

Dance Therapy as Person Centred Care in Dementia

Dr Heather Hill



Heather in dance therapy interaction

Heather, PhD, Prof. Member DTAA, B.A., M.Ed., Grad. Dip. Movement and Dance, Grad. Cert. Dance Therapy, author “Invitation to the dance: Dance for people with dementia and their carers”(2001), has worked as a dance therapist for 20 years, specializing in the area of dementia, and coordinates the dance therapy courses at RMIT University.

In a **Moving Introduction**, we met others in the group in different ways without talking, before forming small groups of three. Then, while still continuing to move, Heather asked us to say individual words about ourselves and then expand on this by talking more about ourselves.

In the reflection on this process that followed, we talked about what we said and the types of descriptions we chose to use, as for example, in relation to work role, family etc. Heather then introduced us to the Self schema (Garratt & Hamilton-Smith, 1995), which she hopes to get permission for the DTAA to reproduce in a future edition of the Quarterly as well as the second schema on fragmentation of self.

A brief introduction to dementia followed from Heather:

- Need to Differentiate Alzheimer’s and dementia. Dementia has at least sixty known causal factors (Snowdon, 2001) and is considered to be a “global syndrome” resulting from a number

of disorders rather than a specific disease. The degenerative dementias are the more typical form of the dementias, and of these Alzheimer’s is the most common. Vascular dementia, caused by a series of strokes, is the next most common. Alzheimer’s, vascular dementia, dementia with Lewy bodies and combinations of these represent 80-90% of all dementias.

- There are lots of questions about Alzheimer’s, for example whether is even a disease (even within the medical establishment). Clearly there is brain pathology but that does not seem to be the whole answer. However, in the biomedical community, research remains very much focussed on understanding possible causes of dementia and developing drugs to prevent or at least delay onset. Care is still predominantly medical and based on physical care and behaviour management, often through drugs.

- In the past 20 years, there have been challenges to this biomedical approach to dementia, one of the most significant being the person-centred movement, of whom the late Tom Kitwood is the most famous exponent. We’ll come back to person-centred care later on.

The Experiential - Dementia Embodied – followed:

As people walked, Heather directed the group towards a deep awareness of themselves by drawing their attention to the following:

- Breath
- Walking rhythm
- Feet in contact with the ground, transfer of weight.
- Movement of hips
- Swing of arms, rotation in torso
- Head movement in response to body
- Body weight, flow of movement, attitude to time (easy, or urgent), how are you using space – direct, curving pathways etc. (LMA)
- Awareness of the room and others – just in front, peripheral vision, etc.?

Heather then developed this into an ‘Exploring a walk’, assigning numbers to people who were given one of the following cards:

- 1) “I’ll come along with you”. Randomly follow others
- 2) Looking for something or some place which you can’t find – and often forgetting what it was. “Looking, looking, looking...”

- 3) "I have to get home". Knowing that your children are at home and you've left something on the stove
- 4) "I have loved and lost". Feeling sadness, longing for something, someone – totally involved in inner space
- 5) "Busy doing nothing". "Busy" walking, things to do, people to see, places to go to.
- 6) "What is this place?" Walking in an environment which keeps changing and is threatening – rocks rise out of the carpet, tables become an enemy.

We were asked by Heather to start exploring that walk; stay with it for a while and then let it go into any movement which reflects that state. Staying with the movements and the state, we were then encouraged to find a deeper place in order to capture in movement the overall essence.

Jenny Bond said:

"With trepidation I selected a written scenario that someone suffering with dementia may experience – Oohh do I really want to read this little piece of paper and attempt to embody the way this person may feel and move. The answer was No! Frankly I was scared.

The little piece of paper beckoned:

**YOU ARE SEARCHING FOR
SOMETHING/SOMEONE BUT YOU FORGET
MIDWAY WHAT YOU WERE LOOKING FOR.**

I could relate to this so off I went on my mission through our space focusing then forgetting as I traversed in a rather jagged, fragmented & static pattern with sudden, sustained, direct & indirect movements. The room became quite noisy and distracting with many distressing scenarios being enacted, but through this I was taking the occasional glimpse at other participants' actions seeking those who had the same scenario as me. Ah yes I found one (I thought), but she moved a lot quicker than me. I wish that man would stop banging at the window and the woman cease clutching at door handles making them rattle. I realize that I had become quite agitated by all of the noise and activity".

