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Moving with the LGBTQ+ Community in Grief and Elderhood: A Literature Review

Capstone Thesis

Lesley University

May 5, 2022

Marea Newell

Dance/Movement Therapy

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Abstract

Dance/movement therapy (DMT) is a therapeutic approach that incorporates the physical, emotional, and cognitive processes as a method for healing. Within the field of DMT, there has been limited research working with the elderly LGBTQ+ bereaved community. This research inquiry aims to expose this gap in the literature and offer approaches for future research based on the current literature in DMT and psychology. Through a review of literature conducted on google scholar and Lesley University's library, relevant articles examining the experience of grief among elderly LGBTQ+ individuals, DMT among elderly and bereaved populations, and working with individuals who have experienced oppression were identified. Theoretical perspectives on working with grief and the elderly community are discussed along with the historical context of the current generational cohort of the elderly LGBTQ+ community. The discussion of the literature review identifies DMT approaches and techniques for this community including fostering awareness, meaning making, and creating connections to allow space for grieving among the elderly LGBTQ+ community. The research inquiry suggests a need for further research to examine how DMT can meet the specific needs of this population and the importance of considering how societal expectations, historical context, and individual experiences inform an individual's grieving process.

Keywords: LGBTQ+, elderly, grief, bereavement, dance/movement therapy

Author Identity Statement: The author identifies as a US-born, native English-speaking, White, queer, feminine passing person living in the northeastern United States.

Moving with the LGBTQ+ Community in Grief and Elderhood: A Literature Review

Introduction

‘They need grief care support groups with people who went through this years ago. They need them on Cape Cod on an ongoing basis, so people know when they are going to be held,’ she said. ‘A tsunami of grief is coming.’ (The Fenway Institute, 2020, p. 10)

The United States population is aging; by the year 2030, one in five Americans will be 65 years or older (Vespa, et al., 2020). This aging population coupled with a shift in society towards broader acceptance of LGBTQ+ individuals has led to an increase in research about the needs of the LGBTQ+ elderly community (Fredriksen Goldsen et al., 2019). This community faces the potential for both strong social networks and potential increased isolation. Mabey (2011) found stigma and discrimination to impact the ability to access services. Hash and Rogers (2013) found the individuals within this community to be resilient, creating positive self-identity and an ability to develop social networks. Yang et al. (2017) highlighted the importance of LGBTQ+ affirming elderly care to combat isolation for individuals living alone. While examining this community and the various analyses and studies that have been completed, it is important to keep in mind the diversity and complexity of elder LGBTQ+ individuals. Schope (2005) provided insight into the different experiences within the community of lesbian, gay, bisexual, and transgender older individuals. Each individual within this community has a unique life experience and each group (transgender, bisexual, lesbian, gay, etc.) faces different forms of oppression through stereotypes and societal biases.

An important and challenging experience to navigate in elderhood is the experience of grief as elderhood is marked by an increase in loss (Cohen, 2008). Research into grief experiences among the LGBTQ+ community has highlighted the importance of socially supportive spaces for

processing end-of-life care and bereavement and the need to recognize diversity between and within different groups within the community (Valenti et al., 2021). Participants in one mixed-methods study exploring the experience of partner loss among LGBTQ+ individuals discussed the need for programs geared specifically for older LGBTQ+ bereaved folks, which further reinforces the importance of examining the elderhood stage of life among this population (Nolan et al., 2021).

While the needs of LGBTQ+ bereaved elderly individuals have been studied within the larger psychological field, there has been no research on this exact population in dance/movement therapy (DMT) (Almack et al., 2010; Fenge, 2014; Jenkins et al., 2014; Valenti et al., 2021). DMT, the use of movement to aid in the cognitive, emotional, and physical healing of an individual, has been studied and used with both the elderly population and bereaved individuals (Akunna, 2015; Capello, 2018; Dominguez, 2018; Fersh, 1960; Kshtriya et al., 2015, Philpott, 2013; Reisen, 2014). There has been limited discussion about using DMT among LGBTQ+ individuals (Johnson, 2018, Kawano, et al., 2018). However, dance/movement therapists have begun theorizing how to use embodied practices to provide care for oppressed or stigmatized individuals (Cantrick et al., 2018; Roberts, 2016; Serlin, 2020). This emerging field provides insight into how to consider the bodily impact of the oppression and stigmatization of the LGBTQ+ elderly community.

