

Article

The Dancing Nurses and the Language of the Body

Training Somatic Awareness, Bodily Communication, and Embodied Professional Competence in Nurse Education

Helle Winther, PhD

University of Copenhagen

Susanne Næsgaard Grøntved, MSc, RN

Deaconess Foundation

Eva Kold Gravesen, MS

University of Copenhagen

Ingeborg Ilkjær, PhD, MS, RN

Deaconess Foundation

jhn

Journal of Holistic Nursing
American Holistic Nurses Association
Volume XX Number X
XXXX 201X 1–11
© The Author(s) 2014
10.1177/0898010114561063
<http://jhn.sagepub.com>



At first glance, dance and movement may appear foreign to the idea of nurse education. On closer inspection, it could be high time. The flow of words may stop, but the body is always in movement—always communicating. Still, the language of the body, and certainly movement, is an often overlooked potential in education. This is also true for nurse education: in spite of the often bodily close meetings with vulnerable and crisis-stricken patients. These meetings make great demands on the nurse to both contain own feelings and be able to “read” and understand patients’ often only sense-based communication. This dimension of the nursing profession can be overwhelming, touching, and shocking for young nursing students. This research project examines, whether a course composed of theory, dance and movement lessons, and increased focus on the bodily communication between students and patients may be developmental for the nursing students’ beginning embodied professionalism. Results from the project have innovative educational potentials. They also give concrete indications of how nursing education can develop new holistic anchored embodied training in a very accessible, as well as essential, ancient, and unavoidably present part of the nursing profession.

Keywords: *the language of the body; embodied professional competence; self-contact and somatic awareness; communication reading and contact ability; leadership; sensuality; dance and movement; embodiment in education*

Introduction: Dancing Nurses— and the Embodied Professional

At first glance, dance and movement may appear foreign to the idea of nurse education.

On closer inspection, it could be high time: The flow of words may stop, but the body is always in movement—always communicating. Still, the language of the body, and certainly movement, is an often overlooked potential in education. This is also

true for nurse education: in spite of the often bodily close meetings with vulnerable and crisis-stricken patients. These meetings make great demands on the nurse to both contain own feelings and be able to “read” and understand patients’ often only sense-based communication. This dimension of the nurs-

Authors’ Note: Please address correspondence to Helle Winther, University of Copenhagen, Nørre allé 51, Copenhagen N, 2200, Denmark; e-mail: hwinther@ifi.ku.dk.

ing profession may be overwhelming, touching, and shocking for young nursing students.

The Deaconess Foundation in Copenhagen and the University of Copenhagen have created a unique environment for practitioner-based research to examine just how training bodily communication may influence nursing students' development of embodied professional competence.

The project examines whether a course comprising theory, dance and movement lessons, and increased focus on the tiny bodily communication between students and patients may have innovative educational potential. Results from the project also give concrete indications of how nursing educations may develop new holistic embodied training in a very accessible, as well as essential, ancient, and unavoidably present part of the nursing profession.

State of the Art

Embodiment as a Sounding Board for Nursing

The philosophy of the senses and the theory of phenomenology are some of the research traditions that for many years have shed light on the sensual and bodily dimensions of nursing (Benner, 1994; Galwin & Todres, 2012; Kjær, 2012a; Martinsen, 2012; Thomas & Pollio, 2002).

Nevertheless, it may be difficult for a young nursing student to be bodily present or to master the art of coming into sensual contact with a vulnerable person. It may also be difficult because bodily, personal, existential, and spiritual aspects in many ways have been overlooked in the development of courses of education in postmodern society (Hoppe, 2005; Kjær, 2012b; Sparkes, 1996; Winther, 2012). Even though there is an awakening of consideration of embodiment as a sounding board for professionalism, there is still a growing tendency for intellectual and cognitive achievement to take preeminence over practical and bodily aspects (Engelsrud, 2006; Martinsen, 2012; Winther, 2009; 2012).

Implicit Dualism and the New Challenges in Educational Systems

This inattention to the body may be due to the thus far dominant dualistic view of the body and of

humanity which has characterized Western society, including the development of education (Engelsrud, 2006; Kjær, 2012b).

In spite of a holistic view of the body gaining ground, dualism lives on today as a silent and powerful underpinning that constantly recreates itself in many ways: in language, in concepts of illness, and in science and education (Engelsrud, 2006; Kjær, 2012b; Thomas & Pollio, 2002).

Also, Benner pointed out as early as 1994 that bodiliness, intuition, and the ability to enter the "interbodily" is an essential, and in many ways a theory-less and silent dimension in nursing, which cannot be captured through Cartesian logic that splits the body from the soul.

