



The co-joint change in kinaesthetic ability and *openness to experience* in the professional development of DMT trainees

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ABSTRACT

The present study investigates the relationship between change in kinaesthetic ability and change in *openness to experience* among Dance Movement Therapy (DMT) trainees, compared with Art Therapy and Social Science students. A field study was conducted using a quasi-experimental pre–post control group design. Participants were 62 graduate students. A standard measure of *openness to experience* was used and kinaesthetic ability was evaluated using a table of movement dimensions based on Laban Movement Analysis (LMA). Results suggested an increase among the DMT cohort in all domains of kinaesthetic ability as well as in *openness to experience*. This increase in kinaesthetic ability was related to increases in *openness to experience*. Therapeutic elements and movement experience in DMT training may thus promote an increase in both kinaesthetic ability and *openness to experience*.

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Introduction

Kinaesthesia derives from the Greek words *kinesis* and *aesthesia*. *Kinesis* means movement and *aesthesia* means perception. Kinaesthetic ability is the conscious perception of the balance and movement of the body (Stillman, 2002), including the direction and sensation of movement. Proprioceptive sensations provide awareness of the spatial and mechanical status of the musculoskeletal framework, and kinaesthetic ability relies on the processing of this proprioceptive information, derived mainly from muscle spindles and joints (Maschke, Gomez, Tuite, & Konezak, 2003).

Openness to experience is one of the five universal domains of personality (the “Big Five”) that describe personality structure (Costa & McCrae, 1992a; Wiggins & Trapnell, 1997). It encompasses a broad range of specific traits with cognitive, affective, and behavioural manifestations (Allbeck & Badler, 2002; Epstein & Meier, 1989; Rubinstein & Strul, 2007; Tesch & Cameron, 1987; Topolinski & Hertel, 2007), and describes the breadth, depth, originality, and complexity of an individual’s mental and experiential life (McCrae & Costa, 1997; Wiggins, 1996). It is the proactive seeking and appreciation of experience, the drive to expand experience for its own sake (Johnson, 2005; Piedmont, 1998), and is especially related to creative aspects of intelligence (McCrae, 1987).

Both kinaesthetic ability and *openness to experience* are desirable qualities to develop within trainees in expressive arts therapies,

as well as other therapeutic fields. While some research has been carried out on DMT and Art Therapy trainee populations (Gilroy, 2006; Goodman & Holroyd, 1993; Payne, 2001; Skaife & Huet, 1998; Waller, 1993), to the best of our knowledge, no research has specifically focused on the development and change of kinaesthetic ability and related personality characteristics resulting from the training process.

To examine the potential of DMT training to promote the development of productive personality/integrative traits such as kinaesthetic ability and *openness to experience*, this study used measures of movement quality and personality domains to compare DMT trainees with students from other academic disciplines.

Authentic Movement

DMT involves in-depth observation and analysis of personal movement and movement interaction. Diverse specific DMT approaches exist: some are movement-based (North, 1972) and founded on the interactive approach of Marian Chace (Chaiklin & Schmais, 1993) while others draw upon the work of Mary Whitehouse and Authentic Movement (Pallaro, 1999).

Authentic Movement (Chodorow, 1991; Pallaro, 1999; Whitehouse, 1979) is a working method in which a client/patient/supervisee engages in movement in the presence of a therapist/witness/supervisor. Authentic Movement advocates group interaction, within which individuals can co-participate in each other’s imaginable realms, project onto each other, and experience empathy from other group members (Payne, 2001, 2006). During the process of Authentic Movement, several meeting-points between the mover and the other participants/witnesses

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are created sequentially (Payne, 2001). Verbal dialogue follows the movement experience, wherein both witnesses and participants describe their experiences and share sensations and images. The witness–mover relationship in Authentic Movement touches on the world of imagination, fantasy, values, and the drive on the part of both partners to seek experiences. An inner space is opened for the client/mover's flow of emotions to be developed and contained by the witness (Pallaro, 1999). The process facilitates bodily awareness, reflects dominant personality functions (Adler, 1999), and encourages creative expression of inner life, bridging the gap between the conscious and unconscious processes of movement.

The Chace approach

Marian Chace's principles and methods serve as the basis for group DMT (Chaiklin & Schmais, 1993). Chace asserts that dance is a form of communication that can be used for therapeutic treatment according to four basic principles: (1) body action, (2) symbolism, (3) therapeutic movement relationship, and (4) rhythmic group activity. According to Chace, body action (manifested in the “warm-up” phase) prepares the body for emotional and communicative expression (Chaiklin & Schmais, 1993). Symbolism (symbolic movement) provides a medium for recalling, re-enacting, and re-experiencing, thus enabling communication and indirect emotional expression. The concept of the therapeutic movement relationship (Bernstein, 1979) refers to the ability of movement to function as a language, which can be used to establish a therapeutic relationship. Rhythmic group activity (Bernstein, 1979), performed simultaneously, creates a sense of power, organization, and trust within the group (Chaiklin & Schmais, 1993; Lewis, 1996). The Chace approach is based on movement in a circle, with participants exiting the circle in order to move freely in space, and then returning to the circle (Chace, 1975; Chaiklin, 1975). Music is often employed to promote group synchrony.