As a member of the LGBTQ+ community, I am interested in understanding the experience of individuals within this community from a different generation. As a dance/movement therapist in training, I am intrigued by the potential for the body and expression to be implemented to suit the unique needs of different communities and individuals and the limitations and considerations to provide accessible care. Through a critical review of the

psychological literature on bereavement among elderly LGBTQ+ individuals, I will identify current theoretical approaches to working with individuals in the elderhood developmental stage of life, considerations specifically for elderly LGBTQ+ individuals, and how bereavement and grief may function uniquely for this community. While examining the psychological literature, I will introduce current DMT theories and practices that can be utilized to provide an understanding of the body in the healing process among this population. To conclude, I will provide my recommendations on the benefits and limitations of utilizing DMT with the bereaved, elderly LGBTQ+ community.

Literature Review

Method

This literature review located sources related to the experiences of the elderly bereaved LGBTQ+ community and the efficacy of DMT among different intersections of this community. Articles were located using different combinations of key search terms of "dance/movement therapy" or "dance therapy" or "movement therapy", "grief" or "bereavement", "LGBTQ" or "LGBTQ+" or "LGBTQIA" or "lesbian" or "gay" or "bisexual" or "transgender" or "queer", "elderly" or "aged" or "older" to retrieve articles through Lesley University's library and Google Scholar. Articles were reviewed to determine relevance to the research question. Additionally, article reference lists were examined to increase understanding of the landscape of literature. The review also utilizes books on the LGBTQ+ experience of elderhood and utilizing expressive therapy among the elderly to bolster understanding of the intersection of these fields.

Elderhood

Developmental Stage

To understand the needs of elderly LGBTQ+ individuals, there is a need to understand the perspective of elderhood as a stage of life. Elderhood has been theorized to begin at variable ages for different individuals, but typically begins around age sixty or seventy (Aronson, 2019). Some of the early theories view elderhood through a life stage lens. Erikson's (1959) theory of life stages suggested that this final stage is characterized by a tension between integrity and despair that prompts an integration of prior experiences to produce wisdom. Butler (1963) built off Erikson's theory and suggested that a process of looking backward can be reflected in creative storytelling through different artistic mediums. Cohen (2005) expanded Erikson's life stage model by suggesting that while there is a process of integration and understanding of past life experiences, there is also a process of looking forward that occurs during the elderhood stage of life.

This process of integrating prior experiences while also continuing to acknowledge the future has been presented in a few other theories. Stowe and Cooney (2005) took a life course perspective that considered how moments leading up to the current moment in the life course influenced the individual and suggested there are both continuities to the individual and space for change. Diehl and Wahl (2020) similarly considered the lifespan as a constant interaction between the social-physical-technological context as well as the historical-culture context. This approach acknowledged biological and cultural influences and posited the importance of every life stage.

While all these theories provide different ways of looking at aging and the process and stage of elderhood, they all suggest the importance of understanding the lifespan and the integration and impact of experiences. Many more recent theories also suggest the importance of looking forward and understanding the individual as continuing to grow and change in response

to their environment (Cohen, 2005; Stowe & Cooney, 2005; Diehl & Wahl, 2020). Elderhood is not a stage of decline, but a stage with possibilities for new connections and creativity.

When working therapeutically, expressively, and creatively with individuals in this stage of life there are some necessary considerations. Stephenson (2021) explored the use of expressive therapies among elderly individuals, highlighting the importance of being curious about intergenerational differences. These intergenerational differences can emerge through the historical, cultural, and aesthetic view of the clients from both a cohort or generational perspective as well as an individual cultural and family perspective. This approach suggests the importance when working in the expressive therapies field to consider how the client's worldview is informing their artistic and expressive process.

Considerations of the Body

Aging impacts the body's processes in a multitude of ways that are unique to everyone. The process of aging changes the body's structure. Stature can appear to shrink as bone mineral content is lost in the vertebrae resulting in a compressed spine and weight loss can occur through the loss of muscle and bone impacting the body's appearance (Whitbourne, 1998). These changes in body structure can lead to a self-recognition of the aging process (Whitbourne, 1998). Mobility is impacted in the aging process with movement becoming less effective and more painful due to changes in muscles, bones, and joints. The loss of mobility can impact an individual's psychological well-being as pain and changes in movement ability restrict the individual's life. These changes are key to understanding when working in a DMT context to address the physical limitations that can occur in the aging process and the need for attention, particularly to the mobility and stability of an individual.

DMT approaches well-being through the mind-body connection. When considering the impact of aging and embodiment, the theory of embodied cognition provides insight into working with the mind-body connection among the elderly population (Costello & Bloesch, 2017). This theory posits that “cognitive and perceptual processes are grounded in the organism’s sensorimotor capacities” (Costello & Bloesch, 2017, p. 1). In a review of the literature on embodied cognition for aging individuals, Costello and Bloesch (2017) found that older individuals emphasized visual cues over bodily factors of tactile, kinematic, and proprioceptive factors suggesting a decrease in connection with bodily cues. This information is valuable for the dance/movement therapist working with older adults to understand how their proprioceptive capacity and relationship with kinesthetic experiences may have decreased as they aged. Aging impacts many aspects of body processing and body structures. While the exact qualities and capabilities can vary greatly between people, the dance/movement therapist needs to consider these embodied changes when working with clients and provide time and space to build up the embodied connection and adjust awareness to a new range of movement.

