based, which focuses on cognitive abilities. Both Smebye and Kirkevold (2013) and Fazio et al. (2018) indicated that literature had documented evidence for revealing selfhood even in persons with significant cognitive impairments. Fazio et al. (2018) suggested that the ability to initiate a conversation is in decline as a result of dementia. Still, it is not reflected as the loss of sense of self. By presenting photographs to individuals with cognitive impairment, Fazio et al.

(2018) aimed to explain that the mind and the sense of self are still present, as the individuals were able to recognize themselves in the photos. Besides, researchers found that even in persons with Alzheimer's disease, the sense of personal identity persevered far into the end-stage (Fazio et al.,2018).

Critical Components of Person-Centered Dementia Care

Fazio et al. (2018) claimed that PCC "challenges the traditional medical model of care that tends to focus on processes, schedules, and staff and organizational needs" (p.10).
This literature review is aiming to identify the key concept for PCC in dementia care. Smebye and Kirkevold (2013) identified PCC or "positive person work" as seeking to rebuild and supporting personhood. In their research, Smebye and Kirkevold (2013) exclaimed that "there is no consensus on the definition of PCC, and it can be understood as a value base, individualized care, a set of techniques or a phenomenological approach" (p.2). Nevertheless, they summarized a few components that characterized PCC: acknowledge the personhood of people with dementia in all aspects of care; view them as people and respect their being and environments; let them take an active part in decision making; understand behavior from the person's with dementia viewpoint; view the relationship building as important as the care tasks (Smebye & Kirkevold, 2013).

Fazio et al. (2018) presented in their literature review cohesions between models and practices of person-centered dementia care. Their main points are summarized by this thesis author below:

1. Promoting a sense of self: respect and value the person's choices, their dignity and their self-determination. Respect the world perspective of a person with dementia, learning

about individual life stories and accordingly, understand and validate their behavior. Express effective communication and empathy.

2. Social environment: support personhood through relationship-based care and encourage a sense of community. "Create a positive social environment in which the person with dementia can experience relative well-being through care that promotes the building of relationships" (Fazio et al., 2018, p.S12).
3. Activities: individual's and group physical and social activities for the elders' meaningful engagement.
4. Education for family members and professional care staff: creating systems with a clear vision that support staff development, developing practices that value employees.

Smebye and Kirkevold (2013) reported in their research that knowledge of the disease was essential to maintain the relationship separate from the person's qualities and symptoms for both staff and family. Their experience was the foundation of their caring efforts and helped them understand the person's emotions and needs.

As stated above, recent research is concentrating on embracing personal choice and autonomy rather than person's medical condition, the progress of the diseases and their consequences.

Relationships and Person-Centered Dementia Care

According to Fazio et al. (2018), relationships with others have a significant impact on personhood in dementia care. The same authors claimed that personhood could be ensured when mutually understanding, valuing, and a trusting relationship are appearing (Fazio et al., 2018, p.12). Therefore, when looking at care providers such as professional care or family caregivers, it

is clear that they are representing the support that maintains the self and structure of the environment for persons with dementia.

Smebye and Kirkevold (2013) examined how and why the use of personhood care approach for people with dementia is influenced by their relationship with professional caregivers and family. This qualitative research was based on ten cases. People with moderate dementia, who were above the age of sixty-seven and were able to communicate verbally, were involved in the research as well as their family members and professional caregivers. The study indicated that personhood-based relationships created close emotional attachments between the person with dementia and their family member/professional caregivers. More importantly, persons with dementia were active agents who gained a sense of self through those relationships (Smebye & Kirkevold, 2013).

Karkou and Meekums (2017) highlighted the need to treat people who are experiencing dementia as a whole: to maintain their physical, emotional, social, cognitive, and spiritual processes. This point of view is suggesting incorporating non-pharmacological treatments which are intended to fulfil the person's physiological as well as physical needs.

Hill (2009) compared PCC and DMT as both approaches are seeing the relationship building and the self as the core concept for working with older adults with dementia. The literature reviewed down below will present the sense of therapeutic relationship; the theory and practice of DMT; why and how DMT can support relationship building when working with older adults with dementia; therapeutic relationship; and therapeutic movement relationship as an outlet for relationship building.

