



Can Yoga Create Calm in People with Dementia?

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Executive Summary

This practitioner research project aims to examine whether yoga can help bring about calm in people with dementia. Over the last decade, there has been an upsurge of interest in the therapeutic benefits of yoga. Yoga is a mind-body ‘science’, based on stretching and strengthening movements (asanas). It also pays particular emphasis on good breathing practice, as well as on specific breathing ‘exercises’, known as ‘pranayama’. The combination of breathing and movement, especially when co-ordinated, leads to feelings of well-being, both physically and mentally. Existing research has predominantly focused on how yoga can improve physical mobility for people with dementia; the emotional experience for the individual would seem to be relatively unexplored.

Six people with dementia agreed to participate in this study and they all took part in a ten week programme of seated yoga classes. Seated yoga was chosen as it allowed for a more inclusive approach. The programme was the same each week and involved physical movement for stretching tight areas of the body, and releasing tension. Also included was instruction for deep, rhythmic breathing, especially co-ordinating breath with movement, to slow the rate of breathing and thus induce a sense of calm. Mudras (hand gestures) were included in the practice, again allied with deep breathing to create a sense of release from tension. Participants were encouraged to use the mudras at home as a coping strategy for times of anxiety. Each class began with a guided relaxation to encourage the participants to ‘let go’ of any issues they might be worrying about. It concluded with a visualisation, chosen to promote a feeling of freedom from anxieties and fears. The session was rounded off by listening to slow and relaxing ‘kirtan’ music (sung Sanskrit chanting).

Sharing the participants’ journey during the research process has been an illuminating and enriching experience.

Semi structured one-to-one interviews, focus groups, emotional touch points, questionnaires and visual illustrations were used to explore the participants’ experience of practicing yoga. When analysing data, four key themes emerged; the experience of dementia, the sense of well-being and calm created by the practice and felt by all, the positive role of peer support and group participation, and the value of listening to a CD recording of the class at home, undertaken by some of the participants.

The findings and evidence generated were very positive. All participants said that they felt calmer after practicing yoga, and expressed a wish to continue further with classes. The challenge ahead lies in convincing others: service users, carers, colleagues and funders, of the potential gain that practicing yoga can offer people with dementia. This was, however, a small scale study, and further evidence from a wider sample will be needed for more robust conclusions.

Introduction

I have worked for Alzheimer Scotland as Service Manager for the South Aberdeenshire Service for twenty years. In that time, as a practitioner working in dementia care, I have become interested in the positive impact that physical exercise can have on people with dementia. The benefits of physical activity for the health of the body, and especially the heart, are well documented. There is, however, increasing evidence that physical activity also has a significant positive impact on brain health, as has been suggested by Brown et al: 'There is now strong evidence that links regular physical activity or exercise to higher cognitive function, decreased cognitive decline and reduced risk of Alzheimer disease or dementia' (2012).

With this in mind, the South Aberdeenshire Service has introduced various physical activity groups for our service users with dementia over the last ten years. We have walking groups, Nordic Walking groups, exercise classes and yoga groups. Oddy (2003) echoes the value of physical exercise is important to the general health of people with dementia (cited by Alzheimer Scotland, Delivering Integrated Dementia Care, 2012, p 19). Groups such as these sit comfortably within the Eight Pillars Model of Community Support (Alzheimer Scotland 2012). This model is a comprehensive and evidence based approach to supporting people with dementia living at home, highlighting the need for a fully integrated approach from health care and social care.



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Figure 1: The Eight Pillars model of community support for dementia

The physical exercise programme practiced in the South Aberdeenshire Service fits well within pillar two (highlighting the importance of therapeutic interventions) and pillar eight (highlighting Community Connections).

All the groups that the South Aberdeenshire service provide are popular, and it has become increasingly apparent that after participating in physical exercise, our service users appear relaxed and at ease and this seemed to be particularly so after yoga sessions. From my own observation, I understood that yoga was not just a set of physical exercises, but something beyond this, with the potential to bring about a peaceful mind-set. This is the reason, therefore, that I undertook this research project: to investigate if yoga could lessen feelings of anxiety and promote a sense of calm in people with dementia.

Background

It is estimated that there are more than 88,000 people with dementia in Scotland. Dementia is described as:

‘an illness that affects the brain, making it harder to remember things or think as clearly as before. Dementia can affect every area of human thinking, feeling and behaviour, but each person with dementia is different - how the illness affects someone depends on which area of their brain is damaged’ (Alzheimer Scotland, 2015).

People with dementia can face an uncertain journey, often underpinned by anxiety, worry and fear. They deserve every chance they can get to find ways of relieving anxiety and tension and perhaps yoga may be one way to achieve this.

Research on yoga is vast. Studies indicate that there are many benefits to its practice. It is a holistic way to balance and harmonise the body, mind, spirit and emotions (Friedeberger, 2004). Many people turn to yoga as a way to manage stress; benefits are often felt quickly and are tangible. There seems to be growing evidence that physical fitness and function benefits accrue through yoga practice in older adults:

‘The scientific evidence supporting yoga for improved fitness in older adults shows promise, there are meaningful trends towards improvement in gait, balance, strength, flexibility and anthropometric measures as a result of practicing yoga’ (Roland et al, 2011, p7-8).

