PHENOME NOLOGY OF MOVEMENT RESEARCH

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Basic elements and dimensions to the phenomenon of quality of movement – a case study

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Abstract Quality of movement is frequently referred to as a phenomenon in the European movement tradition, underlining the close connection between outer expression and inner, lived experience. Within physical therapy little is clarified about the phenomenon from the point of view of lived experience. A case study has been undertaken focusing on the lived experience of the phenomenon, searching for basic elements and dimensions. An interpretive phenomenological approach was the method chosen for research. A qualitative interview was conducted involving one movement expert with an understanding and knowledge of the phenomenon. Analysis of the data revealed three levels of views on the quality of movement: basic elements and dimensions, functional use and personal integration. The phenomenon could be understood by the relation between three key elements, postural stability, free breathing and awareness; all contributing to a refinement in movement as well as a greater experience of well-being. The key elements were considered prerequisites to a four-dimensional therapeutic approach involving personal integration of bodily and mental aspects in movement. The basic element and dimensions of the phenomenon of quality of movement can be regarded as a starting point for research in this area. © 2003 Elsevier Ltd. All rights reserved.

Key words: quality of movement; coordination; balance, self-awareness; movement education

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Introduction

The role of concepts as basic elements in theory construction within the tradition of movement science has increasingly attracted attention within physical therapy (Broberg 1995). During the last decade, physiotherapists have extended their knowledge about movement owing to advances in neurology and movement science (Keshner 1991; Shumway-Cook 2001). Different theories of human

movement reflect different philosophical views and opinions about the importance of various structural, neural, psychological, social, cultural and environmental components of movement (Latash 1996; Shumway-Cook 2001). The phenomenon of quality of movement is a common term in the literature of different European movement traditions (Barlow 1990; Cohen 1993; Feldenkrais 1949; Feldenkrais 1990; Idla 1981; Johnson 1983; Laban 1960; Todd



1959) within modern dance (Horosko 1991), and acting (Chekhov 1985; Stanislavski 1992). Redfern (1983) refers to the phenomenon of quality of movement as a general term concerning the coordination of the whole human being, including different movement characteristics. According to Knudson and Morrison (1997), there is a need for higher awareness of the quality of movement among physiotherapists.

Within physiotherapy, little is clarified about the phenomenon of quality of movement from the point of view of lived experience. Laban uses the term and refers to physical, as well as mental, emotional, social and spiritual aspects (Laban, 1960). In the European movement tradition, in modern dance and theater, quality of movement refers to both external and internal aspects. The external aspect focuses mainly on the structure of the body and physical training, whereas the internal focuses on the mental aspect and movements originating from inside (Stanislavski 1988). The sensory awareness training of Gindler (Johnson 1983), Selver (Brooks 1976), the Alexander technique (Barlow 1990) and Feldenkrais technique (Feldenkrais 1949, 1990), underline a close connection between quality of movement and the subjective experience of well-being and health. Lived experiences are integrated parts of the phenomenon (Johnson 1983), which include processes concerned with physical aspects as well as mental aspects, including the function of the self (Stanislavski 1988). When movement is practiced in its totality, in an integrated functioning of the body-soul-spirit, it involves the whole human being (Redfern 1965). In physical therapy, not only physical, psychological, social, cultural and environmental aspects, but also aspects concerning lived experiences are brought into

consideration in therapy. Basic body awareness therapy (Lundvik Gyllensten 2001; Mattsson 1998; Roxendal 1985; Skatteboe et al. 1989) is an example of this.

Theoretical considerations that are empirically oriented are essential to physiotherapy for increased understanding. A phenomenological perspective is a view of present- and future-oriented experience of the conscious being (Betensky 1995; Van Manen 1990). It is based on Husserls' science of intuitive investigation and on Heideggers' hermeneutic phenomenology, whose task was to arrive at meanings of phenomena pertaining to human existence and on studies of ways in which phenomena appear in consciousness and in the body (Betensky 1995; Van Manen 1990). Phenomena include visible, touchable, audible things in the world around us, social and cultural aspects included, as well as thoughts and feelings, dreams, memories, fantasies and all that stems from the human mind and belong in the realm of mental experience.