Therefore, it is high time that new measures come along. If this issue is not addressed, there is a danger that even more young people succumb to practicum shock and to the demands that, for example, the nursing profession inevitably make to their sensual and interpersonal competence.

It is just this area of tension in which this research project moves.

The point is that the language of the body can only be trained—*through the body*.

Therefore, dance is perhaps not foreign but a welcome agent of renewal in the educational landscape.

It is useful to develop Embodiment in Education.

Research Method

Embodiment in Education: Background of the Project

The nurse project is based on a research project with the working title *Body: Contact and Embodied Professional Competence in Nurse Education* and is part of a larger research effort about Embodiment in Education.¹

The involved nurse education unit recognizes, as does the whole of this educational field in Denmark, that bodiliness in professional nursing is a big challenge to young students (Grøntved & Ilkjær, 2013). The education also emphasizes that one of the reasons that students drop out is based on them being overwhelmed by encounters with the real world in their first clinical practice. Here, young people feel it is especially difficult to be close to the patient's

body—for the student, an unknown body (Grøntved & Ilkjær, 2013). Therefore, the aim of the project was to develop the quality of nurse education and to renew the focus on nurturing values such as care and fostering, in interaction with training in body language (Grøntved, Ilkjær, Winther, & Gravesen, 2012; Winther, 2012).²

In both its theory and practical interventions, the project was based on phenomenology (Merleau-Ponty, 1945/2004; Thomas & Pollio, 2002; Todres, 2007), sensual philosophy (Løgstrup, 1983; Martinsen, 2012), body psychology (Lowen, 2006; Sabetti & Freligh, 2001), and movement psychology (Laban, 1980; Winther, 2009, 2012). This theoretical base regards the body as a multidimensional, existential, and also energetic organism.

Practitioner Research: Embodied Experiences, Shared Stories

The intervention that comprises the basis of this article took 8 months and was a combination of a theoretical and movement-based course, dance and movement–communicative sessions in the peer group, and a practicum period documented by diary notes and descriptions of the nurse students' experiences with patients.

Research through practice is inspired by what Jarvis (1999) and Dadds, Hart, and Crotty (2001) term *practitioner research*. Throughout, this was combined with a phenomenological and narrative-inspired approach to data collection, as it was essential to gain insight into the students' personal sensory experiences and everyday stories (Merleau-Ponty, 1945/2004; Sparkes, 2002; Todres, 2007). The students were therefore seen as coresearchers. Each of them wrote experience descriptions, which are first-person, rich descriptions written from an insider perspective (Winther, 2009). It is the diverse experiences of 12 students that comprise the background of this article.^{3,4} These illuminate essential learning moments with peers and challenging meetings with patients. Certain students' data are used directly in the article text. Phenomenological inspired practitioner research could be criticized for lack of objectivity and traditional evidence evaluation. Nevertheless, research that examines challenges in life experiences must be done with openness for these dimensions on the part of those doing the research—and with transparent reflections for those who read the text (Richardson, 2005).

Why Dance With Nurses?

The Language of the Body: Our Mother Tongue

Why dance with nurses?

The language of the body is the primary language of human beings. It is also both our first and last language, and what is spoken in all human relationships (Argyle, 2002; Winther, 2012). The language of the body and movement, and individuals' ability to connect with each other through authentic, emotional, and sensual openness, thus develops long before spoken language, and it follows us as an often-implicit mother tongue throughout life (Halprin, 2004; Kjær, 2012b; Winther, 2012, 2013). The language of the body is thus unavoidably and basically *there* in the relationship between nurse and patient, even if it is often, for both, a quickly moving energy, always changing, and a prereflective and embodied language beyond everyday consciousness (Ladkin & Taylor, 2010; Martinsen, 2012; Winther, 2012, 2013). This communication, as Gergen (2000) states, may be seen as a dance, in which the nurse must learn from the patient.

Caring as a Tiny Dance in Which the Patient Is the Nurse's Teacher

Caring is not something the nurse does for the patient, but something that is co-created in interaction, a coordinated dance between two persons in a specific relationship. The patient must teach the nurse how to care, and the nurse must listen, not only to the patient's words but to his or her unspoken bodily response. (Gergen, 2000, as cited in Thomas & Pollio, 2002, p. 6)

As this tiny, everyday dance is often spoken through very small bodily signals and sensual energetic communication, it may be difficult to train this in the nurse–patient relationship. Therefore, the research project focused at awareness of both the tiny dance between patient and nurse *and* the dance lessons in which these bodily dynamics could be exaggerated while the nursing students had the possibility to train with peers.

