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**Dance/Movement Therapy and a Positive Impact on Sense of Self for Individuals Living
with Dementia: Development of a Method**

Capstone Thesis

Lesley University

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Dance/Movement Therapy

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Abstract

Individuals living with dementia suffer from degenerative cognitive functioning, which in turn makes it difficult for language, emotions, social behavior, reasoning, balance, muscle function and automatic functions. The researcher reviewed literature available to better ground themselves in the importance of recognizing and expanding sense of self for those living with dementia. A dance/movement therapy group focused on prop work in a residential memory care facility with men and women living with different forms of dementia was formed. Verbal and non-verbal responses were recorded in regard to three therapeutic themes: body autonomy, prop work, and therapeutic touch. Results from the self-observations showed an impact on the ability of individuals living with dementia to expand upon their sense of self by demonstrating positive body autonomy, granting permission of therapeutic touch, and exploring a prop authentically.

Keywords: dementia, dance/movement therapy, sense of self, prop work, body autonomy, therapeutic touch, Trudi Schoop

The author identifies as a straight, heterosexual, White woman living in New England of mixed European ancestry.

Dance/Movement Therapy and a Positive Impact on Sense of Self for Individuals Living with Dementia: Development of a Method

Introduction

According to the World Health Organization (2021), dementia is an umbrella term for neurodegenerative chronic disorders affecting the lives of more than 55 million people worldwide, and this number is growing by 10 million new cases each year. People living with dementia are everyday individuals who might be someone's grandmother, husband, sister, or father. Cognitive functions begin to be impacted in the lives of these individuals in relation to "memory, language, perceptual skills, attention, constructive skills, guidance, problem solving and functional skills" (Simona et al., 2020, para. 5). This leads to "functional disability and behavior/ emotional disorders linked with anxiety, tension, irritability, apathy, sadness, energy loss, and social isolation" (Simona et al., 2020, para. 5).

Dance/movement therapy is not a new form of treatment for physical and psychological ailments, having been introduced to the therapeutic world in the 1940s. In fact, dance has been around since the beginning of human evolution as a holistic healing tool, communicational aid, and as a conduit for sharing emotions between people. The early developers of dance/movement therapy understood the need for a therapeutic theory designed around non-verbal behavior influencing how the body reacted to mental health issues. This can be classified as body-mind connection. Even though dance/movement therapy has been used for therapeutic treatment for almost a century, dance/movement therapy is still a fairly new practice being incorporated in the realm of dementia work. The topic of this thesis is going to highlight how dance/movement therapy can have a positive impact on sense of self for individuals living with dementia. This research is valued in the field of dance/movement therapy and dementia work because it gives

insight and connection to individuals who go through day-to-day life limited in cognitive abilities. Dance/movement therapy allows for body autonomy, self-awareness, and connection to another individual.

The connection between dance/movement therapy having a positive impact on sense of self for individuals living with dementia can be analyzed and supported throughout the literature gathered. Before diving into the benefits of dance/movement therapy, a description of dementia needs to be defined, the breakdown of the effects on the brain and symptoms of dementia needs to be addressed, followed by pharmaceutical and non-pharmaceutical treatments used today. The literature will also better define, with a more in-depth definition, what sense of self is and why it is important to have a positive impact on sense of self for individuals living with dementia. To finish off the literature review, principles from Trudi Schoop will be broken down and dance/movement therapy techniques (body autonomy, sensory stimulation, and therapeutic touch) will be evaluated to show the impact they will have on sense of self for individuals living with dementia.

After gathering research from the literature, a single session method will be conducted to evaluate how people living with dementia demonstrate sense of self through body autonomy, self-awareness, and connection to another individual. During this method, tactile and auditory sensory stimulation will be introduced to the participants. Verbal and non-verbal responses to the props and sensory stimulation will be evaluated. These responses will demonstrate the individual's capability of adhering to their sense of self and how they will authentically respond to stimulants, further answering the research question of the positive impact dance/movement therapy has on sense of self for individuals living with dementia. An artistic representation of the

single session method will be included at the end of the research to represent the researcher's interpretation of the data collected.

