



## Bodily experience through Biodanza in people with visual impairment

*A vivência da corporeidade por pessoas com deficiência visual por meio da Biodanza*

*La vivencia de corporeidad en personas con deficiencia visual a través de la Biodanza*

*Helena Cristina Medeiros Vieira Schmidek<sup>I</sup>; Werner Robert Schmidek<sup>II</sup>; Luiz Jorge Pedrão<sup>III</sup>*

### ABSTRACT

**Objective:** to reflect on body experience in people with sight loss. **Content:** people with visual impairment are offered few opportunities to experience their body in motion and to experience their corporality, in a world where connection with the body is increasingly distant in daily life. The method used was drawn mainly from Rolando Toro Araneda, as regards the importance of teaching environments, such as *Biodanza*, for the experience of corporality to be restored. **Conclusion:** this reflective process made it possible to assert that, for the people in question, the practice of *Biodanza* contributed to restoring their corporality by enabling their motor repertoires to be expanded through dance and an emotional relearning through lived experience. It offers a contribution to nursing, since it broadens the range of possibilities for expanding nurses' empathetic regard to these issues as they practice their profession.

**Descriptors:** Corporality, visually impaired persons; complementary therapies; Biodanza.

### RESUMO

**Objetivo:** refletir sobre a vivência da corporeidade por pessoas portadoras de deficiência visual. **Conteúdo:** são poucas as oportunidades oferecidas às pessoas portadoras de deficiência visual de experimentar o seu corpo em movimento, experienciar sua corporeidade, num mundo onde a conexão com o corpo está cada vez mais se distanciando no dia-a-dia. O método utilizado é trazido, principalmente, por Rolando Toro Araneda, no tocante à importância de ambientes pedagógicos, como a Biodanza, para que a vivência da corporeidade seja resgatada. **Conclusão:** este processo reflexivo permitiu considerar, que a prática da Biodanza pelas pessoas em questão, contribui no resgate da sua corporeidade, por possibilitar a ampliação de seus repertórios motores através da dança e de um reaprendizado emocional através da vivência. Oferece contribuição à enfermagem, uma vez que amplia o leque de possibilidades para a expansão do olhar empático do enfermeiro para essas questões, em sua prática profissional.

**Descritores:** Corporeidade, pessoas com deficiência visual; terapias complementares; Biodanza.

### RESUMEN

**Objetivo:** reflexionar sobre la vivencia de corporeidad en personas portadoras de deficiencia visual. **Contenido:** son pocas las oportunidades ofrecidas a las personas portadoras de deficiencia visual de tener la experiencia de su cuerpo en movimiento, de su corporeidad, en un mundo donde la conexión con el cuerpo está alejándose cada vez más en el cotidiano. El método usado lo aporta, principalmente, Rolando Toro Araneda, en lo que se refiere a la importancia de ambientes pedagógicos, como la Biodanza, para rescatar la vivencia de corporeidad. **Conclusión:** este proceso reflexivo permitió considerar que la práctica de Biodanza por las personas en cuestión, contribuye para el rescate de la corporeidad por posibilitar la ampliación de sus repertorios motores a través de la danza y de un reaprendizaje emocional a través de la vivencia. Contribuye también a la enfermería, ya que amplía el abanico de posibilidades para la expansión de la mirada empática del enfermero a esas cuestiones, en su práctica profesional.

**Descriptores:** Corporeidad, personas con daño visual; terapias complementarias; Biodanza.

## INTRODUCTION

In our daily life we overestimate our vision because, culturally, it is, among all other sensory possibilities, the most required in the acquisition of knowledge – a visuocentric model of construction of knowledge<sup>1</sup>. Vision is estimated to be responsible for 80% of our knowledge<sup>2</sup>, a world organized by people who see, providing vision with an essential role in human development<sup>3</sup>. Thus, it is natural that the interpersonal relationship in health service is preferentially based on this communication channel, which limits access and incorporation of meaningful information by visually impaired people<sup>4</sup>, to the prejudice of the way of speaking, touching, hearing, smelling, and other communicating elements in health care in the perspective of visually impaired people's needs<sup>5</sup>.

