

Conversation with Donna Newman-Bluestein: the connecting wheel of healing

Elizabeth Mackenzie



Donna Newman-Bluestein, (above) MEd, BC-DMT, CMA, LMHC is a dancer, dance/movement therapist, educator, trainer, international presenter, and originator of the Octaband[®], a sensory prop to stimulate connection through movement. Since 1978 she has worked with people of all ages with mental illness, chronic pain, coronary artery disease and dementia to improve health and wellness. A Senior Lecturer for Lesley University and official spokesperson for the ADTA, Donna is an ardent advocate: blogging, providing media interviews, and lobbying to transform the culture of care into one that is joyous and uplifting for people with dementia through dance and embodied caregiving.

Elizabeth Mackenzie, (right) Dip. DMT (IDTIA) is a professional member of the Dance Therapy Association of Australia (DTAA). She is currently Vice President of DTAA. As coordinator of the Activities and Wellbeing program at St Vincent's Prague House in Melbourne Elizabeth enjoys bringing a therapeutic, arts and strengths-based emphasis to recreation and wellbeing activities. In 2013 Elizabeth's music and CD program received a national Better Practice award. The program addresses social isolation in Prague House residents, many of whom have experiences of chronic mental illness and homelessness. Elizabeth is also a graduate in the Hakomi method of mindfulness-based psychotherapy.

Donna Newman-Bluestein visited Melbourne, Australia, in February 2014. Donna provided members of the dance therapy community with a workshop on dance and dementia – her area of specialty.

Afterwards, Jane Guthrie and Elizabeth Mackenzie met with Donna: it was a fine summer's evening at Abbotsford Convent in Melbourne. We went there to introduce the convent to Donna, in its role as the home of the DMT community, and to share conversation and a meal. We explained how the convent buildings had housed early graduates of the first Graduate Diploma of Movement and Dance, and Dance Therapy Certificate course, in Melbourne- in fact in Australia.



We sat outside the convent bakery, in the lovely summer evening. The grounds are an oasis within the heart of Melbourne, by the Yarra river and close to busy inner-city life, but seeming peacefully far away from it. You can be alone in the gardens there, or join the people who come to the markets, cafes and community events happening within that creative arts precinct. There, adjacent, is the inner city children's farm, once the convent's farm: you hear the occasional moo of the cows, or the baa of the sheep, and see gum trees across the riverbank. City traffic is unheard and its rush forgotten in the peacefulness.

It was the perfect space to have our conversation. While Elizabeth asked the questions and Donna

talked about her discovery and passion for dance, Jane acted as a scribe for the occasion. Her notes were very useful to Elizabeth.

Elizabeth:

How did you come to your Dance Movement Therapy work, and to your work with people who have dementia?

Donna:

As a teenager I loved dance - being on the dance floor – boogying around. I was very shy – that was the basis of my personal therapeutic dance. I would get close to the drums specifically. I would close my eyes and dance away!

In college, physical education was a requirement; I took beginning modern dance to fulfil that requirement three times – I loved the Martha Graham technique.

After college, wherever I went in the world I took a beginning contemporary or folk dance class, just because I loved it. Later I was going to push myself by taking an intermediate modern dance course at the conservatory. It involved dance terminology that I didn't know, and in that very competitive atmosphere I just stopped dancing. It was no longer pleasurable. Then in Boston, I saw the Alvin Ailey American Dance Theater.

The Ailey Company began life as an all-black dance company, but soon after became a multi-racial performance group. In the early days they performed on a very small stage; the very stage where my own first dance recital was when I was 5 years old! I got to see the fabulous Judith Jamison – She was magnificent and not arrogant. I was so excited I went back again the next day – I went three nights in a row. I was deeply moved by her presence in that small space. It was like feeling Laban's space crystal before I learnt about it. I felt its affect. I woke from a dream the next morning, thinking I was to teach dance to young children. I shared my excitement at work with an antique dealer I was working alongside. He asked if I knew about dance therapy. He told me about a friend of his and suggested I contact her: she told me who to study with and where, and what to read.

