Conceptions of the body are central not only to substantive work in the dementia field, but also to the philosophical underpinnings of the entire discipline of gerontology, where Western assumptions about the mind, body, and self affect theoretical perspectives and research paradigms alike. These same conceptions also influence the culture and organization of health care practices. In the last decade there has been a notable increase in efforts to expand understandings of dementia by incorporating the body; theorizing its interrelationship with history, culture, power, and discourse; and exploring implications of embodiment discourse for dementia care practice. Contributing to these efforts have been scholars from around the globe, including Canada (see for example Katz 2012, 2013, Kontos and Martin 2013, Kontos 2012a, Phinney and Chesla 2003), the United States (see for example Basting 2006, 2009, McLean 2006), the United Kingdom (see for example Coaten 2002, Downs 2013, Twigg 2007, 2010, Ward and Holland 2011), Sweden (see for example Hydén 2013, Hydén and Örulv 2009, Nyström and Lauritzen 2005), the Netherlands (see for example Hendriks 2012), and Australia (see for example Matthews 2006, Millett 2011). Emerging from this critical scholarship are explorations of dementia as subject to the constructive effects of surveillance, cultural priorities and discursive conventions, and also the potential of the body for creative self-expression. This emerging subfield of dementia studies has critically examined and called into question epistemological traditions (notably Cartesianism) that have been privileged in Western thinking for centuries and that have largely determined the ways in which dementia has been perceived in the health and social sciences. In this sense, a focus on the body and embodiment has greatly expanded the discourse on dementia through a rethinking of the cultural commitment to body/mind, body/self, and the biological/social oppositions and assumptions. This shift has, in turn, contributed significantly to improving the quality of dementia care. The aim of this chapter is to critically explore and review dimensions of this expanding research and literature, specifically in relation to three key themes to date: embodiment and selfhood; surveillance and discipline; and innovations in dementia care practice.

**Embodiment and selfhood**

Important theoretical developments in embodiment and dementia have advanced a more integrated approach to understanding selfhood, memory, and the body, and their interactions with
the immediate and larger social order. This work forms an important theoretical foundation for problematizing the neurocultural imperatives that are driving current conceptions of memory and the ageing brain (Leibing and Cohen 2006), deconstructing the Enlightenment’s ‘cerebral subject’ (Katz 2012, 2013) that is based on the coupling of memory, mind, and selfhood. As such, it presents a significant challenge to the assumed loss of self that pervades much of the literature on dementia (Davis 2004, Cooney 2003). Efforts to disentangle the self from the cognitive categories on which it is presumed to depend, and grounding it in corporeality have been accomplished through historical analyses (Katz 2012, 2013), as well as philosophical (Hughes 2013, Kontos 2012a, Matthews 2006, Millett 2011) and empirical explorations (Kontos 2004, Kontos 2012b).

While this scholarship has advanced important theoretical understanding of how the body is a site for the inscription of discourse and the making of particular subjectivities, it has focused to a lesser extent on how capacities, senses, and experiences of bodies are central to the exercise of human agency. The significance of the body, as a primary site for knowing the world that Merleau-Ponty (1962) speaks of, forms a small but critical focus for understanding the embodied experience of living with dementia. Matthews (2006) draws on Merleau-Ponty’s notion of ‘body-subject’ to argue that aspects of personhood are sedimented in habits of the body, and thus persist despite severe cognitive impairment. Millet’s work (2011) is significant here since, though he has moved away from what he deems a problematic reliance on notions of human self and personhood, he similarly draws on the tradition of phenomenology—with its focus on sensory ways of being in the world—to understand how persons with dementia continue to engage with their environment via the senses (sound, smell, taste, touch, feeling), and through their use of language and gestural communication.

McLean (2006) draws on the phenomenological concepts of embodiment, subjectivity, inner experience, and continuity to argue that, far from the assumed meaninglessness and irrelevance of speech in dementia, coherence can be produced in the process of performing a life story. Hydén and Örulv (2009) and Hydén (2013) similarly attend to the embodied dimensions of storytelling, emphasizing performative coherence rather than textual coherence. Phenomenological analyses have also informed an understanding of dementia symptoms—slowing down, being lost, and being ‘blank’—as explored by Phinney and Chesla (2003).

