

# Professional Development Reflections

So far we have received several reflections for workshops run in February of this year by Penelope Best from the UK, which are all printed below. Dr Marcia Leventhal also returned to Australia in 2014, and to date we have one reflection to publish, and hope to receive more for the next issue. Amber Gray also visited Australia in 2014 to complete a four part training series on working with trauma. We hope we will receive some reflections on this series to share with our readers.

## Becoming Human – workshops run by Penelope Best



February 14-16<sup>th</sup> 2014

This three day event was held at Abbotsford Convent in Melbourne. It involved exploring what our bodies carry in relation to familial, cultural, ageing and engendered experiences, and the interplay of these in therapeutic interactions, *“incorporating our personal and social histories in our ever-changing bodies (and) nourishing ourselves as caregivers to help others become more effective care-seekers”*. (Best, P.)

Michelle Royal-Hebblewhite, Sally Denning and Judith Adcock have each submitted a written contribution to help us remember, or share the work with others unable to attend. They have chosen to present their contributions in very different ways.

Michelle focused on the Friday, Sally a reflection on the Saturday and Judith, a description of the content of the Saturday.

## Touching upon empathic embodied resonance

**Michelle Royal-Hebblewhite**

Friday focused on the role of touch in developing a wider sense of empathic embodied resonance. As Penny says, it brings two body-minds together and is a cornerstone of development.

**Premise: You can't touch without being touched.**

A question of 'touch' – workshop questions and my own – asking the questions from a 'bodily place' not from 'the mind':

- ❖ How do we initiate touch? Who/what initiates touch? When?
- ❖ When is touch spontaneous or calculated?
- ❖ How are we touched? How do we respond to different kinds of touch?
- ❖ Where/how are we affected by touch? Where/how do we feel it?
- ❖ How do we communicate through touch?
- ❖ When do we notice touch? Do we anticipate, invite, permit, receive, avoid, or reject touch?
- ❖ What information do we get through touch, what sense/meaning do we make of it and what questions can we ask to find about how touch connects us to the world, to others, to ourselves?
- ❖ How do we talk about touch? How do we respond when someone talks about touching something?
- ❖ Do we touch before, with, or after we use our other senses? (Visual, Auditory, Gustatory, Olfactory, Vestibular, Proprioception, Electroreception etc.) Is touch heightened or diminished by the other senses?
- ❖ What are our touch patterns and habits?
- ❖ What do we touch; how do we touch; where and when; why?

- ❖ Are we comfortable with touch – touching; being touched?
- ❖ How do we change touch?
- ❖ Does touch change if we use gloves, cutlery, or implements?
- **The ritual of touch:** This exercise involved telling a partner about 3 things our hands touched today. Consider the nature of ‘touch as a ritual’ and what happens if we can’t perform our touch-based ritual? Can we have that experience through visualisation? Can we have that experience by watching someone else perform that ritual?
- **Mirror Neurons:** Recent scientific studies on the brain confirm that *Mirror Neurons* are not only active when we perform movements but they are also active when we imagine movements and when we see other people doing movements. Penny suggests that mirror neurons enable us to have empathic resonance – i.e. *in my body, I can make a connection between my own experience and yours; thereby getting a sense of you and your body.*
- **An exploration of the room (movement space) with eyes open:** Play with eyes leading and/or hands leading – taking the body through space to touch things; touching qualities such as texture and shape (*long silky curtains, dimpled window panes, smooth flat laminex*). How is touch affected by changes in pace as we approach things in the room? Does this change with or without an audience? How is our shape/shaping changed?
- **Forming (shape-flow):** An exploration from a liquid body on the floor to standing on our feet; pouring (flow) without flopping (weight). Forming without rigidity; gathering and spreading. The body is a sack of liquid; there is fluid in the bones. Luxuriate in our liquid self on the floor by “inviting the floor into”, instead of resisting it.
- **Sensing form and movement through the tiniest adjustments made while standing:** This exercise is not about grounding; it is about referencing and feeling the length of the body; it is about spring not rigidity. In small groups of three, one stands, eyes closed, other places the light touch of one hand on the standing person’s head while another puts their arms, without pressure, around knees. What do we sense?
- **Riding the body with closed eyes, working in pairs:** This exercise involved building a relationship; testing it; regrouping if/when the paired participants lose contact; reading and responding to body cues; curiosity about participant responses; invitations to explore, extend, enjoy; levels; leading body parts; going with the flow; finding the most informative point of contact, to enjoy the biggest movement experience; taking risk/chance by following intuition as well as body cues – asking questions from a bodily place, using hands or energy or both.
- **No touching:** What is it like not to touch? No touch arm swings/hand flaps to say ‘Yes’ and ‘No’. Elbows! High energy communication with control and strength but without touch. Extend high energy self-control to standing on one leg and trying to blow other down with wind, without touch. Elbow dance and extended arm dance – using a little bit of chaos with self-control.

