

Vol. 36, No. 2, 2022

Indian Journal of

Gerontology

a quarterly journal devoted to research on ageing

Editor
K.L. Sharma



Contents

1. Restoration of Occlusion in a 68 Years Old Patient with Lost Vertical Dimension: A Case Report 139
Babita Meena, Mukesh Hasija, Deepti Wadhwa and Kritika Gupta
2. Prevalence of Anaemia and Its Association with Metabolic Syndrome and its Components among Rural Elderly Women of Amdanga block, North 24th PGS West Bengal, India 148
Joyeta Ghosh, Debnath Chaudhuri, Indranil Saha and Aditi Nag Chaudhuri
3. Prevalence and Predictors of Multimorbidity among the Elderly of Paschim Medinipur, India : A Rural-Urban Comparison 159
Samarpita Koley and Sovanjan Sarkar
4. Nurses' Perspectives of Elderly Care in Selected Hospitals, Yenagoa, Bayelsa State, Nigeria 182
Aluye—Benibo data, Adeyanju, Awoniyibabafemi, and Wankasi, Helen I.
5. Dance Movement Therapy for The Elderly: A Holistic Approach 201
Jaya Rajagopalan
6. State-Trait Anxiety and Self-efficacy of the Retired College Teachers in Early and Late Phases 215
Nirmala, B. Baliga and S. G. Jadhav
7. Nutritional Status of Old-aged Population of Midnapore (West Bengal) 227
Meghna Roy and Shimul Roy
8. Eating behaviour and lifestyle changes among elderly during COVID-19 pandemic 240
Akanksha Rani, Lalita Verma and Nidhi Jaiswal
9. Elderly Care in Rural Assam-Emerging Issues and Challenges 260
Bikash Deka, and Mongita Gogoi
10. Active Ageing through Technologies: Well-being through the adoption of digital and non-digital health technologies among the Indian Elderly 286
Trisha Bakshi and Asmita Bhattacharyya



Dance Movement Therapy for the Elderly: A Holistic Approach

Jaya Rajagopalan

Department of Psychology,
St. Mira's College for Girls, Pune -411001 (Maharashtra),

ABSTRACT

The purpose of this qualitative study was to find out the therapeutic usefulness and influence of Dance and Movement Therapy (DMT) on senior citizens (n = 10, 60 years and older, females) residing in old age homes. The DMT treatments lasted 36 hours over 18 sessions and were led by professionally trained facilitators. The movement activities in the sessions focused on increasing physical fitness and general wellbeing, improving social interaction and self-esteem. Thematic analysis was used for the processing of data, gathered using unstructured interviews and coding sheets. In the physical, spatial, cognitive, emotional, and social paradigms, progressive alterations were observed. Physical well-being, social relationships, psychological health, and coping were among the significant themes that emerged. Positive movement experiences increased one's connection to one's body and self. The group DMT sessions provided a therapeutic chance to express feelings with others, resulting in pleasant communal experiences, social empowerment, and improved coping methods for overcoming loneliness. Qualitative data analysis reveals that DMT improves the elderly's quality of life, increases their engagement in activities, and contributes to a sense of meaning, purpose, and energy in life. The implications for future intervention programmes are examined to integrate movement therapy as part of a holistic approach to working with the elderly.

Keywords: Dance Movement Therapy, Elderly, Holistic intervention




Principal Incharge
St. Mira's College for Girls, Pune.

Dance movement therapy is defined by the American Dance Therapy Association (ADTA), as the psychotherapeutic use of movement to increase an individual's emotional, social, cognitive, and physical integration. DMT (dance movement therapy) is a mind-body intervention that combines physical training with psychosocial therapeutic elements. Dance movement therapy (DMT), as a resource-oriented treatment approach, is becoming increasingly significant because it preserves the dignity of the elderly, respects their particular requirements, and improves social engagement. Koch, *et al.*, (2014) conducted a meta-analytic review of 23 pieces of research and found that DMT had an impact on depression, quality of life, positivity of mood, and emotional health in varied populations. DMT emphasises the mind-body connection in particular: "The utilisation of dance movements as a therapeutic or healing therapy is rooted in the belief that the body and the mind are inextricably linked" (Levy, 2005). DMT is transferable to any culture due to the universality of mental illness and dance and movement; as a result, the concepts and fundamentals of DMT have been adapted and practiced all over the world.

