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It's a Bird? No. It's a Plane! No, it's a Dance/ Movement Therapist!

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It's a Bird? No. It's a Plane! No, it's a Dance/Movement Therapist!

Dominique Andriese Fickling

Submitted in partial completion of the Master of Science Degree at Sarah Lawrence College,

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Abstract

This thesis explores how Dance/Movement Therapy can support children in palliative care, and provide models for the role of the dance/movement therapist using superhero imagery. The work of five dance/movement therapy pioneers, Marian Chace, Liljan Espenak, Blanche Evan, Trudi Schoop, and Mary Starks Whitehouse, and one foundational theorist, Bonnie Bainbridge Cohen are discussed and used as models for the development of dance/movement therapy archetypal superheroes. Case material from a dance/movement therapist’s work in a pediatric palliative care setting is used to illustrate the application of the superhero model.

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What does dance/movement therapy look like in a palliative care setting, and how can a dance/movement therapist achieve the superhero like ability to tap into their abilities to access their tools while working with clients? Dance/Movement Therapists (DMT) have the ability to witness and attune to authentic movement presented, no matter how large or small a movement may be. The dance/movement therapist leaves room for the client to express feelings inspired by full body (macro) and gestural or facial (micro) movements, bringing awareness on a body level to provide the client more insight into how the client has moved. The dance/movement therapist celebrates or acknowledges the micro and or macro movements or authentic dance phrases, ones that may never have been noticed otherwise. This creates an environment for connecting with dance/movement therapy participant’s movements, all while processing cognitive thoughts and feelings, thus creating relationships kinesthetically, or on a body level.

For those who are not exposed to dance/movement therapy, there is a need to explore what a dance/movement therapy group session may look like in a palliative care setting. There’s an ephemeral nature of a dance/movement therapy session that provides insight to our expressive self. During a dance/movement therapy session, the DMT skills are super heightened, similar to an eagle gearing up for flight. The eagle must take the entire scenery in, observing the environment for its destination.

Working within a Pediatric Palliative Care setting provided the writer a new way of communicating and moving with clients, encouraging the author to attune more closely to macro and micro movement witnessed. Understanding why it is important to deconstruct the notions of a healthy functioning child within Palliative Care, because most of the children’s cases are so severe it’s difficult not to see their “disabilities.” Working with such a delicate

population, ranging in ages, the author encountered children with multiple diagnosis such as Cerebral Palsy, Congenital Heart Disease, Malformation of external limbs, and Moebius Syndrome (which is the paralysis of Facial Affect). Creating a container for how a DMT may perceive, feel, and or interpret movement varies, allowing for the usage of the “dance/movement therapy toolbox” daily, and one is reminded, are the choices of DMT skills in-service to the client? It is important to see the able parts, taking on the humanistic psychological approach, as a point of entry, in order to begin a therapeutic relationship through dance and movement. Using a theory based approach, incorporating Carl Roger’s Humanistic Perspective, has offered insights into seeing the whole parts of a person within Pediatric Palliative Care population, because seeing the children as abled bodied opens the conversation for their possibilities, opposed to their lack of.

Carl Rogers, Abraham Maslow, Otto Rank, and Rollo May are humanistic physiologists who created the humanistic perspective, which emphasizes the study of the whole person, looking at human behavior not only through the eyes of the observer, but through the eyes of the persons doing the behavior. Having the ability not to create assumptions based off of what the dance/movement therapist witnesses in movers, but instead, offering opportunities for abilities to shine and be seen.

With great effort, the author has been able to not only embody, but discover a universal DMT goal, while working within the Pediatric Palliative Care population. This goal is to improve quality of life by using dance/movement therapy to enhance self-expression, and empower nonverbal communication. Having this clear goal impacts the facilitation of DMT therapy while incorporating the humanistic psychology perspective working within Palliative Care. That is why it is very important, when macro or micro movement patterns are

presented within a group or individual dance/movement therapy session, for these presented movements are the gateway to exploring self expression in their unique way. Thus paying homage to the occasional, Widening of Facial Affect, Extension of limbs while DMT uses scarves to facilitate movement, and or Rapidly Blinking of a child’s eyes, these gateways of expressions happened when group members were asked to extend their arms outward to sprinkle love by wiggling their fingers to the group member that may look isolated. This example shows how both verbal and non-verbal communication can transcend any limitations. In this dance/movement therapy group, the goal was to offer moments for connection and or to be present. Listening to the unsaid can create a powerful real-time experience, never to be re-created again.

In the last example of the power of movement, the DMT offered the opportunity for others who are seemingly isolated, an opportunity for inclusion, engagement of peers, social reciprocity, and the ability to be seen. What is inclusion? Trudi Schoop, an artist, dance/movement therapist, mime, and political rebel, says it’s an attitude, less about treatment plans, but she focused more so on the subtle way of approaching a patient and being as neutral as possible for elements to emerge. Encouraging each dance/movement therapist to enter therapeutic sessions through self-exploration, through her work, supports playing with the use of therapeutic play to foster self-expression through dance and movement.

Incorporating the ability to bring attention to the able parts while working within Pediatric Palliative Care population can be challenging, because there is room for assuming a client feels a certain way, which can be limiting and less authentic. Movement does not lie, thankfully. Relying on Trudi Schoop’s style helps dispel countertransference, and rather

empower the unseen. Trudi says you cannot enforce her ‘me’ on her patients, stressing they are two persons with equal right to choose the time when we can engage in mutual correspondence. “I do not want to tranquilize; I want to incite.” (“Come Dance with Me” video) supports the humanistic perspective to its core. While offering Dance/movement therapy within a Palliative care setting, is important to assess a client’s strengths. Attuning to their strengths gives an opportunity to make choices, which results in an empowering therapeutic exchange. Whether this exchange happens non-verbally, through initiation of reciprocal movement, expansion of usage of breath, and or eye tracking done with intention, seeing the entire person can be seen through the use of Trudi’s Schoop style of enhancing the expressive self.

Working within a pediatric palliative care center, there was an over-arching goal serving as my guiding light, to help improve their quality of life by using Dance/Movement Therapy to increase movement and non-verbal communication. This over-arching goal guided all of the professionals in the center, including Certified Recreational Therapists, Physical and Occupational Therapists, Respiratory Therapists, and Speech Language Pathologists. For their presence allows our Dance/Movement Therapy group to happen, keeping the group members alive and on track. We are a fully operating, cohesive unit working together seamlessly, and as a DMT facilitator my skill is to provide opportunities for self-expression, giving me the chance to re-connect movement patterns, and access new neurological pathways that can aide in discovering oneself.

Primarily, our instruments are our bodies. However, when we are “in our bodies’, our work may not be visible to the untrained eye. On a granular, microscopic level, there is an abundant amount of movement that can be present when working within the Palliative Care

population. These moments, when they occur, can be beautiful and it is the skill of the dance/movement therapist to assess these movement patterns, bring awareness to the present movement, and together both patient and practitioner work towards expanding movement repertoire. For a casual observer watching a Dance/Movement Therapy group, they may see a bunch of people playing with scarfs, or listening to whale sounds standing inside a circle, sitting face to face with someone in stillness, and mind and body mediation. All have happened within my groups, but the casual observer may not see the depth of this work. They may not have heard a resident mention they were a black cloud while we were all white clouds, and after DMT group, his color changed from black to a blue colored cloud. He shared with the group why his color changed. The group was asked to become a flower and they would show others their flower through movement. He said he chose to be a blue cloud so he could rain so the flower could grow, all while using multi-colored scarves. The casual observer may have heard piercing whales sounds, but may not have seen the art work of whales the residents created during an Art and Dance/Movement Therapy group, Rhythm Rainbow. Participants were asked, “What is the size of your whale?” In response, a rehab team member would trace the resident’s wheelchairs, while they embodied how whales move and their sizes. The yarn created a visual boundary for the majority of the group’s members who were wheelchair bound, creating a sense of empowerment by highlighting and decorating their wheelchairs while enhancing and celebrating self-expression. The casual observer may have observed two people staring at each other, but she may not have seen patient and a care-giver connecting on a micro level in silence while the dance/movement therapist created a rhythm with her body; a language only they can decipher and understand.

