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# Reminiscence of an Elderly Woman: An Artistic Inquiry

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REMINISCENCE OF AN ELDERLY WOMAN:  
AN ARTISTIC INQUIRY

A Thesis

Presented to

The Faculty of the Dance/Movement Therapy and  
Counseling Department  
Columbia College Chicago

In Partial Fulfillment of the  
Requirements for the  
Master of Arts Degree in Dance/Movement Therapy  
and Counseling

By

Cathy Gamby-Weideman

May 2010

REMINISCENCE OF AN ELDERLY WOMAN:

AN ARTISTIC INQUIRY

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## **ABSTRACT**

This thesis explores the clinical value to the elderly population of combining reminiscence and dance. This five month collaboration between a recently widowed elderly female and a dance/movement therapy intern culminated in a 13 minute choreographed dance performance. Themes that emerged during this art-based study were her relationship with her husband, her role as his primary caregiver and her grief after his death. Eric Erikson identifies integrity vs. despair as the struggle or crisis to be grappled with in the last stage of human development, old age. This theoretical framework has been incorporated in this study.

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## **TABLE OF CONTENTS**

<b>Chapter One: Introduction</b>	<b>1</b>
<b>Chapter Two: Literature Review</b>	<b>6</b>
<b>Chapter Three: Methods</b>	<b>27</b>
<b>Chapter Four: Results</b>	<b>33</b>
<b>Chapter Five: Discussion</b>	<b>36</b>
<b>References</b>	<b>44</b>
<b>Appendix A: Glossary of Terms</b>	<b>47</b>
<b>Appendix B: Informed Consent Form</b>	<b>48</b>
<b>Appendix C: Questions</b>	<b>51</b>
<b>DVD Insert</b>	

## **Chapter One: Introduction**

Each of us has a story that is uniquely ours. Like a fingerprint, it distinguishes and separates us from those around us. Etched within our stories is the accumulation of everything that has left a mark on our lives. Every person, event, circumstance, and situation that has touched us deeply traces itself into our psyche. Whether our lives have been touched by a great parent, a childhood illness, an inspiring teacher, or a neglectful caregiver, each of these experiences remains with us, becoming an integral part of our identity. The conclusions we make about these events, as well as the meanings we assign to them, get ingrained into our psyche, creating the story line for our personal dramas. (Ford, 2002, p. 41)

In my Introduction to Dance Movement Therapy class at Columbia College Chicago we watched the film/documentary, “Bill T. Jones: Still/Here with Bill Moyers” (Moyers, 1997). The experience became the seed that would eventually drive my thesis research. In this film, American journalist Bill Moyers interviewed Bill T. Jones a well-known dancer and choreographer. Jones was traveling the country conducting workshops for the terminally ill. During the program Moyers presented and examined Jones’ work.

In these workshops, Jones assisted non-dancers in exploring their feelings about their terminal illness, their fate, and pivotal life experiences that had helped shape their lives. They were then encouraged to put their stories into movement, tracing their life's journey and how they imagined the day of their death.

Moyers and Jones presented a compelling look at how body, mind and spirit can be interwoven in movement to express feeling and generate thought. I felt the power and saw how this unusual opportunity of embodying one's story in movement brought new meaning to the participants' lives. I was deeply moved by this extraordinary process of self-reflection and by the willingness of non-dancers to embark on this exploration of movement to deepen their understanding of their own lives. The simplicity and innocence of their movements coupled with the complexity of their journeys was captivating. Witnessing their stories, so bravely shared and explored through movement, lingered and settled within me.

One year later as a dance/movement therapy and counseling graduate student anticipating my second internship, I was encouraged by the department faculty to pick a population I had never worked with before. With that prerequisite and a desire to connect to a place in my community, I approached an adult daycare facility near my home. There, they serve individuals with



physical, cognitive and psychosocial limitations and also support their caregivers.

I began my therapy internship working with the elderly population. I familiarized myself with the facility, guidelines and rules. Initially I spent time simply observing staff and participants to gain insight on how they interacted. After this period of acclimation, I began leading one hour dance/movement therapy group sessions. I repeatedly observed the participants spontaneously reminiscing and sharing stories of their lives with one another. Their stories revolved around family, growing up, marriage, social connections, religious beliefs, community, career and military service.

I further observed that these elderly participants had a tendency to slow down. Life becomes more leisurely and unhurried at this stage, and I realized as people age they tend to reflect and view life from a new perspective. Their focus turned inward as their obligations to family and career responsibilities diminished. According to Corey & Corey (2002), “A basic task of late adulthood is to complete a life review in which we put our life in perspective and come to accept who we are and what we have done” (p. 243). They also add, “This is the time to reflect and review one’s life with appreciation of its successes and compassion

for its failings and with an effort to extract new levels of meaning that has previously been unappreciated” (p.243).

According to psychologist Erik Erikson (1950), self-reflection at this stage in life is common and often emerges through storytelling. Erikson refers to this phenomenon in his psychosocial model in the final stage of life, old age, which includes ages 60 and above. During this stage, Erikson refers to integrity versus despair as the struggle or crisis to be grappled with. Integrity in this stage includes feelings of self-worth, success, satisfaction, and a belief that they have contributed to society. Elderly people who look back on their lives without regret, who are happy with and accept the course of their lives, are said to have achieved ego integrity.

Despair in this stage includes feelings of regret over past events, and thoughts of what might have been. There is an aching to complete unfinished business, and feelings of discouragement can prevail. Those who look back on their lives with regret often have feelings of emptiness, as though they have unfinished business to address.

This stage, and the preceding ones described by Erikson, present opportunities for growth. Choices made in earlier stages lay the foundation on which further development is possible. Many

variables influence the choices we make along the way and each is unique to that person.

Unfortunately, not all elderly people achieve ego integrity. I believe that given the opportunity to examine their life and share their stories, they are likely to better understand and accept the life they have lived. According to Erikson, once they achieve this understanding they would achieve ego integrity.

### **Problem Statement**

Bill T. Jones' approach, to give non-dancers an opportunity to express themselves and to take the time to reflect upon their journeys, motivated me. I wanted to discover the therapeutic value of a similar experience with an elderly person. In short, I wanted to see how embodying one's life stories in dance might address the issues facing the elderly population, particularly the challenge of achieving ego integrity.

By traveling the path through our stories, by understanding our humanness at the deepest level, we are blessed with the courage to move beyond our personas, to drop our acts, to step out of our stories and stand naked in the presence of our truest selves. (Ford 2002, p. 198)

There is a glossary of technical terms included as Appendix A as a reference.

