

SPECIAL FEATURE: DEVELOPING DANCE MOVEMENT EXPLORATION MODEL FOR SOCIAL DEVELOPMENT

Alberto L. Dimarucut

Introduction

This article presents the researcher's initial undertakings in developing the Dance Movement Exploration (DME) model to address collective and community-level trauma, such as those arising from natural disasters, community conflict, and violence. Results from his thesis under the MS Human Movement Science-Leisure Studies in the University of the Philippines College of Human Kinetics showed Dance Movement Therapy (on which the DME is based) to be effective in the prevention and control of academic stressors among 169 college students. Through the Dance Movement Therapy's exploration of the inner self, the students became more aware of their stresses and the emotions and behaviors these trigger in them. This awareness is important for them to identify how they should respond when stress threatens to overwhelm them (Dimarucut, 2014). Thus, its applications in other settings may be explored beyond individuals, and outside an academic institution.

Theoretical Bases

The DME has methodological and theoretical bases on Dance Therapy, Psychosocial Theories and Physical Activity. The Dance Movement Therapy, in particular, forwards the idea that "the body and mind are inseparable" (Levy 1988), and thus one's movements reflect one's personality, a change in movement affects total functioning, and therapeutic relationship is mediated by non-verbal expressions (Meekums, 2002).

Similar to the Dance Movement Therapy, the DME, as an experiential movement application, utilizes inner processes and body expressions. This feature is significant as a psychotherapeutic tool, as well as a motor skill learning and teaching strategy toward recognizing an individual's capabilities in any physical activity. Dance and movement-based interventions open up possibilities for people "to create, symbolize and transcend" the challenges they encounter in their search for meanings in life. The researcher's initial studies on the DME highlighted its viability as a means of understanding people's inner strengths and weaknesses, and identifying their potentials; as well as serving as a tool for communicating, expressing and asserting the self to society (Dimarucut, 2014). Creativity is one of the foundations of the DME because it aims to develop an individual's capability to act. When realized at the community level, creativity can invigorate the social well-being of people and their environments.

In terms of structure, the DME process is also patterned after the Dance Movement Therapy, which has the following stages (Meekums, 2002):

Preparation: the warm-up stage where safety is established;

Incubation: a relaxed state, letting go of conscious control, movements become symbolic;

Illumination: meanings become apparent, having either positive or negative effects; and

Evaluation: discussion of the significance of the process, which prepares to end the session

Although these stages are described as progressive, in practice, the facilitator goes back and forth among these stages several times throughout the process.

In DME, these stages are operationalized in the following sequence:

- I. Introduction, Welcome/greetings, Warm-up
- II. Movement Activity 1 (with de-briefing)
- III. Movement Activity 2 (with de-briefing)
- IV. Relaxation (guided or non-guided)
- V. Sharing, Closure, and Goodbyes

Each sequence may include inner processing through body expression such as: body awareness (grounding, body mapping, tapping, brushing, and breathing), therapeutic dance work (structured dance, unstructured dance and creative dance with or without props), movement activity (magic thread, mirroring, play and games), arts and crafts (drawing, making clay images, and pattern making), and therapeutic dialogue (debriefing with partner, group-guided and non-guided relaxation, and sharing in a circle).

It is important that the design of the sessions is based on the participants' situation or needs, and their functional ability for the activities. This information should be gathered prior to conducting the DME. The conceptions of movement in the participants' culture are also important to know beforehand. For instance, there may be types of dances and movements which are not encouraged in the group's culture depending on a person's gender, age, civil status and social roles.

The change that the DME encourages is still focused on the individual, however, the value of one's self, interpersonal relationships and collective identity are also emphasized. The DME forwards that individual empowerment cannot be taken separately from community development, and vice versa. Thus the question is: How can dance and movement-based activities as utilized in therapy be modified to address collective trauma with larger groups?

Application

The author had the opportunity to utilize the DME as a one-time activity with vulnerable groups, which included survivors of disasters, violence and conflicts. The case studies below present the highlights of this experience.

Case Study 1: DME with Typhoon Haiyan Survivors

Typhoon Haiyan, known in the Philippines as super typhoon Yolanda, was one of the strongest tropical cyclones ever recorded, devastating portions of Southeast Asia, particularly the Philippines, on November 8, 2013. It is thus far the deadliest Philippine typhoon on record, killing at least 6,300 people. Haiyan was also the strongest storm recorded at landfall, resulting in the damage of schools, colleges and universities in Samar and Leyte, particularly the University of the Philippines Visayas-Tacloban College (UPVTC).

One of the responses of the UP system was to immediately issue a memorandum allowing students from the UPVTC campus to cross-register in other UP campuses so they could “continue studying” and “not lose” the second semester. The UP Diliman College of Arts and Letters established *Sagip Bangon Isko Iska*, a project to support the UPTVC students who came to the Diliman campus. It was an arts-based psychosocial support system for the students affected by typhoon Yolanda. The program featured workshops on literature, visual arts and movement, including the DME, from January to March 2014.

The DME facilitation was conducted among 20 UPVTC students, both male and female with ages ranging from 16 to 21 years old. Apart from dealing with the trauma from Typhoon Haiyan, the students also faced problems in adapting to the culture and way of life inside their adoptive university.

The objective of the DME facilitation was to help the students release their emotions through dance and movement. The DME session was conceptualized to provide a safe space for the survivors who were not able, or were not yet ready, to verbally express their reactions to what they had gone through. The students were also asked to represent their feelings in drawings before and after the activity.