The aim of the study was to explore the lived experience of the phenomenon of quality of movement based on a qualitative interview of one movement expert.

Material and method

The study was a case study, turning to the nature of lived experience of the phenomenon of quality of movement, tracing for basic elements and dimensions. An interpretive phenomenological approach was chosen as the method for collection and interpretation of data (Van Manen 1990). Phenomenology is a study of essence, searching for a description of a phenomenon (Van Manen 1990).

A qualitative method aims at discovering as many qualities as

possible of a phenomenon and offer an opportunity to better understand the phenomenon in relation to a clinical practice (Eisner 1991). A study of a phenomenon and its structure is a study of how it presents itself in the researchers' consciousness as an immediate experience (Betensky 1995).

One informant

A movement expert was chosen as the informant. The expert was chosen because of a unique knowledge of and personal experience in the quality of movement, together with 40 years of therapeutic practice, working with clients suffering from chronic pain, as well as with the training of dancers, actors, musicians and physical therapists. The movement practice is rooted in Western and Eastern movement traditions, aiming to increase the coordination between the body and mind through sensory-motor awareness and perception. The exercises included in the training program involve simple movements such as lying, sitting, standing, walking, running, creating training situations alone, in pairs, in small groups and larger groups. It included exercises for the voice. The main emphasis was to train the mental contact with the ground, the vertical axis, the movement center in the body (at the level of the waist) together with free breathing and awareness. The choice of informant was made to identify and describe a deep embodied knowledge concerning quality of movement. The study allowed the informant to 'tell it as it is', regarding his perception, interpretation and experiences of the phenomenon (Kvale 1996).

Method

One qualitative, in-depth interview was performed (Kvale 1996). Before



the interview, the informant was observed by the researcher as a participant-observer. The focus for observation was the expert's teaching of his therapeutic approach. This was done as a preparation for the interview, and to develop the interview guide. Close observation was carried out during a 7-day course as a way of familiarization (Van Manen 1990). In close observation, the researcher tries to enter the world of the person whose experiences are relevant study material for the project (Van Manen, 1990). Close observation gradually reveals complexities of the studied phenomenon and a therapeutic approach to quality of movement (Van Manen 1990). The researcher developed an interview guide (Table 1) during the course. The researcher built the study on many years of experience of movement, analysis and training, working with patients, in education and through self-experience. The researchers' earlier experiences were considered important when formulating the interview guide. The movement expert was interviewed immediately after the course.

The interview lasted 3 h. It was taped and transcribed immediately afterwards. The transcription was sent to the informant to ensure the acuracy of the written text. Written consent was received before the study. The condensed interview was analyzed by the researcher through 3

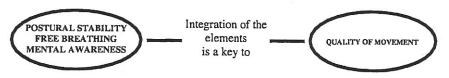


Fig.1 Three basic elements as one key to quality of movement.

steps, thematic search, grouping of characteristics and interpretation up to theory (Kvale, 1996). In the thematic grouping the characteristics of movement stood out

Results

Analysis of the data revealed that the phenomenon of quality of movement could be described in distinct elements and dimensions. The elements were considered to be the bases for quality of movement, and to be prerequisites for experiences of four dimensions of human movement. The results are presented in the tables and summarized in the figures.

Three elements basic to the phenomenon of quality of movement

Three elements, postural stability, free breathing and awareness, were presented as the basic elements of the phenomenon of quality of movement. The main emphasis was on the interrelations and unity

between them for use in clinical practice, indicating underlying complexities for each of the three, as well as a deep interconnection between them. In Table 2, three levels and examples of quotations are shown: (1) on the level of basic elements, the area comprises the informants' idea of a level of basic elements to work from; (2) on the level of functional use, the informant expresses a number of ways of describing the functional use with respect to approach in clinical practice; (3) on the level of integration, the area concerns implementing elements in the person. Table 3 presents a description of the interrelation of the three elements of quality of movement. They are summed up in Figure 1.

