Progress Report - 2026, July 07

For the Hanny Exiner Memorial Foundation (HEMF) Research Grant

Project Title: Embodied Identity - Making a connection between Dementia Prevention and Dance Movement Therapy in Aotearoa, New Zealand

Host Institution: The University of Auckland, New Zealand
Reporting Period: 07 January – 07 July 2026
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Date: 28/06/2026

Overview

This report summarises progress on Ann Way's PhD project, examining Dance Movement Therapy (DMT) as an approach to providing care and support to individuals living with mild cognitive impairment (MCI) who are at higher risk of developing dementia. The initial stage of this project is supported by a 2025 Hanny Exiner Memorial Foundation (HEMF) research grant.

Current Status

☑ **On schedule**
☐ Slightly behind
☐ Delayed
☐ Ahead of schedule

Progress report

This research project has gained significant public interest. Over the past six months, I have had the privilege of presenting my research at three international conferences and a community knowledge day, sharing the preliminary results of Stage 1 of the project. To name a few, they are the Australasian Society for Behavioural Health and Medicine in Auckland in February, the AD/PD - Advances in Science & Therapy in Copenhagen in March, the HOPE Knowledge Exchange day in April, and the International Dementia Conference in Sydney in June.

During Stage 1, I sat through 23 individual interviews with dance movement therapists, music therapists, occupational and diversional therapists, professional carers, family members and care partners. I listened to their story of the lived experience of working and living with someone who has cognitive impairments. The stories were emotional, heartbreaking, and touched me in the heart. You can view the presentation "The science of movement, the art of memory: Dance movement therapy for people living with mild cognitive impairments and their caregivers" for a glance at those stories.

A key focus of my presentations has been exploring how Dance Movement Therapy (DMT) can support connection, agency, and quality of life for people living with Mild Cognitive Impairment (MCI) and their caregivers. Presenting this work internationally has also deepened my own reflexive understanding of the research process. As I moved between conference spaces, workshops, and conversations with researchers, clinicians, caregivers, and people with lived experience, I became increasingly aware of how knowledge is not only exchanged through words but also through presence, movement, emotion, and relationship. These experiences have been professionally rewarding and have provided valuable opportunities to advocate for embodied and relational approaches within dementia care. At the same time, presenting this work within predominantly medical, health, and behavioural science environments has highlighted several important challenges.

A recurring challenge was translating DMT's language and values into contexts that often privilege measurable outcomes, biomedical frameworks, and symptom-focused interventions. While healthcare professionals were generally interested in the research, discussions frequently centred on questions of efficacy, standardisation, and quantifiable outcomes. As a result, it was sometimes difficult to convey the significance of embodied experience, relational attunement, creativity, and meaning-making. Those elements are central to DMT but not always easily captured by conventional clinical measures.

I became increasingly aware of the tension between presenting evidence and conveying lived experience. Many of the most profound moments observed in DMT sessions occur in subtle shifts: a shared glance between a caregiver and care recipient, a spontaneous gesture of connection, a moment of laughter, or a renewed sense of agency expressed through movement. These moments are deeply meaningful yet can be challenging to represent within frameworks that prioritise behavioural indicators, cognitive scores, or functional outcomes.

Another challenge involved addressing assumptions about dementia itself. Within medical settings, dementia is often framed primarily through the lens of decline, impairment, and loss. DMT invites attention to what remains possible: the capacities for connection, expression, playfulness, creativity, and relationship that continue despite cognitive changes. Presenting this perspective sometimes required gently challenging dominant narratives and encouraging audiences to consider dementia not only as a neurological condition but also as a lived and relational experience.

The interdisciplinary nature of the conferences also highlighted differences in professional language. Terms such as embodiment, attunement, presence, and relational knowing are familiar within creative arts therapies but may be less commonly used or understood within biomedical disciplines. This required ongoing adaptation of presentation styles and language to build bridges across disciplines while remaining faithful to the theoretical foundations of the work.

At the same time, these challenges generated some of the most meaningful conversations. I had wonderful encounters with clinicians, researchers, and healthcare providers who expressed curiosity about approaches that move beyond symptom management and support the personhood of individuals living with MCI. Discussions often evolved from questions about evidence and outcomes toward broader considerations of quality of life, dignity, caregiver relationships, and the importance of meaningful engagement.

These challenges were discussed in the Alzheimer’s Disease, Parkinson’s Disease, and Related Neurodegenerative Diseases: Advances in Science & Therapy conference that I attended in Copenhagen in March 2026. I had the great opportunity to sit at the same discussion table with

neuropsychologists, medical doctors, and representatives of pharmaceutical companies such as Roche and Johnson & Johnson. Drugs take time to develop; clinical trials are expensive and rigorous. We all know that while waiting for innovative solutions, we should focus on greater collaboration and work in patient and family care during the transition to support them, to "make a good day go longer" and "preserve time in cognitive ageing". Non-pharmacological interventions should be seen as a complement to pharmacological approaches in the shared mission to treat, maintain and manage Alzheimer's, Parkinson's and other related neurodegenerative diseases. We discussed what the family thinks and feels when knowing their loved ones have such diseases and how they are proactive in learning about the diseases, to live with them. "It is like an early death sentence; I am going to lose her one day". "People scared of it, they wished they did not know" "We must prepare for the worst and hope for the best". We discussed how other clinicians and therapists are working their way to accommodate the psychological needs of our patients and their families.

These experiences reinforced the importance of interdisciplinary dialogue. They also highlighted the need for continued advocacy for embodied, relational, and arts-based approaches within healthcare settings. While DMT may sit outside traditional medical paradigms, its capacity to foster connection, agency, and well-being offers valuable contributions to contemporary dementia care. The theme at the International Dementia Conference 2026 in Sydney in June 2026 is “the whole person, the whole point”. People living with cognitive impairment at first need to live well, no matter their conditions, and enjoy their lives. That is how we should approach the care for those with neurodegenerative diseases. They are not half, they are a whole, full person, and they want to live as a whole till the end. Seeing the person in front of us, it is our responsibility as health/care practitioners to create environments where people living with dementia and cognitive difficulties can continue to experience purpose, autonomy, and belonging.

Reflecting on the last six months with constant travel between countries, I am reminded that innovation often occurs at the boundaries between disciplines. The challenge is not simply to demonstrate or prove that DMT works, but to invite others to reconsider what counts as evidence, what constitutes meaningful outcomes, and how we understand health, ageing, and dementia itself. In this way, the international conferences and community knowledge days I attended became not only opportunities to disseminate research but also spaces for dialogue, mutual learning, and the expansion of what dementia care might become.

Next Steps

I am working on the thematic analysis of the interviews. In the next six months, we will have community workshops to demonstrate the DMT programme to interested participants before progressing into the trial in 2027. We will host workshops for all interested participants and a pilot training day for students serving as programme facilitators for the 2027 trial (open only to dance movement therapists in training at the University of Auckland).

Future funding resources

I am seeking additional funding opportunities from HEMF to support the trial in 2027, if applicable.

Photo of Ann at the conferences

Left: at the International Dementia Conference in Sydney

Right: at the AD/PD - Advances in Science & Therapy Conference in Copenhagen

Left: at the Australasian Society for Behavioural Health and Medicine Conference in Auckland

Right: at the HOPE Knowledge Exchange Day in Auckland