Fersh (1980) examined how to use DMT holistically in working with an elderly population. DMT interventions such as mirroring, exploring different movement qualities, using breathing and body-based relaxation techniques, as well as increasing mobility and stability can provide an increase in self-awareness, examine the emotional experience of aging, and help address the physical needs of the client. Dance/movement therapists have continued to work among the aging population in a variety of cultures and locations. Capello (2018) reviewed a panel of prominent dance/movement therapists working with elderly individuals around the globe. The panel experts described their professional experience working with this population and stated how beneficial DMT was for providing an avenue for communication when verbal

communication may be hampered. DMT when done in groups can provide space for expression, and a sense of belonging, and promote an increase in self-esteem (Capello, 2018).

The benefits of DMT when working with the elderly community on the social, emotional, and physical level has been theorized and practiced by dance/movement therapists for years (Fersh, 1980; Capello, 2018). Kshtriya et al. (2015) expanded the conversation in a review of articles on dance and aging that examined the neurological benefits of dance. Dance provided positive benefits in cognitive and sensorimotor functioning among elderly individuals who both had and did not have neurological challenges. In comparison to other forms of exercise, dance provided additional advantages by requiring attention memory, allowing for emotional expression, and emphasizing coordination and rhythm. Kshtriya et al. (2015) also highlighted the significance of the social aspect of dance as a benefit of using this form of movement in this community. DMT is uniquely suited to address the needs of the elderly community by supporting the emotional, social, cognitive, and physical needs of aging individuals.

Current LGBTQ+ Elderhood Community

The current population of LGBTQ+ individuals in elderhood, for this literature review, will be defined as individuals ages 60+, who were born in the years before 1962. As discussed earlier, when working with the elderly population, there is a need to understand how lived experience impacts current challenges and situations. Considering the LGBTQ+ elderly population, the historical context that the current community grew up in deserves attention. Other themes and challenges that have emerged in psychology research focusing on the needs of this population include discrimination, resiliency, isolation, and social connection (Hash & Rogers, 2013; de Vries & Croghan, 2014; Yang et al., 2017). While this literature review aims to

provide context on the experience of elderly LGBTQ+ individuals, this community is intersectional and diverse.

Stephenson (2021) proposed that reflectivity around intergenerational differences is necessary when working with the elderly population. This brief historical context provided insight into the differences in my experience as a member of the LGBTQ+ community versus the experience of the elderly individuals this inquiry focuses on. The amount of discrimination and unsafe experiences that elderly LGBTQ+ were exposed to is far greater than the more privileged place I locate myself in as a white, more feminine presenting queer person born in 1995. My worldview is informed by being raised in California and witnessing the passing of Prop 8 in 2008 which defined marriage as between one man and one woman and experiencing instances of homophobia in everyday social interactions. While these memories and moments foster a sense of stigmatization and oppression that continues to exist, the legal rights and societal acceptance have drastically changed between the elder generation and my own.

Historical Context

The historical context and discrimination of the LGBTQ+ community continue to impact elderly LGBTQ+ members' current understanding of the world and their identity. It is beyond the scope of this thesis to provide an in-depth examination of the changes in rights for LGBTQ+ people over the last 80 or so years. However, it is important to note key milestones that have impacted the rights and lives of the current LGBTQ+ elder community.

In 1952, within the lifetime of some current members of the elderly LGBTQ+ community, the American Psychiatric Association (APA) made homosexuality a diagnosis in the first publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM). This diagnosis was voted out of the DSM in 1973 (Public Broadcasting Service [PBS], n.d.). In 1980,

the first iteration of what is now gender dysphoria, a psychological diagnosis for individuals experiencing distress around incongruence between assigned sex at birth and experienced and expressed gender, was introduced in the DSM (Beek et al., 2016). Today, gender dysphoria remains a controversial diagnosis in the DSM-V. However, attempts have been made in the most recent criteria iteration to focus on the distress the individual experiences due to the incongruence between assigned sex and gender, as opposed to defining transgender or non-binary identities as a mental health diagnosis (American Psychiatric Association, 2013). In 1962, Illinois became the first state to declare sodomy laws unconstitutional and it was not until 2003 in a Supreme Court decision that sodomy laws were declared unconstitutional in the United States (PBS, n.d.). In 2004, Massachusetts became the first state to legalize gay marriage and in 2015, the Supreme Court legalized same-sex marriage across the United States (PBS, n.d.). In 2020, the Supreme Court ruled in the first case regarding transgender rights that the Civil Rights Act of 1964 extends to transgender individuals, providing employment discrimination protection (Howard University Law Library, n.d.). These moments mark how long the process of legalized rights has taken during the lifetime of the current LGBTQ+ elderly individuals and how LGBTQ+ identity has been viewed in the medical community. These rights have been variable from state to state for many of these individuals' lives so the geographic location where an individual lived can greatly impact the amount of safety and freedom surrounding their identity.