<sup>I</sup>Zootechnician. Biodanza Facilitator. PhD student at the Graduate Program in Psychiatric Nursing, Ribeirão Preto School of Nursing/USP. São Paulo, Brazil. Email: hcmvieira@hotmail.com

<sup>II</sup>Doctor. Retired Associate Professor at the Ribeirão Preto Medical School/USP. São Paulo, Brazil. Email: werner.r.s@hotmail.com

<sup>III</sup>Nurse. Professor, Ph.D. at the Department of Psychiatric Nursing and Human Sciences, Ribeirão Preto School of Nursing/USP. São Paulo, Brazil. Email: lujope@eerp.usp.br



Visually impaired people are those who have total or partial vision loss, that is, their construction of the external or internal world are not based on visual stimuli. It may be a total (blindness) or partial (low vision) visual loss; it also may be congenital or acquired<sup>4</sup>. The first type refers to people who are already born without the use of sight; they do not have preformed images, including their own body image; the second type refers to people who have lost sight at some point in life for different reasons; they have mental images prior to the disability<sup>6</sup>.

In a world centered on standards adopted by and for people with normal vision<sup>7</sup> the existential identity of the visually impaired is based more on their inability to see than on the potential of their other abilities to communicate with themselves and the world.

A reflection about visual impairment is related to enhanced abilities in other senses, i.e., the lack of one organ is compensated by the better functioning of others. This theory is mistaken since it assumes the visually impaired people's adaptability in a simplistic way, that is, the other senses would compensate for the vision loss in a simple, automatic and natural way – which is the consequence of a biological and restrictive conception of the human being<sup>3</sup> and not as a result of learning<sup>8</sup>.

For the visually impaired, the way they conceive the world is not based on sight, rather it is based on the other forms of experiencing the body in order to build a relation with themselves, with others, and with the world. A body that should not be reduced primarily to touch, but should rather include other possibilities, which, even for us who have the ability to see, are difficult to describe, due to our own experience basically linked to knowing the world through sight.

This study is a reflection based on a theoretical basis developed by Rolando Toro Araneda, who, through Biodanza, proposes a process of pedagogical learning and personal development carried out in groups, in a cooperative environment, in which individuals experience their expression here and now, through body movement and in an integrated way, that is, their expression should be a congruent result of the way they think and feel<sup>9</sup>.

Etymologically, Biodanza means 'dance of life', the union of the Greek prefix 'bio' (life) with 'dance'. It is a living system defined as a system of human integration, organic renovation, affective reeducation, and relearning of the original life functions, which consists in inducing integrative experiences through music, singing, movement, and situations of group encounter<sup>9</sup>.

The poor ability to perceive and translate non-verbal communication in health care<sup>4,10</sup> causes the blind to face communication barriers with health professionals, among them nurses, who do not know communication techniques adapted to the needs of this population, compromising the effectiveness of care<sup>11,12</sup>.

This reflection does not intend to provide guidance to health professionals on how to improve this interpersonal communication, although it is an important element in the nursing care, but rather to reflect from the perspective of the social group studied the importance of experiencing the corporeality in the process of personal development of visually impaired people in a cultural moment when the daily rush separate us, people with normal vision and visually disabled people, from the experience of the body.

## CONTENT

We look and name, look and define, look and identify. We intensify and naturally enhance our outward look. From a gaze that initially sees the surface of what is shown, the appearance, we can expand and deepen our gaze in a critical way, which has, in essence, a rational and analytical evaluation of what is seen, based on strong and structured roots in our Cartesian cultural way of decoding and world-building.

We receive little daily encouragement for developing a contemplative, close gaze, distanced from judgments to what is observed; and less incentive we have in developing a sensitive, emotional, affective gaze that is less visible to our eyes and more visible to our sense. We dare little to venture on the subjectivity of the vision itself that blindness allows us to see, that is, to see not only with the biological and specific apparatus, the eyes, which with indisputable efficiency allows us to materialize the world in forms, names, and meanings.