Clinical relevance

The informant suggested that it is important to integrate these three equally important elements in physiotherapy training of the quality of movement. The unity of postural balance, free breathing and awareness made the physical therapist work with what was considered to be a key to reaching the whole human being. The three elements pointed to a very concrete therapeutic direction, the aim being to guide the patient to explore the relation to the ground and the whole vertical axis, to free breathing, and awareness of the whole. This was considered basic to achieving a dynamic balance. The aim was to attempt to attune these three elements to each other. This key understanding made it possible to

Table 1 Interview guide

- 1. How is the art of being associated to the phenomenon of quality of movement?
- 2. What are the basic elements integrated in the phenomenon?
- 3. How do these elements relate to each other?
- 4. How is the art of moving associated to the phenomenon of quality of movement?
- 5. What are the basic dimensions to quality of movement?
- 6. How are the four dimensions integrated?
- 7. What would you say is the crucial factor to quality of movement? Follow up areas
- 1. What is the interrelation between quality of movement, functional movements and health?
- 2. What are the basic pedagogical elements in the training of quality of movement?

Table 2 Basic elements to quality of movement, levels and quotations

Level

Quotation

Basic elements

Include data representing ideas of basic elements Functional use

Includes data representing functional use of the three elements

Integration

Includes data that emphasize the integration of three elements in the whole person "Quality of movement can be described as: the three elements of postural stability, free breathing and awareness are a key to a dynamic balance and endless co-ordinations" The three elements: balancing for the most functional use of the postural antigravity reflexes, freeing of the breathing for the most functional use of free flow of inner rhythm, and centering of the mind for the most easy and natural use of the central unity and the whole body in any action, are what I consider as the three preconditions of mind and body to effective action"

"How postural reflexes, breathing and mental awareness are used in terms of balance, freedom, and unity, determine the quality of being. When they are more integrated, we can see how they can be applied to movements. The movements done that way have these qualities that can be summed up singular as a quality of movement, generally speaking. All three are necessary for the movements to fulfill its function"

Table 3 How do the basic elements relate to each other?

Significant quotation:

"There is an integration of central postural stability, of free breathing and of establishing a special relation to a central part of the body at the level of the diaphragm, from were it is convenient to have contact with the whole body. On that basis the participants is invited to search to explore a more stable and dynamic balance, from the simplest to more complex movements. Gradually one establishes a closer relation to one self, to be in touch with the whole, aware of the whole and perceiving the whole, when wanting to act as a whole human being. Each element influences the other elements and the total co-ordination. For example, a restriction in the breathing will disturb the postural stability and the possibility for the body to respond as a whole. In the same way a disturbance of the postural stability will create compensatory tensions, restricting the possibilities of free breathing and distorting the co-ordination. If the mind is not in a unified interrelation with the whole body, the person will not be in a position to respond as a whole to the intentions of the mind and fulfill the intentions in action. The vertical axis, breathing and awareness are considered sinner juncture point of human processes. Tuning the three together is to reinstate a basic pathway towards more free and integrated movements; the process is regarded as an inner attunement or a foreplay that might affect the unity of total coordination."

work in therapy with a more integrated human being. Together, the three elements, postural stability, free breathing and awareness, were considered an entrance to unity, and an experience of well-being and health. The aim was to attune the three to each other.

Integration

To integrate the key elements to each other, it is convenient and most often necessary, to start to train from very basic situations, for example, to search to become aware of how to find a more dynamic, free and stable balance while sitting, standing and walking, and to challenge it physically and psychologically in relation to other

positions? Coordinating free breathing and awareness with sitting or standing is simultaneously simple and challenging. In these situations it is possible to recognize how the elements interrelate, and little by little, to find out how to bring the same experience of unity and dynamic balance into movement. In the process of integration and exploration of being-in-themovements, one comes to experience the close interconnection and interdependency between postural stability, free breathing and awareness, and just how vulnerable the mind is, and how easy it is to become distracted, as well as what strategies might be used in daily life to maintain coordinated balance.

Four dimensions of human movement

The analysis of data revealed that the phenomenon of quality of movement can be structured into 4 dimensions (Tables 4–7, Fig. 2). The following is a presentation of the 4 dimensions with underlying categories and quotations.

