

## **'Breathing, Moving, Being'**

### **Reflections on creative movement practice in health care**

*'Breathing, Moving, Being' was a creative movement project which took place at Marymount University Hospital & Hospice from September 2013 to May 2014. The project was supported by Cork City Council and managed and facilitated in collaboration of Dance Artist Helga Deasy and Activities Nurse Manager Mairin Cronin. It comprised a series of creative movement sessions which focused on working with the elements of movement, breath, touch and imagery in order to open a communicative and creative space for people who are frail and living with life limiting illness.*

#### **Introduction**

On the basis of this project, this article introduces the nature and purpose of movement work with an artistic and creative focus in health care settings and it depicts a reflection on my artistic practice as a dancer working with people with life limiting illness.

The article provides information on the nature and context of the work – it describes the aims and approaches of 'Breathing, Moving Being' and gives concrete examples of the creative movement work with the residents at Marymount University Hospital & Hospice. Finally the article reflects on the challenges as well as the benefits and potential of creative movement work in health care settings, to conclude with future recommendations.

With a belief in the empowering and transformative potential of movement and a desire to push the boundaries of dance as an art form, I was introduced to movement work in dementia and end of life care settings during my studies at Trinity Laban Conservatoire of Music and Dance through an apprenticeship with Rosetta Life, a UK based organisation which is a pioneer and leading exponent of arts in health care settings. Their mission is to change "the way we perceive the elderly and young frail and disabled who live with life limiting illness" and through their artistic projects to "show that these groups can fully contribute to cultural life and how important it is that their voices be heard" ([www.rosettalife.org](http://www.rosettalife.org)). Being introduced to their approach of working with creative touch facilitated movement gave me an insight into the

potential of artistic work with and through the body for people who are frail and limited in their movements. I was deeply moved by this practice and my apprenticeship with Rosetta Life inspired me to continue with this work. My artistic practice in health care settings is strongly based on their approach.

I greatly appreciated the opportunity to continue working in this context, which was presented to me by Activities Nurse Manager Mairin Cronin at Marymount University Hospital & Hospice and supported by Cork City Council.

### **Aims and content of the work**

The central aim of 'Breathing, Moving, Being' at Marymount University Hospital & Hospice was to enable people who are limited in their ability to move of their own accord and to communicate verbally to find connection - both to themselves as well as to others and the world around them. The creative movement work was designed to awaken sensory awareness, to support participants into finding a more connected sense of self and to create a "communicative space where meeting and exchange takes place through the moving body" (Tufnell, 2012). The project was tailored to provide a platform for older people to express themselves and to be seen and recognized for who they are. Further, working with breath, touch and movement has a calming effect, and it was a central aim of the project to promote well-being by reducing stress levels.

The residents of Marymount University Hospital & Hospice I worked with had very complex, high dependency needs; they were chair bound, often with severely disabling conditions. Therefore – following a person-centred approach that focused on the needs of the participants – the movement work took place both in the setting of small groups of 3 – 4 people and in individual sessions in order to enable the residents to engage in a meaningful, creative activity.

While I tailored the specific content of each session to meet the specific needs and abilities of the participants, all of the work was based on the following core elements:

#### ***Movement***

Movement functions as interaction, as story, as play and response – it is a means of non-verbal communication which fosters a more connected sense of self. When we are born, movement functions as our first language. Everything that happens around us evokes a bodily response. Through this bodily response we make sense of the

world around us and we express our needs and feelings to others (Tufnell, 2012). Working with movement allows us to return to this primary form of communication, which is of particular value for people whose ability to communicate verbally is limited.

### ***Breath***

Breath functions as a means to reawaken sensory awareness - an awareness of the small and subtle movements that happen in the body all the time but that go unnoticed in everyday life. The breath functions as an indicator for any changes in feelings, thoughts and consciousness. Bringing attention to the breath can create an awareness of the changes in our state of mind. And vice versa can the conscious choice to change our breathing affect our thoughts, feelings and movement patterns (Hackney, 2002).

### ***Touch***

The skin is the primary boundary which differentiates the physical body within from other physical bodies outside. Experiences of contact with the outside world through touch create an awareness of this boundary. In infants – as they discover the world around them through touch – this is the first step to identify oneself as a unique and relatively separate individual (Hartley, 1995).

Tactile experience informs us about ourselves as much as it informs us about anything that we contact. The sense of our own surface is very vague until we establish contact with something through touch. Therefore we never touch only one thing at a time; we always touch an object as well as ourselves simultaneously. It is in this interconnection that we encounter the internal sense of self. The skin not only constitutes the contact surface between our body and the outside world, it also constitutes the interface between our thought processes and our physical experience (Juhan, 2003).