Literature Review

Description of Dementia

The World Health Organization (2021) classifies dementia as a “syndrome that leads to deterioration in cognitive function beyond what might be expected from the usual consequences of biological ageing” (para. 1). It is an umbrella term for multiple forms of abnormal brain changes caused by disease or stroke. These forms include Alzheimer's disease, frontotemporal dementia (FTD), Creutzfeldt-Jakob disease (CJO), Lewy body dementia (LBD), vascular dementia, Huntington's disease (HD), mixed dementia, Parkinson's disease dementia, etc. (Wang, 2019). Alzheimer's disease makes up 60-80% of reported dementia cases. Vascular dementia, which is caused by microscopic bleeding and blood vessel blockage in the brain, makes up the second common cause of dementia. Lewy body dementia makes up 5-10% of dementia cases, making it the third most common cause of dementia (Alzheimer's Association, 2021).

Dementia's Effect on the Brain

The human brain is a complex organism composed of the cerebrum, cerebellum, and brainstem. The cerebrum is the largest portion of the brain responsible for speech, reasoning, emotions, learning, and fine motor control. The cerebellum is located under the cerebrum, and is responsible for muscle movements, posture, and balance. The brainstem connects the cerebrum and cerebellum to the spinal cord and is responsible for the performance of automatic functions such as breathing, body temperature, sleep cycles, and digestion (Mayfield Clinic, 2018). To relay messages to and from the three parts of the brain, tens of billions of neurons are activated to transmit information. Dementia causes damage to the cells and neurons of the brain, leading to

a compromised state of the powerhouse of the body. When neurons are damaged, this leads to typical signs and symptoms of dementia to surface. The areas in the cerebrum and cerebellum responsible for language, emotions, social behavior, reasoning, balance, and muscle function are damaged beyond repair. As time goes on, neurons can no longer relay messages from the brain to the body to continue automatic functions such as regulating body temperature, sleep cycles, or digestion (National Institute on Aging, 2017). A person living with dementia gradually loses their ability to live and function independently, and ultimately the disease is fatal.

Symptoms of Dementia

Dementia is not considered a normal part of the aging process due to the serious decline in mental and bodily function. When an individual is presenting with changes in their cognitive functioning, signs and symptoms are monitored by health care professionals. These symptoms of dementia show up in three stages: early stage includes forgetfulness or difficulty orienting oneself to space and time, middle stage becomes more noticeable and restricting to the individual with symptoms including difficulty with communication, behavior changes, and needing help with day-to-day activities, and late stage require near-total dependency and inactivity in daily life with symptoms including becoming unaware of time and place, difficulty acknowledging family/friends, difficulty walking, and experiencing behavior changes that may worsen and include aggression (Zlotnik, 2020).

Dementia Treatment

There is currently no cure for dementia, but different forms of treatment are available to slow the progression of symptoms. Pharmaceutical treatments are most widely known and include medications that limit the buildup of amyloid plaques. Amyloid plaques are responsible for “disrupting communication between nerve cells in the brain and may also activate immune

system cells that trigger inflammation and devour disabled nerve cells” (Alzheimer’s Association, 2022, para. 6). It is important in the treatment of dementia to focus on the lessening of symptoms to ensure prolonged health and life. However, the quality of life needs to be considered and is normally overlooked for individuals living with dementia.

Non-pharmaceutical treatments are just as important for treating individuals living with dementia. Therapies that concentrate on embodied communication can potentially reduce symptoms and facilitate wellbeing for people with dementia, and the expressive therapies (art, dance/movement, drama, music therapy) are established psychological treatments that include working with non-verbal expression to support and develop communication, improve mood, and treat negative symptoms (Lyons et al., 2018). A person-centered, holistic approach to care focusing on the individual’s strengths is a form of treatment which can be beneficial. Dance/movement therapy applies interventions focused on “physical movement to promote wellness in addition to an emphasis on person-centered care and meeting each individual where they are” (Barnes, 2020, pg. 30). There is evidence showing the benefits of physical exercise as an effective intervention for those living with dementia.

