

# *Touching the Spirit at the End of Life:*

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**ABSTRACT:** Mindful affective timalation (MAT) dance/movement therapy (DMT) is a wholistic group psychotherapy process for persons in end-stage dementia. Centered in Tom Kitwood's philosophy of person-centered care, this process uses elements of dance/movement therapy, Hakomi and brain theory to address end-of-life spiritual and psychological needs. MAT/DMT is a creation of Tria Thompson O'Maille. It was developed at UHHS Heather Hill Hospital. This method can be taught to and used by chaplains, nurses, counselors, social workers, as well as dance/movement and music therapists.

**Key words:** Dance/Movement Therapy, End-of-Life Care, Person-Centered Care.

## **Introduction**

At UHHS Heather Hill Hospital, a new and unique dance/movement therapy process developed by Tria Thompson O'Maille has evolved. This process is being practiced, refined, and taught by members of the healthcare team, particularly the dance/movement therapists. The person-centered care philosophy of Tom Kitwood (1997) is the touchstone for all care provided at UHHS Heather Hill Hospital.

UHHS Heather Hill Hospital is a multi-level facility, which includes a rehabilitation hospital, sub-acute care, outpatient services, long-term care, assisted living and a complete continuum of services for persons with Alzheimer's and related dementias. Heather Hill is part of the University Hospitals Health System of Cleveland. The work described in this article took place at the Corinne Dolan Alzheimer Center and on the Special Care Center at UHHS Heather Hill. Each of these units is part of Dementia Services, serving those with beginning stages of Alzheimer's at the Dolan Center and those with end stage of dementia at the Special Care Center.

Kitwood (1997) presented his seminal thought and explanation of this care philosophy in his book *Dementia Reconsidered*. Based on the philosophy of person-centered care and using its language, Thompson O'Maille calls her

process Mindful Affective Timalation (MAT) Dance/Movement Therapy (DMT). Each element of the title bears explanation.

Kitwood's person-centered care philosophy emphasizes the importance of the relationship that exists between persons in the care setting. He supports the mindful mutuality of these relationships focusing on the personhood of each of the players in the care setting, be they a person with Alzheimer's, professional caregiver, family member, administrator, or therapist.

Kitwood promotes the philosophy that each person in the care setting be affectively open to each other. He further describes the skilled and elegant caregiver as one whom, rather than being removed emotionally, is appropriately emotionally present with all of their personhood to the person with dementia.

In such a stance, the caregiver supports and encourages the expression and communication of emotions and feelings needed to address issues on all levels, including those that might be blocking the ability to accept and embrace the process of dying.

*Timalation* is a Kitwood-created word indicating direct engagement of the senses. Kitwood uses this term as one of the categories of behavior that can be identified and coded

in the process of dementia care mapping (DCM). In his description of *timalation* Kitwood notes that sensation predominates over cognition and that the outcome of engagement of the senses is generally stimulation, release, or relaxation.

Moving to the second half of the title of the process, DMT is a professional modality of psychotherapy. The American Dance Therapy Association (1999) defines dance/movement therapy as the psychotherapeutic use of movement to foster the physical, intellectual, and emotional integration of a person. As used at UHHS Heather Hill Hospital, the word spiritual would be added to the definition as MAT/DMT incorporates and elicits distinctly spiritual material.

As a modality DMT is body-centered and is an effective creative arts therapy akin to music, art, drama, and poetry therapies. All clinical populations can benefit from the techniques and processes utilized in this modality. DMT is particularly effective with those whose verbal capacities and motor skills have been compromised or incapacitated. It is also appropriate for those whose motor skills are beginning to develop (infants) or are beginning to diminish (the elderly).

As a specific dance movement therapy modality, MAT/DMT is a palliative method that incorporates elements of spirituality, bodywork, and dance movement therapy theory in a process that can be likened to a Lamaze session. The Lamaze session, as traditionally known for use in childbirth, is a natural method of birth that involves focus on controlled breathing, supported by significant others who serve as a kind of "coach," and celebration of life as it enters the world. Each of these elements is part of MAT/DMT.

