Dance Movement Therapy in Switzerland

The Challenges of Working with Dance and Movement Therapy

Iris Brauninger

Two years ago, I moved to Switzerland and started working as a dance/movement therapist (d/mt) and as deputy head of the Physio-, Dance and Movement Therapy Department at the Psychiatric University Clinic (also known as Burghoelzli where Bleuler and C.G. Jung were) in Zurich, Switzerland. In the early 90's, I studied dance/movement therapy at the Laban Centre and received my M.A. from City University, London. Prior to my d/mt postgraduate course, I had studied dance and dance paedagogy and had performed with TELOS Dance Theatre in Stuttgart, Germany. Right now I am in the final stages of my dissertation at the psychology department at the University of Tuebingen, Germany. The d/mt intervention study, my dissertation project, is a randomized control study including 162 participants, to my knowledge the first and largest randomized control study ever conducted in the field of d/mt.

My arrival in a new country and the settling into a new and exciting job has drawn me immediately towards initiating "small" pilot studies at the clinic (one on the *Movement Parameters in Depression: Potential of the Kestenberg Movement Profile for Diagnosis and Efficacy Research*, another one still in process, deals with the development of an applied short form of the KMP for clinical practice and the Interrater-Reliability of it compared to the extensive and complex form used by professional raters). At the same time I was concerned regarding the results of the control study: *What, if the results don't measure any differences between dance/movement therapy groups and wait-listed control groups? What, if colleagues are right, who object to the idea of conducting quantitative research in d/mt because they think it would be impossible to measure relevant changes which take place during d/mt through standardized research tools?*

To give you some ideas, why such questions play a role at all in Europe (and this situation might be totally different in Australia?) let me explain, that in Mid-Europe, over the last years, the tendency has increased enormously to accept randomized control studies as the one and only research method in clinical studies. Therefore, results from these kinds of studies have gained great influence on the political decision making process and on relevant new laws regarding health care decisions. Qualitative research studies haven't had important influences on public health care decisions regarding the support of therapy forms such as d/mt to become an integral part of public health care as their methodologies have often been criticized. This tendency is probably more predominant in Germany in comparison to other European countries. In Switzerland, it seems, there are similar tendencies evolving that will put alternative therapies such as dance/movement therapy more and more under pressure to conduct efficacy studies in order to "prove" treatment outcome and in order to survive as a profession.

Having all these controversies in mind, I proceeded with the evaluation and have gained all quantitative results…. Good news and all-clear!!! The statistical analysis showed many significant results about the efficacy of d/mt regarding improvement of quality of life, stress management and reduction of psychological distress (results shall be published in English speaking journals). What a relief and what a

push to continue and to encourage others to conduct not only qualitative research projects in d/mt but quantitative as well!

Earlier on, I mentioned one pilot study still on its way that we are conducting at the Psychiatric University Clinic here in Zurich, the development of an applied short form of the KMP as a tool for everyday life and hopefully as a time-saving research tool, which should fulfill aspects of reliability and validity. As it is too early to talk about any results, I would like to share with you the original idea why this project has taken place at all. This leads me back to the team I am working in, the Physio-, Dance and Movement Therapy Department which is part of the Department of Therapies and Social Services (ATS). The aim of the ATS is to become more visible within and outside the PUK. One step to fulfill this goal is for all departments within the ATS to write reports and communicate about our client work in a highly standardized professional level. Our team consists of physiotherapists of whom all have additional training either in movement psychotherapy forms or extensive Feldenkrais training course. Additionally, there are movement and dance therapists from various backgrounds and all build a wonderful team where diversity and a big movement variety complements one another.

The task for us was to develop a movement language which unites us despite our *multicultural movement background* and to use the language as a consistent and standardized language in the interdisciplinary communication within the clinic and as a certain structural guide for writing reports. As mentioned above, this project is still on its way and will be evaluated soon. Why I mention all of this is to tell you about the spirit behind, which to me seems a good example of the Swiss culture: Subgroups are ugiven the space and big efforts are being made to find a consensus in the way one communicates with the other and there seems to be the spirit to find a way to a solution upon which the majority can agree to. This, I think is an attitude which cannot be taken for granted, I know, and I appreciate that I have the possibility to work in such an environment.

Another project which we have finished in our department is the reorganization of our group dance and movement therapy concept. Most of our dance and movement therapy groups as well as all physio groups (which include a Sports group, Nordic Walking, Feldenkrais group and a back-exercise group) operate as accessible groups for all wards. Only four groups are being offered as ward specific groups for specialized wards such as the women's ward, the geronto-psychiatric research ward, the ward for dually diagnosed patients, and the ward for patients with anxiety and depression disorders. For all the other groups we managed to introduce a more indication oriented group concept: This includes movement and dance therapy groups for acute psychotic patients, a movement therapy group for patients with anxiety and/or depression disorders, a movement and dance therapy group for patients with little energy and/or physical disabilities, and the focus of the Feldenkrais group on non-psychotic but psychosomatic patients and/or patients with fybromyalgia. Each group runs twice or three times a week and there is the additional option to offering individual therapy. We always have a waiting-list and the doctors refer the patients via written referrals to our department as well as the other therapies (occupational therapy, work therapy and music therapy plus diverse groups run by the social service).

The dance/movement therapy work is both versatile and challenging as it includes the direct client work with acute patients in greatest distress as well as many other layers of operating, planning and thinking. Therefore it is soothing to work in a team where all have fixed contracts (between half- and full-time employment) and one can count on another. We hope this situation will persist and ride out the current changes which the Swiss and Zurich health care system is undergoing right now.