Dance Movement Therapy

The American Dance Therapy Association (ADTA, n.d.) defined dance movement therapy as the psychotherapeutic use of movement to promote emotional, social, cognitive and physical integration of the individual. Levy (2005) explained that the idea behind DMT is that body and mind are inseparable. Therefore, the need to combine between the two in therapy can lead to changes both emotionally and physically. Karkou and Meekums (2017) expanded upon this claim by saying that movement reflects an individual's patterns of thinking and feeling. Thus, the therapeutic goals are to acknowledge and support the clients' emotional and physical experiences and develop a therapeutic movement relationship which provides a sense of comfort, emotional expression, and adaptation of a new movement pattern (Karkou & Meekums, 2017). Shustik and Thompson (2001) added components for constructive DMT sessions which should involve "the intentional and compassionate use of breath, movement, touch, and dance to promote the physical, psychological, emotional, and spiritual well-being of each person" (p. 49).

Levy (2005) described the theoretical framework that stands behind DMT as inspired by Rogers's humanistic psychotherapy approach. Rogers stressed the importance of seeing the client's healthy personality aspects rather than their weakness. Rogers's approach enabled the clients to be seen and express themselves within their true self, as DMT is also intending to address.

Research (Karkou & Meekums, 2017; Levy, 2005; Martinec & Lera, 2018) conducted on the efficacy of DMT as a therapeutic intervention for various populations has indicated that DMT is a movement expression reflected in non-verbal commutation. Karkou and Meekums (2017) explained that DMT was viewed as a useful and appropriate intervention for people for

"whom words can be difficult, those with cognitive impairment, or who just find it difficult to express and explore their emotions through words" (p.3). Martinec and Lera (2018) claimed that DMT could contribute to the individual delay of cognitive decline and improve mood and social interactions. Therefore, DMT can be beneficial for individuals with dementia. Through movement-based expression, the use of music, and relationship building between therapist and client/clients, a positive contribution for the individual can grow (Martinec & Lera, 2018). Levy (2009) described how DMT could provide an outlet for releasing stress, building relationships and providing a support system to deal with later life stressors. Additionally, she stressed that the goal of DMT for the elderly is to improve their well-being by focusing on social, physical and psychological aspects of their life (Levy, 2009).

As described above, the DMT approach is aiming to provide an outlet for self-expression and therefore, improve the individual's well-being both physically and mentally. The therapist's role in developing essential therapeutic relationship is critical for those changes to appear.

Therapeutic Relationship

The therapeutic relationship perspective was based on the work of Rogers's client-centered therapy (Young, 2017). Rogers (client-centered therapy method; 1951) validated the importance of a therapeutic relationship between the therapist and the client (Corey, 2009), also known as the therapeutic alliance. Rogers claimed that in order to create this safe relationship with clients, the therapist needs to develop "congruence" -honesty, "unconditional positive regard"- acceptance, "empathy"- seeing the world through the eyes of others (Corey, 2009, p.169).

Karkou and Meekums (2017) and Young (2017) emphasized that therapeutic relationship is the key aspect for therapeutic change through any treatment approach, and accordingly, can be

healing in and of itself. The import of alliance in therapeutic relationship is facilitated by Hill (2009) and Young (2017). Hill (2009) used the term "walking beside" (p.186) the client to support them in the process of therapy. Smebye and Kirkevold (2013) stressed that the therapist needs to embrace the "embodied selfhood" (p.9) as a critical concept for therapeutic relationship building. In other words, the therapist needs to meet the client where they are and understand the powerful sense of the interpersonal and social interaction that accrue during therapy.

Young (2017) expanded upon this idea by explaining that interpersonal neurobiology highlights how human relationships have direct impacts on a person's emotional well-being. Through social interaction, the human brain and mind are in development and expansion constantly. Throughout her research, Young (2017) outlined definitions for the therapeutic relationship as appearing in the literature. The main points of her edification included: the import of client-therapist dyad, therapeutic alliance, therapeutic empathy, understanding of non-verbal expression that reflected in meaningful client's therapist relationship, and transference-countertransference formation.

Therapeutic relationship embraces the person's sense of self as the PCC and DMT approaches are identifying as their fundamental views. The use of therapeutic movement relationship adds another layer to the client-therapist interaction, which is essential when working with older adults with dementia through DMT.

Therapeutic Movement Relationship (TMR)

Levy (2005) described the essence of the TMR as the ability to engage in spontaneous interactions with the client through dance and movement. She also stated that the ‘‘intimacy and immediacy of the movement interaction style’’ makes it challenging to ‘‘monitor’’ (p. 121), and therefore, the therapist needs to stay accommodate to the therapeutic relationship both verbally

(statements) and non-verbally (movements expressions). Pierce-Knapp (2010) defined TMR as "an interactive give and take in which the therapist offers his or her thoughts, feelings, and body, by responding through facial expressions and postures, which convey that he or she is physically and mentally present" (pp. 32-33). Both Levy (2009) and Pierce-Knapp (2010) stressed the import of the therapist to stay accommodate to the therapeutic process through body as well as emotional experiences. The therapist engagement throughout the process is crucial for relationship building.