And . . . what are the potentials in dance?

Dance Is a Way to Express Life

Dance may, as the famous modern dancer Martha Graham (1991) writes, be a way to express all aspects of life and the soul. Dance has also shown itself to contain unique possibilities for initiating processes characterized by openness, contact, joy, sensitivity, nakedness, resistance, and modesty (Halprin, 2004; Lumsden, 2010; Winther, 2009). These processes are often also found in the new nursing students' communication with patients. In movement and dance, body language becomes intensified, concentrated, and enlarged, and verbal language fades in importance for a while. Therefore the individual's bodilyness becomes more pronounced through dance (Halprin, 2004; Winther, 2013).

That is the reason why the students were working with dance and movement communication as a professional developmental journey.

Both the awareness of and training in the "tiny dance" with patients and in the larger dance with peers were focusing on all three levels of the concept *embodied professional competence* (Winther, 2012, 2013).

Embodied Professional Competence

Embodied professional leadership is the key concept in all the projects about Embodiment in Education. It may be defined as a combination of the following:

- *Self-contact and somatic awareness:* Contact with one's own body and personal feelings, the ability to be focused and present, the ability to include one's heart and still keep a professional focus and a private boundary, and body awareness and grounding
- *Communication reading and contact ability:* The ability to see, listen, sense, and notice; the ability to "read" both verbal and bodily communication; the ability to create trustful and empathic contact with others; and the ability to contain and manage conflicts
- *Leadership in groups or situations:* Professional overview, personal radiation, centering, clear leadership of the group or

situation; and the ability to enter or hold a space with a trustworthy and body-based authority and humility (Winther, 2013)

Embodied professional leadership is a constantly moving and also very personal competence that may be developed, made conscious, and matured (Winther, 2012, 2013).

It is noticed and expressed to a large degree through the body. The individual may have resources and challenges on all three levels, or experience that there is much to learn in especially one of these areas.

For young nursing students, this is also a competence that they can learn from experienced nurses in the clinic.

Cecilie writes,

It has become very clear for me what the body actually tells about a person without him or her saying a word. I have especially noticed the nurses whom I've been with here on the ward, and their totally different body language and awareness. It tells enormous amounts about who they are as a person and as a nurse. When you see them with the patients, you see clearly how they are aware of their body and how one may give good nursing care by using the body.

Thus, embodied professional competence may be trained and developed throughout life. Let us now continue by the students' journey with both the larger and the smaller dance. The journey will be communicated as stories related to the three levels of embodied professional competence and mirrored by perspectives based on previously mentioned theoretical background.

Level 1: Self-Contact and Somatic Awareness—Exploring Rhythm, Contact, Connectedness, Boundaries, and Trust Through Dance

Today, the first day, we walk around, between each other. . . . It gets easier, the longer we do this exercise. . . . Little by little, everyone gets into a common rhythm, and you can feel that people are having a good time. (Selma)

In both the world of dance and the world of reality, the three levels of the embodied professional competence are inextricably woven together. Thus, embodied professional competence is also about training as a professional, primarily to be able to be in emotional contact with one's own body in order to be able to "read" and sense the other(s) in a clear professional communication. Only when the professionals are present and in calm self-contact are they able to find a harmony, tone, or common rhythm with the patients. In both the clinic- and course-based parts of the project, it became clear to the students what significance their contact to their own bodies and feelings had, and how often they were touched, challenged, struck, or shaken.

On the first day, Kettie writes,

We do several exercises in which we dance with each other . . . one of us is the "patient" and the other, the nurse. I'm a little tense as to what will happen. (. . .) In the exercise, the nurse is to lead, and it's Berit doing that. We dance opposite each other and hold each other's hand. We look at each other, she smiles and I smile back. (. . .) I feel that we "click," fit well together, and she has a really good feeling for it all. I don't feel that the dance is rushed, but feel safe and glad. She swings me around. Afterwards, she says that she thinks I'm "easy to dance with" and I notice that she also felt that it was a good experience.

When Kettie describes that the communication "clicks" and she feels light and glad, she also learns how such sensual interaction with another person influences her own openness and her own feelings and—thus—the dance. In Kettie's experience, the communication succeeds. It is "easy" and, in Martinsen's (2012) term, *harmonious*. It is Berit who as "the nurse" forms an energy-giving support for her and contributes to creating a safe experience.