Dimension I: The structural dimension

The first dimension represents a biomechanical perspective to movement and the awareness of how to move in relation to space. It includes data describing the total coordination from an anatomical point of view, with emphasis on three basic coordinations of the trunk. The quotations belonging to this category were rooted in movement principles concerning skeletal and muscular considerations related to the path and form of movement. (Table 4)

Clinical relevance

The structural dimension provided access to explore and become aware of the path and form of movement in the round. Three basic coordinations in the trunk were presented as fundamental for the quality of a totally coordinated movement; flexion and extension of



Table 4 A structural dimension of movement

Dimension: Structural Characteristic: Path and form

Quotation:

"We can see movement from the perspective of the construction of the human organism. There are basic characteristics of movement, which have to do with two elements. First, the way the skeleton is built determines the fact that all functional movements will have to develop on spherical paths in space. Second, and integrated in it, the laws of the muscular system, how from the centre of the trunk, co-ordinations develop to the hands and feet, and how paths of coordination in accord with the needs of the skeleton determine an endless number of variations of form in movement."

Table 5 A physiological dimension of movement

Dimension: Physiological

Characteristic: Flow, elasticity, rhythm

Quotation:

"Water offers an analogy to a perception of the quality of our muscular system, when we become aware of its' fluid consistency during training. We may become aware of the quality of flow. Sensing the muscular system as if it were a wave can be integrated into movement and give it its special quality of elasticity. When we listen to our breathing we find how it is perceived inside the trunk as a soft, springy and resilient wave between inhalation and exhalation: it is between mobilization and a release that a kind of elastic rhythm can come to movement".

Table 6 A psychological, social, and cultural dimension of movement

Dimension: Psychological, social, cultural Characteristic: Attention, intention, emotions

Quotation:

"Some of these elements are within our emotional life, in relation to oneself or as a result of the fact that our emotional life will be stirred when we come close to another person. The reactions give emotional nuances to the form, rhythm and integration of movement. Sometimes these can be so strong that the integration of coordination is disturbed. Another side has to do with the life of thought, these actions of the mind are attention and intention. The two aspects are different. To be attentive is an active process of receptivity, the key to doing anything consciously. There is an important difference between moving led by passive mental associations, or by clear consciousness of the attention. It is another kind of mental activity when we intend a movement, and through the central contact with the whole body, mobilize the body to fulfill the action."

Table 7 A purely human dimension of movement

Dimension: Purely human, the essence of being Characteristic: Self-awareness, being stable, free and unified Ouotation:

"There is a characteristic in the human being that involves the possibility of turning attention to the inner world. It is connected to the part of the mind you consider the most you of you. From this point of view the human being can say: "I am and I have in me such a thought, such a feeling." This purely human function is the core of the mind of human beings—it is the mind of the mind, which also gives a distance to the contents of the emotional and thought life. That part in us is only waking up from time to time, and then not so strongly. It functions more like a flickering spark than as a steady searchlight. This function is more connected to being than to doing. It is expressed in movements with the special quality of self-awareness... being stable, free and unified."

the trunk, turning around the vertical axis, and torsion and counter-torsion of the chest and pelvis, as for example, in coordinated walking. In the study, the three coordinations of the trunk were regarded as the source of all possible human actions with its origin being located in the center of the trunk in the region of the diaphragm. The coordinations were perceived as being closely linked to breathing and psychological functions. Exploring the path and form of movement included the relation between the center and periphery of the body.

Dimension II: The physiological dimension

This dimension represented a physiological perspective to movement and the awareness of how to move in relation to time. It included data describing the total coordination from a physiological point of view. The statements belonging to this category were movement principles concerning physiological considerations, for example how the function of breathing and circulation were integrated into movement, such as the movement characteristics of flow, elasticity and rhythm. (Table 5)

Clinical relevance

This dimension provided access to becoming aware and taking advantage of the organic, physiological potentials of the body. Training the skill, searching to integrate a flowing, elastic rhythm in movements, indicated an access to the vital physiological processes. The informant emphasized that increased awareness of rhythm through direct experience could make it possible to recognize an optimal rhythm in relation to a function or situation in everyday life. The integration was perceived to develop through listening to the rhythm of breathing in various movement situations. This was considered as an entrance to increased awareness and the interplay of tension release that can



