

Dance Movement Therapy and the Older Adult Client

ADTA Conference presentation International Panel – 2017

Jan McConnell



Jan McConnell MAAT, DTAA (professional), PNZ (Physiotherapy New Zealand), PGDip Health Science (Expressive Therapies), is an Arts Therapist, Dance Movement Therapist and Physiotherapist based in Northland New Zealand. She holds a Masters of Arts Therapy specializing in integrative dance therapy. Areas of expertise include the fields of child development, disability, low vision, and care of the elderly/dementia/palliative care. Jan shares the role of DTAA representative for the New Zealand/Aotearoa chapter and is developing her practice integrating a Te Ao Maori worldview. She is interested in the development of dance movement therapy through an allied health lens and is involved with several projects in partnership with the Northland DHB, NZ Blind Foundation and TBI Healthcare providing dance movement therapy in multi-disciplinary settings. She continues her studies exploring the dance between arts, culture and health and the development of the dance therapy profession within this.

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I had the privilege of representing New Zealand at the international panel in dance movement therapy (DMT) with the older adult client at the 2017 ADTA conference. My area of interest and experience is in working with clients in the later stages of dementia and palliative stages of life. This can sometimes be a lonely journey, as there are not many DMT's working in this area in NZ. Yet it is an area that our work is so needed and has a huge impact, not only on the individuals and groups we work with but also on the care staff, the medical teams and the culture of the institutions we often find ourselves in.

Coming together with other DMT's from around the globe who share a passion for working with this population was affirming and deeply moving. Each of our presentations resonated and although very different, held the underlying theme of what it means to be working with people at the end stages of their lives. My work is underpinned by a Te Ao Maori worldview where elders are seen as rangatira (revered) and through the Maori model of Te Whare Tapa Wha, explored the idea of identity through connection - to land, to place, to ancestry, to other through the medium of DMT.

This resonated with larger themes I became aware of at the conference. As the trauma in the world becomes more visible, so too does the need for

our work. The advocacy, inclusion and passion for DMT from the ADTA and its members was wonderful to be a part of and for many of us working in small towns attempting to advocate for the place of DMT within our health and education systems, an embrace and reminder to keep going! The place of the indigenous voice, and work with refugees and displaced people was a reoccurring theme. I believe New Zealand has a lot to offer here and hold the belief that DMT has the ability to give voice and provide a bridge between cultures and beliefs through the universality of the body while still honoring cultural narratives and identity.

I encourage all of our DTAA members to attend, present, and give voice to our part of the world at an ADTA conference if you get the chance. The Saturday night dance is worth it alone (imagine 400 DMT's on the dance floor!). This is our tribe and connecting on a global scale gives us a global presence and expands DMT as a bridge for conflict resolution and peace making. At the end of the conference the members joined me in singing a waiata (song) to close our days together:

Te Aroha (Love)
Te Whakapono (Faith)
Te Rangimarie (Peace)
Te Tatou, Tatou e (For us all)



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*“To see a world in a grain of sand,
And a heaven in a wild flower,
Hold infinity in the palm of your hand
And eternity in an hour”*

(Blake as cited in Grant, Elliott & Morison, 2011, p. 238).

Whanaungatanga is a word from the Maori language that broadly translates to a kinship, a sense of familial connection through shared experience, a sense of belonging that serves to strengthen each member of the kin group. As a DMT working with older adults with advanced dementia in Northland New Zealand, Whanaungatanga underpins my practice. The English translation doesn't quite grasp my understanding or felt sense of the concept. As I punch in the code that opens the door to the secure units I work in and look around me at people I meet behind the door, I think about this word. Where is the connection? Where is the belonging? Where is the shared experience? How many untold stories sit quietly in this room? What knowledge and wisdom? How can it be expressed, explored, valued, acknowledge seen, witnessed and shared? And then we begin to dance!

DMT is in its infancy in New Zealand. Many of us have come through alternative pathways such as counselling, allied health and education. We are often working in isolation, while attempting to

promote an understanding of what DMT is, alongside developing a sustainable practice and income. The advent of a certificate of DMT in 2013 with its association with DTAA has given us a base and the ability to create a DMT whanaungatanga within New Zealand, connecting us with our Australia and Oceanic neighbors and links internationally. A Masters program is being developed through the University of Auckland due to begin next year. I hope to encourage more DMT's to explore working in the area of the older adult. Like most other countries around the world, our population in New Zealand is rapidly ageing. Chronic health issues that accompany age such as dementia are on the rise and there is a growing need for creative responses to progressive conditions such as dementia, as well as interventions that address the

existential aspects of ageing and dying. I believe DMT is well placed to address the needs and concerns of this population in a unique and profound way.