TMR Theoretical Framework

The work of Harry Stack Sullivan, an American psychiatrist, has inspired DMT pioneers in developing the concept of TMR (Levy, 2005). Sullivan developed an interpersonal theory that reviewed the person's personality as affected by cultural and interactional components (Levy, 2005). In other words, the person's sense of self and characteristics are able to be premeditated by interaction with others. Another theory that Sullivan established was based on his work with people with schizophrenia. Sullivan's therapeutic methodology was viewing people with "their developmental level and [to interact] with them at this level" as well as to "accept them as equal human beings who could benefit from genuine communication with others" (Levy, 2005, p.6).

The DMT pioneer that was influenced by Sullivan's work was Marian Chace, who viewed TMR as a tool for direct communication with clients (Levy, 2005). Young (2017) stressed that in the DMT literature, the definition of TMR remained absent.

As stated, Chace established the TMR concept by describing it in movement terms. Levy (2005) explained that even though the idea was practically first used by Chace, as early as the 1940s, Chace's proteges organized her work into definitions in 1979. Chace used TMR through observing and mirroring clients' movement to be kinesthetically attuning to them; further, she

offered an empathic movement response, which combined the emotional content. Chace stressed that the therapist needs to "start where the patients are at" (Sandel et al., 1993, p. 99).

Mary Whitehouse, another DMT pioneer, also used the aspects of the therapeutic relationship in her work but did not specifically refer to it as the therapeutic movement relationship (Levy, 2005). Young (2017) explained that Whitehouse viewed the therapeutic relationship as "the ability to trust her intuition and to help clients trust their intuition emphasizing attitudes of permissiveness and allowance by both parties" (p.96). In addition, Young (2017) discussed how Whitehouse used intentional self-disclosure through her movement in order to promote the therapeutic relationship with her clients.

Kinesthetic Empathy

Kinesthetic empathy is one of the core concepts of DMT (Fischman, 2009). Before introducing kinesthetic empathy idea, it is essential to outline the definition of empathy as a theoretical-base framework.

Young (2017) presented Rogers's definition of empathy as an "interactive process or flow in which one temporarily lives and moves in the life of another to sense the meaning of his/her experience and help him/her to experience it with greater fullness and clarity" (pp. 96-97). Fischman (2009) simplified the definition and described empathy as "the ability of one person to understand another" (p. 33). In both definitions, the importance of seeing and relating to others was being stressed.

In order to connect between empathy and the movement-therapeutic process Young (2017) claimed that **"**empathy is the foundation of a therapeutic relationship and is instrumental in improving the effectiveness of the relationship" and described as a "'felt, embodied, and intersubjective experience' imperative to understanding another's world" (p.96).

In DMT theory, the therapist's response to the client is reflected in the body, where the therapist can share with the client their understanding and observation of the client's experiences through movements. This empathic reflection can be identified as kinesthetic empathy. Young (2017) stated that kinesthetic empathy is an essential foundation in DMT which promote the therapeutic relationship, as empathy is to the psychological world of Rogers and Kitwood. Fischman (2009) explained that DMT is focused on the experience of movement sensation. Therefore, the therapist's role in this process is to be empathically involved and create intersubjective experiences for the client that are body-oriented: "the dance therapist, acting as a partner, begins a dialogue of movement. Communication is established through all available sensorimotor channels, favoring both nonverbal and verbal expression" (Fischman, 2009, p.34).

Young (2017) fostered the import of the therapist to ensure the client's experiences and feelings in order to understand the therapeutic process and respond accordingly. The method of therapeutic response is especially essential in DMT when empathy can be established through the client-therapist movement dialogue. The kinesthetic empathy can be reflected in DMT formation when the dynamics of the therapeutic relationship accrue and includes non-verbal communication, bodily movement, dancing and verbal expression (Fischman, 2009, p. 34).

Young (2017) explained that the kinesthetic empathy as manifested in DMT is "promoting an environment of safety, respect, and trust from which new ways of being in a relationship and related emotional experiences can develop" (p.97). The import of spontaneous movement dialogue is being stressed in the literature since it promotes attunement and accordingly can bring individuals to understand one another (Fischman, 2009; Pierce-Knapp, 2010; Young, 2017). Young (2017) stressed that the "TMR fosters an intersubjective experience in which meaning is ascribed through a shared encounter of the lived body" (p. 97).

Simply stated, in DMT, the body is perceived as a tool that prompts interactions, relationship building and trust. Those bodily experiences are inspiring as a sense of comfort, stress redaction, attunement and mutual understating where the individual can feel seen and accordingly, embrace positive emotional and psychological changes.