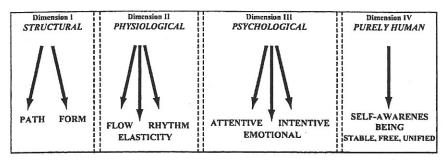


Fig. 2 Four dimensions of human movement and underlying characteristics of movements.

be found in human movement. When becoming more aware, one might continue rhythmically for a long time without exhaustion.

Dimension III: The psychological, relational dimension

The third dimension represented a psychological, relational perspective to movement and an awareness of how to move in relation to energy. It included data describing the processes of training the total coordinations integrating psychological and relational aspects. The statements belonging to this category were movement principles concerning considerations of the interrelation between cognitive. motivational and emotional aspects and how they could be expressed in human movement and how it was possible to become more aware of how to use the energy, personally and relationally. (Table 6)

Clinical relevance

This dimension focused on the experience of being more aware of how the mind is expressed in human movement and the use of energy. Training the skill of being attentive and the skill of integrating intentional aspects in movement indicates an access to the close interrelationship between the mind and body. Being attentive is an inner action, a mobilization of energy

expressed in the body in such a way that an intention can be fulfilled, in a specific function, in daily actions and communication with others. This offers the possibility of training the capacity for adaptation to changing situations, responding to them in a more precise and effective way depending on the situation, and required energy. The informant emphasized that emotional life affects the integration of coordination; expressing qualities, such as anger or joy, and may affect human movement. Psychological reactions gave emotional nuances to the form, rhythm and integration of movement.

Dimension IV: The purely human dimension

The fourth dimension represented the function of the self and the art of consciously being aware of how to be a more whole and unified person. This dimension included data describing how the function of selfawareness affects human movement. It is considered a fundamental aspect in all human beings. The statements belonging to this category were considerations of how the art of being aware and more alert, through involvement of the whole self, body and mind, could be integrated and expressed in movement. It concerns how to train self-consciousness through movement. (Table 7)

Clinical relevance

This dimension focused on training attention on the essence of being and self-awareness. Sitting still, in an upright position, is a simple way of training oneself to become consciously alert. At this time the integration of purely human functions might become more apparent. When self-awareness embraces both, what is happening within, as well as what is happening without, the whole person is involved. In this way the ability of being in contact with another level of self-awareness can be developed. This was regarded as a source for personal growth. The data focused on the importance of a stable, free / and clear mind in relation to movement:

'It is the mind that gives the quality to movement; it is transmitted to the movements. A sensitive eye will perceive immediately that a movement done creatively with attention and a renewed adaptation, with self-awareness in every moment, will look quite different from a movement done automatically'.

The four dimensions of human movement with underlying aspects are shown in Figure 2.

Integration

The four dimensions were considered important for clinical use in physiotherapy training of the quality of movement. The dimensions indicate a path to follow in therapy; to progressively tune the structural shape of the body, the physiological flow of vegetative functioning, psychological functions and the uniquely human quality of self-awareness, to each other. Focusing on personal integration, the training of being-in-themovement or being-sitting-still, increased the awareness of the deep impact of the mind on the experience of oneself.

Discussion

The study of the phenomenon of quality of movement has consisted of descriptions and reasoning of the phenomenon. To discover what was the core of the phenomenon, a search for what it meant to be human was necessary. This research demonstrated the possibility of coming to an understanding of the core phenomena involved in movement. These insights might be helpful in understanding the significance of these core phenomena in new ways. The three levels of description of the phenomenon will be brought into the discussion: (a) basic elements and dimensions, (b) functional use and (c) integration.