However, in this palliative method, the natural birth is into a new realm that we call "dying." In MAT/DMT a peer group and therapist create and hold a safe, sacred space for the person being "held" on the MAT table. In this space the individual on the table can work with life-death issues.

As such MAT/DMT can be considered nonverbal group therapy for those who are in the end stage of dementia. Family members and staff can be included in this process, either as members of the group or working with the therapist and their loved one on the MAT table itself.

### **The Movement Background of MAT/DMT**

One lives the way one moves. Patterns and their changes can be seen and incorporated in both structure and flow as a display of ill or well-being. Although it is generally believed that persons with dementia may have little or no cognitive ability to reconstruct past pathology (Cargill, 1998), MAT/DMT posits that something in the person remains that does "know" of unfinished business and unresolved issues. Like all individuals, the person with

dementia wants to move toward wholeness and integration as suggested by Erickson (1963).

### **Clinical example**

Petra is a woman from Georgia who held herself "straight and proper" as was expected of a refined lady of the south of her day. Now in her illness she is bent over, suffering from Parkinson's and Alzheimer's disease. Petra also displayed a marked self-righteousness reflected in the rigidity held in her neck and torso. Often she would verbalize in a chatty, rambling manner, with a distinct southern drawl her concern for "them."

In her fourth time working on the MAT, she completed the warm-up by deeply releasing rigidity and stiffness in her neck as noted by her head sinking back onto the pillow beneath her. A blush of color came into her face and her breath deepened into her torso, allowing the rigidity often held there to release and soften. These physical changes were reflected back to her as something different and perhaps important for her.

Petra was verbally encouraged and supported through phrases such as, "We are with you. You are safe and loved. Go as deeply inside your heart as you need to." She began to breathe more deeply and the rigidity in her torso softened even more. Normally her hand shook uncontrollably from Parkinson's disease. It now was steady as she moved it to her heart and said, "Sorry." Her eyes were closed and a tear started to run down her cheek. As the process continued, she began to move her hand from over her heart to her throat and back again. Petra then said, "Apologize to the colored people." This feeling was validated and Petra was thanked for expressing it. Petra cried for a few more moments and then opened her eyes and smiled. As Petra was moved from the MAT to her chair, she was not bent over. Her torso was open and remained relaxed. When asked how she was feeling, she responded, "Good."

On a spiritual level, Thompson O'Maille suggests that insight, as a person with full cognitive function might form it, is quite different from that of a person with dementia, due to the deterioration of brain tissue and developmental changes and behaviors that follow. She notes that even with degeneration of brain function, the amygdale continues to function to the last dying breath. According to Caldwell (1999), "the amygdale is up and running by the third month in the womb." It is thought to be the seat of emotions and key in movement processes. Thus, this function of the brain, early achieved is also finally present to the end of life. Since this is so Thompson O'Maille further suggests that the amygdale might also be the seat of what we call the soul. Although there is a paucity of direct support for this in the literature, it is an insight and theory that bears further investigation and discussion.

## *O'Maille/Kasayka*

In the DMT process the therapist generally intervenes to address body awareness, sensations and feelings so that they may be released, revealed, and reconstructed.

Reconstruction for persons in end-stage dementia is more a transformational process of the soul than a cognitive reordering of behaviors. The soul that has been wounded expresses itself through the body. When there is soulful reconstructing, and a deepening awareness of the healing power of love, the body takes on a different presence, as seen in the postural and gestural movement, facial expression, and breath of the person.

Assuring the soul of each person that her or his process is important and that he or she has the power and resources to lovingly forgive both self and others, as well as make choices, can help release the toxic physiological and psychological residues in the body. Moving and resting the body in a pleasurable and pain-free manner can open those reservoirs and resources to transformation. These resources, although not purely physical, may still be revealed in radiant, peaceful, and calm bodily presence. Being still and silent is as important an element in dance movement therapy as is movement, particularly for those in the final days of earthly life.

