

has problems which arise as a direct consequence of the stripping of power as a result of them being gay, then within the context of the person's ability to do so, I seek the redress of the balance of power. I don't think my aim to empower gays is to give them what white middle class heterosexuals have. But, as part of the therapeutic relationship and space in which growth may occur, I would wish to explicitly discuss and understand the political, emotional, social and inter-relationship factors which oppress the individual.

Claire Cohn

TUNING IN TO THE DISABLED

This was going to be a new experience for me. The familiar, large canvas tote bag was full of tapes, records, balls and various paraphernalia of my profession. It felt heavy today.

The entrance to the day care centre was bright, and the open space in the centre of the atrium which had a glassed-in garden seemed very significant to my present mood. I wanted brightness and liveliness to exist here.

I was greeted by the social worker who had sounded very enthusiastic about bringing movement and dance therapy to the centre. He was young, serious and very eager to relate what patients he thought should be in my group. At a quick glance, I could see a pool of wheelchairs and older (maybe just grey-haired?) people in the buffet. Tony, the social worker, had mentioned wheelchair dancing to me on the phone. I immediately flashed on the image of these patients in this activity -- It seemed ludicrous. There were also some younger wheelchair patients and I wondered what brought them here. . . Somehow I only allowed geriatric cases to be confined to wheelchairs. I had forgotten about debilitating diseases such as stroke victims, muscular dystrophy, broken hips, amputees and the blind.

So I've entered a new world of handicapped adults who are bussed to this centre for special services. What I eventually learned about "special services" is that there is one art therapist - and me; the rest of the staff are social workers, aids and kitchen assistants. I asked how often a doctor checks in - and the vague answer about one day a month said it all. Not much physical care was provided once released from the hospital, except for private appointments. My own bias towards holistic healthcare makes me imagine how some of these slouching bodies and grey faces could benefit from touch and improved diets.

My work space is large and less clean than I'd like. Fortunately, the stereo is of good quality and with assurance I put a tape on before anyone enters the room. The usual format is a circle - in this case, chairs and wheelchairs in a circle. I again fantasize how we can all sit on the floor, out of the wheelchairs? Scratch this unreality, Claire - this is it for the rest of their lives. Dependent on others for mobility and daily care. Get all this straight in your head and whatever happens today, you'll at least bring some energy into their lives.

Music is the key to terpsichord. Mental-emotional alertness to sound stimulates my group of eleven patients. It sets a congenial atmosphere for me to go to each person, shake-and-hold their hands as I introduce myself and commit their names to memory. I love this part of therapy because I can look directly in each person's eyes and pick up non-verbal cues from their hands, eyes, face and body postures. I am keenly aware of each one's physical appearance and postures throughout the session. This is how I understand them best - reading their bodies.

Some patients actively touch back or reach out and look into my eyes; others are tentative and shy, and still others are withdrawn and lifeless. I'm filing all this information in my "kinesthetic memory file". - My mind which remembers this along with phrases and gestures people use to communicate in their own style.

We begin. I tune in my ears to whatever music is playing and sense the rhythm first. So I lead the toe-tapping which leads to heel-and-toe on the beat then perhaps small kicks then stamps to each beat. I don't know where we're going, but we're going into motion, stimulating reflexes in the feet. How much the patients' limited range of motion will prevent them from doing the movement or sensing the rhythm, I don't know yet. What my cues are moment to moment vary and sometimes I forget that I'm leading the action!

Next we're clapping hands while I use clavier to accentuate the beat. Waking up reflexes is fun and from the hands we start to slap our thighs then tap our toes with our hands. Making contact with the extremities of the body before we focus on the trunk and breathing.

Opening up the shoulder joint with arm stretches and swings up and down looks like it might be a terrific strain for those patients with paralyzed upper shoulders. Shall I continue to encourage these movements allowing for their pain and grimaces? Yes, I will, because a voice inside me says that patients are often surprised by how much they can do when they forget their disabilities. Music and motion are truly magical in their ability to drive one beyond one's limitations. All eyes on me to see what to do next. All want to be good and make a positive impression on me for the first session. . .

I want to share more of myself with them to reward them for their efforts. Why should they do what I tell them if they don't know who or what I am? While we are deep breathing from the belly with hands on the diaphragm, I start to relate how I feel about being in London since I arrived one month ago. . .

We are giving each other therapy# For many, this is a brief time in their week to experience other people in a safe, non-threatening atmosphere. A time to unwind and take some pleasure in music and the pleasant and unpleasant memories that specific kinds of music evoke. I play Londonderry Air, Bach's Air on the G String or simply an Irish jig and faces light up with recognition and feet start tapping - unconsciously, music is bringing liveliness into their limited-handicapped lives.

Then there's Mr. B., who used to be a pianist and knows most classical music by title and composer; his joy in just knowing, exhibiting his cultured and cultivated mind. Mr. B.'s sarcastic sense of humor underlies everything he says, rarely speaking from a vulnerable place except when relating some personal titbit in a quiet voice. He always keeps his overcoat on despite the warm room because he resists asking for help taking it off - a constant reminder that his left side is paralyzed and feels like a dead weight. Proud, pompous Mr. B. is not going to burden anyone with his disability; just keeps others' spirit alive with his joking sarcasm.