Successful ageing is a concept that must be promoted and nurtured. It is crucial to understand older people's physiological and psychological requirements and how they might be met to promote healthy ageing and increase the quality of life. As the population of people over the age of 65 continues to rise, healthy ageing is becoming increasingly important. Physical health, personality, degree of intellectual functioning, availability of support systems, adequacy of economic resources, and the ability to fulfill social duties are all elements that influence how people approach old age. Isolation, physical inertia, and loss of independence are some of the most significant issues that the elderly encounter. Rooms full of elders reclining for hours in front of a television, shoulders hunched, head dropped, napping the day away is not uncommon in long-term care settings. While it is vital to acknowledge the natural slowing down and physical decline that comes with ageing, it is also useful to break up such stagnation with activities that foster meaningful involvement on occasion. Old age may present a once-



in-a-lifetime opportunity to engage in artistic hobbies that allow for self-expression and fulfillment.

Physical activity on the part of the elderly is crucial. The individual's homeostasis is maintained by a complicated set of internal systems. As we get older, it takes more effort for our bodies to get back to normal after periods of stress and activity (DeVries, 1979). Dance/movement therapy provides an accessible and highly suited channel for the elderly to engage in constant physical activity. It can preserve exercise levels by facilitating improved mobility of bodily parts and can help establish a realistic body image and deepen self-awareness, offering a physical foundation for identity. It may also provide some structural body alignment corrections and pain relief at stress spots where chronic tensions and inappropriate weight distribution have accumulated (Cruz -Ferreira, *et al.*, 2015). Dance/movement therapy may improve sensory perceptions while also stimulating the respiratory, circulatory, and skeletal systems. Muscle tone, balance and coordination, and spatial orientation can all benefit from it. Dance motions, according to research, activate numerous brain functions at the same time: kinesthetic, logical, melodic, and emotional. This sort of exercise necessitates the simultaneous use of mental, physical, and emotional strength, resulting in a full-body and soul workout. Senior individuals were placed in a 21-year study (Cross, *et al.*, 2012) to examine if any physical or cognitive recreational exercise influenced mental acuity. Dancing regularly was the activity with the highest proportion of dementia prevention (76 percent). It had the largest risk decrease of any cognitive or physical exercise studied. This is because, rather than engaging one section of the brain at a time, dance therapy stimulates numerous areas at the same time.

Multiple loss can be a prominent topic in the experience of growing older in terms of the psychological components of ageing (Butler, 1969). These losses can include the death of a spouse, friends, or relatives; the deterioration of physical health and the impending death of a loved one; and the loss of social position, money, and participation. The elderly have a strong desire to express their sentiments over such losses and rediscover a sense



of purpose in life. Dance and movement therapy can help people create meaningful psychological experiences. It provides an authentic sensation of activity in the present, boosting the elderly's ability to take charge. Spontaneous movement expressions might provide older folks a sense of aliveness and vigour, isolation may be lessened, and self-confidence and self-esteem may be enhanced.

The dance/movement therapy group allows the elderly to express and share their feelings and experiences, combining nonverbal and verbal communication (Dunphy, *et al.*, 2019). The necessity to build and develop a primary contact with the older person becomes increasingly important as the treatment process progresses.

Dance movement therapy sessions for the elderly consist of three key components. The first area of attention is physical fitness, which includes exercises that help elderly people enhance their mobility, blood circulation, stamina, as well as relief from tension and stress, improve breathing, and positively impact their overall health. These workouts are largely focused on improving an individual's physical well-being rather than their mental well-being. The second set of exercises that are frequently seen in nursing homes comprises some 'creative movement,' which entails activities performed to music to enhance spontaneity, boosting bodily awareness, letting go, and improving social contact, as these are usually done in groups. Finally, DMT-based activities employ a multi-modal approach, including dance, movement, visuals, storytelling, drama, and so on. These activities aren't only about physical fitness; they're also about a more holistic approach to growth. These exercises entail giving movement significance and expressing oneself via movement. They elicit emotional responses, cathartic expressions of one's inner state, and make social interactions easier. Movement-based dance lessons enhance gross motor skills, relieve anxiety, improve functional fitness, physical activity, mental state, quality of life, and alleviate depression (Strassel, J. K., *et al.*, 2011). These activities are not the main focus of the sessions in this case; rather, the focus is on creating a therapeutic and secure environment in which these elderly people can find a more holistic manner of enhancing their physical, mental, psychological, emotional, and spiritual well-being.