As dementia progresses, the physical body may become unknown to the very person who lives in it. Senses need different stimuli to respond. The need for a caring touch intensifies, as does the need for assurance that the person is loved, safe, and out of harm's way. For example, touching a person's hand reminds them that indeed they do have a hand. This is a natural gesture that is a safe and gentle connection to another person whose presence is reassuring.

Kubler Ross (1970) indicates that the perceived circle of each person's influence becomes smaller as the end of life approaches. Likewise, movement becomes slower and more difficult. There is more shrinking and narrowing in the body. Movement, vocabulary and range of movement diminish. Locomotor and peripheral movement also diminish, but movement does not cease altogether.

As long as a person is breathing, there is movement in the diaphragm, the lungs, the heart and the cells that still live. When the body is in pain, relief is sought through restful positioning. In a restful, lying position it is possible to work with gravity rather than against its force. Doing bodywork on the floor or as close to the earth as possible, takes the burden off the body to "hold up." Kurtz's (1990) concept of "taking over" can be more easily employed. When working in this manner, one is grounded fully into one's body, connected to the earth and aware of bodily sensations. Working with gravity has been found to release toxic tension held in the body as well as promote positive energy for deeper healing and restorative work. The concept of working with, rather than against gravity, influenced the use and adaptation of the work of Bartenieff and Lewis (1980),

Bainbridge Cohen (1993), and Grossman (1998) in MAT/DMT.

## **Clinical Example**

Mamie, a member of the group, continuously cries, "I want to die. I want to die. Lay me down. Let me die." During the first few sessions of MAT/DMT Mamie was unable to even sit in a gerichair for more than 10 minutes in a session. She exerted a vast amount of physical and psychic energy verbally crying out and physically becoming more rigid and stressed. Mamie consistently used muscles of the spine and abdomen to fight gravity, pushing up and forward.

During this MAT/DMT session, Mamie was assured that if she wanted to die, the group would support her. When transferred to the table, Mamie said: "I don't know how."

Mamie was encouraged to move any way she needed in order to feel comfortable. When she did this, Mamie's voice softened and her breathing became deeper. She allowed herself to be touched and began covering her mouth with the blanket. Mamie was assured that she needed to expend little or no energy to find the way to die and that she was being held by the facilitator and the group in a safe place. Having heard this, Mamie relaxed and sank more deeply into the pillow. She uncurled her legs and stated with a sign, "Thank you, that's good."

## **The Spiritual Background of MAT/DMT**

In addition to the physical, psychic and spiritual contributions of these defined methods, Thompson O'Maille has added her own spiritual awareness that is influenced by various traditional religious practices and beliefs including the Benedictine Hospice movement of the ninth century and many mystical healing traditions.

As MAT/DMT developed, so too did several questions having to do with spirituality. First, what might be needed to insure and support a person spiritually before expiration occurs? Second, what spiritual/psychic wounds need to be healed for someone to let go and no longer fear death?

As dance movement therapy supports the physical release of breath, bone, and body, so does it encourage the release of the soul. It is Thompson O'Maille's firm belief that the body is the earthly expression of the eternal soul, individuated in each unique person and that each person's unique soul expresses itself bodily, up to and through the last dying breath. These beliefs form the spiritual background theory for MAT/DMT.

## **The MAT/DMT Process**

The MAT/DMT process involves commitment on the part of the team of caregivers as well as the dance movement therapist/facilitator. This is evidenced in the first part of the process, the preparation. Preparation of the space, preparation of the facilitation, and preparation of the group members are all part of the first phase of the session. Preparation of the space centers on a physical therapy MAT table. These tables are commonly used for rehabilitation and physical therapy sessions. The table is intentionally prepared and dressed with clean linens, pads and pillows. Slightly smaller than a double bed, the table is able to support up to 3 persons at a time. Typically, it holds 1 person and the working therapist. Up to 8 peers are gathered into a semi-circle around the table.

