

Reflections on Resilience in the Arts

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I very much enjoyed reading Tobi Zausner's article "Creativity, Resilience and Chaos Theory" in our last newsletter. It immediately sent me off into my own thoughts on resilience and

the ideas I have formed about it through my work. In this postscript to Tobi's article, I hope to contribute some further perspectives from my studies around dementia and personhood, as well as to shine a light on what is perhaps a less acknowledged perspective, namely the embodied experience and expression of resilience.

But first to my starting point, which was my doctoral study of person-centred care in dementia. Rejecting a strictly biomedical perspective on Alzheimer's, psycho-social perspectives (eg Kitwood's person-centred care) suggest that dementia is not merely a result of plaques and tangles in the brain but rather a complex interplay of brain pathology, life events, personality, personal coping skills and the present emotional and social environments. Indeed autopsies have shown that some people whose brains show minimal pathology on autopsy exhibited extreme dementing behaviour in life, while others with massive amounts of pathology appeared cognitively intact right up to death. To me, this suggests there is some issue about resilience – the ability of the human organism to adapt, accommodate, be flexible in the face of various assaults whether they be adverse events, brain pathology, or any other challenges.

Kitwood stated that the key task in dementia care should be the maintenance of personhood. This approach to dementia care emphasises that caregivers can make a difference, by helping the person's own efforts to cope with his/her changing world, through supportive and empowering relationships and attention to the physical, emotional and social environments the person inhabits. In my studies of how best to

maintain personhood, I looked at the literature on resilience and on wellbeing/flourishing for frameworks which might support different priorities of care in dementia from the current biomedical model. The latter focused on disease and the person as victim; person-centred care focused on empowering the individual and supporting their own efforts to deal with their new and ever changing situation.

I offer some brief notes on three theorists I found of special interest:

Grotberg – resilience and children.

Grotberg writings on children identified three major sources of resilience:

I have people around me who love me, and whom I can trust.

I am a worthwhile person

I can handle what comes my way, work out how to solve problems.

Antonovsky's Sense of Coherence

Some of the same concepts and themes emerge in the writings of Antonovsky. Rather than looking at the pathogens causing ill health, Antonovsky preferred to look at what kept people healthy. He developed the concept of Sense of Coherence (SOC) which provided a framework and measure of a person's ability to cope - resilience. He defined the SOC as follows

"a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that (1) the stimuli deriving from one's internal and external environments in the course of living are structured, predictable and explicable [comprehensibility]; (2) the resources are available to one to meet the demands posed by these stimuli [manageability]; and (3) these demands are challenges, worthy of investment and engagement. [meaningfulness]"

This is not restricted to the personal qualities of the individual, but includes the interplay of individual resources and the demands of the environment.

Csikszentmihalyi – flow activities

Csikszentmihalyi introduced the idea of flow, and named as flow activities those activities, done for their own sake, which were neither too hard (invoking anxiety nor too easy (invoking boredom). During such flow activities mind,

body and emotion were united. Importantly he identifies these activities as strengthening the self. One of the flow activities he identifies is dance. In terms of my concern with maintaining personhood in dementia, these provided some ideas as to the ways in which care staff could support and empower people with dementia.

RESILIENCE EMBODIED

As a dance therapist with people with dementia as well as with adults and children with mental health issues or other disabilities, one important aspect of my work with these groups has been in the area of strengthening the self and finding a strong core which allows one to interact with but not be overwhelmed by the world. The wonderful thing about working in the dance/movement mode, is that one can “concretise” issues such as resilience.

The experience of being centered is grounded in our sense of weight. Activating the movement potential of the pelvis awakens a true power and groundedness that allows us both to sink into the support of the earth and to reach out to others. Weight is related to support, both self-support and the capacity to encompass another's needs.

(Hendricks & Hendricks, 1983, P.102)

Thus in dance/movement therapy we work with finding and strengthening one's physical centre, with exploring stability and with maintaining a strong, stable core while interacting with a changing environment. Often, instead of a strong core from which to move out to the world, we see rigidity, tension – holding in for fear of being swallowed up by external forces. Children with an intellectual disability often have no sense of centre (Sherborne) and many movement activities can be created around this. Children enjoy “being a rock”, when the child sits on the floor with legs bent, feet firmly planted on the ground and hands supporting behind him/her on the floor. Then the therapist or helpers try to move the child through sustained pushing from all sorts of different angles. The aim is not to make it too easy, rather it is to get the child to push to his/her very limits before the therapist releases her push. This exercise at a physical level tends to make the child very aware of his/her centre. As the child is pushed from different angles, the child mobilises his/her energy to meet the challenges at different parts of the body. Therapists working with

children can ‘feed in’ strength to the child, through a process of gently pressing till there is a response, pressing some more and so on – helping the child to practise using and to increase his/her strength.

I've learnt a lot about the qualities of resilience through these very physical explorations. On one occasion, I asked a group of psychiatric hospital patients to create as a whole group a stable structure. As I tested their structure, we realised that there needed to be some “give” in the structure. What became clear to me was that it is flexibility not rigidity which is the hallmark of being strong (resilient).

Finally, I particularly like Tobi's note about resilience itself being a creative act and that every action of resilience builds on one's ability to deal with the next challenge. In my work in dementia and dance therapy, I believe that I am trying to support my clients to engage in and practice resilience in supportive and enabling emotional and social environments. I would welcome others adding new perspectives they have come across through their particular professional fields of practice and/or study.

References:

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Note: Dr. Heather Hill's bio can be seen on p. 34. And we wish to thank the author and (once again) the editors of the *Psychotherapy and the Arts Newsletter*, March 2010, for their kind permission in allowing us to reprint this article.