

Dancing To Belong

Exploring the Fundamental components that
encourage attendance and participation in a
Dance Movement Therapy Community
Mental Health Group

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Exploring the Fundamental components that encourage
attendance and participation in a Dance Movement
Therapy Community Mental Health Group

1. What aspects of the therapeutic approach enable individuals to commit to the group?
2. What is the appeal of Dance Movement Therapy as a modality?
3. How does the diversity of group participants influence the therapeutic process?

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Abstract

This dissertation researches the appeal of a community dance movement therapy group, focusing on the components that enable Mental Health clients to attend and participate. A selection of variables that add to the group process such as the therapeutic approach, dance movement therapy and group theories - specifically in relation to the client population are explored in depth.

The exploration takes place within a qualitative paradigm, align with the humanistic ethos in which the research subject/s and researcher exist. The group is approached as a case study relying on participant involvement to provide evidence. This is achieved through the use of questionnaires, two participant interviews and therapist/researcher observation/process notes.

The study explores how integration, belonging, connection and regular attendance and participation occur for a diverse population including marginalised and socially isolated individuals.

Key themes that inform this exploration are person-centred conditions, group dynamics existing within the humanistic paradigm, dance movement therapy as a creative and empathic process and a multifarious group population. The assimilation of these themes becomes apparent throughout the study.

Findings are analysed in order of their appliance to the research process and then brought together in correlation to the research questions. Significant outcomes are that the combination of dance movement therapy and person-centred conditions creates an accepting non-judgemental environment, in which mutuality and affirmation of self is nurtured. Through the creative process of dance, participants take ownership of their therapeutic journey and are witnessed in their physical expression of their internal emotions. Diversity accentuates the acceptance of difference and provides a variation of perspectives and possibilities during physical explorations of life situations. A combination of the findings display reasons the group is experienced as a place of belonging. Concluding the study is an evaluation of the research limitations and significance

Chapter 1

Introduction

Research Subject

This research study focuses on a community mental health dance movement therapy group, based within a dance movement therapy and education centre. It explores crucial components that enable mental health clients/participants to attend regularly and participate in a therapeutic process. The research participants are an eclectic group varied in age (from mid twenties to late sixties), gender, life experience, culture, class, therapeutic needs and social functioning. The group attends a regular hour and a half weekly session with an average of twelve to fourteen participants. All participants discover the group through different circumstances, for example they experienced dance movement therapy/DMT* in hospital, were originally brought by a support worker, discovered the centre independently, have been a student and recognised a therapeutic need for themselves. The main commonalities are that the clients self-refer and wish to follow a journey of healing, focusing on self-awareness and growth.

I am a registered dance/movement therapist trained at Roehampton University and employed at the centre. I have worked with this group for five years and my work with them is ongoing. The group was established ten years ago as one of the centre's first DMT groups -'Chance to Dance'. It is now a closed group with members attending regularly, however new members are introduced if and when appropriate.

The focus of this research is:

- The intimate relationships formed within a diverse client population
- The ability of socially isolated individuals to integrate with others and belong to a community
- Clients' ability to attend and participate regularly when in their outside lives sustained commitment/time management prove challenging

* Dance Movement Therapy abbreviated as DMT throughout the study

My interest in exploring the affect of the person-centred/DMT approach in group therapy, specifically with a diverse Mental Health population has informed the research questions, which are as follows:

4. What aspects of the therapeutic approach enable individuals to commit to the group?
5. What is the appeal of Dance Movement Therapy as a modality?
6. How does the diversity of group participants influence the therapeutic process?

Research Environment

I work within an essentially humanistically based practice - a Rogerian person-centred model - focusing on clients discovering their own needs, therefore shaping their own therapeutic experience. The therapeutic approach to the research group exists within this paradigm. (This will be discussed throughout the study.)

The therapy group takes place in a Quaker meeting house in a studio overlooking a garden, thus creating a calm environment. It may be that this community setting appeals to and attracts a diverse, eclectic group thus enabling socially isolated individuals to feel they belong.

This study covers the following areas, summarised below:

Literature Review

This chapter discusses texts relevant to the theoretical approach, group process, and efficacy of psychotherapy in relation to the research population, relevant research papers and DMT. Specific influences of the therapeutic paradigm Carl Rogers (1970/2003), group process - Irvin Yalom (1995) and DMT - Marian Chace (1989) are included. The Review also considers contemporary theorists across key areas of this study. These include Lisbeth Sommerbeck (2003) and Garry Prouty's (2002) approach to person-centred therapy with the psychiatric patient, Nikki Fedele's (2004) explanation of the Relational Model with its focus on connection and Phil Barker's (2005) Tidal Model of group work, both of which are relatable to Rogerian principles. Consideration of the work of Kristina Stanton-Jones (1992) and Susan Sandel enable a focus on specific psychotherapeutic approaches in DMT.

Methodology

Methodological perspectives within a qualitative paradigm will be discussed. Furthermore, this chapter will relate the methodology to the therapist/researcher role, researcher/participant relationship and will include consideration of the empowerment of research subjects and the subjectivity of qualitative research. This chapter will also discuss validity and ethics essential to the research procedure.

Integration of Analysis and Evidence

This chapter draws together data collected, interweaving samples to validate and inform the analysis. Significant variables are considered and evaluated, and discussion of relevant theoretical perspectives is included. This chapter will conclude with a correlation of data and research questions.

Conclusion

This chapter reviews the research journey and discusses results. A summary of data is incorporated; this identifies the interface between the therapeutic approach, dmt and the groupsødiversity. Further research possibilities are also discussed.

Chapter2

Literature Review

My reading has focused on the following areas:

1. Relevant research that will inform the methodological approach
2. Relevant research literature related to the efficacy of psychotherapy in psychiatric settings
3. Exploration and critical evaluation of the person-centred therapeutic approach, specifically including its use and relevance for clients with long term mental health needs
4. Group therapy theories relating to clients with mental health needs, specifically those that are relatable to processes occurring within the research group
5. Dance movement therapy in relation to the therapeutic approach, group theories and the research population.

Literature concerning the needs and diagnosis of the research participants ó i.e. Addiction, Depression, Anxiety, Personality Disorder, Schizophrenia and Obsessive Compulsive Disorder ó has been considered. A wide field of literature is available and there are perceived shifts according to the position of the author within the psychiatric system. For example the Oxford Textbook of psychiatry (1998) discusses the complexity of classifying ‘mental illness’ especially in relation to society’s definition of ‘health’. Gelder, Gath, Mayou and Cowen suggest classification depends on the view of how mental illness is displayed and experienced ó has it derived from a dysfunctional pathology, is the person distressed? This view determines diagnosis, which becomes a tool for professionals to seek appropriate treatment. As diagnosis is not the intended focus of this study, in depth consideration of this literature field is not relevant and is beyond its scope.

Relevant research that will inform the methodological approach

Meekums and Payne (1993) inform the paradigm model, in that they affirm a qualitative approach as most suited to DMT research. Furman, Lietz, and Langer discuss post-modern research in context of the ‘value of studying the lived, subjective

experience of individuals and groups. (Alsop, 2002; Eisner, 1981; Reason, 1988 in Furman, Lietz, and Langer, 2006) Furthermore Denzin and Lincoln (2003) offer a useful range of relevant material, thus their identification of "the socially constructed nature of reality, the intimate relationship between the researcher and what is studied" (Denzin & Lincoln 13) emphasizes the importance of the clients' perspective within the therapeutic relationship. Janesick (2003) correlates the concept of creativity in the arts with research. Grainger (1999) provides in depth considerations for researchers in this field, and Etherington (2004) offers insights into reflexive research. Further discussion of these perspectives follows in Chapter 3.

Relevant research literature related to the efficacy of psychotherapy in psychiatric settings

In terms of the wider field I focus here briefly on literature concerning the efficacy of psychotherapy in psychiatric settings. In *The Observer* (2000) Rice cites Peter Fonagy, a therapist who has "undertaken a serious, far-reaching review of psychotherapy research" Fonagy's research shows "substantial support for psychotherapy in treating a wide range of emotional problems. In fact, in many cases it is more effective than other medical interventions" (Rice, 2000).

Further to this Aaronovitch (2003) identifies that psychotherapists work with "people who cannot form happy relationships, who have lost the ability to communicate, whose path is obscured by a dense tangle of emotions and responses" He states that the therapist attempts to break the "cycles of thought and behaviour that are damaging, seemingly inevitable and which cause significant unhappiness" Whilst, as evidenced here, there is a growing body of literature in this field, there is little specific to DMT or other creative arts therapy modalities. Thus it is hoped that this research study will contribute a focused perspective.

Exploration and critical evaluation of the person-centred therapeutic approach, specifically including its use and relevance for clients with long term mental health needs

Carl Rogers' key concepts of person-centred therapy - empathy, congruence, unconditional positive regard and his theory of the internal organism instigating the striving to reach full potential are central to this research study. Rogers states that within the psychotherapeutic process the needs, whether in personal or group therapy, remain the same. However, one important distinction is that the group shares responsibility to retain a therapeutic environment rather than this solely being the therapist's role. With this comes an enhanced experience of the core conditions due to multiple encounters:

It is one thing to be understood and accepted by a therapist, it is a considerably more potent experience to be understood and accepted by several people who are also honestly sharing their feelings (Hobbs in Rogers 1990: 287)

The founders of humanistic psychology all agreed that it was important to see the whole person as more than a sum of parts (Warmoth 1998: 1) This paradigm resonates with my practice, which does not focus on discovering the core of the illness, behaviour or symptoms but perceives the person as a whole with potential to become congruent with their true self.

Sommerbeck's (2003) work focuses on the application of person-centred therapy to clients within the psychiatric system. In context of this study her work relates to research participants who have enduring mental health needs but may or may not have received psychiatric support. In her argument against the need for diagnostic focus Sommerbeck (2003) suggests:

Instead, I think the therapist should store all his knowledge and experience of the development of all the unique ways of being human, from whatever source it comes. (Ibid: 27)

Sommerbeck articulates that a clear definition of the person's condition or a set approach to developmental theory is unnecessary. However my work in practice does consider and integrate aspects of developmental theory and diagnoses. Sommerbeck suggests that without these, the therapist will be more holistically receptive to the client. This theory resonates with my work in practice, given that I look beyond diagnosis and engage in a dance of unconditional regard with each client. Sommerbeck proposes that non-directive therapy suits people who are unable to actively/cognitively work towards life changing goals. Due to the psychoses/condition e.g. Schizophrenia, Extreme Anxiety, and Personality Disorder the person is less able to configure a self-identity beyond their reality, hindering self-awareness and self-reflection. Sommerbeck links this to the pre-expressive (24) stage and suggests that being out of psychological contact (68) the therapist will struggle to empathise as they gain little sense of the client's inner frame of reference (25). Therefore the predominant therapeutic approach would be unconditional positive regard. However it has been argued that for the therapist to be congruent in their commitment to this approach, some level of insight into the internal reality of the client is needed. Sommerbeck asks:

If the client-centred therapist has no experience of the inner frame of reference of the other person, how can he offer the kind of empathic understanding that is present in his practice of ordinary client-centred therapy? (Ibid: 25)

Answering the question Sommerbeck turns to Garry Prouty (2002) the pioneer of pre-therapy, which according to Sommerbeck enables the therapist to be empathic in relation to the other person's immediately observable behaviour (Sommerbeck: 70)

Prouty explains the development of pre-therapy in the humanistic paradigm as necessary to enable people with psychoses/ mental disability/ low-functioning (Prouty 2002: 590) to access person-centred therapy. He suggests that people within this grouping struggle significantly to establish relationships, social interaction and communication skills, therefore the psychological contact Rogers lists as a condition necessary for therapy must be approached differently. Three areas of contact are explored, contact reflections which enables contact functions that leads to contact

behaviours within each Prouty has formulated avenues to develop therapeutic relationships. DMT lends itself specifically to one avenue within contact reflections - body reflections. Here the therapist literally reflects the movement of the client physically and verbally to help the client develop a bodily sense or bodily ego (Ibid: 591). This form bears similarities to empathic reflection - which is discussed later in this chapter. The use of body reflections by the research subjects is identified in Chapter 4.