## **Chapter Two: Literature Review**

### **Introduction**

This literature review examines the psychological underpinnings of human development among the elderly as postulated by prominent developmental theorists; the methodology of artistic inquiry; conditions facing the elderly; the importance of reminiscence; creative arts therapies and dance movement therapy; a brief critique of Bill T. Jones; and grief as it relates to the primary care giver.

### **Psychology Underpinnings**

Many theorists have made contributions toward understanding the common issues facing the elderly, including the occurrence of reminiscence revealed through storytelling. Erik Erikson, Daniel J. Siegel and Carl Rogers are recognized experts in the field of psychology. Their theories have informed this study and warrant a brief synopsis here.

**Erik Erikson.** Erikson, sometimes referred to as the father of psychosocial development, is recognized for incorporating social, cultural, and other environmental factors into human development. He describes how they might be included in psychoanalytic theory.

Erikson categorized human development into eight stages, each unique by an inescapable “crisis to be resolved” (Corey & Corey, 2002, p. 46). The eight stages are (Erikson, Erikson, & Kivnick, 1986):

1. Infancy (0-1 year) Basic Trust vs. Basic Mistrust
2. Early Childhood (1-2 years) Autonomy vs. Shame and Doubt
3. Play Age (3-5 years) Initiative vs. Guilt
4. School Age (6-11 years) Industry vs. Inferiority
5. Adolescence (12-19 years) Identity vs. Confusion
6. Young Adulthood (20s, 30s) Intimacy vs. Isolation
7. Adulthood (40s, 50s) Generativity vs. Self-absorption
8. Old Age (60 years and over) Integrity vs. Despair

This study focuses on Erikson’s last stage old age which encompasses ages 60 and above. He categorizes the struggle or crisis at this stage as integrity versus despair. At this stage, we spend time reflecting on our lives. Integrity develops if we see ourselves as successful. Achieving integrity includes feelings of accomplishment, satisfaction, and positive self worth. People who look back on their lives without regret and who accept the course of their lives are said to have achieved ego integrity (p. 70).

Despair in this stage (Erikson, Erikson, and Kivnick, 1986), develops if we are dissatisfied with our lives. Despair results from

feelings of guilt, regret, and discouragement. People who look back on their lives with regret feel unproductive. Their life goals have not been met. There is an aching to complete unfinished business, and their thoughts turn to what might have been. Dissatisfaction with life develops into despair and can lead to depression and hopelessness.

According to Erikson, Erikson, & Kivnick (1986), “An important component of this process is the acknowledging and accepting of past choices, made along life’s course” (p.70). Erikson’s final stage of his human development theory underpins my research. Carl Rogers provides an avenue to further support my work.

**Carl Rogers.** Carl Rogers is best known for his client-centered therapy. The therapist accepts the client unconditionally and exhibits total empathy for the client. The therapist is as genuine as possible in the therapeutic relationship. Rogers believes that each client has the innate ability to solve his or her problems. Rogers approaches each client without criticism, but rather with total acceptance and encouragement. He believes that given this non-judgmental therapeutic environment, “people will solve their own problems and develop into the kind of individuals they wish to become” (Rice, 2001, p. 32).

Carl Rogers (1961), a humanistic theorist and states,

It has been my experience that persons have a basically positive direction. In my deepest contacts with individuals in therapy...when I am able to accept them as separate persons in their own right, then I find that they tend to move in certain directions...which I believe are...positive, constructive, moving toward self-actualization, growing toward maturity, growing toward socialization. (p. 26-7)

Humanistic theorists have a very positive view of human nature, seeing each person as a whole and unique being. Humanists believe we are free agents with superior ability to use symbols and to think in abstract terms. Thus, people are able to make intelligent choices, to be responsible for their actions, and to realize their full potential as self-actualized persons (Rice, 2001).

In working with my collaborator, I felt it was vital to use Rogers' method of unconditional acceptance to create an atmosphere where my collaborator would feel comfortable. Rogers (1961) has said, "...I have come to feel that the more fully the individual is understood and accepted, the more he tends to drop the false fronts with which he has been meeting life, and the more he tends to move in a direction which is forward..." (p. 27). I too wanted that forward progress and acceptance of self for my collaborator. In addition to the client centered approach of Rogers,

it was important to include Daniel J. Siegel who addresses the narrative process in his work.

**Daniel J. Siegel.** Daniel J. Siegel received his medical degree from Harvard University and is an award-winning educator. He has studied autobiographical memory and the narrative processes. Siegel (2007) refers to his research as Interpersonal Neurobiology, an interdisciplinary view of life experience. His research includes neuroscience, psychology, complexity theory, and relationship studies to better understand our subjective and interpersonal lives. Siegel studies the way in which brain growth is influenced by personal relationships and recognizes its potential for growth and healing.

Siegel's work addresses sharing one's story. He (1999) describes the telling of one's story, or autobiographical narrative as, "the way the mind attempts to achieve a sense of coherence among its various states: trying to make sense of the self in the past, the present and the anticipated future" (p.330).

Although Siegel does not concentrate his studies with the elderly, his perspective is relevant to this research. He validates the process of making sense of one's life experience through telling your story. He also speaks to the experience of sharing those stories with another and how both participants can gain from it. Siegel (2007) maintains that, "by taking in the experiences of the



patient, we create a story in our minds of who he or she is” (p. 290). This process connects both the storyteller and those listening, as they make an effort to share the experience. This co-participation creates a genuine interest in the other’s journey. Combining these shared stories with dance led me to the research method of artistic inquiry.

### **Artistic Inquiry**

“Artistic inquiry is defined as research that: (1) uses artistic methods of gathering, analyzing, and/or presenting data; (2) engages in and acknowledges a creative process, and (3) is motivated and determined by the aesthetic values of the researcher(s)” (Hervey, 2000, p. xiii).

Because I frequently engage in the creative process as a dancer and choreographer, artistic inquiry is natural for my study. Weiss (2000) states,

Over the past two hundred years or so with the emergence and spread of the Age of Enlightenment, people have overemphasized the role of logic and science in human relationships, culture, health, and philosophy. We have developed the notion that science will be able to cure all of our ills and problems. In fact, we have become unbalanced because of this thinking. We have neglected intuitive wisdom, the heart, the creative and inspired impulse.

Artistic Inquiry is a form of research that is a direct reaction to the overemphasis of scientific inquiry methodologies in our culture.

(p. 227)

There is a growing body of literature supporting the need for alternative forms of research. Shaun McNiff (1998), an artist and well-known voice in the creative arts therapies, believes that the act of creation is a natural process, existing within us and acted out on a daily basis as we deal with the challenges of life. It seems to me, then, that the individual ways that we create to meet these challenges constitutes our story.