A study carried out by Jue-ting Fan and Kuei-Min Chen in 2011 concluded that yoga should be included as a regular activity in long term care facilities. This was based on their findings that yoga has a positive impact on the physical and mental health of elderly people. General, research, however, on the effect of yoga practice on people with dementia, appears to be thin on the ground: ‘despite the widespread advocacy of using yoga for neurological disorders (multiple sclerosis, Alzheimer’s, Parkinson’s) there is a dearth of randomized controlled evidence in this area’ (Wahbeh et al, 2008).

I have read eight different papers researching the effect of yoga on people with dementia, the findings of these studies focused on physical function, and data examined appears to be medically based: blood pressure, gait speed tests, muscle strength and endurance, and cardiopulmonary functions being the areas of observed improvement.

To date there appear to be no research papers describing how people with dementia feel about yoga practice, and whether they consider it enhances their mood and feeling of wellbeing. This, therefore, is the rationale for the approach to this project. It is hoped that this research will add to existing literature about people with dementia practicing yoga, creating interest in its therapeutic benefits for those with dementia.

We first need a definition of what is meant by ‘calm’. The following definition would seem to be appropriate: ‘not showing or feeling nervousness, anger, or other strong emotions’ (Oxford English Dictionary 1976).

Aims

- To investigate whether a simple short yoga practice (incorporating movement, breathing exercises and visualisations) can create calm in people with dementia
- To assess the duration of the calm mood (if this is indeed achieved)
- To monitor the progress of participants who use a CD recording of the class at home

Objectives

- To undertake a small scale qualitative study with people with dementia
- To run a ten week seated yoga class, each yoga session being 40 minutes long, and starting and finishing with the same piece of music
- To keep the same yoga routine from week to week
- To create a CD of the class including the music and verbal instructions, for the participants to use at home.
- To explore how the participants find the experience through discussion groups, interviews, emotional touch points, observations and visual illustrations

Ethics

A research application examining a range of ethical considerations (appendix 1) was made to Lindsay Kinnaird, Research Officer for Alzheimer Scotland, and consent to do the research was granted (appendix 2). The service users invited to participate in the research were in the early to middle stages of dementia, and were considered to have capacity and therefore able to consent to take part in the research.

Prior to embarking on the research programme, prospective participants were given a research information sheet (appendix 3). This sheet fully explained the objectives, expectations, methodology, confidentiality, anonymity and the required commitment of the individual. Time was built in to discuss the information sheet with prospective participants to

ensure that they fully understood what was involved, prior to consenting to participate in this research.

Frankfort-Nachmias and Nachmias (1992, as cited by Cohen et al, 2007) underline the need for anonymity and confidentiality, and thus participants in the project were given different names to ensure anonymity.

A potential area of conflict for this research could have been my own role of practitioner-researcher, since all participants were already receiving support from the South Aberdeenshire Service. On reflection, however, I believe this seems to have been a strength, as participants were at ease from the outset possibly adding depth to narratives. All participants were assured that participating in the research, and receiving support, were two entirely separate entities.

Method

Research is a process of gathering information and insight in order to create new knowledge. This research project will be a qualitative study using a Participative Action Research (PAR) approach. PAR is best suited to this type of research as it allows the participants (people with dementia) to be actively included in the research.

Participatory Action Research (PAR) can be defined as:

‘research with people rather than research on people. It is about inquiry as a means by which people engage together to explore some significant aspect of their lives, to understand it better and to transform their action so as to meet their purposes more fully’ (Reason 2014: 1).

It is hoped that this research will enrich the lives of those participating. The importance of research findings making a difference to those involved in research is highlighted by Robson:

‘Real world researchers often have an ‘action agenda’. Their hope and intention is that the research and its findings will be used in some way to make a difference to the lives and situations of those involved in the study/and or other’ (2002 p 201).

Involvement and improvement are key features of PAR and my own participation in the group practice allowed for direct observation of responses as they happen. This, I believe, will be of importance to the study, making me less reliant on second-hand accounts. It will also allow me to assess individual experiences, besides allowing participants to interact with me with ease. Participants will be involved in the planning of the project, and will help with sharing their experience and learning at the end of the project. As Simpson and Tuson (2003) suggest, observation can lead to deeper understandings than interviews alone, because observation provides knowledge of the context in which events occur, and it may enable the researcher to see things that participants are unaware of.

Sample

The participants in this research are all currently accessing services provided by the South Aberdeenshire Service. The criteria for inclusion in this research project, was for service users in the early to middle stages of dementia who were deemed to have the capacity to make an informed decision about their involvement.

It was felt important, at the outset of the project, to explain what was involved in the research to potential participants, detailing exactly what was to be encompassed both during the research and afterwards, when results are disseminated. Six people with dementia agreed to take part in the research and returned the consent form. There is confidence that their decision to take part was informed, and they had good understanding of the research journey ahead. Due to the nature of dementia, on-going discussions of a similar nature were undertaken with participants throughout the project.