Dementia describes a group of conditions that cause progressive and degenerative damage to the brain. Understood as a terminal illness, it affects the person on every level, physical, emotional and social (Karkou & Meekums, 2014, p. 1). Newman-Bluestein and Hill (2010) speak to the notion that dementia challenges us to address at a most profound level what it is to be a person. It challenges us to enter the unknown territory where old ways of engaging with a person may no longer be relevant (p. 24). I am challenged to respond to a person with dementia within relationship, to pay attention to the moment and cultivate a therapeutic alliance that honors the whole regardless of a person's mental capacity. For me this demands I look and listen deeply to find a resonance of presence and come into therapeutic relationship with the person or group I am with (Kossak, 2009; Geller & Greenburg, 2012). Working in residential care, rest homes and hospitals, this way of working can be very different to the clinical staff around me. Often time poor and understaffed, tasks, meals and medication rounds structure the day. My background as a physiotherapist brings me an awareness that medical based clinical reasoning is often a disembodied practice and brings into focus the need for DMT in this setting (Broom, 2007; Gallagher and Payne, 2015; Nicholls and Gibson, 2010).

In the work I do, be it to aid someone to rehabilitate or within a dance movement therapy group, it is the body that becomes the vehicle for self-expression and a bridge between emotion and

motion, function and expression. Through this form the transitional space for the therapeutic relationship develops (Gallagher and Payne, 2014 p. 72). This gives basis to the concept of kinaesthetic empathy. For the person with dementia, non-verbal expression such as movement and the arts is another dimension and can clarify or explore situations in totally different ways to verbal interventions. Embodied practices such as dance therapy provide another 'way in', bypassing impairments and connecting with people on a pre-cognitive level. It is the dance of the embodied empathic relationship (Karkou and Meekums, 2014, p. 3). Metaphors inherent in symbolic movement offer a way to understand communication and engaging body memories may assist the goals of reminiscence therapy. The creative work enables new ways of being in the world for the person themselves and in interactions with others. Newman-Bluestein and Hill (2010) suggest it also offers a way for residents to transcend their environments for a small while and there is often a humor and lightness during our sessions. Meaning making, a sense of some control over their world, being seen, heard and valued and moving out of isolation are needs that DMT can address for the person with dementia (Newman-Bluestein & Hill, 2010, p. 24).

One of the difficulties I have encountered working as a DMT in this area is the tension around our understanding of what ageing and ageing well looks like. Most of the places I work are institutions of some kind, rest homes, secure units, hospitals. At some point in our history ageing became a medical endeavor (Gawande, 2014). As medical advances progress, our life expectancy increases. People become patients in long term care facilities and a biomedical framework governs daily life. Alternative models and ideas are being developed and there is much discussion and debate in the elderly care sector. Yet how do we maintain the space for meaning, for contribution, for self-efficacy, for all the aspects of an existential existence that is part of being human when our physicality declines. How to be seen and heard and make meaning? How do we live until we die? These are questions that we all need to be asking, not only for those we work with, but for ourselves, our family, our loved ones. I believe DMT is in a unique position to explore some of these questions and our presence in these institutions represents something greater than the groups we are working with. I see DMT can be part of the cultural change that is occurring within the elderly care arena worldwide. Our work represents a different framework in which to view what ageing may mean and what stories our

bodies may hold. We need more of us working in this area, contributing our unique view of understanding the non-verbal and expressed movements that communicate these stories and connect a person to others and the world around them, movements that may be invisible to others.

