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Mortality, Mortuaries, and Movement - Implications of Dance/Movement Therapy and

Death: a Literature Review

Capstone Thesis

Lesley University

May 21, 2022

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Mortality, Mortuaries, and Movement - Implications of Dance/Movement Therapy and Death: a
Literature Review

Abstract

Dance/movement therapy (DMT) is a somatic-based psychotherapy approach that can supplement existing therapy techniques or stand on its own as effective psychological treatment. As a growing field, DMT continues to expand its application to different populations. This literature review analyzed the implications of DMT application for individuals who are dying. While the application of DMT with diverse populations has been studied, the literature regarding the application of DMT with dying individuals is slim. Medical, spiritual, and emotional treatment during death have received considerable attention in academic literature, however, the application of many body-based psychological treatment interventions has not been studied as thoroughly. Literature concerning the cultural attitudes towards death in Western and non-Western cultures, mental illness and death, and the literature that has been published thus far concerning DMT and death were analyzed as a framework to better understand the potential application of DMT with dying individuals. While research still needs to be conducted in order to best apply DMT in the treatment of dying individuals, the research points to strong potential for the creation of further evidence-based care.

Keywords: death, dying, dance/movement therapy, DMT, funeral practices, Western culture, non-Western culture, mental health care

The author identifies as a straight, cis-gender female, from New England of mixed-European ancestry.

Introduction

Humans have been inherently curious about the process of death and dying for centuries, attempting to understand the phenomenon through many different lenses including religion, culture, medicine, and science. Death attitude and perception are informed for a community in part by social and cultural perceptions of death. Considering the variable aspects of social and cultural expectations, the resulting literature regarding death and end-of-life varies immensely (Krause, 2017). Naturally, due to the complexity of the topic, research pertaining to the psychological needs of the dying faces limitations. The American Psychiatric Association (APA, 2005), recognizes the expanding role of psychological care in end-of-life and the potential role that mental health professionals can fill alongside the traditional participants in end-of-life care including medical professionals, social workers, and clergy. The potential for increased mental health care for dying individuals has gained research and discussion traction over the past few years. The question of how to both ethically and appropriately approach mental health care for dying individuals using movement-based therapies remains posed. However, it is of interest to further explore its application.

This paper aims to better understand how cultural attitudes towards death, including funeral practices and disposal rituals, impact the psychological and physical experience of the dying individual. The potential implications of dance/movement therapy (DMT) interventions with dying individuals will also be explored. The literature reviewed on this topic indicated that culture plays a large role in informing an individual's death practices and expectations (Foltyn, 2008). This paper asserts that understanding and analyzing an individual's cultural expectations for death can enable mental health care providers to provide adequate and ethical care to dying individuals. Clinical, anthropological, and historical resources were used to gain a better

understanding of how aspects of culture, social movements, and existing mental health care, impact a dying individual's experience. Understanding the sociocultural background of death helped frame an exploration of movement-based mental health care for dying individuals.

A study analyzing the effect of death education preparation courses for nurses at convalescent hospitals confirmed that addressing the reality of death in a positive and educational manner decreased feelings of death anxiety in the participants and increased positive feelings concerning end-of-life care (Chu & Jang, 2021). Considering this study's positive outcomes for anxiety, It is worth exploring how incorporating practices of DMT into the care of dying individuals may decrease body-based anxiety and stress brought on by their perception of how their bodies will be handled after death. In her book, Doughty (2015) introduced the concept of death as the ultimate act of creativity (p. 229). Death as a creative process and particularly how DMT interventions can engage with this concept will also be explored.

Considering that death-related topics are heavily influenced by cultural considerations, researchers have been consistently interested in studying the cultural influences on death and dying. It is generally understood that a universal conception of death across cultures is not the goal in studying death-related topics and that establishing a single clinical definition of death across cultures is problematic (Gire, 2014). Westernized cultures tend to lean on a heavily medicalized definition of death and rely on certain medical criteria to be met in order to declare an individual as dead. Notwithstanding the varying cultural differences in the definition of death, culture also impacts the expectations of what constitutes a good versus bad death. The values inherent in a good versus bad death reflect the cultural characteristics of what it means to live well. Understanding the cultural nuances of end-of-life care can encourage an unbiased approach to achieving a good death.