In India, there is a scarcity of studies on the use of movement therapy in the elderly. The current study's goal was to investigate the therapeutic usefulness and influence of Dance and Movement Therapy (DMT) on senior citizens. The argument was that dance/movement therapy can help prevent and treat illness in the elderly, as well as function as a motivator for them to reach their full potential throughout their lives.

Method

Sample

The participants were a cross-section of ten female senior citizens (60 and older) living in an old age home. Participants were 60 to 70 years old ($M = 65.12$; $SD = 2.17$). Cognitive impairment, physical handicap, and psychiatric conditions were used as exclusion criteria for sampling.

Procedure

The study used a qualitative research approach that included unstructured interviews and coding sheets. The DMT treatments lasted 36 hours over 18 sessions and were led by professionally trained facilitators. After each session, a coding sheet was utilised to assess all of the participants on specific categories such as physical, spatial, emotional, and cognitive variables. The participants were evaluated in a group and individually, where they had been observed for 18 sessions in a group and 13 sessions individually.

The participants were interviewed about the sessions which had been conducted. The focus of the interviews was on the sessions that made them feel, what they experienced during the sessions, whether there were any changes as they progressed through the sessions and whether they would participate in something similar again. Data saturation occurred after interviewing approximately 10 senior citizens. Participants were given complete information regarding the interview method and the time commitment required for this study, and they gave their informed consent. The interviews were performed to have a better grasp of the participants' perspectives on DMT. The participants



were evaluated based on the coding sheet and the interviews after all of the sessions were completed.

Analysis of Data

The coding sheets were compared across the group sessions to evaluate change across categories. The observational notes in each of the sessions recording the changes in the physical, spatial, emotional, cognitive, and social domains were analysed in conjunction with the coding sheets.

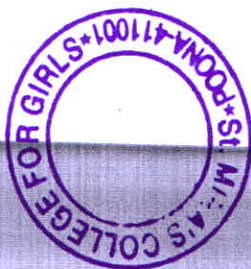
Thematic analysis was done using Grounded Theory (Strauss & Corbin, 1990). A thematic content analysis of the interview transcripts was done with a low degree of abstraction to evaluate the qualitative components of this study. The investigator created codes out of words and phrases. For recurring and salient codes, definitions were created. Two researchers coded transcripts and met again to compare and contrast their initial findings to finalise codes. Finally, themes emerged that identified patterns in individuals' accounts of their feelings, perceptions, and understandings.

Results and Discussion

The purpose of this study was to explore the therapeutic usefulness and impact of Dance and Movement Therapy (DMT) on senior citizens in the community setting of an old age home. The qualitative inquiry aimed at exploring the participant's experiences around movement sessions

The participants were individuals who are simply aged and were experiencing everything that comes with growing old. These are individuals who are going through the usual stages of ageing, such as losing a spouse or friends, retiring, losing physical mobility, or dealing with other emotional challenges in their personal lives. Individuals' general physical well-being, social engagement, and emotional wellbeing were therefore prioritized in the study.

The therapy improved the elderly's engagement in group activities and increased their body movement, indicating a reasonable amount of progress in specific elements such as physical, emotional, spatial, cognitive, and social characteristics.



Analysis of the coding sheet for the group

From the first to the 18th session, the participant's body language, memory, and sequencing, response to instructions, social interaction, eye contact, verbal articulation, physical touch, awareness of each other, and inventiveness all exhibited a progressive transition from low to good/high. From the first to the 18th session, the participants' spatial awareness, energy level, group coordination, motivation/interest, listening skills, engagement, adaptability, and physical stamina improved somewhat from moderate to good. In the domain of leadership, the group demonstrated a progressive change from low to high.

