

# Applying Dance Movement Therapy Principles in treatment Settings

**Laurel Bridges**



*Laurel, Prof. member DTAA, MA (DMT), ADTR, MA (Couns Psych), has worked as a Dance Movement Therapist since 1989 specialising in the aged, clients with chronic illnesses, and adults in private practice. Laurel is Head of Dance Therapy at Wesley Institute.*

**Basic Beliefs** - Laurel started by stating her basic beliefs that:

Dance Movement Therapists have many skills in communicating nonverbally with and in bringing out the best in our clients regardless of our work setting.

Dance Movement Therapists (DMT) are trained to facilitate individual and group movement experiences that are intrinsically valuable. The significant benefits of dance movement therapy to a wide variety of client groups are well documented in our literature and in professional development presentations.

**Focus of the workshop** - Laurel then described the focus of her workshop which was to enhance awareness of the skills of a DMT and the ways in which they can be used to collaborate with other healthcare professionals in order to widen the scope, knowledge of and perceived usefulness of our abilities for those other health care and educational professionals. It will also assist us in communicating our skills with other health care professionals.

**Definitions of Collaboration** - Laurel highlighted the need for collaboration in our work and provided the following definitions:

“A collegial working relationship with another health care provider in the provision of ...patient care,” (Kozier Erb & Blaus, 1997, p. 68) contributes to the goal of achieving a high quality of care.

To collaborate with others we need mutual respect, sharing responsibility for the care provided, negotiation and open communication. (Kozier Erb & Blaus, 1997).

Attitudes conducive to collaboration identified by Best (2000):

“respectful curiosity, mutual influence, self reflexivity, owning one’s position and acknowledgement of context” (p. 198).

Need to acknowledge both similarities and difference in each profession’s approaches. Best (2000), stresses we learn more about our own profession by learning about another’s and seeing ours in contrast to their approach. Seeing their approach helps us “fully realize who we are” (p. 197)

Importance of language to facilitate understanding and connection between the professions. Reduce the use of jargon and include brief definitions when needed.

## **Increasing Awareness of DMT Skills – Application to Other Professions**

A facilitated experiential followed designed by Laurel to increase our awareness of the skills that we as DMT’s can offer and contribute to healthcare teams and other professionals. This focused on our skills as kinaesthetic learners - learning through movement and observation.



Jenny Bond said *“We were given a choice to be either an observer or mover. I chose the former and Laurel provided us with a very useful Witness’ Observation Form to guide our observations and recording, couched in LMA terms. Laurel guided both observers and movers with instructions largely posed as questions to assist us in the process. We were asked to look at the individual mover alone and then note differences when the mover interacted with a partner or group; how individual styles may differ and ways in which the movers’ adapted to accommodate this. We were asked to record what we were seeing, and as witnesses, movers or those taking the role of therapist –reflect upon it - with the importance of documenting the reflective process well highlighted. Encouragement was given to constantly ask ourselves, or other dance therapists, as an ongoing process, what the awareness of others can help us to do? To think also about the changes that we can affect through movement and think about what we are skilled at facilitating”*.



Jane Guthrie: *“Whilst observing and recording, several things occurred to me. Flashbacks to my own research and the importance of the use of video for more in-depth observation and also the difficulties of choosing what to focus on when something is only available to be watched for a discrete time span. Despite these thoughts creeping in, the experiential and the teaching made me very aware that we do see so much that we just take for granted – things that are so obvious to us with our skills and yet not to those without them. With these skills we do undervalue the contribution that we can make in so many other ways in the broader context of health care”*.

Jenny Bond continued with *“What did really stand out for me was that the Laban language was such a powerful tool of movement analysis. One exercise we did was to break into a moving group and an observation group. We movers were instructed to begin moving and link with someone doing similar actions which initially seemed arduous given the large space and I was wishing I had been in the observation group. The person I linked with moved me to the point where the group became one and given my initial reluctance this was an enjoyable experience. During discussion with a fellow student from the observation group my hesitation was noted via my movements being bound, sustained and indirect. Upon linking, my movements became free and direct. Some students’ responses to the use of this language was a little perplexing, but I caught on and toned my own usage down and listened to their ways of describing movement culminating in a good learning experience for all”*.