Kontos advances these examinations of the lived body through a theoretical formulation known as ‘embodied selfhood’ that foregrounds pre-reflexivity and socio-cultural ways of being-in-the-world when examining bodily intentionality. Embodied selfhood takes its theoretical bearings from Merleau-Ponty’s reconceptualization of perception (1962) and Bourdieu’s concept of habitus (1977, 1990). It advances a notion of selfhood that considers both the body’s power of natural expression, as manifest for example in basic bodily movements and the co-ordination of visual, tactile, and motor aspects of our body, and the style or content of bodily movements derived from primary socialization and cultural upbringing. These integrated dimensions of the pre-reflective body have been empirically captured in religious and artistic practices (Kontos 2006), food preferences (Kontos et al. 2010b), clothing (Twigg 2010, Twigg and Buse 2013), and bodily dispositions that disclose expressions of class distinction (Kontos 2004) and that convey the prior vocation of persons with dementia (Kontos and Naglie 2007a, b). These examples highlight how coherence, distinctiveness, and creativity can be discerned amongst persons with dementia through attention to the propensities and movements of the body.

Body-self and body-world relations have important implications for understanding care environments and therapeutic relationships regarding people with dementia. This is explored in
the next section on embodied narratives of surveillance and discipline of the body in dementia and dementia care.

**Surveillance and discipline**

Scholars have extended Foucault’s insights critically to examine the ways in which bodies are rendered docile through rigorous and continuous ‘bodywork’ to maintain and marshal bodies, and to disguise and contain their ‘negativities’ (Cohen 2011). For example, contextualization of the body into the discursive regimes of a medico-legal system highlights how docility is informed by the power/knowledge scripts of medical discourses of care. ‘Somatic surveillance’ relies on monitoring technologies for tracking, recording, and transmitting data on the movement of bodies. Even the place and routine of sleep are highly regulated (Martin and Bartlett 2007, Williams 2005). Martin and Bartlett (2007), for example, critically examine how dormant bodies are perceived as disrupting institutional care routines. Spending too long in bed, for example, restricts the ability to manage other aspects of personal care, such as bathing and diet, due to rigid care schedules that assign specific times for personal care. Thus sleep/wake patterns are structured by abstraction, rationality, and commodified allocation of time rather than the timings of the body. Research on mealtimes further problematizes the emphasis in care homes on order and mechanistic efficiency, in that important embodied and social aspects of dining, such as the enactment of rituals that are tied to the family, home, and immediate community (Genoe et al. 2010), are mitigated by the transformation of the dining setting from one of social dining to that of efficient dietary intake (Diaz Moore 1999, Hung and Chaudhury 2011). This research underscores how the nursing home is not only a source of concrete care and caregiving, but is implicated in ascribing to residents of long-term care what Gilleard and Higgs term the ‘de-civilised’ body (2000, p. 168), central to which is the transgression of bringing bodily functions under social control.

The desired containment of the disruptive body reflects the larger prevailing culture wherein ‘the morphology of corporeality in the late phases of dementia comes to signify the abject or the grotesque’ (Stirling 1995, p. 150). The deep abjection of dementia is evidenced by the anxieties associated with the sexual expression of persons with dementia. Despite the fact that intimacy, affection, and flirtation are positive and meaningful aspects of communication that may support and cement relationships with and between people with dementia (Hubbard, Tester, and Downs 2003), consensual sexual expression has been found to be deemed problematic when it occurs (Archibald 2002, Ward et al. 2005). Further, given the orthodoxy of the medical discursive system, homosexual or lesbian sexual activity is viewed with particular ambivalence and often presented as a symptom of disinhibition (Archibald 2002, Stirling 1995).