Sense of Self

In order to address the research question, the positive impact dance/movement therapy has on the sense of self for individuals living with dementia, it is vital to define sense of self. According to Barnes (2018), individuals living with dementia are faced with noticeable changes and an unrecognized sense of self. It is vital on a humanistic level to keep hold of a strong sense of self because it is how we define who we are through likes and dislikes, abilities, moral codes, and what motivates us as unique individuals. Yahid (2019) classifies sense of self as “a more conscious and accurate awareness of [our] own set of unique qualities that exist in [our] lived

experience” (p. 4). Within the world of psychology, sense of self is addressed through different forms and archetypes. Carl Jung viewed the mind as “innately endowed with the mental representations of instincts and the primary content of the psych was the archetypes” (Yahid, 2019, p. 5). These archetypes formed the collective unconscious of the individual and the essence of who they are.

What can be identified in the literature is the continued desire for supporting the dementia population through the use of dance/movement therapy to increase wholeness of the individual. Dance/movement therapy will “help people with dementia connect with others through a relational process to foster self-awareness” in turn creating a “balance between the emotional withdrawals into the self that tends to happen with dementia” (Barnes, 2018, p. 16).

True Self-Concept

The literature brings to light the idea of true self-concept. The search for one’s true self is common throughout Western society and plays a part in philosophical and psychological studies. What can be gathered from these theories of study is how there is one central theme of “discovering or rediscovering and expressing the true self” and how it is “crucial to psychological health” (Schlegel et al., 2009, para. 5). When focusing on exploring true self-concept during a dance/movement therapy session for individuals living with dementia, the clinician and client are working through the final stage of development proposed by Erikson: ego integrity versus despair. This stage is when clients “contemplate accomplishments and can develop integrity as they view themselves as leading a successful life” (McLeod, 2018, para. 57). Schlegel et al. (2009) express in their research study how discovering a person’s true self can become an important source of meaning to life and coming to this deeper realization of who one is imbues life with a sense of authentic purpose. When working with individuals living with

dementia, the exploration and discovery of one's true self can lead to better connection with others and allow for a deeper understanding of how a person living with dementia goes about their day-to-day life.

Person-Centered Care (PCC)

Person-centered care (PCC) originated from the works of Carl Rogers who defined it as “focusing on individual personal experiences as the basis and standard for living and therapeutic effect” (Fazio et al., 2018, p. S10). Tom Kitwood, professor and evolver of dementia care, expanded on Rogers' therapeutic ideals and applied it to his work with dementia clients because he believed the environment was just as impactful on the brain as the brain was on a person's abilities. Kitwood and Bredin's (1992) study showed evidence of the following:

Dementia does not universally progress in a linear fashion, and most importantly, it varies from person to person. They concluded that the person with dementia is in a state of relative well-being or ill-being, and that indicators can be observed through detailed observation. They found a need for high-quality interpersonal care that affirms personhood; one that implies recognition, respect, and trust.

In a dance/movement therapy aspect, PCC can be implemented where care is “[built] around the needs of the individual and contingent upon knowing the person through an interpersonal relationship” (Zlotnik, 2020, p. 8).

Within a dance/movement therapy session with individuals living with dementia, the acceptance of their reality is the core of the session. According to Yamada and Kawano (2021) a Swedish study spoke on the gerotranscendence theory of a shift in “meta-perspective from a materialistic and rational view to a more cosmic and transcendent one” (para. 6). By entering into the client's reality using dance/movement therapy, the client can regain a sense of self that

staff from memory care facilities might disregard due to a lack in education related to therapeutic practices and gerotranscendence theory. Dance/movement therapists hold space and allow time for individuals living with dementia to share and explore their sense of self with another individual. This further supports the idea of building sessions around the impact of building sense of self for individuals living with dementia because sessions are shaped around the needs of the client.

