

When and How to Use LMA in Clinical Practice

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This paper describes a workshop I was invited to lead at the University of Surrey on the 20th of June, 2017 for Labanarium, on the application of LMA to working as a movement psychotherapist. I chose the title “When and How to Use LMA in Clinical Practice”. I was pleased to have the opportunity to collect my thoughts on the subject, to share them with the twenty-four participants, and to follow up with this piece of writing.

At Surrey, after brief personal introductions, I gave an overview of the workshop, outlining the ideas and themes we would be exploring in movement, writing and discussion over the course of the afternoon. When thinking about LMA’s relevance in clinical practice, I began by considering its value in supporting therapists before, during and after sessions. It goes without saying that my ideas grew out of my own practice in particular clinical settings; and I am well aware that other clinicians, perhaps working in different kinds of settings, will have found LMA to be useful in different ways.

As a general rule, I have found that *before* sessions, LMA can provide a wonderful guide to my preparatory movement practice. Its vocabulary and frameworks support me experiencing myself and my movement through various LMA lenses. This practice helps me to be open, available and free from preconceptions when with patients/clients¹ and whatever they may bring to a given session; I am more able to sustain my *embodied attentiveness* during sessions.

I usually strive to avoid LMA thinking altogether *during* sessions. If it comes to mind I note it, and go back to resonating with the person and the material at hand. Like any theory, one needs to be careful that LMA doesn’t get in the way of being psycho-physically engaged from moment to moment.

The main time for putting on the LMA glasses is *after* a session ends and over time, when we have a chance to reflect and to hypothesize. We can recognize key moments and emerging patterns, and name them using LMA. When something changes, we can be specific about what has changed.

I have found the **Effort** material – especially the State (the various combinations of two Effort qualities), and to a lesser degree, the Drives (the combinations of three Effort qualities) – to have provided a useful lense for naming what I witness with various patients. I should emphasize that these six States of mind have no intrinsic meaning in a therapy context, but individual patients’ preferences for one State (or Drive) over others can, in the context of their material, be very meaningful, indeed.

¹ In the interest of simplicity, I’ll continue to refer to ‘patients’ rather than saying ‘patients/clients’.

For example, someone may present as oblivious to Time, for weeks or months on end, perhaps arriving late and seemingly having no awareness of the movement of time within sessions. They may habitually meet the world in Remote (Space and Flow) or Dream (Weight and Flow) States. Recognizing this can inform the therapy, even without referencing LMA. Someone else may habitually present as agitated and speedy, but have little awareness of their surroundings or ease in articulating thoughts. I may, upon reflection, recognize this as Mobile (Time and Flow) State.

Please refer to the chart at the end of this paper, in which I give a brief description of each of the six States. I also provide many more examples of how the States are embodied by different people with whom I've worked, or whom I have observed, in my book *The Embodied Self*, should you want to investigate further.

Other parts of LMA provide helpful frameworks as well. At times, I recognize patients' patterns and changes in terms of their orientation to the **Space** and their particular relationship to dimensionality. If a broad aim of therapy is to become more three-dimensional, able to see life from multiple perspectives, it behooves us to be able to embody the vertical, horizontal and sagittal dimensions and planes, and to freely move between them. When a patient seems to shy away from one of the three dimensions or planes it will often have personal meaning for their particular narrative.

For example, some patients are less at home in the vertical dimension; they may have a hazy sense of their own vertical axis, and may sometimes be overly attentive to the outside world. Others may tend to assert a fierce sense of control, yet they may appear or feel frozen. Though these patients may have a strong (albeit rigid) vertical axis, their relationship with the horizontal or sagittal dimension or plane may be weak.

The third part of LMA that stands out within sessions is someone's bodily patterns of posture or gesture. I might actually wonder aloud about these within sessions if the timing feels right, in addition to pondering and embodying them for myself afterwards. When patients become more conscious of their physical patterns, their associations to the sensations and feelings can be enlightening.

My intention in planning the structure of the workshop was to first guide participants in an LMA-inspired movement preparation to show them how I use LMA to advantage before sessions. Secondly I planned to guide them in exploring the States, and if there was time left over, we would explore the planes. Following this broad map, our first exercise focused on 'tuning' our bodies, to create the kind of open awareness with which we want to receive our patients.

Tuning involves developing physical awareness of our three-dimensionality, our relationship to gravity, to our breathing, and to our surroundings, as well as our experience of each of the Effort qualities of Weight, Space, Time and Flow. I'm a strong advocate of therapists' developing a personal movement practice, preferably based in improvisation. Therapy, like

daily life, is a process of improvisation. Practicing movement helps us stay conscious with and responsive to the changes and decisions required of us in our work. It helps us cultivate a both firm and flexible presence, as well as developing the capacity to allow our own bodies to speak.