*“Sometime later whilst reading the handout from Laurel, I noted the importance of language to facilitate understanding and connection, as part of collaboration between DMT’s and health care/educational professionals. It is important to reduce the use of jargon and include brief definitions when needed. Now I realized I had experienced this within my own group of Dance Movement Therapists/Students and this has benefited my communication skills”*.

### **Awareness of Skills and Application to Health Care or Educational Settings**

Following the experiential to increase our awareness of the skills that we as dance movement therapists can bring to specific health care or educational settings, Laurel provided us with a step by step plan and many examples of how we could go about broadening our role and establishing ourselves in other settings.

The first step was to identify the need and Laurel posed more questions to assist us to do this. What am I being asked to do that is outside of my usual scope? Or - what do I recognize as a need in a related work area that interests me? Laurel urged us to find out how other professionals respond to this need, find the gaps and think about what we can contribute from a dance therapy perspective. Once the need is established, she felt that it was important to then seek the primary values in that particular environment and find out how others get their job done and identify the learning styles that are used. She felt that it was important to ascertain which areas of studies captured our interests and which aspects we are drawn to and then see if there is a connection between our interests and the identified need.

The next step was then to establish the issues that were related to the identified need. Laurel suggested some ways in which this could be achieved by, for example, observation of those who needed the therapeutic intervention, discussion with related professionals, or undertaking research. She provided us with a list of relevant supportive research and based on this, suggested that ideas could be developed to respond to specific needs using DMT skills. The examples she gave included avoiding aggression by using a nonverbal approach, using movement and music to connect with clients on a dementia unit, or a non verbal approach to caregiving using Laban movement preferences and KMP concepts.

The following steps, suggested by Laurel, were trialing our ideas by applying our skills to respond to the needs identified and then refining and further developing the approach developed before using it in other settings. From here, she felt that it was important to explain the approach to other professionals and clients by translating the concepts into understandable language. To achieve this she said, it was important to develop presentations, or teach applications to others, using easily accessible language. This should then be followed with further refinement and support from literature before presenting to colleagues, in nursing homes, at conferences, or even writing about it in an article or book.

### **Possible Outcomes of Developing an Approach by Applying DMT skills**

In summing up Laurel made the following points:

- That the needs should be met by DMT's using their skills – not trying to become someone they are not
- That increasing other professionals' awareness of DMT skills can contribute to the healthcare setting
- That the intention is *not* to equip other professionals to practice DMT, or related approaches
- That the process can increase the DMT's marketability and increase referrals
- That it can develop mutually supportive professional relationships
- That it can increase the DMT's adaptability and sense of usefulness in the work setting

Jane Guthrie reflected: *The overall workshop was food for thought and an excellent presentation from Laurel. The focus of increasing awareness of our skills and how they can be used to improve our collaboration with other healthcare professionals, highlighted so many ways in which we can contribute in various settings. The process or step by step way of going about developing this, also*

*provides a means of promoting and marketing dance-movement therapy. Laurel made the point that this process widens the scope, knowledge of and perceived usefulness of our abilities in the eyes of other professionals and also assists our communication and inclusion in healthcare teams and/or educational management.*



### **References**

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- Sandel, S. & Johnston, D. (1987).** *Waiting at the Gate: Creativity and hope in the nursing home*. New York: Haworth.
- Ed. Note:** Under 'Awareness of Skills and Application to Health Care or Educational Settings', Laurel provided us with a wealth of information with many rich examples of strategies to use and ways of developing and adapting our skills to apply them into other Health Care or Educational settings. The report made here is brief, because a detailed example of the ways in which she applied this model in a nursing home setting is described in her chapter cited above in 'Creating Connections between Nursing Care and the Creative Arts Therapies', a DTAA featured book.