Dance/Movement Therapy (DMT)

Dance/movement therapy (DMT) is defined by the American Dance Therapy Association (2022) as the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual. Dance and movement have the power to connect individuals through an aesthetic experience. Almqvist and Andersson (2019) define aesthetic experience as a “process where all senses are involved in meaning-making, and wherein it becomes possible to engage with the world through perception, expression and reflection” (p. 4). During a DMT session, therapeutic components are applied such as spontaneity and improvisation, dramatic scenarios, rhythmic synchrony, and symbolism (Lyons et al., 2018). These components allow for clients to express unconscious or repressed emotional parts of themselves and opens up space for dialogue to occur between client and clinician.

Trudi Schoop

One of the early developers of dance/movement therapy, Trudi Schoop believed “who we are is reflected and manifested in our bodies” (Levy, 2005, p. 75). Schoop created a theoretical framework focused on physical and psychological states being expressed through humour and improvisation. Schoop combines four methods of developing the physical and emotional expressivity for clients: “educational approach, rhythm and repetition, the inner fantasy,

improvisation and planned movement formulation” (Levy, 2005, p. 81). However, the major goal of Schoop’s was to “bring [client’s] repressed side to consciousness through expressive movement” (Levy, 2005, p. 76). When focused on the specific population of individuals living with dementia, much of their identity is repressed due to limitations in cognitive abilities. With the incorporation of four of Schoop’s framework (rhythm and repetition, inner fantasy, improvisation, and planned movement formulation) clients living with dementia are able to freely explore their space and body movement patterns. This lays the groundwork for a session to be formulated which is dedicated to personal needs and centered around care of those living with dementia.

Dance/ Movement Therapy Techniques with Dementia Work

Body Autonomy

When dementia becomes overwhelming for the individual and their caretakers, the individuals are placed in assisted living and memory care facilities. This shift in living conditions leads to fewer chances for individuals living with dementia to hold onto who they are as an individual and have control over their body autonomy. During dance/movement therapy sessions, individuals living with dementia are given the freedom to explore their bodies in authentic and meaningful ways. Clinicians explore these movements with their clients and hold space for body autonomy to occur where individuals can have the sense of feeling seen and validated. It is also important to take notice how individuals living with dementia explore their body autonomy in connection with memory and past experiences. According to Barnes (2018), long-term memories are still intact for people living with dementia and can provide sense of connection during group sessions by reminiscence on past memories and exploring them through body expression.

Sensory Stimulation

To further support the use of dance/movement therapy for dementia clients, the inclusion of sensory stimulation is brought into the narrative. When individuals living with dementia are denied sensory stimulation, they present with self-soothing behaviors that can be maladaptive, such as “repetitive movements, primitive vocalizations, aggression, and wandering” (Goldstein-Levitas, 2016, p. 430). It is important to ground clients to the space to encourage exploration of new movement pattern and enhance connection with another individual. Berg (2020) conducted research integrated with different forms of sensory stimulation and kinesthetic experiences to improve quality of life of people living with dementia. Tactile sensory stimulation, such as prop work, allows for the clients to expand on the theme of body autonomy by interacting with props in ways they feel comfortable. It also grants the individual living with dementia the empowerment to move in unexpected and authentic ways and separate themselves from repetitive movements which can be maladaptive to their sense of self.

Auditory stimulation with recognizable music gives an invitation to dance freely and to sing along with the music. Plus, the use of recognizable music from a client’s generation gives way to memories being shared and open discussion because of the sense of trust and comfortability with the music. The connection with props and music opens the client up to embodiment, that “can provide an understanding of how their bodies and senses are used to create a meaningful world” (Berg, 2020, p. 12). When working with people living with dementia, gaining access into their reality is a key component to building trusting and meaningful relationships between client and clinician. Dance/movement therapy also expands the kinesphere of the client, and for people living with dementia this can enhance awareness within themselves and awareness to those around them.