Recently I met Jamison briefly after she delivered a lecture at Lesley University. When I told her this story, she gave me a big hug. In meeting her, a genuine connection was made.

Her presence had filled the entire space! Not a lot of movement, but it was what she had learnt

to project while barely moving that I found so thrilling.

Elizabeth:

What was the essence of the meeting?

Donna:

Jamison had a majesty, but not arrogance. She seemed to be integrated. Her internalisation of space was something I didn't know about when I first saw her, but it was three dimensional. She was projecting in three dimensions in space. Her verticality ...! The integration of her emotions had to be there. In meeting her I felt a connection, a resonance!

Elizabeth:

An embodiment of the description by Laban, where he says that dimensions seen in the dancer's body and movements speak of the dancer's intention and expression of inner experience. Wonderful!

Donna:

Laban Movement Analysis (LMA) was something I wanted to know more about since first studying it in graduate school. It was congruent. There is also a concept I love from Bartenieff: 'Inner connectivity leads to outer expressivity'. I find this to be true whatever I am working on. It is a multi-focused way of working: I don't like the word 'indirect' to describe this aspect of space. Indirect may be directed away from something and therefore indirect. But I mean multi-focused and three dimensional. Multi-focused attention is open. Indirect says what it isn't, whereas multi-focus says what it is. The back of me is as likely to take in and reflect what is me – back, front and all around.

Elizabeth:

When I was dancing a lot I felt as though I had eyes in my back – the lovely sense of being in and being aware of three-dimensional space. This awareness of the body and space is a gift from dancing.

Donna:

Yes, a dance therapist may have, as I do at my best, the experience of the three dimensions, experiencing life as three-dimensional. When I was walking more often alone as a daily practice, I focused on sensation. I would find myself noticing aromas, smells, like flowers, or the odor of natural gas. When I'm not walking as much or walk with others, I'm more in thought – and I sense less.

Breathing fully, meditating regularly, I experience my life in three dimensions. I feel it kinaesthetically. It is kinaesthetic. It drives me crazy that the world-at-large thinks that there are five senses. Those five senses tell us about the world outside. That is all the world-at-large considers important. The kinaesthetic sense tells a person about the world inside, and that seems not to be highly valued.

Here is an example of what I mean about inner connectivity leading to outer expressivity: Having worked for many years in psychogeriatric settings and particularly with people in acute psychiatric distress, I found the image of the group leader as hub of the wheel and the interactions between the leader and group members as spokes of the wheel to be particularly effective. For example, in some groups with people with significant dementia, there are members who will toss a balloon only to the group leader, and not to their peers. In such a group, I intuitively and spontaneously recognize the group's need for me to assume a central position, sometimes spatially, sometimes merely functionally. As I arrive at that internal understanding symbolized by the image of the wheel, I adapt to the group's needs with the result that the group usually becomes more focused and engaged.

My inner connectivity leads to a change in my outer expressivity-automatically, as long as I don't censor.

About 15 years ago, while leading a DMT group in a nursing home with people with significant dementia, most of whom were unable to engage with peers, I wondered if they would be able to interact with each other more directly with less intervention on my part if I created a prop to manifest the image of the wheel. Once again, inner connectivity led to outer expressivity. As the image crystalized along with my perceived need to reach these individuals, I expressed it by creating the Octaband®.

Elizabeth
The Octaband creates connection for the group using it. It is a wonderful idea. Could

you describe an example of this happening in a session?

Donna

When leading DMT groups with people with dementia, I usually slip the hems at the end of each Octaband® leg'' over each person's wrist to help them hold on. It takes several minutes and while I'm doing this, they spontaneously begin moving to the music, lifting and lowering the Octaband®. Without a word, effortlessly, they are in sync. It is clear in a population that has difficulty focusing, that each person is fully absorbed. We are receiving this idea, this image, this sense of connection through multiple sensory modes - kinesthetic, visual, and tactile, as we literally feel our connection to one another. By the way, I don't use the Octaband® until after we've had the chance to express ourselves individually and when and if I feel the need or readiness for the group to connect more.

The Octaband creating connection in a group



Elizabeth:
I am interested in the dream after seeing Judith Jamison dance, and where it led you.