*Michelle, is an Ass. Mem. DTAA, B.Ed (Rusden); GDMD (Uni. Melbourne); PG Prof Stud Ed (Melbourne); Dip.DMT (IDTIA); Cert CrD (Mangala); Cert IV Training & Assessment. She has specialist expertise in areas that include, movement-based therapeutic interventions to advance coping skills and strategies for surviving adolescence, VCE, pregnancy and motherhood, unemployment or career transitions, cultural dislocation and significant experience as a DMT in clinical, educational and community settings. Email: mandm@planet.net.au*

# A Reflection of the workshop on Saturday 15 February: Vitality throughout the life cycle: Care-seeking and care-giving

*Sally Denning*

## **An embodied personal reflection of the Saturday session:**

I arrive late for the workshop on Attachment – I had looked up the times online and had misread the start time for the Saturday. So I feel flustered unsure and embarrassed. As I enter I see that Penny is leading an activity and groups of people are standing around with pieces of string – heavens I think how can I join in with this? I walk tentatively through the door; I am almost creeping in an effort to not disturb the group. I notice that the sun is shining through the large windows. The wooden floor is warmed by the sun and feels welcoming to my tentative and shoeless entry. My colleagues come into focus and my flustered state begins to recede as people turn and give warm smiles. My reticence diminishes as I join my colleagues and begin to feel part of the group in this space that is so inviting.

Penny greets me and tells me of the task: ‘take a piece of string and cut it off with the scissors’. I do the task (with no idea whether I have taken too much or too little? I take my piece with some confidence and join a group. We discuss our decision making and how we accomplished this task. One person says “the string is symbolic”; another says “I worried for others. Did they take enough?” Still another person says “the longer I waited for my turn the more tension I felt”.

Penny in her own creative style related the task to attachment. She talked of the moment before action where there is often tension. She discussed ‘expressed needs’ versus ‘suppressed needs’ and the moment of choice. Penny said that if we repeated the task again our choice might be different. She talked of our clients: ‘some people suppress their needs because of their prior experience. She says that our role as therapists is to get them interested again in both exploring and seeking’.

In thinking about this statement I take some time to notice and reflect on my embodied state and I am aware that I am no longer feeling unsure, embarrassed and wishing I had never come. I feel fully engaged, interested and fascinated by Penny, her wisdom, insight and experience. Momentarily I reflect on myself and my needs in attending this workshop. My life is challenging at the moment I am caring for a very elderly sick and dying mother – I had a need to attend the workshop; my attendance was filled with

confusion and concern that I had made the wrong decision. The sense of welcome by the physical space, by the participants and facilitator ensured that my sense of connectedness to others, my passion for dance movement therapy and my desire to learn more dominated....my internal confusion and fears dwindled. Without noticing, this body’s held tension seemingly disappeared. I am aware that my body is starting to feel free, I am moving and interacting in a relaxed and free manner. The bound movements and body held tension on arrival no longer apparent to me!

We move into an activity. We are divided into groups of three people. We are given the task of moving, to be aware of the others in our group but to essentially do our own thing. Penny puts on some beautiful vocal music. It feels great to move! I am aware of my two colleagues and at first I dance alone as my body unfurls itself and I stretch like a cat rolling waves up and down my spine. Once my body feels comfortable I move into the space – soon I am changing pace, moving fast and running fast around the room. Then more slowly as I remember and sense my two colleagues, I begin to move around and through their movements. We start to engage at a body level and I notice I am smiling.....! We discuss what we have experienced and Penny invites us to consider how we are influenced by 3 aspects: space, pattern and energy.

Penny leads our thinking of how we ask for and give help. We talk of the roles of crying, beckoning, showing distress and direct action such as a phone call saying “I need help”. The discussion deepens as we consider generational differences, cultural differences and the use of technology. We engage in a body movement task for asking for and giving help. I notice how my upper body seeks help from others with the use of my arms. I also notice an individual desire to move forward and administer help when asked. Penny reflects with us, our choice of simple and obvious ways of requesting help and the performative aspect of our work. We reflect on the risks associated with asking for help: She talks of those that threaten suicide and other who give seemingly no notice of their intentions and need for help, but simply take their own life.