At the end of the session, the students reported noticing a change in their feelings and their perception of their traumatic experience. They felt relieved by the exercises, not only because of the free movements it involved, but because it enabled them to reflect and think about themselves in the process. Some students shared that their reflections in the session strengthened their resolve to overcome the challenges of their new situation as students, and as survivors of a disaster.

Case Study 2: DME and the Manilakbayan 2015

Manilakbayan ng Mindanao is a people’s caravan and mobilization from the rural communities of Mindanao to the heart of Manila to seek immediate action on the killings of Lumad (indigenous peoples) as a result of militarization and the plunder by big mining enterprises/corporations and plantations. In line with this, the UP College of Social Work and Community Development coordinated the “*Kampuhan sa UP Diliman*,” a week long activity which aimed to raise the consciousness not only of the UP Diliman community, but also other educational institutions and

citizens about the Lumad and Mindanao issues, especially on the attacks on schools. It sought to generate exposure and exchange between the public and the Lumad through interactive activities such as political and educational discussions, protests, concerts as well as art, sports and food festivals, thereby amplifying the call to stop Lumad killings.

The DME with Lumad and UP students was one of the activities organized during the *Kampuhan*. There were 80 to 90 Lumads and 54 UP College of Human Kinetics students who participated in the DME facilitation. Their ages ranged from 16 to 50 years old, and they were a mix of male and female. The main aim of the DME session was social interaction between two different groups in order to build their understanding of each other's culture and realities. This was done through games and dances. The games in particular were designed to engage Lumads and UP students in working together to achieve a goal. This was reinforced by the dance exercises which were enjoyed by all the participants. According to the older Lumads, they had never seen their fellow Lumads so happy since their (then recent) tragic experience with the militarization in their schools and communities.

On the part of the UP students, the games and dances served as a channel to increase their awareness on the plight of the Lumads: "Well, my expectation was to have fun and understand them. And it was really fun! I felt happy after the event, and I successfully understand them, their problem, why are they here." The DME session also generated personal insights among students because of their interaction with the Lumads. One student commented: "*Hindi lamang paglalaro ang aking alaalang maitatabi sa pakiki-salamuha ko sa mga lumad, kundi natuto rin ako sa kanila na maging matapang at ipagpatuloy ang buhay kahit pa anong sakuna ang dumating. Laban lang at huwag mawawalan ng pag-asa at laging ngitian lang ang mga problemang mabibigat.*"

Case Study 3: DME with Children

In 2012, the author was invited to facilitate a DME session with 25 children from four orphanages. These orphanages cater mostly to children in need of special protection, including survivors of physical and sexual violence, and neglect. The objective was to utilize DME to help heal the 'open wound' from the children's traumatic experiences. The DME was conducted in the annual Summer Development Camp organized by CICM Missionaries.

The participants were boys aged six to 16 years old. The program structure was designed to be easily followed and appreciated by the participants. The session ran for five hours. It included activities such as two-person games, small group playing and a big-group dance presentation, which encouraged creativity and healthy competition among the participants. The progression of activities from small interactions to the big group presentation was also deliberate as it was noted that the children tended to either isolate themselves or interact only with a small group of peers. By the end of the session, the children were comfortable enough with each other to relate their feelings in the big group. A guided relaxation exercise exploring the children's pain and dreams was conducted prior to the sharing.

The immediate effects of the DME on the children's views about themselves – their capabilities, group and situation – were reflected in their feedback:

“OK po yung sayaw. Marunong pala ako pag marami kaming sasayaw. Nakawawala po ng lungkot ko.”

“Dati akala ko po galit sila sa akin. Pero nun pong nagsama kami , hindi naman po pala. Kasi nakabuo po kami ng laro at sayaw na sama-sama.”

“May pag-asa pa po pala buhay ko. Sana mabuo uli ako kasi yung ginawa natin na nakahiga at pumikit ako, nakita ko po mga magulang ko. Mahal nila ako.”

Directions for Further Development

As shown in the case studies, the DME can aid in processing feelings of stress and anxiety, building connections between different groups, and as a complementary activity to on-going therapy. The case studies also highlighted the combinations of variables that can be further explored: participants (relatively homogenous as in the Haiyan and *Bukal na Tipan*, or mixed as in the Lumad and university students), activities (exercises, dance, games vis-à-vis drawing and verbal expressions such as songs and music), and time allotment.

To date, however, the DME has been utilized only as one-time activities with vulnerable groups, and usually as a part of a broader intervention program addressing trauma. This limits the model's evaluation beyond its (positive) immediate effects on the individual. There are other effects which need more documentation and study: the group

games and dances which established a foundation for solidarity and a sense of security with each other to develop; the expression and release of their pain into dances and movements; and the sharing of stories, feelings and thoughts about a personal trauma to form the bigger narrative of a collective experience. As a tool for social development, it was noted that the DME also presents a viable medium for capability building of vulnerable groups and their communities, particularly if human rights perspectives can be integrated into its design and structure. This may entail integrating the DME longer than one-time activities as it is currently done, to elicit deeper insights on the interconnection and interdependence of the self, the collective or group and society. One example of a theme is the concept of one's rights and responsibilities on the one hand, and State obligations to the people on the other.

While the research on this mode of DME application is still in its nascent stages, the author's experience thus far has surfaced insights which can be pursued toward a model of personal to community healing and revitalization.

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