Therapeutic Touch

When working with individuals living with dementia, it is important to remember the power touch has on the population. When touch is incorporated into a session it demonstrates to the client that the clinician is someone they can trust and creates a sense of familiarity. There is also the importance of touch coming from the clinician because “it will enhance self-awareness and self-expression” from the client (Barnes, 2020, p. 13). Touch can ground individuals living with dementia to the space they are occupying. This can lead to a decrease in wandering and confusion, and in turn increase eye contact between session members, which leads to developed vocalizations within the group. The invitation of touch is simple yet gives control back to the client through a simple yes or no. When working with clients living with dementia the act of gaining permission for touch is very different in comparison to neurotypical clients. Forms of dementia limit the vocalization of acceptance, having the clinician rely solely on body/movement observation. Forms of permission from clients living with dementia consist of positive facial affect such as smiling, strong eye contact, out reaching of hands, or verbal communication.

Importance of Single Session Practices

What can be gathered from the literature revolving around single session practices is how participants are eager to learn more after a solo session. Tahsin et al. (2021) created a single session method centered around mindfulness for caregivers of dementia clients and gathered results from their participants explaining how the introduction of the method was both a learning and social networking opportunity. Tahsin et al. (2021) gathered group responses after the single session, and one participant explained “I was hoping there might be a course of 6 weeks or 8 weeks or 10 weeks...so you can learn” (p. 394). By introducing a single session to a population, a clinician can gather a census of what is needed from clients. Even though this study was with

neurotypical clients who dedicate their lives to caring for individuals living with dementia, it is still a valuable part of the research because it shows the benefit of single sessions.

Creating a single session dance/movement therapy group for individuals living with dementia is a good start to establishing what the clients could benefit from in regard to treatment goals. It is also beneficial to create a single session in order to introduce dance/movement therapy to the facility the individuals living with dementia are residing at. It can be educational for staff and introduce a new form of connection between residents and staff.

Method

To answer the research question, does dance/movement therapy have a positive impact on sense of self for individuals living with dementia, a research method was formulated. To establish this method, the researcher conducted a dance/movement therapy group at their current internship site with permission from their supervisor and staff of the memory care facility. The group consisted of seven individuals, six females and one male, living with varying forms of dementia. The members were regular participants of dance/movement therapy groups at the facility they currently reside in. A single session, lasting 45-minutes, was conducted focusing on the themes of body autonomy, therapeutic touch, and prop work in order to demonstrate an impact on sense of self.

The researcher applied therapeutic techniques from early innovator Trudi Schoop. The main frameworks from Schoop that were focused on were rhythm and repetition, the inner fantasy, improvisation, and planned movement formulation. Gerotranscendence theory was also applied to the researcher's method in order to allow for open exploration of the group members reality and kinesphere. No limitations in regard to movement were applied to the method,

allowing for full exploration of group members sense of self. Identity of group members were not included in the research due to HIPPA regulations at the researcher's internship site.

Introduction and Warm-up

The researcher entered the space and found the group members readily available in a circle formation in the therapy space. This was due to the participants living in the facility where the session was being held. The researcher began the group by greeting each member with their name and asked for permission to shake/hold their hands. The researcher took notice of verbal and non-verbal responses to being greeted. Once each member was greeted, the warm-up song of "Zip-A-Dee-Doo-Dah" by Johnny Mercer and the Pied Pipers was played. Next, the group was asked a check-in question, "what is one good thing that happened today?" Time was given for each member to respond to the question. The research also allocated for extra time if the group members wished to expand their response to the question or share different stories relevant to the exploration of self. Verbal and non-verbal responses to the check-in question were noted.

Prop Work

The group moved into prop work with scarves after check-in was completed. A single-coloured scarf was pulled from a bag and handed to each group member. The researcher gained permission before handing the members their scarf and informed the group members of the colour in the case of visually impaired participants. The researcher paid attention to verbal and non-verbal responses to the introduction of the scarf. Once the scarves were passed out, the researcher played music from the group's generation, consisting of 50's and 60's music. The group was given the space to explore their scarf with authentic movement and had the option to mirror the researcher. After spending time exploring the scarf and moving, the researcher collected the scarf from each group member, ensuring there was permission given before placing

the scarf in the bag. The researcher paid attention to verbal and non-verbal responses to giving back the scarf.