Basic elements and dimensions

What are the basic elements and dimensions in the phenomenon of quality of movement? Three key elements, the interrelations between them, and the four movement dimensions were described as being important for the understanding of the phenomenon of the quality of movement. The informant strongly emphasized the interconnectedness and interrelation between postural stability, free breathing and selfawareness. The integration between them was presented as a therapeutic tool to work with and was considered a gate to involving the whole person in therapy. They were perceived as prerequisites not only to the understanding of the phenomenon of quality of movement, but also to the identification of body signals, to personal resources and to any therapeutic effect. The quality of the mind, the awareness of being still or in movement, was the central feature. The result showed that quality of movement could further be described in terms of four dimensions including structural,

physiological, psychological and the purely human aspect. This was considered a path to follow in the process of integration. The study focused on the importance of integrative knowledge, the integration of elements, as well as dimensions for a deeper understanding of the phenomenon of the quality of movement, which is new knowledge.

The integration between these elements should be understood from a system's perspective (Bateson 1985). From such a perspective, the basic elements are seen to be interrelated and mutually affecting each other. Most commonly, physiotherapists deal with postural balance, breathing and awareness side by side. The study underlines the special health potential of the integration of the three. The training of awareness, searching to strengthen the interrelation between them, can be seen as a loop towards higher integration, selfunderstanding and personal development. The purely human dimension was considered a key to refining the movements as well as to the subjective experience. Within physical therapy at present we are fully aware of, and use and integrate structural, physiological, psychological, social and cultural aspects in our training within rehabilitation. What is new is the purely human dimension, aspects concerning the awareness of being in movement. This study provides a specified focus to a human dimension needed to better understand this. The informant suggests that the purely human dimension supports and enlightens the other dimensions, as well as the level of consciousness and refinement of movement. The most problematic part seems to be the understanding of the clarity and freedom of the mind and the therapeutic effect that it has. This has been brought into clinical

research by Roxendal (1985), Skatteboe (1989), Mattsson (1998) and Lundvik Gyllensten (2001). This study had the aim of seeing more clearly and bringing to the fore the central elements and dimensions involved.

Functional use – a guide for clinical practice

How could the experience of unity, and the purely human dimension, be considered a guide to clinical practice? There seems to exist a common notion among physiotherapists that quality of movement is associated with an objective perfection of movement. In the study, the informant argued that the experiences of the integration of postural stability, free breathing and awareness (i.e. a subjective experience) were a key to more functional actions and to more economic use of energy. The implementation was based on training the integration of very simple, symmetrical and asymmetrical movements in lying, sitting, standing and walking positions. Selver called the lying, sitting, standing and walking positions as the four dignities of man (Brooks 1976). The informant also saw them as universal movements. He argued that the training focus is not directed toward only one part of the body, or to isolated groups of muscles. The patient is instead led to focus on being-in-the-body as one whole, to search for an experience of being a living unity. This concept rests on the argument that all three elements embrace the whole person. A living way of moving does not rise from the parts of its wholeness, but from the unity of its elements (Parviainen 1998). A whole has its own completeness, and this completeness has a certain unity and coherence. A sense of being "whole" when moving can be created in time, space



and energy, forming a unity (Parviainen 1998). The interrelation of postural stability, free breathing and awareness can be a starting point for training (Barba & Savarese 1991; Stanislavski 1992). The unity that stems out of this can be implemented in daily life. It is argued that postural stability, free breathing and awareness together carry the four-dimensional approach. The study shows that they can serve as a guide for physiotherapy training of quality of movement. The therapeutic effect was found in leading the patient into an awareness of being one whole. This focus was considered as a search for health resources through the form of movement, the rhythm, the intention, etc. This is built on the assumption that every person is the carrier of movement resources (Horosko 1991; Mattsson 1998; Roxendal 1985).

Awareness of being-balanced-inmovement can be a missing component in physiotherapy training. Awareness training is nothing but making alliance with the wisdom of the body, having the opportunity to be more aware of different sides of oneself. Training of self-awareness through movement is different from the training of physical strength and range of motion; it is learning the geography of the body from inside (Oida & Marshall 1997). It is not simply a matter of acquiring new and interesting movement patterns. It requires an active awareness and an atmosphere in which to explore something new in the movement pattern. Even tiny zones of tension or imbalance affect not only the ease of movement and the way one looks from outside but may also influence well-being and health. Every detail of the body corresponds to an internal reality (Oida & Marshall 1997). Inside the physical existence, there is another dimension of existence, the dimension of the

function-of-the-self (Karterud 1995; Kohut 1977). Further studies are needed to see the interrelation of the function-of-the-self, and the experience of being-in-the-world.