Legacy of Loss

Loss is a significant part of the historical context of this generation of LGBTQ+ individuals. One significant moment in their lifetime was the HIV/AIDS epidemic. The first official reporting of an individual with HIV in the United States was in 1981 (Center for Disease Control [CDC], 2022). HIV/AIDS was initially referred to as Gay-Related Immune Deficiency

Disorder or GRID (PBS, n.d.). The stigma and impact of the HIV/AIDS epidemic on the LGBTQ+ community led to a mobilization to combat the epidemic and protests for recognition of the disease at the beginning of the epidemic. The advocacy group ACT UP was created in New York to advocate for access to affordable treatment and LGBTQ+ activists participated in the March on Washington to pressure Ronald Reagan to acknowledge the epidemic (PBS, n.d.). In one arts-based research article utilizing poetry and life history interviewing, the impact of the HIV/AIDS epidemic was striking on the life of one elder gay man. The poetic reinterpretation written by Oswald (2019) captured the lasting trauma due to the epidemic,

Gay life was a whirl. Vibrant and free.

Until the 1980s and 1990s. Everybody that I ever knew was dead [...]

Now I'm 65 and living like a recluse.

Recovering from life's greatest trauma.

Still, almost everybody that I have ever known is dead. (p. 1613-1614)

While Oswald (2019) examined the life of one individual who lived at the epicenter of the HIV/AIDS epidemic, the poetic representation provided a clear look at the possible devastating emotional impact of the epidemic. There was a widespread loss of gay men during this time that was also met with resistance from the LGBT community (Oswald, 2019). This resistance and actively working against discriminatory forces has been described by some as contributing to resiliency when coming up against age-related discrimination (de Vries & Croghan, 2014).

Social Connection and Isolation

Social connection and isolation impact the experience of LGBTQ+ elderly individuals. In a review of community-based research on LGBT aging, de Vries and Croghan (2014) provided

insight into the challenges of researching this population and point out that LGBT older adults have been found to have more friends than heterosexual individuals of the same age. However, these friends may be of comparable age which may limit their ability to act as a caregiver for LGBT elders. In the reviewed studies, de Vries and Croghan (2014) discuss the need for LGBT specific spaces for elderly LGBT individuals so that individuals do not need to conceal aspects of themselves and find community with individuals who have similar life experiences.

Yang et al. (2017) quantitatively examined experiences of perceived isolation and experience with LGBT welcoming services among LGBT adults over age 45. Individuals who lived alone perceived less isolation when they experienced access to LGBT welcoming services. While this study has limitations in the generalizability of the sample, the results provide insight into how the perception of welcoming services and accessibility impact perceived isolation. The LGBT elderly community is diverse and includes a variety of experiences with social isolation and connection. It is especially important to consider these aspects of social connection within this community as the historical context and legacy of loss can impact members' connection to the family of origin and social networks.

Considerations of the Body

The current LGBT elderly generational cohort experienced societal oppression based on their identity throughout their lifetime. “When viewing oppression as a form of trauma, we understand that oppression unequivocally drives a rift between the self and the body” (Cantrick et al., 2018). The body acts as a mechanism for constructing identity and creating a human connection (Cantrick et al., 2018). Oppression can disrupt the functioning of the body, leaving the ability to communicate nonverbally diminished and promoting further isolation for the individual experiencing oppression (Cantrick et al., 2018). The impact of oppression on an

individual's body provides insight into the utility of DMT as a mechanism for reconnecting with the body. The Moving Cycle, a movement framework involving four phases for healing, posited that increasing awareness of the body and the ability to integrate and remain present with different sensations can create movement and allow for action (Caldwell, 1997). This movement towards action can allow an individual to create a sense of self-efficacy through embodied therapeutic practices.

Roberts (2016) outlined a theoretical approach to using DMT among individuals with concealable stigmas. Roberts (2016) proposed techniques of breath awareness, focusing, exploring different movement qualities, and engaging in authentic movement to reconnect clients with their bodies and expand the possibilities of how the client views themselves within the world. This theoretical approach highlighted the importance of creating an awareness of internal sensations along with an ability to take in external inputs. When considering stigma and the impact of discrimination, DMT provides space to reconnect to a sense of embodied self which can provide whole-body integration, foster action, and allow for greater tolerance of internal and external stimuli simultaneously.