Group therapy theories relating to clients with mental health needs, specifically those that are relatable to processes occurring within the research group

Throughout the research study group process emerged as an important theme. Relevant theorists discussed in this section are the humanistic psychotherapist Irvin Yalom (1995), Carl Rogers (1970) work on encounter groups, Fedele (2004) and Barker (2005).

In Carl Rogers on Encounter Groups (1970) Rogers makes explicit the theories underpinning the facilitation of encounter groups and their progress within society at that time. Rogers discusses his personal values and how his belief in the group process influences his facilitation of groups. I trust the group, given a reasonably facilitating climate, to develop its own potential and that of its members. (Ibid: 47)

It is possible that using Rogers non-directional approach and openness to an organic process enables the research group to shift and change through their therapeutic journey. Thus within a safe and creative environment the cohesive group will carry itself through a developing theme. The group will *move* of this I am confident but it would be presumptuous to think that I can or should *direct* that movement toward a *specific* goal. (Ibid: 48). This is explored further in later chapters.

Yalom's discussions of group process and dynamics are all applicable to the research group, but two relevant theories are focused on for the purposes of this study. Firstly, Yalom suggests that therapeutic change in groups arises through interpersonal learning, which exists in three main forms, interpersonal

relationships, 'corrective emotional experience' and 'group as social microcosm' (Yalom 1995:17). For the research group social integration plays a significant role because mental health labels exclude people from general society. Furthermore communication skills are jeopardised, thus relationships suffer.

The group's mixed gender and diversity promotes the ideal for group as social microcosm and seems to exist as a social system within itself. The lack of direct structure and freedom for continuous interaction provide perfect conditions for the experience of this phenomenon. A representation of life outside is created when each person displays his/her 'maladaptive interpersonal behaviour' (Ibid: 28) within the group. In the research group I observe movement as a primary tool for expression and interaction thus behaviour in response to people and situations becomes apparent. Yalom questions the group's reality and social construct in relation to the reality of the outside world. Existing within the nurturing environment of the person-centred/DMT group, participants are empowered to disclose, take risks and feel confident in being themselves. Through these experiences the intimacy, trust and respect given and received is heightened emphasising the separateness of the group from other life situations. 'The point is that the group can be far more real than the world out there.' (Ibid: 41)

Secondly, a process witnessed within the research group and emphasised by the use of movement is Yalom's 'Group Cohesiveness' (1995). Cohesion is described in The Pocket Oxford Dictionary (1988) as 'sticking together', Yalom's description of group cohesiveness echoes this. It is possible that group cohesion creates therapeutic conditions that enhance a person-centred atmosphere. Thus group members literally want to stick together becoming committed to the group through regular attendance, respect for each other and the process. 'Those with a greater sense of solidarity, or 'we-ness', value the group more highly, and will defend it against internal and external threats.' (Yalom: 48)

Having observed the interconnectedness of the research group I was drawn to Nikki Fedele's (2004) 'Relationship Model', a group theory that focuses on the process of connection, disconnection, reconnection and mutuality in relationships. Whilst not identified as a person-centred therapeutic approach, her theories are relatable thereto.

Research observations evidenced the development through respect, understanding and trust of mutuality in relationships within the group and was demonstrated when clients interacted on an equal level despite their differences.

Inspired by Jean Baker Miller, Fedele discusses five attributes experienced in group work that encourages positive relationships to build:

1. The group experiencing a high level of energy
2. Becoming empowered to move forward
3. Gaining a sense of self- awareness
4. Gaining awareness of others
5. Becoming more congruent to his/her self thus growing in self-esteem

I observe that these five attributes are clearly present in the research group. Fedele suggests the relational therapist creates therapeutic conditions to enable the group to discover connection:

The leader of a relational therapy group sets the stage for safety by providing a respectful, validating, and empathic relational space, rather than a critical or analytical atmosphere (Ibid: 206)

Interestingly, Fedele's words link with Rogerian theory and so are eminently relatable to my work in practice. Furthermore her explanation of empathy to enable each person to feel seen, understood and valued resonates with the use of empathic reflection. Nonetheless she does not appear to ascribe to any Rogerian theoretical perspective, thus the affect of group process and person-centred practice may both contribute to therapeutic change.

Finally, while researching contemporary group theories within the humanistic paradigm I located the "Tidal Model" (2005), which despite its innovative style resembles both Roger's core conditions and Yalom's concepts of group process.

Phil Barker developed the 'Tidal Model' (2005) of therapy in the late nineties after listening to the lives and narratives of users of the psychiatric system. He realised that these people had been unable to explore the 'chaos' and 'creativity' of their illness, thus feeling de-personalised and de-valued as individuals. Barker generated a theoretical model focused on people's stories being heard and valued. The model would encourage people to witness their own values in connection to the world and relationships:

We should not forget that there is much we can learn from the individual person who becomes the psychiatric patient, í Indeed, almost all that we need to know is to be found in the shared story of the helping relationship. (Barker and Buchanan- Barker 2005: 15)

Barker's Tidal Model provides further evidence that groups in psychiatric settings benefit from a mutually supportive atmosphere created by facilitators inspiring trust and mutuality. Furthermore, Barker's 'Solutions Group' in which clients use memory and imagination both verbally and physically to enable change, relates strongly to the dmt creative/imaginative processes that the research group engage in. Thus emotional and physical integration may occur when experiences of change are embodied through movement. Following a Rogerian route the Tidal Model stresses the acceptance of 'personal theory' (Rogers 2003), suggesting that people identify with this in relation to their present and future journey.

Dance movement therapy in relation to the therapeutic approach, group theories and the research population.

Finally, the work of dance movement therapists relating to the research group is discussed - Marian Chace (1993), Susan Sandel (1993) and Kristina Stanton-Jones (1992). Chace's intuitive, empathic, reflective technique is hugely influential to my professional practice and provides a 'transposition' of Rogers's theories into movement ó an appropriate combination for a person-centred dance/movement therapist. In her chapter 'Techniques for the Use of Dance as a Group Therapy' (204) Chace refers to her original work in Psychiatric hospitals in the 1940/50's, which is

relatable to this study. Her approach to facilitation of a session reflects the nondirective role of a person-centred therapist and identifies that it is better for the leader to follow the members of the group and allow them to make the choices rather than play(s) an authoritarian role. (Chace 1993a: 206) The facilitator is seen more as a group member than leader. Continuously bringing the group back to a circle formation spatially emphasised the sense of therapist/client equality. Chace realised that by creating mutuality and respecting each person's contribution, self-worth and confidence developed in the patient. This resonates with my observations of the research group's process.

Chace also determined that rhythmic dance (in comparison to more traditional dance of that time), was more beneficial for the stimulation of personal movement and energy:

The melody and rhythm of the music, together with the rhythmic action of the people about him, draw him in almost before he is aware that he is participating with the group. (Chace 1993a: 207)

Rhythmic music is observed as a recurring theme/request in the research group. Chace believed that therapy could meet its potential if the client/patient was enabled to interpret their therapeutic journey intuitively and personally. Furthermore Chace demonstrated acceptance of each person whatever the emotional or physical range displayed, encouraging mutuality in a group of disparate energies.

Theories and texts explored thus far all involve the necessity for empathy within the group therapy environment; empathic reflection will now be explored. Susan Sandel (1993) discusses empathic reflection through DMT in correlation to Chace.

Empathic reflection is the process by which the dance therapist incorporates clients' spontaneous expressions into the ongoing movement experience. (Sandel: 98)

Through this process information is accumulated about the person's feeling state from which the therapist can empathically engage and enable group association. Sandel describes the stage of group involvement as one of mutuality (102) echoing Yalom's (1995) qualities of group cohesiveness. When participants are aware of the therapist and research group members mirroring (Sandel 1993: 100) their

movement, it affirms their existence and encourages continual expression of emotions:

Therapeutic progress can only occur on any level when an empathic connection is made between the therapist and the group and among group members; in dance therapy this connection usually occurs motorically. (Sandel 1993: 99)

Comparing Kristina Stanton-Jones (1992) psychodynamic perspective with my own theoretical approach showed that groups evolve similarly when the DMT process is applied. Kristina Stanton-Jones describes the DMT process as one in which movement is used to facilitate change within individuals (intra-psychically) and in their ability to relate to others (interpersonally) (1). It seems that the research group accelerates this process through participants receiving non-verbal/verbal responses.

Stanton-Jones relates the appropriateness of DMT for the psychiatric patient to its emphasis on non-verbal expression/communication for a client population that struggles with verbal articulation of emotions. Further to this Stanton-Jones suggests that it is the integration of authentic/improvised movement experience with the cognitive/verbal exploration of the meaning and feeling state generated, that separates DMT from therapeutic dance groups. She also pays tribute to the 'no fail' (2) element of the group process suggesting that however and whenever a person joins in the session their contribution is acknowledged and accepted.

Stanton-Jones correlates five main theoretical principles that both validate DMT as an appropriate approach for psychiatric patients and occur within the research group, which I summarise below:

1. To function as a whole being there needs to be body-mind integration.
2. Using movement analysis enables insightful information about the patients' personality, past experiences and developmental stage.
3. Movement enables a unique interpersonal exchange, allowing a therapeutic relationship to exist for patients who struggle to communicate verbally.

4. Free movement in a safe environment can access the unconscious; furthermore combining the use of props gives symbolism to the subconscious process.
5. Creative movement initiated through improvisation expands movement range and experiences - thus having a direct affect on other life situations.

Stanton-Jones explores theoretical models for DMT groups including an exploration of the psychoanalytic group/ Nascent group drawn from Bion's group theories. While much of Bion's theory is not relevant to my work in practice, some similarities can be found in the culture of the Nascent group. Sandel and Johnson (2003) like Prouty (2002) recognised the need for a therapy group suitable for the patient who struggles to be reached. They created the Nascent group using DMT as a medium appropriate for its available symbolism to represent the group's vision of itself. The perspective these models offer resonates with aspects of this research study but it is beyond its scope to discuss them in further detail.

Supporting qualities within the Literature Review in reference to the research questions

In conclusion, an overview of the literature reviewed in this chapter reveals similarities in both the facilitation and philosophy of the therapeutic approach and DMT - focused on in research questions one and two. Research question three has been addressed in context of group dynamics and how a diverse population may support elements of the therapeutic approach and DMT.

Key points of the literature reviewed that relate to the research questions are summarised below:

1. What aspects of the therapeutic approach enable individuals to commit to the group?

Areas made apparent are:

- Empathy, unconditional positive regard
- Mutuality between therapist/client
- Non-directional facilitation
- Group cohesion, social microcosm,

- Connection/relationship

2. What is the appeal of Dance Movement Therapy as a modality?

Areas made apparent are:

- Body reflection/empathic reflection
- Mutual use of space and position of therapist
- Using movement to form connections/relationships
- Acknowledging individual movement
- Using movement to communicate feelings

3. How does the diversity of group participants influence the therapeutic process?

Areas made apparent are:

- Fulfilling group roles
- Diversity adding to the experience of social microcosm

Chapter 3

Methodology

This chapter contains an exposition of the research paradigm and methods both considered and implemented. The chapter concludes by considering validity and ethics relating to this research study.

Methodological Perspectives

Positioned as researcher, firstly I considered my ontological view of the world, -Every researcher speaks from within a distinct interpretive community that configures, in its special way, the multicultural, gendered components of the research act.ø(Denzin & Lincoln 2003:30) Reflecting on this concept made clear the interweaving of my view of human nature/personal potential both in the work in practice and my approach to research. Furthermore this demonstrated that an awareness of inter-subjectivity would be important within the research ó this is discussed in more depth later in this chapter. Ontologically, I believe that change is always possible, that people can develop towards becoming fully functioning human beings ó this suggests an interpretivist, qualitative research paradigm. Meekums and Payne (1993) imply that the DMT context filled with variables cannot fit within the -old-paradigmø/quantitative research ó which produces fixed data and a separation between researcher and research subject, -In such research the researcher is divorced from the individual (subject) and the real world of the study environment;ø(Meekums and Payne: 165). Thus a qualitative paradigm allows for the interconnection of researcher and research subject/s and according to Meekums and Payne expects the study to be as personal and congruent to the researcher as a therapeutic style is to the therapist. Denzin & Lincoln compare qualitative and quantitative paradigms, the latter being weighted by specific experimental statistics calculated through comparative groups or measuring variables against each other:

Both qualitative and quantitative researchers are concerned with the

individual's point of view. However, qualitative investigators think they can get closer to the actor's perspective through detailed interviewing and observation. (Denzin & Lincoln 2003:16)

A qualitative paradigm will be applied enabling the involvement of research participants while blending the empowering properties of the research into the therapeutic process. Furthermore the primary importance of the therapist/client relationship will need to be held in tension with the researcher/participant perspective throughout this study.