Method

The literature for this review was gathered via Lesley University library resources. The informing literature consisted of peer-reviewed academic publications in English. The main themes considered while reviewing literature included; American culture and the dying and dead body, the medicalization of death in western cultures, the relationship between perception of death and social class, a multicultural understanding of various death rituals and practices including preparing the body for death and disposal practices, the application of mental health interventions and death, and the potential application of DMT and death. The disciplinary areas that informed the search for literature included DMT, anthropology, sociology, history, and psychology. Relevant articles were compiled in a Google Drive folder and organized by topic. Literature was found using keywords including; death, dying, culture, medicalization, burial, disposal, body, movement, mourning, hospice, creativity, and decomposition. A variety of methodologies were used to characterize the literature reviewed including qualitative, quantitative, and arts-based research.

Literature Review

This paper consists of four main themes including; death in Western culture, death in non-Western cultures, the current state of mental health care for the dying, and finally, the implications of DMT for death and dying.

Death in Western Cultures

Dead and dying bodies are regularly met with aversion in Western culture. Common post-mortem practices seek to preserve and disinfect the body through embalming, thus delaying decomposition and decay (Strub & Frederick, 1989, pp. 128–135). Dead bodies are shaved, made-up, plastic-wrapped, perfumed, and clothed in an attempt to disguise the reality of death (Doughty, 2016, pp. 71–76). Caskets are used to display and protect the dead, further distancing the body from natural decomposition. Cremation serves as a convenient and prompt transformation of the body into a jar of manageable ash. Other more ecological and natural burial options are being introduced into the funeral industry, but the rate of cremation and burial far surpasses these newer options (National Funeral Directors Organization, 2021). Before beginning to consider how to apply DMT principles to Western death practices, it is imperative to consider the culturally implicated body-based attitudes that an individual may bring to the dying experience. In order to get a better understanding of these attitudes, death over time in Western cultures will be examined as influenced by religion, science, technology, wealth, and class, as well as a brief introduction to the current attitudes towards death and considerations for the cultural attitudes of death moving forward.

History of Death

Philippe Ariès, a French historian known for his works *Western Attitudes Toward Death* and *The Hour of Our Death* published in 1974 and 1981, analyzed the history of death in Western cultures beginning in 500 AD and ending in the late nineteenth and early twentieth centuries. Ariès (2008) presented a sequence of five death periods including *Tamed Death*, *One's Own Death*, *Thy Death*, and *Forbidden Death*, each period is designated by a historical time frame and the culturally dominant conceptualizations of death within them. Ariès contributed

widely to the discourse on death and Western culture (McDowell, 1984). Despite his impact, much of his writing has been critiqued for its lack of diverse resources and limited geographic and cultural boundaries. His work also disregarded the philosophical concerns that are inevitably tied to discussions of death such as the social conditions of the era. At best, his work offered an expansive yet incomplete view of historical attitudes towards death throughout Western history (Carse et al., 1982; Porter, 1999). Understanding the flawed nature of his work, it is still beneficial to consider his reflection on the historical shift from religion to medicine in the cultural attitudes towards death. The period of Tamed Death is marked by an attitude of acceptance and awareness that included proper preparation to experience death. Dying in this period accompanied many religious protocols and meanings, and dying individuals were more concerned with the outcome of their souls than the upcoming funeral rituals for their bodies. The period of One's Own Death, around the 12th century, was distinguished by an increased personalization of death, as dying was primarily considered through a Christian religious lens. An individual's deathbed was viewed as the final moments before they were judged for their actions on Earth and rewarded or punished by God accordingly; banishing the illusion that death is the great equalizer and instead introducing the idea that death brings about different outcomes depending on the person. Beginning in the 18th century, the period of Thy Death introduced a notable shift in viewing death, not as something to be expected and witnessed, but as something to be feared and mourned. Tombstones and burial plots were gathering interest in this period, and Ariès asserted that grave markers were often used as a sign of personal wealth or connections to the church, cultivating an attitude of wealth or class expression in burial practices that are prevalent even today. Ariès concluded the four periods with the period of Forbidden Death beginning in the late 19th and early 20th centuries. The introduction of hospitalization and

medical intervention shifted the location of death from home surrounded by the community to a sterilized medical environment. The manner of death was also shifted from something that was expected and succumbed to, to something that was indicative of medical or moral failure (Aramesh, 2016; Ariès, 2008).