Laban Movement Analysis

Within the context of DMT, Laban Movement Analysis (also called *effort shape*) (Bartenieff, 1973; Newlove & Dalby, 2004) was developed in order to parameterize the scope and expressive content of physical movement. Laban's analysis is one of the main tools of assessment in DMT (Bernstein, 1986; Davies, 2005; Laban, 1960; Laban & Lawrence, 1974; Laban & Ullman, 1976; Payne, 1992). Laban observed movement patterns and described the relationship of movement with weight, time, and space (North, 1972). Laban's Movement Analysis Scale describes how the body uses kinetic energy (effort) and structured space. The scale is composed of four major components: body, space, shape, and effort, and classifies the way in which movement occurs in terms of “flow,” “weight,” “time” and “focus/space.” Flow is assessed on a continuum from bound to free; weight/force is assessed from strong to light; time ranges from accelerated/sudden to sustained; and focus/space from direct to indirect. Any combination of these dimensions is possible (Newlove & Dalby, 2004). Laban (1966, 1992) notes that the basic elements of orientation in space are: horizontal (referred to as breadth), vertical (referred to as length), and sagittal (referred to as depth). Each dimension has three directions with reference to the human body: left and right, up and down, forward and backward, respectively. The centre of gravity of the upright body is approximately the dividing point between the two directions of each dimension. Thus, this point becomes the centre of one's “kinaesphere.” When analysing movement, it is important to note that no one specific spatial dimension is preferred; rather, the important quality is the ability to shift flexibly between the three planes.

Openness to experience and movement

Openness to experience is a structure of consciousness that is cognitive, emotional, and behavioural (McCrae & Costa, 1997). Open individuals have access to diverse thoughts, feelings, and impulses simultaneously in their awareness (Costa & McCrae, 1997). Openness to experience correlates with divergent thinking (McCrae & Costa, 1997) and with intellectual engagement, as assessed by self-report (McCrae, 2001). Research shows that *openness to experience* is only slightly related to intelligence as measured by IQ tests (McCrae, 2001) or years of education (Johnson, 2005). Emotional aspects of openness to experience are defined as the receptivity to one's own inner feelings and emotions and the evaluation of emotion as an important part of life (Costa & McCrae, 1992b). Davies, Stankov, and Roberts (1998) found that openness to experience scores, as seen in the NEO-PI-R, were related to the Trait MetaMood Scale—a measure of emotional attention, repair and clarity. *Openness to experience* distinguishes imaginative, creative people from down-to-earth, conventional people. This domain of personality fuels the drive to expand experience; to use fantasy, symbols, and abstractions far removed from concrete experience (Johnson, 2005; McCrae, 2001; McCrae & John, 1992). McCrae and Costa (1997) cite a wealth of studies that found positive correlations between the NEO-PI-R factor of *openness to experience* and personality variables such as curiosity, creativity, perceptiveness, preference for the complex, empathy, and flexibility. Rubinstein and Strul (2007) used the Hebrew version of Costa and McCrae's questionnaire (Costa & McCrae, 1992a). They defined *openness to experience* as a personality trait and found that *openness to experience* varied between professions. For instance, artists demonstrated significantly more *openness to experience* than medical doctors.

Openness to experience has important implications for psychotherapy (Miller, 1991). Open individuals may be more receptive to imaginative forms of therapy such as Art Therapy, DMT, Drama Therapy, and Music Therapy. They may have less rigid views of right and wrong or of appropriate and inappropriate behaviours (Black, 1990). *Openness to experience* has been associated with positive therapeutic outcomes in various psychotherapeutic modes. In a meta-analysis, patients' openness (vs. defensiveness) in therapy was significantly related to positive outcome (Bergin & Garfield, 1994). Although the term *openness to experience* was not explicitly used, openness was defined as being open-minded, receptive, and flexible. These traits are, essentially, major components of the categorically defined term *openness to experience*. From the therapist's perspective, the patient's openness to experiencing and self-exploration were consistently found to be significantly related to positive psychotherapeutic outcome (Bergin & Garfield, 1994; Sachse, 1983).

In accordance with these definitions of *openness to experience* (Costa & McCrae, 1992a; McCrae & Costa, 1997), the present study assumes that a DMT therapist at ease with new experiences will be able to create a setting in which the client feels comfortable in exploring the new “language” of dance and movement. While there have been no studies in relation to DMT on the concept of *openness to experience*, Allbeck and Badler (2002) used Laban's assessment theory (effort/shape) as the basis for conceptualizing the relation of movement to the concept of *openness to experience*, as defined by McCrae & Costa (1997). Although their conceptualization is theoretical rather than empirical, it is quite unique, as very few such attempts exist. Allbeck and Badler (2002) claimed that high *openness to experience* scores are related to the indirect use of space, involving flexible meandering. They further maintained that high *openness to experience* scores are related to light weight movement, as light weight implies buoyant, delicate, easily overcoming gravity and is marked by decreasing pressure. In addition, they noted that *openness to experience* is conceptualized as

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