What is missing? We all have our tools we carry with us when practicing in Pediatric Palliative Care. For example, I have been able to work with other Creative Arts Therapeutic disciplines in this setting. In particular, when planning for Art and Dance/Movement Therapy group, the Art Therapist utilizes many tangible tools such as abstract art, crayons, fabrics, markers, paint brushes, stencils, and textile textures, beautifully displayed on an art for all to see. As the Music Therapists prepare for individual or group sessions, they carry with them various instruments, including Acoustic/Electric Guitars, Symbols, Various Drums, iPads, Ukuleles, and Xylophones. A casual observer can see the Art or Music Therapist working because they can visibly see their tools.

Tapping into the unsaid within the Dance/Movement Therapy groups I’ve facilitated over the past two-years, I’ve developed an unusual approach to conceptualizing my work. Throughout the facilitations of my Dance/Movement Therapy individual or group sessions, I notice a super heightened, intentional, and multifaceted skill for attunement to clients needs when I have to assess or create an intervention for a client or group. Dance/Movement Therapists embody qualities similar to the attributes Superheroes possess. Bridging Superheroes’ characters within Palliative care is relevant for the population, in addition to and for the entire team (Creative Arts Therapy, Child Life, Doctors, CAN, Engineering, Human Resources, Public Health & Relations, Nursing, Rehabilitation, Religious & Community Outreach, Schools) who work within this culture. Attending to the unspoken within Pediatric Palliative Care can be trying mentally and physically, and it is very important to speak to the practitioners directly within this population, in order to encourage and empower the validity of their efforts in hopes of providing a creative theoretical way to approach the facilitation of Dance/Movement Therapy.

Throughout the Dance/Movement Therapist’s career, she or he may experience moments where their “work” can become emotionally heavy or draining. Because of the challenging nature of the work, Dance/Movement Practitioners need to find time to recuperate. Similar to Superheroes, both encounter a need, attend to the need, and recuperate; resting for their next challenge. I will construct Dance/Movement Therapy Superheroes based upon Jungian Archetypes, using dance/movement therapy pioneers as models. The purpose will be to compare Dance/Movement Therapy techniques to Superhero characteristics and qualities, and demonstrate how important it is for Practitioners to acknowledge their super heightened skills. It is important to highlight and liken the Practice of Dance/Movement Therapy to Superheroes/heroines, in order for others to understand this discipline. Additionally, it is to help the Dance/Movement Therapists doing this work daily to stay encouraged, to celebrate the rich history of Dance/Movement Therapy's early pioneers, and to promote mindful healing aspects of self and psychomotor expression through dance and movement.

How can I create a starting point in order to establish a level of mutuality? The only universal language is a language that is communicated through movement and through the body. That is where the dance/movement therapist begins. Dance/Movement Therapists have to make sense of the meaning that occurs within non-verbal exchanges. For example, working within a Pediatric Palliative Care setting, being able to attune to the non-verbal movements is critical to assess and create an intervention, and in many ways how we proceed with this process can be superhero-like.

Dance/Movement Therapist must interact purposefully within individual sessions and or group. These superhero skills develop over time, creating a toolbox to assist the therapeutic relationship, and to illustrate DMT Superhero Archetypes we can draw upon for inspiration. Giving a concrete framework to define the ever-changing context within Dance/Movement, while highlighting a glimpse of our accountability, fundamentals, sensitivity, openness, vernacular; an in depth study of our world.

The goal of creating these archetypes is to empower, encourage, and excite Dance/Movement Therapy Practitioners, with the hopes that likening us to Superheroes may ignite something in ourselves during the application of this work. There is an embodiment of phrasing Dance/Movement Therapists and Superheroes share. Superheroes have the ability to see a threat, find a solution or action to diminish the imminent threat, and finally recuperate, resulting in a triangular phrasing. Dance/Movement Therapists assess goals and objectives, put into action interventions, and recover with a stress on self-care.

The pioneers of dance/movement therapy developed different styles of working, sometimes described as an East and West Coast way of practicing. (Levy, 2005 p. 73) Who are these Dance and Movement Pioneers I keep referring to? Exploring the work of foundational theorist Bonnie Bainbridge-Cohen, and five dance/movement therapists Marian Chace, Liljan Espenak & Blanche Evan (East Coast) and Trudi Schoop & Mary Starks Whitehouse (West Coast), the author will identify their theoretical approach (essential to the development of the field of Dance Movement Therapy), and how they applied movement interventions as they relate to physical, cognitive, and emotional functioning. In addition, this section will highlight common threads in each coast’s fundamental movement based approaches applied in the practice of Dance Movement Therapy.

EAST COAST DMT PIONEER

BONNIE BAINBRIDGE COHEN

Bonnie Bainbridge Cohen discovered the Body-Mind Centering® which is an on-going experiential journey into the alive and changing territory of the body. (Cohen, 2012)

BMC includes both the cognitive and experiential learning of the body systems- skeleton, ligaments, muscles, fascia, fat, skin, organs, endocrine glands, nerves, fluids; cellular/subcellular structures; breathing and vocalization; the senses and the dynamics of perception; developmental movement (both human infant development and the evolutionary progression through the animal kingdom); and the art of touch and repatterning. (Cohen, 2012) Bonnie Bainbridge Cohen is one the Dance/Movement Therapy Superhero archetype’s I intend to create throughout this process.

Bonnie demonstrates the internal initiation of movement from the organs and from various structures of the brain, and how that initiation can be the foundation for integrated external movement through space. She also demonstrates hands-on work with individual seminar participants showing advanced principles of movement repatterning combining developmental movement with the support and initiation of the organs and brain. For further understanding of developing Bonnie Bainbridge’s Superhero archetype, I am using Wisdom of the body moving, from the perspectives the 'minds' of the skeletal and muscular systems to the quite different inner lives of digestive, lymphatic, urinary, respiratory, vocal, circulatory, endocrine, and reproductive organs. Giving a language to use, bringing us into the states of consciousness of skins, cells, blood, fat, cerebrospinal fluid, nervous system, and brain. (Cohen, 2012)

THEORETICAL APPROACH

Bainbridge based her work off the Body System: Skeletal System, Ligamentous System, Musical System, Organs System, Endocrine System, Nervous System, Fluid System, Fascial System, Fat, Skin, and All Systems. Bainbridge conceptualized while each system makes its own separate contribution to the movement of body-mind, they are all interdependent, together providing a complete framework of support and expression. Certain systems are perceived as having natural affinities with others. However, those affinities vary among individuals, among by consciously and unconsciously exploring them in different combination. (2012, p.3) For over fifty years, as a movement artist, researcher, educator and therapist, Bonnie Bainbridge Cohen has been working with movement, touch and the body-mind relationship. An innovator and leader in developing the Body-Mind Centering® approach, her work has influenced the fields of bodywork, movement, dance, yoga, body psychotherapy, childhood education and many other body-mind disciplines. (Cohen, 2012)

EAST COAST DMT PIONEER

MARIAN CHACE

Marian Chace studied modern dance and choreography with Ted Shawn and and Ruth St. Denis at the Denishawn school of Dance and started started working as a dance performer, but there was much more meant for Marian’s career with dance and movement. Influenced by the work of Carl Jung, she believed the mind and body are interrelated. While teaching in Washington, DC, she noticed some of her students were more interested in the expression of emotions than in dance technique and began to emphasize this in her classes. Her students reported feelings of well-being which intrigued local doctors, some of the National Institutes of Health, who began to send some of their patients to her classes. Her approach included body

active, symbolism, therapeutic movement relationship, and rhythmic group activity. Eventually she joined the staff at St. Elizabeth’s hospital in southeast Washington D.C. and studied at the Washington School of Psychiatry (Levy, 2005)

THEORETICAL APPROACH

Marian Chace integrated body action, symbolism, kinesthetic empathy, and rhythmic group activity to foster expression and communication in dance therapy groups for hospitalized psychiatric patients. Participants would learn how to implement Chace's approach by examining the relationships among the four basic elements mentioned above, individual movement repertoires, leadership styles, and vocal demeanor. Participants use the Critical Response Method to learn how their movement styles and verbal interventions affect others. (Levy, 2005)

EAST COAST DMT PIONEER

LILJAN ESPENAK

Liljan Espenak was born in Bergen, Norway in 1905 until 1988. Liljan developed a career as a recognized dance therapist. In this capacity, Espenak worked with physically and mentally disabled children and adults. In 1960, Espenak joined the faculty of New York Medical College and founded the first dance therapy department in the United States. Liljan Espenak is responsible for many firsts within the Dance/Movement Therapy field. Espenak created the first Post graduate program and was the first to create diagnostic tools for the Dance/Movement Therapy industry. Some of these tools involved pushing large objects, walking a spiral, increasingly leaning towards the center, walking backwards, just to name a few. (Espenak, 1989) Espenak says “Unintentionally, this combination gave dance therapy it two most important facets, the free improvisation by the creative emotional self (in which is my natural ‘go to

space’) and the organizational structure (in which is my ‘can’t do space) needed to harness and project the emotions.” (Espenak, 1989) What I gather from Espenak’s statement there is power learning how to master both dichotomies, the psychoanalytic theory of Adler with the mind/body theories of Lowen resulting in what she called “psychomotor therapy.”