It is important for the therapist to create situations for the patient to practice within the framework of feeling accepted and trusted. Therapeutically, it is necessary to guide carefully and gently (Lundvik Gyllensten et al. 1999). Personal motivation and experience of acceptance are vital factors (Rogers 1980). Educational methods made for actors (Stanislavski 1996), dancers (Horosko 1991) and European movement therapies (Brooks 1976; Johnson 1983) have guidelines that might be brought to consideration in physical therapy. This may be useful when studying methods for improving quality of movement.

Integration

Within philosophical phenomenology, as well as within this study, the interest was in the qualitative exploration of human experience. In this study the process of exploring and experiencing the unity of postural stability, free breathing and awareness, were, not only a key to more functional actions but also to a subjective experience of greater more wellbeing, wholeness and health, based on a fuller experience of being present in daily life. According to Heidegger (1978), this not only reveals the experience of a whole human being, but also the basic occurrence of our experience and the feeling of being alive. This makes one more sensitive to movement potentials and to developing access to movement characteristics concerning space, time and energy (Alon 1990; Laban 1960; Redfern 1965). The principle of rhythmic continuity is the basis of all organic unity which gives permanence to

dynamic movements (Langer 1953). In patient treatment, the physiotherapist can guide the patient by use of the presented framework to increased quality of movement.

Man is deeply affected by the world, at times burdened by it. In physiotherapy, we often meet clients who are overburdened, preoccupied with the stresses and pain of their personal being-in-the-world. Patients suffering from chronic pain problems, from life-style problems or mental disorders, may have difficulty in being in contact with their physical or physiological body, inner life and creativity, in relation to space and time, and with communication with other people (Dropsy 1998). This involves repressed or unawakened areas in our consciousness, for example some parts of the body, or some movement patterns. There can be larger or smaller parts of reality from which we are completely cut off in daily life (Bertherat 1996). This might be observed as a lack of unity in movements, where movement appears un-coordinated, lifeless and mechanical, with lack of vitality, flow, rhythm, or intention.

What kind of experiences might be explored in the quality of movement? Guidance by the physiotherapist to become more aware, opens the client to new experiences. The awareness is of vital importance to learning (Alon 1990). Within one single exercise, it is possible to become more aware of being-in-movement, a sense of being whole. The integration of the basic three elements can be described as a weaving process. Martha Graham was one of the first modern dance choreographers to integrate an awareness of the whole through movements (Parviainen 1998). Movement integration is advanced through a process of searching, exploring, listening,



seeing and accepting. This is a process that increases consciousness and awareness, from a pre-reflective state to a state of self-reflection (Parviainen 1998). The awareness of being balanced can be explored, for example, in moving along a vertical line, along a horizontal line, a diagonal line, a loop, in opening and closing movements, in advance and retreat, in pushing and pulling or in turning movements. The result of this study showed the importance of integrating personal knowledge and being-in-movement. The simple act of just being-in might then reveal a new depth of experience and understanding.

Conclusions

The study touches, from a phenomenological point of view, on basic elements and dimensions, functional use and personal integration, all levels pointing to areas of major importance within the profession of physiotherapy. It is of importance to investigate the lived experience of the quality of movement, and of the state of being-balanced-in-movement further. This study is a first attempt to approach this large field.

The integration of the three elements, postural balance, free breathing and self-awareness, were presented as a key to an increased understanding of quality of movement. Together, they contribute to an increased selfawareness of being whole. The phenomenon of quality of human movement could further be structured into the being-in 4 dimensions; the structural, physiological, psychological and the purely human dimension concerning self-awareness. From a point of view of personal integration, from the experience of being, it becomes apparent that this purely human function might have a profound

impact as it represents a fundamental core in all human beings.

We recommend that the results of this case study of the phenomenon of quality of movement, are further described through phenomenological studies as well as clinical studies.

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