Exploration of possible research methodologies was necessary to encompass client involvement, therapeutic variables and shifts between subjective to objective perspectives. Adri Labuschagne (2003) suggests qualitative research, 'is mainly concerned with the properties, the state and the character (i.e., **the nature**, of phenomena).'¹ (<http://www.nova.edu/ssss/QR/QR8-1/labuschagne.html>). Kim Etherington (2004) suggests 'personal narratives' to justly depict the participants' experience, yet for this study a narrative method seemed too descriptive and individualised with little space for other influential factors surrounding the group. With a group culture as research subject a 'heuristic' approach was considered as its principles lie in discovering the fundamental essence of personal experiences. This would mainly focus on the question asked and its relative meaning to those involved, which seemed limiting within a creative arts environment. Another option would have been using a comparative group but with so many variables to be compared and contrasted it would distract from the immediate experience:

1 If you wanted to find out how or why something happened without attempting to reproduce it under experimental conditions, you would concentrate on trying to understand it in as much depth as possible. (Grainger 1999: 31)

As a substitute for experimental conditions Roger Grainger (1999) recommends designing a 'case study' to gain the most authentic data from participants. I originally considered focusing on two participants as case studies. However as the research

questions focus on the whole group, it felt that observing and studying two participants would affect my therapeutic ability to witness and hold the entire group with equal regard. The case studies would provide a deep understanding of two people's experiences but limit general findings, thus restricting the extensiveness of the data. To gain insight into the affect of diversity and the significance of the DMT group by empathising with personal realities a group case study would be necessary. Refocusing on the group I needed to incorporate a "conceptual framework, set of research questions, sampling strategy and methods and instruments for collecting data" (Grainger adapted from Robson 1993: 97) The conceptual framework/ontology and research questions for this study have already been established and the regularity of the sessions provided a sampling strategy. Methods appropriate to support the case study correlated with those suggested by Grainger - observation/process journal, open discussions, questionnaires and interviews and these are discussed further in the next section.

Methods Explored

In considering appropriate research methods it seemed essential to gather knowledge directly from the research participants to minimise researcher subjectivity "this last issue is explored in depth later in this chapter. Furthermore, both from my theoretical perspective and the interpretivist nature of this study it would be incongruent not to incorporate clients/participants contributions to the study. I consider that valuing their opinions will have an empowering effect on their participation in the group and shared involvement will strengthen existing mutuality.

Three methods were used during the research study " questionnaires, observation/process journal and interviews " each of these is now discussed in depth.

Questionnaires: fourteen questionnaires were given out, thirteen were returned.

Clients chose either to complete the questionnaire in private or requested the therapist's support if necessary, due to literacy needs.

Grainger (1999) implies surveys and questionnaires are too generalised and designed from a particular belief-system, thus manipulating the possible responses, minimising freedom of expression. Questions formulated could limit possible themes focused on

by participants and cause a narrowing of results, thus it was important to provide a space for extra information to be added. Surveys rely on people's responses to questions that have been devised in accordance with views of the world that are more or less personal to the questioners (Ibid: 32). However it was the inclusivity of the questionnaire that seemed relevant, because it enabled all participants to offer personal experience, (only one member declined). The questionnaire design was based on variables significant to the group. These variables were those articulated in group discussions at the end of sessions together with my own observations as therapist. In examining 'Group Cohesiveness' Yalom (1995) considers an original research study in humanistic therapy using weekly evaluation forms to gather data. This method was considered but did not feel congruent with my work in practice as it felt that ongoing feedback would be obtrusive and might affect the therapeutic relationship.

In terms of questionnaire design I noted that when consent forms were presented clients' various cognitive abilities and anxiety levels became apparent. Furthermore I was aware that the questionnaire might generate a presence of 'un-' academic ability affirming disability rather than ability. These factors dominated the design and choice of language; I compromised between academic expectations and accessibility for the clients/participants (Appendix 1). Researcher subjectivity in the design of the questionnaire emerged both during the process and in the evaluation of data and will be discussed further in Chapter 4.

Reflecting on my presence in shaping initial data findings seemed unsatisfactory (explored in Chapter 4) I turned to Wendy Hollway and Tony Jefferson (2002) who suggest that keeping qualitative research genuine relies on the voices of the participants being heard rather than filtered through the researcher:

One of the good reasons for believing what people tell us, as researchers, is a democratic one: who are we to know any better than the participants when it is, after all, their lives? (Hollway & Jefferson 2002: 3)

Considering this query I created a second questionnaire (Appendix 2), its purpose to dissect the meaning of each original question - to pull out individual interpretation and gain deeper insight into personal meaning. Colour coding was used to link questions thematically. However, discussions with colleagues led me to conclude that this did not address the issue of subjectivity and therefore this second questionnaire was not used.

Observation/process journal

An eight-week observation period was established, determined by the overall timeframe of the research, which took place in the summer. With hindsight this was not an optimum time for continuity of attendance for participants or myself, due to holidays and unforeseen compassionate leave. Data gathered within the eight weeks is supported appropriately by quotes from participants in Chapter 4. All observations were recorded immediately after each session and participants' quotes were recorded at session closure.

Within a reflective DMT practice the inclusion of an observational/process journal seemed particularly suitable. 'Keeping a journal as part of reflexive research can help us to focus on our internal responses to being a researcher' (Etherington 2004: 127) Etherington articulates the significance of a 'reflexive research journal' suggesting it covers all areas of the researcher's life in relation to their research, providing an opportunity to be objective to the process.

Grainger's list of possible variables to document influenced the data collected - 'metered responses, monitored gestures, body language, movement, space and projected symbols.' (Ibid: 37). These plus the observation of emotional/physical ranges, shifts, responses and actions in relation to people and spaces became the body of the journal. Authenticating these observations and my consequent theories are participant's verbal contributions.

In 1945 William Snyder produced one of the first studies of person-centred psychotherapy, he observed and noted discussions between client and therapist from the greeting to the content to the planning of the next session. (Barret-Lennard 1998:

234) This supports and validates my research in which attention is given to people entering/exiting the space, their responses and discussions with other people.

With consent previously given, these sessions were not approached with any open or hidden agenda to avoid contriving the therapeutic process or blocking the creative freedom of the therapy space:

Can you rely on the people you are interested in to reveal the things you want to know in ways that they themselves will choose or do you consider it necessary to theorise in advance about the causes of their behaviour, feelings, attitudes, etc.í ? (Grainger 1999: 32)

Grainger's enquiry supported my intent to enter the observational period as an open witness, believing the group had the capacity to provide the information needed. Fulfilling this unbiased role I hoped to minimise the subjectivity of my position as Denzin and Lincoln clearly articulate, "There are no objective observations, only observations socially situated in the worlds of ó and between ó the observer and the observed." (Denzin & Lincoln 2003: 31)

Having considered two methods and their value as research tools, I reflected on the form in which I received the most valuable learning from the research participants. Thus I identified that my deepest learning came from dialoguing with the group in closure of sessions, asking questions ó e.g. "how do you experience the difference between verbal and movement therapy?" (Recorded in observation/process journal). Inspired I returned to Grainger and the possibility of using interviews:

Which is more important for the purposes of your research, being able to make a clear statement about causality or capturing an authentic record of real feelings and motives on the part of the people you are studying? (Grainger 1999: 32)

Interviews

It is important to state that in context of this study the interviews contribute to the case study of the research subject group. The purpose of the individual interviews is

to inform and extend the researcher's exploration of the research questions. Before approaching interviewees I considered my beliefs and assessed the ethical and therapeutic considerations. Due to time constraints the number of interviews was limited to two as a sample of individual process and experience. I questioned whether the integration of information from two interviewees combined with observations from the therapy environment would create a deeper understanding of the client/participant experience. However, further interviews were beyond the scope of this study and therefore I hoped that the qualitative input obtained from two interviews would be valuable. The interviewees were chosen with regard to diversity of gender, culture and history with differing emotional and cognitive needs.

Using an external interviewer was considered but this felt incongruent to the research aspirations of mutual trust and respect. Meekums & Payne (1993) examine the beneficial aspects of therapist/researcher and how this generates a continual development in the therapeutic alliance (Meekum & Payne: 170) enabling the client/participant to disclose more honestly. The therapist's perceptions were immediately assessed by the research interviews and participant observation (Ibid: 171) Nonetheless the therapist/interviewer role creates a complexity in relationship boundaries, for example the interviewee complying in order to please the therapist, the blurring of therapy session and interview process creating in-depth disclosure needing to be received and held with sensitivity. Two participants from the case study group were interviewed separately, Lisa after a therapy session, Neil on an alternative day of the week. Both interviews took place in a confidential space separate from the therapy space and a Dictaphone was used. The timing was intended to be twenty minutes, with three questions (not previously given to interviewees) based on feedback from the questionnaires. Retrospectively the time frame was ambitious, one interviewee ran to an hour with one question still to discuss (explored further both below and in Chapter 4). The questions were:

1. For what reasons do you choose to attend dance movement therapy?
2. How does that differ from other forms of therapy you attended either in the past or attend now?

3. How does the group influence your choice to keep returning to these dance/movement therapy sessions?

Kim Etherington's (2004) exploration of reflexive researcher determines that the interview should be experienced as a "social encounter" (Etherington: 54). She applies the concept of interview as a creative process equally dependent on the interviewer and the interviewee. Etherington explores the possibility of the creative interview process being a "co-production" (77) as suggested originally by Wengraf (2001). Translating this theory into practice I intervened when appropriate correlating the expression of the interviewee with my observations of their experience in the DMT environment. Interestingly, the second interview began with myself and the interviewee moving/dancing at his request to enable him to enter a verbal/non-verbal exploration. The deep level of involvement in the process for this client meant that we were unable to cover the third interview question due to time constraints. In retrospect, my overarching therapeutic framework within a person-centred model meant that I focused on meeting the interviewee's needs. Thus my role as therapist/researcher affected the interview process and the clear structure planned for each interview was not followed through.

Having considered methods, validity in respect of this research study is now discussed.

Validity

Studying within a qualitative paradigm requires a personal relationship between researchers and researched, especially when the researcher is also practitioner. The significance of my role in the research should be made apparent to the reader - acknowledging and integrating the subjectivity involved from initial questions through to my participation as therapist. Janesick (2003) underlines the need to introduce the context that surrounds my belief-system/ontology and where my prejudices stem from to make explicit the interplay of subjectivity and its essentiality within the study. "By identifying one's biases, one can see easily where the questions that guide the study are crafted." (Janesick: 56) I reflect that my primary bias might be that I have worked as therapist with the research group over a long period and thus have foreknowledge that could colour an objective/reflexive outlook. It is

acknowledged that my subjective bias has and will affect this study and this will be integrated into the research. Kim Etherington's articulation of 'researcher reflexivity' (27) supports this process:

So reflexivity implies a difference in how we view the 'self' as a 'real' entity to be 'discovered' and 'actualised' or as a constantly changing sense of ourselves within the context of our changing world. (Ibid: 30)

As a reflective practitioner my work is continuously informed and underpinned by clinical supervision, (Appendix 3) personal therapy and process notes.

With regard to the validity of data collected from research participants, it is possible that clients may respond enthusiastically to a therapist/researcher because of a 'need to please' her. Using choreography as a metaphor Valerie Janesick (2003) suggests that like the choreographer, 'the researcher must establish trust, rapport, and authentic communication patterns with participants.' (Ibid: 54) At present in the research group I observe that these conditions have been developed: my concern as researcher has been to enable mutual trust and authenticity to continue through the study. Janesick's analogy links the research process to a creative arts process, highlighting the similarities of the progression of research to the organic creativity of the sessions. Thus it is possible that the level of trust present in the research group contributes to the validity of data. The second interview with Neil (explored earlier in this chapter) demonstrated the crossover of researcher/therapist boundaries. Encouraging Neil to feel congruent, the interview format flowed like a DMT session. This allowed for in-depth thoughts but on reflection did not provide a clear separation of research from therapy. Nonetheless the interview provided data that is relevant for the purposes of this study.