Table 1 .

CODING SHEET for GROUP PARTICIPATION (Average Scores)

1- Poor,2- Low,3 - Moderate,4 - Good,5 - High.

Categories	Session1 scores	Session18 scores
Body Language	2	4
Memory And Sequencing	2	4
Response To Instructions	2	4
Awareness Of Each Other	2	2
Social Interaction	2	5
Eye Contact	2	4
Verbal Articulation	2	4
Physical Contact	2	4
Creativity	2	4
Spatial Awareness	3	4
Energy Level	3	4
Group Coordination	3	4
Motivation/Interest	3	5
Listening Skills	3	4
Participation	3	5
Adaptability	3	4
Physical Stamina	3	5
Leadership	1	5



Table 2.
CODING SHEET for Individual Observations (Average Scores)
1- Poor,2- Low,3 - Moderate,4 - Good,5 - High.

Domains	Session1 scores	Session18 scores
Physical Domain Bodily Flexibility, Fine Motor Skills, Ability to Relax and Breathing Patterns	3	4
Spatial Domain Level Of Awareness and Exploration of Their Own and Others' Personal Space	4	5
Emotional Domain Self-Confidence, Range of Emotional Expression, Acceptance and Tolerance of Peers' Ideas, Emotions, and Movements	3	4
Cognitive Domain Responses To Guided Imagery, Verbal and Physical Simultaneity, Capacity to Solve Movement Puzzles, Creativity and Imagination	3	5
Social Domain Leadership Skills, Communication Clarity	1	5

Observational notes on the physical, spatial, emotional, social, and cognitive domains.

Throughout the sessions, the *physical domains* of bodily flexibility, fine motor skills, ability to relax, and breathing patterns were of a moderate level. There was a gradual transition from moderate to good.

The *spatial factor* paradigm assessed how the individual explored the space around her and also understanding of others' space. The participants demonstrated a high level of awareness of their own and others' personal space. The participants partially investigated the vertical, horizontal, sagittal, and lateral planes. There was also an outward movement flow among the participants.

The *emotional paradigm* measured trust in the therapist and peers, self-esteem, self-confidence, and motivation, as well as



emotional range, body image, acceptance and tolerance of peers' ideas/movements, and impulse control. In terms of self-confidence, range of emotional expression, acceptance, and tolerance of peers' ideas, emotions, and movements, the results showed a gradual transition from moderate to good.

The *cognitive domain* assessed the higher-order mental processing of the individual. The cognitive paradigm, which includes responses to guided imagery, verbal and physical simultaneity, capacity to solve movement puzzles, creativity, and imagination, had shifted from moderate to high in the participants.

The *domain of social factors* assessed the individual's social awareness. The participants demonstrated a progressive shift in leadership skills from low to high, as well as a shift in communication clarity from moderate to good.

Data analysis of the interviews focused on the development of themes and relationships so that the essence of the experiences that participants had in the sessions of DMT was revealed. Physical well-being, social interactions, psychological health, and coping were the three key themes that emerged. The results of the coding sheets matched the findings of the interview, which revealed that the activities enhanced togetherness (social connection), creativity (since the activities forced them to think and do things differently), memory, and physical stamina (as they feel energetic and fresh by doing the activities).

Table 3.
Identified Themes

Themes	Quotations
Physical Well Being	<i>After the session, I feel very energetic, happy, and playful (Participant 1)</i>
Social Interactions	<i>"I feel a sense of oneness and togetherness, and it's made me want to try new things and participate in other activities." (Participant 4)</i>
Psychological Health	<i>"We are asked to concentrate on the music and our actions when we dance. I forget about all my worries at that time." (Participant 2)</i>



Physical well-being,

All of the participants had increased their physical activity. Increased physical activity referred not just to increasing strength and endurance, but also to engaging in beneficial stretching. Such motions required greater flexibility and limberness from each participant, as well as the ability to move their bodies in ways they were not accustomed to. A positive experience of movement improved connection to the body and oneself. Participants reported that *"After the session, I feel very energetic, happy and playful..."*(Participant 1) and *"When I am dancing with the therapist, I feel very light and I forget about my knee pain through the session"*(Participant 5).