THEORETICAL APPROACH

Espenak's system of psychomotor therapy, the way she paid attention to the ways in which she used expressive dance and diagnostic movement tools to facilitate integration, the ideal body, and feelings of well-being. Adler and Lowden’s influence on Espenak's work is discussed, along with concepts inherent in psychomotor therapy and its areas of application. Espenak's concepts of diagnosis, evaluation, restructuring, and integration, displayed how she used particular exercises to help patients express "the four emotions," develop muscle-memory, and experience catharsis, all leading to behavioral change. (Espenak, 1989)

Espenak defined psychomotor therapy as an “extension of dance therapy through application of diagnostic tools for treatment on the medical model of observation, diagnosis, treatment.” (Espenak, personal communication, 1985.) The assessment Liljan Espenak obtained through movement observation was a major development for the field of Dance/Movement Therapy. “Espenak focused on three major Adlerian concepts she integrated into Dance/Movement Therapy: The Aggression Drive, Inferiority feelings, and Social Feelings. For example, the need to be accepted by the community. Espenak also referred to a fourth classification of Adler’s, that is like style and first memory.” (1966, p.44) The understanding of these concepts helps prepare him or her for the development of social feeling within a group, push individuals to find ways to master the environment and the self. Espenak believed that

working directly on the body, developing physical strength, grounding and an expressive movement vocabulary could counteract the original feelings of inferiority and dependency. Like using one’s body playing with different exercises such as, pulling, pushing, leaping, running and skipping. She stressed to do away with engendered feelings of taking charge, defying gravity, making one’s self larger and better and generally enhancing feelings of well-being. (Espenak, 1989)

Psychomotor therapy grew out of experience for Espenak combining her dance career and studying psychology for 3 years, helped her to look at movement in a much more psychological way both diagnostically and as a means of expression. Like many of the Dance Movement Therapists I have been discussing, Espenak was doing dance therapy long before she started teaching it. Here is an excerpt in Liljan Espenak’s words.

“In finding repetitious principles, you little by little formulate your own acceptance of these principles. dance and psychomotor, or I say dance or psychomotor. The psychomotor is actually joining together the psychology which I studied and the motor which is the movement I studied all through my life. Motor without psyche is exercise; psychology without movement is drama or acting. When I put it together, I feel I give value to both which is the combination or unity of psyche and movement. This is essentially dance. It becomes dance therapy when it is emotional, psychological, and movement.” (Espenak, 1981, p.10)

EAST COAST DMT PIONEER

BLANCHE EVAN

Blanche Evan cared about dance having dance skills alignment and strength building and was somewhat annoyed with the psychomotor aspect. Evans believed Dance Therapy is an exchange of energy. Like Mary Whitehouse who represented the West Coast, Blanche were the only two during the 1950’s who used Dance/Movement Therapy for the neurotic individual and stressed working with this population; both with in-depth improvisation intervention. Blanche a New Yorker, founded The Dance/Therapy Center in 1967 New York City, a center where she provided a space for the urban professional "normal neurotic urban adult" to receive dance/movement therapy. (Hartley, 2008)

THEORETICAL APPROACH

What is Blanche really saying when she mentions “normal neurotic urban adult’ in the context of her contribution to the development of the Dance/Movement Therapy field? The underbelly of her theory was focusing on the urban population, the working professionals, and with screening who and who can not attend her help. Call it a great marketing tool, her sessions helped these urban professionals feel okay to have “problems,” de-stigmatizing being “not normal.” She connected people who wanted to attend her therapy sessions, connecting working professionals who really wanted to dance. Evan’s believed if you dance with a certain intention, it can make you feel better. As simple as her theory sounds, it’s profoundly complicated within it’s simplicity in my eyes. Blanche’s keen respect for the way she addressed her population as her ‘protégés’ was innovative. If I were taking her class, I would feel special, welcomed, increasing my level of confidence up a notch. (Serlin, 1996)

Blanche Evan's life work and methodology central to her development from dancer/choreographer to creative dance teacher to dance/movement therapist, resulting in Evan's Functional Technique, an "un-stylized" system of body work, and with her approach to creative dance to understand her philosophy, principles, and, ultimately, methods of depth dance therapy. Evan's personal films, original writings, and her unique concepts of movement exploration, mobilization and specialized imagery use created themes and links to personal content as sources for improvisation that will be develop. This combination of the experiential and the didactic will clarify the relationship between creative dance and Evan's approach to dance therapy: integrating dance with therapy, so that the two become one. (Levy, 2005)

“Evan stressed dance as the art form that utilizes the most direct and complete connection to the psyche, differentiated from the visual arts or the use of a musical instrument.” (Levy, 2005, p.30) I enjoyed learning about Blanche’s Creative Dance with children because I work so closely with children daily, I can relate to the major inspiring moments children display when they can not verbalize. She promoted the mind-body unification through expressive movement in a way she did not have to let go the basic skills of dance. “Creative dance breaks the crust. Dance Therapy leads to unraveling the knots, to diagnosis and to active life, brain, habit change. The education of the emotions (an Adlerian term) is also possible. (Goodill, 2009, p.107) Blanche eloquently mentions a quote I that makes me happy from within in regard to the relationship between dance therapy and creative dance.

WEST COAST DMT PIONEER

TRUDI SCHOOP

Trudi Schoop said “We will always be challenged on this earth? Schoop was a Swiss dancer, performing artist through Miming from 1903-1999. She had a wonderful sense of humor and her training and career as a mime, she was a major West Coast pioneer. Upon being introduced to Trudi Schoop’s work and life within the Dance Movement Therapy community, was even more convinced of Dance/Movement Therapy’s power. Through Trudi’s work you could witness her passion, her boldness, and the innovated way she pressed the envelop to effect change within her community and society as a whole. (Levy, 2005)

Trudi believed we are made up from ‘*ur*’ experience. *Ur* is a limitless extensions of space, existing without boundaries with the awareness of the inner/outer self. All consumption containing it’s ‘opposite’, on the contrary seems to have no relation, but does not mean these opposites do not connect, in fact the idea of duality goes hand in hand; essentially we belong to something higher. (Hartley, 2008) Within the ‘Mental Illness’ community sometimes we see or study the extreme opposites and most people assume the mental illness community do not have the ability to contain the ‘other’. Therefore, Trudi believed of inclusion, her positive welcoming attitude was more important, making her sessions less about treatment, and more about her connections to those who needed her help. She had a true sense of humanity because she embodied her own definition of what it meant to be human.

