## Relational and Non-relational Moments In Nursing Home Life





Lenore W. Hervey

Lenore Wadsworth Hervey, Ph.D, ADTR, NCC, REAT. Faculty at Columbia College Chicago. Previously faculty at Antioch New England Graduate School. Author, Artistic Inquiry in Dance/Movement Therapy and "The ADTA Research Survey." Chair of the Research Subcommittee of the American Dance Therapy Association. Aside from her ongoing mission of championing artistic methods of research in DMT, Lenore is also currently interested in ethics in DMT, the multicultural application of DMT and an integral vision of the practice of DMT, a la Ken Wilber\*.

During the many years I worked as a dance/movement therapist in a nursing home, I tried to understand what I had to offer the aging residents from a relational perspective. In particular I drew from the writings of Jean Baker Miller and her colleagues at the Stone Center in Wellesley, Massachusetts, USA.

The Relational Model identifies "five good things" that happen when connection occurs in any relationship. They are "(1) an increased sense of zest or well-being that comes with feeling connected to others; (2) the motivation and ability to act right in the relationship as well as beyond it; (3) an increased knowledge about oneself and the other person(s); (4) an increased sense of self-worth; and (5) a desire for more connection beyond this particular one" (Miller & Stiver, 1991, p.2). A concept that I've found especially relevant is "self-empathy," or the ability to be aware of one's own experience both affectively and cognitively. I would add to this the importance of embodied self-empathy, which we work toward in dance/movement therapy. Evidence of the truth of this model in its application to dance/movement therapy can be seen in the following vignettes.

When I ask 94-year-old Norman how he feels today he says in a strained voice I can barely hear, "A lot younger than I really am." What kind of self-empathic changes happen as our bodies age and our hearts and souls remain young?

When I come to her room, Joanne greets me with a full, warm hug while saying, "Oh, it's so good to see you. You have no idea." When I ask her if she knows who I am she says, "I'm just now trying to figure that out." The positive emotional content of our previous connections remains with her even if my identity does not.

Ninety-one-year-old Harry, a farmer all his life, says, "I used to punch things with my fists when I got angry." When I ask what he does now when he gets angry he says quietly, "I don't do much of anything anymore." Without getting into the "appropriateness" of his past methods of expressing anger, it is clear that now, after having been a powerful, physically active and effective man all his life, Harry is feeling disempowered and disconnected from his own sense of initiative.

I dance with Leona every chance I get. She and her husband used to be exhibition ballroom dancers. She's completely deaf and relies on my body's rhythm to create her own. She says one day as we are dancing, searching for the right words, "You're so....comfortable." Through our movement alone we have experienced mutual empathy. A few days later Leona broke her hip and will probably never stand or dance again. How will our relationship change?

When I ask how she feels, Elizabeth, who imagines that her son is dead because he comes to see her so rarely, says "I have no feelings." She has become disconnected from her own feelings rather than experience the ongoing loneliness and grief that life has become for her.

Ellis says very little from his wheelchair, and when he does it is in a whisper. He is frequently disoriented, and what he does say is hard to understand. His head is down. His face rarely changes. When I ask him what kind of music he likes, he lifts his head and his eyes sparkle as he looks expectantly into mine. He says with a wide smile, "Modern jazz," as if it were a craving or a secret long held. Music touches a part of Ellis that he rarely has a chance to share, and brings that part to life again. In recalling this memory he achieves greater self-empathy and disclosing it with me allows us greater connection.

Bea, a new resident, sits in the hallway talking to those who are wheeled into position next to her. The responses she

gets range from bizarre to blank. I wonder, will she find someone to talk to, or will she give up and withdraw her efforts at connection?

Leah fights with her aide to be allowed to come to group without her tray and her leg supports so that she can have greater range of movement in her wheelchair. Her aide finally acquiesces, but not without a guilt inducing retort, "All right, but it'll be *your* fault if anything happens." Leah cries as she tells us the story of this interaction, and cannot yet feel proud that she has asserted her rights to make choices about her own body. The disconnecting conflict has left her feeling wrong, ashamed, stupid, unworthy, like a "bad" person. Yet there is a glimmer of righteous anger that we support in the group, and the following week she comes again without her restrictive wheelchair attachments.

How much more clear the frequent despondency of my DMT group members becomes when I consider their lives through a relational lens. Were I in these same situations would I have the courage to lead my life zestfully and to my fullest potential? In the face of so many relational changes and challenges would I too turn away from others and from myself?

In our dance/movement therapy group, connection occurs only for the moment. A trace memory of the experience seems to remain though when the group gathers again. When I greet the members, flickers of positive emotional responses shine through, without actual recognition of who I am or what the group is about. The gathering has an emotional valence. It signals connection, triggering a response that is a distant echo of all the past connections that have warmed and brightened their lives.

## References

Miller, J.B. & Stiver, I. (1991). A relational reframing of psychotherapy. Work in Progress, No. 52. Wellesley, MA: Stone Center Working Paper Series.

\*Footnote (LWHervey): Ken Wilber is a contemporary philosopher whose book, "Integral Psychology" (2000, Shambhal Publications), I have found very relevant to the practice of dance/movement therapy. The following is a description from the website <a href="http://wilber.shambhala.com/">http://wilber.shambhala.com/</a>:

"The goal of an "integral psychology" is to honor and embrace every legitimate aspect of human consciousness under one roof. This book presents one of the first truly integrative models of consciousness, psychology, and therapy. Drawing on hundreds of sources - Eastern and Western, ancient and modern - Wilber creates a psychological model that includes waves of development, streams of development, states of consciousness, and the self, and follows the course of each from subconscious to self-conscious to superconscious. Included in the book

are charts correlating over a hundred psychological and spiritual schools from around the world, including Kabbalah, Vedanta, Plotinus, Teresa of Ávila, Aurobindo, Theosophy, and modern theorists such as Jean Piaget, Erik Erikson, Jane Loevinger, Lawrence Kohlberg, Carol Gilligan, Erich Neumann, and Jean Gebser. Integral Psychology is Wilber's most ambitious psychological system to date and is already being called a landmark study in human development."