DMT interventions supported a reduction in physical limitations. Focussing on the whole body helped to update self-image and strengthened personal boundaries. DMT thus appeared to promote movement-based psychoeducation, an emphasis on pleasant experiences, the development of personal abilities, and the expansion of pain-coping mechanisms, lending support to earlier research that movement-dance lessons increased mobility, motor-cognitive function, and gait (Butler et al., 2016).

Social Relationships

This theme focused on the participants' feelings of loneliness, as well as the purpose and determination that the dancing intervention generated. The reality of older adults' struggles with loneliness, motivation, and the need to be socially active with others became apparent through this theme. Dancing with others, forming relationships, and offering a scheduled activity that motivated them to join the sessions were all examples of increased social interaction.

The group DMT sessions provided a therapeutic opportunity to express feelings with others, resulting in positive community experiences and social empowerment. Others in the classroom encouraged participants in various ways, as reported by to the participants. Because of the prevalence of social isolation, the development of friendships was critical. The movement-dance sessions provided not only a physical and emotional growth environment for the participants but also a place for them to make friends and participate in an activity that gave them a sense of belonging.



Participants said that "In one activity, we were instructed to softly massage the hand of our companion. I felt quite comfortable like as if we share a relationship"(Participant 3), "I feel a sense of oneness and togetherness, and it's made me want to try new things and participate in other activities." (Participant 4), "I've noticed that I've changed and that I've started talking to people I'd never talk to before. This occurred because we were forced to participate in activities in groups."(Participant 1). DMT can help people cope with the loss of relationships by providing engagement. DMT promotes pleasant community interactions and assists in overcoming loneliness and regaining confidence in networking. The therapist encourages social networking and serves as a contact point.

"Dancing together reminded me of the moments when I used to dance as a kid." I felt like I could accomplish it after learning easy steps."(Participant 6) Elderly persons experience feelings of being a burden to and reliant on others, as well as a sense of not being needed, of no longer participating in others' lives, and of contemplating about the meaning of life. Participants reported that DMT made them experience a sense of belonging and improvisation made them feel confident in their abilities.

The therapist in her observations notes "It's difficult not to smile while watching M, who is 64 years old. The joy she exudes when dancing is contagious: her energy immediately changes the mood of the room, causing others to become more aware. M's dance has an impact on everyone! When she dances, the other occupants come alive and look at her with a brightened expression. Some others also joined her." M's dancing appears to help the group through resonance, which Young describes as "a mutual sense of aliveness, breath, and a constant rhythmic interconnectedness...a vibration or throbbing energy" (Young, 2017). According to a research on mirror neurons, when we see someone move, our brains fire the identical neural pathways as if we were executing the activity ourselves. M's dance is a gift that allows others who watch it to feel as though they are experiencing her motions for the first time.

Psychological Health and Coping

The death of a loved one can cause loneliness and social withdrawal in the elderly. Participants shared how the group



movement sessions helped them to overcome the sense of loneliness and nurture the bonding with their fellow inmates

"The movement games forced us to interact with one another, and it felt good to be in a group." (Participant 2). When these sessions take place, I feel less lonely." (Participant 8).

Being in the moment was one of the themes that emerged. This theme expands on the participants' understanding of how the movement-dance lessons taught them to be present at the moment. Participants said the emphasis was on simply focusing on the dance and the teacher's instructions, which led to them focusing on the present and not thinking about anything else. The movement-dance lessons were widely regarded as providing an organised outlet for stress relief as well as a different pastime from simply watching television throughout the day. Participants stated that the seminars assisted them in focusing on something productive rather than watching television., *"We are asked to concentrate on the music and our actions when we dance. I forget about all my worries at that time." (Participant 2). "Dancing led to good recollections (here, a couple of dances with the therapist) brought back memories of dancing with my husband. As a result, I came in a bright spirit and intend to continue dance and yoga classes at the center." (Participant 7).*

The therapist notes *"One of the participants came to feel she could share her despair and let her hands and head flop in passive weight,"* She was then encouraged to use her hands to convey more positive emotions, such as stroking and holding herself. She began to build a sense of self-worth as a result of these basic actions, and she was able to open herself up to the other members of the group. They showed their support by rubbing their hands together and giving her good verbal attention, as well as praise for her bravery in voicing her sentiments."

