The Body Observes

Methodological and theoretical issues in research, assessment and clinical practice

Darcy McGehee and Marja Cantell
University of Calgary

Entering

This paper aims to honor embodiment in clinical interaction and the healing model. The research inquiry described here took place in a developmental clinic of a large pediatric hospital. As researchers, we were interested in the quality and expression of children's movement in order to develop an observation tool. We wanted to find descriptors of the child's experience. We brought to this task a process of embodied observation. We engaged in a process of observing and responding, or sensing the children's movements in ourselves. This process of embodied observation supported the emergence of latent, foundational variables important to movement observation. We observed that all the children with developmental delay[1] were compromised in their development of functional midline[2] and their ability to sense gravity. These variables were not measured or described in the vocabulary of standardised testing (Cantell & McGehee, 2006). We suggest that midline and relationship to gravity are fundamental to psychological and behavioral adaptation and to all transitions in time and space.

The research process invited us to kinaesthetically embody our own experience. We chose to integrate our experience through artistic expression in text and movement. We came to the realisation that the kinaesthetically embodied experience honoured in artistic inquiry, somatics and dance movement therapy, was a valuable and necessary tool in research and clinical practice (Meekums, 1996, 2002; Payne, 2006; Bainbridge Cohen, 1993; Hervey 2000; 2004; McNiff 1987, 1998, Yiönen, 2003). It situates the clinician and client in dialogic relationship and validates the experiential knowledge of professionals and clients (Jung, 1966/1985).

Capacity exists between the moments of rigidity
Multiplying it, magnifying it
Decreasing it, diminishing it

I sustain in the seeing
By knowing and releasing my own postures and rigidity
I take in and I am taken in.

(MC) [3]

Attuning

Research from diverse fields supports relational understanding and the inclusion of subjective experience in clinical practice. Social psychologist, Alan Radley (2000) suggests that instead of considering the body as passive, we should reflect critically on the relationship between clinical practice and the conceptualisation of the body. Related to this, Meekums (2006, p. l68) poses an important question: 'Do we risk becoming obsessed with words and measurement, ignoring embodied wisdom?' A more holistic understanding of body-mind interactions has begun to emerge in neuroscience and neurobiology (Berrol, 2006). Neuroscience postulates that our social capacity is a product of neurobiology and early interpersonal interactions (Gallese, Keysers, & Rizzolatti, 2002). Human beings are neurologically endowed with the capacity for mutual knowing, understanding and feeling.

In psychotherapy in general, and in embodied practices in particular, empathic reflection (Stern 1985, 1990), or the bridging of subjective and objective through intersubjective identification is considered integral. Meeting someone where they are, through attunement integrates subjective and objective data and provides an important window to that person's experience. In respectfully acknowledging relationship through intersubjective space we invite new knowledge. 'Kinesthetic empathy or kinesthetic attunement begins through efforts of the researcher/therapist to understand the movement and its message. It can be seen as part of data analysis...how it feels to be in that movement, expressing that particular feeling or image, in that particular body' (Hervey, 2004, pp. 185-186).

What if the standard is stiffness and jerkiness – how awkward fluidity and flow would seem

What if the system moves the best as a chunk – how complicated the isolated and segmented body movements would seem

What if the level of comfort is best expressed and experienced on the floor – how alien and threatening the upright would seem

What if constrained, light, direct and sudden movements are 'the home' – how impossible and uninviting the free, strong, indirect and sustained would seem

What if one has always been assisted when changing a level in space – how unsafe and scary the independent movement journey would seem

(MC)

Encountering

In a movement practice called Authentic Movement, Janet Adler (2002, p. 62) describes the relationship between the mover and the other (the witness) to include two interconnected centers, the intrapersonal and interpersonal.

> In the development of witness consciousness the intrapersonal concerns the developing inner witness, the continuing desire from the moving practice to see oneself more clearly.... The other center, which is interpersonal, concerns the desire to see another more clearly, to be in service of a mover.

A Jungian analyst, Claire Douglas (2006) challenges the Western ideal of development through a self-determined striving toward individualistic autonomy. Instead she emphasises the comprehensively mutual connections we create with each other and with the world. In therapy these connections are often termed transference (the client projecting his/her emotions and personal history to the therapist), and countertransference (the therapist projecting his/her emotions and personal history to the client), which Douglas thinks occur in all relationships. Simultaneous witnessing of self and the other creates the space for a relational reality. Culturally we often assert that distancing and objectivity provide a truer lens for research and clinical practice. This denies the experience of a true interaction, described by Winnicott (1971) as two people playing together. Ellen Siegelman (1990, p. 179) describes 'the end goal of therapy as helping patients recover their inner music'.