The outward presentation of residents’ bodies is another key site of institutional regimes of discipline. The clothing regimes in nursing homes standardize modes of dress (Iltnen-Tähkävuori, Wikberg, and Topo 2012) with fabrics that require no ironing, trousers that are permanently fastened to prevent exposure, and dresses or overalls that open at the back to make it difficult for the wearer to undress on their own, and for ease of toileting. The ‘hard, plastic, easy wipe, easy care polyester world’ (Twigg 2010, p. 226) of nursing homes creates the classic look of the ‘dementia patient.’ Hairstyle and makeup have also been shown to be subsumed into formal caregiving routines in ways that inscribe the body with meanings reflective of organizational and institutional priorities, thereby disrupting biographical continuity in a person’s appearance (Ward and Holland 2011, Ward and Campbell 2013).
Critical analyses such as these have highlighted the materializing effects of institutional regimes on the body. However, important advances in practice remind us that the narrative of discipline and surveillance does not capture all aspects of embodiment.

**Embodied innovations in dementia care practice**

Founded on a new ethic of care that respects individuals with Alzheimer’s disease as embodied beings, novel approaches in dementia care practice are contributing significantly to improving the quality of dementia care (Downs 2013). Attention to embodiment in dementia care has made a significant contribution to care practices by offering an alternative discourse to the pervasive one of pathology (Kontos 2005, Kontos et al. 2010b, Matteau et al. 2003). Building on the seminal work of Kitwood (1997), it offers a more comprehensive understanding of the body by illuminating the complex interrelationship between the body, the interactional, environmental, socio-cultural, and broader sociopolitical landscapes that influence care practices, and the experiences of persons with dementia (Dupuis, Wiersma, and Loiselle 2012, Kontos et al. 2010a). It further facilitates a paradigmatic shift from viewing behavior as a ‘problem’ to be controlled to understanding movements and gestures as meaningful self-expression. Thus, in contrast to an emphasis on dysfunction and control, the emphasis is on the support of meaningful and even creative ways that persons with dementia can express themselves. This broadens the scope and opportunities for the development of interpersonal relationships through communication, and ultimately improves the quality of life of care recipients.

Creative expression programs (Fritsch et al. 2009) are emerging interventions to improve the quality of care and life of persons with dementia in long-term care settings. These programs feature arts-based approaches (visual arts, dance, music, poetry, storytelling, and drama), which draw significantly on the body’s potentiality for innovation and creative action, and significantly support non-verbal communication and affect. Given their facilitation of expressions of emotional experiences through bodily movements and gestures (Nyström and Lauritzen 2005), arts-based approaches have more broadly been grouped under the ‘emotion-oriented approach’ to dementia care (Palo-Bengtsson and Ekman 2002).

One of the most common arts-based interventions is music (Raglio et al. 2008, Svandsdottir and Snaedal 2006). The power of music to enliven and engage persons with dementia is captured in an extraordinarily moving documentary, *Alive Inside*, produced by Michael Rossato-Bennett (2012). The film follows social worker Dan Cohen, who creates personalized iPod playlists for people in elder care facilities with various conditions, especially dementia. The project is devoted to improving quality of life by reconnecting residents of long-term care with the music they love. The director posted a clip from the documentary on YouTube prior to the premiere of the film. The clip features Henry Dryer, who lives in a nursing home and mostly sits slumped over the tray attached to his wheelchair with his arms folded. He does not speak, and rarely moves. When a personal support worker puts headphones on him, attached to an iPod playing his favorite music, Henry begins to shuffle his feet, his folded arms rock back and forth, his eyes open wide, and he is totally animated by the music. When asked what his favorite music was when he was young, he responds ‘Cab Calloway’ and breaks into Calloway-style scat talking, followed by a soulful rendition of what he says is his favorite Calloway song—‘I’ll be Home for Christmas.’ Reports of the sparing of musicality in dementia (Cuddy and Duffin 2005, Pickles and Jones 2006), as in the case of Henry, suggest that even in advanced stages of dementia it is not a rare phenomenon. Displacing the primacy of cognitive consciousness and underscoring the significance of bodily or embodied consciousness has enormous potential for informing our
understanding of the continued implementation of musical intention in the face of neurological impairment (Kontos, 2014).

