

DANCE-MOVEMENT IN A PSYCHIATRIC SETTING

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Dance-movement has a valuable contribution to make in a psychiatric setting:

'I feel more relaxed - as though some of the knots in me have come undone.'

'I have discovered my strength as a woman. I have never felt that before. Now I FEEL it inside.'

'It was good to let go some of that anger and get it out.'

'I didn't realise how unfit I had become.'

'I can see the pattern now - I push and my boss pushes and we end up at loggerheads. If I made my point and then backed off a bit, maybe we'd get somewhere.'

These are examples of comments made by participants in dance-movement programs in the two private psychiatric hospitals where I work on a sessional basis as part of the therapy team.

I have to acknowledge that there are other important and salutary comments such as:

'I feel silly.'

'I can't relate to this - I can't see any point to it.'

Nevertheless, all these quotes indicate something of the unique potential of dance-movement in this setting. It has power to move people in unexpected ways, often releasing insight and feeling that is not easily or so directly reached in other ways. This very potency, of course, can be frightening; its nature is a challenge to those who are very logical, and its physicality (the mere fact of requiring movement of the body) confronting. And yet it also has the power to delight, inspire, confirm and connect.

The Setting

The two hospitals where I work have both in-patient and out-patient programs; all patients are voluntary. The dance-movement sessions are conducted once a week and are typically from forty-five to ninety minutes long. They are part of the therapeutic program, and I liaise with other staff (occupational therapists, psychologists, nurses)

for briefing about patient histories, treatment goals and review after sessions. Both hospitals have a program which includes psychotherapy, skill learning groups, activities, community meetings, relaxation, and individual counselling.

The People

I work mostly with in-patients and occasionally some out-patients. I work with separate groups, some for more able, higher functioning people, and some for lower functioning people. There is usually someone new in the group each week (so it is a continually changing population) though some people will be participants for many weeks. The numbers range from, say, two to fifteen and with a large number there will be other staff participating in the session.

Some patients have a long history of illness and hospitalisation, some are short-term in response to current, distressing, life events. The issues they are grappling with include depression, distress, tension, confusion, injury, family breakdown and severe mood swings. Their medical classifications include depression, schizophrenia, manic-depression, personality disorders, anorexia and alcoholism. In many cases there are current or past family pressures and dysfunction, abuse, loss of self esteem and reduced coping skills and insight. Their treatment often includes medication and sometimes electro convulsive therapy, in addition to group and individual therapy.

Typical movement characteristics variously include: boundness, rigidity, limited range of movement and dynamics (or a repetitive pattern), lack of spontaneity and expression, poor balance, lack of forming and shaping, shallow or quick breathing, scattered movement (lacking focus and channelling), fidgeting, unconnected body parts, under-utilised body parts, and incongruence or splits between body parts.

Most of all I notice that feelings and expression are buried inside the body, often covered up by rigidity or avoided by distracting activity.

Possibilities

The possibilities of dance-movement in this setting range from the very practical to the transcendent, and, in my experience, individuals in a group will be working in their own way at any of these levels, depending on their own circumstances, preconceptions and readiness. It is clear too, that the shift from an apparently simple, practical body exploration, to a deeply felt emotional or transcendent experience can be very quick.

Fundamental to dance-movement in this setting is the mind/body relationship. Levy (1988: 12-13) states:

One of the goals of action-oriented psychotherapies is to integrate the body and the mind through the use of action techniques and projective psychological methods ... the belief that involving the body and musculature in the therapeutic process evokes unconscious psychological material and deeply held emotions ... Some dance therapists see the attributes of dance and movement as uniquely suited to the expression of the unconscious along with id, ego, and superego expression, in addition to providing a framework for relationship building, and body image, and personality development.

Bernstein (1981: 2) puts it this way:

... the movement therapist not only acknowledges the mind-body gestalt, but is one of the few healing professionals who engages from both foci: ... breathing patterns, body attitudes and movements as well as organ systems are dealt with simultaneously with the individual's conscious and unconscious verbal expressions.

Aims

Here are some of my aims and the principles that I draw from, illustrated by reference to the dance therapy literature.

- Releasing physical tension: understanding how to release tension, feeling the contrast between tension and relaxation, experiencing the greater ease and movement that results.
- Greater body awareness and enhanced body image: how the body feels, how it 'hangs together', rediscovery of neglected places, the function and feeling of different parts, joints, muscles, for example. I am often looking for parts that are not being used and working

towards their inclusion, naming what we are using and how we are using it as we go.