THEORETICAL APPROACH

Trudi truly walked in her truth. Her foundational movement based theoretical approaches was found in dualities. You can’t have Day without Night, in her words, “Kindness contains the understanding of cruelty” (“Come Dance with Me”) video. Opposites are merely reversed images of certain states of being out of this being, therapy is like a dialogue. It includes me: who I am and the patient: who he/she is. Trudi says you cannot enforce her ‘me’ on her patients, stressing they are two persons with equal right to choose the time when we can engage in mutual correspondence. “I do not want to tranquilize; I want to incite.” (“Come Dance with Me” video) Trudi believed in the all consumption of time, something containing its opposite does not mean they do not connect or belong to something higher. For example, in mental illness you see those opposites at an extreme levels and people assume they do not have the capability to have the other. (Levy, 2005)

Fran Levy said “Schoop believes that who we are is reflected and manifested in our bodies. In addition, what happens in the mind has a concomitant reaction in the body and what happens in the body has a concomitant reaction in the mind. For this reason, postural attitudes and physical alignment are reflective of one’s mental state. Furthermore, through the body and senses one formulates a mental picture of reality. It is harmonious interaction between psyche and soma that promotes functioning without conflict.” (1966, p.61) What’s inclusion? Trudi says it’s an attitude, less about treatment which is a subtle way of you approach a patient and as neutral as possible for elements to emerge. As a Dance/Movement Therapist Trudi discovered finding our own language is helpful while building your patients; her attitude vs statements had more impact within her practice. Trudi had a true sense of humanity because she acknowledged her own idea of what it meant to be human, I believe her art of pantomiming helped her access

human behaviors and the way we move on a deeper level. There’s a magical moment when you are able to be unified, you become one or whole, Trudi felt we are all striving for unification because we live such opposite lives; there is a primal feeling in all of us. Some of us how to regulate and some may not. All in all, Schoop’s incorporated educational and exploratory approaches during her therapeutic process through the use of movement education, rhythm/repetition, the inner fantasy, improvisation, and planned movement formulation and remembering the psych education she created through miming and humor. (Levy, 2005)

WEST COAST DMT PIONEER

MARY S. WHITEHOUSE

Similar to Trudi School, Mary Starks Whitehouse came from the West Coast school of Dance/Movement Therapy field. Mary S. Whitehouse was a dance teacher who had a way of teaching letting her personality shine through and Authentic Movement began from a different place for Mary. “Odd, but I turned into a dance therapist without realizing it, simple because no such thing existed when I started” (Levy, 2005 p.51) and she called it calling movement- in-depth. Movement in depth is what us meant to dance, there’s a person in every dancer. She was teaching people, and she also worked with polarities like Trudi Schoop. After working one on one with her dancers she read an article by Marian Chace and she realized she was not the only one doing this kind of work. Through time Mary noticed the differences between Dance Therapists was the population they work with in the setting where they choose to work. Levy referred “Whitehouse believed that with students, a greater emphasis could be put on uncovering unconscious material, whereas with hospitalized patients, due to a more fragile ego structure,

greater stress needed to be placed on emotional support and providing patients with more structure forms of expressive movement.” (Goodill, 2009)

THEORETICAL APPROACH

Mary was a believer in Polarity through the study of Jungian approach. Whitehouse said, “Polarity affects the functioning of the body and mind, as well as how one can observe polarized drives during the dance therapy process.” (1966, p.54) In the writer’s opinion, the key to achieving balance is understanding each extreme polar element fully, such as Happiness and Sadness are valid in their natural states; knowing each play a role and we can’t live without either. These principles serve well within the Dance/Movement Therapy world. Opposition provides us a baseline to work from, and seems like we will always try experience one and the other.

The Jungian method grew out of her awareness working with of Polarity, kinesthetic, and active imagination. “Applied physically, it is astonishing that no action can be accomplished without the operation of two sets of muscles- one contracting and one extending. This is the presence of polarity inherent in the pattern of movement.” (Whitehouse, 1979, p.55) Letting Mary’s words resonate within you, the writer feels think you can’t have Ying without Yang. Black without White, Moon with no Stars, Sunrise without Sunset; Polarity is critical for balance within our lives. That’s why Mary Whitehouse’s theory on Polarity affected me in such a positive way. The author feels we are all striving to find a balance to create normalcy in a chaotic world; many times our world can become blurry without these keys elements of opposites.

“How big are you willing to be?” A rhetorical question that stuck with me after watching a video about her work. This quote stays with you, questioning rhetorically, ‘How can I strive to become ‘big’? Pondering endlessly, the logical follow up question would be, ‘What will it take

for me to be the biggest I can be?’ The answer to this rhetorical question will vary, then it dawned on the writer; ‘In order to be “big” I have to be willing to be “small” before I can be ‘big’. As a budding Dance/Movement Therapist, thinking about entering this community, many thoughts come to mind. Reflecting back to the question of how big or small are you willing to become, the writer is currently beginning. Similar to the lowest part of the totem pole, and the writer is more than comfortable playing this new role. Time will only propel her to new heights by paying the work that has to be done in order to climb the ladder. The answer to the writer’s rhetorical question is, she has to become small, in order to achieve this. In fact, welcoming being small because because it gives us room for growth. Stumbling across this passage that supports author’s claim, “Whitehouse stressed that things are never black and white in life. That is, while we may be forced to choose one path in life over another or one form of expression over another, the one not chosen for conscious expression does not go away, it simply goes unrecognized. Moreover, in it disguised and unconscious state, it continues to exert pressure and create conflict.” (Levy, 2005, p. 54)

Mary Whitehouse embodied the idea of polarity in everyway. Physically, in her older life she was confined to a wheel chair, but you wouldn’t know if you were studying under her because she was actively living ‘big’. She was willing to be the biggest person she could be despite her obvious physical condition. If we could have a time capsule and take Mary’s was a living example of Polarity and was equipped in her natural ability to develop the Wigmanian improvisational approach to dance into an in-depth psychomotor therapy. Whitehouse displayed a great deal of respect for the Jungian approach and was able to combine two techniques: expressive dance and Jung’s active imagination. Which created a safe space for her clients to

explore the unconscious through movement, forming the foundation of Whitehouse’s contribution to dance therapy.

EAST AND WEST COAST PIONEERS COMMON THREADS

Trudi Schoop, Mary S. Whitehouse, Bonnie Bainbridge-Cohen, Marian Chace, Liljan Espenak, and Blanche Evan shared a common thread; they each had a hand in founding Dance Movement Therapy without starting with a concrete definition. They shared a passion to heal through movement and were true to their own way of moving. Whether the Pioneers had a professional background based in Psychology, or Professional Choreographers/Dancers, Performers, and or Dance Teachers, they formed Dance/Movement Therapy as we know it. Their work made me realize no one style, theory, method is alike and that it is perfectly fine because within Dance/Movement Therapy field there is room for personal growth to influence your practice.

Dance/Movement Therapy is a culmination of the many theories of our founding pioneers, giving us a springboard to use in our present practice. In many ways, the pioneers gave us the software to work with our hardware. Both Whitehouse and Evans spoke to the natural or inevitable ending of the patient’s improvisation, while Espenak moved freely back and forth between directive and non-directive roles within private and hospitalized settings. Schoop’s practice was based in hospitals like Espenak, but she was focused on more of a directive role and stayed in the moment, rather than delving into unconscious material. Whichever superhero or DMT pioneer you choose to embody, remember a universal DMT philosophical truth, there is no right or wrong movement.

The hardest part when wanting to create a new path is beginning. Why is the first step the hardest? Could it be fear that holds one back from taking that first step? Or lack of resources? It

could be a number of factors that prevent someone from paving a new path, but what is certain, once a step is made half the battle has been won. Relating this concept to our founding pioneers within the Dance Movement Therapy world, they were creating a new industry without knowing. They didn’t just one day say, “I want to be a dance/movement therapist and help people through this relatively ‘new’ way of assessment and therapeutic treatment.” Their paths were not as clear, on the contrary, these pioneers entered this new world with one goal in mind; they were following their hearts, paving the way, when there was no way.

The pioneers represent the root and soil of our dance/movement therapy tree. They ground us, supplying supple soil, and because of this rich soil, we can grow. From their contributions, the DMT Superheroes have been sown through research, planted with principles and theory, ready to grow into a reflection of those past and present, and budding and sharing their beauty for those willing to see.

One might ask, are superheroes only fictional character’s we see on television and or in the movies? I say no, superheroes aren’t only seen on TV or on the Big Screens. We all have the abilities to embody Superhero Characteristics, Heroic acts, and Qualities everyday. With the goal of highlighting The East and West Coast Dance/movement therapy Pioneers, one can see themselves in them, thus resulting in an exchange of giving honor to our every day Superheroes past, present, and future.

Jung’s idea of archetypes seems suitable when thinking of creating superhero like characters for the DMT pioneers. Have you ever come across someone at work who reminds you terribly of your Aunty Rachel (fictional character)? Why is that? Jung speaks about certain characteristics or attributes that liken to a larger scale of human connection. Grouping human interactions is a natural progressive concept, thus the formation of archetypes. Sometimes it is

easier to put a person into a category, “She so sensitive,” “He’s the chivalrous type.” “They are family oriented organization” are examples of how we all can easily fall into this way of thinking. Portraying these images and or similarities we share, suggests we belong to larger incorporation of ourselves, and there’s nothing wrong with archetypes. Knowing archetypes exist, opens the argument for the author’s creation of DMT superheroes.