All of the participants are those considered to be end-stage dementia. Some are actively dying. More important than having such a table is the concept of being able to form what Jung (1964) calls a "temenos" or sacred space around the person and the group. Thus a session might be held with a person in a bed surrounded by the group.

Creating this type of space is accomplished through intentionality. Intentionality refers to a planned, deliberate, positive approach that supports the well-being of the individual with dementia. Empathy, unconditional positive regard, holding positive thoughts or hopes combined with a mindful focused approach to even seemingly mundane tasks contributes to intentionality. Intentionality of the staff and therapist as well as mindful preparation of the space, reduced stimuli and noninvasive music, such as Gregorian chant, is also part of preparation of the space.

It is also important that the facilitators prepare themselves physically, emotionally, and spiritually through their own warm-up process. This preparation is begun by slowing down the pace of one's own movement. Making an intention to be focused and present to the process is a concrete method of preparation. Any form of meditation, breathwork, or opportunity to sit or walk through nature helps prepare one for the process. Some facilitators say a prayer or blessing based on the cultural and religious sensitivities of the group members. Group members will be able to sense and respond to a facilitator who has prepared for the session, as a sense of safety is heightened and the sense of temenos strengthened.

After this preparation, residents are brought into the room by the therapist and unit nursing assistants. Members of the group are asked if they would like to "work" on the table. The responses on any given day will range from a definite "no, no," to a smile, a shake of the head or a "oh, ok, sure." Consultation with staff and hospice nurses takes place because someone may be actively dying, and most in need is the person to be worked on that day.

Participants are transferred onto the table and assured through touch and verbal phrases that a safe space is being provided for them by their peers and the therapist. This assurance serves to meet the need for inclusion, safety and comfort of the entire group as promoted by Kitwood's person-centered philosophy. To enhance the sense of safety and comfort further, the person on the table is periodically reminded who is in the room around them, holding the space.

Those named in the group are invited to make their presence known either verbally or through a body movement toward the person on the MAT table. Because verbalization is often minimal or nonexistent as the session begins, group members are invited to make their presence known in any way they are able. This may include sound movement, heart intention or the voicing of names. Doing such affirms the recognition and validation of each one's presence.

For example, when the facilitator invites group members to make their presence known to Bessie who is on the MAT, one group member began to breathe louder and move her head back and forth while another moved her feet as if walking closer to the MAT.

The facilitator then begins the process of addressing physical, psychological and spiritual issues by initiating a warm-up process. She may start at the head, jaw, or face, naming what is being moved and encouraging breathing as well as any movement group members may want to contribute.

Persons benefit from the experience of watching movement as well as actively doing movement. For example, when the facilitator begins to mirror the movement made by one of the group members, opening and extending the movement, the person reaches out her hand to the facilitator. When the facilitator takes the hand, others in the group begin to reach toward and take each other's hands. This movement was first initiated by the watching. Even if a person cannot lift an arm, watching someone else do so opens the cellular response in a deeply subtle movement for the watcher. For this reason, the therapist moves all body parts herself during the warm-up.

Though the movement vocabulary and range of movement of persons with advanced dementia may be limited, the therapist can still employ her own full range of movement and vocabulary to bring the level of the whole group to its highest healing potential. Grossman (1998) notes that in the healing process, the body and psyche connect to the highest level of health available in the held space. Therefore, if the therapist uses the full range of movement available to her, it is shared with the whole group and contributes to the building of trust and group cohesion. As the body relaxes, it lengthens and opens up as needed for deeper work.