Even though the students experienced a safe space for learning in the dance course, and through their own voices underline again and again how the dance created trust, joy, openness, and unity, they also worked on processes that were challenging and that developed their self-contact and somatic awareness. In professional work, it is important that the professional has contact with one's own body, while at the same time having boundaries and being able to "be in themselves." This is what gives the possibility

for the professional to become a sounding board for the other, not the opposite (Kjær, 2012b; Martinsen, 2012; Winther, 2012). Therefore, it is important to be able to keep a sense of calmness and security in one's own body also in challenging situations, as it is through the body that one senses and expresses both the nurse's and the patient's calmness, insecurity, modesty, limits, and anxiety. Here, the dance may create the foundation for a developmental process that starts in the learning processes of the moment in the larger dance and that may be brought along in meeting with patients as an experience to build on further.

Mette describes here how her insecurity in touching others' bodies slowly became transformed into a feeling of this being natural or, we might say, into being trained in being less *body frightened*:

We do an exercise in which I go around and put my hands on the others' shoulders, while they have their eyes closed. I try to hide my insecurity, as I'm not sure how I should hold around the person at first, but I notice that I begin to loosen up, and the touch also begins to feel easier and more natural to me. I don't totally let go of my self-consciousness, but I think I can already notice that it helps. I know that it's important for a nurse to have good contact with her patients, so I'm glad to have the possibility to get better at touching people and being less frightened by the body. People do notice it if you are unsure, and that's why body language is important to have "in place" as a nurse. (Mette)

Through dance, the students experience being in the context of an experimental, free, and boundary-testing course where there is also joy, warmth, and unity. They move slowly from fright to familiarity regarding both their own bodies and the bodies of others.

And here, it is the contact with one's own body that is of great importance.

Through dance, the students acquire tools to be able to contain and master their own feelings and modesty, but their ability to keep or recover their own self-contact and somatic awareness through the body, contact, and grounding is tested seriously first in the clinic. Several students describe here how, in meetings with patients, they—in spite of being emotionally touched—are able to keep a private boundary and at the same time create closeness in communication.

But experiences in the hospital may also be so intense that the student loses her ground.

I am just shocked after such a hard start to the shift, and when I think through a lot of things. I remember how, when we went into the patient the first time and saw that he was hyperventilating, I wanted to put one hand on his chest, in order to make his breathing calmer. If I had been alone, I might have dared to do it. We later found out that the patient had developed a phobia to blood after having been a soldier in Iraq, and the pain in his own body made him panic.

While the heart stop the crew is helping in the room the first time he becomes unconscious, I go out into the hallway, so as not to be in the way. I stand totally passive, and just don't know what to do with myself. Then I see a young woman with a baby carriage come into the ward, and she comes walking in my direction. I have time enough to think, "If only it isn't the patient's girlfriend who's coming now, and seeing this . . ." Luckily she's going to see another patient. When I go over to her I'm shaken up, but really compose myself and try to be as I usually am towards patients and their relatives, but I've completely lost my footing. My hands are shaking when I take out the slip of paper to see where her husband's room is, and when I go down to the sitting room and want to make a gesture towards the door she should go through, it's just a limp half-movement. When I talk with her, I'm also stammering and saying incomplete sentences.

. . . I cannot remember having reacted in that way before. I just could not feel my own body, and my thoughts were everywhere. It is really exceptional to have noticed that, as then I can also notice how different it is from when I am okay and am aware of my own body. (Stine)

Stine cannot notice her own body, and still it is "talking"—loudly. She is shaken, her body and voice shake, her arms are limp, and movements halfway, and at the same time, she is able to act competently and take care of the young woman with the baby carriage. Stine has, as she herself says, lost her footing. Nevertheless she tries, as seen from a movement-psychological point of view, in fact—through the entire situation—to *ground* herself and come back to a state of contact. This story shows just how

intense young students may react in situations in the job that they—at a later point in time—will be expected to have and master with calmness in their body, clarity, and overview. Like a ship's captain on a stormy sea, life in the world of reality can entail harsh life lessons.

Therefore, their ability to find themselves, or find themselves again, through the body is practised again and again. Here, training in the dance space perhaps can give only a humble benefit, but the diary notes can support the students' processes of awareness and recognition.

Level 2: Communication Reading and Contact Ability

In the above quote, we see how the nursing student's bodily contact with herself is affected by, and how it affects, both fellow students and patients in a constantly moving relational process. The students' communication reading and their ability to see, listen, and sense—"read" bodily communication, together with the ability to create trustful and empathic contact with others, are also developed and challenged during the project period. On this level, the students describe many challenging and touching situations, but the themes that emerge most clearly concern eye contact and body contact, both having to do with being in a bodily and in an intimate, yet professional space with fellow students and patients.

