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## Using Expressive Arts Therapies to Aid the End-of-Life Transition for Older Adults: A Literature Review

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**Using Expressive Arts Therapies to Aid the End-of-Life Transition for Older Adults: A**

**Literature Review**

Capstone Thesis

Lesley University

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Dance/Movement Therapy

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## Abstract

This literature review presents the use of expressive arts therapies as they may be applied to end-of-life care for older adults. Death is inevitable and if given the chance to prepare, the expressive arts modalities provide a foundation to process the emotions associated with the ending of a life on earth. Expressive arts provide the opportunity to communicate in non-traditional ways which have the ability to locate subconscious themes. End-of-life care previously revolved around pain management. In more recent years it has evolved to caring for the whole person emotionally, socially, psychologically, and physically. Sources were found utilizing resources provided by Lesley University library services and included peer-reviewed articles and books. Findings included the benefits of music therapy and art therapy for older adults in end-of-life care. When applying expressive arts modalities to end-of-life care, patients are likely to benefit from increasing feelings of autonomy, clarity in their lives, and feeling a sense of community with other people in end-of-life care.

*Keywords: expressive arts therapy, palliative care, movement score, body map, death, dying*

*Author Identity Statement: The author identifies as a heterosexual, Asian-American woman.*

## **Using Expressive Arts Therapies to Aid the End-of-Life Transition for Older Adults: A Literature Review**

Death may be the greatest of all human blessings.

—Socrates

Death and dying are inevitable parts of the lifespan. This thesis aims to understand the role of expressive arts therapies in a community of older adults who are readying to end their physical life. Expressive arts therapies are the use of various modalities to express oneself in addition to talk therapy. The International Expressive Arts Therapy Association described expressive arts as a combination of creative processes that inspired personal growth and encouraged community development (2017). The modalities mentioned by the International Expressive Arts Therapy Association were drama, writing, music, visual arts, and dance/movement. Expressive arts therapies have been found to foster connections and to empower those who participated in music therapy activities including songwriting to feel more in control of their experience of dying (Pommeret et al., 2019). Finding or strengthening connections with loved ones and increasing feelings of empowerment created a more positive daily outlook as patients felt dignity, peace, and acceptance during this time (Hogan, 1998).

The National Hospice and Palliative Care Organization (NHPCO, 2019) explained the difference between palliative care and hospice to be the following: anyone with a serious illness can be treated in palliative care compared to hospice, which is intended for anyone doctors think have usually less than six months to live. Palliative care and hospice care both try to relieve symptoms, but only palliative care has the option to continue curative treatments. In this thesis, the term end-of-life care includes palliative care and hospice care. Patients in hospice care face

death every day, and struggle with pain management, emotional and mental strain, decreased mobility, and seeking closure (Dillenbeck & Hammond-Meier, 2009; Turner et al., 2016; Woloszyn et al., 2021). Additionally, Rusch et al. (2020) identified some questions of legacy people have at the end of their life, including: what kind of legacy am I leaving behind, or how can I develop a legacy to leave behind? Expressive arts therapies can be used to find closure, explore feelings and emotions that have not been touched in a significant amount of time, and to help maintain some sense of routine (Heath & Lings, 2012; Hogan, 1998; Rusch et al., 2020). Some individuals reported experiencing better pain tolerance as their attention is drawn elsewhere (DeNora, 2012; Heath & Lings, 2012; Pommeret et al., 2019).

I chose this topic to gain a deeper understanding of the experiences of those who are dying. I have learned about some of the emotions felt by individuals approaching the end of their lives, how they process those emotions, and what modalities or interventions they found helpful. Increased age often correlates to decreased health and mobility (Dillenbeck & Hammond-Meier, 2009). Utilizing the expressive arts, Woloszyn et al. (2021) found that even a small focus on a particular group of muscles can improve the functions of daily living for older individuals. Music therapy has been found to be beneficial in processing the emotions when approaching death (DeNora, 2012; Forrest, 2000; Heath & Lings, 2012; and Hogan, 1998).

I planned to focus on dance movement therapy's application to end-of-life care, but given the limited research, I chose to expand my search to include expressive therapies, using the definition provided by the International Expressive Arts Therapy Association (2017). Music therapy was found to be beneficial for individuals who are in end-of-life care due to music's connection to the brain and memory (Soufineyestani, 2021; Forrest, 2000). Music is also a form of expression in which the client does not need to come up with anything new and can identify

with pre-written lyrics in songs or how the music makes them feel (Forrest, 2000; Pommeret et al., 2019).

In this thesis, I critically review the literature on multiple expressive arts therapy modalities, including music, drama, writing, and dance/movement therapies and their application to end-of-life care, palliative care, and hospice care. I discuss the implications for older adults in end-of-life care, their families, front-line care workers with these populations, and the expressive arts modalities as a therapeutic service. Furthermore, I make recommendations for the intersectionality of expressive arts therapy and end-of-life care—specifically, highlighting less researched modalities within this population such as dance/movement.