From Priest to Doctor

Unlike many other cultures, the United States tends to group the senior members of society together in nursing homes and senior centers. The later years and eventual end of life happen in premeditated areas of society, hindering a shared community experience. Individuals who are dying are often removed from their homes, primarily situating death and dying in medical settings (Fulton & Bendiksen, 1994). Centuries ago, death was more widely considered an act of the divine or a necessary step in salvation. The power of maintaining life and death resided primarily in the Church and Monarchy; it is asserted that these “power relations were intended to ensure the maintenance of a system in which these institutions could decide on life and death” (Borsatto et al., 2019, p. 2). The introduction of basic health care, including sanitation, medicine, and education, transferred our understanding of the dying process to a body-based practice instead of solely a spiritual one, and shifted the hands of power from the spiritual leaders to the medical professionals.

The emergence of hospitalization repositioned the setting for many deaths, removing death from the public gaze (Borsatto et al., 2019). The medicalization of death encourages the natural process of dying to be framed as a medical failure instead of the natural continuation of the process of life. In their discussion on the medicalization of death, Borsatto et al. (2019) described medicalization as “a controlling phenomenon of society that acts by creating standards of normality and pathological classification where the meanings and significations of the vital

processes are read from the medical discourse and practice” (p. 2). The medicalization of death has not only reframed the location of death but also the meaning and significance of the dying and disposal process. For many individuals, death anxiety is marked in part by the fear of bodily decomposition or the loss of control over what happens to the body after death (Helen Lehto & Farchaus Stein, 2009). An individual passing in a medicalized setting will often be bound to protocol mandated by the institution, subjecting the body to an often sterile and universal transfer and disposal. In contrast to the care of the body being left to loved ones, caregivers who understand their wishes, or religious leaders with the purpose of protecting or observing their bodies after death, individuals dying in medicalized settings lose the power of choice concerning the care of their bodies after death.

Wealth and Class

Observable differences in wealth and class are apparent in how the body is treated or prepared after death. Class distinctions after death can be seen throughout history in Western culture. In their reflection of class patterns after death, Kephart (1950) correlated the lavishness of the funeral to the social class of the individual who has died. While death is often described as the great equalizer, it is clear that class distinctions prevail beyond the grave. Recognizing that there is a clear recognition of social distinction in mortality, Conway (2013) addressed the lack of literature pertaining to social class inequality represented in dying and death. Conway (2013) asserted that the ideal social identifications of Western cultures “serve as strong markers of moral and social position through displays of appropriate understanding or ‘taste’” (p. 327). Culture may impact what an individual perceives as the correct way to perform ‘self’ even within the dying experience. Conway (2013) argued that the implications of class and wealth also impact the way that we have studied their relationship to death or dying in the past. They asserted that

class advantage in relation to death and dying can be summarized as viewing middle-class perspectives and tastes as the classic standard for what it means to die and be disposed of well. Understanding that the perception of achieving a good death is impacted by expectations achievable only to those of a certain class standing, it is no mystery as to why death anxiety impacts individuals of different social standings differently. Privilege, wealth, and social standing impact the way our bodies are prepared for burial, and the burial practices that are deemed the most socially acceptable are often available to those only within a certain income or class bracket. An individual who understands the funeral or burial rituals that can be easily financially available to them after death may worry less about what happens to their body after death because there are fewer limitations to achieving what is deemed as adequate care (Conway, 2013).

In their reflection on the practices of the American funeral industry, Mitford (1963) posited that the funeral industry is as rooted in consumerism and capitalism as any other aspect of American culture. Mitford argued that ultimately the funeral industry preys on the grief of the bereaved in order to sell funeral products. They also offered a critical examination of the funeral practices that have become standard in America and other Western cultures, and asserted that many funeral practices that are seen as most traditional or acceptable are simply deemed as such because they are typical of wealthy, white, Americans (Mitford, 1963). Mitford shined a light on the absurdity of funeral costs and how many families are left shouldering the high financial burden of funeral expenses that were proposed as a way to protect the dignity of the deceased, properly display feelings of affection and mourning for the deceased, and ensure public safety and interest from the proposed, and often false, dangers of an untreated dead body. Mitford frequently used the anecdote “keeping up with the Joneses” to describe the pressure felt in

relation to the funeral experience and how funerals are inherently built to serve as a means of peacocking or displaying wealth (Mitford, 1963). The assumption is that an individual living within the sociocultural boundaries would inherently take on the expectations of wealth and class after death. Notwithstanding the shortcomings of the Western funeral industry, funerals serve an important role in the grief process. Thus, the solution is not to get rid of funeral practices, but to shift to practices that are not rooted in consumerism.

