Reflections on Embodiment – an exploratory foray into lived-body experience, dementia syndrome & Dance Movement Psychotherapy

Why?

• It makes good sense to go by way of the body when cognition is impaired

• Less of a struggle for the person to remember, to communicate, supports flow
The ‘Lived’ Body
...as...
Subjective Embodied Experience
Embodied Ways of sense-making
Embodied Ways of creating and sustaining relationships
New paradigm for care practice

Evidence?
• Extraordinarily interesting embodied researches Phinney & Chesla, 2003
• ‘Being lost’
• ‘Being a blank’
• ‘Being slow’
Definition of Embodiment

“The process of embodiment is a being process not a doing process. It is not a thinking process; it is an awareness process … it is a direct experience; there are no intermediary steps or translations… out of this embodiment process emerges feeling, thinking, witnessing, understanding.

But the source of this process is love. Embodiment is automatic presence, clarity and knowing, without having to search for it or pay attention”.


“A Who has a What – will the What overcome the Who? Will the Who emerge through the What? Or will the two combine in a way that embraces and transcends the Condition?”

Oliver Sacks (1996) (neurologist & writer)
Going beyond the bio-medical…
…into bio-psycho-social territory…

• Felt-body experience
  • Mindfulness
• Engaging with remaining capacities
  • Working in and through the body

Dance Movement Psychotherapy

A structured group or 1:1 arts based Psychotherapy:
• Maintaining/maximising current Social Role Functioning
• Supporting/increasing mobility
• Providing psychological, physical, cognitive and emotional rehabilitation
• Maintaining Personhood (Kitwood & Bredin)
Main modes of action:

- Body Action
- Mirroring/Synchronicity
- Kinaesthetic empathy
- Rhythmic Movement
- Metaphor and Symbolism
- Locating the triggers the ‘ways-in’ through the therapeutic relationship

Summary of Outcomes:

1) Quality of care service has improved
2) Service user well-being has been enhanced (improving service user outcomes)
3) Staff confidence/capacity increased to meet user needs more imaginatively/effectively
4) Some evidence of training & development of staff (more needed)
5) Resource for Carers (information & support) provided
6) Service has been evaluated in different ways & results communicated.
“Dementia strips people down to the essence of their being and frees them to be in more direct touch with their emotions. They communicate with greater authenticity than our customary conventional reliance on controlled emotional expression”.

Emeritus Professor Faith Gibson, 1998

“… people in spite of severe cognitive impairment can be reached by way of the body, and by what I have described here as the use of ‘embodied practices’ … paying attention to, and engaging with a person, through the lived experience of their own body in relationship to self, others, and being in the world” (Coaten 2009, 2)
“Embodied practices … have also been used by me … as a means of communication which have contributed to: improving mobility; affirming identity; supporting affective communication; increasing well-being and the range, depth and quality of care relationships generally” (ibid, 3)

“… individual fragments or threads of retained memory … can be triggered, re-membered or somehow laced together, creating a sense of wholeness out of single unit, by way of relationships developed and maintained between the person living with dementia and the person(s) providing the care.” (ibid, 3)
THANK YOU

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