Hervey (2000) promotes artistic inquiry as a form of research suitable for dance/movement therapist. The process of creation can be unpredictable but often culminates with an appreciation and fondness for the journey. McNiff (1998) says that creativity requires us to relax with uncertainty and to “trust that the creative intelligence will find its way” (pp. 3-4).

Hervey (2000) described the actions that relate creativity to the art of dance when she wrote,

Dance is made from the raw material of human movement.

Movement is that functional, natural, even accidental activity I participate in with my body. Movement just happens. Most of the time I am not conscious of it

happening at all. But, when I pay attention, the movement then changes in my awareness. I separate myself enough from it to see it. I also perceive it consciously through my tactile, kinesthetic and proprioceptive senses. (p. 36)

In conclusion, Hervey (2000) predicts artistic inquiry, as it pertains to dance movement therapists, will become a “mode of inquiry that will invite their full authentic engagement, inspire their excitement about what they could discover and build confidence in their ability to contribute to their profession through research” (p. 5).

Artistic inquiry is gaining momentum and appreciation as a valid form of research. I have found this method has been appropriate and valid in my research and appreciated having artistic inquiry recognized and accepted by Columbia College’s DMT department.

### **Conditions Facing the Elderly**

As we enter late adulthood the tendency is to slow down and discover life in different ways. It is common during this stage to reflect on the life we have led. As explained by Corey & Corey (2002), “This is the time to reflect and review one’s life with appreciation of its successes and compassion for its failings and with an effort to extract new levels of meaning that has previously

been unappreciated” (p. 243). Reflection helps us make sense of our individual story.

Most people face similar challenges as they move into the later years of their lives. Some experience loneliness, loss, growing dependence on others, depression, isolation, and disconnection from self and others. Growing old involves a variety of life stressors, some of which are unique to this phase in life. Making the transition from full-time productive careers to retirement can be difficult, particularly if retirement is necessary because of chronic health problems or disability. Forced retirement has been ranked among the top ten crises in terms of the amount of stress that it causes the individual (Rice, 2001).

For some, future financial stability is jeopardized due to mounting medical bills and reduced income. Lack of mobility is another component that can add to social isolation and loneliness. Losing a loved one can create much sadness and frequently leads to depression (Rice, 2001).

Older people sometimes are stereotyped yet each person continues to be a unique individual. The experience of growing older can be very different based on a multitude of circumstances. Certainly one’s physical and mental health can determine quality of life, but Corey & Corey (2002) point out that the attitudes each

individual has about ageing can make a big difference in how they age.

I have found that often those challenging the stereotypes of older people are older people themselves. As a way to acclimate to the seniors at my internship site, I conducted informal interviews during which I asked individuals to share with me words they would use to describe themselves. I heard things like, “Not dead yet!”, “I still feel young”, and “I don’t want to go there, that’s for old people!” Clearly, everyone has their own belief about what it means to grow old. However, a common inclination among older people that I have observed is to reminisce as a way of understanding their own life story.

### **Reminiscence**

Reminiscence is a common phenomenon among the elderly. Shared stories are prevalent and bouts of self-reflection typical. The importance of storytelling and self-reflection for healthy growth and development has been widely recognized.

The literature regarding the elderly includes articles that describe the importance of reminiscence later in life. For example, Dr. Robert Butler (1975) recognized reminiscence as a valuable psychological life review process for the elderly. He believes that the elderly spend more and more time reassessing the resolution of

past conflicts and experiences to visualize what they will do with the time they have left. He describes this process as life review.

Reminiscence refers to recollections of past experiences. According to Siegel (1999), “if the mind can perceive the events of the world, remember them...understanding, making sense...and use these processes to influence the outcome of future behavior in the world, then it will be more likely to survive” (p. 384).

With the elderly, reminiscence reveals itself through storytelling. In my experience working with this population stories have an important place in conversations. Butler as cited in Clair (1996) found that reviewing the events and experiences of life was an essential process. Clair goes on to say, “... early research describes reminiscence as a way to adapt to change or stress, a source of life validation and self-esteem, a means to evaluate quality of life, and a way to draw upon personal strengths” (p.186). When past successes are expressed through storytelling, feelings of importance may emerge and help to resolve past conflicts (Ames & Chiu, 1994).

A variety of mediums can help to facilitate reminiscence. Viewing photographs, listening to music, and painting can evoke memories. Sharing these memories through verbal or non-verbal storytelling can be very meaningful. Exchanging memories is a way to connect to others and put into practice interpersonal skills.

Storytelling promotes a sense of value and belonging, as well as encouraging a feeling of competency. Fulford & Greene (2005) encourage sharing your stories and say, "...by re-calling your stories, you'll get a chance to reflect on your life and paint a picture of your times" (p. 5).

People who have a hard time communicating verbally can reflect on the past and express themselves through music, movement, art, and writing. The following section describes some of those methods that have helped the elderly.

**Reminiscence and creative arts therapies.** Belcher & Jungels (1985) made the important connection between ageing and the value of art programs and state,

Age, obviously, is not the barrier to growth, change and healing. The older age may be the very reason that healing can take place...these people still have potential spirit, life and humor. Art programs can offer ways to uncover and revive these qualities. (p. 38)

Elderly people may have limitations such as hearing loss or loss of mobility, however, ways to express themselves can vary. According to Belcher & Jungels (1985), "Art programs encourage ... expressions, allow time for them to happen, media for them to happen through, space for them to be arranged, rearranged, expanded, or modified, and present an ear, an audience" (p. 133).

A positive aspect of reminiscence was revealed in a study conducted to measure anxiety levels in the elderly. The study showed a decrease in the levels of anxiety with the reminiscence group in comparison to an activity group and a cognitive-behavioral group (Harpscates, 1985-86). It can be frustrating for elderly people who lose the ability to express themselves verbally, and having different opportunities for expression can increase their well being.

Researchers at The Arts & Aging Program of the Rhode Island State Council on the Arts were “often struck by the talent among patients...” (Belcher & Jungels, 1985, p. 133). In this same article on a multi-arts program it is stated that given opportunities to express themselves through art, the elderly exhibited a childlike freedom. People who present a talent for the arts don’t automatically lose it as they age, although their physical ability to express that talent may require a few modifications.

Another avenue which can call forth past memories is music. Strong connections to the past are associated with music and can aid in discussions of the past. Clair (1996) talks about the connection between music and self-reflecting, “With such strong associations, music is often used as a stimulus for reminiscence and life review in older people. Clinical observations show that



music facilitates discussions of the past and even when an individual cannot respond verbally...” (p. 16).