In similar vein, Sullivan (1989) speaks of containment without imposing one's own theories or interpretations on the patient. In nursing care, the process of safeguarding the relationship between the nurse and the patient has been referred to as 'sensory attunement' (McLaren, 2007, p.65). This approach values the innate skills, intuition and experience of both the practitioner and the patient and supports the practitioner and patient in respectful relationship. Somerville (2006, p. 112), a medical ethicist states: 'It might be that physicians who are trained to rely mainly on technology to the exclusion of their innate skills in making diagnoses either do not fully develop, or lose, their intuitive clinical diagnostic skills.'

Engaging

The following text constructs the experience of observing assessment/play sessions at a child development clinic. The integration of that experience found form in text, improvisation and choreographic process.

> *I am a movement researcher observing, witnessing...attuning. I am a dancer. There is recent trauma in my life. I am raw and frozen in vigilance. I am putting one foot in front of the other. I stand quietly. The child is open; so alive. I enter a precious space. We meet briefly. I then slip into a darkened corridor behind the one-way glass. I start the camera. The child does not filter the seeing. Without self-consciousness her kinesthetic sphere draws me in. My cells move and breathe in her freedom. My breath absorbs her discomfort and chaos. My own cells thicken and slow. There is no threat in sharing her space*

of being, yet there is transference. There is a shared empathy in entering the witnessing that is based in two histories. Time and space become charged, as do the membranes of two identities. What enters and leaves those respective membranes becomes a perceptual tango. My touch and movement senses respond. I track the shifts in her tone and nuance in an interior space of my being. I am changed at this microcosmic level.

I am aware that my boundary, my membranes, can contain me and support the child. I shift and neutralise my tone. I become the antenna to receive the signal. Deeper in my being I receive the signals of my responses. I hold the space and respect the space between the child and me. I strive to be present and to see what is there.

I feel my own tension rise in willing her movement to be easier. I feel my judgment of her limitation. My intellect asks why and fills in infinite responses. I jump toward the list of interventions and prescriptions that will take me out of just being here. I find excuses to lose focus. I abandon her when her need is most acute and see her from my distant, adult, rational safe zone. I see that she feels this shift. Her knowing refocuses me. She does not judge her own difficulty. She is accustomed to the warrior's vulnerability. She does not judge me. I am aware that the child's movements are supporting me.

I re-enter the kinaesthetic relationship. The holding and tightness in her being is mapped topographically in layered sensations that imprint on my kinaesthetic experience and memory. I sense the map holistically and find a deeper, earlier facility in my own being to unfurl the tension. In this way I know the tension and misfiring in her body lacks the support of an earlier developmental place. It is as if she is showing me this lack by taking me on this journey. She intuitively knows what she needs yet the adults in the small room ask her to go against this intuition. They insist that she mimic an age-appropriate goal. Her tension builds, her body revolts and she tries to please them. She responds to their prompts to attend and jump. Her tone hardens. She moves from the vibration of her skin as if trying to levitate. She must complete the task or fail the test. She senses the failure of two feet cemented to the ground. Her body remarks their turning away with the tone of shame. As they turn away to write notes she tries repeatedly to repeat the task. She does not cry out or ask for their attention. When they turn back and find her stuck in the repetition of trying, I feel their disapproval permeate my being. I sense a brief moment of her shame before I feel my own anger rise mutely to her defense. I lack her patience and her grace. She is resigned to their limitations. She accepts their superior ignorance.

Other children do not surrender.

He angers when the task is continually beyond him. His strategy is to refuse. I feel his storming in my blood. My limbs are willed into direction and strength. He is labeled a behavioral problem.

She floats above them and does not attend. She remains averted in a sideways relationship to the orders she is given. They push and prod her through the regime. As their frustration and disapproval grow, so does her upward spiral of avoidance. Energetically she spins away. I float with her and spiral in my fluids. My molecules condense and disperse to spin with her. My body senses the arc of that spiral and its culmination in a natural unwinding that is not allowed.