Thus, touch functions as a means to reawaken sensory awareness and it offers a way to connect to our environment and other people. For people who are restricted in moving on their own accord, it opens ways to stay connected to their bodies and still be able to feel the comfort and joy of movement.

### ***Imagery***

Moving from images derived from nature or everyday life experience offers people a way into discovering and expressing their own, personal movements, as opposed to

replicating set movement patterns. This makes the movement work very accessible, as it allows people to move within the range of their ability and to find and experience movement that is meaningful to them.

Imagery is used to evoke movement and at the same time moving and becoming aware of the subtle movements constantly happening in our bodies can evoke images, sensations, feelings and stories. This enables a person to reconnect to the wider fields of their lives, moving beyond illness and diagnosis (Tufnell, 2012).

Working with the elements of movement, breath, touch and imagery, my artistic practice focuses on building connection and finding expression on the most fundamental level of what it means to be human. Movement is life; as long as we are alive we move.

The artistic approach in this instance is fundamentally different from functional approaches to the body where movement is used to increase fitness and mobility. In this context the focus is directed to the very subtle ebb and flow of movement that is constantly present in our bodies whether we are aware of it or not: the breath, the heart beat, muscles tensing and relaxing, subtle bodily movements that carry stories, buried thoughts and emotions. Tuning into this ebb and flow of subtle movements allows feelings and sensations to become palpable, enabling a person to reconnect to their own bodily self as well as to others (Tufnell, 2012).

Perceiving these subtle undulations of the body both in one self as well as in the presence of one another requires a sensitive bodily awareness as well as the ability to let go of any preconceptions of the mind in order to be fully present and receptive in the moment. As a dancer I am trained to work with and through the body, to listen to my own body and to tune into the physical presence of the people I work with. This work requires me to be very receptive, present and grounded and it challenges me to continually refine my bodily listening skills.

'Breathing, Moving, Being' focused on artistic process, context and intent, rather than artistic product and form, which enabled me to consciously tailor the sessions to suit the specific needs of the individual participants. Especially for people living with dementia being in the present moment becomes very significant, and the movement work aimed at all times to meet people where they are in the here and now.

In order to establish a meaningful connection it proved crucial for me to respond to the needs of each participant and to their specific state of being on each day. While all the work was based on the elements of movement, breath, touch and imagery, I had to adopt varying approaches to address these specific needs and the work evolved and changed in dialogue with the participants. It took on different forms of expression, ranging from very small and subtle movements to big, playful and lively movement interactions. With participants who were very frail or depleted of energy on the day and in some instances bed bound, the work encompassed a tuning in on the rise and fall of the breath, allowing it to become fuller and to deepen in order to release tension and find relaxation, connecting through hands and fingertips and sharing and exchanging the subtlest of movements as a form of communication, when all other channels of communication seem closed. With participants who were alert and focused on the day, the work entailed finding movements in the hands, fingers, shoulders, head, and sometimes the legs and feet, mirroring each others movements, exploring and discovering new movements through the playful use of props such as feathers or chiffon scarves and improvising to images and music to find personal and creative expression.

***Examples of movement sessions to illustrate the work:***

Example 1:

Elise (name changed to protect patient's identity) is at a very advanced stage of her illness. She is chair bound and has neither speech nor movement and her facial expressions are minimal. I introduce myself and tell her about the work we are about to embark on. She shows no recognizable reaction. I sit quietly next to her and observe her breathing. It is shallow and weak. I tune into her breath in order to be able to sense and understand the place she is in and to give her space and time to become aware of my presence. After a while I rest my hand on hers and wait for a response. I can feel her breath changing; it becomes deeper and more relaxed. I start moving my hand, keeping the movement small and subtle, applying very gentle pressure to her hand and allowing her to feel my movement. She responds immediately, moving her fingers and imitating my movement. After a while I let my movement fade, allowing space for Elise to find her own movement. Her hands open and close, her fingers expand and curl and she gives gentle pressure to my hand. I respond, offering her support in her movements and occasionally making movement suggestions. A

dialogue evolves between our hands, the movement starts flowing, it becomes more and more visible and it happens with ease. Elise starts using her arms and lifting her hands. As I move my hands away she reaches out, searching for my hand to reconnect.

Example 2:

Marie (name changed to protect patient's identity) is at an advanced stage of Parkinson's disease. On most mornings when I visit her she is too weak to get out of bed. Despite feeling tired and weak Marie welcomes me to work with her.

When I ask her how she is, she tells me: "There is no movement left in me, my body is heavy, I can't even lift my hands."

I ask her for permission to make contact through touch, and when Marie agrees and I can feel her relaxing I offer to support her into finding movement. She answers: "Yes please, that would be wonderful."