Often music is associated with a period in one’s life, and hearing any music in that style stimulates memories of that time. I observed this often while working with the elderly at my internship site. These memories or associations may evoke happiness or sadness depending on the persons’ connection to the song. Music is a part of almost all DMT sessions and naturally stimulates people to remember past experiences.

DMT sessions offer possibilities for the elderly to reflect back and explore feelings surrounding those memories. Opportunities for the elderly to express themselves are vast with the creative arts and dance is another opportunity for expression.

**Dance movement therapy.** According to The American Dance Movement Therapy Association, this mode of therapy can be understood as follows:

Based on the understanding that the body and mind are interrelated, dance/movement therapy is defined as the psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual. Dance/movement therapy is practiced in mental health, rehabilitation, medical, educational, and forensic settings, and in nursing homes, day care centers, disease

prevention, and health promotion programs. The dance/movement therapist focuses on movement behavior as it emerges in the therapeutic relationship. Expressive, communicative, and adaptive behaviors are all considered for both group and individual treatment. Body movement as the core component of dance simultaneously provides the means of assessment and the mode of intervention for dance/movement therapy. (2010, What Is Dance/Movement Therapy? ¶ 1-4)

Anna Halprin, a dancer, teacher and choreographer who uses dance as a healing art for people dealing with life threatening illnesses says, "...expressive movement reveals the unknown. Sensations, feelings, emotions, and images that have been long buried in our bodies are revealed through movement. This is also useful for shifting old patterns, habits, and destructive belief systems" (Halprin, 2000, p. 30). This shifting of old patterns and expanding awareness was what I hoped to explore with my collaborator through movement.

Picard (2000) supports the idea of expanding consciousness through creative movement and the narrative. Since the whole person is involved in creative movement and storytelling, the perspective of the whole can bring a greater sense of awareness and context.

Creative movement can also help the elderly to express their anger. As suggested by Hollander and Sandel (1995), “...there are few opportunities for aged residents to express negative effect in a constructive way, because angry outbursts and abusive language are abhorred by more residents and staff” (p. 140). It seems natural that DMT could provide an avenue for feelings of despair to come to the surface and be dealt with. Through movement “feelings and memories are freed; repressed anger and sorrow begin to emerge and they become involved in the life around them” (Helm, 1985, p. 118).

Shustik & Thompson (2001) talk about the elderly participating in DMT and say, “Each person’s soul is expressed in her/his movement vocabulary. Each person’s ability to access and express feelings through the body remains until the last dying breath, no matter what physical or cognitive limitations exist” (pp. 49-50).

Movement helps connect us to others, our world, and ourselves. These connections are cultivated through reminiscence and storytelling and have been identified in the creative arts therapies.

Movement can be beneficial to all age groups and is not just for the young or able bodied. “Anybody, no matter how old or young, in whatever physical condition, has a capacity to move,

even if it is just your little finger or a movement carried as an image in your mind's eye" (Halprin, 2000, p. 23). There may be limitations with the elderly, but movement is possible.

### **Bill T. Jones**

Bill T. Jones found meaning in telling stories through movement. In 1994, Jones, a well-known dancer and choreographer had been traveling the country conducting what he referred to as Survival Workshops. During these workshops, Jones provided a safe environment for terminally ill people ranging in age from eleven to seventy-five, to explore their feelings through expressive movement. Jones included opportunities for non-dancers to reflect back on their past, recalling pivotal experiences that had influenced their lives' path, and then had them put their stories into movement. He asked them questions and guided them in movement. Those questions were about their diagnosis and how they were told of their illness. He also asked them to imagine the day of their death. This opportunity helped Jones gain information from the participants who, like him, were dealing with terminal illness. He wondered, "What do we have in common that the average person does not?" (Moyers, 1997). These Survival Workshops were filmed and Jones used the data to create a dance piece for his company entitled *Still/Here* which premiered in New York in 1996. Gates (1997) described this dance as, "less a poetics

of survival-or, in the current terms of art, managing mortality” (p. 64).

In 1994, American journalist, Bill Moyers, was creating a documentary for television to showcase Jones’ work. I’ve included Bill T. Jones in my literature review because seeing the documentary video *Still/Here* created by Bill Moyers (1997) had a strong influence on me. Bill T. Jones is not a dance therapist, nor did he call his work dance movement therapy. “I’m not a therapist, I am a man and an artist who is looking for his art,” he stated flatly (Gates, 1997, p. 65). Yet Jones’ work with these terminally ill people exemplifies the essence of what a dance movement therapist can do. According to Jones (Moyers 1997), “movement begins to negotiate the distance between the brain and the body and it can be surprising what we learn.” I haven’t forgotten that documentary and it was the first spark that led me to this point in my own research.

Gates (1997) included Jones in his book of 13 extraordinary black American men and calls Jones “a storyteller...Jones believes in narrative, but narrative in a language parsed by the configuration and movement of bodies, the precisely coordinated relation that his dancers have to one another at any given moment...the dancers are, variously, his alphabet, his words, his syntax” (p. 48).

Hervey (2000), devotes an entire chapter to Bill T. Jones in her book, *Artistic Inquiry in Dance Movement Therapy: Creative Alternatives for Research*. There she outlines the process Jones went through on his quest to learn from other people who, like him, were living with an incurable disease. Hervey states, “Upon discovering Bill Moyer’s interview with performer/choreographer Bill T. Jones, I recognized that one of Jones’ recent works, *Still/Here*, epitomized what I envisioned artistic inquiry to be” (p. 6).

### **Grief**

When I first met my research collaborator, I learned that her husband had died just a few months prior to our meeting. This unexpected component became a part of what she shared and of what eventually would be expressed in our dance. Therefore, it is important to address the topic of grief in addition to the other topics I had planned for the thesis.

Elisabeth Kübler-Ross is well known for her work and psychological studies regarding death and dying. Kübler-Ross (2005) describes a progression which people go through when coping with grief. The stages are known as the Five Stages of Grief and are as follows: denial, anger, bargaining, depression, and acceptance (p.7).

Kübler-Ross & Kessler (2005) proclaim these stages were never intended to “tuck messy emotions into neat packages, there is not a typical response to loss...our grief is as individual as our lives” (p. 27). Grief is a response to loss and reveals itself in many ways. The path through grief is as unique as the person experiencing it. Responses are influenced by cultural background, family upbringing, and religious beliefs. Reactions are typically addressed on four levels (Rice, 2001): physical, emotional, intellectual, and sociological. Physical reactions include stomach upset, shortness of breath, loss of appetite, and insomnia. Emotional reactions include depression, guilt, anger, and irritability. Intellectual reactions include attempts to understand and rationalize the reasons for the death. Sociological reactions include financial adjustments regarding employment and living situation.