**Clinical example**

Rose lies on the MAT in a tightly closed fetal position. The facilitator on the MAT with Rose places a hand under her neck inviting her to “Allow your neck to move and release in any way that is comfortable to you. I will move my neck as fully as I can with and for you.” The facilitator then touches her own neck and tailbone. Rose is encouraged to breathe from the back of her neck to her tailbone. As she does so, her neck softens, her torso and pelvis widen, and her spine gently begins to unfold, lengthening in the back and allowing her ribcage and sternum to open in the front. As this happens, the facilitator, assuring safety, asks, “What needs to happen for you now?” Rose responds by placing her hands over her stomach saying, “It’s hard.” As the facilitator validates Rose’s feelings, assuring her that the whole group will be with her, Rose opens her upper body, releasing and relaxing into the pillow under her head saying, “Thank you.” This movement of her body allowed her stomach area to be open for exploring feelings held there. It is interesting to note that at this time Rose’s family was trying to make a decision about placement of a feeding tube.

Continuing the MAT/DMT session, the facilitator, with permission, touches each person’s head, neck and shoulders. When elbows and arms are moved, the therapist suggests making physical connections as able within the circle around the person on the table. It is at this point that movement themes may emerge. No matter how subtle, expression can be observed in breathing patterns and creative movement responses.

After everyone in the group is warmed up from head to toe, the group is invited to give their heart/intention to the person on the table or in the bed. The therapist moves between the areas within the holding circle and onto the table as she suggests making connections with both body and soul. As this process unfolds, the therapist tells the person on the table what the group is doing.

For example, “We are moving our heads now to release any tension we have in our neck and shoulders.” Deep breaths are encouraged to “open our hearts.” This framing of words has been found to elicit greater response than asking participants to “open their chest or torso,” suggesting the emphasis on “soul vocabulary” rather than simply on physical body parts.

The therapist utilizes elements of dance/movement therapy such as mirroring moving body parts and tensions that reflect those of the participants. When a connection is sensed between group members (e.g., eye contact, increased alertness, and breathing pattern changes) it is kinesthetically made with the person on the table. Attention is first directed toward areas of the body where it is evident that energies are being held or are flowing freely.

**Clinical example**

Peter holds his right shoulder very tightly toward his right ear. The tension is so high that it is very difficult for him to sit or stand straight. His neck is bent to the right and his right shoulder blade is turned toward his sternum. Being locked in this posture makes it difficult for him to walk or even maneuver well in a wheel chair.

The other side of his body is flowing with movement expressing some desire to move forward by reaching with his arm and propelling his left leg, moving himself in a circle in the wheelchair. This tension of opposites in Peter’s body is extreme, causing him fear and anxiety, which he expresses by making loud noises and random chaotic movement of his arms and legs. Persons in the group picked up on these feelings and began to make distressing sounds as well. Some in the group just tell him to shut up.

The facilitator identifies the Laban fighting qualities of the movement (punch/slash/kick/wring) which are dominant in Peter’s movements. Also seen are the bound, strong and direct energies that need the recuperative balance of indulging qualities (float/glide/dab/press) with free, light and indirect qualities of movement. So balance is needed.

Beginning with the breath, the facilitator breathes fully and asks Peter to do the same. She also asks the group to join in the process as they are able. The facilitator mirrors Peter’s posture, gestures and breathing pattern, all the while telling the group what she is doing and how she feels in the various postures. She says, “I am going to move my body into an opened and balanced position for Peter and everyone in the group.”

The opening movement of the facilitator is done very slowly in order for more empathetic connection to Peter and to the group. At this point in the session, Peter made eye contact with the facilitator and some of the members of the group. Peter allowed the facilitator to touch his neck as she asked, “Who is the pain in your neck?” In response, Peter ever so slightly releases his right shoulder, falls back in his chair and says, “That’s it.” The warm-up complete, Peter was then placed on the MAT and the session continued.

The importance of the full-body warm-up as it goes through each person’s body to see specifically what is being held frozen, stuck, or fighting in each person is shown in this particular clinical example. The indulging qualities and the combination and balance of these qualities are noted in order to support the movements of the body that support well-being in the dying process.