Data Collection

Data collection in this research project focused on qualitative and creative-based methods, with emphasis on the participants' experiences. The approach was opened-minded, and ideas and methods from various sources were used. Decisions were guided by reading, advice from mentors, attendance at lectures organised by IRISS, discussion with colleagues and other participants in PROP2 (Practitioner-Research: Partnership and Outcomes).

Methods chosen were one-to-one interviews, focus groups, questionnaires, art work, observation, and use of visual data. The chosen methodology was geared towards measuring the participants' moods, encouraging them to tell their own story in their own words, and helping build the understanding. It was decided to use a wide range of methods for data collection as there was uncertainty over what would work best for the group; all participants had a diagnosis of dementia, affecting them in different ways, and certain methods worked better for some than for others.

When planning the research the use of medical assessments was considered, such as taking each participant's blood pressure and pulse. On reflection, however, it was decided that this would bring a formality to the group and could cause unnecessary stress, the very thing we were trying to reduce.

Focus groups

The initial intention was to have a group discussion before and after the class. However, participants were very quiet at the first focus group which was held after the class and it was agreed they would prefer to meet before the class as they felt so relaxed afterwards that they wanted to hold on to this feeling for as long as possible. As a result, discussion groups were held prior to the class. Two discussion groups were carried out and participants shared their views and collective experiences and findings helped to shape the class to better suit their wishes. However, I found the participants' concentration span was short in group discussions; they relied on prompting from staff members present and I felt they were eager to get on with the class rather than talk about it. Discussion focussed on practicalities (length of class, venue, music, nature of exercises) rather than feelings and mood. The other ways of generating data appeared to be better suited to the group.

One to one interviews

Five individual interviews were carried out with people with dementia. Collecting verbal data is becoming increasingly important as a flexible tool in qualitative data collection (Cohen et al, 2007). Questions were open-ended and interviewees expressed in their own words what it feels like to have dementia, what helps, how they found the yoga class and how they felt after yoga practice.

Each interview took a different course, however the same key questions were asked at each interview (appendix 4). The honesty shared with interviewees was extremely moving and emotive, enabling me to have a privileged insight their world and giving me credible evidence to support my research. All interviews were audio-taped and transcribed. I listened to each interview twice and read over the transcripts three times. Immersing myself in the data enabled me to gain deeper understanding of their stories, allowing me to pick out themes, consistencies and generalities. From the words spoken during interviews 'I' poems were created – the 'I' poem consists of selecting speech beginning with the word 'I'. Creating 'I' poems was a process of selection, but no words were changed from the original transcript. The resultant poems are extremely moving showing each individual's poignant experience.

Emotional Touch Points (appendix 5)

Emotional touch points were used before and after five of the classes. An emotional touch point is a card showing a picture and a word which reflect different moods - positive and less positive words were available for participants to choose from. Dewar (2009) claims that using emotional touch points is beneficial for practitioners to see the positive and negative aspects of service users' experiences in a meaningful and realistic way. Using emotional touch points proved a very helpful tool. Participants fully engaged in this approach choosing cards proudly and thoughtfully; interesting data was collected (appendix 11).

Visual Illustration (appendix 6)

Participants were asked to colour in a figure of a person highlight areas where they felt stress and tension and also areas of wellbeing. Dark colours were used for tension and light colours for feeling of well-being. This hands-on creative approach appealed to participants.

Questionnaires

Support staff who worked with service users who attended the yoga class completed questionnaires reflecting observations they had made about their service users during the research programme (appendix 7). Participants (with help from support staff) completed a questionnaire. The focus of the questionnaire was to find out how the participants fared practicing the yoga CD at home. (appendix 8)

Observations

Observational report received from the yoga practitioner (appendix 9).

The yoga practitioner observed and noted changes in participants' focus of attention, alertness, engagement with others and the feeling of calm and relaxation amongst the group.

On reflection some methods of data collection worked better than others. The focus groups were not particularly successful, this was possibly because they were held either before the class and participants wanted to embark on the yoga practice, and at the end of the class

participants were too relaxed and quiet to participate in group discussion. The one to one interviews worked well, as did the emotional touch points and the visual illustrations.

Findings

Analysing the data collected and finding themes initially seemed daunting. However, I analysed each area of data separately so I could compare findings between methods. Further cross-analysis enabled me to pick out common threads helping me to build on the answer to my research question, ‘can yoga create calm in people with dementia?’ This took time, I listened to audio tapes from focus groups and interviews, transcribed them and listened again; as I re-read transcripts and analysed questionnaires common themes and concepts began to become apparent. Creating ‘I’ poems from interviews further confirmed initial findings. Identifying themes generated from data collected from using emotional touch points and visual illustrations were clearer cut.

The four key findings were:

- The experience of dementia
- The feeling of calm and wellbeing created from participating in the class
- The positive role of peer support
- The mixed benefits of the CD, those that used it found it worked well others were not able to use it at home.

The experience of dementia

All of participants spoke about how it feels to have dementia during interviews, the visual illustrations and when choosing emotional touch points. I decided to include this in the report as I feel it is important to have an understanding of the difficulties the participants have to cope with on a daily basis and it helps to frame findings and puts into context the real benefits the yoga has had. The following extracts from ‘I’ poems created from the participants own words in one to one interviews demonstrates, with raw honesty, the challenges a person with dementia faces and invites us in to their world.

