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DANCE MOVEMENT THERAPY IN PEOPLE LIVING WITH DEMENTIA: A NARRATIVE REVIEW

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Review article

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ABSTRACT

Introduction: Dance Movement Therapy (DMT), distinct from broader recreational or structured dance activities, has increasingly been proposed as a person-centred, movement-based intervention to address the psychosocial and relational needs of people living with dementia, which are often insufficiently addressed by pharmacological treatments alone. However, the available evidence is characterised by conceptual and methodological heterogeneity, with different dance-based approaches frequently grouped under the same label. A narrative review design was therefore adopted to provide an interpretative and clinically oriented synthesis of how DMT has been conceptualised, implemented, and evaluated across care contexts.

Aim: This narrative review aims to critically synthesize how DMT has been described and applied in the literature for people living with dementia and which psychosocial, physical, and cognitive dimensions have been explored.

Materials and Methods: A narrative review was conducted using searches in PubMed, CINAHL, APA PsycInfo, and PsycArticles between July 2025 and March 2026, and findings were synthesised with attention to clinical relevance.

Results: A total of 11 primary studies were included. DMT for people living with dementia encompasses heterogeneous approaches, ranging from clinical DMT to structured and recreational dance activities, which differ in therapeutic intent and should not be considered equivalent. Overall, the evidence suggests potential multidimensional benefits, particularly in psychological and behavioural domains, including improvements in mood, emotional well-being, and social interaction. Some studies also report gains in mobility, balance, and selected cognitive functions, although findings are inconsistent and often context dependent. Most interventions were conducted in institutional settings, where feasibility was influenced by organisational and logistical factors. The heterogeneity of interventions, study designs, and outcome measures, together with methodological limitations, limits comparability and requires cautious interpretation of the findings.

Conclusion: DMT may represent a promising person-centred and relational approach that can enrich

dementia care, particularly in institutional settings. However, current evidence remains limited, heterogeneous, and exploratory. Future research should adopt more rigorous designs, clearly distinguish DMT from other dance-based interventions, and include longer follow-up periods.

Keywords: dementia; Dance Movement Therapy (DMT); quality of life; well-being; cognitive function; narrative review

INTRODUCTION

Dementia is a progressive neurodegenerative condition characterised by a deterioration of cognitive functions, affecting memory, language, orientation, and decision-making abilities. It is estimated that the number of individuals living with dementia will increase dramatically by 2050, exceeding 139 million cases worldwide [1]. Available pharmacological treatments, although capable of alleviating certain symptoms, present significant long-term limitations and are associated with adverse effects, including an increased risk of mortality among patients treated with antipsychotic medications [1,2]. In response to these limitations, there has been growing interest in non-pharmacological interventions, which offer a safer and more holistic approach to the management of dementia-related symptoms. Among these, Dance Movement Therapy (DMT) has been increasingly explored as a person-centred psychotherapeutic intervention based on movement and embodied relational processes within dementia care [3]. Unlike recreational dance activities or broader dance-based interventions. DMT is grounded in psychotherapeutic principles and focuses on the integration of emotional, relational, and bodily dimensions through the therapeutic use of movement.

It has been hypothesised that rhythmic and repetitive movement may engage neural networks involved in memory and spatial orientation, although these mechanisms are still under investigation [4]. Furthermore, DMT-has been described as providing-a safe environment in which patients can express emotions that may be difficult to verbalise, thereby potentially supporting overall psychological well-being and modulating neuropsychiatric symptoms such as anxiety, apathy, and

agitation [5]. One of the major challenges in dementia care is the management of behavioural and psychological symptoms of dementia (BPSD), which include agitation, depression, and aggression. Within this context, DMT has been described as a relational and experiential intervention that may facilitate emotional regulation, participation, and social interaction [3].

Although an increasing number of primary studies have investigated the use of DMT and dance-based interventions in people living with dementia, the available evidence is characterised by considerable heterogeneity in terms of intervention models, outcome measures, clinical settings, and methodological quality. Moreover, these interventions are often grouped under the broad category of dance-based interventions, making it difficult to identify DMT's specific contribution as a psychotherapeutic intervention.

To date, no narrative synthesis has critically examined how DMT has been conceptualised, implemented, and evaluated across different care contexts for people living with dementia.