Ethical Considerations

As a Dance movement therapist I am a registered practitioner of the Association for Dance Movement Therapy UK and work within an organisation both of which have a code of ethics to which I adhere. As part of my continual professional development I undergo personal/group supervision and personal therapy, which also support and underpin my adherence to ethical codes. Furthermore this study was conducted with

consideration of the University Code of Ethics, School of Human and Life Sciences Guidance Notes. (Roehampton University 2005/ Appendix 9)

Written consent was received both from the organisation and research participants; this was achieved using consent forms, one to a director/line manager and one for each group member (Appendix 4). My dissemination of the form to the group was influenced by the ethical guidelines suggested by Tim Bond (2004) whose focus is on the integrity of the researcher. Care is taken to ensure that the undertaking of any research by the practitioner is both beneficial to the client and also consistent with the integrity of the research. (Bond: 14) He identifies that the researcher/therapist should take into account the vulnerability and cognitive ability of the participants involved. Thus the consent form was written using accessible language and was presented to prospective research participants accompanied by verbal explanation to ensure that all aspects of the proposed study were understood. Thus before consent was given the research intentions were discussed, then the meaning of all aspects of the forms was articulated and this was completed one to one where necessary thus limiting the possibility of uninformed consent.

Withdrawal of consent was considered and was clearly stated and emphasised verbally to all prospective participants. This was considered to be the most appropriate approach for the client population. The Ethical Conduct of Research on the Mentally Incapacitated (Medical Research Council, London, 1993: 7) states that, 'capacity to consent will depend not only on the nature of the research itself but also on the nature of the explanation'. Furthermore 'consent must also be voluntarily given and therefore must not be obtained through either implicit or explicit coercion' (Ibid). I believe that a verbal statement about withdrawal of consent was the most transparent, understandable form for this research group in the light of their literacy skills. In all areas of participant involvement I clearly stated that people had a choice, which would not adversely affect their therapy. When individuals stopped attending I made written contact to ensure that consent still applied. However I am aware that due to complex boundaries and vulnerable personalities the possibility to say 'no' might have been hindered. Throughout the research I stressed the intent to keep confidentiality and anonymity using pseudonyms where necessary, though the uniqueness of the organisation may determine a limit to this intent.

Remaining consistent with my position as therapist all written/recorded notes have been kept in a secure environment and shared only with professionals who have supported my study. I have strived to remain congruent to the therapeutic approach in accordance to Bond and Grainger's focus on the integrity of the researcher ó continuing to return to methods that ethically align with the existing therapeutic process:

In any kind of study your main research instrument is yourself. The integrity of your research depends on your own integrity. It is your personal investment, your ability to care for what you are doing, that will involve other people, (Grainger1999: 37)

Chapter 4

Analysis & Evidence

The role of the qualitative researcher, like that of the dancer or the choreographer, demands a presence, an attention to detail, and a powerful use of the researcher's own mind and body in analysis and interpretation of the data. (Janesick 2003: 63)

Firstly, findings from each method were analysed independently with regard to the research questions, then all three were compared and contrasted and recurrent themes were highlighted. Thus in this chapter the methods are focused on in turn, summarised and then drawn together by the identification of themes, which are discussed in relation to the initial research questions.

Questionnaire

Four main questions were asked offering variables to be numbered in accordance with personal significance.

1. For what reasons do you come to dance movement therapy?
2. How does the setting influence your choice to attend the dance movement therapy sessions?
3. How does the group influence your choice to attend?
4. Why do you choose specifically to attend dance movement therapy rather than other forms of therapy?

Limitations of the Questionnaire

The function of the questionnaire was to gain personal insight into participants' group experience. The inclusion of variables was to offer choice in a form that would be

inclusive. However I reflect that both the questions and variables were influenced by my subjective view and provided only a limited understanding of participants' views. This is demonstrated by the number of variables left blank and where people have added their own answers (Appendix 5). Reflecting Grainger's suggestion (1999) that questions exist within the researcher's belief-system, the language used belongs to my 'private world' (Rogers 2003), thus recipients' interpretation of its meaning will be different.

Analysing the data collected (as seen below), certain variables stand out as being of the highest value to the majority, for example question two. However other variables may not be valued as highly but are included more often, for example question four. Thus interpretation of data produced is complex and may or may not substantiate the research questions.

Utilising the Questionnaire

The lack of continuity present in the results and variety of responses highlights the diversity of participants and their personal reasons for attending. Rogers (2003) emphasises that our perceived realities belong to the 'private world' of the individual so despite a shared group experience each will respond according to their reality. In relation to the diversity of the research group this correlates with the variety of experiences. 'An important truth in regard to this private world of the individual is that it can only be known, in any genuine or complete sense, to the individual himself.' (Rogers 2003: 483)

Whilst the questionnaire results present as inconsistent, they provided a valid starting point for the research study and showed the need for other methods to be used. Interestingly the extra information added to the questionnaires by participants supports all other findings (Appendix 6). Moreover the discrepancy of results mirrors the variety of participant perspectives and the contradiction of variables valued may reflect the differing experiences of the dmt process by research participants.

A detailed analysis of responses now follows ó highest scoring responses are shown in bold type in each table:

1. For what reasons do you come to dance movement therapy?

Numbers of Importance 1-10	1	2	3	4	5	6	7	8	9	10	Blank
Physical exercise	3	0	1	1	1	1	1	0	2	0	3
Having a space to dance and move freely	4	6	0	0	0	0	0	0	0	1	3
To use dance as a means of expression	3	2	3	1	0	1	0	1	0	0	2
Work through personal issues	1	0	2	3	0	1	1	0	1	1	2
To increase levels of emotional acceptance of self	2	1	2	1	1	0	0	1	1	1	3
Improve confidence and self-esteem	0	1	1	2	3	2	0	0	0	0	4
Improve ability to be with others both physically and verbally	0	0	1	1	1	1	1	3	0	0	3
Social integration ó mixing with other members of the community	0	2	1	0	2	1	2	1	1	0	3
Sense of community/belonging	0	0	0	0	0	0	4	2	3	0	4
An opportunity to explore male/female dynamics in a group	0	1	1	1	1	1	0	0	0	5	3

The table shows that 'having a space to dance and move freely' was valued highest by ten out of the thirteen recipients. As an open statement this could be interpreted in many ways; taken literally people have the physical space to move free of limitations and societal constraints. Furthermore if moving and dancing is a form of self-expression and exploration of personal issues then it is possible that the **freely** is linked to the freedom to be his/her self in the space:

It's a space where I can really explore my creativity and get fulfilment and confidence from that. I have found that I can simply be however I am emotionally and allowed to have that space, and be seen and supported. (Participant questionnaire)

Observations of the case study group suggest that the reciprocal unconditional positive regard between therapist and group members is an underlying factor that also may enable freedom of expression. Thus the therapist's facilitation emphasises personal interpretation and direction within movement interventions, highlighting the acceptance of all physical/emotional contributions enabling participants to feel valued.

2. How does the setting influence your choice to attend the dance movement therapy sessions?

Numbers of importance 1-6	1	2	3	4	5	6	Blank
It is a low cost session (£2 donation)	2	3	1	1	1	3	2
There is time to chat and have tea and biscuits afterwards	1	3	0	2	0	1	6
Knowing the therapist will be in the building before and after the session (is available to talk)	0	1	4	1	1	1	6
This approach to DMT facilitates my movement ideas and helps me to work through personal issues	8	1	2	0	1	0	1
It is not a clinical setting e.g. no doctors or psychiatrists within the vicinity	0	1	1	3	1	1	5

Of all the variables in the entire questionnaire this stood out as the most significant reason people attend the group. However the meaning of **approach** is ambiguous, I meant the therapeutic approach, but participants may not have experienced other styles of therapy, resulting in this part of the sentence holding little validity.

Nevertheless the **facilitation of movement ideas and working through personal issues** is of interest:

I like dancing to express myself, I like bringing ideas to the group ó it makes me feel happy to see everyone joining in. Exploring personal issues helps me be assertive outside of the group in home. (Participant questionnaire)

The intention is for participants to discover their own movement ideas and issues for exploration, creating empowerment in their self-healing. This is demonstrated and voiced thus - I can experience my dark side in a way that is not only safe but also healing. I can also experience empowerment.ø (Participant questionnaire)

Another factor that enables exploration of personal issues is the safe atmosphere that the group creates and this links with contemporary group theories such as the Tidal Modeløó Barker and Buchanan- Barker (2005), discussed in Chapter 2, which integrate movement explorations of life scenarios while encouraging clients to move forward.

3. How does the group influence your choice to attend?

Numbers of importance 1-6	1	2	3	4	5	6	Blank
The group is of mixed gender	3	4	2	0	0	1	3
The group members have mixed needs and abilities and do not all share one diagnosis	4	2	0	2	1	1	3
It is a sociable group in a community setting	3	3	2	1	1	1	3
There are opportunities for verbal sharing as well as dance	2	2	3	1	0	2	2
I am able to offer support to others	0	0	3	1	4	1	4
I can receive support from others	0	3	0	5	1	1	3

Here, three variables are shown in bold type as they were all high scoring. The participants have highlighted the significance they place on being part of a community from which they gain a sense of belonging. It is possible that the eclectic mix of life-experience displayed on all physiological levels may represent the diverse culture participants live in, rather than a group being formed from one diagnosis. Also the results show that the group values being community based rather than being in a separated/segregated environment. The range of abilities provides an environment rich with possibilities and perspectives. Therefore the potential for growth, learning and gaining new insights of his/her self and the world holds no boundaries. It's really useful to receive physical feedback, often quite surprising but like real-time video! (Participant questionnaire)

The group being **of mixed gender** provides an opportunity for male/female integration/connection to be explored within an environment free of expectations. I chose the mixed gender group because I wanted to accept trying to relate to men in a non-competitive environment. (Participant questionnaire) Connection through movement often incorporates touch, which is observed as being given and received without judgement and with respect. Again the issue of safe space is relevant - as Fedele (2004) articulates -The leader, in creating a safe relational context, fosters connectedness within that safety by working to enlarge the empathy for differences. (Ibid: 203)

The group is deemed **sociable** due to the intimate connections formed via physical and emotional sharing: -Dance movement therapy allows me to have intimacy with

other people which I don't get otherwise, which is extremely valuable to me.

(Participant questionnaire) Belonging manifests from a sense of cohesion developed from the implementation of rhythm, group dances and physical connection. Experiencing mental health needs creates isolation as social integration breaks down. People's internal reality and behavioural range is often deemed unacceptable. Receiving a diagnosis and being labelled 'different' can increase separateness from society. Agreeing with Yalom (1995) I believe the individual's therapeutic development is increased when they experience a positive group process.

4. Why do you choose specifically to attend dance movement therapy rather than other forms of therapy?

Numbers of importance 1-6	1	2	3	4	5	6	Blank
I find it easier to express myself in movement rather than words	5	3	0	0	1	1	4
There seems to be no right or wrong way to participate or to be	1	2	3	4	1	1	1
There is a sense of freedom in the use of space e.g. it doesn't matter where I am in the space or how I use the space	3	2	2	2	0	0	4
<i>There is an exciting unknown element to the creative process DMT offers</i>	2	2	5	1	2	1	0
I like the fact that every week is different depending on the movement ideas/issues people want to explore	1	3	2	2	2	0	2
The therapist is non-directive & does not direct my choices or analyse my contribution to the group	0	1	0	1	2	5	5

The first (bold type) variable reveals that participants recognise they respond to DMT due to its use of movement as a form of expression/communication. This suggests that members have specifically chosen DMT rather than verbal therapy. 'I find it more authentic from my body than my mind most of the time.' (Participant questionnaire) Prouty (2002) and Chace's (1993) theories acknowledge that natural movement, all movement experienced by participants is treated as an expression of meaning. When witnessed by the group or myself the movement is reflected back emphasising or shifting the original expression and offering a response to the original communication.