Fostering social connection has been a tenant of DMT since the work of Marian Chace in the 1940s and 1950s in the United States (Chaiklin, & Schmais, 1993). One of the primary approaches to foster social connection and acceptance in DMT, utilized by Chace, is the use of mirroring gestures or movements between clients or between client and therapist. In the past decade, the practice of mirroring has been examined neurologically through the mirror neuron system (Homann, 2010). When an individual is observing another person, the mirror neuron system picks up on the nonverbal cues of the mover and stimulates the same areas of the brain that would be activated if the observer was moving as well (Homann, 2010). This complex

system provides a foundation for building empathy and connection interpersonally (Homann, 2010). Homann (2010) argued “Mirroring interventions, based on movement synchrony and affective attunement, can create a profound experience of being emotionally connected. In a group, this can lead to significant shifts in decreasing the experience of emotional isolation” (p. 91). The advancement of neurobiology provides insight into how engaging in mirroring and witnessing movement can provide a sense of connection and empathy (Homann, 2010). Utilizing dance/movement therapy among the elderly LGBTQ+ community requires awareness of both the importance of social connection and an awareness of potential concealable stigmas within the therapeutic relationship.

Bereavement

Bereavement is a significant experience for the elderly population in general (Cohen, 2008). This life stage is marked by an increase in losses. Cohen (2008) posited that group bereavement therapy is beneficial for elderly individuals generally as it provides a space for accessing practical support, emotional support, a sense of community, and validation of the experience of grief. Care providers should consider how the LGBT elderly community’s grieving process is influenced by their social connection and disclosure of identity (Almack et al., 2010; Bristowe et al., 2016; Croghan et al., 2014; Curtin & Garrison, 2018; Nolan et al., 2021).

Identity Disclosure

Almack et al. (2010) drew on exploratory data from fifteen individuals to study the experience of bereavement among lesbian, gay, and bisexual older individuals. The participants in the study described mixed experiences with personal levels of outness and greater recognition of their relationship with the deceased. However, some participants described experiences of

disenfranchisement due to a lack of recognition or surrounding concerns about being open with their same-sex relationship.

Bristowe et al. (2016) created a model of grief based on a review of the literature on LGBT experiences of grief. The model of grief focused on the bereaved experience of disclosing their identity and acceptance of their identity. Among each of these four different quadrants of experience, the model of grief provided clinical considerations for working with this community. At the intersection of identity disclosed and acceptance, individuals may require less professional support as they are more likely to have social support to help with their loss. Individuals who have not disclosed but are accepted may require additional services to process the grief as there is limited communication with support. Individuals who have disclosed their relationship and are not accepted may have an increased risk of additional negative impacts from grief due to stressors and lack of support. Finally, individuals who have not disclosed and do not receive support are disenfranchised and require a clinician to be sensitive to the depth of the relationship and may require additional support as the relationship is not acknowledged by outside support. Bristowe et al. (2016) posited this model of grief exists on a continuum with variability among individuals' experiences and provides a starting point for clinicians to understand how the level of outness can impact communal support and experiences of grief among this population.

Curtin and Garrison (2018) in a case conceptualization explored working with an LGBTQ+ woman experiencing disenfranchised grief. They emphasized the importance of looking at multiple levels of experience—micro, mezzo, macro—when establishing a therapeutic relationship and understanding the client's worldview. This case conceptualization highlighted the level of outness and the impact that outness has on the client as a necessity when working with this population. Stigmatization impacts the experience of bereavement by restricting the

bereaved individuals' response and expression (Almack et al. 2010; Bristowe et al., 2016; Curtin and Garrison, 2018). When working with this population, their disclosure and level of comfort with disclosure require sensitivity to how the historical context and internalized societal messaging may impact an individual's ability to find support through social connection and care providers.

Social Connection

Social connection and access to social support can vary between different individuals in the LGBTQ+ elderly community. In conjunction with examining the disclosure of identity, individuals' access to social support can impact their bereavement experience. Social support and connection can be challenging to access among the LGBTQ+ elderly community. Almack et al. (2010) found differing experiences from individuals being socially connected to individuals with limited social networks. Two challenges around social connection identified by the LGBTQ+ individuals in this exploratory study were the shrinking of social networks due to people dying as they age and challenges connecting to the larger LGBTQ+ community which can be youth oriented.

Nolan et al. (2021) examined the experiences of LGBT bereaved individuals who experienced partner loss. Participants in this study reported lessening support from family and the larger LGBT community over time and reported a need for more LGBT-specific programming for older individuals. Limitations included small sample size and participants ages outside of the current research inquiry. However, the responses provided insight into the lived experience of LGBT individuals experiencing loss and the challenges that come alongside maintaining support through the experience. Valenti et al. (2021) explored LGB women over the age of 60 in a qualitative study and identified themes of social support and the ability to create

supportive spaces to provide compassionate care for end of life and bereavement. Both Valenti et al. (2021) and Nolan et al. (2021) participants identified the importance of social support and community in their bereavement process.