Broom (2007) discusses the problem of how to see persons as non-dualistic wholes, when we have learned to see them as combinations of separate things. This includes the aspect of the spirit. The person is not really a combination of mind, plus body, plus spirit, plus soul, yet all and one. Indigenous models of care have been a helpful way to reframe some of the tension I experience as a DMT in this arena. Working in Northland, which has a high Maori population, an understanding of alternate frameworks has been important for my practice. The Maori holistic view of the world is often described as the state where body, mind and spirit are not separate entities and these connections are assumed as a basis of wellness (Manna, 2002). Health is essentially about ensuring the mauri (life-force) is allowed to find its full expression. Te Whare Tapa Wha is a model based on the wharenuī, the four walls of the house. Each wall represents four aspects of well-being - wairua (spiritual health), hinengaro (psychological health), tinana (physical health) and whanau (family health), (Durie, 1998). Without expression and balance in all of these areas, un-wellness can occur. Te Whare Tapa Wha was developed for Maori by Maori (Manna, 2002), yet it holds the universal themes of verbal and non-verbal expression, holism and interconnection that parallel many of the underpinnings of creative-expressive therapy and this model aligns well with my DMT worldview. As DMT's we are able to explore and allow expression of the psychological and spiritual when the verbal and physical may have been compromised. DMT has the capacity to hold a space within the diversity of religious and spiritual beliefs. We have the ability to meet the person where they are in that moment, find connection and enhance what may be emerging. I recall a DMT session with an elderly woman, in the last stages of life, who had loved to waltz. She was bedbound and had little movement but was able to use her right hand and together our hands waltzed, imagining we were dancing together around the room. Her breathing calmed and she began to smile. Where there is breath, there is a space to dance. I believe DMT has a place in the area of palliation

In terms of activities and techniques within DMT I have found a few key aspects are important working specifically with people with late stage

dementia. Often the ability to initiate is compromised, both from a movement and cognitive level and warm up phase can be extended to address this. I always start by moving around the circle greeting each person by name, mirroring their posture and extending into a greeting movement. Warm up often entails lifting the collective energy levels of the group, lively movement that brings into awareness different parts of the body and sharing of collective movements. The aim is to enliven and support each person into the present moment and to an awareness of themselves and others. I then move into an integration phase. I have found using tools such as the Octaband or a large colored parachute very helpful. In different populations I work with, this may come closer to the end of the session as a means to integrate before closing but with the older adult with dementia I have found using this earlier in the session brings an organizing, calming and collective presence that helps move toward the use of imagery and remanence.



DMT session in Northland NZ using the Octaband

We may use tools such as scarves, ribbons, shakers to extend movement and encourage imagery, this may be around aspects of daily life that are often lost to them as residents in a rest home – cooking, gardening, and tending to their families or working on the farm, or it may be something recent that happened that morning. Sometimes people will refuse a suggestion or not join in which can be used as a theme in itself. The ability to practice control and choice over their own body and situation is often so compromised in these settings and DMT can be a great place to restore this imbalance, each person contributing as they can and as they choose. Sometimes the session is brought to a close where I will voice what we have experienced together and acknowledge each person for their contribution in movement and words. Sometimes this doesn't

happen like this at all! There are days we are back in the dance halls in the 1940's and 50's and those that can are up, taking a partner by the hand and some days we don't want to stop!

In my experience there is often no contained area in which to work, rather an open lounge with many disruptions and other things going on. Although this can be difficult at times and people may wander in and out of a session, it allows others who may not be taking part a witnessing role and can uplift the mood of the whole area. Getting staff on board and involved is also important and offers them a different way in which to view those they care for. The sessions are based around connection... my connection with them but also their connection with each other. Often, they are sitting together all day and have limited interaction with each other. Forming meaningful relationships within the bounds of their situation is part of my intention within the session. I have had to adjust my understanding and expectations working with people with end stage dementia. Working toward insight and understanding through a movement resonance does not always work with this group. Rather it's the value of the moment and the hope that that moment will extend into their day bringing them a sense of being, purpose, connection and joy.

There are times when the counter-transference of the institution can weigh heavily, and the sense of loss and hopelessness is present. Yet there is something grounding and privileged about working with this group of people who appear often overlooked in our society. Working close to people in the end stages of their life reminds me of the present, to be in the moment and to meet each moment as fully as I can. It has been a great lesson in my work and my life and reinforces the importance of DMT in its honor of the moment and the process of what is present and what is emerging. It is like the ability to hold infinity in the palm of your hand and dance an eternity in an hour.

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Photo: From L to R - Jan McConnell (NZ), Devika Mehta (India), Job Cornelissen (The Netherlands), Miriam Roskin Berger (Panel Chair), Patricia Capello (Associate chair), Tetiana Lazuk (Canada), Donna Newman-Bluestein (USA), Rainbow Ho (Hong Kong), Richard Coaten (UK).

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