DMT and Refined Body Image (RBI) in the treatment of Whiplash-injured people

Brigitte Zueger

Brigitte is a DMT, FPI Basel/Rheinfelden (Switzerland). She was born in Basel, Switzerland

in 1960. She studied movement education and special education during 1979 to 1986, trained as a dancer with Alvin Nikolais in New York in 1982/83 and became a Dance Movement Therapist during the years 1989 to 1994 at the Fritz Perls Institute (FPI), in Germany. The method she learnt there is Integrative Therapy, which is a further development of Gestalt Therapy, as developed by Fritz Perls. Since 1994 she has worked part-time in neurological rehabilitation at Rehaklinik, Rheinfelden building a dance therapy department. She has been the head of creative art therapies (music and dance) since 2001. Here they treat a variety of patients with different diagnoses such as Parkinson's disease, Stroke, Multiple Sclerosis, to name a few, and especially whiplash-injured patients, whose DMT treatment will be discussed in this paper.

In addition to her clinical activity, Brigitte works in Basel as a private practitioner; involved in long-term dance therapy, and offering groups mainly creative dance and work in movement consciousness (micromovement), which is a form of Refined Body Image (RBI). Since 1994, she has been involved in energy work, and from 2000, teaching the Light Body Process method as developed by Sanaya Roman and Duana Paker.

Refined Body Image (RBI) provides me with a tool for subtle consciousness, especially for body based reference and counter-reference (which is different from movement based reference/counter-reference) aspects since it increases the capacity of body awareness on a very subtle and sublime level. It gives me a tool to support and understand patients in their RBI, which is absolutely essential for working with whiplash-injured patients for they seem to have a strong awareness of it.

Dance and energy movement (energy work) are basically the same; one is the physical/emotional/visual expression in motion through our motor system, the other one is perceived motion while the physical body is in stillness. This motion is neither the organs, nor liquids, nor the motor system. The two aspects, motor activity and energy movement perceived in stillness are in deep connection or interrelated. One can be the matrix or the source for the other; they can support and carry each other along. It is the realm where non-materialised activity becomes activated matter.

The patient group – a brief description

Most patients we treat were injured more than a year before their referral to us and are therefore considered chronic. Most of them suffer from pain, over-sensitivity, sometimes with changed bodily sensations derived either from neurological impairment (neuropsychological, socio-psychological and/or of body perception) or trauma or both together/interrelated. All these aspects affect their working and private life for they are not as goal-efficient as they used to be before the impairment. This aspect can affect them psychologically in terms of a change/shift of identity focus, namely efficiency (doing) versus sensitivity (being).

The phenomena of the patient group - from a DMT perspective

For a variety of reasons, most of the patients have a great need for silence and stillness. In stillness they often have a strong sense of "inner seeing", which means that not only do they highly sensitively recognize inner movement or pain physically but that they also have visual pictures of form and colour for these perceptions. I have been calling this phenomenon 'Awareness of the Refined Body Image'. In Kestenberg terms they show a rather neutral tension flow attribute towards bound flow. When in motion it is often hard for them to stay connected with the body; they extend their awareness out into space along with images of pleasurable landscapes or other concrete images.

This can make them lose the physical sense of their body. Losing the sense of their body can bring them into a state of fear that is followed by an interruption of the movement and image, or loss of movement flow getting lost in the images. Another cause for interrupting the movement, is the existence of very strong pain, mainly in the shoulder and neck area.

How we work with this client group

Broadly it is possibly to describe three levels (platforms) within the DMT process which have emerged as central to this process in my experience during the last nine years.

There is not an order to the levels; some patients feel more comfortable working within platform A, some feel drawn to platform B or C. The process and the work on awareness and flow of (body) comfort direct the way.

The following is a short description of the work in the three platforms:

A: working motor-system oriented. Basically motion, which is mainly focused on legs/feet; grounding/weight and bound flow. Space-issues like the kinaesphere, body part-issues like working with shoulder-pelvis connection, are brought up as well. Sometimes the capability of using a big range of

movement variety in KMP terms takes place on platform A.

B: working in silence on the Refined Body Image. The Refined Body Image shows when patients "see" their pain, their stress, their calm etc. in inner (energy) motion. Besides these perceptions, patients often "see/feel" pleasurable landscapes of fantasy or reality. Their perception is not limited to inner seeing: the patients perceive kinaesthetically the temperature, the texture and structure of the picture they lie/stand/sit on. Yet the sensations are not limited to physical boundaries: sometimes the field of perception is beyond the boundaries of the body reaching into space even outside the kinaesphere.

One working focus is mainly in accepting this inner motion by following and accepting its movement law - letting go of ones own will to control it. Another working focus lies in the goal to let these inner seen/felt movements and pictures find their way into movement/motor activities in order for them to have the chance to be played with and formed as a process of dance-creation in DMT.

C: same as B. with the fulfilment of bringing the RBI into motor expression (dance). Patients have the capacity to connect the experiences to their life-situations. Alternatively they can derive their working issues in the DMT session from life experiences they want to work on.

Conclusion

Obviously the goal is to have the capacity to work on platform C. It takes much time, courage and hard work to evolve from platform B to C. Bringing together the strong experiences of the RBI - sometimes its strong connection to emotions - into an adequate expression in dance, is a revolution for the patients.

I have been discussing the tension flow attributes/movement status of the whiplash-injured patients, which is usually very neutral flow with a tendency to bound flow.

Probably we can all understand how difficult it must be for patients who have been traumatised physically, mentally and emotionally to free themselves to experience a wider range of movement qualities. For those with the high sensitivities brought about by whiplash injuries the challenges to work with the RBI are even greater.

Brigitte's email is: b.zueger@rkr.ch

Photograph of Grimwald in Switzerland, kindly provided by Brigitte for publication.