## **Literature Review**

### **Method**

The method I used in my literature review to determine which sources I would use and how I would acquire them included the following: asking my research consultant who is involved in the professional work related to my population for recommendations, utilizing the Lesley University Library services, and Google Scholar. My research consultant is a board-certified dance movement therapist who specializes in bereavement therapy for children, adolescents, and young adults. I searched the following key terms: expressive arts therapies, art therapy, music therapy, dance therapy, drama therapy, bibliotherapy, movement therapy, oncology, palliative care, end-of-life care, and hospice. These key terms were mixed and matched to find the most relevant search results to the query. I did not exclude articles written in languages other than English. For such articles, I was advised to download the article as a PDF, and upload to Google Translate by the Lesley University librarians. I searched specifically for

older adults with various expressive arts therapies modalities to maintain the focus of the literature. There were no diagnoses that included or excluded researched articles. This literature review also required sources be peer reviewed. This set of conditions led to a diverse range of sources and various cultural differences to be explored.

## **Palliative Care**

The World Health Organization (WHO, 2020) describes palliative care as focusing on improving quality of life for the patient and their family when the patient is not responsive to treatment. The WHO estimated only 14% of people who need palliative care receive it. Individuals in palliative care may have the following diagnoses: “cardiovascular diseases, cancer, chronic respiratory diseases, AIDS, diabetes, kidney failure, chronic liver disease, multiple sclerosis, Parkinson’s disease, rheumatoid arthritis, neurological disease, dementia, congenital anomalies, and drug-resistant tuberculosis” (WHO, 2020, para. 4). Pain management is one of the most reported areas of care for patients in palliative care. Part of improving the quality of life for patients in palliative care is ensuring clear and effective communication is occurring between the patient, their family, and their care team. As Sunatak (2019) described, good communication leads to trust, which is especially important when in the final stage of the lifespan as patients may be experiencing fear among other emotional reactions.

The history of palliative care can be traced to the 1960s and is heavily based on oncology (Clark, 2007). The terms palliative care and hospice care were not widely used in the 1960s. There were no professional groups, and the few programs that were available were run by religious groups. This time period presented a lot of transition as doctors, social workers, and social scientists began to shift their focus from curative treatment to comfort care. In 2002, a review of palliative care programs in hospitals showed they were still in their early stages

regarding efficacy, following the finding that the earlier a patient comes to palliative care support the less pain they experience due to better pain management techniques. Palliative care established its own sector of care in general medicine in 1987. In the early 2000s, palliative care was still developing in Latin America, Canada, the United States, Australia, and Asia.

### **Hospice Care**

The National Hospice and Palliative Care Organization reported hospice care is provided to individuals who have less than six months to live (NHPCO, 2019). The history of hospice care can be found intertwined with the history of palliative care. Clark (2007) found hospice care centers in 1950s London, UK studied pain relief techniques; specifically, the “Brompton Cocktail...a mixture of morphine hydrochloride, cocaine hydrochloride, alcohol, syrup, and chloroform water” (p. 432). According to Clark (2007), New Haven, CT was the home of the first hospice service in the United States in 1974. Hospice care in the United States was found to be broader than just oncology patients, and during the 1990s even more developments were made including the establishment of professional groups dedicated to hospice care. Nelson-Becker (2006) found four common themes among older adults in hospice care: redefinition of self, influence of religion, social awareness and upkeep, and independence. Like palliative care, hospice care began with the transition that death is a natural part of a lived experience, which was a departure from the previous held belief that tried to fight death (Dillenbeck & Hammond-Meier, 2009). Hospice care provided patients options and allowed them to maintain dignity in their final stages.

### **Grief and Bereavement**

Grief and bereavement are relevant to end-of-life care as described by Rusch et al. (2020). The National Hospice and Palliative Care Organization (2019) defined “grief is a normal reaction to loss...bereavement is the period after a loss during which you experience grief” (para. 1). An individual may experience bereavement as a result of decreased autonomy and physical changes that make it more difficult to complete activities of daily living (Dillenbeck & Hammond-Meier, 2009; Heath & Lings, 2012). Older adults in end-of-life care may have experienced a decrease in social interactions, particularly due to the ongoing COVID-19 pandemic, which may have also contributed to bereavement (Kates et al., 2020). Formal bereavement care programs are offered in certain hospice care locations, but patients can also seek support online (NHPCO, 2019). Formal programs seek to educate individuals on grief, how it affects them (physically, emotionally, and mentally), and to identify coping skills. Formal bereavement programs have a focus on the bereavement aspect of hospice care. Some examples of bereavement programs that utilize expressive arts therapies include *HeartPlay* in Newton, MA and Lumara Grief and Bereavement Care Society in New Westminster, BC, Canada (Heartplay, 2021; Lumara, 2022). These bereavement programs offer art as a way to connect and form community for individuals who have lost a loved one.