When someone experiences the death of a loved one, the responses can vary significantly. The manner of death and the relationship to the deceased can affect the process. It is believed, “the most difficult death to recover from is that of a spouse” (Kaslow, 2004 as cited in Bee & Boyd, 2003, p. 531).

Caring for an ill spouse is common with the elderly and it brings added stress that can lead to depression. Adding to the layers and complexity of the process of grief is the frequency of

grief-related depression which seems to surface during the spouse's illness rather than after the death. "The spouse's death is thought of as an escape from suffering for the one who dies and a release from grieving for the caregiver." (Bee & Boyd, 2003, pp. 531-532).

The time it takes to grieve is highly individualized. Conventional views on grief chart a common succession which people move through after the death of a loved one. This succession according to Bee & Boyd (2003) is shock, intense suffering and then interest in life. Those experiencing shock are immobilized and bewildered with disbelief after learning of the death. This stage can last for several days. Symptoms of intense suffering include sadness, insomnia, and anxiety to name a few. This stage can last several months. An interest in life usually recommences once regular activities are resumed and a more predictable routine ensues (Kübler-Ross & Kessler, 2005).

As a caregiver, caring for another is frequently a full-time job. Therefore, transition when that person dies can be difficult. The caregiver's role changes when obligations for the loved one no longer exist. This may require a significant identity adjustment since the caregiver's sense of purpose has to be redefined. "Adults who have been taking care of an elderly person during a long illness usually experience a profound sense of grief, although the



actual death may come as a relief from having to take care of that person” (Rice, 2001, p. 572).

There are many layers of emotions experienced by caregivers. It is not always easy to separate those emotions as they are interwoven into their relationship with the ill loved one.

People...who care for others with whom they have had difficult and painful relationships may find it very hard, if not impossible, to act with kindness and generosity toward them, particularly if it's a family member who has previously hurt them. Care giving under these conditions can be tainted with anger and bitterness, which can come out as harsh speech, rough behavior, neglect or even physical abuse....unresolved injury from a family member that has been simmering as pain, bitterness and resentment over many years. (Perlman, 2005, p. 18)

This research study was an opportunity for my collaborator to work through her grief, knowing that changes were inevitable, but understanding this crisis did not have to immobilize her.

## **Conclusion**

The purpose of this study is to further examine and understand reminiscence among the elderly and how dance movement therapy may add to this understanding. According to Erikson, Erikson, and Kivnick (1986), the final stage of human

development, integrity versus despair, involves self reflection and examination of one's life. Butler (1975) says this life review is, "...the resurgence of unresolved conflicts which can now be surveyed and reintegrated" (p. 412). It is an important passage.

The ways in which elderly process, make meaning and give expression to this experience vary. Sharing those reminiscences through storytelling and dance are avenues. How can movement and dance help to support and encourage storytelling? Is there a way DMT can help this process to further the therapeutic benefits and broaden the medium in which the elderly explore ways to find meaning in their life stories?

### **Chapter Three: Methods**

The methods that I used in my research were inspired by the approach Bill T. Jones took in his Survival Workshops giving non-dancers an opportunity to express themselves through movement. There he provided a setting where the participants could spend time reflecting upon their life journey and then use movement to give expression to those reflections. I chose to model my methodology somewhat after Jones', wanting to discover the therapeutic value of a similar experience with an elderly person. In short, I wanted to see how embodying one's life stories might address the issues facing the elderly population, particularly the challenge of achieving integrity versus despair.

Jones collected data through these workshops in part to gain material specifically for his eventually choreographed dance *Still/Here*. While I did not originally intend to choreograph a dance based on Ella's life stories, I ended up doing just that.

#### **Collaborator**

My collaborator for this study was a Caucasian woman in her late 70s. "Ella" is the pseudonym I created to protect her privacy for the purpose of this research. When we first met and began this study, she had been a widow for just 4 months. Her husband of 55 years suffered with mental illness (schizophrenia)

throughout their married life and more recently with dementia. They had four children, and due to his mental instability, Ella worked a full time job as a nurse to support the family. A female head of a household was most unconventional during the 1950's. Most husbands worked outside of the house while the wife managed the home and raised the children. In later years and in particular the 3 years leading up to her husband's death, Ella was his primary caregiver.

I learned that Ella attended the caregiver support group sponsored by my internship site. The facilitator of the group was my site supervisor and believed Ella would be a good candidate for this project. She had observed Ella sharing generously with the others in the group as to her experience as her husband's primary caregiver and the struggles involved. My supervisor introduced us to one another; I explained more about my research and what it would entail and Ella agreed to work with me.

### **Data Collection**

After getting her verbal and written permission to participate in this research study (see Appendix B), Ella and I met weekly for 1 hour sessions over a 6 week period. Our first three meetings were at the facility where the caregiver's support group met, the final three sessions at Ella's home. Both locations were familiar and comfortable for Ella.

I videotaped Ella telling her stories so the base of this study would be her words as she shared them. I could then review the videotapes as often as necessary at a later date. In addition to collecting her verbal stories on video tape, I observed and notated Ella's body movements. They were, at times, very subtle, but it helped broaden the extent of my data collection and added to my understanding of her life stories. The observed body movements included gestures, postures, facial expressions, and subtle movements which will be examined further in the discussion chapter.

My approach with Ella was modeled after psychologist Carl Rogers who used nonjudgmental listening and acceptance as his groundwork when working with a client (Rice, 2001). Using Roger's client-centered focus helped me to provide a safe environment for Ella as she shared her stories.

Although my role at this point was just to listen, I did create a short list of possible questions to ask Ella during our sessions. This list can be found in Appendix C. I used these questions when she was at a loss as to what to share next. These questions were generated with two purposes: to help evoke more stories when Ella was uncertain about what to share next and to provide more information or clarification so I could better understand what she was attempting to share.

After the second meeting, I asked Ella to join me in a warm up. We each sat in chairs facing one another and I lead her in a warm up of all body parts. She did not hesitate joining me and seemed careful to imitate accurately. From that meeting on we incorporated a body warm up into our meetings. After leading Ella through a warm up, I then encouraged her to move while she verbally shared with the hope that her movement would further tell her story and deepen her insight. I moved with her to provide added support and asked questions as needed for clarification as to what was being shared. I often mirrored her thoughts back to her to ensure accuracy of what was being shared and to let her take time with her thoughts and feelings. When we moved together I attuned to her, moving as she did to gain a better understanding. I joined her in movement to gain empathy and to seek clarification. This was similar to Bill T. Jones' method, as a way of confirming what I was witnessing. This was also a way of reflecting back to her what I had observed and gave her an opportunity to verify it.