Extracts from Jenny’s ‘I’ poem (appendix 10)

‘I don’t have anyone near me

I don’t always hear

I don’t always understand

I get a bit fed up sometimes

I can’t do much

I don’t do anything now

I know my memory is getting worse, I know it is

I get annoyed sometimes

I get lonely, friends that I had have faded away’

Extract from Anna's 'I' poem (appendix 10)

'I have lost confidence
I had a terrible day last week
I had an off day
I could not remember anything
I did not say about my condition
I was upset, it was the expression on their faces
I think they were wondering what the hell is going on here
I think dementia makes you worry'

Choosing emotional touch points further emphasised the feelings of loss experienced by participants. We used emotional touch points at the beginning and end of the class, words with pictures reflecting mood and feeling were used (appendix 5). Participants enjoyed choosing their words. (appendix 11). At the beginning of the first two classes the majority of the class chose negative words to describe how they felt. Words chosen at the end of the class reflected a much calmer and relaxed mood.

However, as the class progressed an interesting theme emerged; several of the participants chose positive words at the beginning of the class. I invited a participant to explain why she chose the word 'fortunate' and she replied 'well I don't come here to be negative, I come here to be stretchy and bendy' (Jenny). Words chosen by this participant on the two weeks previous were; 'fed up', 'tired' and 'chattering mind', so this shows an encouraging shift in mood as the class progressed.

The use of visual illustration also showed a sense of tension at the beginning of the class. Participants were given a figure of a person to colour in at the beginning and end of the class, (appendix 6) using darker colours to show areas of tension and unease. Participants spoke honestly about areas of tension, one lady colouring in her whole facial area with a very dark green, said 'I have had a terrible week, no one could possibly know how terrible it has been'.

The feeling of calm and wellbeing created from participating in the class

A common theme threaded through all areas of data collection was the sense of well-being and calm experienced by all participants. The feeling of wellbeing was evidenced in the choice of positive words chosen at the end of each session (appendix 11), the art work (light colours chosen at end of the session) and in one to one interviews. Extracts from 'I' poems further demonstrates this:

Extract from Alan's 'I' poem (appendix 10)

'I am looking forward to it when it is coming up
I quite enjoy it
I do like the music
I look forward to it

I like thinking today is my yoga day
I think thinking about it is good for me
I like it
I think I can do it’.

An extract from Jenny’s ‘I’ poem. (appendix 10)

‘I do feel good after it
I do feel good
I don’t find it difficult
I feel I can follow it
I am pleased about that
I think it is good that I can do it
I like meeting everyone
I think everyone is nice, they are all kind people, we are all in this together you know
I like the music, I do like the music
I feel cosy in the room
I feel looked after in the room
I would like to keep going with it’

An extract from Anna’s ‘I’ poem (appendix 10)

‘I feel it’s doing a lot for me, aye, yes
I think it has made me think I can do more things now
I think I would like to travel again
I would like to do that
I like the class
I like having to things to do
I like the people that go
I feel there is a nice feeling in the class
I say yes to it’

As a practitioner having worked in the field of dementia for many years I never cease to be impressed and humbled by the positivity that people with dementia so often demonstrate. Reflecting on their words demonstrates this well; despite all their problems, the participants were keen to embrace and engage in something new. It was wonderful to share their joy as they discovered that the yoga practice was within their capabilities and that it brought about feelings of wellbeing and calmness.

In the one to one interviews I asked if participants were enjoying the class and if how they felt afterwards. Discussion was consistently positive and feelings of calmness discussed:

- 'I feel calm all the way through, yes I do and I do feel relaxed afterwards. I feel my mind is calmer after it. I get a bit uptight at times. If I was worried if someone was ill I think I would use it then, use the breathing as it calms me. I prefer quiet situations to noisy ones and I am glad I have tried this. Keeping the calm makes every day better for me and taking that feeling out with me to my family and friends, that's a good thing I think.' (Trevor)
- 'I do like the teacher, she has a lovely calming voice, I like her voice, I feel relaxed afterwards, sometimes I feel sleepy. I feel it is doing a lot for me, I think the breathing helps.' (Anna).
- 'It does you good, cake does you good too, it's very nice. I do feel good after it, it makes you feel warm, I don't like winter much, I prefer summer so it's nice that the yoga makes me feel warm. It gets you into a dwarm – that's a good word isn't it. There is a lot of it, a bigger effect on your body than you know, you feel relaxed and sensitive. Your body feels better, you have it in your mind that it's going to relax you.' (Jenny)

When I asked participants about what they what they liked best about the practice replies were positive,

- 'well I like everything I think, the girl's voice is so calming, it's good to have nothing to do or think of, just her voice and that's good. I like the music, it's so relaxing, I do like the music, I think everybody likes it, it's really working. I can see it's helping it has a strange effect, a relaxing one, you get it, it's a rhythm, it's working for me. It does have a relaxing effect, it is true, it does relax you.'
- 'I really need this day, I am in such a muddle, such a muddle most of the time but this is when I leave my muddle behind, it sort of sorts my mind out, I think it sort of calms me. I like it much more than I thought, I was not sure why I came really, but I am glad I did, it was here for me, thank goodness I came, I am new to all this and I have made friends too' (Margaret).
- 'I felt better after the class, I felt calmer, that's what it's all about isn't it. Ah yes I felt very smoothed out in a lovely comfy sort of way. I felt sleepy and calm, yes that's how I felt. Aye I feel calmer, aye I do. I am looking forward to it when it's coming up, I am, I look forward to it. It's a good thing, I enjoy it, I will give anything a go'. (Alan)

During one to one interviews I asked participants how they would describe the yoga class to others, their descriptions identified feelings of happiness, relaxation and togetherness.