The significance of the body's potential for innovation and creative action in dementia is further evidenced by other forms of artistic expression such as physical movement and dance (Coaten 2002, Palo-Bengtsson and Ekman 2002, Guzmán García et al. 2012). Dance therapy—therapeutic dance, dance movement therapy, social dance, and dance-based exercise—is premised on dance being a form of communication in which emotions are mediated and transformed into bodily movements and bodily expressions (Nyström and Lauritzen 2005). Storytelling and theatrical approaches (Basting 2009) similarly draw on embodiment as an interactive resource, offering ‘failure-free’ contexts (Fritsch et al. 2009) for improvisational engagement.

A relatively new development is elder-clowning, where professional clowns/artists use spontaneity, humor and empathy, as well as expressive tools such as song, musical instruments, dance, role-play, and improvisation, to engage individuals with dementia (Hendriks 2012, Warren and Spitzer 2011, 2013). As dementia varies in manifestation and severity, the goal of interaction can vary, from seeking to break the monotony of the institutional routine and provide stimulation, to heightening the intersubjective engagement of socially isolated or reclusive residents and improving residents’ feelings of well-being (Warren and Spitzer 2011). Yet common to all interactions in elder-clowning is sensitivity to affect, communication in the immediate present, intersubjective relating, and empathy.

The field of design for dementia care environments is another area of innovation that draws significantly on the complicity between embodiment and place. Recognizing nursing homes in terms of spatial and social locations (or dislocations) (Reed-Danahay 2001) has challenged researchers to rethink behaviors in dementia as reasonable responses to the environment rather than as pathological traits (Day et al. 2000, Jones and van der Eerden 2008). In contrast to the transience emphasized by most nursing homes, with their neutral colors, the smell of a hospital ward, and resemblance to a place of work rather than home (Reed-Danahay 2001), innovations in the design of dementia care environments seek to facilitate connection, enhance memory, and foster identity (Day et al. 2000). For example, de-centralizing residents’ rooms into living clusters to simulate and reconstruct neighborhood relationships, and creating ‘town-centres’ that provide retail and social space (Wang and Kuo 2006), are largely premised on the complicity between place and the embodiment of a history of engaging in similar such settings (Bourdieu 1990, Mayol 1998). While this work has largely concentrated on indoor care settings, such as day centres and residential homes, it is important to note that there have also been advances in the design of the outdoor environment for persons with dementia, which have drawn on similar insights regarding the interrelationship between the body, place, and identity (Blackman, Van Schaik, and Martyr 2007, Mitchell et al. 2003).

Conclusion

The main thrust of the embodiment enterprise in dementia studies is the interrogation of the substantial effects of the politics of the production and reproduction of the body. This has effectively destabilized dementia as a taken-for-granted category, and elaborated how dementia participates in other ensembles of knowledge and practice. The embodiment scholarship has generated critical texts on the interrelationship between the body and social and political processes in the production and expression of dementia, though not at the expense of attention to the body as an animate organism. The meaning of human agency proffered in phenomenological conceptions of the body provides a critical complement to approaches to the body as
acted on, as historically ‘inscribed’ from without. In this sense, dementia is understood not as an independent neurological process, but rather as an experience through which nature, history, culture, power, and discourse all speak simultaneously.

The research terrain is open for further cultivation of a rigorous scholarly analysis of embodiment in the context of dementia. Important substantive and methodological areas for future exploration in the study of embodiment and dementia include: important aspects of diversity and social difference; the emerging rights-based discourse in dementia studies that focuses on notions of citizenship and inclusion (Bartlett and O’Connor 2007) and that could usefully explore links between vulnerability, social rights, and embodiment (Turner 2003, 2004); and exploration of creative ways to research bodies and embodiment as experienced by people with dementia, including sensory, visual, and participatory methods. These areas for further inquiry can generate important new theoretical perspectives and open up new concerns and issues in this emerging subfield of dementia studies.

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