I was hoping that incorporating movement as part of the process might increase Ella's understanding of herself and provide more information for me. Ella was willing to move, however, after a few attempts, it quickly became evident that her physical limitations, including obesity, knee and hip pain, were interfering

with her comfort level. She said her knees hurt and she was most comfortable sitting as opposed to standing and moving around.

Once I realized that movement was a hardship for her, I had to rethink the direction of my study. With a background in choreography, I decided to choreograph a dance based on Ella's stories.

### **Data Analysis**

Once all of our sessions were completed, I spent time viewing the videotapes of those sessions to identify a theme. I listened to Ella's words and wrote down what was said by Ella and me. I also observed her body movements and noted them. I watched the videos numerous times and read over my notes several times. I sought patterns and recurring topics that emerged. The theme that emerged early on before our sessions together concluded and more so after reviewing the videos, was Ella's relationship with her husband. Once this theme was discovered, I began to identify key stories that would help develop the theme and the dance. I also wrote down phrases Ella used more than once. That is how I eventually came up with the title for the dance "*The Best We Could Do*", a phrase she said often when referring to her and her husband's life choices.

As I studied the videos of her stories and our movement together, I notated areas that I felt could lend shape to the

choreography. Those parts were descriptive and informative and gave structure to the overall story to be told. Other parts were filled with emotion and felt deeply by Ella as noted by the fluctuations in her voice and her facial expressions.

Despite Ella's physical limitations there were a few moments of dancing she experienced, and I was able to incorporate those within the choreography. I was especially glad to be able to use movements of hers that modeled the way in which she used to dance with her husband.

As a faculty member at Muskegon Community College, I was connected with the dance program and had participated in previous dance concerts there. With the college's upcoming dance concert approaching, I auditioned my dance piece and was accepted into the concert. I then selected a male and a female dancer to dance the part of Ella and her husband. I had worked with both dancers before and felt they would be able to portray what I was envisioning.

Once rehearsals with the dancers had begun, I invited Ella to the dance studio. I videotaped our rehearsals, a common practice for me as choreographer, but I focused the camera on Ella to catch her reactions. At first Ella was quiet as she observed our rehearsals. She had never attended a dance rehearsal and everything was new to her. Ella was introduced to our costume



designer. She was able to discuss the style of clothing she and her husband wore and to collaborate with the costumer as to what might be incorporated into the final costumes. She even loaned one of her husband's hats, which she made, to the male dancer to wear during the performances.

Ella was also introduced to the dancers who were sensitive and gracious toward Ella. They spoke with her and she shared a little bit of her stories with them. She even commented that the male dancer resembled her late husband in stature.

During the second rehearsal she attended, Ella's eyes filled with tears as her story began to reveal itself. She looked more relaxed as she sat leaning back in her chair. The dance held her interest as she watched every move, never looking away. Calm came over her as she witnessed the dancers giving expression to her story.

As we approached the opening date of the concert, I felt as though we were ready to share this with an audience. Ella had done her work by verbally sharing her stories with me and processing the magnitude of her life journey. I had done my work sorting through and organizing the data into an artistic inquiry. Now it was time for Ella to experience her stories being reflected back to her.

## **Chapter Four: Results**

The culmination of this artistic inquiry was a choreographed dance presented as part of a theater concert performance. This took place at Muskegon Community College (MCC) in the Overbrook Theater as part of the MCC Overbrook Dance Theater XXIII production. The concert included a variety of choreographers presenting dances in jazz, ballroom, modern, ballet, belly and tap styles of dance. The performances were held on February 17<sup>th</sup> & 18<sup>th</sup>, 2006 at 7:30pm, and on February 19<sup>th</sup> at 3:00pm. The performances were well attended and the audience included college students, family and friends of the performers and the public.

Included in the program was the following:

### **The Best We Could Do**

#### **I. Courtship**

*My Funny Valentine* by Rogers & Hart, performed by Sarah

Vaughn

#### **II. Working Mother**

*Rhythms of Life* by Bruce Becvar

#### **III. Marriage Partnership**

*The Memory Of Trees* by Enya, N. Ryan & R. S. Ryan, performed

by The String Quartet

#### **IV. On Her Own**

*My Way* by Paul Anka, Francois & Revaux, performed by

Giovanni

Choreographer: Cathy Gamby-Weideman

Dancers: Jana Warren and Mike McCallum

*This dance is reflective of the life stories generously shared by a research partner. The choreography of this piece was undertaken as partial fulfillment of a thesis requirement for a Master of Arts Degree in Dance Movement Therapy and Counseling through Columbia College Chicago, Illinois.*

***For further information please see flyer available in lobby.***

The flyer available to the audience included the following information.

"The Best We Could Do" Cathy Gamby-Weideman Thesis Project (as partial fulfillment required for a Master of Arts Degree in \*Dance Movement Therapy and Counseling through Columbia College Chicago). The purpose of this thesis is to explore the experience of visually seeing one's life stories embodied by others. My process began by finding a mature participant willing to verbally share their life stories with me. In six sessions, I collected eight hours of video footage documenting these stories. After reviewing the video tapes, I identified significant themes, memories, emotions, and movement and began the choreography

to reflect on these aspects. My participant collaborated with me on the clarity of the stories, attended rehearsals with the dancers telling the stories, and met with the costume designer giving input on costume ideas.

"The Best We Could Do" reflects the relationships, strengths, sacrifices, and challenges throughout my participant's life.

\*Dance Movement Therapy is the psychotherapeutic use of movement as a process to assist in the emotional, cognitive, social and physical integration of the individual. Dance/Movement therapists help a wide range of people, from ill children to seniors in their declining years, from the mentally ill to normal people who have lost touch with their inner truth. When words alone are not enough, dance/movement therapists are there to help...

Included in this thesis is a DVD that presents the results of this artistic inquiry.

## Chapter Five: Discussion

Making art is not an act of self-indulgence; it is an act of faith, a movement of the parts toward the whole. To create is to take what we know to the unknown, to mix it up and let it rise. (Philips, 1997, p. 51)

When I began this process with Ella, I wasn't sure what would evolve. I was curious to discover what effect sharing her life stories would have on her. Like Bill T. Jones, I wanted to explore and be present as dance was used as a means to positively support self-reflection and reminiscence. I wanted to see, feel, experience, witness, and immerse myself in this process. I knew that the concept of expressing her stories in dance would be unfamiliar to Ella, but I believed that she would uncover meaning if we trusted each other during this process.