He does not try. His eyes register their presence as if to let them know he hears and understands. Their defense against this possibility is to speak about him as if he is not there. He retracts all knowing. In some cave of his being he waits. He sends me a rhythmic Morse code from that container. I feel his nobility in the centre of my gut. His self-made prison does not elicit pity. His heart expands as he becomes aware of my sensing. He sees me from this inside space.

I enter the studio. I move to dance with the imprint of the children's experiences. The impulses come from recesses and layers of consciousness that are not yet conscious. Their patterns emerge. I share their gait, their anxiety, their tone. I am allowed to sense what they know. In dancing with me thus they share their knowledge. I dance the way out of their thumb prints of tension and disconnection. I dance my way back in. I cry. The children have given me a place to grieve. I feel the overwhelming expectations. My own chemicals respond. There is no feedback loop to get me out. I see my own stuckness. I accept it as the children have shown me. I wait for grace to come. Very gradually it does. The children have taught me. Their gentle witnessing gifts me the space to expand into possibility.

Late into the night I watch the children move on a screen. They guide me to other solutions. Like lights on a runway they point me to the latent variables that clarify a fundamental need. As I score quantitatively, I rewind and I see. They all seek the resilience and reliability of midline. They all search for a relationship to gravity.

The dancers move before me. The children have moved me. I create the dance of my journey through fear to acceptance and the grace of release. I call it 'Bless'. Unlike the children it is raw and abrupt. That anger and desperation is my defiance, my emotional response to an injustice. I search for their warrior spirit of compassion.

The dancers dance the adult response to trauma and the children's solutions. Gradually I find the midline of my own being. I find my being in a fundamental knitting to gravity. My own feedback loops unlock. Without their own experiential knowledge of these supports, the children teach me how to re-discover them in myself. They have

supported me to become self-supporting. They have met me where I am without judgment. In the discernment of their witnessing, I find my presence. There is no rescue necessary.

(DM)

Cycles of Integration

Artistic inquiry describes subjective, experiential observation as an important clinical tool. As we wrote elsewhere, 'Dealing with the body in clinical practice, elite training and artistic endeavors, we forget the importance of support and re-integrating learned specificity' (Cantell & McGehee, 2006, p. 133). Hervey (2000, p. 61) suggests that 'this inquiry is distinguished by perceptual openness and a kind of a relational dialogue with the sensory data during which the consciousness of the artist/researcher is changed by the perceptions.' When the observer and the mover merge in the process of choreographic creation this re-integration affords deeper insight into the data to inform intervention and the resilience of moving bodies.

In research and clinical practice we can experience movement impulses, sensations and images. These reveal unconscious material in us, and we may invite attunement and somatic countertransference to become a conscious part of assessment (Hervey, 2004). By valuing the somatic and non-verbal experience it is possible to create a health care model embracing the idea of embodiment (Goodill, 2005). Kinaesthetically attuned observation and embodied movement allows us to connect to the lived experience of the other and lead us through a deep discovery of our own history, needs, biases and vulnerability (Cantell, McGehee & Eddy, 2004; Cantell & McGehee, 2005, 2006; McGehee, 2006). Through this specific, body based relational capacity we discover answers to our research questions. It is a deeper more resonant knowing that affords responsiveness, adaptability and resilience. This process exemplifies the very basic ideals of scientific discovery in which one enters and holds the unknown and one is rewarded with insight.

Acknowledgements

This study was supported by the Robertson Foundation for Cerebral Palsy Research, Faculty of Medicine, University of Calgary, Canada (Grant # 17661 entitled: 'The use of Dance/Developmental movement as a complementary tool to assess motor ability in children with Cerebral Palsy and Developmental Coordination Disorder'). We would like to thank the children, parents and staff at the Alberta Children's Hospital who participated in this project.

Notes

[1] Developmental delay includes conditions of slower, atypical development such as autistic spectrum disorders.

[2] Functional midline references the neurological capacity to sense and respond to cues from internal and external environments.

[3] Italicized sections reflect the authors' experiences and are designated MC (Marja Cantell) and DM (Darcy McGehee) respectively.

References

Adler, J. (2002). *Offering from the conscious body: The discipline of Authentic Movement.* Rochester, VE: Inner Traditions.

Bainbridge Cohen, B. (1993). *Sensing, feeling and action*. Northampton, MA: Contact Editions.