Donna:

Dreams have always been important to me. From early on dreams were a source of knowledge my conscious mind didn't have. It was very clear to me even when my dream was painful or disturbing, it was telling me something I didn't know consciously. By bringing what I didn't know into consciousness, it was guiding me. Synchronicity and support have surrounded me. I belonged to a women's sensitivity group in the 70's and they encouraged me to follow my dream. So I took dance classes: Modern, West African..... In African dance someone was there beside me helping me figure out how to do a

step. In the modern dance class this kind of support was missing. It was competitive. I loved the sense of community I found in African dance.

Creative dance spoke most to me. Norma Canner, the dance/movement therapy pioneer, teacher and mentor with whom I trained had studied with the teacher of creative dance, Barbara Mettler. Norma suggested that her students study with Mettler who had studied with Mary Wigman. Mettler was a movement purist - devoid of the personal. Norma Canner's work was very much about the personal; I learned the personal and psychological parts from Canner. Wigman, the German expressive dancer who taught in the US, was a contemporary of Rudolf Laban, and shared in common with him the understanding of the elemental qualities of movement, or what Laban called Efforts.

Elizabeth

Melbourne's creative dance teacher, Dorothea Mangiamale, also brought her experience of studying dance influenced by Mary Wigman in Germany, with her to Mangala studios of creative dance and yoga.

I am wondering what other influence inspired your dance therapy work?

Donna:

I thought that if I am going to lead groups with rhythm – I need to have a stronger sense of rhythm! On one occasion I went to an African drumming and dance performance. I remember only the drums. I was exhausted and was asking myself why I had come there. Then the drummer put one hand on the drum and the whole room came alive. I knew I wanted to study how he did that and he became my drum teacher. I never became an excellent dancer or excellent drummer. However, one thing I learnt from the drumming was about resonance.

For a year another woman and I practiced the same basic, standard rhythms. Our teacher played other rhythms against ours. There was a glorious harmony in the overtones. The drums were singing: it wasn't just the rhythm. When we were drumming together and the overtones would come, I would lose myself listening to something deeper – the harmony. It seems to me it's about the wholeness. The words health and well come from an old English word meaning whole. Old English *hælan* "cure; save; make whole, sound and well"

<http://www.etymonline.com/index.php?term=health>. The more we have a sense of wholeness the more we heal.

The more we focus on wholeness, the more we bring healing. People are always asking for the structure, what songs do you use, what methods, but healing is about bringing love, consciousness, harmony. In health, in art and in life, the whole is greater than the sum of its parts. This also is something which makes a movement miraculous!

Elizabeth:

Could you say more about wholeness and healing?

Donna:

My guiding principle concerns the three things we need as adults to be physically and emotionally healthy. The first is love. Children need to receive love from outside. As adults we need to love ourselves, including our physical bodies. Adults may find that love, unconditional positive regard, through psychotherapy, or perhaps a spiritual group so they can then internalise love. Some people call it self-care, self-nurturing. At its base, it's learning to love oneself - to be forgiving of our human frailties and the parts of ourselves that we tend not to like.

The second thing we need is boundaries, - to be able to set limits. We need to be able to experience boundaries, separateness, differentiation - knowing that I am separate from someone else. It may mean setting boundaries by being proactive in one's self-care. These two are related. For example, people often say they have no time to do the things they love to do. If I want to live well, I need to carve out time to dance: By setting aside, separating out, the time to dance, we are prioritizing, in effect saying: "I will dance, I will make time to dance. I will take care of myself".

The third thing we need is to acknowledge our mutual interdependence. I learnt all of these things from my clients about self- love, boundaries and acknowledging mutual interdependence.