Current Perceptions of Death

In recent years, the death positivity movement has gained traction in the U.S. This movement encourages curiosity and engagement in death-related topics in an attempt to banish the squeamish approach to death so often found in Western cultures. Participants in the death positivity movement posited that increasing the dialogue about death and dying centers the individual in the experience and can bring about both individual and social change (Leland, 2018). It is generally accepted that increasing communication about dying encourages positive death-related experiences and can increase the likelihood of an individual experiencing what is referred to as a “good death” (Semino et al., 2014). Like many other death-related issues, defining what constitutes a good death versus a bad death is complex because the expectations are influenced by the social and cultural perspectives of the individual, shift throughout time, and rely on certain resources dependent on a level of privilege to access, among other factors. Although the definition of a good death varies depending on the individual, a 2016 literature review identified 11 core themes of a good death as defined by patients, healthcare providers, pre-bereaved and bereaved family members including; preferences for a specific dying process, pain-free status, religiosity/spirituality, emotional well-being, life completion, treatment preferences, dignity, family, quality of life, relationship with HCP, and other (Meier et al., 2016).

Despite the known limitations to understanding the specific qualities of a good death, the push to achieve a good death is apparent in both community-focused care, i.e. hospitals, hospice centers, and nursing homes, as well as in the individual rhetoric surrounding dying, such as the death positivity movement.

In spite of the proposed benefits to the death positivity movement, it is of interest to consider the implications of the movement from a critical lens. Koksvik (2020) offered a critical analysis of the death positivity movement and posited that the movement focuses the responsibility of dying on the individual, alleviating the responsibility of care from governmental systems. Koksvik asserted that social movements surrounding any topic increase their efficacy when their outcome aligns aesthetically with what is considered trendy. Koksvik (2020) argued that the death positivity movement in and of itself presents as aesthetic lifestyle changes which rely on death taboo or death denial to enhance group identity and frames participating individuals acting outside of the social norm as bold and revolutionary. Analyzing the effects of the death positivity movement and how the movement's members interact within the conversation of personal responsabilization, increases reflection on how death and dying are closely intertwined with sociocultural factors such as wealth, class, and privilege.

The past few decades have been marked by a societal change in death attitude as many individuals are seeking burial options that are not only more affordable but also more ecologically friendly (Fink et al., 2021). In their radio broadcast, Fink (2021) explored the implications of introducing more ecologically friendly burial options, particularly, body composting. Fink (2021) spoke with Katrina Spade, the founder, and CEO of Recompose, a body composting company in America, and Philip Olson a professor of technology ethics. In their discussion of more ecological burial and disposal options, they questioned the role that

alternative death-care practices have in satiating our desire to find success and belonging through work and productivity even after death. Olsen asserted that ecological burial options, while often more affordable and better for the environment, also give in to the desire to “put the corpse to work” (Fink et al., 2021). Notwithstanding the assertion that ecological burial options play into a desire for continuous productivity, MacMurray and Futrell (2019) countered that attempts to make Western burial practices more ecologically friendly are political acts that have not only ecological benefits but are a direct protest against the extreme consumerism that is threaded throughout traditional Western burial practices.

Despite the evolving perspective of death in Western cultures brought about by the recent increase in communication about the dying process and the shift in perspective about what constitutes good or successful burial practices, it is clear that while the shift is positive, it also contains aspects of the typical Western death attitudes that those seeking alternative burial options attempt to leave behind. Attempting to build death awareness through death positivity and adopting burial practices that are coined as useful or healthy build from the same tenants of public displays of grandiosity (Koksvik, 2020). In lieu of displaying wealth or monetary gains, the battle now calls for who can be the most positive about the dying experience. Great success is bestowed on individuals who are able to achieve a good death while maintaining the standards that imply intelligence and relevance (Doughty, 2016). Western death attitudes began on one side of the spectrum where the body was embalmed and needlessly adorned in a desperate act of preservation in order to calm body-based death anxiety. While considering varying burial options does have many positive aspects, it is also worthwhile to consider how the desire to contribute to society in one way or another with the dead body seeks to serve the same purpose of quelling body-based death anxiety (Fink et al., 2021).