Berrol, C. F. (2006). Neuroscience meets dance/movement therapy: Mirror neurons, the therapeutic process and empathy. *The Arts in Psychotherapy, 33*, 302-315.

Cantell, M., McGehee, D., & Eddy, M. (2004). The usefulness of qualitative observation in complementing to standardized motor assessments in children with developmental delays. Poster*, American Dance Therapy Association, 39th Annual Conference*, New Orleans, October 6-9.

Cantell, M., & McGehee, D. (2005). Movement observation in children with developmental delays – Multimedia*.* Panel at the *Society for the Arts in Healthcare International Conference*, Edmonton, Canada, 23-25.

Cantell, M., & McGehee, D. (2006). Movement quality in children with developmental delay: Midline and weight sensing as markers of adaptive movement. *Body, Movement and Dance in Psychotherapy, 1(2),* 129-141.

Douglas, C. (2006). *The old woman's daughter. Transformative wisdom for men and women*. Texas: AM University Press.

Gallese, V., Keysers, C., & Rizzolatti, G. (2002). A unifying view of the basis of social cognition. *Trends in Cognitive Sciences*, *8*(9), 396-403.

Goodill, S. (2005). *An introduction to medical dance/movement therapy: Health care in motion.* London: Jessica Kingsley Publishers.

Hervey, L. (2000). *Artistic inquiry in dance/movement therapy: Creative Alternatives for research*. Springfield, IL: Charles C. Thomas.

Hervey, L. W. (2004). Artistic inquiry in dance/movement therapy. In R. F. Cruz & C. F. Berrol (Eds.), *Dance/Movement therapists in action. A working guide to research options* (pp. 181-205). Springfield, IL: Charles C. Thomas.

Jung, C. G. (1966/1985). *The practice of psychotherapy*. The Collected Works of C.G. Jung, Vol 16. Bollinger Series XX. Princeton, NJ: Princeton University Press.

McGehee, D. (2006). A moving journey. *Currents. A Journal of the Body Mind Centering Association, 8(2*), 22-26*.*

McLaren, C. (2007). A sensory experience in the ICU: Thoughts on Benner. *Ars Medica: A Journal of Medicine, the Arts and Humanities, 3*(*2*), 62-67.

McNiff, S. (1987). Research and scholarship in the creative arts therapies. *The Arts in Psychotherapy, 14(2),* 285-292.

McNiff, S. (1998). *Art-based research*. London: Jessica Kingsley.

Meekums, B. (1996). Research as an act of creation. In H. Payne (Ed.), *Handbook of inquiry in arts therapies* (pp. 130-137). London: Jessica Kingsley.

Meekums, B. (2002). *Dance movement therapy: A creative psychotherapeutic approach*. London: Sage.

Meekums, B. (2006). Embodiment in dance movement therapy training and practice. In H. Payne (Ed.), *Dance movement therapy: Theory, research and practice* (pp. 167-183). London: Routledge.

Payne, H. (2006). Introduction: Embodiment in action. In H. Payne (Ed.), *Dance movement therapy: Theory, research and practice* (pp. 1-16). London: Routledge.

Radley, A. (2000). Health psychology, embodiment and question of vulnerability. *Journal of Health Psychology, 5(3)*, 297-304.

Siegelman, E. (1990). *Metaphor, and meaning in psychotherapy*. New York: Guilford Press.

Somerville, M. (2006). *The ethical imagination. Journeys of the human spirit*. Toronto: Anansi.

Stern, D. (1985/1990). *The interpersonal world of the infant: A view from psychoanalysis and developmental psychology.* New York: Basic Books.

Sullivan, B. S. (1989). *Psychotherapy grounded in the feminine principle*. Wilmette, ILL: Chiron.

Winnicott, D. W. (1971). *Playing and reality*. London: Tavistock.

Ylönen, M. E. (2003). Bodily flashes of dancing women: Dance as a method of inquiry. *Qualitative Inquiry, 9*, 554–568.

Biographical statements

Associate Professor Darcy McGehee MFA, lectures in Dance at the University of Calgary. She researches human development and dance.

Assistant Professor Marja Cantell PhD, works at the Alberta Children's Hospital and Departments of Pediatrics, Community Health Sciences and Kinesiology at the University of Calgary. Her teaching and research combine approaches from Exercise Psychology, Human Movement Science, and Dance Movement Therapy.