

Presentation for MUS Conference at Barts 06/05/16

The slide features a white top section with the Health Foundation logo (a red circle with a white dot) and the text 'The Health Foundation Inspiring Improvement' on the left. On the right, the title 'Reflections on delivery of Strategies for Better Living Groups' is written in a large, bold, red serif font. A dashed horizontal line with a small white circle in the center separates this from a light blue-grey middle section. In the center of this middle section, the name 'CLAIRE BURRELL' is written in a large, bold, dark blue serif font, with 'DANCE MOVEMENT PSYCHOTHERAPIST' in a smaller, dark blue sans-serif font below it. At the bottom of the slide, there is a green wavy graphic element. In the bottom right corner, the text 'East London NHS Foundation Trust' is displayed next to the NHS logo.

My aims are to reflect on the experience of patients attending the sessions through presenting their personal narrative alongside my observations as a dance movement therapist. I would like to bring awareness to the factors impacting on the facilitation of the groups as well as on individual process outcomes. I am going to consider the importance of the cultural and gender identities of both the groups and the individual patients themselves. For the purpose of this presentation I will highlight the following issues.

The slide has a white top section with the title 'Reflections on Delivery' in a dark blue serif font. A dashed horizontal line with a small white circle in the center separates this from a light blue-grey middle section. Below the line, there is a bulleted list of four issues in a dark blue sans-serif font. The bottom of the slide features a solid dark blue-grey horizontal bar.

- Cross cultural implications and group cohesion
- Loss and separation: community, identity and the migratory experience
- The impact of mixed gender groups: censorship, fear and shame
- Finding common ground in the light of moving forward

The participating GP practices in the project were located in Newham, East London, where a history of migration into Britain dates back centuries. Patients from diverse cultural backgrounds were referred to the mixed gender sessions but the prevalent cultural group attending the body oriented psychotherapy groups were female members of the Bangladeshi (Muslim) community.

For most patients, participating in a group of this style was described as a new experience. As common ground was sought, sharing a dialogue of their experience of physical pain became the initial foundation for group cohesion. In time the groups were able to shift from the identification of physical symptoms into the wider realms of talking about their emotional experience.

An experience of loss resonated throughout the groups dominated by the Bangladeshi community. Loss was consistently evoked as landscapes, family memories and cultural rituals were recalled. Within the imaginative capacity of the work, the opportunity to “fly home” became a reoccurring theme; allowing the sharing of what had been given up to be acknowledged and mourned but also allowing the current experience of reality to be temporarily escaped from.

The struggle to find ones place in British society was cited and in parallel the difficulty to relate to their sons and daughters, a generation brought up in the UK. The assimilation of a new set of values and ideals, of new language skills, of tools on so many levels had perhaps propelled a sense of isolation and perhaps contributed to the pain from which, for some, there seemed no way back and no way forward.

Within the groups there were echoes of loss from other places and other communities too, from Nigeria, India, and from Pakistan. And as a sense of belonging was sought and individually defined, the moving oscillation between here and there, between now and then was explored.

An unspoken male hierarchy impacted on all the Muslim women patients attending mixed gender sessions, with a silencing occurring of both their verbal and movement stories. It was clear that despite a revered shyness, and the newness of the language skills proposed in the group, most of the women participating in the work benefited from being in an all female environment. Some were able to concretely define how they would be unable to speak if “men were here” and often descriptions of wedding dances, where women and children would celebrate alone were evoked, validated and reframed through the ensuing dances in the sessions. Many expressed how their initial journey to the UK had not been one of choice but one of legacy; committing to pre arranged marriage requests to men already living in the UK.

The potential for change, growth and empowerment.

Meaning was shaped through group and individual metaphors emerging from the creative process.

Participants left with a new set of tools; a sense of an embodied tool kit.

The group and individual metaphors that were found and shared bridged the work towards the potential for individual change, growth and empowerment. Imaginatively, in the creative process, the women collectively grew “new plants”, taking turns to add the light and water to nurture growth. Loss was mourned, and even symbolically laid to rest. And people allowed themselves to return in mind and spirit to a place where they had been well and everything had been ok. Participants left with a new set of tools, potentially a new way to language there pain and move forward their experience.