We do not know very much about our own body unless we move it. Movement is a great uniting factor between the different parts of our own body. (Schilder, 1950: 112)

- Extending the range of movement: to all places and in all dimensions - time, space, force and flow.

If I see a hand, for example, one hand held constantly in a fist, I try to encourage the person to put the same strength into the arm, the chest, the face, the pelvis, into the legs and feet, so that he has the same strong tension all over. When he has that, it's fine because that's not distortion. Then you can make it soft to any degree you want to. The most beautiful thing is to be able to have one tension all over your body, that is, if you are whole, not split. (Trudi Schoop in Wallock, 1983: 14)

- Expression: providing an opportunity and means of expressing emotions. With the resulting release of tension, greater clarity and insight often emerge.

Movement is emotionally motivated. The emotion and its intensity evokes the movement. We lunge into assertiveness. We sink softly into sadness. We close and squeeze ourselves in fear. We jump for joy. We reach out with a series of leaps to expand and to take space. We are how we move. (Barlin & Greenberg, 1980: 28)

I work with broad movement themes such as opening and closing, rising and sinking, towards and away from, drawing in and pushing away, allowing each person to develop, express and discover in their own way.

- Accepting 'difficult' feelings: for example anger and grief as normal and okay to express in appropriate ways. We might expand a movement in range or intensity (larger or smaller) with the support of a group, and hear others and see others feeling the same way without 'falling apart' or 'exploding'.
- Highlighting and recognising patterns of movement and reflecting on how they might symbolise or indicate life patterns, as a prelude to making choices.

The creative act evokes material that is available for analysis and is at the same time cathartic. By virtue of the non-literal or apparently non-rational aspects of the creative act, deep feelings that defy words can be symbolically represented. (Schmais, 1974: 9 (also quoted in Chodorow, 1991: 34))

- Encouraging exploration of alternatives, experimenting, trying something new (perhaps as simple as changing the direction or rate of walking, or reaching in a new direction) - to take some steps out of familiar patterns and enlarge the movement repertoire.
- Rediscovering and mastering function, feelings and energy by acknowledging them, working with them, learning to modulate, transform, and apply them.

Espenak believes that working directly on the body, developing strength, grounding, and an expressive movement vocabulary can help counteract the original feelings of inferiority and dependency. For example, the acts of stretching, pulling, pushing, leaping, running and skipping all engender feelings of taking charge, defying gravity, making one's self larger and better. (Levy, 1988: 54)

When aggression drive is seen as original life force ... it becomes an expression of health ... Dealing with suppressed aggression drive through dealing with anger is a frequent and important goal of Psychomotor therapy. (Espenak, 1979: 76)

- Facilitating interaction between people: a social dimension gives people an opportunity for testing, gaining confidence, taking initiative, responding, co-operating, enjoying tasks together, reducing isolation.

Dancing together, and interrelating singly with a group, is an ideal form for discovering and developing social feeling. (Espenak, 1979: 77)

This is often a surprisingly joyful experience for people and even when they are tentative or resistant, individuals in a group activity can connect, break their isolation, evoke and remind them of other states of feeling. Some might also become particularly aware of the importance of their personal space - how much they need, how to preserve it, how they let others in to it or keep them out.

- Providing the opportunity to re-work vital pre-verbal developmental phases: through activities such as sitting back-to-back, sensing the other and their breath, rocking, swaying together, then gradually separating - apart ... together ... apart again; affirming and trusting through mirroring, leading and following, supporting and being supported.

Bernstein (1981: xi) writes about:

... re-capitulation of ontogeny ... the re-creation of the basic elements in life which are thought to be responsible for normal development.

- Enhancing creativity, expanding sense of self, tapping and developing unique inner resources.

One needs to get in touch with inner-sensation feelings and imagery and then allow the imagery to shift and change. Finally, one externalises those inner sensations, that bodily felt sense through some external movement event. Through the process, the individual is bringing experience together in a new way...Again and again, I see individuals who have experiences in this process get an entirely different sense of self, a confidence in self and a sense of personal identity. (Alma Hawkins in Leventhal, 1984: 9)

One can see the whole unfolding of the therapeutic journey as a creative process for the client who in essence is developing a new sense of self. She/he is creating a new person, but not changing the old one totally; expanding it, transforming it, transcending it. (Berger & Leventhal, 1987: 2)

- The opportunity to nurture the seed of wholeness within that has been buried, denied, neglected, lost or retreated.

When the readiness is there, in a safe enough environment, people go beyond immediate function and their movement becomes imbued with a quality that comes from tapping a deeply life-affirming and regenerative source. This is a precious gift from the inner self that cannot be denied and is often spoken of with deep feeling.