Penny talks about the difficulties involved in getting care ‘just right’. She suggests that we get to know our own patterns and body response.

For a while we talk about Stephen Porges' Polyvagal theory and the responses of our sympathetic and parasympathetic nervous systems. Penny indicates that we often need to be calm to deliver help and knowing our own body response and calming strategies may be helpful. She further and with much insight talks of how easy it is to get the administering of help wrong. However, in an encouraging voice she says "don't beat yourself up for getting it wrong as in doing this you can miss the moment for repair. Even if you miss the moment – just keep your own potentiality and seeking going".

After a short break we draw on Ed Tronick's 'Still Face' research. Penny invites us to work in pairs. One of us is asked to be the 'still and unresponsive face', whilst the other is a 'smiley trying to engage face'. I notice how I struggle not to respond to the smiley face. As the still face person staring into the face of my smiley engaging colleague I notice my eyes crinkling a little and my mouth twitching. It is no good I burst into peals of laughter, joining my smiley face friend. Penny relates this activity to early attachment experiences. I feel sadness for an infant that looks into the eyes of the unresponsive still faced mother. I wonder how long it takes before the desire is lost to look at this cold unresponsive face. We talk of this early attachment experience impacting the infant throughout life, do they have an internal template of being able to seek help and have that need met or is their template of being a survivor and not showing their need?

We take the experience further into a contact improvisation type activity. We walk around the room, connect with a partner using our eyes and then lean into the partner with our shoulder. We are asked to notice what it is like to be met and held in this activity. I enjoy this feeling of being met. I notice the subtle shifts and changes in my body as partner and I find our meeting point. A point that feels balanced with equal energy into the lean so neither of us falls. A further extension in the activity and we are asked to engage with others and meet them via a handshake. However sometimes we may choose not to be met and to not take the offered hand. My body enjoys the feeling of being met with a handshake and although I know it is only an activity I feel a sense of internal loss and rejection when I extend my hand to another but it is not met. I almost have a desire to count the number of people that do acknowledge my handshake – perhaps I am trying to counteract the sense of loss by noticing that more people take my hand than don't, and I wonder what this is about?

Then in pairs we meet, one person hugs the other and then the other chooses a moment and just simply slips away. My embodied experience of having someone just slip away felt incredibly confronting. For me it felt like death and the feeling of being left. This was such a strong internal experience of profound loss. In some way I felt that this activity prepared me for the sense of loss I might feel in losing a loved-one.

Penny related the activity to death also. She indicated that falls prepare us for the big collapse which is death - the bodily sense of collapse being a shock to the nervous system and the feeling of not being met. Once again Porges' polyvagal theory was used to explain the defense mechanism of fainting or collapse. At such time the nervous system shuts down – often as a defense against danger. We then discussed the importance of matching affect with clients and the felt sense by the client when we get this wrong or when the client responds in a different way to what we anticipate or expect. This mis-attunement by the therapist may be connected to feelings of mis-attunement in early infancy. Penny talked of McClusky's writings where she stated the importance of a therapist having empathy for the client. She indicated that empathy has a cognitive component – but also a little distance. Therapists she said need to work on being 'empathic' but not 'sympathetic'.

As a final activity we did a genogram of our family (around 3 generations worth of family mentioned). We were invited to feel this sense of connection with family past and present in our body. We reflected on family patterns and attachments. We thought about family goodbye rituals. Penny related this to body transitions. She said: "body transitions tell you about where you've been. It is important to pay attention to these".

In conclusion we did some bodily transition ourselves and self-care movements to some vibrant African music. I dance my dance. It was the dance of having had a great day – a dance that connects my early experience of being tentative and unsure, to a bodily felt transition to full participation and enjoyment.

*Sally Denning, Prof. Member DTAA, MEd (DMT, Grad Dip M. & D, Grad Cert DT, Grad Cert Leadership in Ed. & Training, B. Ed, Cert. Play Therapy, Cert. Choice Theory Counselling, has worked with children and adolescents at risk in the education system and conducted extensive training for teachers and other professionals in the field. She currently works at the Australian Childhood Foundation as a Therapeutic Specialist. Email: sdenning@childhood.org.au*

# A Description of the workshop on Saturday 15 February: Penny Best Workshop – Vitality throughout the life cycle: Care-seeking and care-giving

**Judith Adcock**

*Judith describes the same work-shop experience on **Attachment**, which expands upon Sally's reflections.*

**The warm-up:** We were invited to move individually within the space by attending to our own bodies, moving to the music, “finding the space “ and becoming aware of others.