There were a few surprises about Ella's situation that affected this study and became integrated into the experience, thus influencing the final results. The first and most predominant was the fact that Ella's husband of nearly 60 years had died just four months prior to us working together. She was clearly in the grieving process and this was evident as soon as we started this process. The sadness that Ella was experiencing as a result of losing her husband was evident in her words, the way in which she carried her body, and what she chose to talk about. On a body

level, I noticed her energy level was very low and her affect was flat. Her speech was slow, drifting and without conviction. She shared the shock she felt the day her husband collapsed and unexpectedly died in the driveway as she and her daughter walked him to the car. Ella also shared the guilty feelings she felt due to her belief that she did not treat him as well as she should have. Ella was facing many changes as her life was being redefined and her search for new meaning began.

During our first session, Ella started sharing factually and chronologically. She seemed tentative, pausing often, and needed more verbal direction from me. In the subsequent sessions, as we spent more time together, she began to go deeper and share more of her feelings. I provided a safe and confidential place for her and she was able to share with me things she had never shared with anyone. I noticed with each session together, she seemed more invested in the process and began to take the lead and share what was important to her. She was eager to continue revealing her stories and I felt she never held back. Ella was fully invested in this process and I admired her generosity. She was like a dam that began leaking and gradually split open.

Ella shared stories about her husband and a majority of what she talked about was her relationship with him and the life they had shared. What emerged soon after she began was the

tremendous amount of guilt she felt in regards to the way in which she treated him, especially as his health began deteriorating and demands to attend to his needs increased. He needed to have constant help with nearly every aspect of his physical needs and Ella felt this dependency shifted their relationship from adult-adult partnership of equal status, to that of a parent-child one.

Feelings of guilt can be common after the death of a loved one (Kübler-Ross 1969, p. 176). I found this to be true with Ella. She was her husband's care-giver around the clock and she expressed many regrets and questioned the care she gave him. Many caregivers find themselves quickly drained of their energy as they try to meet the demands of someone who is entirely, or nearly entirely, dependent on them.

Ella too had become drained of energy and found it more and more difficult to give her husband the level of care she felt he deserved. What Ella was sharing took a lot of courage. She was admitting her short-comings and regrets for her actions.

This life story experience diminished Ella's intense feelings of guilt regarding the way she treated her husband. She was able to realize after hearing her stories and then seeing them reflected back to her through dance how rich her life has been in part because of her strengths. Ella also expressed to me that she had not told anyone her feelings of guilt before. As our journey together neared

the end, recognition and affirmation of her love for her husband overshadowed her perceived shortcomings. In addition, a sense of pride for working through her feelings as they emerged during her sharing was evident.

As I sat and listened to Ella tell her life history, I tried to understand her choices and to imagine myself facing what she faced. I could empathize with her, but had not experienced her situation. Ella was sad, disappointed, and filled with regret. I noticed a deadened, flat affect early on. Ella shared many disappointments she experienced in her marriage. She at times felt mistreated and that her needs were ignored. Often, her ideas, expectations, and hopes of the ideal husband she desired were not met.

Ella's fulltime job for the prior 3 years was as her husband's caregiver. After he died, she no longer had to fulfill that role. This abrupt change will require a period of adjustment. Ella has just begun to redefine her identity and sense of purpose. I believe this process showed Ella that the challenges she was facing, were actually opportunities for growth. I noted clear changes in Ella from the time we began this study to the completion. Ella's body language when we first began included: resting elbow on table and propping head in hand, flat affect, concave torso, monotone voice, eyes gazing downward, left foot



wiggles and taps. Ella's body language as we neared completion included: smiling, eye contact, tears, voice fluctuations, and leaning back while sitting. These were concrete changes that I observed and were indicative of the shift and growth Ella experienced during this process.

What I realized as we neared completion was the support I provided for Ella was unexpected for her. By providing a trusting environment, she could take her time sharing and begin the important process of self reflection and acceptance. At one point Ella disclosed that some of what she was sharing with me had never shared with her children even though she feels very close to them. I was impressed with Ella's hardiness to have endured difficult times and hearing of all her accomplishments left me in awe.

The loss of Ella's husband was an unexpected, component of this study. I was not searching to work with someone who had just experienced the death of a spouse, yet because this was her situation it became a vital part of this thesis. Ella had in some sense begun the grieving process before the actual physical death of her spouse. Their relationship had changed so much as his health declined and his needs increased. By setting aside time for reflection and committing to this process Ella allowed healing and grieving to occur. This process enabled her to slowly begin to

move through her pain and move forward with her life. The time Ella and I spent together forced her to confront her grief. Having time to focus on her feelings without judgment or expectation allowed her to experience what was going on inside herself and to face it. There were no distractions.

This experience of reflecting back on her life and relationship with her husband increased Ella's capacity for self-awareness. This process helped Ella know herself better. She often commented, "I haven't thought about that in years" or "I had forgotten all about that." Her reflections increased her capacity not only for self-awareness, but self acceptance. She began to feel at peace with the care she provided her husband.

Rice (2001) says, "...in every person's life, there was a mixture of joy and sorrow, success and failure, self-fulfillment and self-defeat" (p. 419). I found this to be true in Ella's stories. However, until she took the time during this process for self-reflection, I don't believe she fully appreciated her journey. I also think that my reflections back to her and honest reactions while listening to her stories added to her rediscovery of her experiences and new found appreciation for them.

Based on my hypothesis, I anticipated that this experience would alter how Ella made sense of her life. I was specifically looking for how dance/movement therapy may change the way she

made meaning of her life once she experienced it on a body level. What I found was that the initial step of telling her stories was a vital first step in embracing the magnitude of her life's journey.

As a choreographer, this experience has been the most rewarding in my seventeen years of creating dances. I typically work alone, mulling over possible dance ideas and developing them over time. Inspiration comes to me from a multitude of sources, unexpected places or at unexpected times. It could be in the beauty of nature, a phrase of written words, or a piece of music. It often takes months to piece together movement sequences and eventually create a finished dance ready to share with an audience.

This experience was similar to my past experiences as a choreographer, yet carried the responsibility of telling someone else's story. This was an immense honor and responsibility and I wanted to deliver my impressions of Ella's stories in a respectful manner.

The starting point for this dance was to uncover a theme. This was not difficult as most of Ella's stories were of her adult years as a wife and mother. Ella spent little time sharing memories from her childhood.

I have never based any of my choreography on someone's life stories, so Ella's input was vital to this dance. Ella gave me

space to do what comes easily for me and to take the lead as I am used to doing when choreographing a dance. Ella became a co-choreographer and we exchanged feedback that brought clarity to our ideas. This was inspiring and enriched the entire process for me. The dancers performing the piece were extremely respectful of Ella and her stories. I shared necessary information with them in order for them to understand the vision of the dance and the role they would play.