Closure

The group concluded with a closing sing-along of “What a Wonderful World: by Louis Armstrong. After singing, the researcher asked each member how they were feeling after participating in group. Time was given for responses from each group member in relation to the closing question and extra time was allocated for further remarks from group members. The researcher went around the group and thanked each member by name for joining and asked for permission to shake/hold the group member’s hands. The researcher was aware of verbal and non-verbal responses to the closing song and saying goodbye.

Inductive Analysis of the Method

Following the single session group, the researcher began taking notes immediately following the group session by setting a 15-minute timer and journaling on any important observations from the session without taking a break. Once the timer completed, the researcher reviewed the reflection notes and highlighted what was most important to her. The researcher followed this note taking with a 30-minute break to allow for processing of the session outside of the group space. Following the break, re-journaling of the session was completed with an extensive breakdown of the full session using bullet points. The researcher included verbal and non-verbal responses from group members to the three themes of body autonomy, prop work, and therapeutic touch. These responses were then highlighted in three different colours to visually pull them out of the notes and to aid the researcher in creating charts. A few days following the method group were taken to process what was discovered from the method to

allow full exposure of the data. An artistic response of a collage was created in response to the date.

Results

Data Analysis

Below are tables created by the researcher to show the verbal and non-verbal responses from group members that emerged from the researcher's reflections.

Table 1

Table Showing Theme 1: Body Autonomy

	Verbal Response Themes	Non-Verbal Response Themes
Warm-Up	Verbal confirmation of it being too hot Singing along to warm-up song	Holding out hands to the researcher Smiling with strong eye contact No mirroring of researcher movement during warm-up song
Check-In Question	Waking up Noticing the sun Spending time with people in the here-and-now Spending time with others Warmth of the sun Eating treats, candy	Holding hands of group neighbors and smiling together Holding out their hands to researcher and smiling with strong eye contact
Prop Work	NONE	Danced with the researcher in the middle of the group circle Mirroring- of the researcher movement and dancing with other group members No hesitation from group to return scarves
Closure	Singing along to song lyrics It is too hot in here feeling the heat of the sun Acknowledging beauty in the song Sense of love	Eyes closed Swaying to the music Looking off into space around them Mirroring researchers' movements Smiling at other group members

The results of the method demonstrate body autonomy was present with the participating group members in verbal and non-verbal responses. The researcher did not prompt for full, high energy engagement during the session because it would have defeated the purpose of exploring the group member's sense of self. The researcher wanted to meet the group where they were at in regard to the session. Each member demonstrated exploring the therapy space in ways that were comfortable to them during the time of the session. A positive result from this portion of the session is the simple act of a group member interacting with the researcher and engaging with other group members. This highlights the extension of the group members kinesphere because they are no longer withdrawing into themselves. Group members who remained still and silent during the session also exhibited positive results connecting to body autonomy by retaining agency of self. They did not engage in an activity which would have been uncomfortable to them during the session.

Table 2

Table Showing Theme 2: Therapeutic Touch

	Verbal Response Themes	Non-Verbal Response Themes
Warm-Up	Saying hello to the researcher and group members Acknowledged appearance of researcher Acknowledged time spent apart from researcher	Single handshake Smiling Direct eye contact Placing both hands up for a high five Rubbing of hands
Prop Work	Interacted with group members by dancing together	Holding hands with researcher while mirroring movement
Closure	Sense of love Thanking the researcher for spending time together	Handshaking Touch and connections with hugs and high fives Physical Closeness Double high-five Hand squeeze

The results of the method demonstrate therapeutic touch was received with positive verbal and non-verbal responses. When therapeutic touch was allowed, repetitive movement stopped and rhythmic movement patterns emerged, such as swaying hands back and forth or clapping with the beat of the music. What is important to take away from the results is how the act of touching lead to deeper engagement with verbal communication between group members and clinician. Not only did deeper connections occur, but the personalities of the group members started to emerge. This demonstrated a positive result in connection with gerotranscendence theory in the way of the client exploring their reality. This gave way to a positive impact on sense of self, allowing for emotional releases with hugs, kisses, and inside jokes.