## **Death and Dying**

The development of hospice care and palliative care programs is relatively new given that death is an inevitable part of the lifespan. The social understanding of death transitioned from medical failure to part of the lifespan due to hospice care and palliative care programs (Clark, 2007; Panhofer & MacDonald, 2015). Dame Cicely Saunders is considered the pioneer of modern-day palliative medicine. She was inspired by her religious commitment to establish St. Christopher’s Hospice (Clark, 1998; St. Christophers Hospice, 2022). St. Christopher’s was

originally created for the Anglican community, but Saunders expanded her care for patients of any faith or no faith as the calling to the work she experienced expanded (Clark, 1998; St. Christopher's Hospice, 2022). This religious foundation was reflected in 2013 according to Nelson-Becker (2013) who reported, "sixty-nine percent of adults 65 and older indicate that religion is very important to them" (p. 113). According to Weiner (2020) people in the United States are living longer, thus more care is needed. End-of-life care aided in addressing the increased life expectancy (Redhouse, 2015).

Hogan (1998) discussed four main theoretical models of the dying process: Kubler-Ross, produced in 1969; Levine, based off of Kubler-Ross and produced in 1986; Buckman, produced in 1989; and West, produced in 1994. Kubler-Ross and Levine shared the same themes, which included denial, anger, bargaining, depression, and acceptance. Buckman's (1989) theory was similar but included fear after anger; despair, hope, and guilt after depression; hopelessness; and finally, acceptance and sadness (as cited in Hogan, 1998). West's was the most different from Kubler-Ross', citing shock; denial; anger; emotional stabilization/disease plateau; fear and grief as the disease progresses and patients experience emotional pain and regression while considering their own mortality; increased physical symptoms, confusion and agitation, decreased alertness, acceptance of reality; and finally, detachment from the world and less interaction with the environment. Hogan (1998) concluded that ultimately, the stages of dying are searching for "dignity, peace, comfort, and acceptance" (p. 26).

Death and dying are universal experiences. Robinson and Howatson-Jones (2014) identified societal changes in values that led to changed perceptions of the geriatric population. Their status has decreased due to lack of perceived worth to society (as cited in Berger, 2017). Economic imbalance combined with society's perception of the population in question has led to

ostracization and a lack of research and care. The WHO reports, “only about 14% of people who need palliative care currently receive it” (2020, para. 1). My hope is that my literature review will bring more awareness to this population and recognize the importance of using expressive arts with individuals who are dying.

### **Expressive Arts Therapy**

For the purpose of this literature review, expressive arts therapy includes dance/movement, music, drama, biblio, and art. An expressive arts therapist has an “arsenal of diverse, creative strategies to help clients communicate their experiences and feelings in nonverbal ways” (Graves-Alcorn & Green, 2014, p. 1). According to Malchiodi (2003), expressive arts therapy was developed in the later half of the 20<sup>th</sup> century. Although the arts have been used as a form of expression since humans began communicating with one another, the dedication of study to apply arts as the primary therapeutic process is what is known as expressive arts therapies, compared to counselors and therapists who utilize the arts in conjunction with talk therapy (Newcomb & Centeno, 2020). The various stages of someone who is preparing for death may be explored through expressive arts as the arts encourage creativity and offer a new perspective to explore an individual’s experiences and reactions to ultimately process the end of their life (Cherry, 2021).

Expressive arts therapies can be considered as the use of one or two disciplines within treatment, and there is a focus on the creative process rather than the outcome (Cherry, 2021; Malchiodi, 2003). Expressive arts therapy can be used in group or individual settings (Malchiodi, 2003). Expressive arts offered older adults in end-of-life care the opportunity to re-connect with significant memories from earlier in their life which provided comfort to individuals who were dying (Redhouse, 2015). One of the themes in Redhouse’s case study included revisiting early

attachments. The participant utilized small objects to represent her various family members and the relationships they shared, focusing on her relationship with her grandmother. This was paralleled to her own identity as a current grandmother. Revisiting early attachments for this individual brought her to re-experience comfort she felt when she was a child. Older adults in end-of-life care may benefit from expressive arts therapy as they experience decreased alertness and ability to communicate verbally due to certain medical conditions (Dillenbeck & Hammond-Meier, 2009).

### **Music Therapy**

Music therapy is defined as the use of music to meet individualized goals in a therapeutic setting led by a professional music therapist to manage stress, alleviate pain, and express feelings (American Music Therapy Association, 2022). In regard to hospice care, music therapy was found to address pain, anxiety, shortness of breath, life review, spiritual support, and bereavement (Forrest, 2000; Heath & Lings, 2012; Pommeret et al., 2019).