Jane Guthrie reflected:

I was "Busy doing nothing". "Busy" walking, with so much to do, people to see, places to go. It was exhausting. I kept going but didn't seem to be able to reach anything – I couldn't connect – because I had to keep moving on. It was so frustrating and there was no way out - like being imprisoned in a narrow and restrictive set of movements, which promoted quite an extreme anxiety even in the short time-span

of involvement. There was so much to do, but no way of achieving anything because I was too busy to stop. It was like being in a bad dream – in fact a nightmare!

In small groups we shared and processed our movement and the experience, having been asked to focus on them in terms of body, relationship to space/orientation and relationship to others, qualities of movement and feeling. We then showed our movements and shared our reflections in the large group with time being provided to move out of the state and get back to the self.

Jenny Bond:

"Feeling exasperated finally we grouped in 5's and in turn acted out our own scenario which upon observation of movement we were able to glean the general gist. What a very grounding and insightful experience of the plight of dementia, and certainly one that I had not envisaged.

Heather continued with the following on Person-centred care:

- Briefly, person-centred care is about recognising that the person remains a person despite dementia, that dementia is about more than just brain pathology and that personal history, personal coping style, environment and relationship all influence the experience of dementia. The main purpose of carers is to maintain the personhood of the person with dementia. She then highlighted for us useful frameworks borrowed from Kitwood's person-centred approach:

- Basic Needs of all Human Beings (1997):
 - COMFORT/ATTACHMENT/ INCLUSION/OCCUPATION AND IDENTITY ALL IN THE CONTEXT OF "LOVE",
- Global States of Wellbeing (1992)):
 - SENSE OF PERSONAL WORTH
 - SENSE OF AGENCY
 - FEELING OF BEING AT EASE WITH OTHERS OF BEING ABLE TO MOVE TOWARD THEM, OF HAVING SOMETHING TO OFFER THEM
 - HOPE – BASIC TRUST
- Positive Person Work (1997):
 - RECOGNITION
 - NEGOTIATION
 - COLLABORATION
 - PLAY
 - TIMALATION (SENSUOUS)
 - CELEBRATION

- RELAXATION
- VALIDATION
- HOLDING
- FACILITATION
- PLUS: CREATION AND GIVING ON THE PART OF THE PERSON WITH DEMENTIA

Heather ended her workshop by showing the video of her research with a person with dementia (Elsie – see Dance therapy Collections 2. (1999), p.14-18) and concluded with reading out a poem by Heidi Ch'ng (printed in Quarterly vol.4, no.3).

Jenny Bond continued:

“The vista of mayhem has stayed with me, along with the video of Elsie showing Heather’s patience and ability to connect to these people. This workshop has encouraged me to actively seek this connection whenever the opportunity arises, especially within my workplace” and “Many things that are discussed at these workshops resonate much further ‘down the track’. Recently whilst doing my shopping, I smirked as I said my usual ‘Good morning’ to the group of local men who sardine themselves precariously on a small street bench and chat non-stop. At the Deli counter, I was struck again by Heather Hill’s words during the workshop ‘Why do we force people to join in the Bingo game at the nursing home when they are quite happy chatting on a park bench’.
“BINGO!” Heather.

Jane Guthrie:

“I have seen the film of Elsie several times before, but watching it never ceases to totally involve me emotionally. The connection made with her through dance movement, even if only in the moment, is wonderful and so touching to witness that it is difficult to stem the flow of tears. Related to this and sadly, I have had a recent close connection to someone admitted to a locked psychiatric ward with a sudden progression of milder dementia to a more severe state. Agitated and wanting to constantly get up and go (which he did on a couple of occasions - hidden amongst the exiting visitors!), he was not able to concentrate and in a state of extreme anxiety about not being where he should be. It seemed so similar to my earlier “Busy doing nothing” experience together with a “I have to get home” urgency about it. I am grateful to have had that profound learning experience provided by Heather that has provided me with more insight into problems created by dementia. I was carefully led into a nightmarish state of being and then just as carefully led out of it again. I feel privileged to be free with a range of choices available and not be imprisoned in a narrow and restricted world.



Heather and partner – ‘Deep in the Dance’

Kitwood, T. (1997). *Dementia reconsidered: the person comes first.* Buckingham: Open University Press.

Kitwood, T. & Bredin, K. (1992). Towards a theory of dementia care: Personhood and wellbeing. *Ageing and Society*, 12, 269-287.

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