These responses suggest that participants are able to make body/ mind connections and feel DMT accentuates personal issues especially in relationship to others:

Written and verbal communications dominate daily life and dance/movement therapy is an opportunity to break free from this and switch to a more instinctive and spontaneous form. (Participant questionnaire)

This quote links to the italicised variable - the impulsiveness of movement within a non-directional structure providing a creative and organic process with no defined product. When participants embrace this process, shifts in self-awareness and interpersonal skills are enhanced. -I love seeing how the sessions unfold from random inputs by the group and how wordless connections are made through movement.ø (Participant questionnaire)

Summary of Questionnaire

The results of the questionnaire indicate that the underlying reasons people attend/participate are:

- Freedom to be his/her self through freedom/space to move.
- Directing his/her own dance becomes an empowering process.
- Sharing movement ideas enables disclosure, which provides a release and bond with others.
- Movement is more accessible than words to express him/her self.
- Mixed abilities/gender adds to sense of community.
- Safe to explore social integration.

Observation & Process Journal

This process was not entered with given variables in mind but as an open witness to the creative flow of the sessions.

Central themes that became clear from my eight-week diary are:

1. Having an affirming experience
2. Embodying life situations and emotional scenarios
3. Body/mind integration
4. Belonging through emotional and physical connections
5. Creativity ó play/fun

Each theme is explored further below.

Having an affirming experience

The essence of person-centred therapy is to affirm the individual as a whole being, and acceptance is facilitated by acknowledging individual contributions, offering choice and providing opportunities for people to be heard and witnessed. For example, one lady who has a limited ability to socially integrate brought in her favourite eighties music. With her music playing she became animated, making eye contact she showed the whole group her disco moves, an extreme contrast to her usual movement range. We acknowledged her skill and provided an arena for her to teach us her moves to create a dance. Her visible shift of energy, facial animation and change from closed to more open/upright posture evidenced this as an affirming experience. Furthermore the dance focused on her ability rather than her dis-ability and enabled her to be in touch with a period of life before she became -mentally unwellø An opportunity to access positive memories was provided.

Unconditional positive regard is presented by aspiring to be empathic in body and mind. The experience of empathy provides understanding, enabling the recognition of differences and the validity of one's own identity. -The mutuality of the empathy allows all participants to feel understood and accepted.ø(Fedele2004: 203) In the research group this is experienced through empathic reflection ó interestingly this is observed as being manifested both by the therapist and group members. Thus for example beginning and ending the session in a circle provides an arena in which to be seen, thus a movement offered in the warm-up is reflected back by the group. Harmony and respect cultivated through empathic reflection creates a non-judgemental, trusting space in which participants feel safe to explore personal issues.

Affirmation of existence and ability to alter situations is accentuated when others become involved. For example one lady asked for support in challenging her obsessions; each participant became an obsession for her to fight away. The following week she said that her obsessive behaviour had been minimised by remembering her physical strength in the dance.

Embodying life situations and emotional scenarios

The scenario described above is an example of an emotional state/life situation being explored physically. In these moments participants experience new perspectives and as in the final group process of the Tidal Model (2005) embody possible shifts. Observations showed this evolving in two ways: firstly, participants having specific requests to explore such as being stuck, letting go of a situation. In one session a participant wanted to move forward from a relational struggle with his brother by engaging with the brother's perspective. He was enabled to do so by the group holding the space while he moved as himself in relation to his brother and then embodied his brother, while another dancer mirrored his original movements. The participant was able to reflect on both his physical response to his brother and on the brother's position. Secondly, organic processes develop from the warm-up, which connect internally with emotional responses. For example experiences of contrasting energies in life were shared, 'going for it and then flaking out' (participant 15th September). I witnessed people balancing, rocking. We entered a guided exploration connecting the body to personal rhythm, the ground and using music to provide the shifting energy:

Where the music changed ó suddenly I changed and felt I was falling, just like life ó tumbling as things change, can't handle it but **no**, want it, so stop, but **no** like my journey through life. (Participant 15th September)

(Refer to Appendix 7 for a description of the session this took place in.)

Thus embodiment was sometimes used as a therapeutic intervention to enable a client to explore a scenario, but on other occasions its benefit was articulated after a movement process.

Body/mind integration

In the closure movement explorations are shared verbally, allowing for a cognitive connection to felt experiences. Body/mind integration occurs on varying levels and at dissimilar paces depending on the individual. The connection is not always apparent in the here and now of the session and may need further reflection. One week a participant articulated that he felt all his weight and emotional holding in his upper body. The group were guided through an upper body/lower body then whole body focused exploration, providing opportunity to focus on emotional holding in separate body parts. The following week the participant shared he had spent all week aware of emotions held in the upper/lower body and how he could re-engage with its integration.

Belonging through emotional and physical connections

The group is based within the community but it is within the group that participants truly experience community. The Pocket Oxford Dictionary (1988) describes community as 'group of people having something in common, fellowship, state of being shared or held in common; joint ownership' (Allen 1988:143) The disparate population of participants have become a fellowship through their shared desire to be involved within the DMT process. Engagement is enhanced by person-centred concepts and the encouragement for the joint ownership of their therapeutic process. An atmosphere is created in which participants receive and offer respect and trust, thus 'group cohesion' (Yalom: 1995) is formed. If someone's movement range is an outward expression of whom s/he is and his/her movement is accepted, integrated and reflected by the rest of the group, it is possible that affirmation on a physical/body level resonates deeper.

I really appreciate freedom of contact, just being able to touch people is normal here and not elsewhere í freedom to touch, lots of freedom here, in fact I feel more myself here than other places. (Participant 30th June)

This quote indicates how contact/touch can enable the freedom to be oneself. If participants can achieve a sense of congruency within the group which they do not experience elsewhere then the group will and does offer a place of belonging.

Physical connections are observed arising organically through use of rhythm so that the group reaches synchronicity and mutual awareness. Participants initiate touch and offer/receive as much as feels comfortable from fingertips to full body contact. The Process Journal showed that the group often elect to touch through creating group sculptures; also sculptures without use of touch have been explored to gauge the difference this makes to the sense of belonging/group. Participants offer/ask for physical contact to enable them to feel supported, stay connected to a physical process or feel held - witnessed through hands placed on others' backs, bodies curled in others' lap, full body contact to explore strength and power.

Creativity ó play/fun

í It's a very creative space, we just suggest things and it just happens. I like to hold on to things but it's a creative space and we are components so we flow. (Participant 30th June)

Here the participant acknowledges her input as a component of the creative process. From witnessing people's creativity being accessed, shared and affirmed I observe it to be empowering for the participant both in the individual context and in their contribution to the group process. This theory was emphasised one week when a participant specifically asked to ice skate (it was a sunny day in August). White net material was used to create an appropriate atmosphere and smaller movement space. She glided elegantly on her imaginary skates, the rest of the group watched and applauded before they too became part of the winter fantasy, part of her fantasy.

Lavender and Sobelman (1995) suggest that creativity is used in the sessions as an opening to the clients' internal frame of reference by offering an insight into how they see the world. Creativity also enables a light-hearted approach to painful areas of life. Props add another layer to this process e.g. holding on to fabric as if life depended on it, or dancing within a hoop, slowly more and more people trying to fill it ó negotiating how to support each other without falling away from an intimate space.

Although explorations arise from or touch on painful emotions/situations, there is often laughter, fun and the sense of having played:

Really glad to be back, wonderful to be back, missed it. Liked everything, we just have so much fun thank you. (Participant 15th September)

The playfulness of the group can offer light relief from the intensity of participants' lives, sharing fun experiences provides an escape from the anxieties of a marginalised world.

Summary of Observation/Process Journal

Findings drawn from the observation/process journal indicate that research participants experience:

- Space to be seen and heard.
- Acknowledgment by seeing others reflect their ideas/movement and being part of their ideas.
- Ability to explore emotional/life issues without being judged.
- The opportunity to reflect on movement explorations cognitively, embody movement explorations.
- Acceptance for being him/her self ó encouraging congruency.
- Accessing of creative imagination/personal reality ó encouraging self-worth.

Interviews

The two interviews are discussed individually, from both process and content perspectives.

(The author transcribed Interviews) (Appendix 8)

Interview questions

1. For what reasons do you choose to attend dance movement therapy?
2. How does that differ from other forms of therapy you attended either in the past or attend now?

3. How does the group influence your choice to keep returning to these dance/movement therapy sessions?

The interview with Lisa took place directly after the therapy session and Neilø on an alternative day of the week. The interviews were intended as a sample of this case study group and the inconsistencies of the two interviews are acknowledged. Nonetheless they provide valuable insights that inform this research study.

Interview with Lisa

Lisa is a lady in her forties suffering from Obsessive Compulsive Disorder who at the time of interview had been attending for two years. Originally Lisa was referred by a support worker who hoped that a creative medium might prove beneficial. Lisaø OCD¹ and high levels of anxiety make her life seem unmanageable with a constant battle against time. However Lisa attends the centre regularly even if she arrives too late for the session.

In the interview I was aware of Lisaø tension and anxieties in her closed, held body posture; we were now sharing an intimate space without the group to defuse her energy. When transcribing the interview her anxieties were reflected in her language, which had a sense of uncertainty, an element witnessed in her movement. In the interview Lisa first says she comes to the group because:

Lisa - Um I um come for to join eh (sigh) to meet people and er I suppose to help with my illness.

Therapist - *Can you say more about that?*

Li - Um (long silence)

Th - *In what ways do you feel it helps your illness?*

¹ OCD abbreviation for Obsessive Compulsive Disorder

Li - Eh to express my-self, um I can sort of bring to (the centre) my feelings about things, so if I am feeling quite anxious and um I find it sort of useful to um help with my anxieties.

We then discuss movement experiences specific to Lisa and her illness. One aspect that Lisa seemed unsure about was whether she found it easier to express herself in words or movement:

Li - Um no I think I found it bit easier to do that in words

Th - *Do you?*

Li - You know sort of talking about it

Th - *Find it easier to talk about it than do the moving*

Li - Well er sometimes I can do the movement like but í (pause) I don't know its kind of like I feel a bit stuck in myself.

I observe that Lisa's use of movement space is very limited ó she can remain in one area of the room for a whole session. Without the intervention of a prop her movement range remains minimal originating from her periphery and not her core. Lisa talks often about uncomfortable situations in her life, which either don't alter or shift slowly ó this correlates with her movement explorations. Also Lisa goes through phases of missing the majority of the session therefore limiting her movement experience. Arriving late demonstrates her battle against time and -stucknessø in her OCD.

This leads me to question the significance of movement experiences if the person is unable to reflect on its meaning and make a psychological connection. Is it enough for that experience to be held in the body on an unconscious level? The interview continues as we discuss a specific movement intervention:

Th - *And what about some of the things we work on like the thing we did a couple of weeks ago about um the obsessive behaviour?*

Li - Um I found that helpful um cause I'm saying to myself at home now that its just an obsession which um seems to sort of like stop me from going over things like too many times.

Through the interview Lisa communicates the significance of the social aspect of the group:

Th - *So what is it that makes you get here?*

Li - Well because er I suppose its something I enjoy doing and meeting other people you know **socialising**.

Lisa is a marginalised member of our society, she belongs to a group that goes on outings once a week, works two days in a charity shop and receives no other therapy. The DMT group offers Lisa a unique opportunity to be an equal and accepted member of a community. Yalom (1995) suggests that for participants such as Lisa a positive group experience is in itself considerably healing:

Most psychiatric patients, however, have an impoverished group history; never before have they been valuable and integral to a group. For these patients, the sheer successful negotiation of a group experience may in itself be curative. (Yalom 1995: 50)

Lisa has this experience not only because she finds the others friendly but also because she feels safe with them:

Li - They seem like a nice group of people like you know sort of friendly people, easy to get on with and um I think **I sort of feel it's a safe place...**

Li - Well er **a safe place to sort of er express my feelings**, you know to talk about my problems and stuff

My interpretation is that Lisa has found a place where she belongs due to the acceptance she receives. Her OCD is not judged (therefore she is not judged) in

contrast it is explored. The group provides ongoing support that seems to be lacking elsewhere in her life, hence her determination to attend on a weekly basis.