Forrest (2000) studied the effects of music therapy on changes of identity throughout the lifespan, focusing specifically on patients in palliative care. Decreased social interactions created feelings of disconnect to culture, which led to individuals contemplating their individual and group identity. The loss of autonomy presented by decreased health also impacted an older adult's identity. Forrest (2000) identified three levels at which music helped to create and maintain identity: social level, individual level, and historical level. Each level was shown to connect to the individual, look beyond social hierarchies, and trigger memories. Despite all the challenges accompanied by the process of dying, music was able to transcend and provide support to alternative communication for all (Forrest, 2000; Heath & Lings, 2012). Identity was found to be based on culture, ancestral origin, values, beliefs, and physical characteristics. When

confronted with a group that does not share the same identity the individual was challenged, and a new aspect of identity could be incorporated (Forrest, 2000).

Songwriting for patients in end-of-life care provided reassurances to friends and family as they had something to remember their loved one by (Heath & Lings, 2012). Friends and family were also able to utilize songwriting as a way to process their own grief. Heath and Lings (2012) reported, “the song acts as a container...[and] provides an opportunity to acknowledge and review feelings from what can feel like a safer place” (p. 115). The utilization of music to deepen an understanding of an older adult in end-of-life care helped refocus the identity of the patient as themselves and not their diagnosis or terminality (Pommeret et al., 2019).

Music operates at a social level; it can be a way for people to form connections over shared thoughts and ideas, or it can separate people through its messages (Forrest, 2000). Examining history through music showed the various values of different generations as song writers wrote about what they were passionate about. Individuals could develop their own identities through music without care to social hierarchies (Forrest, 2000; Miller 2001). Forrest (2000) reported music was a way to pass down information from one generation to the next, which also contributed to the formation of identity.

According to Heath and Lings (2012), music therapy began in the United Kingdom during the 1950s and did not gain professional recognition until 1999. The creation of songs and application of lyrics and melodies to address “psychosocial, emotional, cognitive, and communication needs of the client” were explored as tools to empower patients in end-of-life care (Baker & Wigram, 2005, as cited in Heath & Lings, 2012, p. 107). Vignettes from Heath and Lings (2012) showed that songwriting provided legacy, closure, and clarity for patients. Songwriting provided patients with an opportunity to leave something behind for their loved

ones as songs addressed family milestones. Another vignette expressed how writing songs to express anger helped a patient find closure. Legacies created during the songwriting process were reported to become part of the family history, which ultimately helped define a patient's final identity at the end of their life. Music was found to be a catalyst in opening conversations to share anecdotes and connect with loved ones in the final stages before death (Pommeret et al., 2019).

### **Dance Movement Therapy**

Dance movement therapy is the use of movement in therapeutic contexts that help individuals integrate their physical, emotional, social, and cognitive self (American Dance Movement Therapy Association, 2020). Meekums (2002) shared the five theoretical principles of dance movement therapy:

body and mind are in constant reciprocal interaction, movement reflects personality, the relationship between client and therapist is central to the effectiveness of the dance movement therapy, movement expresses unconscious material, and expanding one's movement repertoire broadens expressive repertoire generating new ways of being in the world. (p. 109, as cited in Dillenbeck & Hammond-Meier, 2009)

Capello (2018) found dance movement therapy spaces provided the opportunity for patients to be seen, heard, and valued. Observation systems that trained dance movement therapists were able to help them understand a patient's movements and build a non-verbal relationship. The concept of a witness was an important part of dance movement therapy. The witness acted as a mirror and had the ability to reflect back to the patient (Dillenbeck & Hammond-Meier, 2009). As a body-based modality, dance movement therapy examined the

level of body engagement and breath connection to determine if the patient's needs were being met (Capello, 2018). Western culture placed an emphasis on constantly moving forward, which led to a separation of body and mind; dance movement therapy brought conscious awareness back to the connection (Dillenbeck & Hammond-Meier, 2009). The connection between body and mind was important to how dying individuals understood their situation since medical professionals exclusively served the physical symptoms, neglecting the emotional. Utilizing dance movement therapy in group settings helped enforce feelings of community and belonging among older adults (Capello, 2018). Dillenbeck and Hammond-Meier (2009) emphasized the feelings of community as they reported the highest needs of dying individuals included listening, medication, and community.

Body movement has been found to be indicative of personal limitations and when challenged, the patient in end-of-life care surpassed the limitations and began noticing it in other parts of their life (Panhofer & MacDonald, 2015). The dance movement therapy technique of mirroring was used to illustrate how the therapist can connect with the patient non-verbally, and without the patient's overt knowledge of participating in dance movement therapy as the activity could be as simple as walking. Body memories were found to be important to individuals who are dying (Panhofer & MacDonald, 2015). Body memories begin in the womb and help define identity at an unconscious level.