Eye Contact: Being Close to Another Person

We walk around in the room amongst each other and I just can't, after that, avoid not looking them in the eye and smiling to them. . . . It's very challenging to try to "read" one another. . . . It's a good way to start the day. I'm still tired, but much more cheerful. (Jenny)

In the course of the project, Jenny—like several of her fellow students—becomes aware of the significance of eye contact and contagious interpersonal magic. At the start, other students experience eye contact as frightening, as they experience that they in a way become closer to another person.

Here too, it is closeness and contact that paradoxically is experienced as being something that both opens up and is frightening in the relationship. This experienced ambiguity of eye contact is perhaps not without reason, as eye contact is one of the individual's most meaningful communication tools. The eyes are connected to the person's attitude. They can light up with love and show openness and caring, but they can also signal distance, power, or lack of empathy (Thornquist, 2005). With one look, individuals communicate their availability to each other; and for patients, the energy in the professional's gaze may be decisive for whether they feel *seen*, undressed, watched, or ignored (Winther, 2012). Perhaps just for this reason, the students are challenged in their ability to see. Slowly they become conscious of the vulnerability of their gaze, its power, and possibilities and are cast—in both the larger and the tiny dance—out on a journey in which their limits for modesty are challenged, although authenticity and existential openness sometimes come to the forefront in the interpersonal dance of the moment. This is what Rita experiences too. She cannot stand eye contact, to put it mildly. At the same time and almost in the same breath, she tells about the opening significance of eye contact in her first real meeting with a patient: her meeting with Rigmor, 102 years old.

For me, as I said, it's very intimate to look a person deeply in the eye . . . more intimate than touching them physically. And with the eye contact exercises, I got to be thinking about a moment from the clinic last week that I recall very clearly. A situation with eye contact that left its mark on me.

It was the very first patient I met: Rigmor, 102 years old. . . . Rigmor was very confused and couldn't really find out where she was . . . and she said from time to time, "Don't mind me—I'm just crazy," and she pointed upwards. There was something about her that appealed to every caregiving desire in me. Instant sympathy, I'd call it. And a feeling of respect for the length of lived life that she represented. The lady, who lay in that bed, had lived through two world wars! At the end of the day, when my shift was over, I went in to her to say goodbye. I held her hand and met her gaze. . . . I got this feeling of movement in my chest, up to the bottom of my throat, and it was just before I got tears in my eyes. It lasted only a few seconds. That's how I feel when I experience this kind of real contact. It can be very

fleeting. . . . but I remember such moments for a long time afterward. Sometimes forever. Rigmor was my first real MEETING with a patient after I entered my new profession as a nurse.

I'm certain that, in my daily work as a nurse, I'll be challenged by all the bothersome parts of this field. . . . But I will put this first meeting with Rigmor into my storehouse, so I can bring it out when I have to remember why it is that I shall and must work with people. (Rita)

The students' stories often show that they become emotionally moved when the ice in their interpersonal insecurity melts. And some of them also experience how their bodily confidence in relation to both themselves and others grows in the course of the project period.

They show this for example by their stories of body contact.

Body Contact: Moving Limits and Getting Closer to Others

When we were to calm each other by touching those who sat on a chair with eyes closed, I experienced what a difference it makes, how you show that you're there. . . . I interpret a person who dares to touch me and perhaps take my hand, as one who really means it. Of course it should be done measuredly, but I really felt that the person WAS there (for me) when they weren't "afraid" to take a hold of my hand or hold firmly around my shoulders. (Ann)

The above quote from Ann is from the dance courses. But daring to be there and really be available to another person through one's own bodilyness can also be associated with insecurity and limits. And in the tiny dance between nurse and patient, it can be difficult to feel where each other's limits are. This is some of what is distinctive in Cecilie's story:

I am afraid to touch a patient, I don't know him, and I'm not really sure that it's appropriate to touch without a "real reason." Maybe it's in fact uncomfortable for the patient if I put my hand on the patient's shoulder? I can see the patient is sad, but I feel that I go past a boundary if I touch him. Maybe it's my own boundary?

Bodily contact is thus for the young students a dance of research in both the tiny dance with the patient and the larger dance with fellow students. It is precisely this work with close, trust-inspiring touch and bodily contact that is—in contrast to what is the case for many other professions—an essential part of the nurse's professional work.

In a movement-psychological frame of understanding, bodily contact is *both* about the individual's bodily presence and the contact with one's own body, and about the contact with others (Winther, 2013).