Marian Chace's TMR Interventions

Marian Chace, a dance therapy pioneer, designed the core concept of dance therapy (Levy, 2005, p. 19). During the 1940-1950s, Chace trained and taught future dance therapists who were witnesses to her work in St. Elizabeth Hospital, where she started her work with psychotic patients. Those future therapists brought Chace's basic concepts, principles, methods and practice to be the guidelines of dance therapy since Chace never systematically presented her material (Levy, 2005; Sandel et al., 1993). Pierce-Knapp (2010) explained that Chace's work was paralleled to Rogers's and Kitwood's in the fact that "she was looking at the present moment and the healthy abilities that the client has, in which tapping into these abilities of the client will create change in the maladaptive areas of a client's life" (p.34).

Mirroring. One of Chace's core principles was the therapeutic movement relationship (TMR). This intervention was used by Chace to engage the client's emotional needs. Part of this concept was to use mirroring as a way to meet the patient "where he/she is" (Levy, 2005, p. 22) emotionally by copying their movements. Mirroring, by definition, is a non-verbal kinesthetically perceiving of client's movements followed by reflection and reaction of the therapist to those movements (Levy, 2005).

Through the use of mirroring, Chace would expand movement's action by extending some of the gestures that she absorbed from the client to connect the client to their inner expressions. Young (2017) explained that the use of mirroring allows the dance movement

therapists to embody the feelings and lived experience of the client and by doing so, support the effectiveness of their relationship building. Besides, mirroring enabled Chace to show her sense of kinesthetic empathy with her clients and expressed in movements terms: "I know how you feel" (Sandel et al., 1993, p. 79) which created the base for developing a therapeutic relationship. This intervention also enabled a continuous process that helped the clients build trust, become open to new personal experiences, and fostered relationships which promoted a sense of belonging (Sandel et al., 1993, p. 79). By using mirroring, the development of empathy and client-therapist relationship-building process can accrue, which are central principles in TMR and DMT (Levy, 2005).

Karkou and Meekums (2017) stressed that within DMT literature "empathic engagement through mirroring is seen as linked with the activation of mirror neurons in the brain" (p.4). Pierce-Knapp (2010) explained that when mirroring occurs, the body and the mind are stimulated. Furthermore, researchers had found that while mirroring in synchrony, mirror neurons in the brain are being activated in the central nervous system of both therapist and client (Pierce-Knapp, 2010). Pierce-Knapp (2010) explained that when a therapist is using mirroring to interact with a client, empathetic reflection can occur through postural shifts, facial expressions, and bodily interaction. Furthermore, the same author stressed how mirroring could encourage empathic reaction since it is an intervention that gives relationships a chance to get richer. In other words, an interaction between therapist and clients which suggests a positive and enriching communication on a body level can foster empathy, attunement, and emotional development and therefore, facilitate an experience of healing (Pierce-Knapp, 2010).

Circle formation. Another concept developed by Chace through her session structure was circle formation (Levy, 2005). Hamill et al., (2011) introduced circle dance form as a

cultural tradition of communities who are enjoying dancing together, strengthening their sense of community, and supporting each other through dance. This form of dance makes it accessible for people of all ages and abilities; therefore, it can be appropriate to use when working with people with dementia (Hamill et al., 2011).

Martinec and Lera (2018) explained that by circle formation, the dance movement therapist could evolve mirroring, the reflection of emotional states, retention and physical contact through handholding. Furthermore, Martinec and Lera (2018) claimed that when using mirroring during circle form in a group setting, the movements of individuals that are reflected by the group, can have a substantial impact on the participant. By mirroring one another, the participants can see how their emotions and movements reflected (kinesthetic empathy), which can result in a feeling of acceptance and empathy. Circle dancing allows conducting different types of activities, such as touch, handholding and simultaneous moving through space (Martinec & Lera, 2018).

Therapeutic Movement Relationship, Dance Movement Therapy & Person Centered Care: Similarities for Relationship Building With Elderly With Dementia

Karkou and Meekums (2017) stressed that "maintaining relationships is at the heart of best practice in dementia care" (p. 4). The therapeutic relationship and TMR can be addressed in many forms of therapy and interventions when working with older adults with dementia. The literature reviewed below will examine the connection between TMR, DMT, PCC, and how they can apply and be significant for relationship building when working with dementia.

It is the thesis author's understanding that part of DMT fundamental aspects are movement observations based on two observation systems: Laban Movement Analysis (LMA) or

Kestenberg Movement Profile (KMP). With that being said, this thesis will not refer to those systems.