### **Art Therapy**

Art therapy is described as using arts and the creative process as a therapeutic tool that achieves healing (Art Therapy Credential Board, 2021). When applied to end-of-life care, art therapy was used in life review and found the creative process was helpful in reframing various events during the earlier stages of life (Safrai, 2013). Having the therapist witness the artistic

process was also used in art therapy interventions, including painting, during which the therapist went to a patient's home. Art therapy offered choices to patients who felt they lacked autonomy. The art created invited friends, family, and caregivers to engage in conversations with the patient. Givens (2008) and Safrai (2013) both mentioned the resistance presented by clients when asked to explore other more traditional therapy modalities and how art therapy was ultimately helpful to them. The art therapy interventions were reported to lift morale regarding social interaction as patients had someone to process their emotions with. Givens (2008) presented the point of view of the art therapist and some thoughts they might have experienced during their work with patients. The art therapist considered the focus of the session on the art or the person and their history, was the art therapist serving the patient or their family, what kinds of expectations would the patient and their family have.

Art therapy provided patients with the chance to produce a tangible object to express themselves, which highlighted the patient's autonomy and ability to make decisions (Collette, 2015). The physical object could also be seen as a visual representation of the patient's physical condition based on the intensity and pressure used to create the piece. Collette (2015) described patients feeling depressed and experiencing a loss of interest in life as their self-esteem declined. By utilizing art therapy, they were able to identify a sense of control and found hope in their situation. This reimagined inspiration for life among patients in end-of-care facilities was reported to be particularly beneficial in group art therapy settings as participants encouraged one another and did not have to consider worrying their families over their morbid feelings.

Art therapy was reported to be beneficial to end-of-life care workers and loved ones during the grief and bereavement period (Collette, 2015). For end-of-life care workers, art therapy helped develop self-awareness, which helped prevent burnout.

## **Drama Therapy**

Drama therapy is the use of theater to achieve therapeutic goals (North American Drama Therapy Association, 2022). Some techniques used in drama therapy include play, embodiment, projection, role play, storytelling, witnessing, performance, and improvisation. In a case study wherein dramatherapy was utilized to reflect on a patient's life-story the patient was able to create a video recording to leave behind to loved ones (Redhouse, 2015). The video recordings could be about past events in the patient's life or events the patient was not going to live to see. The patient expressed this activity was an uplifting and positive experience. Life reviews were done through dramatic projection, re-experiencing significant periods of the lifespan with dramatic materials, which led to the patient re-experiencing comfort and seeing themselves in the realities they had imagined as children.

Expressive arts therapies may also be combined to further meet the needs of the patient. Russo (2018) described the combination of dance movement therapy and drama therapy techniques when interacting non-verbally to reach a client who had very limited mobility due to malnutrition. Non-verbal demonstrations were utilized to help the patient understand the goal of the intervention and to build a strong relationship between therapist and patient, different than what the focus of treatment was with medical doctors.

## **Bibliotherapy**

Bibliotherapy is the use of literature to meet therapeutic goals. Lindberg (2021) shared various forms of bibliotherapy including creating stories, teaching developmental stages, and self-help books. Storytelling was found to be an integral method of communication between physicians, patients, and families (Omilion-Hodges & Swords, 2017). Verbal communication

around the topics of death and dying were said to be uncomfortable for some patients but having the conversation flow like a story was better received. Storytelling focused on intentional use of language and tone and descriptive imagery to keep the audience captive. This was found particularly helpful in communication between physicians when the patient was present as the story humanized them. In the end-of-life care environment, being perceived as more than just a health chart is principal in achieving dignity for the patient.

### **Current Theoretical Orientations and Treatment Options**

Currently, the world is entering the third year of a global pandemic caused by COVID-19, which has led to burnout from palliative care and hospice care workers, isolation of those in end-of-life care, and a shortage of workers to perform critical services (Kates et al., 2020). Palliative care workers report having patients with COVID-19 means facing increased barriers due to required social distancing measures. Palliative care facilities enforced strict visitation policies, including limiting the number of in-person visitors or having no in-person visits at all. Individuals in palliative care have compromised health, which became further complicated by the COVID-19 pandemic as the healthcare field faced staffing shortages and difficulty accessing necessary supplies. Palliative care encountered additional challenges including a need for COVID-19 tests to be administered, wait periods respected for results, electronic consent delays, and an inability to communicate with patients on ventilators.

Kearney (2009) reported concerns that medical models in palliative care were lacking spiritual care (as cited in Kelly, 2019). The WHO contrasts this statement by mentioning the importance of addressing spiritual health (Dillenbeck & Hammond-Meier, 2009). Spirituality and religion are often included in hospice care settings, as they can provide a sense of community and support to individuals who are dying and their families (McNamara et al., 2020).

When providing spiritual or religious care to individuals and their families it is important to consider the patient's perception and to practice awareness of the patient's culture. McNamara et al. (2020) emphasized the importance of respecting the patient's family's choices and not being viewed as "pushy" (p. 2911).