Bodily contact is the most basic form of interpersonal communication. The need for body contact follows the individual throughout life, from birth to death; thus, touch may also contribute to create calmness, trust, care, and relief of suffering, as in many everyday situations, it may be necessary to use it as physical support for an ill person (Argyle, 2002; Moberg, 2003; Winther, 2009). Therefore, body contact may be an important support in the embodied professional space, but precisely because this form of contact is so essential to humans, it is also protected in everyday contexts by energetic territorial zones protecting the intimate sphere (Hall, 1990; Winther, 2012). Yet it is necessary for nurses to find a way through the frontier of this intimate sphere as this is often an unavoidable part of their work; but close bodily contact may also, as the students experience, be connected to both modesty and anxiety. The language of touch is at least as finely faceted as verbal language, and it must therefore be used with care and respect. Therefore, this language may also be trained. It is trained both in the dance courses as shown by pair-inspired improvised dance, in which students sense each other's bodily tonus and learn to lead and meet various personalities, and in the clinic, where they must lead and find and, as Gergen (2000) writes, be taught by the patient.

Here, Ea has had a learning experience with an elderly man.

I had an episode with an almost 100-year-old man. (. . .) It was obvious that he was afraid of falling, as his legs weren't very reliable anymore, but here I thought that it was important to pull him close to my body, so he got as much support and security as possible.

In this situation, Ea works competently with both the first and second levels of embodied professional

competence. She is familiar with her own body, and she senses at the same time that the elderly man's body expressed anxiety about falling. She has the courage to work with body contact as both a physically supportive and emotionally calming tool. Ea's experience with the elderly man is not only about bodily contact and communication reading.

It is also about leadership, which is the third level of the embodied professional competence.

Level 3: Leadership and Followership

Even though nurses are not to lead in the same way as leaders and teachers, this level is of great importance, as many situations demand a healthy and bodily based authoritativeness. Leadership in terms of body language is about both being able to "take" and hold a space/room, and at the same time be aware of both self-contact, somatic awareness, and embodied communication reading (Winther, 2012, 2013). These levels are fundamental to situational leadership, which is also to a great degree expressed through the body.

Bodily based leadership is not about power but about clarity, security, and trust. It is also about, as Ea does, being able to be open to the patient's followership. Even though her fellow student Rita faces challenges regarding her own self-contact, she manages, in the following story, to master competent leadership and create the foundation for an ill man's followership when she tries to find out how to support a patient who is to take a bath:

When I go in to him and ask if he would like to use the toilet, I notice how I compensate for my own nervousness—I've never had to deal with people in that way before now in the clinic. I stand tall, with a self-assured posture, and it works. With a clear voice, speaking distinctly, I ask if he can manage it himself, and by my tone I sort of imply that he can, but then he says, with a little vulnerability in his tone of voice, "You could help me out there anyway." (Rita)

Discussion: Concluding Remarks and Future Research

As the article states, the three levels of the embodied professional competence are inextricably connected and may shift, like sunlight, many times

during a day. A concentrated course on the language of the body and the larger and smaller dances does not of course prepare students to master all situations in their coming profession. Nevertheless, it may give them eyes with which to see, tools with which to act, and an understanding of processes through the senses as well as through recognition; these may otherwise be difficult to fathom. For both patients and nurses, the body is connected with emotionality, lived life, and existential dimensions.

Therefore, the Dancing Nurses project is no magical prescription.

Embodied professional competence will be challenged again and again by the life learning of professional reality. Nonetheless, the project and the students' rich voices show that they have gained a far greater understanding of and familiarity with being able to work with the language of the body in practice. In their stories, the students show that they too, through joyful, shocking, and vulnerable situations, have found tools for action, humility, and comprehension. Above all, perhaps the greatest potential of the project is that it has shown that what otherwise is experienced as personal challenges or private defeats may be experienced as a common journey. Potential personal experienced body fright or insecurity about intimacy, difficult situations, and body contact may be trained and embodied in a safe space before, during, and after the clinic's shocking and moving tiny dances. Here, it has also been significant that the near-sensual, close to everyday life, rich learning experiences were written down and partially worked through in a common space. Thus, it also turns out that the project's phenomenological and narratively inspired data method may be implemented advantageously in educational contexts, useful for students' learning process.

This course has after the evaluations become a part of the obligatory curriculum in the nurse students' education. Embodied professional theory, dance and movement lessons, and increased focus on the tiny bodily communication between students and patients in practicum periods will therefore also in the future become part of all students' professional training. Furthermore, the education has implanted the embodied professional competence as a central holistic concept, which the students have to train throughout all their practicum periods for 3½ years. This project therefore contains innovative change potentials, which may be implemented in both the courses and practicum in other nurse educations and

in postgraduate training contexts with a holistic approach. Thus, the embodied professional leadership competence and the landscape around the language of the body may form a common ground for students, teachers, and practicum advisors. This, however, gives new challenges, as it also requires that politicians, those responsible for education, have an understanding of the significance of this area, and that both teachers and practicum advisors find a common rhythm in relation to both being able to see, notice, verbalize, and teach the language of the body. And dance!