I place my arm under hers; we stay there for a while. I let her arm rest on mine. I feel it getting heavy, I can feel her muscles release and I can feel the weight of her full arm on mine. Slowly I start moving, keeping the movements very small and subtle, slowly allowing them to grow. When I feel resistance I slow down the movement, bringing it to a stillness, to a place where we can truly connect and I can feel her arm release again. She gives me a little nod to signal that we can continue. We start moving again, this time I can sense more ease, we let the movement grow and it starts flowing. I can feel Marie's reactions to my movement and I become aware of a subtle movement initiation from her. I allow space for her movement to develop and respond to her suggestions. A movement dialogue evolves between us.

It is in these moments that a connection is established through movement, breath and touch, that engagement and communication takes place through the moving body; that dance and creative expression can happen in its simplest yet powerful form.

**Reflections – benefits, challenges and potential of the work**

In order to initiate and foster a meaningful, creative process it was crucial for me to establish a trusting relationship with the participants. This was supported by the continuity and regularity of the sessions as well as the ongoing support from and collaboration with Marymount University Hospital & Hospice. The regular dialogue and exchange with Activities Nurse Manager Mairin Cronin as well as the awareness

and support of the staff was a key factor in the successful implementation of the artistic work in this particular setting.

Generally the movement work was received very well by the participants. Routines in the setting and structure of the sessions fostered a sense of familiarity and security which allowed the participants to relax and feel comfortable in order to become open and receptive to the creative work. With the progress of the project an atmosphere of togetherness and belonging developed in the group sessions and participants felt free to share their movements and stories. In this safe and stable environment creativity could grow and unfold. Participants discovered small and subtle dances in their bodies - hands opening and closing, fingers and toes wriggling, eyes blinking. Moving playfully and effortlessly, participants discovered movements long deemed lost, and they shared images, movements, stories and sensations, connecting to the wider fields of their lives. The movement practice fostered a communicative space and opened possibilities for participants to be recognized, listened to and acknowledged on many different levels.

Working artistically and expressively with people who are at an advanced stage of their illness and very frail also posed a variety of challenges that constantly required me to keep an open mind and to approach the work with a high sensitivity and flexibility. Some mornings certain participants simply felt too weak to take part in a session or they felt emotionally too unwell to be open and receptive to the work.

Dance and movement can feel demanding and exposing for people even when they are mobile and in good health and the intimacy intrinsic to the work can feel intimidating to some participants. To bring movement work into these vulnerable settings required sensitive and gradual introduction. And taking and giving time to build a trustful relationship was essential for the work. Props were useful to offer participants something to hold on to and relate to, making the movement initially about the prop and not directly about the participant themselves which often opened a safe way into expression. Favourite songs or poems also helped to build a connection with the participants. As some participants have lost the ability to communicate verbally, in some cases their response to the movement work was not always clear. In these instances it was necessary for me to slow down the work, taking time to simply sit together, to breathe together to become fully aware of the subtlest changes in each

others presence in order to be able to sense resistance or consent and then allow the work to evolve accordingly.

The benefits the residents experienced when engaging in the creative movement work were tangible: after the sessions participants appeared calmer and more relaxed and at ease with themselves as well as more aware of and responsive to what was happening around them.

*Breathing, Moving, Being* enabled participants to engage creatively as people, to express themselves and be witnessed as a whole person rather than a patient and this allowed participants to experience a feeling of normality and to connect to the wider fields of their lives.

### **Future Recommendations**

'Breathing, Moving, Being' offered an opportunity of artistic engagement for people who are at an advanced stage of their illness and very frail, and therefore often unable or limited to participate in activities in the setting of a bigger group in a meaningful way. Being at their most vulnerable, some of these residents have lost or are at the point of losing the ability to move independently as well as the ability to speak and communicate due to muscle or motor neurone degeneration and as a result they face isolation. A need has been identified to maintain the provision of artistic engagement for these groups in order to enable people at this stage of their lives to continue to express themselves in a creative and meaningful way. In contrast to therapy, which focuses on the aspects of a person that are unwell, the creative movement work emphasizes creative expression and therefore allows the residents to engage and be witnessed as a whole person. Thus the work supports people in staying connected to the wider fields of their lives, to experience a sense of community and normality and to live life to the full until the very end.

In these vulnerable settings I truly learn to understand the power and potential the body holds as a medium of expression, communication and connection on a very fundamental level, which is always accessible no matter how frail or unwell one may be, as it is always present for as long as we live.

The potential of this work is recognized and respected in its field; however, there is little awareness of it in the wider context of health care. Therefore further research is



necessary in order to deepen and refine this practice and to support an understanding for the significance of movement work with an artistic focus in health care settings.

*Dancers have a unique and humanising role to play in health – to work with an embodied self as artists rather than therapists supports a person to reconnect to the whole of themselves, not just the part or aspect that is 'ill' (Tufnell, 2012).*

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