This is an inspiring list of aims and yet, when I work with people only once a week and for sometimes just one session in a constantly changing population, there are many challenges and I feel

that we sometimes only fleetingly achieve progress. I need to remind myself regularly of the dictum (author unknown to me): 'Don't *expect* change'.

Some Examples from the Program

The nature of the dance-movement experience has been significant for individuals who are ready.

'D' was exploring, along with the group, a theme we had chosen - maleness and femaleness. We had created 'typical' men's movements (mostly stronger and forceful) and 'typical' women's movements (mostly softer and gentle), sometimes asking as we went, 'Does it have to always be so?'. We also created some drawings in response to the movement experience. Later in the session I invited people to explore and experiment independently with moving and trying out new possibilities. At the conclusion 'D' spoke of feeling the power in her femininity, a quality that was new to her, particularly in that she 'really felt it'. She was quite moved emotionally as she spoke of having believed that to be strong she had to assume some kind of maleness or male attitude, and this new-found strength in femaleness came as a surprise and a delight. This discovery was reflected in subsequent behaviour with others, her choice of clothing and decisions with some key life choices. ('D' had attended five or six sessions previously and developed a degree of comfort with the movement session).

On another occasion we were working with movement patterns of resisting - giving in - flexibility (a theme for which I acknowledge Anna Halprin). We explored how to involve the whole body in these states and what they were felt to be expressing. 'J', approximately fifty years old, recognised his response to resistance as pushing harder and more determinedly. He reflected later that this reminded him of the pattern with his boss in which he would challenge the boss, who would resist and 'J' would respond by pushing even harder, resulting in a deadlock. He observed, without any prompting, that if he would back off after making his point then maybe they would actually listen to each other and have some chance of negotiation. He experimented with trying this out in movement.

Another session was attended by five strong, bound men with a history of over-drinking to relieve stress. I gave an explanation of the ses-

sion's purpose and, in response to their cynical reaction, asked that they at least 'give it a go'. They agreed that this was 'fair enough'. As we began our warm-up of gradually beginning to mobilise body parts, their physical tightness and tension was becoming increasingly apparent and commented upon. We began to explore ways, through movement, of dealing with this and soon were making very large strong movements. We channelled these into swings, thrusts, slashes, and kicks with lots of verbal associations, for example, about who it might be that needed 'a kick in the bum'. After a time we modulated these aggressive movements into 'slow motion' whilst maintaining the strength, and then gradually softened them to gliding and flowing movement and eventually rhythmic patterns. Each was then invited to choose two or three of the movements and explore linking them in some way that 'seems right for you'. (They did this simultaneously.)

These creations stimulated, for one individual, memories of childhood abuse by father and the associated feelings of fear, rage and frustration; for another, a reminder of enjoyable sporting activity and the desire to resume it; and for yet another, feelings of loss at no longer being able to play a favourite sport and the companionship that went with it; and for all, talk about the kinds of life and work frustrations felt and how tensions are held and released.

Concluding Thoughts

A good deal of flexibility in programming is required. Sometimes I will decide, in consultation with other staff, on a relevant theme. At other times I ask the group, or simply begin with a warm-up and see what emerges. Sometimes I respond quickly to shifts of energy and go with them or I may encourage the group or individuals to stay with a particular movement and develop it rather than skip on to another. If there are new people present I will give an explanation of the session and invite others to comment on their experience of previous sessions to illustrate. Dr Marcia Leventhal's 'Five Part Session' (Warm-up, Release, Theme, Centering, Closure) is a useful model to have in mind to guide the session (Leventhal, 1987). I also use drawings quite often to facilitate the identification of movement experience and verbal reflection on it, (providing an opportunity for verbal reflection without insisting on it).

The dance-movement group sessions are not appropriate for everyone, and even when they do seem to be relevant, there is often a fine line between giving enough encouragement to overcome a natural self-consciousness or anxiety about a new activity, and respecting a firm choice not to participate.

I encounter a good deal of reluctance and wariness (not exclusive to the dance-movement session) and try to make initial activity accessible whilst explaining basic ground rules such as 'work at your own pace', 'no rights or wrongs' and so on. (There are transference and counter-transference issues at play here too, and briefing with other full-time staff is particularly important and helpful in this respect).

Sometimes particular clarity and some kind of resolution are reached in the session. Often what people get in touch with helps to clarify work that is already in progress or can be followed up in other parts of the therapeutic program.

The dance-movement sessions are seen as complementary to the therapeutic program as a whole. Other staff acknowledge and value the immediacy of the dance-movement sessions and the opportunity they provide for non-verbal expression and discovery.

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