When studying the universe of visual impairment, two opposing sides can be verified when talking about blindness: the blind can be seen as defenseless, like a underdog; or as holders of a supernatural knowledge who are better able to unravel mysteries than people with normal vision.<sup>13</sup> Both labels, respectively, of underdog or hero, although antagonistic, are two sides of the same coin. Being idealization the thread that unites and separates them. Both labels cause serious damage to this group, either by the undervaluation of the senses (insensibly disregarded) or overvaluation of the senses (overly highlighted).



When dealing with questions of health and mental illness in the blind population, biological factors play an important but not determinant role (they predispose rather than determine); social factors also occupy a prominent place, and although the biological factor is not decisive, the visually impaired – and specifically those with blindness – constitute a risk group in terms of mental health<sup>14,15</sup>, not only associated with lower wellness and greater psychological suffering, but also with lower quality of life, less capacity for personal development, and greater difficulty in achieving full social integration<sup>14</sup>.

Experiencing the world begins with the body, through the senses, and is therefore a natural process where we constantly rebuild our external and internal definition, and interact with the world through a corporeality developed from the sensorial-emotional perception of our senses.

In this perspective, the creation of identity by the visually impaired person has a double limiting impact on the development of their existential expression: first by the natural organic limitation of the sight but also by a cultural limitation given the few opportunities they have to experience themselves through their expanded corporeality<sup>16</sup>. Understanding the body is only possible from experiences lived in relationships and established with people themselves, with others, with the world, and with things. The complexity of human existence is fulfilled in its symbolic form of being signifier and signified and, at the same time, giving meaning to the things of the world from its capacity to perceive it, even before any determinant thought<sup>17</sup>.

Corporeality cannot be seen only as an appendix or educational complement, it must be its starting point and not of arrival<sup>18</sup> since it presents itself as the most authentic form of humans being represented in the world<sup>19</sup>.

Appropriating of their own bodies includes being receptive, knowing how to recognize, and having active readiness to respond by moving away from external stimuli that are not in strict compliance with a life of health. It is to recognize that we are full beings and that all our dimensions (cognitive, physical, social, emotional, and spiritual) are interconnected and interdependent with each other<sup>18,20,21</sup>.

The Cartesian way to view the world directs our gaze to the world towards what is objective and rational, and reduces our opportunity to integrate ourselves in daily life with essential elements connected to ourselves and the world, such as: emotion, feeling, intuition, and sensitivity. The daily routine for visually impaired people follows the same path, since all the methodology developed to help them inserting themselves in the daily routine of daily activities follows the same pattern, which is based on memorization and retention of predominantly rational knowledge of their sensory abilities.

With the development and influence of the cultural model, we are gradually disconnected from ourselves; corporeality, that is, the way in which the individual feels and uses the body as a tool of expression and interaction with the world is gradually losing its status and is no longer as relevant as a source of information in the world<sup>18</sup>.

Based on the holistic and integral understanding of the current concept of the Being, it is necessary to create pedagogical spaces for the visual deficient in which opportunities can be provided where the connection with reality goes through the emotional expression of the subject, which, as the natural resident of their body, recognizes and uses it as fully as possible as a relational instrument with the world<sup>9,18</sup>.

The phenomenology of corporeality is not to describe a body, but rather the quality and meanings of an experience that is closely related to that body, a body that expresses itself subjectively.<sup>18</sup> Observations of representations of visually impaired people on the space-time organization, taking their own body as a reference, enabled the interpretation that, if the sensations and emotions of the body are well prepared, it is not necessary only the eyes, but the whole body, to look, watch, and see<sup>22</sup>.

It is worth noting that in Biodanza we consider the function of therapeutic contact, since it can dissolve chronic muscular tensions, but it is important to understand that the mechanical contact itself is not therapeutic. Thus, to enable a progressive process of transition from mechanical contact, the expression of the sensorially sensitized body, to the emotionally affective and empathetic body is to enable it to discover itself, as well as to rescue and cultivate existential expressions of health<sup>9</sup>.