To empower and encourage other’s is one of the major Superhero Characteristics, Heroic acts, and Qualities Superheroes possess. This concept may seem far-fetched, but in many ways it is not. Now that we have established we all can possess Superhero Characteristics, Heroic acts, and Qualities, we must uncover them, master them daily, and then apply them for the betterment of others. Let’s build a container for this concept and predominately focus on, comparing Dance/Movement Therapist working within a Palliative Care setting to popular culture’s references of Superheroes Characteristics, Heroic acts, and Qualities.

SUPERHEROES CHARACERTISTIC, HERORIC ACTS, AND QUAILITIES

Step 1, we must discover how you can become a Superhero. The first step to becoming a Superhero is finding your power. What makes you unique from all the rest? Are you a person who’s a great listener? Let’s examine this quality further. What makes you a great listener? Do you actively listen with your entire body and mind? If yes, how do you know this? One may respond, while listening to a sad story, your facial affect becomes melancholy, your voice softens when responding, and you may notice your heart rate decrease or increase. If you are aware of these qualities, and according to popular culture your skill of listening can be heightened then most, and you may want to visit this skill further to mastery. Your gift of listening can differentiate you from most, and, ultimately, this skill may benefit you and others.

Dance/Movement Therapists have the ability to see the unseen. DMT is grounded in clinical application and, with this exploratory dance and movement, discoveries can arise. “Clinically, the work comprises a mind/body integrated approach to psychotherapy. Both the clients and the therapist attend to and address the sensed, kinesthetic and motoric connections between cognitive processes (including the creative process), emotional responses, intentional patterns and the issues relevant to the therapy.” (Goodill, 2005, p.16) Common objectives of dance/movement therapy include increased integration of cognitive, affective, and physical experience, expression competence, and increased self-awareness. Staying with an increased awareness of self ties into this concept of finding your power. Once you’ve found your power, mastery soon follows. Honing your craft may look differently, the key is to actively work on your skill. Once this occurs, you are on your way to the next step as to how to become a Superhero.

The second step to becoming a Superhero is costume. For Dance/movement Therapists, our body is our costume. Most Superheroes tend to work covertly in disguise. Whether Superheroes combat evil at night or during the day, covering up their identities seems to be critical for their survival. Whether your style of Superhero is covert or unmasked, like Superhero costumes, dance/movement therapists wear many masks while attending to the problem in covert ways, similar to superheroes. Some of us wear our identities everyday, creating an invisible uniform or “costume,” creating a boundary is important for the preservation of superhero-like skills. Wearing our costume, creates for dynamic use of when and if it’s appropriate to use these skills. A dance/movement therapist should not conduct therapy on New York City Metro Transit’s A train, but must be vigilant.

Dance/Movement Therapist skills happen internally, whether they are focusing on how slow client’s usage of breath, effects their speech patterns, making them sound slurred, lacking

bright affect. Another example of internal usage of DMT skill of kinesthetic attunement can be noticing when a client verbal says they are ok, but notice the balls of their right foot, arched, lifted slightly off the ground supporting for their entire right leg’s momentum moving up and down rapidly. For the dance/movement therapist observing what they see and how their client’s verbal responds, results are mixed match, and it up to the DMT to bring to light their observations.

Some of our skills happen within our bodies. Kinesthetic attunement occurs when a DMT feels a strong visceral connection while moving with a clients. What is kinesthetic attunement and or empathy? It is the ability for a DMT to observe movement patterns that maybe prevent personal growth, once this process happens, the DMT literally holds or tries on the mover’s movement pattern, during this movement and or dance exchange, the DMT inquires how it may feel to move like the mover. With out judgment, kinesthetic attunement and empathy occurs, accepting, and thanking said mover for their contribution. This kinesthetic attunement can also be a series of movement patterns displayed by the mover, which a DMT may be compelled to bring to attention during a session. Our skills can become invisible, especially because a dance/movement therapy group or individual session can seem to unfold effortlessly.

Step 3 in becoming a Superhero is a Secret Lair, and for dance/movement therapists, a Secret Lair could equate to our environment. Palliative Care is the environment in which I work. My environment serves many functions, supporting the needs of the residents at Elizabeth Seton Pediatric Center, and providing space for DMT interventions. It is also a place I seek for recuperation and preparation. Working within a Pediatric Palliative Care setting, fosters the observation of how the environment plays a key factor in movement. For example, as a Dance/Movement Therapy intern working with children who needed the assistance of

ventilators, it is important to observe where the outlets were located in the room, in order for the Respiratory Therapists to plug in the necessary medical tools needed for each child. Being sensitive to their needs and providing a safe environment transcends having a good time, but is based on necessity; their ability to live.

Step 4 involves having a catchphrase. The Dance/Movement therapist catchphrases are based in DMT Philosophies that may resonate with other dance/movement therapists across the world. One philosophy, derived from the work of Marian Chace, is, “Meeting you where you are.” This means being with a client in whatever emotional or attentional state they may be, without judgment, with kinesthetic empathy, attunement, and present awareness of self and others. DMT stresses that “there is no ‘right’ or ‘wrong’ movement or way of being. ‘Kinesthetic Empathy,’ means we celebrate who we are working with and value mirroring shared experiences with others: “We work with the available parts” supporting and validating the client’s power. DMT is also a “Strength-based discipline,” which fosters acceptance and increased self-awareness. “Pay attention to your breath” may be another philosophy mentioned amongst Dance/movement therapists. Paying attention to one’s breath can bring awareness to areas in our bodies that may need some tending to. Bonnie Bainbridge spoke about breathing into our lungs, particularly to give others the ability to see the power of our breath. Lastly, “We see you” can mean many things according to the environment, population, and or Dance/movement therapist. The root of this philosophy refers to that notion that we are seeing your excellence, your movement contribution, and we are thanking you for your presence. The concept of giving a client the opportunity to be seen can increase movement repertoire and or self-acceptance. As a budding dance/movement therapist, it is a skill to be able to embody the meaning of these

catchphrases. Having these catchphrases and or philosophies readily available in our body, facilitates what it may sound like to be a member in a dance/movement therapy session.

The fifth step of becoming a Superhero is Gadgets, and, for Dance/movement therapists, this refers to our Skills or DMT toolbox. We have many skills or gadgets readily available, including the use of props such as scarves. We can use a white scarf to create a wind storm, and we can place that same white scarf on the floor and imagine we are skating on an ice rink if we wanted. The use of guided visualization and creative storytelling can be another tool Dance/movement therapists evoke or call on to attend to the needs of clients. Our body is another tool we use to connect with group members and or clients. We can also use music to aid in fighting evil or disease. For example, working with a non-verbal, 3-year-old, who has to rely on an adaptive wheelchair, can be considered the evil disease, DMT must combat. In order to fight these evils, a DMT has the ability to use see past the external factors, help the 3-year-old experience moving in her wheelchair, right and left, while saying the words, to help orient herself in space. The DMT can expand the right and left movement, add front and back, fostering an opportunity for the 3-year-old to feel what right, left, front, and back meant to her. Why is this important? Being able to move a 3-year-old within different directions, gives her the ability to see she has options. As well as adding useful vocabulary on a cognitive and physical level.

The visualization of looking into a carpenter’s toolbox can vary in color, style, shape, texture, and functionality. Once opened, you may see shinny or dull objects, odds and ends, nevertheless the tools provide assistance to his or hers’ craft. Choosing the specific tool needed in order to complete the carpenter’s task, what would she do if she didn’t any tools? Her job would be incredibly arduous, leaving her only with her body and creativity, and an unfinished product. Tools are most hand held used to perform a function. What would be if we did not

utilize our tools? Essentially, using your toolbox functionality can be in service and betterment of others, the environment, and self.

Working in Pediatric Palliative Care, the majority of the residents on the therapist’s caseload use wheelchairs for mobility, so making everyone feel welcome, regardless of their mobility level, is one of my many goals. Eye contact is a key method of developing group cohesion and emotional impact. I often wonder how the group can accommodate if one of the participants has low vision or is blind? If shared comments and verbal confirmation are important elements in counseling, will the group feel inclusive for an individual who has hearing loss, uses a hearing aid or is deaf? Then I think, I must re-visit our group goals.

When talking with a person who has a visible disability — for example, someone who is using a wheelchair, a cane or a crutch, or who is accompanied by a guide dog — we acknowledge the existence of the disability. With my transparent approach, I’ve observed, it is most important to note that if another individual is accompanying a person with a visible disability, it is essential for me to speak directly to the person with the disability.