**Discussion followed:** Seated in a large circle, new participants were welcomed. Penny then facilitated a discussion on concepts and setting i.e. those external or contextual factors which influence or affect the mover in some way. The context may be social (people) or be environmental. As dance movement practitioners we create space which is conducive to movement and which allows for exploration by group members.

This also led to some discussion about the previous day's activity when Penny mentioned that where people are concerned, there is no neutral space i.e. all interaction has potential and even a non-response between people has meaning. (Refer to the ‘dropping’ exercise)

**Discussion of Ritual:** As human activity ritual holds the potential for shared experience and shared meaning and it is ritual which contributes to the common understanding between people. Ritual contributes to the togetherness of human groups.

**Discussion of Shared Space:** External space, safety and security (what contributes to this) adults need this, in fact everybody needs this. *“Our external environment..... is created and fashioned in a way that is designed to provide support for the self as a whole, or for a particular specially valued aspect of the self. The external environment we create, may serve to defend the self against the awareness of painful experiences, or may promote our well-being and creative potential.”* (McCluskey.U. 2010\* Understanding the self and understanding therapy: an attachment perspective p.30 in Context Feb 2010)

**Activity with a piece of string:** The group was seated in a circle and each person was invited to move into the centre to cut a length of string from a ball. Did this represent a sense of the mover? The activity posed questions: Is this what we take

from the world? Is this indicative of what I expect? Is it what I need?

**Discussion of what it may mean when we (therapists) help others explore:** As individuals we are all seeking (something) or else we hold back in exploring. What are seeking patterns? I.e. is the movement to approach or to avoid? Choice (when helping we enhance the individual's ability to make choice). In the care-giver/ care-receiver relationship, a care receiver's particular approach to receiving care will vary and the dance therapist is likely to experience a number of different responses from individuals i.e. when we need help do we tend to solve the problem ourselves or do we seek help? Is it within the dance therapist's scope to enhance the potential for adults to interact by allowing other potentials; and this be a response to frailty, vulnerability, disconnection which may occur as a result of age, disability or disadvantage? The expression of unmet adult potential is frustration.

**Discussion of Self-regulation and Self-other regulation:** (See Affect Attunement)  
The experience of people in a later phase of life is often that structure and rigidity take over and vitality affects\*\* are taken away. Vitality affects are defined by Stern (Stern D.N 1998, *The Interpersonal world of the Infant: A View from Psychoanalysis and Developmental Psychology*, Ch.3. Karnac Books).

Potentials to interact may be in the care-giver /care-receiver relationship i.e. How do we meet (respond to) each other. We may meet each other or not, for example not meeting is dropping i.e. One makes eye contact, the other looks away. Concept of falling (not the best direction) is this a metaphor for loss? We all fall (which I understood to mean that the experience of loss is a human experience).

**Improvisation Activity:** "Small dance", Steve Paxton, with mover and partner. Standing still mover follows finger down in falling direction, partner responds by holding, catching or responding physically in some way.

**Discussion:** Incorporating the mover knowing him/herself in relation to the pull of gravity. That is the internal world is active all the time and there is an ongoing proprioceptive response to the pull of gravity. There was some discussion of the subjective experience for both.

**Activity:** Mover and partner approach facing each other. Gesture, facial expression (respond / do not respond). Observing what happens when there is a response, for example, happy. Does the movement grow, and expand? What happens when the movement is dropped, that is when nobody meets the gesture?

**Discussion followed:** The experience of falling; the individual being left in an empty space (i.e. the death of something). What is the place of empathy and sympathy? Porges' Poly-vagal theory informs. This is a theory related to the para-sympathetic nervous system, the vagal dorsal and ventral nerves cause the autonomic systems to shut down, and the animal loses connection. That is this is a defence system which shuts the creature down in cases of trauma and illustrates the need for connection to prevent a sense of collapse.

**Concepts from Una McCluskey were discussed:** In relation to sharing, attachment and security in adult life and expressing needs in social settings - the different systems. (See McCluskey, 2010 p.29) See also, "*Attachment Dynamic*" in adult life. I.e. sexual life, self-defence and interests (McCluskey, 2010, p.29). Also, concepts of *affect attunement and the seven psycho-social stages* (McCluskey, 2010, p.30)

**Further Discussion:** What happens relationally to connect people in voice and movement?

The ways we do this, is according to patterns of early attachment and there are many ways we attach and this is displayed in later life in the various roles we play in social groups. Stern's *vitality contours* and *vitality affects* were discussed and the question asked of how do we maintain vitality throughout life how do we express ourselves in social settings? Social space - how do I enter? Do I or do I not have a need? What are the patterns noticed, such as the fear system, attachment system (McCluskey, 2010, p.30), in order to play we need to feel secure?