- 'It is something that is light, it's not falling on you like a ton of bricks and other people seem to be happy doing it and it would be good for everyone to make it part of their lives and carry them forward, there is a feeling of togetherness in the room and I

have that feeling now just talking about it and being with you, yes it's a feeling of togetherness, and I like that'. (Trevor)

- 'I have tried to describe it to my sister, it's relaxing, very gentle movements and it makes you feel happy'. (Anna)
- 'It feels like maybe you have been on drugs or something, but I don't know what that's like, but I do feel spaced out in a warm nice way, like you have been in a bath and you don't want to get out'. (Alan)

Using emotional touch points created meaningful results (appendix 11) less positive words were chosen at the beginning of the class, for example; fed up, feeling low, concerned, frustrated, sad, lost, powerless, stressed and jumpy, in contrast positive words were consistently chosen at the end of the class, for example, refreshed, at ease, calm, relaxed, encouraged, comfortable, fortunate, safe, hopeful and peaceful.

As discussed earlier in the report, several participants chose positive words at the beginning of the class and the explanation offered by them for their choice was that they were looking forward to the class, one participant saying 'this is when I leave my troubles at the door'.

The positive role of peer support

Observation at the class consistently showed the value of peer support, a special bond had developed amongst participants. One spontaneous interaction summed up this feeling; during the creative art work when one participant's colouring showed a great deal of stress, as noted earlier in this report, saying she had a particularly bad week, another participant went up to her and gave her a hug. No words were spoken but the sentiment and feeling of 'we are in this together' was palpable. One participant spoke about the 'feeling of love' within the group. During a group discussion a participant said 'it's nice to see other people and have a chat – you realise you are not the only one'.

Feedback in questionnaires completed by participants with assistance from support workers also confirmed the feeling of togetherness in the class (appendix 8)

- 'Yes, it will help me to help my body and mind. It's good for the rest of the group too' (Trevor)
- 'Yes I would like the class to continue as we are just getting into it. I love it, we all do, we love it' (Jenny).

Feedback from staff complimented findings from service users:

- 'We have all enjoyed the class, the hour is very constructive, it is delivered with love and there is a genuine feeling of togetherness during the class'.
- 'Trevor looks forward to the class, "yes" he tells his wife with a smile, "we have yoga today"'.

Only one participant had a carer living at home. The carer commented that although she did not attend the class she looked forward to yoga day too as she found her husband very peaceful on return and also very focussed: 'sometimes when he comes back I ask him to do something else, get his hair cut, go to recycling and I find that he is more focussed more energised'.

The mixed benefits of the CD

Four participants said they listened to the CD we created at the class and gave feedback via a questionnaire (appendix 8) was positive.

- 'I listen to the CD at home and it helps me' (Alan)
- 'I can play it when I am not feeling good' (Trevor)

When chatting with one of the participants he said he often puts the CD on and lies on the settee and listens to it, he does not follow the instruction but found relaxation by listening. The participants gave constructive feedback on the CD, such as simplifying instruction, having the music at the beginning and the end and toning down the sound of the bell to indicate the end of practice. As a result of these comments a second recording was made and everyone was very happy with the result. Our intention is that this CD could be given to other people with dementia so they can practice the yoga session in their own homes. The two participants who did not use the CD were not able to say why they had not used it. Perhaps they may have tried it if they had a carer at home to remind them and assist them to put the CD on.

Discussion

From my reading in the early stages of the research project I found evidence that yoga can help improve physical function in people with dementia. However, there seemed to be little information about improving feelings of well-being and calm. Consequently, I set out on my research journey to find out if yoga could engender calm in people with dementia. I feel excited that participants consistently described feelings of calmness and relaxation in all areas of data collection, after practicing yoga.

In the process of answering my research question other key themes emerged. Participants spoke honestly about the way dementia was impacting on their lives and the sense of loss they were experiencing. Another emerging theme was the feeling of wellbeing that attending the yoga class gave them and the value of peer support from others in the class. One of the aims of my research was to find out if participants would practice the yoga routine independently in their own homes and to do this we recorded a yoga session and gave all participants a CD. Four participants were able to use the CD at home and reported positive effects.

The overall aim of this research project was to find out if participants felt a sense of calm after the practice, and if so, how long the feeling of calmness lasted for. Results were uncertain. Some said they were not able to remember, others felt that there were improvements in their sleeping pattern. We had no measures in place to assess how long feelings of calmness lasted.

Encouraged as I am by my findings, I realise that this is a small scale study so conclusions must be tentative. Were a similar study to be carried out in the future, a much larger sample of people with dementia, conducted over a longer period of time, would prove perhaps more definitive and have truer representation.

