

A Conversation

with Ed Rensenbrink and Annemarie Schrama
edited by Alexander George



Ed Rensenbrink is a sports teacher living in Nigtevecht, Holland. He is 50 years old, married and has two children. In 1999 he witnessed a colleague giving a Watsu session. The following year he studied Watsu I, and after that Basic Healing Dance and Advanced Healing Dance.

Annemarie Schrama is also a sports teacher and lives in Westgraafdiijk, Holland. She is 44 years old, and is raising her son, Joy. She studied Watsu I in the same training as Ed in 2000 and subsequently Basic Healing Dance and Advanced Healing Dance.



We spoke during the Advanced Healing Dance training at Hornerheide, Holland in February, 2009.

Both Ed and Annemarie work with the physically and mentally handicapped on land and in water. They treat patients in the AGO Pool and the Dokken Pool, both in Amsterdam, both pools heated to 33° C. Sessions last 20 minutes and the patients are usually lowered into the water on a sling. Ed and Annemarie work in close cooperation with physical therapists who tell them specifically what the patients need. They, in turn, update the PT's on the progress of each patient and what techniques they have used in the water, so that these can be incorporated into land treatments. Ed and Annemarie give short trainings to their colleagues, who previously only worked with flotation devices with such patients, but now hold them in their arms. They also give classes to the parents.



When I ask them how Healing Dance has affected their work, Annemarie shares that it gives her a larger vocabulary of moves, moves that travel and are bigger, in contrast to the Watsu repertoire that tends to stand in one place. She notices

her patients feel freer, when held farther away from her body, as is often the case with Healing Dance. She explains that for some of her patients it is better to create some space as they are not used to touch. She starts a session with this distance, then in the right moment brings them in closer.

Ed comments that Watsu has more “forced” movements, in contrast to the hydrodynamic moves of Healing Dance that work with the water. He repeats the wave movements of Healing Dance several times, gradually making them bigger. He has observed how the constant flow of the water over the skin’s surface allows his receivers more relaxation, like taking a soothing shower. Ed also uses Klimt and the Hara Hug a lot, doing a lot of cradling.



Annemarie describes a typical patient of hers who is confined to a wheelchair and is laid out in bed once a day. Receiving her weekly water session is very special for her, giving her a chance to open and let go. Ed adds that in the water, on account of the abatement of gravity, some patients who are otherwise too weak, are able to move their arms and legs on their own, and this gives them a precious sense of accomplishment and normalcy. The Healing Dance Rib 8, according to Ed, stimulates the walking response in the legs of one of his wheelchair patients. It doesn’t “heal” him; the intention is not to make him able to walk, rather to improve the circulation and give a greater awareness of the body, which in turn gives a valuable sense of self-possession and control. Ed says in general that the sessions lead to greater somatic consciousness and the feeling of being a full human being.



Alone the fact that a session is “one on one” makes it a high quality experience for handicapped patients. They need and enjoy the special attention. “He is there only for me!” is what they feel, says Ed. He emphasizes how important it is to work on the level of each patient, giving them what they like and need, which is often simply to be touched and held. Ed

reminds me that the receiver may have the body of an adult, but in truth be an infant of six months.

Both Ed and Annemarie impress upon me how long it can take to gain the trust of their handicapped patients, a process that can last months. They may begin holding their patient in the Accordion in an upright sitting posture. Over time, as trust and the familiarity with the water grows, they are able to do more and to add in stretches and waves. Their receivers can initially be frightened of touch, thinking, “What will he do to me?” Ed explains that he uses a little Tantsu at times on land to bridge over into the water. He may do a “dry” version of a water technique in the sling before lowering the patient into the pool, thus accustoming him to the same move done in the water.



Ed and Annemarie hear of the positive affects of the water treatments from their colleagues, who report their patients are easier to dress on account of being calmer and more flexible. The parents of younger patients also say their children are more relaxed in the evening following the treatment. Some patients are so sensitive that a wrong move after a session can shock or frighten them, and the entire benefit of the session is undone as the spasticity, for example, reasserts itself.



Annemarie tells me of a 50-year-old patient of hers who is wheelchair-bound and speaks only a little. She has been treating her in the water for one and a half years with a combination of Watsu and Healing Dance and has reached the point where she can do quite a lot with her. It touches Annemarie when the woman sighs and says, “Nice, one more time.” Big moves she particularly enjoys, after which she may exclaim, “Yes, one more time!” Annemarie notes however that the stillness, as in the Water Breath Dance is also very important for her patients.

Ed tells me about a patient he has been working with for over three years, a 35 year old man who suffered traumatic brain injury following a moped accident. He was left severely retarded with much tension in his body—head tilted to one side, arms crossed in front of him. Healing Dance’s Head Waves help release his neck and Parachutes serve to stretch the legs and back. Ed does the Hara 8 with him, converting it into a massage for the abdomen. He adds that this patient stays relaxed for a long time after each treatment.



Annemarie and Ed make it clear that the water treatments improve the well-being of these patients, describing how they become more alive, more aware, more connected to their environment. Such persons are often stressed on account of too much “action” happening around them, for they are unable to shut out, to filter out sensations. Although most of their

patients don’t like to have their ears underwater, those who can enjoy the silence.

Ed tells me of another patient, a handicapped girl who is very stressed and tense, typically pushing her elbows into her thighs, doing strange movements, and crossing her legs to compensate for upper body scoliosis. Her chest is twisted, so that her lungs are cramped, necessitating a high ventilation rate and showing a tendency toward lung infections. With waving and stretching Ed is able to loosen the trunk musculature and thereby increase her vital capacity. Rocking her brings the legs in motion and reduces the tension in them. This girl’s knees are locked together with tension, so when Ed intentionally does leg stretches to separate them, she is afterwards able to have the diaper she must wear be changed more easily, as well as be dressed with less trouble.

Moreso than with other client populations, Ed and Annemarie must adapt each move they do. In the training they were doing with me I noticed a tendency in both their work to over-support the head. In talking with them about that they explained that their usual clientele would become frightened were a bit of water to splash on the face. Their receivers are also unable to give a warning sign if the water level gets too high. Furthermore, the

consequences of fluid entering the lungs are far more serious than for the “normal” patient--a higher likelihood of infection.

Annemarie’s receivers for the most part don’t smell or look nice, but she doesn’t think about it. Ed adds that some of his receivers drool on him and he could imagine that there would be practitioners who would not like that, but he confesses with a laugh that he doesn’t mind, for the water is disinfecting. Annemarie says it is nice to listen to each body and feel what it would enjoy to receive. She confides that she has to be very creative. Her receivers’ bodies are indeed abnormal, but it is a challenge she enjoys, trying something out, and most of the time it is well-received. Annemarie sums up by saying, “It’s so nice to do!” and I can see and feel her enthusiasm.