Thus the project may also indicate possibilities for the development of educational landscapes of the future—not just in nursing but also in other fields working with people. And in postmodern society, there is, as mentioned, a need to develop competent professionals who have a high degree of professional knowledge and who at the same time are in contact with the body, mind, heart, and spirit.

Thus the multidimensional results of Dancing Nurses have both innovative aspects and the possibility of conserving and respecting the ancient, essential, and holistic values of nursing. *Nevertheless*, much more international research, as well, is needed in this area. To other branches of education and other researchers, "May we have this dance?" This is essential to meet future educational challenges—and to develop Embodiment in Education.

To touch, to move, to inspire—this is the true gift of the dance. (Aubrey Lynce)

Notes

1. To optimize the role of embodiment in education and the previously mentioned actual and inevitable personal and professional challenges faced by current and future professionals, several relevant research projects have been done in Denmark about *The Language of the Body in Professional Practice* (Winther, 2012, 2013; see also Berg & Thilo, 2012).

2. This includes concepts such as self-contact and somatic awareness, communication reading, and leadership (Winther, 2012, 2013).

3. Nineteen first-year students signed up for the project, which was voluntary. In spite of a heavy work load of obligatory assignments in their course of study, 12 of them completed the project.

4. The students were initially informed of the ethical framework and conditions for participation in the project. They had the option to withdraw from the project at any time and without any questions being asked. For ethical reasons, all names in the article have been changed.