A narrative review design was therefore considered appropriate for the present work, as it allows for the integration of heterogeneous forms of evidence, including qualitative and quantitative studies, while also supporting a broader interpretative exploration of clinical applications, conceptualisations, and contextual aspects of DMT and broader dance-based interventions that may not be adequately captured through effectiveness-focused review methodologies.

Within this framework, the present review aims to provide a critical, thematically oriented synthesis of the literature on DMT in dementia care, focusing on its multidimensional applications, contextual conditions for implementation, and areas requiring further investigation.

Objective

This narrative review aims to critically synthesise how DMT and broader dance-based interventions have been described and applied in the literature for people living with dementia and which psychosocial, physical, and cognitive dimensions have been explored.

MATERIALS AND METHODS

Study design and research strategy

A narrative literature search was conducted in PubMed, CINAHL, APA PsycInfo and PsycArticles consulted between July 2025 and March 2026. Keywords such as “dementia”, “dance therapy”, “dance movement therapy”, “well-being” and “social interaction” were used to identify relevant contributions, combined with Boolean operators (“AND” and “OR”) to narrow down the results. The search box is shown in the following Table 1.

Database	Search box
PubMed	(dementia OR cognitive impairment) AND (dance therapy OR dance movement therapy) AND (psychological effects OR social effects OR outcomes OR well-being OR cognitive function OR emotional well-being OR social interaction)
Cinahl	(dementia OR cognitive impairment) AND (dance therapy OR dance movement therapy OR movement-based therapy) AND (psychological effects OR social effects OR outcomes OR well-being OR cognitive function OR emotional well-being OR social interaction)
APA Psycarticles e APA Psyclinfo	(dementia OR cognitive impairment) AND (dance therapy OR dance movement therapy OR movement-based therapy) AND (psychological effects OR social effects OR outcomes OR well-being OR cognitive function OR emotional well-being OR social interaction)

Table 1. *Search strings used for each database*.

Inclusion and exclusion criteria

Consistent with the narrative and interpretative nature of this review, the literature search and selection process were guided by relevance to the topic rather than by rigid procedural criteria.

Studies focusing on the effects of DMT and related dance-based interventions in individuals diagnosed with dementia were considered, including both quantitative and qualitative primary research. Given the variability in terminology across the literature, studies describing broader dance-based interventions were also considered when relevant to the aims of the review; however, particular attention was paid to distinguishing DMT as a structured psychotherapeutic intervention from other movement- or dance-based activities during data interpretation. Particular attention was given to

studies exploring outcomes related to cognitive functions, emotional well-being, physical or motor abilities, social interaction, and quality of life. Preference was given to studies involving participants with a clinical diagnosis of dementia and published in English or Italian.

Studies were excluded if they did not involve participants with a diagnosis of dementia, focused on interventions other than DMT or broader dance-based interventions, or did not provide sufficiently detailed information on their specific effects. Studies conducted in non-dementia populations were not included in the review sample; however, they were considered, where relevant, to provide theoretical or interpretative context for the discussion of findings. Titles, abstracts, and, where appropriate, full texts were explored to identify contributions considered conceptually and clinically relevant to the objectives of the review. The literature was examined collaboratively by the authors to support a balanced and reflective interpretation of the available evidence, consistent with the exploratory nature of narrative reviews. When the same study was retrieved through different search strategies, it was considered only once to avoid redundancy. Although the search strategy was informed by predefined keywords, it remained exploration and flexible. Different combinations of terms, including synonyms and controlled vocabulary where available, were used across databases. In addition, the reference lists of the included studies were manually screened to identify further relevant contributions.

In accordance with the narrative design, no formal risk-of-bias assessment tool was applied. Instead, a qualitative appraisal of the studies was conducted, considering aspects such as sample characteristics, study design, intervention features, and follow-up duration. This process supported the identification of key methodological limitations and informed the critical interpretation of the findings.

This review adopted a narrative, interpretative, and thematic approach aimed at providing a clinically oriented synthesis of the literature rather than a systematically reproducible assessment of evidence [6,7]. The conduct and reporting of this review were guided by the SANRA (Scale for the Assessment

of Narrative Review Articles) recommendations to enhance transparency and methodological coherence [8].

RESULTS

The search yielded a total of 378 articles (218 from PubMed, 60 from CINAHL, and 100 from APA PsycArticles and APA PsycInfo). Articles retrieved from the databases were subjected to a screening phase. Ultimately, 11 studies met the established inclusion criteria and were selected for the review. Across the eleven included studies, substantial heterogeneity emerged in relation to study design, intervention characteristics, settings, and outcome measures.

