

Richard Coaten.  
Photo: Sharon Marsden



## Going by way of the body in dementia care...

Arts psychotherapist **Dr. Richard Coaten** sets out the important role dance can play in supporting people with dementia

**'In the dance it was possible still to see and make contact with the individual.** Despite the doom and gloom attached to dementia and the real hardships of the disease, people retained an ability to surprise and to do things that we did not think them capable of.' (1)

The Memory Dance and Dementia Conference, held in Liverpool, December 2010 provided a platform for dancers to be inspired to start working more with people living with dementia. They and their loved ones need dancers and movement workers to know, as a matter of urgency, that where language and cognition are failing, much still remains that is accessible to movement and dance, and to embodied routes for communication. People living with dementia have a wealth of untapped resources including emotional intelligence, musicality, ability to dance, to sing, to reminisce and communicate non-verbally. These domains often remain intact, representing an important match between the needs of people with dementia and the skills and abilities of dance workers. It is not the purpose here to reference the many research papers and studies evidencing this.

Dementia syndrome is fast becoming one of the most significant social and economic problems facing the world. In the UK there are around 820,000 people with the condition and if each has at least one loved one supporting them, this figure can be doubled to over a million and a half. Also, almost every week references to it in the national press and media are growing. Awareness is also growing collectively with rapid speed as more of us become affected.

Dementia expresses itself implicitly through the 'lived body'. With cognitive powers failing, those surrounding the person need to be better able to search, to re-search and to learn more about the non-verbal and embodied communications taking place, if they are to better understand the person's lived experience. By achieving this goal each is placed at the centre of their world. They are given hope that they can still be seen and heard, in spite of

scrambled words and sentences getting lost, in spite of differences in behaviour. Vulnerability is sensed and responded to as they experience great loss; loss of perceptual and cognitive abilities: loss of awareness in space and time: loss of self-esteem and self-confidence: loss of friends as they find it difficult coping with the stigma, often quietly walking away. In reality, the person can be helped to stay in relationship with self and the world around them, which will always remain of profound importance, both in treatment and rehabilitation terms, and especially in relation to the dancer's contribution. This means dancers are able to offer opportunities for creative expression, movement, dance and celebration of all that still remains.

Dancers and Dance Movement Psychotherapists (DMPs) are well placed to perceive these subtle communications, applying skills, knowledge and techniques that contribute to understanding and responding well to them; thus raising quality of life and helping offset the losses just described. It is well known that there will never be enough DMPs to cope with potential future demands, so now is the time to literally start a movement. Dancers visiting care homes and day centres, meeting the people living in and attending them. Offering their services, endeavouring to match skills with needs; even if sometimes those organisations don't know what their needs might be in keeping movement ability alive and well, together with all the other benefits! These are austere financial times, however one approach is to volunteer for a few weeks, then following a review, propose a programme of sessions that the setting/organisation pays for over an agreed time-span. Training may also be necessary, however there is no single educational establishment, to the best of my knowledge, with a specialist focus on older people and those living with dementia, in spite of numerous universities and colleges that offer dance training. I am currently in the process of working at rectifying this, however no details can be announced, as it's too early in the process.

What are the benefits that movement and dance-based work can offer? These include social role functioning, physical mobility and support for affective communications and creative-expressive activities (2), within a value base understood by the term 'Person-Centred Care' (3). Pioneering work in Australia mentions four underpinnings that DMPs use to describe their work including the most frail or disabled, and these are relevant to the dance community: 'to dance is human' (4). This establishes dance as a part of life allowing one to join in group and community expression of feelings such as grief, anger, loss or joy, and participation in ritual. Embodiment, experienced through our bodies in movement, in partnership with cognition but not giving preference to it. Aesthetic experience, heightening sensitivity to the quality of an experience connecting to feeling and meaningfulness and; Relationship, occurring between a client and therapist, within the boundaries of both therapeutic space and clinical setting (5). All these are relevant to the dance worker considering working in this field, as all can be subtly incorporated within the concept of 'Therapeutic Dance'. This does not require costly training in Dance Movement Psychotherapy; drawing instead on valuable skills, knowledge and techniques learnt during dance training and adapted for different populations. Also, there are opportunities for dancers to learn therapeutic ways of working by attending one-off DMP courses and workshops as funding, time and interest allow.

A dancer attending the Liverpool conference wrote an inspiring report recently about her experiences, calling for attitudinal change;

'Re-imaging and re-thinking dementia was central to this conference. Attitudinal change is essential and that may in fact mean giving up on the idea of a "cure" as we understand it in favour of a number of creative and long term interventions with the person at the heart of it.' (6)

Importantly the author proposes here a solution that collectively is currently being considered by pioneers and others at the forefront of moving the dementia care agenda forward; although the words used may be different the intentions are the same. The future is about co-production and co-creation, working closely and creatively with families, with carers, with GPs and medics, maintaining quality of life, enabling the person to live to the full in spite of the condition. Essentially it is about using that which remains, in the context of being open to that, which can still be created; thus the confident dancer and movement worker becomes able to provide those life-enhancing opportunities. This taking place in the context of growing employment opportunities within the care sector, as pharmaceutically based approaches are found wanting, increasingly costly and largely ineffective; with training needs in creative approaches for care-staff becoming increasingly important.

The last words must be given to Bob, engaged in supporting the development of active ageing and the maintenance of physical activity in older people, who very kindly has gifted here a very moving piece about his late wife. She not only lived with dementia, but also danced with it:

'Sylvia was born to dance. She danced as a little girl at school, danced with the Royal Ballet on tour, took a dance and movement course at I M Marsh College in Liverpool for her teaching diploma and danced in the Cavern as the Beatles played live. Her diagnosis of early-onset dementia was confirmed in 2003 and her journey was very fast and hard, so much so that 2 years later, Sylvia was admitted first to hospital and then to a nursing home for a final 9 months.

Dancing remained with Sylvia throughout the journey, almost to the very end, as the care home would stage regular musical activities for residents. Sitting with her one afternoon during a singing session, Sylvia lent towards me and for the first time in a long time, spoke very clearly to indicate "if I hear roll out the barrel one more time, I won't be responsible for my actions!" The manager who had organised the music session spoke to me and to ensure Sylvia's inclusion and participation, we decided to use her favourite piece of music, Gershwyn's Rhapsody in Blue once I had brought a copy in to the home. I was not witness to these events, but I was told that as the clarinet swirl at the start of RIB floated across the room, in front of all the other residents, Sylvia rose unaided from her chair, went to the centre of the room and danced for a full 17 minutes. But she did not just dance, she performed in its' entirety, her final year college examination piece, "Meditation with a Chair", displaying a full range of motion and mobility, not a hint of a stumble, and with grace and serenity through movements that had been hidden for over 40 years. The staff were in tears as they sat and watched this little girl and young woman come alive, if only for a short while. Sylvia died six weeks later.' (7)

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