Heath and Lings (2012) determined patients experienced an "external crisis" (p. 111) related to changes in body image due to extensive treatment regimens, mobility restrictions, and fatigue among patients in palliative care. These reasons may contribute to the limited research on dance movement therapy for older adults in end-of-life care. Dillenbeck and Hammond-Meiers (2009) found "segregation of the body from the mind has had a significant impact on the treatment and care of dying individuals" (p. 108). Music therapy does not have the same physical limitations presented by dance movement therapy. For example, songwriting is said to be an effective way that clients can explore and clarify their feelings when in palliative care (Heath & Lings, 2012).

The recognition that a terminal prognosis is not a failure on the part of the medical staff and to instead focus on the holistic care of the patient through an inclusive treatment plan that encompasses more than just physical symptoms and aims to take care of emotional, spiritual, and psychological suffering is something new, much like expressive arts therapies (Forrest, 2000; Heath & Lings, 2012; Kates et al., 2020; Rusch et al., 2020; Suntak, 2019). Comparing the theoretical frameworks of death and the implementation of expressive therapies, it is clear that there is a connection. That connection being the offering to explore denial, anger, shock, fear, grief, bargaining, depression, hope, and acceptance in a nonjudgmental space with the art and therapist to serve as witness (Hogan, 1998). The expressive arts therapies are able to address the various stages of death through abstract artistic representations that may be more easily

accessible by patients in end-of-life care compared to traditional talk therapy. Understanding and taking the time to care for the emotional pieces that come with death made the transition easier (Rusch et al., 2020). Expressive arts are helpful in exploring the stages, coming to terms, and finally finding peace while maintaining dignity for many older adults in end-of-life care.

### **Discussion**

The aim of this literature review was to gain a deeper understanding of how expressive arts therapies help older adults transition to dying and leaving the physical earth. Conducting a literature review allowed for multiple perspectives to be explored in terms of language, cultural views, and time periods. The findings of the literature included the ideas of legacies to be left behind, the newness of end-of-life care in the West and its transition to caring for the whole person. More research had been done with music therapy for older adults in end-of-life care than any other modality, which may be due to the idea that music from the past could be brought to the present, unlike other modalities. Expressive arts have the power to reach subconscious feelings through less conventional methods, which is important when coming to terms with one's own mortality.

Expressive arts therapy has been found to be beneficial in aiding the end-of-life transition for older adults (Capello, 2018; Forrest, 2000; Heath & Lings, 2012; Omilion-Hodges & Swords, 2017; Redhouse, 2015). Expressive arts therapies address multiple aspects that are relevant to end-of-life including a reflection period, an opportunity to explore grief and spiritual health (if applicable). Themes presented by Heath and Lings (2012), Redhouse (2015), and Rusch et al. (2020) included the importance of legacy activities for older adults in palliative. Additionally, older adults were reported to have declined traditional forms of therapy in the past during their time in end-of-life care (Safrai, 2013; Givens, 2008). Panhofer and MacDonald (2015) brought

attention to specific difference in care with expressive arts therapy versus physical health. The integration of expressive modalities to explore the various theoretical methods of dying provided less researched ways fewer to explore emotions with negative connotations (Hogan, 1998).

The foundations of end-of-life care focused on treating the patient as a person and recognizing they had needs beyond pain management (WHO, 2020; Clark, 1998; Collette, 2015; Omilion-Hodges & Swords, 2017). There appeared to be a lack of preparedness to pass on, which is where the expressive arts were useful. This was further explained by Hogan (1998) outlining various frameworks related to the dying process, specifically fear. The artistic representations of personal limits of the patients was recorded in dance movement therapy and art therapy (Panhofer & MacDonald, 2015; Collette, 2015).

Expressive arts therapy addresses treatment of the whole person as they offer a space for reflection and exploration without judgement. The healing potential of the arts includes creating community, communication, increased self-esteem, understanding identity, containment, comfort, and transcendence to a higher power.

Multiple gaps were addressed in this literature review, including the inclusion of religion and spirituality in end-of-life care, a lack of research in dance movement therapy with older adults in end-of-life care, and accessibility of care by financial means or knowledge.

With additional studies that formally include multiple modalities at once the literature may come to more informed conclusions regarding how expressive arts therapies have the ability to help patients reach acceptance and clarity to their position. To address the gaps in dance movement therapy research, movement scores and body maps to address a specific gap regarding dance movement therapy research, there is an integration of other art forms to help inform the

reflection process. The concept of additional studies also implies that greater general awareness of end-of-life care is spreading, which will hopefully address the obstacle of accessibility.

The main findings in this literature review included expressive arts therapy did not appear to have any physical risks for the patients who participated in the activities and patients were able to connect more with loved ones through the various expressive arts modalities. The use of non-traditional forms of communication allowed clients to reflect internally and express themselves in a perhaps new way. Further research may improve society's understanding of the importance and value to end-of-life care.