Dance Movement Therapy

Studies specifically describing DMT as a structured psychotherapeutic intervention mainly reported outcomes related to emotional expression, psychosocial well-being, communicative engagement, and relational dimensions [3,4,11]. Reductions in depressive symptoms, loneliness, and selected neuropsychiatric manifestations were described primarily in individuals with mild to moderate dementia, although findings remain preliminary due to methodological limitations and variability across studies. Qualitative investigations additionally highlighted the role of non-verbal communication, affective engagement, and interpersonal attunement within therapeutic movement settings [3,10,12]. Some studies also explored cognitive and functional dimensions, reporting improvements in selected cognitive domains and daily functioning [4,11], although evidence remains limited and not systematically replicated.

Broader dance-based interventions

Broader dance-based interventions, including tango, ballroom dance, circle dance, and recreational group movement activities, more frequently focused on physical, functional, and social outcomes [1,2,9,5]. Several studies described improvements in balance, gait, mobility, functional autonomy,

and perceived quality of life, although findings were not consistent across intervention types or participant populations. Social participation and relational engagement also emerged as recurring themes, particularly in residential care contexts where group movement activities appeared to facilitate interaction and emotional connection [9,12]. Additionally, some studies [9,14] reported perceived benefits involving caregivers and shared relational experiences, although these findings were mainly derived from qualitative or small-scale investigations. The heterogeneity of intervention formats, intensity, and therapeutic aims, however, limits direct comparison across studies.

Although these findings are sometimes interpreted through mechanisms such as rhythmic cueing, procedural memory activation, and embodied engagement, the current evidence does not allow firm conclusions about underlying neurocognitive processes.

Complementary findings from non-dementia populations are reported here for contextual and theoretical support only. These studies were not included in the review sample but are used to support the plausibility of motor–cognitive integration mechanisms, whose applicability to people living with dementia remains uncertain [13,14].

Most interventions were conducted in residential or semi-residential care settings, with fewer studies addressing community-dwelling individuals [1,10,13,14], and feasibility was frequently influenced by organisational and contextual constraints such as space, staffing, participant comorbidities, and logistical barriers [9,12]. Adherence and continuity over time also emerged as relevant challenges, potentially contributing to variability in outcomes [4,11].

Overall, the reviewed literature descriptively reports potential multidimensional benefits associated with DMT and broader dance-based interventions; however, the marked heterogeneity of approaches, together with methodological limitations and exploratory study designs, requires cautious and context-dependent interpretation.

A synoptic overview of the main characteristics and findings of the included studies is provided in Table 2 to facilitate comparison across interventions and outcome domains.

Author (year of publication)	Study design	Setting & population	Intervention type	Outcome domains	Key findings
Hamill et al. (2011)	Pilot study	UK – People living with dementia (PwD) and caregivers (n=10), nursing home/community	Dance-based intervention (circle dance)	Psychological; social	Improved quality of life and mood in PwD; limited effects on caregivers
Ho et al. (2020)	Randomized controlled trial (RCT)	Hong Kong – Community-dwelling older adults with mild dementia (n=204)	Dance Movement Therapy (DMT)	Psychological; cognitive; functional	Reduced depression and loneliness; improved daily functioning and delayed recall
Gomaa et al. (2019)	Qualitative study	Australia – Therapists working with frail older adults (including PwD) (n=7)	Dance-based intervention (therapeutic dance)	Physical; social	Improved motor coordination and social participation
Borges et al. (2018)	RCT	Brazil – Institutionalised older adults with cognitive impairment (n=60)	Dance-based intervention (ballroom dance)	Physical; cognitive	Improved functional autonomy, balance, and cognitive performance
Bracco et al. (2023a)	RCT	France – People living with dementia in sheltered units (n=31)	Dance-based intervention (adapted tango)	Physical	Increased gait speed compared to control group
Bracco et al. (2023b)	Pre–post study	France – Nursing home residents with dementia (n=54)	Dance-based intervention (adapted tango)	Psychological; physical	Improved quality of life; no significant changes in physical performance
Ho et al. (2015)	RCT	Hong Kong – Community-dwelling older adults with early dementia (n=201)	Dance Movement Therapy (DMT)	Psychological; cognitive; social	Improved neuropsychiatric, cognitive, and psychosocial outcomes
Hokkanen et al. (2003)	Pilot study	Finland – Nursing home residents with dementia (n=4)	Dance Movement Therapy (DMT)	Cognitive; social	Improved narrative language; stable cognitive performance
Hameed et al. (2018)	Pilot study	Singapore – People living with dementia and caregivers (n=10)	Dance-based intervention (“Everyday Waltzes”)	Psychological; social	Improved overall quality of life
Palo-Bengtsson & Ekman (2002)	Qualitative study	Sweden – Nursing home/day-care people living with dementia (n=6)	Dance-based intervention (social dance)	Psychological; social	Increased emotional engagement and non-verbal communication
Zhang et al. (2026)	RCT	China – Community-dwelling older adults (n=50)	Dance-based intervention (adapted tango)	Cognitive; physical	Improved executive and global cognitive function compared to control