Shifting our gaze from absence, to expand our current healthy existential dimension is essential for restoring mental health<sup>9,23,24</sup>. Everyday life reinforces sickness, absence, deficiency; in this case specifically, vision. Leaving aside the appreciation, encouragement, construction, and reconstruction of an internal and external world, which already expresses itself from a corporeality that includes not seeing, but it is not limited to it.

Thus, we need to educate individuals with special educational needs as a whole, i.e. in their different dimensions (cognitive, physical, emotional, social, and spiritual) and in their relationships with the world around them. In this way,



the full use of our sensory apparatus does not depend on the quantity of sense organs we have, but on the qualitative opportunities we receive to develop them. It is necessary to give space for the emergence of individuals who, despite what they do or do not do, and why they do or do not do, are individuals, not always normal, not always sick; not always with limitations, but also with limitations. It is individuals and not disease. It is individuals and not 'normal'. It is individuals and not 'pathology'<sup>25</sup>.

Biodanza is an activity that necessarily takes place in a group. Each class proposes exercises that help people to find in themselves their integrated expression (thought-feeling; mind-body), positive potentialities of individual and social adjustment by the expression of movement (dance). A process of personal development, a experiential method, which organically enables people to rediscover themselves in the relationship with themselves and with others through structured exercises in a determined sequence, stimulated by specific songs.

Natural movements (walking, jumping, stretching, ...), gestures linked to "social costumes" (shaking hands, hugging, packing, ...), and archetypal gestures (caring, giving, receiving, ...) are the natural human models on which the Biodanza exercises are based.

The dance included in the Biodanza method has its definition based on anthropology and has no relation to achieving a certain physical *performance* nor does it involve competition, comparison, or spectacle in Biodanza. It originates from an impulse triggered by music that by associating with an inner emotion, impresses and moves, transforming specific exercises into experiences structured from the natural gestures of the human being destined to activate the affective potentiality that connects us to ourselves, to the similar, and to the universe<sup>9</sup>. An intimate moment of expressive authenticity, which gradually builds up as confidence in themselves and in the group is established: the experience.

The experience is the basis of Biodanza, being defined, then, as the experience lived with great intensity by individuals in the present moment, attentive to synesthetic sensations, bonds of affection with themselves, self-regulation between their possibilities and limits, through the constant invitation to a connection with their corporeality and the expression of their feelings. The individuals' experience of intimate deepen connection with themselves (linked to the being and the perception of being alive), original (prior to any symbolic or rational elaboration of ourselves), spontaneous, subjective, and integrative (feeling and thinking) experience lived here and now. A song that, linked to the gestures and body movements consistent with it, will produce, in each one, similar experiences, although of different intensities and nuances, according to the level of repression and personal sensitivity<sup>9</sup>.

We emphasize that dancing for the visually impaired person is "seeing' with the body what the eyes cannot see; is to exceed the limits imposed by visual impairment"<sup>13</sup>. To enable the motor expression, to move without the help of other people, and to promote experiences of social interaction for the visually impaired becomes a possibility of autonomy acquired step-by-step in a continuous process.

From the examinations of the senses experienced by the subjects in the context of Biodanza, we came to the understanding that in it dance is configured in the metamorphoses of the body, as an expression of identity and as an experience of identity and alterity. When we relate in a group it is necessary to know the difference, to understand the difference, and to learn from the difference, respecting the individual as a human being. In this aspect, Biodanza also contributes to the construction of the healthy psychosocial individual. It also contributes socially to an inclusive collective organization of diversity<sup>26</sup>.

## CONCLUSION

There is a lack of studies that seek to deepen the understanding of learning through the body and consequent expression in the world for people with visual impairment.

We consider, from the reflection presented, that the practice of Biodanza by people with visual impairment, congenital or not, has the potential to contribute to the recovery of their corporeality, by enabling the expansion of their motor repertoires (through dance) and an emotional relearning (through experience), where new positive affective bonds with themselves, life, and the social group in which they are inserted can be reestablished.