Karkou and Meekums (2017) claimed that the development of a therapeutic relationship is a crucial aspect of DMT when working with older adults with dementia. They stressed that TMR and its embodied-interpersonal nature is important for dementia because it evolves "cognition, communication, self-confidence, self-identity, self-worth, orientation in space and time and more" (Karkou & Meekums, 2017, p.4). All those aspects are under threat for the person with dementia.

Young (2017) claimed that DMT as embodied approach manifested TMR through interventions such as mirroring and touch. Those components can be reflected in kinesthetic empathy and nonverbal communication. Through those positive bodily experiences, the dance movement therapist can promote an environment where the client can feel safe, respected and thus develop trust, which is essential for relationship building.

"Dance therapy and dementia is essentially self-work" (Hill, 2009, p.190). Through this phrase Hill (2009) explained how DMT could promote the sense of self and offer an acceptance holding environment, as parallel to PCC; she presented the term '"relationship-centered' care" as a way to work with people with dementia (p.190).

From PCC perspective, Fazio et al. (2018) stated that an individual with dementia needs to feel attachment when they are regularly struggled to oriented in space and time. Therefore, it is important to keep individuals with dementia included and involved in the care and in life to have a sense of fulfilment and satisfaction, and thus, to maintain their sense of self. DMT and the development of TMR are enabling the existence of PCC.

As described above, the concept of DMT and TMR endorse the personal sense of self, through body and mind connection and nonverbal communication, as PCC is aiming to do through positive interpersonal experiences.

In order to understand more in-depth, the meaning behind TMR, DMT and PCC, Pierce-Knapp (2010) outlined their theoretical base and compered between the humanistic approaches of Rogers, Kitwood, and Chace. She stated that they are all combined ways where the therapist can meet the client in the here and now in both cognitive and physical level. Pierce-Knapp (2010) explained that Rogers's approach focused on meeting the client's needs through active listening and without personal judgment. This approach allows trust to accrue, which is a fundamental aspect for developing a positive therapeutic relationship and for changes to happen on the client's part (Pierce-Knapp, 2010). Kitwood (1997) expressed the import of seeing the person's abilities and by doing so, allow them to maintain personal relationships. Kitwood's approach is revealing the import of seeing the person with dementia as a person since it is allowing the individual to be creative, express feelings, and accordingly, maintain relationships and create new ones. Lastly, Chace's approach was focused on her perception that dance is communication (Levy, 2005); therefore, the body is a tool to express feelings and thoughts (Pierce-Knapp, 2010). Those components are strengthening the import of seeing the person with dementia as a person with needs, abilities, as well as the capacity to maintain relationships.

In her research, Hill (2009) compered PCC for dementia and DMT philosophies. Hill (2009) explained that PCC is about seeing beyond the person's brain pathology. She exclaimed that both approaches are reviewing the person and not the disease. Also, she mentioned how the reality of persons with dementia is being validated in PCC and DMT. The two approaches are promoting as a sense of acceptances, an active participant in relationships and a valuation of the

elderly life experiences. Throughout her work, Hill (2009) demonstrated how by acknowledging the person's with dementia personal history, coping skills, personality, culture and environment, their well-being could be recognized. Hill (2009) also stated that DMT is contributing to what PCC is aiming to bring for people with dementia. Through her research, Hill (2009) stressed the significance of creating a relationship based on friendship other than patient-therapist work. "Friendship is a significant relationship between equality and reciprocity between partners" (Hill, 2016, p. 189).

Hill (2009) brought together the essential characteristics of DMT, TMR and PCC. She promoted the person's sense of self and enabled positive interactions and relationship building by the use of DMT interventions.

DMT Interventions for Relationship Building with The Elderly with Dementia

> Dance movement therapy allows a person to move the mind and body to a healthier, more present, and more vital place of life. DMT allows those living with dementia to feel less isolated, to rejuvenate their sense of self, to be socially active, and to stimulate the mind and body. (Pierce-Knapp, 2010, pp.42-43)

Martinec and Lera (2018) explained that dance and movement encourage "rhythmical and motoric coordination, balance, memory, emotional states, affectivity, social interaction, acoustic and musical stimulation" (p.3). Thus, dance is equivalent to sensory stimulation. The sensory stimulation by the use of movement can be beneficial and improve the well-being of the elderly with dementia (Martinec & Lera, 2018).

Hill (2009) described how by the use of DMT interventions, she developed a relationship with persons with dementia. She emphasized how by "dance relationship" her dementia client was able to present more like herself: "sure and stronger" (Hill, 2009, p. 189).