Implications for Policy and Practice

Findings from this research project sit comfortably within recommendations highlighted in the report *Delivering Integrated Dementia Care, The 8 Pillars Model of Community Support* (Alzheimer Scotland 2012). This report sets out an evidence based approach to supporting people with dementia who live in the community. It advocates the Eight Pillar Model that encourages health and social care to work together to meet individual needs encouraging people with dementia to access the best treatments and interventions enabling them to live in their own home for as long as possible.

Knowledge gathered during the research project fits best within Pillar Two and Pillar Eight. Pillar two promotes Therapeutic Interventions to tackle systems of the illness, highlighting the importance of physical exercise for people with dementia. Pillar eight advocates the importance of community connections emphasising how quality of life can be improved for people with dementia by building social networks and providing peer support.

Implication for policy and practice at a local level in the South Aberdeenshire Service is how to ensure that the class continues and that more people with dementia are given opportunity to attend this class and to encourage the introduction of similar classes. Ways will have to be found to convince partners in health and social care of the benefits that arise from therapeutic interventions and from developing and maintaining community connections which should improve practice. In times of ever-increasing pressure on resources, convincing funders of the advantages of supports that they could consider non-essential may not be straightforward but as suggested by Jean McNiff & Jack Whitehead (2006), 'One of the most valuable (and difficult) things to do is persuade people to begin to question their own prejudices. If you can do this your research will have been most worthwhile' (page 207). Herein lies my challenge.

Knowledge Exchange

Evidence gathered within this research project would indicate that yoga can engender calm in people with dementia and I want share these results with as wide an audience as possible. People with dementia deserve every opportunity they can get to feel more relaxed and peaceful and to take part in something they enjoy.

In addition to this report, findings will be outlined in an abbreviated, easy to read post card summary. Target groups will be: the participants, service users, carers, practitioners, funders and colleagues. I hope to present findings at conferences such as the Alzheimer Scotland AGM, meetings, the Alzheimer Scotland web site and intranet and at information sharing events (the first one being the PROP2 knowledge exchange event, July 2015).

Conclusions

Participating in this research project has been a remarkable experience. I have worked with people with dementia for over twenty years and my overriding motivation has always been to find ways of improving their circumstances. Time and time again I have seen first-hand how being valued and supported creatively can improve the life of a person with dementia and this has never been more apparent to me than during this research process.

It has been a genuine privilege to spend time with the participants. The raw emotion shared during one to one interviews was often palpable allowing me to enter into their world,

therefore helping me to understand more than ever the challenges dementia presents. Yet despite these challenges positive thoughts shone through, the participants had hope, humour and were prepared to try something new and give it their all. Observing participants during yoga practice, focussing on the moves, joining in with chants and song was a rich experience and gave me a real sense of pride that I knew and worked with such a wonderful group of people.

Finding out that the group enjoyed the yoga, that they felt relaxed and calm and valued the peer support of the group was key to the research question, however this almost seemed secondary to the experience of seeing dementia through the participants' eyes.

I hope that anyone reading this report will be able to imagine our yoga class, the participants arriving, choosing their emotional touch points with real thought, talking about their choices, the natural gestures of kindness and support shown to each other, the chat before the practice starts and then the silence that sweeps over the group as they sit down to start the yoga.

It was wonderful to witness the complete absorption to task as they let their minds and bodies relax as they embraced the yoga practice, with their dementia forgotten - for a while.

Bibliography

Alzheimer Scotland (2012) *Delivering Integrated Dementia Care The 8 Pillars of Community Support*.

Alzheimer Scotland Available at: <http://alzscot.org> (Accessed: 14 May 2015)

Brown, B. M., Peiffer, J. J. and Martins, R. N. (2012) 'Multiple effects of physical activity on molecular and cognitive signs of brain aging: can exercise slow neurodegeneration and delay Alzheimer's disease.', *Molecular Psychiatry*, 18(8), pp. 864–874. doi: 10.1038/mp.2012.162

Cohen, L., Manion, L. and Morrison, K. (2007) *Research Methods in Education*. London: Taylor & Francis

Dewar, B., Mackay, R., Smith, S., Pullin, S. and Tocher, R. (2009) 'Use of emotional touchpoints as a method of tapping into the experience of receiving compassionate care in a hospital setting', *Journal of Research in Nursing*, 15(1), pp. 29–41. doi: 10.1177/1744987109352932

Fan, J.-T. and Chen, K.-M. (2011) 'Using silver yoga exercises to promote physical and mental health of elders with dementia in long-term care facilities', *International Psychogeriatrics*, 23(08), pp. 1222–1230. doi: 10.1017/s1041610211000287

Friedeberger, J. (2004) *The healing power of yoga: for health, well-being and inner peace*. New Delhi: New Age Books, India

McNiff, J. and Whitehead, J. A. (2006) *All You Need To Know About Action Research*. 1st edn. London: Sage Publications

Reason, P. and Bradbury, H. (2014) *The Sage handbook of action research: participative inquiry and practice*.