Although our perspectives were different, having someone to share in the joy of the final product presented an everlasting and unique connection between the two of us. On the night of the performances, Ella sat proudly in the audience with her children and grandchildren. I observed moments during the dance where her daughters would lean into Ella, holding hands and wiping away tears. Afterward in the lobby Ella posed proudly with me and her family as she held a bouquet of beautiful flowers while photos were being taken.

As an aspiring therapist, observing and participating in her journey was truly gratifying. This process was not only a gift for Ella, but a gift for me.

If I were to begin a new study based on my research, I would like to work with a group. I would be curious as to the dynamics of the group and what kind of affect that might have on

the results. I would love to further explore the ways in which dance and reminiscence could be joined together to help the elderly develop ego integrity and form a newly integrated life purpose.

I believe that future DMT students interested in this area of research with the elderly can continue to expand on this topic. The meaning of what it is to be elderly is and will constantly change. It will be renovated by those in this age group as they adapt to this stage in life. The methodology which I used in this study could be developed and taken in a direction best suited for the subjects based on their stories and reflections.

The elderly are sometimes viewed as too slow, unwise, and no longer able to contribute to society. Many are overlooked and discounted, and looked upon as an inconvenience. I believe just the opposite. Belcher & Jungels (1985), say it best, “Age, obviously, is not the barrier to growth, change and healing. The older age may be the very reason that healing can take place...people still have potential spirit, life and humor” (p. 38).

Older people possess a wisdom about them that is a culmination of their life experiences. The knowledge they have acquired over their years is a vast well and if we are willing to listen and celebrate with them, we can learn. Ella’s growth during this experience demonstrated to me that grow and change can occur despite age or stage in life.

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## APPENDIX A

*Caregiver*: “Someone whose life is in some way restricted by the need to be responsible for the care of someone who is mentally ill, mentally handicapped, physically disabled or whose health is impaired by sickness or old age.” Pitkeathley (1989) *It's my Duty Isn't it?* London: Souvenir Press.

*Dance/movement therapy, dance therapy, DMT*: “Dance/movement therapy is the psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual” (American Dance Movement Therapy Association).

*Despair*: “they feel inadequate and have a hard time accepting themselves, for they think they have wasted their lives and let valuable time slip by.” (Corey & Corey, 2002)

*Ego Integrity*: “achieving a belief that one’s life has been productive and worthwhile and that they have managed to cope with failures and successes. They can accept the course of their lives and are not obsessed with thoughts of what might have been and what they could or should have done” (Corey & Corey, 2002, p.105).

*Elderly*: 1. Approaching old age. 2. Of or characteristic of older persons. (Webster’s II New Riverside Dictionary, 1996).

*Embody*: “Since the whole of experience as persons is embodied, exploring a mode of expression that supports wholeness in expression such as movement may illuminate and uncover aspects of self-knowledge and meaning.” (Picard, 1997)

*Life review*: “...the progressive return to consciousness of past experiences, in particular the resurgence of unresolved conflicts which can now be surveyed and reintegrated” (Butler, 1975, p. 412)

*Life Stories*: a history of events, memories and experiences unique to one’s life.

*Narrative*: “the process of... verbal recreation of stories...internal experiences is shaped by the central narrative themes in our lives” (Siegel, D.J.,1999, p. 63).

*Reminiscence*: 1.The act or practice of recalling the past. 2. A memory. 3. Often reminisces. An account of bygone experiences. (Webster’s II New Riverside Dictionary, 1996).

## **APPENDIX B**

### **Informed Consent Form**

**TITLE OF RESEARCH STUDY:** Embodying Life Stories

**PRINCIPLE INVESTIGATOR:** Cathy Gamby-Weideman

**RESEARCH ADVISOR:** Cathy Pidek

### **INTRODUCTION**

You are being asked to take part in a research study as part of the investigator's Master's Thesis at Columbia College. This consent form contains information you will need to know to help you decide whether to be in the study or not. Please read the form carefully. You may ask questions about the purpose of the research, what I may ask you to do, the possible risks and benefits, your rights as a volunteer, and anything else about the research or this form that is not clear. When I have answered all your questions, you can decide if you want to be in the study or not. This process is called 'informed consent.' You will receive a copy of this form for your records.

### **PURPOSE OF THE STUDY**

The purpose of this research is to examine the clinical value of working with life stories and how it might serve the elderly population.

### **PROCEDURES**

If you agree to be in this study, you will be asked to do the following things:

- Reminiscence about your life

- Share those stories with investigator and group participants if applicable
- Be willing to physically move your stories
- Share feedback regarding experience
- Be willing to be videotaped

### POSSIBLE RISKS OR DISCOMFORTS

The physical risks in this study are minimal or none and the investigator will be mindful of your physical capacities and work to create a safe environment for this study. You may experience muscle soreness a day or two after a session. Any immediate pain or discomfort experienced during a session will be addressed at that moment and an attempt will be made to alleviate it. Emotions may surface which may be uncomfortable, but again the support of the investigator and group participants will be available to help you move through the process.

### POSSIBLE BENEFITS

The possible benefits of being in this study include a deeper insight into your life experiences. A chance to reminiscence and try to more fully understand pivotal life experiences and how they can be meaningful through movement.

### CONFIDENTIALITY

Everything you do or say in the group sessions and final interview will remain confidential. This means that the investigator will keep the names and other identifying information of the research subjects private. The investigator will change the names and identifying information of the research subjects when writing about them in the thesis or when talking about them with others, such as the investigator's supervisors. The data (information) that comes out of the study, both in writing and on audiotape and/or videotape, will be kept in a locked filing cabinet and may be destroyed at some point in the future. No one else besides the investigator will have access to the original data.

## RIGHTS

Being a research subject in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty. If you have questions about the study or your rights as a research subject, you may contact the researcher or the research supervisor listed above.

## COST or COMMITMENT

There is no cost. The time commitment will be approximately one hour a week for 6 weeks.

## SUBJECT'S STATEMENT

This study had been explained to me. I volunteer to take part in this research. I have had a chance to ask questions. If I have questions later about the research or my rights as a research subject, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

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Printed name of the subject

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Signature of the subject

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Date

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Printed name of principle investigator

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Signature of principle investigator

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Date

## **APPENDIX C**

- What is your earliest memory?
- How are you different today than when you were younger?
- What do you miss about your younger years?
- If you could, what would you want to do differently?
- What is it like for you to reminisce?
- What, if any, regrets do you have?