

Listserve Dialogue: Dementia: Walking not Wandering

The announcement to the ADTA listserve on the publication of this book (reviewed p.27-28), in which there is a chapter by Dr Heather Hill, promoted some dialogue between herself and Christine Hopkins. It is of interest to read, particularly for those involved in working with this population.

Heather Hill:

Heather wrote to share the news of this newly published book and of her chapter called – *The who, how and why of walking/wandering - a dance therapy perspective*, saying “Essentially my chapter rejects a simplistic account of ‘wandering’ as a symptom of dementia, and enlarges the perspective of walking/wandering in the context of dementia, to take in the person and the person in relation to his/her internal or external environment”. From the flyer you will read “Walking is normal and healthy yet, when people with dementia do it, it becomes ‘wandering’ with all sorts of associated ‘problems’. This book addresses this important issue for those working with people with dementia in care homes, hospitals, day care centres and the community”..... “This book argues passionately that for people with dementia walking should neither be feared nor discouraged by professional carers, and especially not classified as challenging behaviour. Instead, walking should be viewed as an activity, fully understood, with significant potential and benefits.”

Christine Hopkins replied:

“Wonderful to hear of your therapeutic re-frame of walking behaviors in dementia and congratulations on publishing a chapter about this in a book. I have to admit that incessant wandering walkers are the only kind of people I have not been able to integrate into dance therapy groups in long term care settings. Once in a blue moon they'll walk through and maybe I'll get one dance with them, but usually not even that. Maybe you have some suggestions?.....

.....can you tell us if you talk about differences between distressed and contented walkers? Also, I've known a few nursing home residents with dementia who walk so incessantly that they can't eat enough calories to keep their weight up--this is the only clinical problem I've seen with non-stop walkers.

I did have one amazing moment with a walker in the geropsychiatric unit, a woman in mid-stage Alzheimer's, hospitalized probably for psychosis (but I don't remember for sure). This woman appeared to be not just walking, but searching everywhere for something. So I asked her, What are you looking for? She made eye contact and stopped by me and said, I don't know. For some reason, I asked if she might be looking for herself, if she felt

that she had lost her personality. She said Yes, that's it! and laid her hand on my arm. We looked right into each other's eyes. I said, I don't think you'll ever find it again. I think it's gone forever. But you're still here and your soul is still here. And we're here together. As we continued our mutual gazing, it felt to me like she understood every word I said and was just taking it in. It was an incredible experience for me.

I actually didn't have her in my group--it's a short-stay program and she didn't enter the group room after that moment--so I don't know how she behaved later on. But I did feel like I helped resolve something for her, like she felt understood and been seen and validated. I hope I'm not hallucinating about this! Sometimes I have these profound intuitions, felt sensing somatic attunement with Alzheimer's patients and they often lead to extraordinary encounters. I must have got something right in a helpful way, as evidenced by her response to my intervention, at least in terms of a moment of relationship.

If I were to describe the somatic data I was taking in that were part of inspiring my intervention, I would describe how she looked somehow wild and haunted around the eyes, desperate and relentlessly driven as expressed in her whole body forward leaning from toes to head. I had not interacted directly with her before, had only seen her in the halls. You see, she wasn't wandering, not in the lost and unfocused sense. She was moving with directness and sagittal emphasis, which I interpreted as indicating a sense of purpose.

On a more general note, I do differentiate elderly clients who have physical drive and need physical activity in their daily life. These folks feel to me like they're fellow kinaesthetic types and I advocate for emphasis on body activity in their care plans. Some of us just have to keep moving to keep ourselves as intact as possible!”

Heather Responded with:

Thank you (Christine) for your full and as always insightful response! You basically capture much of what I was saying in the chapter, namely that it is PEOPLE who walk (not diagnoses). And absolutely, there are as many walks as people. In my chapter, I have small vignettes of different walkers which clearly show different intention, different qualities. Of course, as dance therapists we are well equipped to "read" the diversity of movement, where others simply see a movement. This is why I feel dance therapists have such an important role to play in dementia, because we can so relate and understand

in the non-verbal realm - which other professions by and large can not, or can only do in a "unconscious" way.

Like you, (I find) it is difficult to contain people who are walking within the sessions. I too just grasp the occasional moment to interact with them before they leave. What I do try to do, where possible and appropriate, is acknowledge their entering and their leaving the group - so as to give it reality and themselves presence.

In the chapter, I do make some suggestions in terms of walking with the person (to gain understanding, but also perhaps to develop relationships). As well, I suggest sitting still and being someone they can stop with for a moment (which of course is difficult in terms of resources - however, it could be an interesting project for a student on placement). The latter came from something I read in the newspaper

about listening posts (or some such thing), where people would sit at a desk say outside a busy railway station, and anyone could stop and just talk - the "listeners" job was just to listen. I really liked that idea.

I love your description of the woman - what a beautiful way for you to respond. Regardless of what happened in the long-term, that was a wonderful gift to give her in the moment.

Christine Hopkins, MA, ADTR, NCC is a dance/movement therapist and psychotherapist in private practice in Seattle, Washington. Christine specialises in DMT with Dementia and the elderly or dementia.

Note: See page 1 for a short bio for Heather Hill. The interaction is printed with the kind permission of both Christine and Heather.