Mrs. F. is the epitome of transcending optimism. She is very thin and also paralyzed on her left side. When moving to music, she uses her right hand to raise her left arm; puts the soft sponge ball into her spastic, clenched hand attempting to loosen the constantly gripped fingers. Mrs. F. is usually positive about improving her condition and proves it when she stands up from her wheel-chair on her one strong leg. 'Amazing grace' is what comes to mind when I watch her respond to others in the group. She often says how much she enjoys our sessions.

Speaking of words - how important is the verbal communication in this varied group? There never seems to be enough time to share each one's reaction to the day's session but the most talkative do take the stage and insist on saying what's going on with them. Katie, for instance, can't be quiet long enough to hear what others are sharing and needs to be reminded that she's not the only person wanting to express her experience. Part of Katie's over-anxious response is because she is partially blind; the other part is that she needs to be centre stage to receive attention. Her home life, as she has related it to the group, is a hostile environment wherein her son and husband need at least as much nourishing attention as Katie needs. My guess is that her family doesn't listen empathetically to her; thus, she really hasn't practised sensitive listening herself. . .

David, who suffers from multiple sclerosis, has that wry sense of humor often seasoned with sentiments hinting of love for his two sons. He relates the story of his eldest son saying, "Daddy, it's alright that you can't get up and walk, I'll help you". Each time David shares this with the group, (he has the right to repeat himself!), all of us get the clear sense of a father's pride for raising such a child. Along with family titbits, we can listen to David chat about the mystery of 'Shangri-La'. Whenever this mystical conversation begins, I find myself flying with David's spirit out of his painful, stiff body to a never-never land of floating dreams. Giving him permission to have his dream, imagining a healthier place for his mind to rest momentarily, I see that as the necessary light touch that flat, everyday reality doesn't provide for these people. Whether we laugh, accompany, or argue with David about his imaginary trips, we seem to accept the novel mood of it all#

At this moment, it occurs to me that this meeting of ladies and gents from ages 28 to 80, must encompass so many fragments of different, possible worlds. To contrast the fantasy trips, there's Mr. C's outbursts of crying which can happen for no apparent reason. His depression fluctuates each week; the times his eyes look clear and his face well-shaven, I can tell that he's with us even if he doesn't talk very much. Making a point of always asking him how he feels, I know that I'll get an honest answer. One time using this as an introduction to the session, I said: "Mr. C. isn't feeling very well today. Some days aren't going to be so good. I have down days myself and by letting someone know it, sometimes it doesn't feel as bad". This led to others relating 'the black days' they've had and how they recovered from them. I find complaint sessions are just as important as raising morale in our group.

On occasion, my friend, Pearl, who was born with hydroencephalitis, has an extreme anxiety attack about taking the bus home alone from the centre. One afternoon I sought Pearl out in the buffet before the session and found her crying and becoming more anxious by the minute in her anticipation of having to wait for the bus in two hours' time. Naturally, I couldn't reason with her and just said if she came to the session, she would forget about worrying so much and besides, she could listen to music if moving didn't feel right. Leaving her alone to decide if that would be a good idea, Pearl entered the session fifteen minutes later and did some exercises with us. Later, starting to cry when the departure time was approaching, I held her and found she was wanting some comfort that I felt was equally important for the rest of the group to see. I inquired later about what frightened Pearl so much about waiting for the bus and discovered that her wobbly gait and standing so long created a fear of falling; and, falling in a place where strangers wouldn't offer to help her.

Although I hadn't known the details of Pearl's problem (ataxia) beforehand, I recognized the painful fear around the bus-waiting and accepted her need for comfort and reassurance. The harder reality I later heard

more about from the group was that *most feared being dependent on strangers* for assistance when out on the streets alone. This situation of depending on others to mobilize or lead them across streets or mounting buses must be a constant reminder of their disability and often, inferiority to others. Katie (blind) has spoken about how rude strangers have been to her on the street when she's needed help at curbs. All I could do was listen with the group and allow for Katie's anger. It's moments like these that I realize the value of having a time and place to vent negative feelings.

The idea now seems to have a good time with anger and feelings of frustration. How to introduce this to the group? It might do something like this:

"It's occurred to me that all of you must have specific situations in your daily life that really frustrate you and make you want to scream. What if we made some time today for those of you who want to express this - and maybe, even share ourselves in understanding how this feels to you".

Not knowing where this will lead us - I can imagine that someone will start talking and being the movement therapist that I think I am - I suggest that all of us listen not only to what's being said, but also, how its being said, perhaps watching the body postures, gestures, and facial expressions. Then, at the appropriate moment, suggest a small movement that accentuates the angry feeling. Frequently, the movements range from making a fist and punching to full arm swings; even a one-good-arm or leg kicking releases the held emotion. Will I encourage them to shout in the centre? Will I find myself setting limits because the other centre members will be disturbed? I guess the answer for me is to continue taking risks and then wonder where to go from there#

One thing certain, in writing about this new experience - We're all making progress on being just who we are at the moment. I feel the group's keen interest in who I am and I hear myself responding to them from the inside place, the unprogrammed resources of my spirit; reaching outward to being as honest with them as I'd like to be with myself all the time. These people have no need to pull any punches with me so I can feel safe to give them mutually what they continue to give me. What do I get? Lots of support, interest, appreciation, warmth, sharing, hugging, laughing, dancing with their spirits - - And a section in a television program titled, "Getting On", which was shown on ITV.