Interview with Neil

Neil is an articulate man in his forties on a journey of self-discovery. In group closure Neil identifies his immediate cognitive response to movement experiences and carries this through to the following session. Interviewing Neil made apparent the benefits and boundary issues of the therapist/researcher role. Our interview began following Neil's request to move and stretch which we did together. I observe Neil as a man who constantly communicates with his body, therefore warming-up and moving throughout the interview enabled him to access felt emotions in relation to his group experience. However in reflection his internal exploration and disclosure with the therapist/researcher left him feeling vulnerable and confused about therapist/researcher boundaries. He had to ask himself what had been the difference between sharing with his therapist as researcher, rather than as therapist. Whilst, as Meekums and Payne (1993) explain from their research, the 'therapeutic alliance' brought congruence to my investigation. (Ibid: 170), on this occasion it highlighted possible areas of confusion that might arise. In response to his reaction I too questioned the interview process, how dissimilar his was from Lisa's and the focus on creating an interview space appropriate for exploration of his group experience. Furthermore, in retrospect the contrast between interview/therapy and interviewer/therapist could have had greater emphasis.

Neil's initial response to why he attends DMT included the terms 'social community' and 'very nurturing'. In addition Neil recognises that 'motivation and encouragement' is enough to make him feel better and analyses the impact this has on his well-being:

Neil- But er when you have a go you find that (pause) something happens that's quite relevant. My brains not in one place its very scattered and out of it, so I don't really know what I want, you'll come up with something and it tends, its, it starts to become more and more exactly what I am actually doing I just couldn't place it.

Thus the encouragement to which he refers in enabling him to just have a go is the therapist's acceptance of each participant's contribution. Neil recognises an underlying process existing between group and therapist – a non-verbal connection/empathic reflection - together we clarify that this process relates to **trust**:

Ne- I do, I do! but er usually something happens for me and its been really quite excellent how the group – different levels of, of, of functioning have all been quite amenable to working with, with me and slowly it helped me kind of learn to give a little bit and work with, with what someone else needs when I was in such a state that it was actually quite hard for me!

Acknowledging the element diversity plays in his therapeutic process Neil demonstrates awareness of receiving and returning support despite people's difference. He displays humility for less functioning participants in his growing respect and realisation that their presence is as significant as his. Reflecting on how the group helps him to attend Neil contemplates the influence of others in his evolving self-awareness, – the patient becomes more aware of himself as an entity functioning with others in comparative safety. (Chace 1993b: 217)

Ne - And so you get other people's idea and benefit from other people's feedback and the **actual personal interaction** with someone.

Th - *So the feedback, the verbal feedback, so a reflection verbally from others?*

Ne - Verbally and body language.

Th - *And body language.*

Ne - And that's true of whatever kind of person is there, you **get a reflection from the quieter ones just by their body language and how they respond** to you, and its you know part of what you focus on, or don't go for it, or get frustrated by, or enjoy up to verbal feedback, correct verbal feedback, and em, **but you know you're forming relationships, you're actually forming relationships – its real.**

Thus Neil identifies empathic reflection in group responses to his behaviour/movement; furthermore this is observed as congruent with his participation in the session. He then makes a connection with relationships and the depth in which they can be experienced when formed within a held space. The process of creating relationships within the group reflects Fedeles (2004) suggestion that therapeutic relationships can counteract negative relationships previously experienced.

Neil appreciates connection and initiates physical contact entering people's personal kinesphere, benefiting from intimate relationships. Demonstrating Yalom's (1995) theory of Social Microcosm Neil expresses the ease of relationship forming in the group. Within a safe, held environment the pressures and anxiety surrounding social integration are released:

Ne - í You meet people and the same stuff happens with them as it would outside really. **And so you get a relationship with them and so you then get feedback in that context but its all-safer** because you're all í

Th - *Its all-safer because?*

Ne- Its safer because, you know there's a, there's a í boundary is the wrong word í (hands held together in front of his body as if cupping something)

Th - *Held? You just, I see your hands...*

Ne- Yes

Th - *You know you've got your hands out as if you're holding something.*

Ne - **Yes the group is held and everyone kind of knows that** and that puts, **it takes off a lot of the pressure to people relating.** So it's very interesting you actually get to have relationships with people in a safe

way without comebacks, but you still get, you still get the benefits of the relationship.

Neil has discovered a therapeutic process that meets his physical and cognitive needs enabling body/mind integration, thus developing his sense of self. Amongst a group he trusts, working through a medium to which he relates Neil feels safe to explore relationship and life issues.

Summary of Interviews

Despite discrepancies identified in the interview processes, both provided useful data.

In summary the reasons Lisa and Neil attend are to: -

- Express him/her self-physically/verbally.
- Embody movement interventions that impact on life situations.
- Make contact/connections/relationships with a group that they trust/feel safe with.
- Experience empathic reflection.
- Learn from other people's non-verbal/verbal responses.
- Be part of a social group.

Summary of Analysis

Analysis of evidence highlights a repetition of core themes apparent from all three methods; these will now be correlated with the original research questions.

1. What aspects of the therapeutic approach enable individuals to commit to the group?

All three research methods show that the integration of unconditional positive regard, empathy and non-directional leadership are significant contributors in creating affirmation and respect within the group. These core conditions enable and foster commitment. The therapist's non-directive role further emphasises mutual respect and group ownership, therefore the group manifests an atmosphere in which participants feel able to express themselves. This approach resonates with Fedele's (2004: 206) theory of disengaging the therapist from authority, which fosters choice making,

sense of responsibility and ownership of the dance in participants. In turn this affects self-worth and the implementation of these attributes in the wider community.

The core conditions create the 'safe' and 'held' space participants articulate. Cohesion occurs naturally as the participants establish social integration through the intimacy of physical connection, sharing of movement interventions and verbal/non-verbal disclosure. The findings suggest that integration of all these factors creates a sense of acceptance and equality for all emotional and physical contributions, thus establishing positive relationships and a sense of belonging.

2. What is the appeal of Dance Movement Therapy as a modality?

Participants' experiences suggest that DMT is conducive to person-centred conditions and vice versa. Importantly, clients are observed to be interrelating in the non-verbal domain as much or more than the verbal. Physical contributions are recognised and affirmed, so if movement is an outer expression of the inner person, that person is being accepted unconditionally through their movement. Empathic reflection, as already stated, performs an important function in the group: for participants with more intense mental health needs empathy is encountered through forms of 'body reflection' as discussed by Prouty (2002: 591).

Interviews and observations showed that emotional connections develop through participating in and witnessing others' intimate movement explorations. Awareness of physical responses to others, plus awareness of how others respond to one's own movement, provides alternative possibilities of how to be in the world, thus enabling personal and social growth. Establishing relationship is enhanced through physical connection, touch, rhythm and sharing the dance. Synchronicity occurs as a physical representation of group cohesion generating a felt sense of belonging and connection.

Accessing a self-governed creative process with no right or wrong enables participants to discover their dance. Depending on the cognitive and reflective ability of the participant their movement experience is explored verbally

making body/mind connections. Whether the physical experience remains in the body or becomes integrated into the psyche self-awareness will be stimulated.

3. How does the diversity of group participants influence the therapeutic process?

Participants express an attraction to the multifarious population of the research group, -I enjoy the group as it evolves and changes, remarkable how the group accepts and includes everyone however short or long their involvement. (Participant questionnaire) The diversity amplifies a sense of community and an acceptance for each individual. Is it possible that a more realistic representation of our integrated society and the interplay between personalities underpins the group as social microcosm?

This research evidences the degree of self-learning possible when an eclectic group become involved in a DMT person-centred process. Those more able to internalise and articulate the body/mind connection encourage others to reflect. Participants who are less cognitively able and display more pathological symptoms mirror areas of life/personality possibly experienced by others. Dennis Brown and Jonathan Pedder (1993) describe the interconnectedness of individuals within the group as a matrix from which the patient can enter a new phase of self-discovery:

As patients immerse themselves in the group matrix, each individual can question their own perceptions, boundaries and identity; they can regain aspects of themselves that they have disowned and projected, and remerge with fresh insights and ways of relating. (Brown & Pedder 1993: 133)

Thus the multiplicity of the group accelerates essential group processes.

Concluding Summary of Analysis in Relation to the Research Questions

Next to each point will be an indication of which of the three methods used produced this conclusion.

1. What aspects of the therapeutic approach enable individuals to commit to the group?

The therapeutic environment of the group provides each participant with the opportunity to experience:

- a. Acceptance of their whole being ó unconditional positive regard (Interview Questionnaire Observation/process notes¹)
- b. Affirmation for who they are physically/emotionally (All)
- c. Empathic understanding of their personal reality (Ob/pr)
- d. Positive relationships - physical/emotional connections (Int, Ob/pr)
- e. Sense of belonging being part of a community ó mutuality/ non-directional facilitation (All)

2. What is the appeal of Dance Movement Therapy as a modality?

Using the body through DMT heightens the above experiences due to the involvement of the physical-self, space, props, touch and rhythm.

Dance movement therapy offers participants the opportunity to:

- a. Access their creativity (All)
- b. Discover their own dance (Int, Ob/pr)
- c. Receive empathic reflection (Int, Ob/pr)
- d. Interrelate body/mind connections (Int, Ob/pr)
- e. Experience alternative perspectives on life situations ó embodiment/witnessing physical responses (All)
- f. Play ó step out of isolated/stressful lifestyles (Ob/pr)

3. How does the diversity of group participants influence the therapeutic process?

¹ Int, Qu, Ob/pr

The research evidence suggests diversity amplifies person-centred/DMT processes by:

- a. Emphasising acceptance via a variety of social, cognitive and therapeutic needs (Int, Ob/pr)
- b. Encouraging group empathy ó enabling understanding of difference (Int, Ob/pr)
- c. Integration that heightens sense of community/belonging (All)
- d. Increasing new possibilities and fresh perspectives ó transferable to life situations. (Int, Ob/pr)

Evaluation shows that therapeutic conditions, safe/held space, emotional and creative connections, acceptance of difference and learning from difference are the key factors that contribute to the group's ongoing attendance and participation. This chapter ends with a quote from a group member:

There was something reassuring for me to allow myself to start being known both emotionally and physically by a group of people. I could give support and receive support too, and this enabled me to find a connection with people, in a way that I found difficult in my every day life. (Participant questionnaire)

Chapter 5

Conclusion

The majority of participants in this research study are marginalised members of our society ó their obsessions, addictions, anxieties, and ÷personal realitiesø all form barriers to social integration. Their lives on the whole are unmanageable and challenging, therefore regular attendance and participation in a group is a unique experience.

Specifically, this research study was initiated by the therapist's observations of and curiosity about:

- The intimate connection of a diverse client population.
- The ability for socially isolated individuals to integrate with others and belong to a community.
- The choice to attend and participate regularly when otherwise in life commitment and time proves a challenge.

These points influenced the design of the initial research questions and methods applied:

1. What aspects of the therapeutic approach enable individuals to commit to the group?
2. What is the appeal of Dance Movement Therapy as a modality?
3. How does the diversity of group participants influence the therapeutic process?

In turn this influenced the variables focused on drawn from the possibilities within the creative process of the DMT group. In retrospect and as already acknowledged there was possible researcher bias ó however, the study has produced clear findings regarding the reasons that enable the research group to attend and participate in DMT sessions.

To answer research questions one and two this study explored the interface between Rogerian/group theories and DMT as a modality. Carl Rogers (2003) articulates the perception of ourselves as an "organism" (484) suggesting a holistic conception of the individual. Therefore our personal realities or "phenomenal field" (483) are experienced physically, emotionally, cognitively and spiritually. These views reflect DMT in its ability to enable a therapeutic process to develop on all physiological levels, and suggest that physical or emotional experiences cannot exist without each other. The research showed that dance/movement is a medium through which person-centred conditions are accessible to a wide range of mental health clients. Focusing on research question three this study proves that the diversity of a population with a combination of needs, abilities and personal realities contributes to the therapeutic and creative process experienced by individual clients within this context. In essence the research participants attend and participate in a dance/movement therapy community mental health group because:

- They receive acceptance, affirmation, unconditional positive regard, empathic understanding.
- They make relationships, physical/emotional connections.
- They gain a sense of belonging, mutuality, trust, ownership.
- They access their creativity
- They inter-relate body/mind connections and thus become congruent physically/emotionally,
- Each participant experiences alternative perspectives from their own

In terms of limitations it is clear that the diverse nature of the client group affected the research process in several ways. Firstly the differing levels of confidence in use of literacy skills may have affected the data from the questionnaires and arguably therefore the results. Secondly the time scale did not allow more than two interviews to inform the case study ó a longitudinal study over a greater time span might have yielded further and/or different perspectives.