Death in non-Western Cultures

The contrast in the approach to death in Western and non-Western cultures can be seen in an analysis of varying funeral and burial practices in non-Western cultures. This section will explore the funeral practices of the Toraja culture and Hmong culture to better understand the expansive way that non-Western cultures celebrate and commemorate death, often in contrast to Western death practices.

Toraja Mortuary Customs and Death Anxiety

The Torajan people, situated in the highlands of Indonesia's Sulawesi Island, engage with their funeral rituals, not as unconnected displays of tradition, but as intricate and involved expressions of belief pertaining to the afterlife and the continuation of deep human connection even after death. In their hands-on exploration of the Torajan funeral customs, Oliver (2016) spoke with Petrus Kambuno, a Torajan man who described the sense of connection that his culture has to the dead: “the death of one person is only the dropping of a single stitch in an intricate financial, social, and emotional canvas winding backward through ancestors and forward through children.” Displayed not only through their mortuary customs, but the Torajan’s attitude towards death is also marked by community-based care, celebration, and individually unique pacing of the grief process (Caraway Oliver, 2016). In their research on the Torajan approach to death, Budiman (2013) explained that if the deceased were abruptly removed from view as is common in the West, it would be “as if a hawk careened suddenly upon its prey, snatching it in its talons and vanishing forever in the split of a second” (p. 82). Adding to the complexity of the funeral experience for the Torajan people, there has recently been a great religious and social shift as portions of the population have converted to Christianity, and traditional Torajan mortuary customs have become a tourist attraction in Indonesia (Tsintjilonis,

2000). To the Toraja, an individual drawing their last breath does not signify a sudden end, the individual is known as *makula* meaning “the one who has fever” (Tsintjilonis, 2000, p. 5). The cause of the fever is attributed to the soul wandering from the body. Caring for the body in this period may invite the soul back into the body, and moving from this period into death is not considered until the first mortuary sacrifice is made. During this period, the body is kept in the home and is described in terms of sleep (Tsintjilonis, 2000). The body is treated with formaldehyde and water shortly after death, preserving the body and stopping putrefaction. Family members bring meals to the body and often eat together in a communal space with the deceased (Caraway Oliver, 2016). The body will remain in the house, being tended to by their loved ones from days to years after death as the family members save up for the elaborate funeral. Even after burial, the deceased are sometimes exhumed to be given a fresh change of clothing and burial shrouds (Caraway Oliver, 2016).

Büster et al. (2018) conducted a study using images of death from varying cultural origins, including the Torajan, to challenge current death perceptions in those working in palliative care professions such as nursing staff, nursing students, and other end-of-life care professionals such as bereavement counselors and faith practitioners. Although the cultural background of the participants was undisclosed, the participants all resided in the UK at the time of the study and as a result, were approaching the study in some part through a Western lens. The study examined in detail the experience of individual participants across a variety of death-related themes presented, in order to ascertain whether or not certain images or case studies resulted in different types of conversations regarding death. In the images used, participants viewed a photo of Torajan men posing for a photo with the deceased and mummified body of a loved one. Participants were shown images such as these in an attempt to facilitate a

more open-minded approach to mortuary practices (Büster et al., 2018). Büster et al. (2018) reported a strong response to the image of the Toraja mortuary practices and noted that the strongest reactions from participants were in part because they challenged “participant’s culturally embedded concepts of personhood and identity” (p. 258). After viewing the photo and engaging in community discussion, participants noted that the emotional reaction to Torajan mortuary customs was in part due to the contrast between Torajan culture and a Western view of the way the body is used as a marker to transition the perception of another as a “living individual to a communal ancestor” (Büster et al., 2018, p. 269). In Toraja, the transition of an individual’s role as a living member of society to a dead one is not marked by the removal of the physical body as is the norm in many other cultures.

A final point of comparison between Western practices and the Torajan is death anxiety. Death anxiety, prevalent in Western culture, is characterized by both emotional and cognitive stressors, including fears of the unknown and thoughts of destruction or decay to come to the body, leaving the individual feeling out of control of the upcoming process (Helen Lehto & Farchaus Stein, 2009). The stressors informing death anxiety are also formed in part by the experience of observing and engaging in death rituals throughout one’s lifetime. For the Torajan, that includes a lifetime of participating in funeral rituals that involve caring for their dead relatives and their bodies. The fear of the unknown is lessened in this culture because the fate of the body is known and does not differ much from the reality of the living (Büster et al., 2018).