In my early work in inpatient psychiatry with people who were acutely psychotic, I experienced firsthand the need for boundaries. I learned to set limits because I saw that many people didn't have the boundaries they needed. They were often flooded by feelings, hallucinations, and thoughts that they could not control. They had no sense of their ability to make choices, and I saw how important this is. I saw that setting the limits for people who could not was a deeply caring thing to do. I learnt about the importance of self- love when I was working

with people with chronic pain. They had a lot of anger directed towards the pain – towards the body. So I learned the importance of loving ourselves, even if we have pain. If people have pain they often say this is my bad knee. I say “not a bad knee, it is a knee that causes you pain.” I also say “if you had two children you wouldn’t say one is good and one is bad”. These were master life lessons. I learnt from people who have chronic pain that “today is the day to be grateful”, to make the most of what we can do. Some people do it gratefully; some have a great struggle.

In working with people with coronary artery disease, I saw there was suffering because people didn’t want to rely on someone else, didn’t want to ask for help. They wanted to do things themselves, to be autonomous. For example, a woman who needed to take the air-conditioner out of the window didn’t want to bother her children. She asked them once then took the air-conditioner out herself despite her doctor’s explicit instructions not to do so. Seeing things like this over and over again; in spite of doctors instructions, they wouldn’t follow through. I saw the lack of assertiveness because they didn’t want to bother somebody. They would say "I don’t like being dependent". That led me to see the larger societal issue of living in a culture that doesn’t value the reality of interdependence.

Elizabeth

Boundaries, making choices, taking care of oneself: how does the Octaband impact on these aspects of wellbeing, within the connecting wheel that it creates and symbolises?

Donna:

Great question. By virtue of its shape, each person’s separateness is readily apparent. Each person can choose to do his/her own movement, despite what the rest of the group is doing. I usually give each person the opportunity to show the group how they want to move and invite the rest to follow that person’s movement. This reinforces the choice of the individual. In many of my groups with people with dementia, they can’t necessarily follow directions. Still, we are clearly connected. And usually someone, anyone, will have an idea which I pick up on and reinforce and we all join in. It may be a metaphor like rowing or all peeking at one another underneath the center.

Elizabeth

Embodiment and connection are wonderful contributions that dance movement therapy offers to wellbeing. How do you share with

other professionals the things that can be experienced directly through the medium of dance?

Donna

At present I’m working on a long-overdue manual with dance therapist Dr. Meg Chang using an embodied approach to teach caregivers of people with dementia about nonverbal communication.

DMT is a language. Other experts in nonverbal communication come from various perspectives. DMT’s speak from an integrated embodied perspective. Our knowledge comes from direct experience. For example, the Alzheimer’s Association offers guidelines, e.g. suggesting caregivers make eye contact. However, is the eye contact direct or indirect, sustained or fleeting? And then what? There is a moment-to-moment connection and relationship, both assessing and intervening, based on the needs of both parties. It’s not about forcing but about allowing.

Elizabeth

A dance of interaction-

It is more about 'being with' someone, making a connection?

Donna:

Nonverbal communication is an invitation to engage – it doesn’t have to look like a dance. It’s an invitation to be with the person, where, movement is the medium, as Marian Chace said. When an activity professional makes records in a chart, they may say that a client ‘refused’ to attend or participate. What they don’t say, and this is what is meaningful, is: how was the offer made, and how did the person refuse? And then what happened? Did the professional let the person know that that they are disappointed, that the person's presence will make a difference? There is no depth to the information being offered! Was the person adamant? Did they leave an opening?

Elizabeth:

This approach is deeply respectful of the person.

Donna:

Yes. People who attend my workshops are always asking for structure – "What do you do? What props do you use?" – but it is really about love or non-judgmental attention, consciousness and harmony. It’s about how we do what we do.

Elizabeth:

I am also thinking about meaning of movement for the individual.

I was told of a man with dementia, in a residential facility, who had very odd behaviour, waking at night and becoming agitated, persisting in going under his bed as though searching for something. When it was understood that he had been a dairy farmer, who woke before dawn to go to the cows, dressing in the dark, and pulling on his boots from under the bed, his behaviour and its incomplete conclusion made so much sense. The attention paid to the meaning that his behaviour had for him was so valuable.

Donna:

One of my first jobs was to be a 'transition object', working individually and leading DMT and expressive therapy groups with older adults who had been in a state institution for twenty to fifty years. I began working with them in a state hospital, and then as they transferred to nursing homes in the community, would lead groups with them and other residents of the nursing home.