Reflections such as this one offers an important contribution to nursing, since it expands the range of possibilities for the expansion of nurses' empathic gaze in the sense of understanding the importance of corporeality for this social group and ensuring efficient care, contemplating the needs of both parties in the interpersonal process.

## REFERENCES

1. Moraes M. Cegueira e Cognição: sobre o corpo e suas redes. Ver. de Antropología Iberoamericana. Madrid. [Internet]. 2005 [cited 2019 May 29]. Available from: <http://www.aibr.org/antropologia/44nov/articulos/nov0514b.pdf>



2. Oliveira JVG. Do essencial invisível: arte e beleza entre os cegos. Rio de Janeiro: Revan/FAPERJ; 2002.
3. Nunes SS, Lomônaco JFB. The blind student: prejudices and potentialities. *Psicol. Esc. Educ.* [Internet]. 2010 [cited 2019 May 28]; 14(1), 55-64. Available from: <http://www.scielo.br/pdf/pee/v14n1/v14n1a06.pdf/Similarpages>
4. Soares JR, Pagliuca LMF, Barbosa EMG, Maia ER. Knowledge acquisition on communication with blind patients in nursing consultatio. *Rev Rene.* [Internet]. 2018 [cited 2019 May 29]; 19:e3490. DOI: <http://dx.doi.org/10.15253/2175-6783.2018193490>
5. Barbosa GO, Wanderley LD, Rebouças CB, Oliveira PM, Pagliuca LMF. Development of assistive technology for the visually impaired: use of the male condom. *Rev. Esc. Enferm. USP.* [Internet] 2013 [cited 2019 May 29]; 47(5):1158-64. DOI: <http://dx.doi.org/10.1590/S0080-623420130000500021>.
6. Cazé CMJO, Oliveira AS. Dança além da visão: possibilidades do corpo cego. *Pensar a Prática.* [Internet] 2008 [cited 2019 May 27]; 11(3), 293. Available from: <https://www.revistas.ufg.br/fef/article/view/3592/4263>
7. Masini E. O perceber e o relacionar-se do deficiente visual. Coordenadoria Nacional para a integração da pessoa portadora de deficiência. Brasília (DF). [Internet] 1994 [cited 2019 May 28]. Available from: <http://www.deficienciavisual.pt/txt-perceber-relacionarDV.htm#II-A>.
8. Lomônaco JFB, Nunes SS, Sano WT. Concepções de cegueira de estudantes de um curso de psicologia. *Boletim de Psicologia.* 2004 [cited 2019 May 28]; 54(120): 23-46. Available from: <https://bdpi.usp.br/item/001483341>.
9. Toro, R. Biodanza. Tradução de Marcelo Tápia. São Paulo: Edições 2/Editora Olavobrás/EPB; 2005.
10. Bax AM, Araujo ST. No verbal expression from the patient in care: perception of the nurse in cardio intensive care unit. *Esc. Anna Nery* [Internet]. 2012 [cited 2019 May 29]; 16(4): 728-733. DOI: <http://dx.doi.org/10.1590/S1414-81452012000400012>.
11. Martins KP, Costa KNFM, Rezende LCM, Gomes TM, Dantas TRA, Santos SR. Perception of nursing staff about physical accessibility and communication of people with visual impairment. *Ciênc. Cuid. Saúde.* [internet] 2015 [cited 2019 May 28]; 14(2):1019-26. DOI: <http://dx.doi.org/10.4025/ciencucuidsaude.v14i2.22045>
12. Shamshiri M, Mohammadi N, Cheraghi, MA, Vehviläinen-Julkunen K, Sadeghi T. Disciplined care for disciplined patients: experience of hospitalized blind patients. *Holist Nurs Pract.* [internet] 2013 [cited 2019 May 29]; 27(6):344-8. Available from: <https://insights.ovid.com/pubmed?pmid=24121699>