As the disease process progresses, so does shrinking and contractures that at first glance suggest increased rigidity. Upon close examination, one sees a deeper emotional and spiritual expression also. Sometimes just naming what is

seen in the body allows the rigidity to release with some slight breathing, touching or rocking motion.

The person is asked if it is “Alright to rock you?” Rocking is chosen because of its rhythm that tends to both comfort and release with the assistance of gravity. Rocking can also be expressive of both deep grief and great delight and joy. In addition, it is one of three Bartenieff fundamentals used to prepare the body from a lying position. The rocking movement allows the iliopsoas muscles to relax and spine to lengthen. Body information, such as held-in and locked joints, is released through the gentle rocking motion.

Further building on the Hakomi (1990) concepts (Hakomi is a Hopi Indian word meaning: How do you stand in relation to these many realms? Or “Who are you.” It is also used to name a body-centered psychotherapy), the therapist is then able to address the deepest core of the person by addressing his or her heart and asking, for example, “What is freezing you?” or “Your knees are locked. What would it be like to unlock your knees?”

Often a person will then relax the knees and allow more rocking and lengthening of the spine to unfold. From the observation of resistance or release what can be addressed? Resistance could suggest issues of anger, control, fear or abuse. Release often suggests something may have worked itself through. The person feels safer and softer. Deeper feeling may then rise to be expressed.

Up to four Bartenieff (Bartenieff & Lewis, 1980) fundamentals are employed within the MAT process. They are the rock and roll, knee/pelvis, arm turn, and breath sound preparation. Special attention is given to enhancing the coccyx/skull relationship.

The use of touch assists in expanding sensory awareness in an attempt to release the spine and allow for more lengthening or feelings of growth. Areas of the body that are shrinking are encouraged to allow for more opening and widening, especially in the physical and psychic area of the heart. Phrases such as, “Let go of whatever it is you need to let go of and receive what you need to receive,” and “Let your breath take it in and out” are offered.

As the person is rocked, their hands may begin to open, tensed and frozen shoulders may release, pelvic areas may soften, and sometimes tears and sounds are expressed. There may be responses of fighting energies—punching, flicking, wringing—coupled with shrinking and pulling in.

The MAT facilitator must be skilled enough to be able to support all feelings that need to be expressed. These may include powerful emotions such as rage, forgiveness, joy and despair.

Further, the facilitator must be able to encourage the group to open up to each other and to the expressed emotion.

## **Clinical example**

Pearl is on the MAT. She is screaming and rolling to the side of the table as if she was going to roll off. The peers in the group begin to scream along with Pearl. The facilitator places herself at the edge of the MAT to keep Pearl from falling off and then reaches out to each of the group members pulling each one close to the MAT while using words to suggest comfort and safety—“We all seem a bit anxious here today, but we can make a safe space for each other.” In doing this, the facilitator is able to honor the chaos present in order to reach the center of the process.

Pearl then pinches the facilitator and screams, “I wanna go home.” Another group member yells, “If I have to come in there you are really going to get it.” Yet another group member looks around and begins to laugh, while the third draws her arms in closer to her chest.

The facilitator states that all feelings and expressions are welcome in the group as long as no harm is done to self or anyone else. She then speaks to Pearl. “We know you want to go home. We all want to go home too. Sometimes we can find home in the deep spaces of our hearts.”

As the session progresses the screaming stops, movement opens, and the groups ends up in an extended period of calm deep silence.

In other sessions, as subtle movement processes begin to unfold, individuals working on the table react in different ways. Viola stops grinding her teeth and sheds tears. Bill opens his hand and places it near his heart. Helen releases her legs from a fetal position. Mary reaches out her open hands and moves them in the air.

As these movements occur, others in the room are invited to move, make sounds, and express themselves in a way they choose for the person being “held.” For example, Mr. G repeats the “Hail Mary” while Mary says, “That’s right” and gives her doll to Viola on the table.