I am reminded of the role of group facilitators and how crucial it is to the success of groups aimed at helping people. As the group’s facilitator and co-facilitator lead the group members with this goal through various group dynamics, hopefully it will change the views of themselves and their world. Facilitating a group, whether it is a task group, a psych educational group, a support group or a psychotherapy group, is like being the conductor of an orchestra. Having a firm grasp of the material to be covered, and also being in charge of the environment, in which the meeting takes place, so many roles are being attended to. Many techniques or methods are employed in this process, just as in

any face-to-face therapeutic interaction. Most of these techniques, such as reflecting, clarifying, summarizing or linking, usually depend on the ability to make eye contact and hear what is being said. Any one group session may include some moments of storytelling, talk therapy, counseling, stand-up comedy, improvising, listening, talking and responding.

Our DMT toolbox is developed over time, adding, refining, incorporating skills along the way; this is where mastery steps in. The American Dance Therapy Association’s Code of Ethics states that Dance/movement therapists are required to pursue professional development and continuing education to assist in expanding one’s skills. Providing opportunities to sharpen the DMT toolbox reinsures, offers clients treatment experiences be embodied, allowing for expression felt in real time. Dance/Movement Therapist skills can bring out and or deepen understanding of the client’s perspective. The physical experiences provided are a healthy outlet, allowing a safe environment for self-expression, presenting in real times experiences that normally would not have come to light.

What common Superhero Characteristics, Heroic acts, and Qualities do superheroes possess? Most Superheroes are caring, courageous, humble, patience, and selfless. Most Superheroes leap body first into danger, utilizing their toolbox, displaying their heroism for all. These are the first Superhero Characteristics, Heroic acts, and Qualities that come to mind when thinking about Superheroes. True Superheroes always put others first, understanding this heroic theme within one’s own life can be insightful, providing a frame of reference. The seventh step of becoming a superhero is Enemies. For Dance/Movement Therapists, Enemies refer to ailments, body disconnections, disease, mental/physical/medical disorders, and sicknesses we encounter while working with clients.

There are many ways that Dance/Movement Therapists fight off these Evil Supervillains, including incorporating the use of connecting the cognitive and expressive self, while moving and dancing together. Through this real time therapeutic exchange, the therapist may bring to the client’s attention what they witnessed, and exploring together these discoveries can aid in warding off the Evil Supervillains in people’s daily lives.

The last and final step is to formulate a ‘League,’ a group, a team. In regards to Dance/movement therapy, the league can be comprised of Creative Arts Therapies, such as Art Therapists, Dance/movement therapists, Drama Therapists, and Music Therapists. This interdisciplinary team of healers provides a new way of looking at a client’s abilities and disabilities, a way to process their present state, in order to move forward. Their duties are to 1. Be aware of an immediate need: The Problem. In DMT terms, the problem relates to the point and time when we are assessing a client and or group. 2. Attend to this imminent threat using their Superhero Characteristics, Heroic acts, and Qualities or Skills: The Solution. In DMT terms, the solution relates to our treatment plan, describing how we will attend to the problem by way of our assessment. 3. Lastly, to recuperate from this action. Recuperation can look differently for dance/movement therapists, but is a very important element of our practice, also known as self-care. This creates a cycle of providing therapy and engaging in self-care.

Welcome to the DMT League of Empathy, Superheroes based on the East and West Coast Pioneers, who assess an imminent need, create interventions attending to the threat, recuperate and begin the process over. After reading the Superheroes statistics, the writer will provide first hand, brief case examples, of a co-treatment session, a DMT weekly group, and an individual session. Focusing on the application of “Sacred Circle,” “Guiding Star,” and “Wind Dancer’s” DMT uncommon Superpower, supporting the relevance of their Superhero archetype.

THE DMT LEAGUE OF EMPATHY: Classified Information

I. Bonnie Bainbridge-Cohen

Alias: Rising Center Moon

Background She-story: Rising Center Moon is an American movement artist and therapist. She is the creator of Body-Mind Centering philosophy and the founder and educational director of The School for Body-Mind Centering in El Sobrante, CA. Rising Center Moon studied anatomy and physiology to understand how biology (physical aspects of the body) can affect human sociology (emotional state of being). Rising Center Moon had a particular interest in the study of cells and tissues, and “she believed her philosophy was about truly feelings one’s cells, tissues, and organs from within. The movement itself has been inspired by “circus movements (especially the Ringling Bros. and Barnum & Bailey Circus), American modern dancers (Erick Hawkins), Laban movers, Indian yogis, practitioners of tai chi, etc.” (Levy, 2005 p. 98)

Motto: Body-Mind Centering

Strength Level: 93% Incalculable/Limit Unknown

Superpower: Superhuman Breathing Strength and ability to fight sickness or negative energy when she combines her mind and body together.

DMT Uncommon powers: Ailment Resistance

Heightened Skill of Dance/Movement

Mind Travel Through the Use of Breath

Negativity Resistance

Telepathic Body Awareness:

Skeletal/Muscular/Nervous

Systems Bring State of Consciousness of: Skin, Cells,

Blood, Fat, Cerebrospinal fluid, and Brain

Vision- Infrared/Centered/Macro/Micro

II. Marian Chace (Leader of the DMT League of Empathy)

Alias: Sacred Circle

Background She-story: She studied modern dance and choreography with Ted Shawn and Ruth St. Denis at the Denishawn School of Dance and started work as a dance performer. However, she believed that the body and mind are interrelated, and influenced by the work of Carl Jung. She began to teach in Washington D.C. and noticed some of her students were more interested in the expression of emotions than in dance technique and began to emphasize this in her classes. Her students reported feelings of well being which intrigued local doctors, some of the National Institutes of Health, who began to send some of their patients to her classes. Her approach included body active, symbolism, therapeutic movement relationship, and rhythmic group activity. Eventually she joined the staff at St. Elizabeth’s hospital in southeast Washington D.C. and studied at the Washington School of Psychiatry. Chace started to teach in schools and hospitals advocating and lecturing on the therapeutic benefits of dance/body movement.

Motto: Meet you where you are

Strength Level: 96% Limit Unknown

Superpower: Sacred Circle has Faster-than-light abilities to use Dance/Movement Therapy as a tool to heal. Meeting the clients where they are in order to combat supervillains/enemies within your life.

DMT Uncommon powers:

- Explorer of Mind-Body via Voice/Movement
- Facilitator of Therapeutic Play
- Fear Resistance
- Harness Emotions to battle supervillains
- Heightened Skill of Dance and Movement
- Heightened Improvisation and Mirroring
- Magnetic Transparency
- Mastery of Empathy

III. Liljan Espenak

Alias: Professor Rhythm Starter

Background She-story: Professor Rhythm Starter defined psychomotor therapy as an “extension of dance therapy through application of diagnostic tools for treatment on the medical model of observation, diagnosis, treatment.” (Espenak, personal communication, 1985.) The assessment Rhythm Starter obtained through movement observation was a major development for the field of Dance/Movement Therapy. “Espenak focused on three major Adlerian concepts she integrated into Dance/Movement Therapy: The Aggression Drive, Inferiority feelings, and Social Feelings. For example, the need to be accepted by the community. Espenak also referred to a fourth classification of Adler’s, that is like style and first memory.” (1966, p.44) The understanding of these concepts helps prepare him or her for the development of social feeling within a group, push individuals to find ways to master the environment and the self. Rhythm Starter believed that working directly on the body, developing physical strength, grounding and an expressive movement vocabulary could counteract the original feelings of inferiority and dependency.

Motto: Created first Post-Graduate opportunities for others to study Dance/Movement Therapy
Strength Level 89% Incalculable

Superpower: Professor Rhythm Starter created the Post-Graduate program to offer Dance/Movement Therapy for others, as well as invented the first DMT diagnostic tool.

DMT Uncommon powers: Master of Aliment Resistance

Master of Fear Resistance

Master of Heightened Skill of Dance and Movement

Master of DMT Assessment Diagnostic Tool

Master of Empathy

Master of Assessing Repeated Movement/Rhythm

Master of Improvisation

Master of Integrating Creative/Emotional Self

IV. Blanche Evan

Alias: Cosmic Energy

Background She-story: Cosmic Energy believed if you dance with a certain intention, it can make you feel better. As simple as her theory sounds, it’s profoundly complicated within it’s simplicity in my eyes. Cosmic Energy’s keen respect for the way she addressed her population as her ‘protégés’ was innovative. If I were taking her class, I would feel special, welcomed, increasing my level of confidence up a notch. Cosmic Energy's life work and methodology central to her development from dancer/choreographer to creative dance teacher to dance/movement therapist, resulting in her functional technique, an "un-stylized" system of body work, and with her approach to creative dance to understand her philosophy, principles, and, ultimately, methods of depth dance therapy.