13. Amiralian MLTM. Compreendendo o cego: uma visão psicanalítica da cegueira por meio de desenhos-estórias. São Paulo: Edição/Editora Casa do Psicólogo. [Internet] 1997 [cited 2019 May 28]. Available from: <http://www.deficienciavisual.pt/txt-compreendendo-cego.htm#C2>
14. Garcia MRS. Cegueira Congênita e Adquirida: Implicações na Saúde Mental e Resiliência [master thesis]. Lisboa: Universidade Lusófona de Humanidades e Tecnologias. [Internet] 2014 [cited 2019 May 27]. Available from: <http://recil.grupolusofona.pt/handle/10437/6424>
15. Wylie L, McAllister BD, Marshall J. Changing practice: Implications of the world report on disability for responding to communication disability in under-served populations. *Int J Speech Lang Pathol.* [Internet] 2013 [cited 2018 May 29]; 20(1):1-13 DOI: <https://doi.org/10.3109/17549507.2012.745164>
16. Porto E. A corporeidade do cego. *Novos olhares.* Piracicaba: Editora: Memnom. 2005.
17. Guedes CM. Corpo: tradição, valores, possibilidades do desvelar [master thesis]. Campinas: Faculdade de Educação Física, Unicamp; 1995. <http://repositorio.unicamp.br/handle/REPOSIP/275269>
18. Leite PFCM, Alexandrino DFL, Lima CL. CORPO, Corporeidade e deficiência: buscando relações, tecendo alternativas. In: *Anais do Congresso de Pesquisa e Extensão da UEMG/Barbacena.* [Internet] 2015 [cited 2018 Dec 17]. Available from: <http://revista.uemg.br/index.php/anaisbarbacena/article/view/823/530>.
19. Assmann H. Paradigmas educacionais e corporeidade. Piracicaba: Editora Unimep; 1995.
20. Souza DL. Holistic education: learning from the experiences of three holistic teachers [doctoral dissertation]. Cambridge: Harvard Graduate School of Education; 2000.
21. Rocha DLS. Educação Holística: Características e Reflexões. Edição: Eyng, AN; Ens RT, Junqueira SRA. O tempo e o espaço na escola: o cotidiano escolar. Curitiba: Champagnat; 2003.
22. Santos A. Representações de pessoas cegas sobre a organização espaço-temporal tomando como referência seu próprio corpo [master thesis]. Rio de Janeiro: Faculdade de Educação Física, Universidade Gama Filho; 1996.
23. Santin S, Simmons JN. Problemas das crianças portadoras de deficiência visual congênita na construção da realidade. *Revista Benjamin Constant* [Internet] 2000. [cited 2018 Nov 18]. Available from: [http://www.ibc.gov.br/images/conteudo/revistas/benjamin\\_constant/2000/edicao-16-agosto/Nossos\\_Meios\\_RBC\\_RevAgo2000\\_ARTIGO1.pdf](http://www.ibc.gov.br/images/conteudo/revistas/benjamin_constant/2000/edicao-16-agosto/Nossos_Meios_RBC_RevAgo2000_ARTIGO1.pdf).
24. Batista CG. Formação de conceitos em crianças cegas: questões teóricas e implicações educacionais. *Psicol. teor. pesqui.* [Internet] 2005 [cited 2019 May 27]; 21(1): 7-15. Available from: <http://www.scielo.br/pdf/ptp/v21n1/a03v21n1>
25. Fiorentin S, Lustosa NP, Rocha DLS. (2004). Resgatando o papel do corpo e da corporeidade nos processos de ensino e aprendizagem na educação especial. In: *Congresso Internacional de Educação*; 2004. São Luiz do Maranhão, 2004.
26. Reis AC. Dance of Life: Aesthetics Experience of Biodanza [doctoral dissertation]. São Paulo: Instituto de Psicologia, Universidade de São Paulo. [Internet] 2012 [cited 2019 May 27]. DOI: <http://dx.doi.org/10.11606/T.47.2012.tde-15062012-111437>.