Hmong Funeral Customs and Religion

Funerals are considered one of the most important rituals in Hmong communities and serve a cultural, social, and religious purpose (Xiong et al., 2021). In their exploration of Hmong funeral traditions, Symonds (2016) asserted that Hmong funeral practices serve not only to

provide spiritual guidance to the souls of the deceased but to reorient the community to the social shift brought about by the death of a community member. Symonds posited that Hmong culture falls within the anthropological assertion that funeral practices “are a means of transcending individual deaths to maintain the continuity and solidarity of the social order” (p. 111). Thus, the extensive funeral practices and rituals concerning the passage of the souls are as much for the living as they are for the dead. While funeral rituals and death attitudes may differ among Hmong communities based on religious beliefs or geographic location, Symonds (2016) observed that Hmong communities generally believe that at birth an individual’s souls travel from the land of darkness to the land of light; at death, funeral rituals help guide the souls safely back to the land of darkness where they rejoin their ancestors.

Today, Hmong communities practice both Animism, their traditional religion, and Christianity. Hmong spirituality is centered on the belief that an individual has multiple souls, and preserving and maintaining these souls is central to the health of an individual (Fadiman, 2018). Hmong individuals practicing Animism believe that the spiritual and physical worlds are congruous and that interaction with both the spiritual and physical impact the souls of an individual. Thus, the connection between these two worlds greatly influences both the medical and death practices of the Hmong people (Her-Xiong & Schroepfer, 2018). Traditional Hmong beliefs center the health of an individual heavily on the status of the souls they possess, which work to provide them with life and health. If any of these souls becomes upset, frightened, or sad, they will flee the body, alerting the individual of its absence through illness and body-based signs. These spiritual beliefs place the responsibility of healthcare on shamans or spiritual leaders who work to realign the spiritual disruption causing the physical symptoms (Her-Xiong & Schroepfer, 2018). To the Hmong, death is considered highly important; the rituals conducted

after death guide and protect the souls so that they are not left wandering for eternity (Fadiman, 2018). The responsibility to conduct these rituals both before and after death falls into the hands of religious leaders, family members, and close loved ones.

Hmong tradition does not view death as a medical failure, but as a spiritual one, and the post-death rituals are not performed in medical settings by hired professionals, but by family and community members. Rituals pertaining to death preparation begin for the Hmong at the onset of life. In their exploration of Hmong rituals, Fadiman (2018) explored the role of the placenta at birth and at death in the Hmong community. Shortly after birth, the father digs a hole and buries the placenta in the floor of their home, the placenta is considered the first garment and in the Hmong language, the word placenta means “jacket” (Fadiman, 2018). When a Hmong dies, their souls travel back through the actions of their life until they once again reach the burial spot of the placental jacket; once dressed properly in the clothing it was born in, the souls can navigate the dangerous afterlife with a layer of protection until they reach the place beyond the sky where they are reunited with ancestors in the hopes of being born again (Fadiman, 2018). Numerous rituals and traditions ensure that after death the body and souls are watched after by family members and loved ones, and despite the believed dangers present for the souls after death, for the Hmong, their passage into the afterlife is preceded by spiritual protection from their mother through the placental jacket.

Mental Illness and End-of-Life Care

Dying is a complex emotional and physical process; adding any level of mental illness to the already complicated event of dying can impact the level of psychiatric care an individual needs as they transition from life to death. Research suggests that the correlation between death care and mental health is vastly understudied, and while the research is lacking it has been