**Further Discussion of piece of string:** What we take is also a metaphor for how we ask for

something. Is how we do this in some way significant? That is, what strategies do we choose to use? It is about "Life's dance", of self and others and also that tension is part of attachment patterns. Penny said, because we are human we feel better if we make sure others are OK.

**Activity dancing the genogram:** Penny invited us to think of our own family (family of origin or extended family). The movement activity, was to, in some way invoke the experience of family; the individuals, family patterns, tendencies, personalities, and to in some way embody that experience. At this time, each mover (including the author) was concerned with an individual movement exploration. An observer would have noticed a private dance being played out by the group with Penny being present amongst group members, primarily to observe. Little direction was given. As a mover, this movement experience included an expression of tensions\* for me (see above relationship to attachment). The genogram was expressed in art form. \*Tension flow as a concept was explored further in the next session, and is therefore not discussed in detail here.

**Discussion within a small social group:** As the groups formed, sorting out who goes where, many of the natural behaviours inherent in groups became obvious. My group discussed what another group was doing and discussed different identities of the groups. Is this a process of sharing, joining, and identifying with a particular group? My group discussed issues in relation to care, attitudes and beliefs, for example, how these influence how we look after each other. We talked about what contributes to identification with the family, and roles in the family and discussion shared individual genograms from the previous movement exploration. Following this we moved within our triad in a joyful dance.

**The ritual closing:** Dancing together as whole group.

*Judith Adcock, Bach. App.Sc. Occupational Therapy; Grad. Dip. Counselling Social Science; Cert. DMT and completing Dip. DMT, has experience in high and low level dementia care units and with intellectual disability. She has groups running for both frail elderly and intellectual disability. Email: jadcock4@yahoo.com.au*

## Dance Movement Therapy and the Art of Embodiment: Bridging the Gap to Transformation and Healing

This was a workshop for graduates run by Dr Marcia Leventhal, in August 2014. The IDTIA invited Dr Marcia Leventhal to return to Melbourne to provide two workshops and one IDTIA training module. One of the workshops was an Introduction to Dance Movement Therapy held at Dancehouse, Carlton, and the second one was an advanced training for dance movement therapy graduates. This advanced training took place at The Abbotsford Convent, Dorm. 1, on the weekend of the 2<sup>nd</sup> and 3<sup>rd</sup> of August, 2014. We were pleased to receive the following reflection on this event.

### Exploring Embodiment with Marcia Leventhal: Fueling the passion for DMT

*Virginia Woods*



Dr Marcia Leventhal

This weekend saw the reunion of many who have traveled through the “unfolding” dance with Marcia through IDTIA, and those dance therapists wanting to meet and experience Marcia’s wisdom. It was an inspiring, refreshing, reconnecting experience, as we explored embodiment as a basic principle of DMT, a transformational tool.

Marcia led us through connecting to the wisdom of the body in holding information in our old patterns, and the ability of that body wisdom to transform old patterns to new, healthier patterns. We explored new ways of embodying a sense of who “I am” through the sounds of our names, and using embodiment to explore finding new direction, as opposed to cognitive problem solving or language exploration. I found this reinforcing as I found new dimensions of the issues I am grappling with and found a solution in my body’s nervous system. This left me feeling a strength and surety in managing my fears and critical thoughts through grounding in my body.

We played with what it means to “embody” and in that exploration I discovered again the wonder of dance to enhance the expression of embodiment and extend my repertoire and confidence in my expression. And it was fun! It is a great reminder of what we are able to offer to our clients through dance movement therapy. If exercise and physical activity is proving to be beneficial to mental health, how much more beneficial is *dance* which has the power to enhance our self-expression and self-awareness, and experience of the spiritual or (as Marcia refers to it) the “quantum” dimension. People can feel good after physical activity on a physical, mental and “Newtonian” dimension, but dance offers to take us into the experience of *joy*, and a whole sense of who we are.

Virginia Woods, DMT and psychologist, has over 30 years of experience in counselling and mind/body oriented psychotherapy, using also creative arts with both individuals and group. She worked with people with eating disorders for many years, and her practice is influenced by her experience with mindfulness and spiritual growth. She is interested in the latest in counselling approaches and recent studies in the neurosciences. Virginia says that these guide her work with the body and emotions, especially in dealing with trauma, and in movement therapy.