Hill (2009) suggested that "embodiment", a commonly well-used intervention in DMT, can touch the person's "deeper level than if restricted to the cognitive, because it grounds it in the experience of the body" (p.192). Hill (2016) stressed how DMT components such as embodiment and non-verbal communication could bring to the work with dementia a sense of sensitivity, empathy and accordingly, create meaningful relationships.

Circle, Handholding and Touch

As described previously, circle formation is used as a DMT fundamental intervention. Martinec and Lera (2018) explained how circle formation and handholding are essential for working with elderly with dementia because they are non-threatening techniques in which individuals that are withdrawn or distanced can touch and be touched in a safe setting. Hill (2009) expressed how "fostering a social experience is certainly one of the goals of the dance therapy session" (p.186) which can be accrued by the use of circle form. Circle form can involve touching, holding, moving as a group, clapping, shaking and swinging. Those components encourage togetherness, relaxation and presence of the self as well as the group (Hill, 2009; Martinec & Lera, 2018).

The sense of expectance and presence can be achieved by using touch. Barnes (2018) emphasized that touch can help people connect to the presence of others within their immediate environment. Martinec and Lera (2018) claimed that the use of touch could stimulate re-attachment and connection. Hill (2009) described how the development of body and self-awareness are being endorsed "feeling of one's self through movement" (p.186), through touch and being touched. In addition, she used breath and stretch in her DMT sessions to encourage exploring the sense of self.

Martinec and Lera (2018) described that the combination of circle formation and touch could bring sensory stimulation. Those experiences endorse a cognitive stimulation and expression of oneself, which are two of the goals of the DMT setting (Martinec & Lera, 2018).

Hamill et al. (2011) focused their research on the connection between using the circle in the DMT setting and how it affects the development of communication with older adults with dementia. The results showed that circle formation had a positive influence on the relationship between individuals affected with dementia and their family members and care staff.

Further to Hamill, et al.'s (2011) research, Martinec and Lera (2018) explained that for those who are facing dementia and might be struggling in orientation to time and space as well as balance difficulties, circle form and handholding could assist and support their emotional needs. The intimate and supportive environment that the circle represents prompts feelings of integration with oneself, as well as with others, what can lead relieving of fear and isolation.

Mirroring and spontaneity

Pierce-Knapp (2010) explored the effect mirroring had on older adults with Alzheimer's and its influence on maintaining relationships with them. The use of mirroring allowed her to develop a therapeutic relationship with her clients that was based on "trust, understanding, empathy, social relationships and connections to grow physically, mentally, and emotionally , as well as stimulated the brain to activate memories and feelings in one's own life in people with Alzheimer's" (Pierce-Knapp, 2010, p.91). The same author explained that body posture exposes the person's involvement in relationships because it shows to what degree they are paying attention, interacting and relating to others. In addition, she stated that the intervention of mirroring assisted in shaping, maintaining, and deepening the therapeutic relationship within the DMT session.

Hill (2009) claimed that by using mirroring in her session, parallel to Chace's approach, her goal was to enable the person to have the sense of being seen and being acknowledged by others by demonstrating and sharing movements with the group. While using mirroring, the therapist needs to stay present, attuned and open to changes in the interaction and the sense of the individual whether in one on one work or in a group work. This sense of spontaneity is highlighted in the literature especially when working with older adults with dementia (Hill, 2009; Lyons et al., 2018; Young, 2017).

Lyons et al., (2018) stated that studies made reference to the value of unstructured time and dramatic setups, improvisation, the spontaneity of expression as some of the main DMT therapeutic components. Hill (2009) used improvisational framework in her sessions so she can better asses the person's needs and interest as the session goes on. Young (2017) presented the need to be spontaneous when working with dementia by explaining that spontaneous movement dialogue can appear through regulating to the client's movement qualities. The movement dialogue can encourage the therapeutic relationship building when the therapist and client understand each other through movement, as a form of non-verbal communication.

Music & Props

Studies have shown that people with dementia have an interest in music. Besides, their music memory and ability to respond to music can be preserved even in the later stages of dementia, when verbal communication is already weakened or lost (Martinec & Lera, 2018). In addition, the use of music can reduce anxiety in older adults with dementia (Jones et al., 2018).

Martinec and Lera (2018) stressed that music has a unique ability to stimulate memories and experiences as well as improve emotional states. Therefore, the use of music for dementia clients can rescue anxieties and confusion and at the same time, bring positivity and joyfulness to

the person's experiences. Hill (2009) used live music in her sessions that was played by a music therapist. The music took an essential part in her sessions as it enabled the expression of the self as well as community engagement and movement promotion.