Robson, C. (2002) *Real world research: a resource for social scientists and practitioner-researchers*. Cambridge, Mass., USA: Blackwell Publishers

Roland, K. P., Cornett, K. M. D., Theou, O., Jakobi, J. M. and Jones, G. R. (2011) 'Physical Activity across Frailty Phenotypes in Females with Parkinson's Disease', *Journal of Aging Research*, 2012 pp. 1–8. doi: 10.1155/2012/468156

Simpson, M. and Tuson, J. (2003) *Using observations in small-scale research: a beginner's guide*. Glasgow: The Scottish Council for Research in Education

Sykes, J. B. and Fowler, H. W. (1976) *The concise Oxford dictionary of current English: based on the Oxford English dictionary and its supplements*. Edited by H.W. Fowler and F.G. Fowler. 475th edn. Oxford, Eng.: Oxford University Press

Wahbeh, H., Elsas, S.-M. and Oken, B. S. (2008) 'Mind-body interventions: Applications in neurology', *Neurology*, 70(24), pp. 2321 – 2328. doi: 10.1212/01.wnl.0000314667.16386.5e

Acknowledgements

It has been a privilege to have been able to participate in this research project and I feel very grateful to everyone who has made it possible. First and foremost thanks must go to Alzheimer Scotland for giving me the opportunity and for the on-going support and encouragement from Lindsay Kinnaird, Research Manager, to whom nothing was ever too much trouble.

Everyone at PROP2 have been a source of inspiration, the organisation, quality of the lectures and information given was first class, and Stuart Muirhead was at the centre of it all, motivating and guiding us with positivity, always making us believe we could do it. My mentor, Catherine-Rose Stocks-Rankin has been a tremendous support guiding me in the right direction, keeping me on track and offering invaluable encouragement advice and support. A meeting or phone call with Catherine-Rose always worked wonders!

In my mind the success of the yoga programme is largely thanks to our wonderful yoga practitioner, Linda Chedburn, as one of the participants said, 'the class was delivered with love'. Linda's inclusive approach, depth of knowledge, caring and nurturing ways ensured that everyone looked forward to and benefitted greatly from the yoga class.

Finally a heartfelt thank you to all who participated in the class, without them this study would not have been possible, they are a truly remarkable group of people.

Appendix 1

Research Access Application Form

Research details

Name and contact details of researcher	Sarah Duff, Service Manager, South Aberdeenshire Service Sduff@alzscot.org 01569 792068
Project title/lead question	Can yoga help bring about calmness in people with dementia?
Do you have a research supervisor (please provide details)	Catherine- Rose Stocks- Rankin (IRISS)
Has your research study received ethical approval	Not as yet
Please provide an outline of the study and its aims	To invite people with a diagnosis of dementia to attend a 12 week course of yoga led by an experienced practitioner (one hour a week). The aim is to see if the participants enjoy and feel the yoga practice is beneficial to them and to see if they feel an improvement in their wellbeing.
Please detail the research access you are requesting from Alzheimer Scotland	To be able to access individuals with dementia to participate in the research project.
How will the study findings be used? Who is the intended audience to whom the study findings will be disseminated?	The findings will be passed on to colleagues and if the findings are positive we would like to look into running similar yoga courses for service users in the future using the same simple routine. Service users and carers Colleagues and other professionals

Research participants

Who are the research participants?	Service users and carers
How will they be recruited?	Service users and carers that we are currently working with to be informed of the research and people that are interested and would like to find out more to be invited to a meeting to meet with myself (Sarah Duff) and the yoga practitioner so they can have opportunity for find more detail out about the research and have opportunity to ask questions.
What information will they be given on the research study?	<p>Details of the research programme</p> <ul style="list-style-type: none"> • what we are hoping to find out • background about yoga • the type of exercises that will be practiced • what the participants will have to do in addition to attending yoga sessions. • What we intend to do with the study findings
How will you seek informed consent?	Explain what is going to be involved verbally and back this up with a written information sheet and ask for written consent from participants.
What consideration has been given to the wellbeing of research participants throughout the research process?	<p>At the beginning of each yoga session we will ask participants how they are feeling and ask if they want to participate. Participants will reassured at every session that they can stop exercising at any point or stop the whole research programme if they wish.</p> <p>The sessions will be led by an experienced yoga practitioner and at least 2 other professionals will be present to oversee that everyone in the group seems at ease and comfortable during the sessions.</p> <p>Time will be built into each session to reflect on how the participants found the session at the end of practice.</p>
Do you anticipate any ethical concerns in relation to this particular group or the research topic?	No as participants will be in the early to moderate stages of dementia and should be able to understand the nature of the research and their role as participants.

What feedback will be given to participants?	The results of the research will be shared with the participants.
Will any part of the research involve audio, film or video recording?	This is possible; it could be helpful to record one to one interviews with participants and to record focus groups. It is possible that we could video one of the practice sessions.

Data collection and confidentiality

How will the data collected be used?	A report detailing research will be written and this will include case studies; all data will be anonymised. All other reports/leaflets/presentations on the research will be similarly anonymised.
How will the data collected be stored?	Data will be audio taped and transcribed. Typed data will be kept password protected on computer or on encrypted memory stick. All data will be kept securely in locked filing cabinet in locked office.
Who will have access to this data?	Only Sarah Duff (researcher) will have full access to data prior to it being anonymised.
What consideration has been given to confidentiality and anonymity of research participants?	All data to be anonymised during storage and presentation. All data to be kept securely as highlighted above.