One man, Frank, had only communicated non-verbally. He had a habit of spitting tobacco. When he asked for a light for his cigarettes, I would provide him with a match. Then he began asking for jelly donuts, so I would take him in my car to buy him one. I felt it was important to reinforce his verbal communications, especially when he asked for these small requests. Over time he started to notice things about me: that I had had a haircut; or he asked about my vacation. Then in an expressive art therapy group that he took part in, I started bringing in pictures of older adults, that reflected their own backgrounds; for example, a picture with an old Victrola or player piano in it. I asked them to write about what they saw. I pointed out how each of them saw something different in the same picture. Frank had probably not been asked to write for fifty years. He wrote with tremulous writing to begin with but they all wrote! I was able to assist them to relate to their uniqueness.

We are often looking for big changes, but it is the little ones that matter, and if we are there to see the shift- like water for the plant- this loving attention, of being present for the person, allows us to give them what they are looking for. I hesitate to use the word, but this is love.

As an undergraduate, I learned how Sylvia Ashton Warner (from her book 'Teacher') taught Maori children to read by having them write about themselves. It was about giving them the

opportunity to see the value of their own experience. And also, in both instances, there was a lack of material for them to relate to that would motivate them to read or write. It made an impression on me. I understood that everyone wants to be seen and heard!

Elizabeth:

How do your trainees in nonverbal communication learn to work with others in an embodied and connected way?

Donna:

I am teaching and working using an embodied approach to client-centred care. One structure I usually use in the training I call Mix and Mingle: nonverbally making eye contact and shaking hands with everyone in the group. Mix and Mingle works as a familiar, non-threatening way of moving to introduce the Laban efforts and to convey the ways they already understand them. I have been inspired by Barbara Mettler and Norma Canner in using this method. By experiencing and practicing these things, we are building an experience and learning a language – people have to learn for themselves what and when they are ready to learn. I want to empower trainees to know the value of their experience and what they learn from it.

In one training group, one trainee, who was very kinesthetically connected, received feedback from others that she didn't make eye contact. She knew that she didn't make eye contact. She said that when her parents were angry, and wanted to admonish her, they commanded: "Look at me!" She said: "I **don't** make eye contact!" One month later, this trainee reported: "Everyone says how I have changed, how I am different!" It was huge for her - in her work, her life and her relationships. People find how to relate to people, empowered by having their experience and learning from it.

Elizabeth:

It is also a hands-on introduction to Laban's efforts. Do particular efforts stand out as especially informative in this work?

Donna:

I don't think so. We need to be well-versed in all the efforts in as many combinations as possible so that we can mirror or recognize them in our clients.

Handshakes are an easy way to begin to understand the concept of weight, for example. Trainees will recognize strong or weak handshakes. This provides the opportunity to

speaking about the use of active weight (strong or light) or passive weight (heavy or weak). People with dementia, sitting inert and quiet, may not look as though they have much strength. When we recognize the strength in the handshake, we know the person is present, and likely willing to connect. The weak handshake, on the other hand, may indicate that the person hasn't much sense of self-efficacy. Similarly, there is much to be learned from the eye contact, whether sustained or fleeting. These provide us with indications of how we might proceed with that individual.

Depending upon what the trainees have noticed, I'll have them repeat the exercise and see what changes they experienced – in how it changes self or others. Then they can begin to understand at their growing edge.

Learning experientially, the students come to embody their understanding of the tools of dance therapy that they will bring to their work. They can then bring the connection between the

physical and the emotions into their work with residents in care.

Elizabeth:

Thank you so much, Donna, for the insight you give us into your work, as you share with such clarity. It is so validating of the principles of dance therapy. It has been a joy and a pleasure to speak together.

Photograph Octaband:

Courtesy Donna Newman -Bluestein

Ed. Notes:

For those who are not familiar with the Octaband visit:

www.danceforconnection.com or
www.octaband.com

See also: *Dance of Connection in Dementia Care Workshop, DTAA, Melbourne, with Donna Newman Bluestein* - this issue, p.42.

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