

## BRIDGING THEORY AND PRACTICE: RETHINKING PERSONHOOD IN DEMENTIA CARE

### **Investigators:**

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**Purpose:** To explore with health care practitioners the meaning of the notion of embodied selfhood – the idea that selfhood is expressed in bodily movements and gestures by persons with severe cognitive impairment – and how it can improve person-centred dementia care.

**Background:** Person-centred dementia care, as it is currently conceptualized and practiced, fails to recognize the importance of non-verbal communication as a means of self-expression. This failure may lead to the misreading of behaviour as symptomatic of dementia. It may also contribute to the consequent overuse of tranquilizers and mechanical restraints such as bed rails.

**Methods:** Six focus groups were conducted in three different long-term care facilities with nurses, occupational therapists, physiotherapists, recreational therapists, and health care aides. Because of the diversity in disciplinary and clinical backgrounds of the focus group participants, we used an alternative medium – dramatic performance – to communicate and enhance understanding of the notion of embodied selfhood. The production consisted of 5 separate vignettes featuring expressions of embodied selfhood drawn from observational research on an Alzheimer Support Unit. The development of the production involved partnership with ACT II Studio, a theatre school and creative drama centre for older adults at Ryerson University. The dramatic production was performed live at the outset of each focus group and served as a springboard for discussion about embodied selfhood in the context of person-centred dementia care.

**Results:** Bodily movements and gestures communicate important aspects of selfhood, particularly in the context of severe cognitive impairment where the body becomes the primary means of communication. Practitioners who tailor their care in response to these bodily expressions of selfhood perceived a reduction in the agitation of their care recipients and in the need for drug therapy and other forms of restraint to manage agitation. Reducing agitation can in turn create more cooperative caregiving interactions, thereby reducing the potential for psychological morbidity and stress in practitioners.

**Conclusion:** Recognizing the importance of bodily movements and gestures for self-expression by persons with severe cognitive impairment is not a panacea for managing the behavioural symptoms associated with dementia. However, when specific causes of the behaviour such as pain are excluded, and when expressed personhood can be identified as the trigger, the appropriate tailoring of care has the potential to reduce ‘aberrant’ behaviour, thereby possibly improving the time efficiency of practice in the absence of pharmacotherapies. These findings underscore the need for an empirical exploration of the outcomes of an embodied selfhood approach to person-centred dementia care.