### **Addressing the Gap in Expressive Arts with Older Adults in End-of-Life Care**

End-of-Life care was found to not be accessible to all older adults for reasoning including physician's certifications, lack of consumer education, and cost (Chapin et al., 2007). Chapin et al. (2007) reported not all health care professional educated their clients on hospice care as an option and patient's general knowledge was low. Families of patients in end-of-life care reported not feeling comfortable asking about the options for care and believed a professional would broach the subject first. Health care workers and social workers lacked comfort when discussing hospice care options across various fields and expected families to ask them for resources or referrals. Access to physical locations that offered hospice care was another reason patients did not receive care; this was especially true in rural communities. An individual's choice to not stop treatment would also disqualify a patient from entering hospice care, the patient would need to remain in palliative care to continue treatment. Additionally, religion and cultural sensitivity were also cited as reasons to not seek hospice care. Chapin et al. (2007) concluded that end-of-life consultations should be integrated as a normal practice and professionals be better equipped to engage in those conversations.

Spiritual care as an integrated section of end-of-life care appeared mixed as it was dependent on the patient and their family to decide to pursue that option. Older adults in end-of-life care may turn to religion and/or spirituality to guide them and relieve some of their concerns with the end of their time on the physical earth (Nelson-Becker, 2013). Older adults who wanted and received spiritual support showed higher quality of life scores. Some reasons older adults may have turned to spiritual care or religion during the final stage of their life included finding an explanation as to what would come next, somewhere to place the anger they felt at parting the physical world, and somewhere to put hope that they may have a chance to overcome their prognosis. Religion and spiritual care were found to be detriments to seeking end-of-life care as it is referred to in this literature review (Chapin et al., 2007). Nelson-Becker (2013) reported that due to the many nuances and subgroups in religious beliefs and spiritual care, it was important for the end-of-life workers to be cognizant of the benefits and conflicts presented.

Dance movement therapy showed limited research with older adults in end-of-life care, which could be attributed to the belief that dancing is reported to be a visual identifier of a healthy person and is dependent on physical control and stamina, which older adults in end-of-life care do not always possess (Ross, 2007). There is a gap in the formal research which would combine multiple modalities and assess their effectiveness together. Drama therapy considered storytelling as part of its modality, which was also addressed as a form of bibliotherapy (NADTA, 2022; Omilion-Hodges & Swords 2017). Songwriting could be seen as a form of bibliotherapy, and the songs that were written in end-of-life care facilities could be used for movement pieces. Creating immersive pieces of art could help patients communicate to their loved ones as well as leave something behind for them.

## **Recommendations**

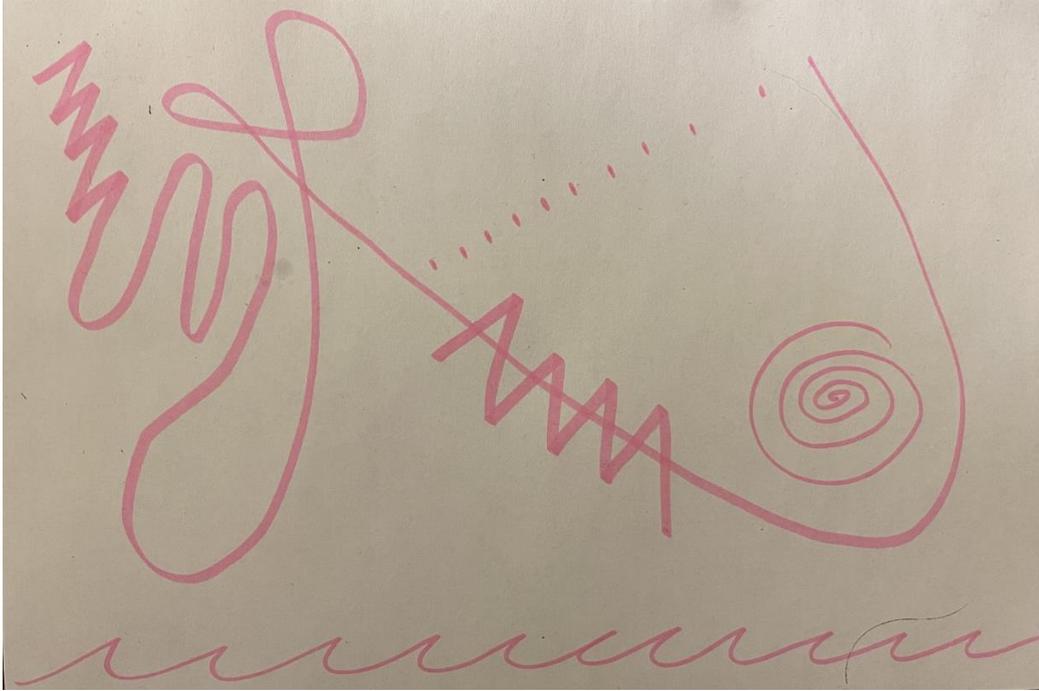
Integrating multiple modalities with older adults in end-of-life care will help address the gap of mixed modalities. Overlap has already been identified within the definitions for various modalities, but to have formal research committed to exploring the relationship would help provide additional ways for older adults to express themselves.