Please return completed form and your participant information leaflet to:

Lindsay Kinnaird
Research Manager
22 Drumsheugh Gardens
Edinburgh
EH3 7RN
Email: lkinnaird@alzscot.org
Tel: 0131 243 1453

Appendix 2

NATIONAL OFFICE
22 Drumsheugh Gardens
Edinburgh
EH3 7RN

TELEPHONE
0131 243 1453
FAX
0131 225 3287

DEMENTIA HELPLINE
0808 808 3000
WWW.ALZSCOT.ORG
INFO@ALZSCOT.ORG



Sarah Duff
Service Manager
South Aberdeenshire Service

14 October 2014

Dear Sarah

Can yoga help bring about calmness in people with dementia

Thank you for your research access application form. I am happy to agree to the requests set out in the application.

As discussed, if you could come back to me once you have considered the possibility of video recording a session and we can review this request.

Best wishes with the study and I look forward to hearing how things are progressing.

Yours sincerely

Lindsay Kinnaird
Research Manager

Appendix 3 Research Information Sheet

Can yoga create calm in people with dementia?



Description of Project:

This research is going to explore whether yoga can help to bring about calm in people with dementia.

We are going to run an eight week yoga class, the class will be run by practitioner, Linda Chedburn who is well known within the South Aberdeenshire Service as she has already taken some very successful yoga sessions. The class is going to start on 13 January 2015 and will be held at Stonehaven Community Centre at 1.30 pm every Tuesday. The yoga practice will be seated. The classes will be an hour long, the yoga practice will be for 40 minutes, allowing time for group discussion and questions before and after the practice.

It is hoped that participants would be willing to discuss their experiences of the yoga class, and these discussions, with permission, will be taped and transcribed for use in the research project. The content of the interviews and names of participants will be kept anonymous and confidential.

This project complies with the ethics standards set by the Alzheimer Scotland.

Sarah Duff

Service Manager

Appendix 4 Interview Questions

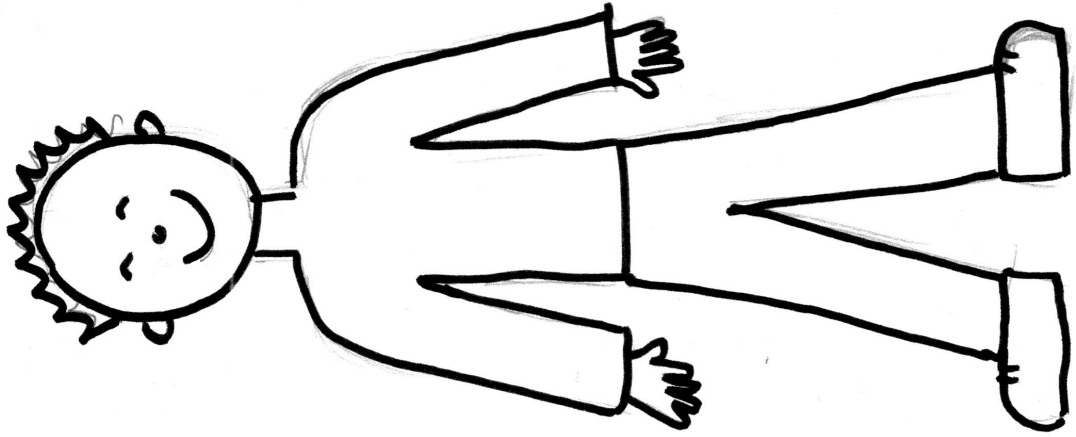
1. Have you practiced yoga before?
2. Are you enjoying the yoga class?
3. What do you like best about it?
4. What do you not like about it?
5. How do you feel during the class?
6. Can you tell me more about how you feel?
7. How do you feel after the class?
8. How long do these feelings last for?
9. Do you feel you sleep better after the class?
10. How would you describe the class to others?
11. Would you like the class to continue?
12. If we recorded the class onto a CD do you think you would use it at home?

Appendix 5 Emotional Touch Points

Accepted	Happy
Agitated	Hopeful
Alone	Irritated
Angry	Judged
Appreciated	Jumpy
Ashamed	Labelled
At Ease	Light headed
Belittled	Lost
Belonging	Misunderstood
Bewildered	On top of the world
Bored	Out of control
Brave	Peaceful
Calm	Powerless
Cared for	Pressured
Chattering mind	Puzzled
Comfortable	Refreshed
Compassionate	Relaxed
Concerned	Relieved
Confused	Resentful
Curious	Respected
Discouraged	Sad
Embarrassed	Safe
Empty	Scared
Encouraged	Still
Enthusiastic	Stressed
Excited	Surprised
Exhausted	Tense
Fed up	Thankful
Feeling Low	Valued
Fortunate	Vulnerable
Frustrated	Wonderful
Grumpy	Worried

Appendix 6 Visual Illustrations

After yoga class - how do you feel?



Before yoga class - how do you feel?