The experience of grief among the elderly LGBTQ+ community highlights the importance of attention to disclosure and identity development. The historical context and lived experience of this community require an awareness on the part of grief counselors to recognize the sensitivity and barriers to disclosure and how those challenges may impact the overall grief experience. The experience of discrimination and stigmatization can also impact the social connection and options for connecting with others in this community. Social connection can provide significant support during the grieving process and creating spaces that foster acceptance and connection can create support for individuals who may be isolated or perceived isolation.

Consideration of the Body

Psychological understandings of grief tend to reduce the body to something that can be impacted upon, leaving limited space to understand how the body is expressed and experienced in grief. While bereavement is a universal event, acknowledging the role of the body and embodied presence can enable understanding that people come to inhabit the experience in multiple embodied ways. (Pearce & Komaromy, 2020, p. 16)

The physical experience of grief has often been discussed as somatization of the emotional experience of grief (Gudmundsdottir, 2009). The question of whether the embodied experiences are born from the emotional processes or a parallel process and the question of what somatic expression qualifies as regular versus complex grief has been debated (Gudmundsdottir, 2009; Philpott, 2013). Regardless of the precise processes of how grief is experienced within the body, there are numerous accounts of body memory or physical symptoms associated with the

grieving process (Gudmundsdottir, 2009; Philpott, 2013; Simpkins & Myers-Coffman, 2017). While the literature within the field of DMT has not focused explicitly on the experience of bereaved, LGBTQ+ elderly individuals, DMT provides an avenue for working with both the physical and emotional manifestations of grief and has been used among other bereaved populations.

Philpott (2013) used a qualitative study to explore dance/movement therapists' experiences and interventions in working with bereaved children. Through an in-depth interview process, four primary themes emerged focusing on the dance/movement therapist, grieving child, the dynamic of togetherness, and moving grief approaches. Notably, the dance/movement therapists discussed working with countertransference and an awareness of their own somatic and emotional responses as ways to foster both the therapeutic connection and maintain awareness of how they are holding the emotional load of the work. The therapists highlighted the importance of creating a container and providing space for offering and asking for support. The final theme highlighted the "potential importance of dance/movement therapy with this population" of "observational skills," and "understanding of bodily impact/expressions of grief" (Philpott, 2013, p. 155). While this study focused specifically on working with bereaved children, these techniques can apply to working with the elderly population as well. Observational skills allow for noticing and bringing into awareness nonverbal behavior which has also been highlighted as an important part of DMT among the elderly population (Capello, 2018). The recognition of embodied grief provides space to normalize the experience of grief which could be particularly relevant among the elderly LGBTQ+ community if their grief is disenfranchised.

Dominguez (2018) focused on dance/movement therapists' experience specifically with individuals experiencing disenfranchised grief. Disenfranchised grief is defined by an experience where the individual is unable to grieve and receive support for their grief publicly. The dance/movement therapists interviewed in this qualitative study discussed their experience of observing embodied grief and identified how DMT can uniquely support individuals experiencing disenfranchised grief. Embodied grief showed up in the dance/movement therapists' clients as holding patterns within the body, shallow breathing, and disconnection or loss of self-awareness in the clients. These therapists described working therapeutically using the DMT techniques of attunement to sensation, stabilizing self, and utilizing rituals or symbolic movement to process grief. Dance/movement therapists reported that providing space to connect the symptoms experienced to grief allowed for growth and movement into the client's post-loss life. The support provided through the therapeutic relationship acted as a substitute for the loss of societal support individuals experienced by those with disenfranchised grief. Dominguez (2018) highlighted the therapeutic space, container, embodied exploration, and attunement as important techniques when supporting an individual experiencing disenfranchised grief.

Reisen (2014) provided a theoretical framework for exploring continuing bonds in grief work through the body. Continuing bonds stem from the grief work of Worden (1982) that highlighted the process of grieving as recognizing how to integrate the deceased into life and maintain a relationship with the deceased. This process is created by fostering an internal connection to the deceased as the external connection can no longer exist. Reisen (2014) proposed using body memory to store the memories of the lost loved one as a way to create fuller, more embodied memories that can allow for the development of continuing bonds. The techniques described using sensory stimulation of memories, engaging in movements associated

with specific tasks or memories of the deceased, or engaging in free association through movement. Reisen (2014) described this approach in a person-centered framework, suggesting that the therapist should carefully consider the client's comfort and allow the client to choose what interventions to engage with. This process of fostering continuing bonds through the process of recalling embodied memories could be applied to the elderly LGBTQ+ community with adaptations. Therapists would need to consider the limitations or physiological changes that could make accessing sensory stimuli or engaging in movements associated with the lost one challenging or impossible.