The person on the table is then asked to allow his or her heart to speak and “say what it wants to say.” At this point the person is usually physically held in some manner by the therapist.

One gentleman, Bill, whose hand is near his heart was asked, “What are you holding on to?” He replied, “My life.” Another woman, Rowena, when on the table, starting saying, “Let go. Let go.” As she let go of the therapist’s hand, she raised her fingers, moving them like falling rain. “Let go, let go like falling leaves . . .” Rowena relaxed even more and said, “Thank you.” The peers around the table were focused and silent, no one was sleeping. Rowena died two days after the session.

Physical and nonverbal changes occur, though they are sometimes as subtle as the change of breath. Release of gases and fluids through flatulence, urination, defecation, burping and tears also suggest a release and expression of emotion.

It is not important that the facilitator completely understands the issues the person needs to address. One might have a hunch or intuition and could possibly reflect this back to the person using words such as, "It is OK to let go in any way you need to;" or "You don't have to swallow anything you can't stomach." These references back to the body increase awareness and connect to the issue. Suggestions of safety and expressions that welcome release of emotion reinforce the permission to express.

At the end of a session the person is prepared to get up and move from the table. Each person is physically and psychically held for several minutes before the transition to a standing position or being placed in wheel chair is made.

Closure begins with the therapist first stating for the person on the table that, "It is time to close this experience for now and for us to make a transition." Assuring the person on the table that all feelings are welcome and that he or she can take whatever is needed from this time for healing with them, we begin to gently rock again and bring the person back into "ordinary" time.

The process intervention noted above is somewhat like Bonny (1978) describes in the ending of a Guided Imagery and Music (GIM) session when guiding a person who has had a transpersonal or religious experience. Often the person on the table will become radiant, start singing or chanting spontaneously, point to something beautiful, smile or laugh, and exhibit a calm, peaceful presence that is difficult to capture in words. Bonny (1978) and Groff (1994) have reported similar experiences with persons who are cognitively well in their music therapy and breath therapy work.

Whatever a person's response to the closure process, he or she is given a few moments in a sitting position on the table to reconnect with the body in any way that is needed. Sitting on the edge of the table, being held by the facilitator and a co-facilitator or nursing assistant allows the person to feel and sense the surroundings in a new sitting position, to see those in the room who have been holding the space, and to sense and feel shifts and subtle changes that have taken place in the body.

The process of closure and transition back to each person's chair in the circle is given with the words, "Take the time you need." Also voiced by the facilitator are words such as, "You have choices, and you still have control of your inner self. You have what you need inside you. When you are ready to move on, you can let us know." Often the words,

"You can go home when you are ready. It's your choice," are spoken.

## **Discussion**

Into 2005 MAT/DMT has seen 7 years of practice. During this time, over 200 persons have participated in the process. Most of them have died. Many have died peacefully. Family members, caregivers from other facilities, students, and national and international visitors have come to observe the process.

Often the first response of observers and family members is something like, "That was very moving. How peaceful. I would like to be the one on the MAT." When asked if she could articulate what was different or moving about the experience, one daughter said, "I could never explain this to my sister. But I could see the difference in my Mom. She was so calm and relaxed. I felt that way too."

Staff has noted changes in behavior of residents who have been in MAT/DMT sessions. Sometimes more "fighting" behavior emerges because of the issues the individuals are addressing before death. The objective of the MAT/DMT process is to assist the resident to die well. Staff realizes this, but coping with successive deaths is often very difficult for staff. When a member of the group passes on, time is offered in the group for members, family and staff to remember and grieve before a new person is brought into the group. It is interesting to note that sometimes several persons in the same group die around the same time. The cohesion of the group members can be observed and felt on many levels.