Note: PwD = people with dementia; MD = mild dementia; CD = community-dwelling; NH = nursing home; DMT = dance movement therapy; QoL = quality of life; IADL = instrumental activities of daily living; RCT = randomized controlled trial.

Table 2. *Synoptic map*

DISCUSSION

This narrative review aims to critically synthesise how DMT and broader dance-based interventions have been described and applied in the literature for people living with dementia (PLWD), and which psychosocial, physical, and cognitive dimensions have been explored.

Within this framework, the available evidence does not allow definitive conclusions regarding effectiveness but instead highlights recurring descriptive and interpretative patterns that may help clarify the potential role and scope of these interventions.

A key issue emerging from this synthesis concerns the conceptual distinction between DMT as a clinically grounded psychotherapeutic intervention and broader dance-based or recreational activities. While these approaches are often grouped, they differ substantially in terms of therapeutic intent, structure, and required professional competencies. This lack of distinction contributes to the heterogeneity of findings and complicates the interpretation of outcomes, particularly when emotional, relational, and functional dimensions are considered together [12].

From an interpretative perspective, the potential value of DMT appears to lie in its embodied and relational nature.

The integration of rhythm, repetition, and structured movement has been hypothesised to support engagement even in the presence of cognitive decline, possibly through relatively preserved forms of non-declarative functioning. In this sense, the patterns described across the included studies in mood, communicative engagement, and affective expression [3,4,9,10,11] may be interpreted as reflecting the interaction between bodily activation, relational attunement, and environmental context, rather than from isolated cognitive changes. The group dimension further reinforces this process by promoting interpersonal synchrony and shared experiences, contributing to reduced loneliness and improved relational climate within care settings [9,12].

At the same time, interpretations related to neurobiological mechanisms should be considered with caution. Although previous studies (mainly conducted in non-dementia populations) suggest that motor–cognitive integration and the learning of movement sequences may be associated with neural activation and adaptive processes [15,16], the studies included in this review were not designed to directly investigate such mechanisms. Therefore, any reference to neuroplasticity or specific neural pathways remains indirect and should be regarded as hypothetical rather than conclusive. In parallel,

qualitative evidence suggests that psychological factors, such as enhanced self-esteem, self-efficacy, and sense of belonging, may play a significant role in mediating improvements in well-being [9,17]. Recent systematic reviews further support a cautious but consistent pattern of multidimensional benefits. For example, Mabire et al. highlights that dance interventions can be implemented with either therapeutic (DMT) or recreational intent and may positively influence physical, cognitive, psychological, and social domains, while also emphasising the lack of standardisation and the need for clearer practice recommendations and methodological rigour [18,19]. Similarly, more recent reviews indicate that dance-based interventions may reduce behavioural and psychological symptoms such as agitation and improve emotional expression and relationships, although conclusions remain limited by the small number and heterogeneity of studies [20]. Additional evidence suggests potential benefits on cognitive functions, including memory and attention, supporting the role of dance as a multidimensional non-pharmacological intervention, while consistently calling for larger and better-designed trials [21]. Overall, these reviews reinforce the view that dance interventions may have broad therapeutic potential but remain constrained by methodological limitations and variability in intervention models.

Beyond individual outcomes, the findings highlight the importance of contextual and organisational factors. DMT appears to have been explored primarily within institutional and semi-institutional settings where opportunities for meaningful interaction are often limited. However, its impact seems closely linked to implementation conditions, including frequency, intensity, staff involvement, and environmental constraints [2,5,21,22]. This suggests that observed benefits are not solely attributable to the intervention itself but also to the context in which it is delivered.