References

- Andersen Kjær, T. (2012a). Løgstrup og samtalens kunst i sygeplejen [Løgstrup and the art of dialogue in nursing]. In K. Martinsen (Ed.), *Løgstrup og Sygeplejen* [Løgstrup and nursing] (pp. 152-188). Århus, Denmark: Klim.
- Andersen Kjær, T. (2012b). Mennesker taler først med kroppen [Human beings speak through their bodies]. In H. Winther (Ed.), *Kroppens sprog i professionel praksis: om kontakt, nærvær, lederskab og personlig kommunikation* [The language of the body in professional practice: contact, presence, leadership and personal communication] (pp. 40-54). København, Denmark: Billesø og Baltzer.
- Argyle, M. (2002). *Körpersprache und Kommunikation: Das Handbuch zur nonverbalen Kommunikation* [Body language and communication: Handbook of nonverbal communication]. Paderborn, Germany: Junfermann Verlag.
- Benner, P. (Ed.). (1994). *Interpretive phenomenology: Embodiment, caring, and ethics in health and illness*. Thousand Oaks, CA: Sage.
- Berg, M., & Thilo, T. (2012). At blive kastet for de sultne løver [The hungry lions]. In H. Winther (Ed.), *Kroppens sprog i professionel praksis-kontakt, nærvær, lederskab og personlig kommunikation* [The language of the body in professional practice: contact, presence, leadership and personal communication] (pp. 142-153). København, Denmark: Billesø og Baltzer.
- Dadds, M., Hart, S., & Crotty, T. (2001). *Doing practitioner research differently*. London, England: Routledge/Falmer.
- Engelsrud, G. (2006). *Hva er kropp?* [What is embodiment?]. Oslo, Norway: Universitetsforlaget.
- Galwin, K., & Todres, L. (2012). *Caring and well-being. A lifeworld approach*. London, England: Karnac Books.
- Gergen, K. (2000, May). *The nature of human care*. Paper presented to the Applied Phenomenology Study Group at the University of Tennessee, Knoxville.
- Graham, M. (1991). *Blood memory: An autobiography*. New York, NY: Doubleday.
- Hall, E. (1990). *The hidden dimension*. New York, NY: Anchor Books.
- Halprin, D. (2004). *The expressive body in life, art, and therapy: Working with movement, metaphor, and meaning*. London, England: Jessica Kingsley.
- Hoppe, S. H. (2005). Spirituality and leadership. *New Directions for Teaching and Learning*, 2005(104), 83-92.
- Jarvis, P. (1999). *The practitioner-researcher: Developing theory from practice*. San Francisco, CA: Jossey-Bass.
- Laban, R. (1980). *The mastery of movement*. Plymouth, England: Macdonald & Evans.
- Ladkin, D., & Taylor, S. (2010). Enacting the true towards a theory of embodied authentic leadership. *The Leadership Quarterly*, 21(1), 64-74.
- Løgstrup, K. E. (1983). *Kunst og erkendelse: Metafysik II* [Art and consciousness: Metaphysics II] (1st ed.). Haslev, Denmark: Gyldendal.
- Lowen, A. (2006). *The language of the body: Physical dynamics of character structure*. Alachua, FL: Bioenergetic Press.
- Lumsden, M. (2010). The moving self in life, art, and community. *Body, Movement and Dance in Psychotherapy*, 5, 231-243.
- Martinsen, K. (2012). *Løgstrup og sygeplejen* [Løgstrup and nursing]. Århus, Denmark: Klim.
- Merleau-Ponty, M. (2004). *Phenomenology of perception*. London, England: Routledge Classics. (Original work published 1945)
- Moberg, K. (2003). *The oxytocin factor: Tapping the hormone of calm, love and healing*. London, England: Amazon.
- Næsgaard Grøntved, S., & Ilkjær, I. (2013). *Evaluering af projekt Krop, kontakt og professionspersonlig kompetence* [Embodiment, contact and embodied professional competence: project description]. København, Denmark: Diakonissestiftelsen.
- Næsgaard Grøntved, S., Ilkjær, I., Winther, H., & Gravesen, E. (2012). *Projektbeskrivelse Krop, kontakt og professionspersonlig kompetence* [Evaluation of the project about embodiment, contact and embodied professional competence]. København, Denmark: Diakonissestiftelsen.
- Richardson, L. (2005). Writing: A method of inquiry. In N. K. Denzin & Y. S. Lincoln (Eds.), *The SAGE handbook of qualitative research* (3rd ed., pp. 959-976). London, England: Sage.
- Sabeti, S., & Freligh, L. (2001). *Life energy process, forms, dynamics, principles*. München, Germany: Life Energy Media.
- Sparkes, A. C. (2002). *Telling tales in sport and physical activity: A qualitative journey*. Champaign, IL: Human Kinetics.
- Sparkes, A. C. (1996). Interrupted body projects and the self in teaching: Exploring an absent presence. *International Studies in Sociology of Education*, 6, 167-89.
- Thomas, S. P., & Pollio, H. R. (2002). *Listening to patients: A phenomenological approach to nursing research and practice*. New York, NY: Springer.
- Thornquist, E. (2005). *Klinik, kommunikation, information* [Clinical practice, communication, and information]. København, Denmark: Hans Reitzels forlag.
- Todres, L. (2007). *Embodied enquiry: Phenomenological touchstones for research, psychotherapy and spirituality*. Basingstoke, England: Palgrave Macmillan.
- Winther, H. (2009). *Bevægelsespsykologi: Kroppens sprog og bevægelsens psykologi med udgangspunkt i danseterapiformen Dansergia* [Movement psychology: The language of the body and the psychology of movements based at the dance therapy form Dansergia] (Unpublished doctoral dissertation). Institut for Idræt, Københavns Universitet, København, Denmark.
- Winther, H. (2012). *Kroppens sprog i professionel praksis-kontakt, nærvær, lederskab og personlig kommunikation* [The language of the body in professional practice: Contact, presence, leadership and personal communication]. København, Denmark: Billesø og Baltzer.

Winther, H. (2013). Professionals are their bodies: The language of the body as sounding board in leadership and professional communication. In L. Melina, G. Burgess, & L. Falkman (Eds.), *The embodiment of leadership: Building leadership bridges* (pp. 217-239). San Francisco, CA: Jossey-Bass.

Helle Winther, PhD, is an Associate Professor in the Department of Nutrition Exercise and Sport Sciences University of Copenhagen. Teaching and research in movement psychology, dance, embodied professional competence and the language of the body. Dr. Winther has developed movement teaching embodied professional training and research at the nursing project.

Susanne Næsgaard Grøntved, MSc, RN, is an Associate Professor in Nursing Science employed at Deaconess University

College Copenhagen. Dr. Næsgaard Grøntved's teaching approach includes Nursing History and development of the Nursing Profession as well as implementation of Body and Movement program in developing embodied professional competence among students.

Eva Kold Gravesen, MS, is a Master in Physical Activity and Human and Social Sciences at the University of Copenhagen. Dr. Kold Gravesen is a dance teacher, parkour expert, and performer who has developed movement teaching and training of embodied professional competence at Deaconess University College Copenhagen.

Ingeborg Ilkjær, PhD, MS, RN, is an Associate Professor employed at Deaconess University College Copenhagen. Dr. Ilkjær's research approach is phenomenology especially experience of existential problems and living with severe disease.