MAT/DMT was originally designed to be facilitated by trained dance/movement therapists. However, training has also been offered to hospice caregivers, other creative arts therapists, chaplains, ministers and other psychotherapists. For those interested in becoming a facilitator, key qualifications to consider include:

1. The willingness and ability to move with a degree of comfort
2. Being willing to learn movement skills and techniques
3. The willingness and ability to be with dying persons with Alzheimer's and other dementias
4. Having an understanding and appreciation of their own spiritual needs and those of others

It would be highly recommended that those interested in starting a MAT/DMT group take the opportunity to observe a group in process and to take preliminary training from the facilitator of the process.

## Conclusion

MAT/DMT is a model in process. It attempts to integrate the body-mind-spirit developmental process as it evolves to what might be called a higher consciousness, leading hopefully to a "good death." Hammerschlag (1988) indicates that when we speak of the soul we speak of movement, for the soul itself is much closer to the process of ongoing movement than it is to fixity. He believes that medicines that treat the soul must therefore have a kinetic nature, that is, allow for movement. This statement is core to the development of MAT/DMT because it supports the movement of the soul in the body of those in the end stage of life. At this stage, physical movement of the body may seem absent, but the subtle movements described in this article indicate that movement is still possible and to be encouraged so that transition can take place.

The group function of the process is supported by the belief of Marion Chase (Chaikin, 1975, 272), one of the founding pioneers of DMT who said, "Rhythmic action in unison with others results in a feeling of well being, relaxation and good fellowship. Even primitives understood that a group of people moving together gained the feeling of more strength and security than one individual could feel alone." MAT/DMT as a group process embodies Chase's theory while incorporating attention to the source of one's hope or higher power for the purpose of transformation and completion. Quality of life issues as well as questions of meaning are embraced.

The method of MAT/DMT was begun in an effort to explore the possibilities of person-centered care and dance/movement therapy for persons receiving palliative care. It is a form of psychotherapy, addressing the issues, wounds, gifts and resources of each person as accessed through the body for the deepest possible healing of the soul. The spirituality of persons with dementia and their spiritual needs is an area in need of further exploration. MAT/DMT carries on that exploration.

The process, to date, builds on numerous theories of those who have gone before to explore the mysteries of the mind-mind-soul connection as well as the particular life circumstances of persons journeying through dementia. We are challenged to continue the dialogue, exploration, and research needed to refine and define methods and outcomes of this process.

### A final clinical story

George's wife, his son, a hospice worker, the members of George's MAT/DMT group and the facilitator gathered in his room as George was actively dying. All encircled his bed as a Gregorian chant played. The group settled and the room became silent.

All were invited to warm up their bodies. As Georges breathing was labored, group members were invited to take deep breaths as they moved body parts at the direction of the facilitator. George's wife and son guided and moved George through the warm-up. When his wife touched him gently behind his neck, George's rigidity began to dissolve and he let his head sink into the pillow. George's son was invited to hold his father, and the son cradled George, supporting him so that George could relax his spine.

All those in the room moved their bodies, primarily in grasping and releasing movements. Noticing this movement type, the facilitator encouraged group members to "Notice what you need to hold on to." At this point George's wife took his hand in hers. She noted, with tears in her eyes, that George's breath became less labored, and his rigid arm became flexible and flowing. She said: "George, we are dancing just like old times." George smiled and moved with her. George's eyes were looking into those of his wife. When George became tired, he let go of his wife's hand.

As this happened the facilitator said, "Let us open our hearts to what we need to let go of." George's wife began to cry and said to him, "I know I need to let you go to the Lord." Hearing this, one of the group members clearly said, "Kingdom come," assuring both George and his family that they were supported in whatever letting go they needed. George opened his eyes and reached out to those circled around him and formed the word, "Father." George's wife asked if everyone would join her in saying the Lord's Prayer. When the prayer was over she let go of George's hand and the son gently placed his father back on the pillow, letting him go. The group was then brought to a close, allowing the family to be alone with George in his final hours.

This final story demonstrates the power and the potential of the MAT/DMT process. As its development continues, such stories will abound.

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