Motto: De-stigmatizing being

Strength Level: 85% Infinite

Superpower: Cosmic Energy utilized Creative Dance as a direct connection to psyche as an exchange of energy.

Uncommon power: Aliment Resistance

Dexterity

Expander of Dance/Movement Repertoire

Heightened Skill of Dance and Movement

Integrate Facilitation of Movement and Expression

Mastery of Empathy

Mastery of Identified Emotions through Movement

Telepathic Energy

V. Trudi Schoop

Alias: Wind Dancer

Background She-story: Wind Dancer believed we are made up from ‘*ur*’ experience. *Ur* is a limitless extensions of space, existing without boundaries with the awareness of the inner/outer self. All consumption containing it’s ‘opposite’, on the contrary seems to have no relation, but does not mean these opposites do not connect, in fact the idea of duality goes hand in hand; essentially we belong to something higher. Within sometimes we see or study the extreme opposites and most people, which may not reflect the whole self. Therefore, Wind Dancer believed of inclusion, her positive welcoming attitude was more important, making her sessions less about treatment, and more about her connections to those who needed her help. She had a true sense of humanity because she embodied her own definition of what it meant to be human.

Motto: Unification of Inner Self

Strength Level 97% Immeasurable

Superpower: Incorporating higher being also known as “Ur” for limitless extension of space with awareness of inner and outer states.

DMT Uncommon power:

- Heightened Ability to Attune to others
- Heightened Skill of Dance and Movement
- Keen Ability to use Humor and Non-Verbal Expression
- Master of Duality and Balance
- Mastery of Empathy
- Mastery of Props
- Shape shift into Different Characters Through Mining
- Unifier of inner-self

VI. **Mary Starks Whitehouse**

Alias: Guiding Star

Background She-story: Through time Guiding Star noticed the differences between Dance Therapists was the population they work with in the setting where they choose to work. Levy referred “Whitehouse believed that with students, a greater emphasis could be put on uncovering unconscious material, whereas with hospitalized patients, due to a more fragile ego structure, greater stress needed to be placed on emotional support and providing patients with more structure forms of expressive movement.” (1966, p.51) The Jungian method grew out of her awareness working with of Polarity, kinesthetic, and active imagination. “Applied physically, it is astonishing that no action can be accomplished without the operation of two sets of muscles- one contracting and one extending This is the presence of polarity inherent in the pattern of movement.” (Whitehouse, 1979, p.55) Guiding Star was a believer in Polarity through the study of Jungian approach, saying, “Polarity affects the functioning of the body and mind, as well as how one can observe polarized drives during the dance therapy process.” (1966, p.54)

Motto: Uncovering unconscious polarities within movements.

Strength Level: 91% Infinite

Superpower: Authentic Movement, embodied experiences questioning how ‘Big’ or ‘Small’ are you willing to be. Think Marvel’s The Hulk character.

DMT Uncommon power:

Aliment Resistance

Bionic use of Expression to harness emotions

Heightened Kinesthetic Awareness

Heightened Skill of Dance and Movement

Mastery of Authentic Movement

Mastery of Empathy

Supersonic Ability to Scan Self, Other’s, Environment

Vision: Infrared

The DMT League of Empathy Superheroes encompass most of what the writer has researched and embody Superhero Characteristics, Heroic acts, and Qualities, but there is a missing component. Where is the why? Why and how can a Dance/Movement Therapist, apply these uncommon superpowers? Moving backwards, to the author, it is logical to begin with answering the “how.” Throughout the writer’s experience in Pediatric Palliative Care Center, she has actively utilized elements of each East/West Coast DMT Pioneer’s Superpowers and has witnessed firsthand the power of dance and movement. Coupled with the development of multiple therapeutic relationship fostered throughout eight months, reading brief case vignettes of a co-treatment session with a Board Certified Music Therapist, the DMT weekly group called “Groovy Friends,” and an individual session with Patient W held at the Center. Focusing on the application of “Sacred Circle,” “Guiding Star,” and “Wind Dancer’s” DMT uncommon Superpowers, supporting the relevance of their Superhero archetype. Providing these case examples may provide a new way of observing the power of tapping into one’s abilities, instead of focusing on one’s disabilities. Answering the “how,” let’s uncover the why.

I. DMT League of Empathy Superhero Case Vignette: Sacred Circle

DMT Uncommon power: Facilitator of Therapeutic Play
 Heightened Skill of Dance and Movement
 Heightened Improvisation and Mirroring

OBJECTIVE:

Patient W, is three-years-old, with a multiple diagnosis of congenital heart disease, neurological developmental delays, uses a tracheostomy, in addition to a feeding tube for nourishment. Patient W has been working with a Dance/movement therapist five times per month for the past seven months. One of patient W’s goals is to have an opportunity to enhance self-expression through non-verbal communication through the use of dance and movement. Together, patient W and the dance/movement therapist explore ways in which the client can reach her goal through the use of colorful scarves, drums, rhythmic music, and specifically using her upper and lower body. The therapist incorporates homologous movement patterns to introduce the beginning stages of walking, and uses Laban Movement Analysis’s ‘surging and birthing’ technique’s to foster identifying and expanding her head-tail connection.

Sacred Circle’s DMT Superhero INTERVENTION:

Utilizing Sacred Circle’s Superpower of Heightened Skill of Dance/movement and improvisation/mirroring, the therapist ran the session using djembe African drums. She allowed for the opportunity for patient W to explore her environment and determine whether she wanted to use the drum. Patient W looked at the drum with the intention of reaching out towards it, patient W then placed right hand on top, and scratched the surface of the drum. Using the DMT

philosophy of meeting the client where they are, the dance/movement therapist began to attune with patient W, and scratched the drum also. The therapist pulled onto her Superhero-like skills in order to kinesthetically create an empathic relationship. This exchange continued for a couple of beats, then patient W began to bang on the drum. The therapist noticed her repetitive drumming, using her heightened skill of mirroring and elaborating upon patient W’s movements, the therapist applied the same pattern, but on the top of patient W’s right and left shoulder. Intuitively, the therapist had a visceral bodily response and, acting on this response, helped patient W feel her body’s rhythm on a different part of her body, offering anew pattern for self-expression, and non-verbal communication.

TREATMENT OUTCOME:

Upon completion of patient W’s dance/movement therapy session, she became more aware of herself, environment, and of others, as evidenced by her inquisitive nature of exploring the drum, demonstrating social reciprocity, by allowing for mutual therapeutic touch. Patient W’s non-verbal communication skills expressed pleasure when the therapist mirrored her movements without assistance, while initiating movements without prompting. Creating opportunities for herself to change dynamics between therapeutic and other’s. Therapist recommends patient W can benefit from continuous Dance/Movement Therapy individual and group sessions.