Table 3

Table Showing Theme 3: Prop Work

	Verbal Response Themes	Non-Verbal Response Themes
Introduction to Prop	Admired the scarf Thanked the researcher for the scarf Confusion about what to do with the scarf	Grabbing a scarf with no eye contact Shaking of the head with eyes looking down Mouth pulled into a frown and pulling hands away
Moving with Prop	Admired the movement of the scarf Discussion between group members about trading and sharing the scarf Discussing with the research about scarf movement	Folding the scarf into a smaller square Balling the scarf in their hands Draping the scarf over their walker Tying the scarf around their neck Hiding the scarf in their purse Leaving the scarf flat on their lap Mirroring the researcher's movement when personally interacted with
Giving Back Prop	Sense of being tired Ready for lunch Saying goodbye to the researcher and group members	Giving back the scarf with no hesitation Allowing the researcher to untie the scarf from around their neck Throwing the scarf in a ball at the researcher

The results of the method demonstrate positive impact of prop work with verbal and non-verbal responses. There was limited display from group members of rhythmic movement patterns but this did not hinder the results from being valuable to the research. Instead, the results highlight an exploration of sense of self by group members authentically engaging with the scarf. The movement patterns depicted are common actions individuals would perform when engaging with a scarf.

Artistic Response to Method

The researcher created an artistic response to the process. A collage was created based off four of the five therapeutic frameworks developed by Trudi Schoop: Rhythm and repetition, the inner fantasy, improvisation, and planned movement formulation. These frameworks allowed for a positive impact on sense of self for the method participants living with dementia. Material used were magazine clippings, coloured markers, stickers, coloured paper, and paint.

To represent rhythm and repetition, the researcher drew a repetitive pattern with coloured markers. The colour's chosen were light blue, pink, and light green. The blue represented the brightness of the room during the method. The light green and pink represents the calmness that feel over the group during the method when working with the scarves. To represent inner fantasy, the research cut pictures of clothing being modeled to showcase the non-verbal responses of working with the scarves. The pictured models also allude to body autonomy and self-expression of individuals. The researcher found pictures of flowers to tie in the nature and sunshine discussed at the beginning of the method.

To represent improvisation, the researcher did splatter paint of white in order to capture the essence of spontaneity and allowing for the session to form on its own. To represent planned movement formulation, the researcher choose text from magazines that highlighted progressions

of a group dedicated to clients living with dementia. The phrases “continues to expand” and “at the heart” are in reference to dementia client’s sense of reality and sense of self that grows stronger throughout a dance/movement therapy session. The phrase “consistent sun” references the method groups acknowledgment of the sunshine in the therapy space and how it added to the groups check-in answers.

Figure 1

Artistic Response to the Themes from the Method



Discussion

Three main points were discovered from the results as they relate to the literature. Knowledge was gained on the impact on sense of self: What is dementia, what is the definition of sense of self, and what therapeutic techniques are most impactful for this population? Dementia affects the lives of 55 million individuals worldwide leading to cognitive decline, changes in mood, limited emotional control, behavior changes, and lack of motivation (World Health Organization, 2021). With this knowledge of the disease, a person-centered holistic approach to care focusing on strengths of individuals is a beneficial form of treatment grounded in meeting each individual where they are and promoting wellness through the use of physical movement (Barnes, 2020). The literature highlights this form of treatment to be most beneficial for this population due to a concentration in embodied communication to reduce symptoms and facilitate wellbeing for people with dementia.

A method was created with the focus of positively impacting sense of self of individuals living with dementia. The literature shows how when working with individuals living with dementia, the exploration and discovery of one's true self can lead to better connection with others and allow for a deeper understanding of how a person living with dementia goes about their day-to-day life. The method supported the literature by demonstrating the importance of connecting to a person's sense of self in order to imbue life with a sense of authentic purpose (Schlegel et al., 2009). It is how we define who we are through likes and dislikes, abilities, moral codes that make us unique individuals. Furthermore, the literature supports dance/movement therapy being used with this population due to the ability to hold space for individuals to share and explore their sense of self with a clinician trained in attunement and developing interpersonal relationships (Zlotnik, 2020).