In addition to the above points, it seems that little has been written about therapy groups with the range of diverse needs represented in this research subject.

In conclusion, this study has identified the value of DMT for mental health/psychiatric clients living within the community. Furthermore it has shown DMT to be a substantive therapeutic process for the participant group, thus adding to the body of evidence for the efficacy of this creative arts therapy approach in practice. I believe this research will inform and benefit other dance/movement therapists who are working in similar contexts. On reflection, this study provided a wealth of further research opportunities: in particular the embodiment of unconditional positive regard and creation of "safe space" were identified as recurring themes that would benefit from focused research. Furthermore the subject of diversity in context and its influence on therapeutic processes is an area that also would benefit from its own research. Nonetheless this study has provided valuable insights and has given a voice to the diverse population who reap the benefits of DMT in a community setting.

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APPENDIX 1

**QUESTIONNAIRE – WHY YOU CHOOSE TO ACCESS DANCE
MOVEMENT THERAPY IN THIS SETTING**

There is no need to put your name on this questionnaire, as all information will remain anonymous throughout the MA research.

Any extra information will be warmly received; there is space at the end for that purpose.

**5. APPROXIMATELY HOW LONG HAVE YOU ATTENDED DANCE
MOVEMENT THERAPY FOR?**

6. HOW REGULARLY DO YOU ATTEND?

(Please circle)

Every week every other week once a month occasionally

**7. FOR WHAT REASONS DO YOU COME TO DANCE MOVEMENT
THERAPY?**

You may circle more than one but please number in order of personal
importance 1 being the most important and 10 being the least important

Physical exercise

Having a space to dance and move freely

To use dance as a means of expression

Work through personal issues

To increase levels of emotional and physical acceptance of self

Improve confidence and self-esteem

Improve ability to be with others both physically and verbally

Social integration ó mixing with other members of the community

Sense of community/ belonging

An opportunity to explore male/female dynamics in a group

Other reasons -----

8. HOW DOES THE SETTING INFLUENCE YOUR CHOICE TO ATTEND THE DANCE MOVEMENT THERAPY SESSIONS?

You may circle more than one but please number in order of personal importance 1 being the most important and 10 being the least important

It is a low cost session (£2 donation)

There is time to chat and have tea and biscuits with the group afterwards

Knowing the therapist will be in the building before and after the session.
(Is available to talk)

This approach to DMT facilitates my movement ideas and helps me to work through personal issues.

It is not a clinical setting e.g. no doctors or psychiatrists within the vicinity

It is a self-referred service that I choose to attend.

Other -----

9. HOW DOES THE GROUP INFLUENCE YOUR CHOICE TO ATTEND?

You may circle more than one but please number in order of personal importance 1 being the most important and 10 being the least important

The group is of mixed gender

The group members have mixed needs and abilities and do not all share one diagnosis.

It is a sociable group in a community setting.

There are opportunities for verbal sharing as well as dance

I am able to offer support to others

I can receive support from others

Other-----

-

10. WHY DO YOU CHOOSE SPECIFICALLY TO ATTEND DANCE MOVEMENT THERAPY RATHER THAN OTHER FORMS OF THERAPY?

You may circle more than one but please number in order of personal importance 1 being the most important and 10 being the least important

I find it easier to express myself in movement rather than words

There seems to be no right or wrong way to participate or to be

There is a sense of freedom in the use of space e.g. it doesn't matter where I am in the space or how I use the space.

There is an exciting unknown element to the creative process Dance Movement Therapy offers

APPENDIX 2

QUESTIONNAIRE 2 – WHY YOU CHOOSE TO ACCESS DANCE MOVEMENT THERAPY IN THIS SETTING

There is no need to put your name on this questionnaire, as all information will remain anonymous throughout the MA research.

Thank you for the time you put into the previous questionnaire, this second one is a follow up based on the information you provided and my position now in the research process. Looking at the varied responses you all gave and the questions I asked I can now see that some points I offered had a similar meaning and I wondered how you interpreted each point and differentiated one from the other. Thus the purpose of this questionnaire is to gain an insight into your understanding of the points you chose in relation to the questions I asked.

The points that are most open to interpretation have been colour coded for you to see how I believe they link together, these are the points I would most like you to respond to by expressing your understanding of each one.

- Linking this approach of therapy to the sense of freedom to move and use of space.
- Self- expression and working through personal issues.
- Acceptance of self and an increase in self-esteem and confidence.
- Social integration, sense of belonging and being part of a community.
- Mixed gender and the dynamics of this.
- Being part of such a varied group.

11. FOR WHAT REASONS DO YOU COME TO DANCE MOVEMENT THERAPY?

You may circle more than one but please number in order of personal importance 1 being the most important and 10 being the least important

1. Physical exercise
2. Having a space to dance and move freely
3. To use dance as a means of expression
4. Work through personal issues
5. To increase levels of emotional and physical acceptance of self
6. Improve confidence and self-esteem
7. Improve ability to be with others both physically and verbally
8. Social integration ó mixing with other members of the community

APPENDIX 3

Notes from supervision 8.03.06

(Not all of my supervisors dialogue was audible, so I have included what could be interpreted and remembered clearly.)

Eclectic ó all have different needs being met by group

Difference = part of what works
Unusual mix

Creativity = freedom

Trust = can be themselves -if I cant be myself here where can I be myself?ø(2nd March)

Easier to express themselves in the body when words canø be found or intellectualised

Myself/researcher - Why the people come who cant express why they come eg. For exercise or bad ankle, what draws them? = Socially belong, be who they are, be accepted by someone who is different to them, be part of something = diversity of group = unique situation
Rather than being with people same of themselves being with people different yet can still be themselves

Supervisor - *This way they are seeing all sorts of diverse people and yet they are still are themselves*

Myself - How much is it that we are in the community, does that help that, does it feed the belonging and the diversity and the, because its all part of the community, it doesnø have the clinical structure to it, I donø want a piece of paper with their diagnosis on it.

Myself - Community/clinical difference ó what the setting and therapist expects from them ó questionnaire not worded appropriately to really learn this from the group.

Myself - Come for more than 1 reason, be part of something while being themselves and can reveal themselves

Myself - Exploring powerful and deep processes ó discussing verbally and making the cognitive link to movement experience ó this has been happening more which helps others who otherwise are unable to access on the same level start to think on a surface level whatever level they can get to, start to think of those processes.

Supervisor - It could help people who persistently react on a very shallow level and actually be aware of what it is for them because in and out they function on that level

and they can then verbalise and think it through that they really have this depth to them.

Myself - Different experiences of individuals keep the group healthy because there is always someone to enable others to shift in a certain way, or see something from a different perspective.

Myself - Respect felt by myself and taken on by participants for each other.

Myself - Sense of closed group even though people don't always show up, when people are not there a sense they are there.

Myself - They can't arrive on time yet they soak it up and it's never enough.

Myself - Self deprecation = arriving late/ time as issue

Myself - Lisa still bothers to come even knowing she will be so late to have missed the session! Never received therapy in her life

APPENDIX 4

1

¹ These letters of consent were based on my initial research proposal which has since changed

16.11.2004

Letter of Informed Consent

To Line Manager

Please may I receive your consent that the research project I will be undertaking as from November 2004 for my Masters in Dance Movement Therapy may use the Thursday Community Mental Health Group as the client focus - according to the informed consent I receive from each individual involved in the group.

A copy of the letter sent to each member of the group is enclosed for your information.

As my line manager if at any point during my research project you feel my research is having a detrimental impact on clients or my work please consult with me through a line management meeting.

Yours sincerely

Linsey Gordon

Signed by the Line Manager of the Dance Movement Therapist involved on behalf of Dance Voice

----- (signature)

----- (print name)

----- (date)

Informed Consent

16.11.2004

Over approximately the next eighteen months I am undertaking a research project in Dance Movement Therapy looking at the therapeutic appeal of Dance Movement Therapy within the community and why people choose to return to sessions. I will focus on the "safe space" aspect of therapy and how that is manifested and accessed within Dance Movement Therapy and how as a therapist I choose to implement a "safe space"

It would be a privilege for me to use your Thursday afternoon group as my source of learning and observations for my research and to do so I need your consent.

I emphasise that confidentiality and anonymity will remain paramount throughout my dissertation, so when quotes or observations are used no individual will be named.

With consent I may use feedback given at the end of the session.

No information or feedback will be used or recorded until the time that consent is given by you.

The research will be shared with relevant staff at Roehampton University and members of my supervision group. The dissertation produced will then be placed in the University of Roehampton library. Following this it is possible that research findings could be disseminated to a wider audience.

If you consent to being a participant in the research project within the terms described above please sign and return.

Thank you for your support

Linsey Gordon

----- (signature)

----- (print name)

----- (date)

APPENDIX 5

QUESTIONNAIRE – Outcomes

There is no need to put your name on this questionnaire, as all information will remain anonymous throughout the MA research.

Any extra information will be warmly received; there is space at the end for that purpose.

1. APPROXIMATELY HOW LONG HAVE YOU ATTENDED DANCE MOVEMENT THERAPY FOR?

3months to 10years

a. HOW REGULARLY DO YOU ATTEND?

(Please circle)

Every week **8** every other week **4** once a month **0** occasionally **0**

Left blank **1**

b. FOR WHAT REASONS DO YOU COME TO DANCE MOVEMENT THERAPY?

You may circle more than one but please number in order of personal importance **1 being the most important and 10 being the least important**

Table indicates how many put each reason at what point of importance following the above instructions

Numbers of Importance 1-10	1	2	3	4	5	6	7	8	9	10	Blank
Physical exercise	3	0	1	1	1	1	1	0	2	0	3
Having a space to dance and move freely	4	6	0	0	0	0	0	0	0	1	3
To use dance as a means of expression	3	2	3	1	0	1	0	1	0	0	2
Work through personal issues	1	0	2	3	0	1	1	0	1	1	2
To increase levels of emotional acceptance of self	2	1	2	1	1	0	0	1	1	1	3
Improve confidence and self-esteem	0	1	1	2	3	2	0	0	0	0	4
Improve ability to be with others both physically and verbally	0	0	1	1	1	1	1	3	0	0	3
Social integration ó mixing with other members of the community	0	2	1	0	2	1	2	1	1	0	3
Sense of community/belonging	0	0	0	0	0	0	4	2	3	0	4
An opportunity to explore male/female dynamics in a group	0	1	1	1	1	1	0	0	0	5	3

c. HOW DOES THE SETTING INFLUENCE YOUR CHOICE TO ATTEND THE DMT SESSIONS?

You may circle more than one but please number in order of personal importance 1 being the most important and 10 being the least important

Table indicates how many put each reason at what point of importance following the above instructions

Numbers of importance 1-6	1	2	3	4	5	6	Blank
It is a low cost session (£2 donation)	2	3	1	1	1	3	2
There is time to chat and have tea and biscuits afterwards	1	3	0	2	0	1	6
Knowing the therapist will be in the building before and after the session (is available to talk)	0	1	4	1	1	1	6
This approach to DMT facilitates my movement ideas and helps me to work through personal issues	8	1	2	0	1	0	1
It is not a clinical setting e.g. no doctors or psychiatrists within the vicinity	0	1	1	3	1	1	5

d. HOW DOES THE GROUP INFLUENCE YOUR CHOICE TO ATTEND?

You may circle more than one but please number in order of personal importance 1 being the most important and 10 being the least important

Table indicates how many put each reason at what point of importance following the above instructions

Numbers of importance 1-6	1	2	3	4	5	6	Blank
The group is of mixed gender	3	4	2	0	0	1	3
The group members have mixed needs and abilities and do not all share one diagnosis	4	2	0	2	1	1	3
It is a sociable group in a community setting	3	3	2	1	1	1	3
There are opportunities for verbal sharing as well as dance	2	2	3	1	0	2	2
I am able to offer support to others	0	0	3	1	4	1	4
I can receive support from others	0	3	0	5	1	1	3

e. WHY DO YOU CHOOSE SPECIFICALLY TO ATTEND DANCE MOVEMENT THERAPY RATHER THAN OTHER FORMS OF THERAPY?