The combination of music and props add important value for people with dementia because it promotes grounding, interest, occupation while moving and a sense of playfulness as well as enjoinment. Lyons et al. (2018) reported that the use of props encouraged engagement and communication. Hill (2009) explained that props were used in her session for sensory stimulation, grounding and focus, environmental representation and group physical connection. De Tord and Bräuninger (2015) explained that the use of music and props in DMT sessions with older adults with dementia supported their social grounding which reflected in their interaction with other group members as well as with the therapist. The same authors explained how the use of a big stretching cloth and waltz music in DMT session with older adults with dementia was ideal. The use of props enabled unity in movement and built confidence. The fabric also helped them to work together as a group, feel a sense of playfulness, creativity and openness, what supported their emotional and social state and strengthened cohesion.

The DMT interventions outlined above are representing the thesis author's perception of the importance to involving interventions for supporting relationship building with older adults with dementia. Another aspect which is essential for promoting trust and understanding with dementia is to engage family members and care staff.

Engage Caregivers & Family Members in DMT Session to Promote the Sense of PCC

Hamill et al. (2011) presented research evidence which indicates that the maintenance of a person with dementia in the community has more to do with the well-being and attitudes of family members and caregivers than factors such as the severity of dementia. Besides, the

authors highlighted the importance of creating an environment for both people with dementia and their caregivers where they can express themselves non-verbally to facilitate emotional well-being (Hamill et al., 2011).

Barnes (2018) exclaimed that sensory stimulation could foster a sense of respect for persons with dementia to themselves and with their caregivers. Hamill et al. (2011) emphasized how movement-based experiences can be an encouraging experience for caregivers when they can see people with dementia move freely, sway, smile and re-connect in a group. This non-verbal interaction is emphasizing that they can still experience emotions deeply. Essentially, Hill (2009) stressed how the family could also take an active part in DMT sessions with the person with dementia where they can "be together as people" (p.191), find a release of tension, have fun and create an easy social interaction.

Melhuish et al. (2017) evaluated how the development of relationships between care staff and people with dementia in residential home care is affected through the use of music therapy (MT) and DMT as potential psychosocial interventions for dementia care. They conclude that the use of DMT improved the relationship between care staff and the person with dementia. They suggested that MT and DMT can have a positive influence in helping care staff to provide a meaningful care environment. Melhuish et al. (2017) found that the residents engaged in DMT expressed enjoyment of the care home environment. The significant finding was the influence on the staff. Though the resident's engagement and motivation to take part in the DMT/MT session, the staff gained new knowledge about residents' feelings and about previous and existing skills and abilities they own. The use of non-verbal expression has brought many residents who were characterized as withdrawn or unmotivated to be playful, be expressive both in movement and talk, and enjoy themselves. For the staff members, the group provided an empathetic

environment where they can express feelings of anger, frustration and loss. Besides, the staff learned to appreciate their work and feel valued. Having the opportunity to interact with them through dance and music, allowed many of the staff to experience a greater sense of connection with the residents. The team demonstrated increased insight and self-awareness and a more reflective, empathic approach. The team described an increased sense of empathy and emotional resonance with the residents (Melhuish, et al. 2017, p. 289).

Current research

The research about the usage of DMT as a useful tool for older adults with dementia is growing. Concurrently, the literature is struggling to evaluate whether the use of DMT is an effective intervention for older adults with dementia.

Lyons et al. (2018) described that "the National Institute for Health and Care Excellence (NICE) recommendations for supporting people with dementia endorsed the therapeutic use of dancing and music as a treatment for non-cognitive symptoms, but make no direct reference to dance movement therapy or music therapy" (p.1). This statement might be representing the lack of current research or quality research evidence that evaluating whether DMT is a beneficial therapeutic tool.

Lyons et al. (2018) explored research evidence of the use of DMT as improving the well-being of older adults with dementia. In their study, they explained that there is no current evidence base as to if DMT does enhance the well-being of older adults with dementia. They stressed that there is a lack of detail regarding type and level of dementia, lack of community-based studies as well as an absence of arts-based information. The same authors suggested that future studies could address these limitations and follow methodologies that can gather rich data that will examine and assess the process and the experience of elders with dementia. Also, they

stressed the need for research to be consistent and valid to address questions of effectiveness. Concerning Lyons et al.'s (2018) explanation about research limitations, Smebye and Kirkevold (2013) concluded that when research engages persons with dementia, there is a challenge to get essential and specific data about their experiences. Furthermore, the authors explained that without the person's voice, there is a void in the findings.

Karkou and Meekums (2017) assessed the effects of DMT intervention for dementia in contrast to no treatment, standard care or any other treatment. The authors concluded that there was no evidence for or against dance movement therapy as a useful intervention for dementia. They encouraged to define DMT interventions before getting into studies in the future to assess whether DMT is an effective intervention for dementia or not.