Clinical Implications of the Findings

The layout of the method consisted of three parts: warm-up/check-in, movement exploration with a prop, and closing. Within this method three therapeutic themes were addressed: body autonomy, therapeutic touch, and prop work. The results from the method add to the literature and presented verbal and non-verbal responses to the three therapeutic themes. The literature points to how long-term memories are still intact for people living with dementia and can provide sense of connection during group sessions by reminiscence on past memories and exploring them through body expression (Barnes, 2018). By implementing therapeutic techniques that expand internal and external connection, clients limited in cognitive functioning can express their true self to a dance/movement therapist who is trained in holding space for authentic exploration. The method held space for the population to explore and express themselves at their own pace. This connected well to the literature addressing Trudi Schoop's theoretical framework and the major goal of using expressive movement to bring forth the repressed sides of consciousness (Levy, 2005).

The literature highlights when touch is incorporated into dance/movement therapy sessions, the client is able to enhance self-awareness and self-expression (Barnes, 2020). This establishes a trusting relationship between therapist and client. The method supports the literature by demonstrating the impact therapeutic touch has on dementia clients with a decrease in wandering and confusion, increase in eye contact, and developed vocalization within the group. A vital step was the inclusion of saying hello and goodbye to each member personally by name. This demonstrates structure, which the literature shows being important to facilitate a safe and caring environment for individuals living with dementia. Furthermore, the literature points to therapeutic touch having a rejuvenating effect on participants with an increase in alertness and

responsiveness to others (Barnes, 2020). The non-verbal responses from the method show how this connects to the literature.

The method also supported the literature in regard to prop work and sensory stimulation. The literature states individuals living with dementia who are denied sensory stimulation present with self-soothing behaviors that can be maladaptive (Goldstein-Levitas, 2016). The method supports the literature with the use of prop work by limiting wandering, self-soothing movement, and primitive vocalizations that can be maladaptive to the individual and lead to a lessened sense of self. Tactile sensory stimulation also allows for the clients to expand on the theme of body autonomy by interacting with props in ways they feel comfortable. The literature points to how the connection sensory stimulation and prop work opens the client up to embodiment, that “can provide an understanding of how their bodies and senses are used to create a meaningful world” (Berg, 2020, p. 12). The method supports the literature by demonstrating the expansion of the client’s kinesphere, enhancing awareness within themselves and awareness other group members.

Limitations

The process of completing the method started off with a few issues and roadblocks. When approaching any work with clients living with dementia, it is vital to understand that treatment and sessions will not go as planned. This approach was taken when applying the method with the researcher’s group members. High expectations of a very energized group were left at the door, and the researcher entered into the group’s sense of reality. This added to exploring and impacting the sense of self for the individuals living with dementia. Each group member was unique in their experience during the method, showcasing the impact dance/movement therapy has on sense of self for clients living with dementia.

Another limitation for this method was conducting it during the time of COVID-19. Originally, the method was meant to be three sessions in order to gather ample amount of verbal and non-verbal responses from group participants. The researcher was hopeful for this amount of research time because working with individual living with dementia can be challenging. Multiple sessions would have allowed the research to gather enough verbal and non-verbal responses to demonstrate a baseline for group member responses. COVID-19 lead to shutdowns at the researcher's internship site, leading to the method being conducted for only one session. For more data collection in the future, multiple sessions should be conducted to ensure ample amount of data from verbal and non-verbal responses.

Recommendations for Future Research with Dementia Clients

What the researcher hopes to accomplish with this research method is to build a guide for future sessions with clients living with dementia. There was not a lot of information readily available to the researcher when creating the method. Hopefully this adds to the dance/movement therapy world and how to approach working with this population. Another recommendation is to prepare time for multiple sessions with clients. This will allow for relationships to formulate between client and clinician. Dementia clients might not remember clinician names or faces, but an internal attunement will be formed leading to a better developed kinesphere of the client. A final recommendation is to arrive to the therapy space with a sense of curiosity when working with this population. The reality of the client will not be the same as a neurotypical population due to the regression of cognitive functioning. Future clinicians should keep this in mind when engaging with this population and be ready for anything and enjoy the journey with these unique individuals.

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