Through a phenomenological approach, Simpkins and Myers-Coffman (2017) explored embodied grief and body memory among adults who experienced the death of a caregiver in adolescence. The participants discussed the significance of body memory and engaged in movement exploration and verbal processing. During the verbal processing, the significance of engaging in the movement process to make meaning or increase understanding of their prior loss. One participant also noted that the movement process provided an increase in body awareness and a sense of control over his experience. Simpkins and Myers-Coffman (2017) highlighted the importance of body sensation awareness and the use of movement narratives to create a sense of control, acknowledge the depth of emotions, and promote understanding.

Akunna (2015) focused on the culturally specific dance practices of the African Igbo people of South-Eastern Nigeria and discussed the relationship with DMT. Grief is processed through community dance spaces among the Igbo people. The exploration of this movement-based grief process highlighted how dance and the body have been understood and used in the process of grieving outside of the Western practices of DMT. The process of communal mourning ritual practices of the Igbo provided space for moving with and through grief and

fostering “life sustaining energies” (Akunna, 2015, p. 54). The energetic process created equilibrium through communal expressions of grief among the Igbo people. The practice highlights a grappling with the psychological and physical impact of loss. Understanding the process of grief and dance among the Igbo community provides insight into the cultural specificity of the universal experiences of grief and movement. Akunna (2015) brought into the DMT literature a clear awareness of the importance of culture in processing grief and understanding grief in the body. Additionally, this cross-cultural exploration served as a reminder that movement and dance have been used in cultures outside of the Western DMT domain as a means for healing. The physical energetic quality described by Akunna (2015) may not be as readily accessible when working with the elderly LGBTQ+ community, but the significance of the communal process of grief provided support for working in communal grief spaces.

Acknowledging and incorporating the body into therapeutic practices for working with grief creates a holistic approach. The literature within the field of DMT and grief, while limited and eclectic, highlighted several therapeutic techniques, cultural practices, and connected the body to traditional psychotherapeutic techniques to suggest the importance of engaging in this work (Akunna, 2015; Dominguez, 2018; Philpott, 2013; Reisen, 2014). These inquiries did not align precisely with the current research inquiry. However, in conjunction with DMT research on stigmatization, oppression, and the elderly community, specific techniques, and approaches in DMT emerged to provide support for the bereaved, elderly, LGBTQ+ community.

Discussion

Clinical Considerations

The experience of elderly LGBTQ+ bereaved individuals is variable and unique. Each member of this community brings a life of experiences and an intersection of complicated identities. However, the clinical research provides insight into specific considerations that require attention when working with this community. Beginning with work with the general elderly population, clinicians should understand elderhood as a stage not of decline, but as a time with the possibility for reflection and growth (Cohen, 2005; Stowe & Cooney, 2005). This position allows for the clinician to view growth, change, and possibility for their clients as opposed to positioning this stage of life as an ongoing decline. Additionally, attention should be paid to the historical context of the individuals as well as the intergenerational differences between those providing care and those receiving care (Stephenson, 2021).

Examining the literature on elderly LGBTQ+ individuals and grieving individuals within this community, there are several clinical considerations. Clinicians should be aware of the identity disclosure of the client, recognizing that they may not be open about their identity and considering how that may impact their grieving process (Bristowe et al., 2016). The client may experience disenfranchised grief if there is no recognition or support for their relationship with the deceased (Almack et al., 2010). While research reports variable experiences of social connection or isolation among this community, the level of support is important to assess to understand how the client is experiencing their loss (Bristowe et al., 2016; de Vries & Croghan, 2014). Finally, in understanding some of the historical contexts for the current elderly LGBTQ+ community, an awareness of prior discriminatory experiences, as well as characteristics of resiliency, should be considered in working from a strengths-based approach with acknowledgment of larger factors impacting the ability to seek care (de Vries & Croghan, 2014).

The research on this community points to understanding the individual's position within their environment to understand their experience of grief and the importance of creating accessible and openly welcoming services (Yang et al., 2017). As members of this community have a lifetime of experiences influencing their present way of being and processing, consideration of their prior and current life experiences should be held close to the clinician as a means for understanding the whole individual and their circumstances.

Implications for DMT

These clinical considerations alongside the research of DMT among oppressed, elderly, and grieving individuals provide a basis for approaching working with the elderly bereaved LGBTQ+ community. When using any DMT intervention, there should be a consideration for the physical limitations and potential for a decrease in stability and mobility among the elderly community (Whitbourne, 1998). Similar to the variability that exists in life experience, identity, and geography in this community, the physical ability will also vary widely. There are three primary areas discussed throughout this paper that DMT interventions working with this population can address and incorporate into practice: increase in self-awareness, meaning through movement, and connection.