concluded that mentally ill individuals are statistically more likely to die in care homes than the general population (Wilson et al., 2019). Alongside cultural considerations, understanding a dying individual's mental well-being can aid practitioners to provide quality care and encourage a good death even for individuals who are mentally ill. Although understudied, the research done on individuals who are mentally ill and end-of-life care shows that individuals who are mentally ill are at higher risk for unsatisfactory end-of-life care. Shalev et al. (2020) studied end-of-life care for individuals who have a serious mental illness (SMI). They asserted that individuals with SMI die 15-25 years earlier than those without a mental illness. In their study, SMI refers to individuals who have "mental health disorders that are chronic, impair function, and require ongoing treatment" (p. 428). Most end-of-life care includes many different modalities of care including medical, psychosocial, and spiritual care, however, much of the care towards the dying is focused on alleviating physical suffering, and rightfully so as many individuals in their dying moments without proper pain management and basic care are unable to move beyond their basic needs into their psychological needs. Through their research, Shalev et al. (2020) concluded with practices that can be used when working with dying individuals with SMI in order to provide better-suited care. They posited that by avoiding assumptions, engaging long-term outpatient clinicians, planning ahead, recognizing social needs, ensuring ongoing psychiatric care, ensuring high-quality care, and addressing suffering, mental-health clinicians working with individuals with SMI in end-of-life care can redress disparities and provide more effective care (Shalev et al. 2020). While the research is slim, the need exists to provide individuals with SMI with greater access to unique and specific care throughout the dying process.

The responsibility to provide adequate care, including mental health care, to dying individuals, should not fall only on the shoulders of the various practitioners. The positive

change should also be seen in the healthcare and dying systems themselves. In their mixed-methods systemic review, Edwards et al. (2021) asserted that in order to provide adequate care to dying individuals with SMI, the structure of mental health care systems and end-of-life care systems must work together. Incorporating the mental health care system into locations built specifically for the dying such as hospice or palliative care increases the accessibility of mental health care services for the dying, leading to more comprehensive care. Although the care was present, Edwards et al. (2021) also recognize the gap in education given to mental health practitioners working with the dying. They asserted that all practitioners working with this population need more effective education, support, and supervision. The gaps in care for the dying cannot be discussed without exploring the lack of research and literature on the topic leading to gaps in education and training.

Implications of DMT Use with Dying Individuals

Studying the mental and physical care of dying individuals is both ethically complex and incredibly sensitive. There has not been an extensive clinical practice of movement-based therapies in settings with clients who are dying such as palliative, hospice, and nursing home care, thus, the literature exploring DMT application with dying individuals is limited. Despite the lack of literature specifically regarding DMT and dying individuals, gaining an understanding of the basic tenets of DMT as well as the proposed applications for DMT in the literature that has so far been published gives a clear picture of the potential application in these settings.

DMT is a form of psychotherapy that incorporates movement and somatic interventions into the therapeutic experience (Levy, 2005). While primarily body-focused, DMT can be done with individuals with limited to no mobility by widening the perspective of what is considered movement. The potential application of movement in psychotherapy is vast and can include

movement as minute as breathwork to larger movement rooted in varying movement techniques or improvisational exploration. However, dance in the formal sense is not necessary in order to consider an application DMT-based. DMT is centralized on the idea that the mind and the body are inherently connected (Levy, 2005). Impacting one ultimately impacts the other, thus, navigating the complexity of the emotional and mental state of an individual is aided by incorporating the body. Movement can act within the therapeutic relationship as a form of communication separate from traditional verbal means, opening the door to further connection and expression. In their literature exploring the key principles of DMT, Meekums (2005) asserted that “the therapeutic relationship is mediated at least to some extent non-verbally” (p. 17). Alongside the benefits that movement can pose to the therapeutic relationship, introducing creativity and individualized modes of self-expression can lead to further engagement for the client in the therapeutic experience.

In their research exploring the implications of DMT for individuals who are dying, Dillenbeck and Hammond-Meiers (2009) asserted that DMT is an especially effective treatment option for clients who are dying because it provides integrative support in the transitional phases of dying such as “physical degradation and confronting their mortality” (p. 95). The research for this article was conducted via an interview with individuals who identified as someone who has extensive experience offering support to individuals who were dying. The authors recognized the limitations posed by the researched population, but asserted that limitations in place by hospitals and hospice centers made it difficult to ethically access a population of dying individuals for the purpose of their research.

In their exploration of the implications of dance/movement therapy for individuals who are dying, Dillenbeck and Hammond-Meiers (2009) asserted that there are three main themes of

care that address the psychological and physical care of the individual. The research listed these themes as listening, medication, and community, and further explored how using movement and stillness can help the individual access the psychological and physical benefits of therapeutic care in the process of dying. The authors concluded that while many experience a decrease in mobility and an increase in pain in the dying process, dance/movement therapy applications such as “kinetic images, breath awareness, and reflection of past experience of the body” can decrease pain and increase feelings of independence despite physical decline (p. 115).