Case Study

- Silenced stories: revealing long-term unvoiced emotional pain
- Learning to language: learning to emotionally language experience

“ Sophie “

Sophie, an elderly lady from Bangladesh, arrived at the first session accompanied by her daughter. The daughter who suggested that her mother would be unable to participate alone due to her lack of spoken English described her mother's symptoms as chronic back pain, joint pain and numbness in the arms. Sophie's voiceless presence in the room was heavy with sadness and she made no eye contact, as if absent in her embodied state. She was encouraged to attend the next session alone and despite her daughters initial disbelief agreed to do so. She then proceeded to attend every session of the 10 week block, building her confidence in her new found independence and beginning to travel on the bus alone to and from the surgery.

In the sessions she began to piece together some of her biographical history, sharing with the group how she profoundly missed her country of origin, and her elderly siblings who resided there. As she made progress with the work she became more open to relating to others and to the therapist in the group, establishing eye contact, communicating with facial expression, and even through a sense of invited play crossing boundaries into new ways of experiencing the self. In the non-judgmental space she was also encouraged to begin exploring English, developing her spoken language skills possibly for the first time in approximately 50 years in the UK.

It was clear that she enjoyed and benefited from this style of work and although she continued to describe “pain all over” her body she was clearly relaxed with the idea of moving and engaging with the interpersonal explorative props and exercises. In the course of the work, her immediate kinaesthetic range had widened, her desire to explore and relate had been rekindled and her embodied presence was noticeably more apparent. Sensing this she requested to continue with the work at the end of the course.

Case Study Two : Mary

Arriving early for the first session Mary, a lady in her late forties originally from Pakistan, requested to speak to the therapist alone. She expressed her concern’s surrounding working with others in a group, suggesting that it may not be possible for her to engage or even stay for the session. She described herself as having “depression in the body” which she located in her head, neck and ears. Encouraged by the therapist to give herself the opportunity to perhaps experience herself differently she was able to stay, and engaged positively, responding actively within the group’s process. During the session participants were encouraged in an exercise to self- investigate their range of movement in diverse body parts and at one stage she exclaimed joyfully “look I can move my hips”.

In the following week’s session Mary was the sole participant in the group and engaged in a 1:1 session with the therapist. Again arriving early she presented with gynaecological concerns and pain in her hips and lower back and having had some concern about her menstrual cycle, she had made a GP appointment. She appeared ridged in her torso, with-held and unarticulated. As the therapist spoke briefly of the menopause cycle she is triggered to express her fear of getting old, showing the therapist a photo of herself as a young women. Beginning to work through the body’s experience, an exercise of self touch using a small massage ball is explored; here Mary paused, acknowledged the flashing light inside the ball and stated “look there is life inside”.

Further seated exercises were explored and some gentle focus on the pelvis was encouraged. A mirroring exercise unfolded, in which the patient's experience was reflected by the therapist, who empathetically held a witnessing position. Subsequently the patient standing alone explored a spiral movement in which there was a sense of coming out of oneself, of unravelling. As she sat down again she began to talk about her 3 "lost" children, describing her grief at the loss of two miscarriages and one still birth. She described missing the relationship she could have had with them, and also her fear at the time, of the blood loss and her sense of potentially risking her own life. As she cried she told the therapist that "no one has done this for me before ... heard me like this". ...and here it is clear that she is also connecting to the non verbal empathetic exchange.

At the next session she arrived feeling dizzy, stating she had low blood sugar levels. After drinking some tea she felt able to participate. She spoke of the difficulty of living alone, the struggle to cook for oneself and confided that she had not washed for several days. In the group process she worked enthusiastically with the other women present and explored new metaphors of growth and change, adding the element of water to a movement game in which the women spontaneously enacted the stages of growth of a plant.

At the final session she was again the sole participant and she reflected with the therapist on the process of her work in the sessions. Returning again to her experience of grief and loss, she acknowledged how the "secret of the children" had been sustained particularly within her own cultural group and how she had sometimes told others that her children were now grown and had moved away rather than experience the shame she connected to being a childless women.

Mary was able to recognise the impact of her isolation and to think of ways she may benefit from being in contact with others, perhaps she would join a sewing group. Bravely she had begun to address some of the cultural difficulties she faced within British society, which had further influenced her tendency to keep herself separate and prolonged her isolation. In the final movement metaphor shared with the therapist there was a sense of handling carefully something small, and a putting down, possibly symbolically laying to rest a small child.