Increase in Self-Awareness

In research among individuals experiencing oppression, grief, and among the elderly bolstering the mind-body connection through an increase in body and self-awareness was highlighted. For individuals grieving, creating attunement to bodily sensations provided an ability to acknowledge the emotional depth of the loss and connect symptoms to experiences allowing for the processing of grief (Dominguez, 2018; Simpkins & Myers-Coffman, 2017). Among the elderly population, increasing bodily awareness through DMT has been used to allow

individuals to stay in tune with the body changes occurring and to strengthen the mind-body connection (Costello & Boesch, 2017; Fersh, 1980). Among individuals experiencing oppression, bringing body awareness allows for the individual to heal the split between the self and the body that oppression can create (Cantrick et al., 2018).

Caldwell's The Moving Cycle provides a framework for increasing self and body awareness (Caldwell, 1997). This framework draws attention to nonverbal movements and invites the client to become aware of and eventually take ownership of these nonverbal behaviors through integration and action. The ability to create body awareness fosters healing with the different elements experienced among the LGBTQ+ elderly bereaved community by healing experiences of oppression, acknowledging the aging body, and allowing them to process and recognize the physical experience of grief.

Meaning through Movement

The second DMT intervention for processing grief comes from creating narratives, rituals, or embodied memories to recognize, acknowledge, and process grief. Different dance/movement therapists pointed to different specific interventions for helping the client process and create meaning using movement. Dominguez (2018) suggested using symbolic movements or creating rituals to process and recognize the continual impact of grief. Simpkins & Myers-Coffman (2017) suggested having the client create a movement narrative to foster awareness of the physical impact of grief and express the emotional processing in a nonverbal way. The nonverbal expression allows for processing emotions that may be difficult to express verbally. Reisen (2014) suggested creating embodied memories to strengthen continuing bonds. The process of embodying memories allows for the client to build an internal connection to the deceased where an external connection is no longer possible. These interventions, while different

in structure, allow the client to express and move through the physical and emotional experience of grief, with some allowing for integrating and continuing the relationship with the deceased. Each of these interventions should be used collaboratively with the client, recognizing there is no one-size-fits-all approach to processing grief but rather allowing for these different approaches to inform the therapeutic process.

Connection

The final implication is creating connection. Drawing from the clinical considerations, the process of grief can vary drastically between individuals depending on their outness or support in how isolated or connected they are through the grieving process. DMT provides the opportunity to create connections between individuals differently than traditional talk therapy. The use of mirroring has been a part of DMT since the 1940s and 1950s and the expansion of neurobiology has provided support for movement as a way to build empathy and create connection (Chaiklin & Schmais, 1993; Homann, 2010). Among dance/movement therapists working with bereaved individuals and the elderly population, using mirroring and providing space for connecting nonverbally has been a part of the therapeutic process (Capello, 2018; Fresh, 1980; Philpott, 2013). Both nonverbally and verbally, the use of bereavement groups provides the opportunity for individuals to offer and ask for support, deepening a sense of community and reducing isolation (Philpott, 2013).

Limitations

This research inquiry focused on a review of the relevant literature. One limitation of this process was a lack of input or discussion with individuals within this community. Another limitation is the use of discussing the broad LGBTQ+ community which is a diverse community and within the research on this population, there has been discussion about the lack of

representation of bisexual and transgender community members when studies group LGBTQ+ together in research (Bristowe et al., 2016; de Vries & Croghan, 2014). Finally, there are no research studies within the field of DMT specifically focused on the experiences of the elderly bereaved LGBTQ+ community. This lack of research limits the specificity of this current research inquiry or the strength of specific intervention suggestions.

Future Directions

Drawing from the research explored in this literature review there are several possibilities for future research to expand understanding of the needs and best practices for working with the elderly bereaved LGBTQ+ community. Future research should address the differences in experiences among individuals within this broad community, identifying how different geographic locations and identities impact best practices and shape needs. Within the field of DMT, future research could focus on looking at movement among the LGBTQ+ community in general as there is limited research on working with this population. Additionally, the research could examine grief among the elderly population as many studies focus on the experience of bereaved children. Dance/movement therapists work among the elderly community and grief is a significant experience among this population suggesting a need for understanding how to adapt DMT interventions to address the needs of aging and grieving.

While this research inquiry suggests a need for further research to understand the specific needs of this community, the current literature in DMT provides insight into potential interventions to address the needs of this community. DMT can provide space for fostering awareness, creating meaning, and creating connections to heal and provide space for grieving among the elderly LGBTQ+ population. Special attention should be paid to how larger societal

expectations, historical context, and individual experience collectively inform and shape an individual's experience with their own body and with their grief process.

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THESIS APPROVAL FORM

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