Despite the fact that studies did not find specific termination for DMT efficiency for older adults with dementia, they did stress the positive effects DMT has on relationships.

Lyons (2019) described that even though in dementia the persons are having cognitive difficulties, they can maintain or even increase their ability to respond emotionally to their environment. Therefore, Lyons (2019) argued that arts-based practices could be used to empower the person with dementia, celebrating their positive abilities through the use of nonverbal communication and expression. Furthermore, the same author claimed that the use of arts therapies can re-format the medical models of dementia which focus on what the person lost due to the disease and not what is still there.

When looking at the relationship's aspects of Lyons et al.'s (2018) study, the authors stressed that many of the studies did indicate about

> significant moments where the person with dementia seemed to respond in a more integrated way, creating connections between thoughts, feelings and physical sensations.

> Findings of this review indicate that DMT was well tolerated by participants who, qualitative observations suggest, find the intervention an enjoyable, empowering experience that helps create connections between thoughts, feelings and physical sensations. (p.13)

Within the use of DMT as an art therapy form, the role of the therapist is critical for changes to happen. Melhuish et al. (2017), who present the therapeutic benefits between elders with dementia and their families/caregivers, referred to the therapist approach toward residents at the senior living facility. They indicated that the therapist reflected an attitude of attunement to individual pace, supported their autonomy and choices, and maintained good communication that promoted relationships elderly with dementia. The therapist's approach toward the residents had helped the care staff and families to access the elderly with respect and meet them where they at while supporting their emotional needs.

Smebye and Kirkevold (2013) explained that when family and caregivers are being educated about the importance of vibrant relationship with persons with dementia, it influences their social interactions and the personhood of the person with dementia.

Martinec and Lera (2018) have also found a positive outcome for DMT with the elderly. In their study, they described DMT program called ''Moving memories'' where elderly with different stages of dementia as well as their caregivers took part. The sessions were always held in the same room to keep a sense of continuity and security. Dance and music were used to achieve embodiment, the development of social interaction and inducing self-expression and communication. The authors indicated that the program showed an effective outcome for all participants where they were able to share experiences, feel enjoyment and express creativity.

The authors stressed the value of reviewing the group cohesion and attunement to each other as well as the therapy process itself, and not the level of success in the execution of activities. As viewed above, DMT has found as an effective tool to develop and maintain relationships with older adults with dementia.

However, it is important to note that there is no consensus found within the literature on the positive impact DMT might have when used with dementia patients. It is the author's hope that with the growing awareness of the field of expressive therapy, more research will be done, and more assessments will be developed. A study assessing the impact of DMT used with older adults with dementia could be beneficial in demonstrating the positive outcomes DMT provides to the patient as well as their family, caregivers and therapist.

Conclusion

The aim of this thesis was to examine the importance of building and maintaining relationships with older adults with dementia while using DMT through a literature review.

Dementia is a degenerative disorder of the brain that impacts the individual's cognitive abilities. This literature review found that the existing research is inconclusive on the medical benefits of DMT on dementia. However, many studies found that DMT was impactful in improving relationships between the individual with dementia and others. This improvement can be achieved by integrate the PCC approach, which focusing on the patient as an individual from a non-medical perspective, emphasizing therapies that will increase their quality of life.

DMT has many benefits that can be applied to older adults with dementia, specifically it has the ability to promote social interactions, which have a known impact on improving quality of life and potentially slowing the illness. TMR allows for empathic reflection through mirroring, non-verbal expression, and kinesthetic empathy. DMT, PCC and TMR all emphasize the

importance of building relationships and viewing the patient as an individual. A combined approach using these philosophies can bring positive change to the quality of life of these patients as it promotes healthy relational interactions. My literature review supported the hypothesis that when caregivers and family members join the older adult with dementia DMT session, it can generate positive novel interactions in which the family member and caregiver can see their relative engage with the world in a joyful way. In addition, there is a benefit for care staff to have an alternative way of engaging with their patients, creating the possibility for deeper caring between the patient and staff.

To conclude, it is the author's belief that movement is a powerful mechanism that can be used to build relationships with older individuals with dementia. Norma Canner, pioneer of the Lesley university DMT program, stated that "you are the movement, the dance is in you and always has been" (Levy, 2005, p. 238). Movement as a therapeutic tool has the power to change people's life anytime, anywhere, and in every stage of their life.

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THESIS APPROVAL FORM

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_____

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

Thesis Advisor:_____Dr. Ara Parker_____ _____