In their reflection on the application of DMT in medical and healthcare settings, Deihl (as cited in Goodill, 2009) asserted that many components of DMT fit well within the nature of hospice and other end-of-life care programs. Deihl posited that the use of DMT can humanize the dying process and ease feelings of loneliness and fear through creativity and expression. Deihl (as cited in Goodill, 2009) also explored the unique DMT contribution of body assessment and observation and the role these tools can play in building the therapeutic relationship (Deihl, 2009, as cited in Goodill, 2009). Dance/movement therapists may use movement observation tools such as Laban Movement Analysis (Levy, 2005) to assess the client and create interventions. According to Goodill (2009), Deihl asserted that a movement approach to observation, even in clients with little to no gross motor movement, can serve as a “point of entry to the psychological work” as the therapist gathers information on the status of the client through even small movement observations (Deihl, 2009, as cited in Goodill, 2009, p.152-157). Deihl also asserted that building the therapeutic relationship with movement can increase body empathy between the client and the clinician and can decrease feelings of isolation and fear for the dying individual. Deihl provided an example of using creativity as part of the treatment process for end-of-life care as she explains working with a client who faced anxiety before death

which manifested as continuous, repetitive talking about her life. Deihl worked with the client to record an audio journal of the events of her life (Deihl, 2009, as cited in Goodill, 2009).

In her memoir exploring her time spent working in a crematorium and her own grapple with the fascination of death throughout her life, Doughty (2016) explored the concept of death as a creative practice. In her reflection, Doughty asserted that instead of death destroying the meaning of life, it instead is the “very source of our creativity” (Doughty, p. 229). In Doughty’s eyes, the fear of death motivates us beyond what would be achieved if we were just to keep on living.

Discussion

The literature explored in this review regarding death and dying and DMT indicates that while there is still much to research about the implications, the potential for individualized movement-based interventions for end-of-life care is immense (Dillenbeck & Hammond-Meiers, 2009). The literature demonstrates that when applied, movement can act as an enabling tool to strengthen the therapeutic relationship, and rapport can be built between the therapist and the client beyond the realm of traditional communication (Dillenbeck & Hammond-Meiers, 2009). DMT can reintroduce feelings of control to the body and can address symptomologies such as pain and fatigue. The body and the act of dying are intertwined, thus, body-based therapy and specifically DMT can lend itself to the treatment of the dying by attending to the disintegration of the body and the mind as death occurs. Beginning with an understanding of the cultural aspects of death that an individual is bringing into the dying experience, the therapist can draw from appropriate DMT principles in order to begin to create rapport and cultivate a connection with an individual (Capello, 2015). Beyond the realm of movement alone, the introduction of creativity as an intervention strategy to ease the discomfort of the dying process warrants further

study. While early literature suggests results aligning with the proposed hypothesis that introducing creativity into the dying process can lead to positive results, limitations exist as research still needs to be done on this topic (Doughty, 2016). Despite the limitations, it can be concluded that creativity can cultivate a sense of meaning and serve as a means for emotional processing, even if the specific means of applying this concept are still unknown.

Understanding completely the cultural variations of death across Western and non-Western cultures warrants a discussion that is beyond the scope of this paper. As a result, my analysis includes cultural information that seemed most relevant to the topic and should not be considered a comprehensive or complete review of Western and non-Western death histories and attitudes. In line with the hypothesis that culture impacts the ways in which individuals interact with death, through the literature reviewed, it can be concluded that gaining an understanding of the cultural significance of death practices and rituals to an individual can increase the quality of care offered by mental health clinicians (Semino et al., 2014). The goal of this literature review was to more closely analyze specific cultural practices and consider how their application may impact the dying experience and body-based anxiety, in contrast to Western death attitudes as explored above. The potential application of DMT in death is inextricable from the cultural background of the individual. In non-Western cultures, body-based death attitudes vary and include aspects of social celebration and intimate care for the body by family members or loved ones (Fadiman, 2018). While this is not a comprehensive overview, understanding the diversity in cultural death practices and care can enable a better understanding of where and when DMT practices could be appropriately applied from a multicultural lens.

The purpose of this literature review was to explore the ways in which culture impacts the experience of dying to better understand how DMT interventions can potentially be applied

to individuals who are dying. Further research is needed to establish effective methodology, however, it is clear that the potential for DMT application with this population is immense. Considering the noted shift in death attitudes over the past decade, the need to provide adequate death care will only continue to become more pertinent.

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