As a result, DMT encourages and improves coping skills for overcoming loneliness. The focus is moved from the negative parts of one's existence to the positive aspects of one's existence, awareness changes to the present, resulting in freedom and calmness. To summarise, DMT tends to assist clients in discovering new hobbies and validating their sensations and views of reality. This has a



revitalising effect and contributes to a sense of purpose and meaning in one's life.

DMT programmes not only bring people together, but they also give a safe and comfortable environment in which to express oneself and engage in activities. They can regain their integrity, body image, ego, and most significantly, as previously mentioned, working in a group provides them a sense of belonging, purpose, and acceptance that they desperately need (Stockley 1992). The new study backs up previous research that shows that dance/movement therapy can improve mood, cognitive function, and sensorimotor competence in the elderly (Kshtriya, *et al.*, 2015).

Conclusion

The findings suggest that movement-dance lessons help older persons reduce stress and boost positive effects, promote physical activity, and foster a sense of belonging. As a result, caretakers must understand how to include both physical and mental health supports while assisting older persons. This study lays the groundwork for future research on the impact of group-based movement-dance classes on older adults' mood and stress levels, socialisation, and the physical body.

References

- Butler, R. N. (1969). "Age-ism: Another Form of Bigotry." *The Gerontologist* 9(4), 243-6.
- Butler, M., Snook, B., & Buck, R. (2016) : The transformative potential of community dance for people with cancer. *Qualitative health research*, 26(14), 1928-1938.
- Cross, K., Flores, R., Butterfield, J., Blackman, M., & Lee, S. (2012). The effect of passive listening versus active observation of music and dance performances on memory recognition and mild to moderate depression in cognitively impaired older adults. *Psychol. Rep.* 111, 413-423.
- Cruz-Ferreira A., Marmeleira J., Formigo A., Gomes D., Fernandes J. (2015): Creative dance improves physical fitness and life satisfaction in older women. *Res. Aging*, 37, (8)837-55.



- DeVries, H.(1979). *Exercising to turn back the years*. New York Times.
- Dunphy, K., Baker, F. A., Dumaresq, E., Carroll-Haskins, K., Eickholt, J., Ercole, M., Kaimal, G., Meyer, K., Sajjani, N., Shamir, OY., and Wosch, T. (2019) : Creative arts interventions to address depression in older adults: a systematic review of outcomes, processes, and mechanisms. *Front. Psychol.* 08 January
- Koch, SC., Riege, RFF, Tisborn, K., Biondo, J., Martin, L., Beelmann, A.(2019) Effects of Dance Movement Therapy and Dance on Health-Related Psychological Outcomes. A Meta-Analysis Update. *Front Psychol*,10:1806.
- Kshtriya, S., Barnstaple, R., Rabinovich, D., & DeSouza, J. (2015): Dance and Aging: A Critical Review of Findings in Neuroscience. *Am.J.Dance Ther.*37.(2)
- Levy, F. (2005). *Dance movement therapy: A healing art*. Reston, VA. National Dance Association, American Alliance for Health, Physical Education, Recreation, and Dance.
- Stockley, S. (1992). Older lives, older dances. Dance movement therapy with older people. In H. Payne (Ed.), *Dance movement therapy: Theory and practice* (pp.81-101). London: Routledge.
- Strauss, A., & Corbin, J. (1998). *Basics of qualitative research: Techniques and procedures for developing grounded theory* (2nd ed.). Sage Publications, Inc.
- Strassel, J. K., Cherkin, D. C., Steuten, L. M. G., Sherman, K. J., & Vrijhoef, H. J. M. (2011). A systematic review of the evidence for the effectiveness of dance therapy. *Alternative therapies in health and medicine*, 17(3), 50-59.
- Young, J.(2017). The Therapeutic Movement Relationship in Dance/ Movement Therapy: A Phenomenological Study. *Am J Dance Th* ,39 (2017): 93-112.