From a broader perspective, DMT may be more appropriately understood not as an intervention intended to modify disease progression, but as a person-centred approach that can support emotional expression, relational engagement, and meaningful participation in care contexts [16,21,22].

Although the literature search was extended through early 2026, few additional primary studies specifically investigating DMT in dementia care were identified. Recent publications were more

frequently represented by reviews, conceptual reflections, and methodological discussions rather than by new large-scale empirical investigations. This may reflect the continuing developmental nature of the field and the practical and methodological challenges associated with conducting controlled studies in dementia care settings.

Limitations and strengths

Several limitations related to the included studies should be considered when interpreting the findings. The evidence base is characterised by marked heterogeneity of interventions, ranging from DMT in the strict clinical sense to ballroom dance, adapted tango, and broader movement-based programmes, which limit comparability and makes it difficult to isolate the specific contribution of DMT. In addition, many studies are based on small samples, lack control groups, or adopt qualitative or pilot designs, thereby reducing the robustness and generalisability of the findings. In some cases, the inclusion of participants without a clearly defined diagnosis of dementia further complicates interpretation. Overall, these aspects suggest that the current evidence remains exploratory and hypothesis-generating rather than definitive. Some limitations are inherent to the design of this narrative review. The interpretative and non-systematic nature of the methodology, while appropriate for exploring a heterogeneous field, may introduce a degree of subjectivity in study selection and synthesis. Furthermore, no formal risk-of-bias assessment was conducted, and the search strategy, although broad and flexible, may not have captured all relevant studies. The absence of studies conducted in Italy may also limit the contextual transferability of the findings. Despite these limitations, this review has several strengths. It provides a comprehensive and clinically oriented overview of the use of DMT across different settings and populations, allowing a broader understanding of its potential applications. In addition, the multidimensional perspective adopted, encompassing psychological, emotional, social, and physical domains, contributes to a more integrated interpretation of the potential impact of these interventions. Overall, the findings should be interpreted with caution. Further research based on larger samples, more rigorous designs,

standardised outcome measures, and longer follow-up periods is needed to strengthen the evidence base and support future clinical applications.

Implications for clinical practice

This narrative synthesis suggests that DMT and other dance-based activities may represent potentially meaningful person-centred approaches within some dementia care contexts, particularly in relation to emotional expression, social interaction, and perceived well-being. However, given the methodological limitations of the available studies and the interpretative nature of this review, these findings should be considered exploratory. It is also important to distinguish between DMT, typically delivered by trained therapists within a therapeutic framework, and more general dance activities, which may differ in aims and structure.

In some residential and day-care settings, group movement interventions have been described as offering opportunities for interaction and engagement, although the extent and consistency of these effects remain uncertain. Existing studies do not allow clear conclusions regarding optimal frequency, duration, or intensity of interventions.

Their implementation appears closely influenced by contextual factors, including organisational support, staff availability, environmental characteristics, and access to appropriately trained professionals. Within this framework, healthcare professionals, including nursing staff, may potentially contribute to facilitating participation and observing behavioural or emotional responses, although these roles are likely to vary considerably across care settings.

Overall, DMT may be viewed as a complementary and context-dependent approach rather than a standardised intervention. It may also be useful to better define intervention frameworks, clearly distinguish DMT from other dance-based approaches, and identify optimal parameters in terms of frequency, duration, and intensity, alongside the development of more methodologically consistent studies, longer follow-up periods, and greater coherence in outcome measures to support more robust interpretative conclusions and potentially inform future clinical applications.

CONCLUSION

This narrative review offers an interpretative overview of DMT and dance-based interventions for people living with dementia. The available evidence suggests potential benefits in emotional expression, social participation, and perceived quality of life, while cognitive and functional outcomes remain heterogeneous. However, these findings are limited by methodological variability, small samples, and short follow-up periods, and should be considered exploratory. A key limitation of both the literature and this review is the lack of a clear distinction between DMT, as a structured psychotherapeutic intervention, and more general dance-based activities, which differ in aims and implementation. Within these limits, DMT may represent a person-centred approach that could support dementia care. Future research should prioritise clearer conceptual distinctions and more consistent, longitudinal designs.

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Conflict of interest

The authors declare that they have no conflicts of interest.

Author contributions

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