II. DMT League of Empathy Superhero Case Vignette: Guiding Star

Uncommon power:	Mastery of Authentic Movement
	Mastery of Empathy
	Supersonic Ability to Scan Self, Other’s, Environment

Vision: Infrared

OBJECTIVE:

Groovy Friends, is a weekly Dance/Movement Therapy group held on Friday’s at the “Pediatric palliative care Center” (not an actual long-term care hospital). Comprised of an inclusive group of all ages, the groups goals consist of offering opportunities to interact with peers, foster self-expression, and expand on non-verbal communication through dance and movement. The therapist made a point to add an additional goal of facilitating a supportive environment where the residents can feel the emotion of happiness. This particular group began group on time today, which is unusual, because, oftentimes before group, there’s an institutional ‘dance’ that occurs which consists of the Recreational, Physical, Respiratory, and Speech Therapists figuring out where each resident should be placed, ensuring there are ample electric outlets to support the residents’ medical needs. The group group began at 3:30pm, using Guiding Starr’s mastery of scanning the herself, attuning to her body, the resident’s macro and micro non-verbal movements, and the environment. All of these skills happen within a few blinks of an eye, because as the DMT facilitator, reading the pulse of the group authentic movement presented in real time, often leads the group into the opening. Scanning one last time, making eye contact, looking around once more, to acknowledge the group having finally arrived. To honor this moment Rising Center Moon’s Superpower of Mind Travel Through the Use of Breath, DMT therapist offered a kind suggestive prompt for us to take a breath together. Referring to a DMT philosophy mentioned previously, the therapist reiterated that there are no right or wrong movements. The session continued, presenting various ways of moving, breathing, and connecting. Suddenly we heard a melodious breathy sound coming from a group member. A

Speech Therapist said to the group member, ‘Are you singing?’ Being non-verbal, the group member continued to use their breath. It truly felt as if she was, and we as a group went with it. The DMT therapist asked the group to welcome group member JH, with a vocal hello! They replied in their own way, some blinked with their eyes, others seemingly not present, but the DMT therapist knew otherwise. DMT therapist could see the micro movement presented when resident DA, who has facial paralysis, moved her pinky as her way of responding to the group. Proceeding to go around counterclockwise, greeting each other, there were so many different ways each group member welcomed us. Group member AW responded by lifting both arms up in the air, and, mirroring his movement, together the group lifting their arms, reflecting a reaching gesture. A Physical Therapist created a sway-like rhythm moving side to side while saying ‘hello’. The DMT therapist ended the Chacian warm-up with meeting each resident’s plane, while tracking through eye contact, suggesting to each group member, hello, I see you, with the intention of taking on movement for the group members who have difficulty moving.

Guiding Star’s DMT Superhero INTERVENTION:

Honing onto Wind Dancer’s ability to scan her group’s needs, the therapist embodied this Superhero to observe Groovy Friend’s natural progression of movement. The therapist asked the question, “What does dance mean to you?” without knowing that this question would shape the entire group session, and serve as the intervention. The question was open-ended enough for the mover to interpret because they could respond through macro or micro movement gestures, dance, and or words. One Recreational Therapist said, “Dance makes her feel free!” Another Speech Therapist mentioned Dance makes her feel, “A peaceful rich energy’! Group member

Deniece put her two fingers up, gesturing the ‘Peace Sign.’ Everyone could feel the group cohesion so much that, as the Head of Medicine walked by, she said, “Wow that looks like fun!” The therapist asked the group to wave and send Dr. H some loving energy! They offered gentle welcoming hellos. There were many members of the resident’s community who felt enthralled to participate and contribute, which they did with movement. The Kestenberg Movement Profile highlights how important it is to pay attention to the environment, and how much the external stimuli can be a major component, acting as a tool within Dance/movement Therapy to expand interactions with self and others. The environment within the palliative care setting is critical for the survival of the residents, integrating interdisciplinary therapeutic teams, all working together, reinforcing the goal of enhancing the resident’s quality of life.

OUTCOME:

“What does dance mean to you?” A question that sparked a vibrant, connectedness with the Groovy Friends group. A 13-year-old volunteer who has been in our group since September, offered a cool movement pattern during the welcome warm-up. Applying Wind Dancer’s infrared vision, the therapist, like rewinding a video, replayed the moment when the 13-year-old volunteer offered her movement pattern. Side to Side, Front to Back, and Up, and Down, moving rhythmically to the pattern modeled self-expression and expansion of movement repertoire, these goals were being obtained throughout the remainder of group. The therapist could see the facial affect change every time her name was mentioned. This dance acted as the thread, weaving us together, like an amoeba attracting and connecting with others to create a greater whole; a moving specimen as one. The group ended off with validation of welcoming micro and macro

movement, with the presence of initiated movement without prompting, which is monumental for the Palliative Care population

III. DMT League of Empathy Superhero Case Vignette: **Wind Dancer**

DMT Uncommon power: Heightened Ability to Attune to others
 Heightened Skill of Dance and Movement
 Keen Ability to use Humor and Non-Verbal Expression
 Mastery of Props

OBJECTIVE:

Initial meeting with patient JF was during a co-treatment session with the music therapist, which lasted for 30 minutes. JF is a 13-year-old teenager who has been diagnosis with a Traumatic Brain Injury and is non-verbal. The challenge in this session was staying present and true to countertransference that can occur during session. while offering ample space and timing for the Music Therapist and the Dance/movement Therapist to share time with the client, finding a balance of goals and therapeutic interaction. Processing and collaborating before the co-treatment was helpful to create a goal going into session, which was for JF to recall movement and musical patterns and sequences.

Wind Dancer’s DMT uncommon Superpower INTERVENTION:

Being able to utilize the Octaband within co-treatment has been helpful for the dance/movement therapist to connect directly and indirectly, and empathically respond to the clients’ movement. The Octaband is a colorful, elastic, parachute-like prop, with handles, that can be held, and or attached to any medical device without inferring with its function. Imagine moving to music with your body with a colorful friendly octopus. Knowing JF’s ability to pull props towards his body, DMT explored with JF the many ways he could pull Octaband towards his body, while music

and dance/movement therapist offered him to feel the resistance. Music therapist said she felt as if she were skiing. DMT then took her suggestion, using the visual, we moved our bodies as we were skiing on a double-black diamond ski trail at Mount Reiner. We were beginning to take off, as we were in the air, we felt the wind, looked down at the snow, and finally landed safely. DMT asked patient JF to let go of his handle, music therapist let hers go, and assisted detaching the other handles from his wheelchair, finally letting go of the OctoBand entirely. The significance of exploring letting go, was to release the hold or pull going on throughout group. Holding on and Releasing was DMT intervention through movement, completing the theme portion of group. In closing, DMT mentioned the verbal contributions of the group members, thanking them for their words and feelings. DMT asked them to take note as to how they felt, and to put a name to it. Their kinesthetically reflections made me smile. I let them know they had the power to experience the power of movement with or without me, and we all ending in an empowering pose.

OUTCOME:

During this co-treatment, JF often moved within his small kinesphere, ranging from direct to indirect tension flow attributes, as evidenced by his use of Octaband prop, in particular, when he held onto the handles without assistance. A self-discovery occurred within himself, which was observed by the DMT because she was to use her knowledge of attuning to JF’s non-verbal expression and his ability to track the therapist’s eyes, recognizing he had the ability to direct the music and movement with this prop. Starting and Stopping Rhythms were also present, which could be seen from his facial affect resembling a joyful and humorous energy. The Dance/Movement Therapist recommends JF continue exploring creative art therapies, in order to

offer opportunities for him to recall movement with musical rhythmic patterns which will aid in his expansion of his movement database.

CONCLUSION

In my dance/movement therapy individual, co-treatment, and group sessions within pediatric palliative care population, I have been able to witness the power of superhero imagery come to life. Seeing therapists light up with excitement, after a child that seemed to be withdrawn, open their eyes for the first time in weeks. I was able to witness this interaction with child and care taker, connect, eye-to-eye, offering the space for reciprocal tracking, and as DMT, I saw an opportunity for the possibilities of expansion of movement. Witnessing and recognizing embodying qualities of superhero imagery tools, resulted in positive outcomes. These creative therapeutic play can be facilitated through the use of dance/movement therapy. These tools should be highlighted because dance/movement therapy is a discipline that offers the ability explore our cognitive and physical self. Once these elements happen, DMT can provide skills to promote self-awareness, non-verbal expression, and communication.

Offering the opportunity for children in palliative care setting to feel a part, whole, and or free to choose according to their needs, has helped me understand the way I facilitate DMT, patiently, without judgment, and honoring all movements: silent or loud. All in all, I incorporated the humanistic psychological perspective throughout my academic journey, serving more than an educational tool, but has developed into the supportive psychological lens I use daily. Seeing the whole self, as an able person, breaks down assumptions, and helps bring light to invisible, visible. Through the use of dance/movement therapy education, has helped me assess present rhythm/repetition patterns, empower children’s inner fantasy, allowing for superhero

imagery to take flight. I am able to see these elements reflected in my clients, which cultivates inclusion, self-identity, and a sense of community.

From the beginning of my professional graduate career, being more aware than I knew, I had the sense studying dance/movement therapy opened a new world of information; professionally and personally. Recalling casually saying in class, “I feel like I’m learning to become a superhero.” Little did I know, my infatuation would bring my, once far-fetched concept, opening the conversation to the academic and medical communities. Which is a true testament to the spirit of this thesis, creative, informative, and explores the possibilities of self-expression through dance and movement.

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