To help address the lack of dance movement therapy research on older adults in end-of-life care I recommend the utilization of movement scores. I found no official research that defined movement scores, but I consider them as drawings or artistic representations of movement that may be brought to life by the patient or anyone who reads their movement score. Dance pioneer, Anna Halprin, referred to the artistic representations as scores, and she utilized them to guide clients to new insights after they had drawn on blank papers (Ross, 2007). From there she tasked the clients to move what they thought their two-dimension piece of art was communicating. She began using scores while working with children in the 1940s to help describe their dances. Movement scores may also be used as an assessment tool for the clinician to use with the patient to help determine/understand changes in a patient's movement qualities, which may reflect how they feel inside. They may also be used with loved ones to explore the patient's perspective or experience.

Based on the theories of dance movement therapy having the body and mind constantly exchanging feedback and the concept that body movement could identify personal limitations, one way to explore those for patients with limited mobility would be to combine art and movement and create body maps (Cappello, 2018; Dillenbeck & Hammond-Meier, 2009; Panhofer & MacDonald, 2015). A patient's body map would be representative of the physical sensations in their bodies without the necessity of movement. Body maps provide an opportunity for the patient to represent how they feel inside, which may differ from their physical

presentation. Additionally, these could be used to communicate areas and intensity of pain with health care professionals. To explore this artistic representation, I have included my own body map which aimed to communicate the sensations I felt throughout the process of writing this literature review.

Although the scale is much less permanent, as I come to a close on my academic work for the time being I am experiencing grief. I am departing my formal identity as a student that I have held for as long as I can remember. *Figure 1* is a movement score I used to explore the journey tied to my final year of school. I read the score from left to right. The themes include a cyclical pattern, moments of disappointment, moments of delight, periods of challenge, times of personal reflection, and the concept that time moves on. Utilizing identifiers in art such as color, pressure, width, and depth to analyze art the pressure and thickness of marker strokes identified periods of easier flow by thinner strokes compared to challenges represented by thicker strokes (Collette, 2015). When exploring the score with movement, I utilized the vertical space with strong, direct movements to represent the challenges presented to me this past year. I continued on with the vertical space as moments of success were explored through flowing, indirect movements. The short marks made with the marker were slow jumps, hops, and skips as they brought me back to a place where challenge was inevitable. The swirly in the dip, while disconnected from the main movement structure represented an optical illusion wherein the end and the beginning are not clear; there is the path where I am going and where I am coming from, which perspective has yet to be decided as the future is uncertain. In movement, I experienced carving motions around myself and explored both possibilities of narrowing in on myself and my ideas or expanding on them. Finally, the waves at the bottom of the page kept the tempo to my silent improvisation session and served as a reminder that life goes on.

**Figure 1***Movement Score*

Body maps provide a visual story to an individual's social, emotional, and physical climate. Body maps could also cause body memories to resurface, as they have a history from the beginning of the life cycle (Panhofer & MacDonald, 2015). Storytelling can also be done through body maps, integrating bibliotherapy (D'souza et al., 2021). *Figure 2* is my representation of physical felt sensations, social experiences, and emotional dynamics. My experience producing, reflecting, and writing about my process led me to insights I had not yet made. Themes in my body map corresponded to themes discussed throughout the semester. I also recognized gratitude for the challenges and growth brought to me this year. I feel that my physical presentation this year has not matched my internal experience. Having the chance to explore the internal

experience without thought to shame or doubt allowed me to find resolution in my identity. My own physical limits were outlined in ways I did not recognize until writing a reflection. I imagine for older adults in end-of-life care partaking in an exploration such as this one would yield similar results of insights brought forth by utilizing a new lens.

**Figure 2**

*Body Map*



Throughout both artistic representations I was able to identify opportunities to combine modalities and with that knowledge I took advantage of the awareness to build new ideas. The integration of art, music, writing, and movement made for a more wholesome experience. Older adults in end-of-life care would benefit from this holistic approach to address complicated emotions that come up during the dying process. McNiff (2009) described an attunement to the art which took participants on a journey to connect more deeply with themselves. If this medley of expression were explored in group work for end-of-life care, participants could support each other in the creative response and foster a sense of community. McNiff (2009) found in group work, the cycle of response led to a support circle of affirmation. Achieving a feeling of connectedness and community is important to end-of-life care as the future is full of unknowns. If expressive arts therapies can come together to support this community, it will aid the transition to afterlife.

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

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