In the workshop, participants began in any position, relaxing and settling, taking time to sense their whole position, from the soles of their feet to their facial expressions. Then, stretching and yawning and following their bodies' desire to move, they gradually discovered a new stopping position. Repeating this over and over, each individual found their own rhythm of stopping and moving. As this process went on, I asked participants to pay attention to particular body parts, and relationships between parts, in order to spread their attention through the body and away from distracting thoughts. They were guided to notice their decisions in Time, their mobilization of Weight, their attention to the Space and the emotional resonances of Flow. I guided them to open to both ends of the spectrum of each Effort quality. By the end, they had embodied their multi-dimensionality and opened the various channels of perception.

In reflecting afterward, one participant commented that she is predominantly direct and quick, and had rediscovered other qualities and parts of herself. Another, a dancer, realized how much she misses allowing herself to see and to be seen by other movers. Another expressed how connected she now felt to her breathing. The exercise promoted a process of 'cleaning', settling and opening. Its aim was to address the use of LMA *before* meeting one's patients, as well as to refresh people's experience of the basic Effort qualities.

After a short break, we resumed, this time focusing on the States. States are one of the main ways I see people filter their experience in order to better "cope with the environment", to paraphrase Bartenieff². States are the part of LMA that I have probably found most helpful in thinking about patients' material *after* sessions. Although I have no single formula to offer for how to make use of States within therapy, I've found that having a framework for describing in movement terms the moods and atmospheres that occur and change within sessions and over time, particularly when links can be made with psychological theory, is extremely helpful in supporting both therapist and patient.

My intention was to give the group a clear experience of each of the six States, so they could feel for themselves the strong moods that these give rise to. Before we started exploring, I asked participants to have notebook and pen at the ready on the outskirts of the space, so they could write their individual associations after the exploration of each State. (As readers follow my descriptions here, please take time to imagine the experiences for yourself, as reading the words alone will not give you a flavor of the States. Trying to embody them may.)

So as not to overwhelm participants by guiding them, uninterrupted, through all six States, we worked with the three States without Flow first. We started with the strongly physical Near (aka

² *Body Movement: Coping with the Environment* by Irmgard Bartenieff was published by Gordon and Breach, 1980.

Rhythm) State, engaging in Weight and Time and omitting Space and Flow. Building on the *tuning* exercise, this State allowed participants to continue developing their sense of individual and group vitality and physical presence.

In order to help participants make the transition from one State to the next, we changed only one of the two Effort qualities. For example, we progressed from Near to Awake State, exchanging the element of Weight for that of Space; the element of Time was common to both States. The physicality of Near was exchanged for a greater mental awareness in Awake.

I emphasized that in each State, awareness of what elements were absent was as important as experiencing those that motivated the State they were creating. We also recognized the effects of different combinations of Effort qualities within each State. In Awake State, for example, we noted how different *sudden* Time and *direct* Space feels from *sustained* Time and *flexible* Space, while also noting their commonality as parts of Awake State. After making notes in Awake, we transited to Stable State, exchanging Time for Weight. The timeless, ritualistic nature of the group mind in Stable State was apparent.

Having explored the three States without Flow, participants gathered in small groups, with their notebooks, to share their individual associations. Then, in the large group we shared thoughts about the potential strengths and weaknesses of each State. There was an important question about whether a therapist should join with a patient in the patient's preferred State or try to stimulate a shift. I suggested that another option is just to witness, and this perhaps comes first; but that how one responds depends completely on the situation and one's intuition about what is most helpful for the patient in the moment.

After another mini-break, we repeated the whole process, this time working with the three States which include the emotion-based element of Flow. We began with Dream State, experiencing physical sensation through Weight and feelings through Flow. This most internal of the States, was recuperative for participants at this point in the workshop. With eyes closed, they were able to focus deeply within. I had suggested they have notebooks nearby for Dream State, so they wouldn't have to navigate the outside space to reach them; and as this State can be particularly nonverbal, they were as likely to make a drawing as to find words.

From here we transited to Remote State, exchanging Weight for Space, while retaining Flow. I invited the group to stand and wander – but not to touch. This stimulated their involvement in their experience of feelings and thoughts. This reflective, emotional State is one with which therapists are likely to be familiar, as it lends itself to receptivity, to both witnessing and to being emotionally and psychologically involved with others. After writing associations, we transited to Mobile State, where we let go of the reflective quality of Space, and landed in the impulsive spontaneity of combining Time with Flow. The atmosphere generally became playful and intuitive.

Notes were made; small group discussions followed, after which we returned to the large group where some associations and thoughts were shared. Some participants recognized their patients' States. Some recognized their own preferred States.

Unsurprisingly, there wasn't time in our three-hour workshop, to explore the dimensions and planes in movement, but we did discuss the usefulness of recognizing patients' preferences in their orientation to Space. I told the group that I like to move, or just be with my physical and emotional experience, immediately after someone leaves, before making notes. I can often feel what part of someone I may have been left with, as it were – it may be reflected in the Effort qualities or State I feel, my orientation to Space or a specific bodily gesture I have taken on. This helps me experience the somatic countertransference, and to form hypotheses about someone's patterns and how they shift over time.

One participant summed up the workshop by stating a key idea she would be taking away: "It is important to observe yourself first, even as you are working with someone else." She had said it so well, and our time was finished. I was grateful for her contribution to perfectly round off the workshop.

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