You may circle more than one but please number in order of personal importance 1 being the most important and 10 being the least important

Table indicates how many put each reason at what point of importance following the above instructions

Numbers of importance 1-6	1	2	3	4	5	6	Blank
I find it easier to express myself in movement rather than words	5	3	0	0	1	1	4
There seems to be no right or wrong way to participate or to be	1	2	3	4	1	1	1
There is a sense of freedom in the use of space e.g. it doesn't matter where I am in the space or how I use the space	3	2	2	2	0	0	4
There is an exciting unknown element to the creative process dmt offers	2	2	5	1	2	1	0
I like the fact that every week is different depending on the movement ideas/issues people want to explore	1	3	2	2	2	0	2
The therapist is non-directive ó does not direct my choices or analyse my contribution to the group	0	1	0	1	2	5	5

APPENDIX 6

Further Information Shared on Questionnaires

Question 3

FOR WHAT REASONS DO YOU COME TO DANCE MOVEMENT THERAPY?

-Get more in touch with myself, start coming out of my head and being more authentic and honest and straight forward with what I'm feeling & learning about myself. (Neil)

-Helps with relaxation.

-Being with other people and making friends.

-I like coming to X¹ to meet people.

-I value the support and friendship of the therapy team.

-It's a space where I can really explore my creativity and get fulfilment and confidence from that. I have found that I can simply be however I am emotionally and allowed to have that space, and be seen and supported. Being seen as myself is very important to me.

-Sometimes it helps me have a joyful experience in the present moment when things are very difficult outside of X.

-Experiences gained through dance movement therapy able to be transferred to other settings and everyday issues. It is not an intrusive process, adaptable to whatever mood, circumstances you are in.

¹ X represents the name of the centre

Question 4

HOW DOES THE SETTING INFLUENCE YOUR CHOICE TO ATTEND THE DMT SESSIONS?

-I've put low cost low down in importance yet it is one of the lowering of barriers that initially helped me access the sessions. Because its laid back, open and friendly, minimum of admin.ø(Neil)

-I manage to get myself here no one makes me. The low cost ó some weeks I don't put any money in but at the end of the month I make it up.ø

-The therapists are always welcoming and never judgemental, I always feel my presence is valued. I like to see how everyone in the group is acknowledged and cared for. Its always very important to me that I am free to join in or not as sometimes it is good to stay and have periods of withdrawal which I can sometime work through and connect with others again.ø

-X regarded as safe space, confidentiality versus impartial.ø

Question 5

HOW DOES THE GROUP INFLUENCE YOUR CHOICE TO ATTEND?

1. -Because dance movement therapy works and this group does participate doing dance movement therapy.ø
 2. -Because the therapists are very good.ø
- (Neil added these as his no1 & 2 variables)

-I like to catch up with people, because not everyone can make it every week. I choose to come to dance movement therapy, because I know there will be a warm welcome and I will go home refreshed and invigorated.ø

-It helps me get out the house.ø

-When I first came to the group there was only 2 or 3 men, I couldn't speak to a male
ó group has got better more men.ø

-Enjoy group as it evolves and changes, remarkable how the group accepts and
includes everyone however short or long their involvement.ø

Question 6

WHY DO YOU CHOOSE SPECIFICALLY TO ATTEND DANCE MOVEMENT THERAPY RATHER THAN OTHER FORMS OF THERAPY?

1. -Because it uses movement, which I find -moves me onø and usually moves
me up.ø (Neil)

-The therapist will be open to the group to discuss any issues they may like to
work through.ø

-The space, some weeks I'm here but don't want to be here, people help keep me
in a safe space.ø

-Written and verbal communications dominates daily life and dance movement
therapy is an opportunity to break free from this and switch to a more instinctive
and spontaneous form.ø

General

-Like with other people, like dancing to express myself, I like bringing ideas to the
group ó it makes me feel happy to see everyone joining in. Exploring personal issues
help me be assertive outside of the group in home.ø (Lisa)

-I find it more authentic -from my body than my mindø most of the time. Its really
useful to receive physical feedback, often quite surprising but like real-time video!ø

-There was something reassuring for me to allow myself to start being known both emotionally and physically by a group of people. I could give support and receive support too, and this enabled me to find a connection with people, in a way that I found difficult in my every day life.

Expressing myself via dance & movement was perfect for me. It offered me the opportunity to be with myself physically and to become more familiar with my body on the whole. I was aware that I felt very passionate using this art form, and there has always remained the sense and urge to continue exploring this landscape of dance and movement. For me it is an ongoing journey that can be explored indefinitely.ø(Left the group to go on and train as a DMT.)

-I'm here because I have a bad ankle.ø

-I always feel better afterwards than I did before, and I look forward to coming each week as a space to breath and be.ø

-I come because I have arthritis and it helps me move my joints, I like the people, really nice and friendly people here. I wouldn't know what I would do if it wasn't here.ø

-I like coming here because its sort of a nice safe environment and I like meeting more people, I wish there were more groups I could go to instead of one.ø

-I chose the mixed gender group because I wanted to accept trying to relate to men in a non-competitive environment. Coming to the group seemed a natural follow on from the dance movement therapy course I had partaken in, I wanted to try being a client. I enjoy moving and wanted to explore movement without the restraint of choreographic correctness. I wanted to take the opportunity to allow myself to explore my movement in a non-judgemental, supportive environment ó all of which dance movement therapy offers. I love seeing how the sessions unfold from random inputs by the group and how wordless connections are made through movement.ø

-I feel achieving to make goals on communicating with female and male contact ó I know I've made progress on that because I couldn't do anything when I started. Its nice to have help by therapists, some days hard to come in, when I don't come that's the time I'm all over the place.ø

- -Dance movement therapy allows me to have intimacy with other people which I don't get otherwise, which is extremely valuable to me.ø
 - -Its an opportunity to learn and grow in all sorts of ways.ø
 - -An opportunity to dance to all sorts of music and offers a group experience, whereas at home I haven't much music or space or others to dance with.ø
 - -Being in a mixed group has helped me relate to men as well as women and enjoy having the opportunity for intimacy without complications.ø
 - -Dance allows me to discover more about who I am. The dance movement therapy takes me into a whole new dimension which talking therapy doesn't.ø
 - -I can experience my dark side in a way that is not only safe but healing. I can also experience empowerment.ø
 - -It gives me lots of opportunities to be loving and nurturing.ø
- I find dance movement therapy is a holistic experience for me. It is a spiritual experience as much as physical.ø

APPENDIX 7

Description of a Session

Warm Up

- Music playing (chosen by a client), people enter the space and orientate themselves starting to move and use the space as they need to individually.
- I acknowledge people individually by moving with them and verbally checking in.
- Group forms a circle to check-in verbally and use a movement to indicate how we feel today/at what level our energy is at.
- In the circle we warm up together starting with myself leading but influenced by movements I observe and information given in the check in. Pass the movement round - each person offers a movement for others to follow.
- Ideas for the session are collected (or the content flows from the warm up into an organic process).

Content

- Hoops were asked for ó firstly people danced on their own with a hoop, organically people began to connect with each other with their hoops (an example of contact without touch), I offer verbal suggestions that mirror what I witness to already be happening in the room e.g. making connections
- When the music ends the group remain connected, I ask if the group would like to keep moving with the hoops, this time to all hold on in a circle, hoop between each person and move without letting go. (An intuitive intervention based on what I see and feel in the room.)
- This intervention takes place creating close contact but also leaving room for people to connect from the edge ó the whole group came together.
- Continuing with the hoops a client asked if we could up the pace by placing them on the floor and dancing in and around them.
- This provided an opportunity to use music brought by another client (every week he brings 80s music).
- During this dance people began to move in the same hoops with each other ó negotiating/sharing an intimate space, supporting each other to balance.
- The group then started to see how many people they could get in 1 hoop, showing awareness of each other in the space.

- A client suggested we took this idea and tried 'group sculpture'* from within a certain number of hoops. This meant people had to connect from specific areas in the space rather than everyone having to come into the middle and make physical contact. It seemed less 'intimidating' and more accessible for some clients but did not offer the comfort some receive from the touch contact usually shared.
- To engage a client whose mental health needs are such that he often needs support to remain focused, the two of us played DJ by stopping the music as an indicator for the sculpture to change.
- The group finished with the hoops by dancing freely, they had the freedom to do their own dance, alone or with others ó lots of laughter, play and fun.
- Before moving into the next intervention we briefly discussed how it felt different to dance the 'group sculpture' from separate areas in the space versus sharing an intimate space in the middle of the room.
- The second intervention came from the original check in when a client stated they felt unbalanced, 'going for it and then flaking out.'
- It was discussed that people struggled to find the 'middle ground' being either high energy or exhausted. Using music that changes in pace and rhythm I verbally guided them through an exploration ó asking them to be aware of their breath, personal rhythm, how and where in the body they feel in the 2 different states, which felt more comfortable/familiar/alien etc. I closed it by aiming to enable them to find balance, connection to the ground.
- The content finished with a relaxation/guided meditation.

Closure

- Group forms a circle seated on the floor to reflect on the content of the session, what people enjoyed/found difficult, making cognitive connections, feeding back to each other etc
- The session ends with a hand hug ó group holds hands and a squeeze is passed round.

Clients can choose to stay for refreshments which they self-manage.

* 'Group sculpture' was asked for by a client who repetitively asks for this intervention ó it involves the group one at a time connecting to form a moving/still sculpture.

APPENDIX 8

Lisa Interview 15.12.2005

Therapist - *Do you remember doing the questionnaire that we did together?*

Lisa - Yeah

Th - *So I have taken questions from the questionnaire and kind of put a couple of questions together.*

Li - Yeah

Th - *Ok so its just two main questions and the first one is mm what I would like to say is 'what reasons do you choose to come to dance movement therapy, so what is it about the group that you come for?'*

Li - Um I um come for to join eh (sigh) come to meet people and er I suppose to help me with my illness.

Th - *Can you say more about that?*

Li - Um (long silence)

Th - *In what ways do you feel it helps your illness?*

Li - Eh to express my-self, um I can sort of bring to (name of centre) my feelings about things, so if I am feeling quite anxious and um I find it sort of useful to um help with my anxieties.

Th - *And what about some of the things we work on like the thing we did a couple of weeks ago about um the obsessive behaviour?*

Li - Um I found that helpful um cus I am saying to myself at home now that its just an obsession which um seems to sort of like stop me from going over things like too many times.

Th - *Ehem, so how, could you say something about how that exercise for example that we did in movement, how did that help, in what way did that help you be able to say that to yourself?*

Li - Um, well the group had to eh pretend they were my obsessions and they stood round me and I had to push my obsessions away.

Th - *Mm do you think physically doing it; do you think that's what helped?*

Li - Yeah it helps um (silence) well it helps me with my anxieties, sort of like um and makes me feel sort of with my obsessionsí

Th - *Could you say how it helps?*

Li - Um well I ~~love~~, well I don't know I think some times I think I need to get a lot of anxiety outí

Th - *So releasing it....*

Li - Releasing ití .

Th - *...Is that what your saying?*

Li - í yeah

Th - *Yeah... and you can do that here?*

Li - Yeah

Th - *Is that through the dance and movement?*

Li - Through the dance yeah

Th - *Sometimes I see you do that with props, you know when we use materials*

Li - Mm

Th - *Because the other thing I was curious about was how this is different for you from other therapies you might have attended in the past or, or now – like counselling or mm I don't know - you mentioned the other day you've been in verbal counselling, yeah?*

Li - Yeah

Th - *Could you say how this is different for you?*

Li - Um well sort of verbally counselling is just like sort of talking one to one but um in (name of centre) um I suppose er its sort of physical sort of thing you know you can eh (silence) I suppose you can sort of like express how you are feeling

Th - *Mm – so do you feel that it's easier for you to do that in your body than in words?*

Li - Um no I think I found it bit easier to do that in words

Th - *Do you?*

Li - You know sort of talking about it

Th - *Find it easier to talk about it than do the moving*

Li - Well er sometimes I can do the movement like but í (pause) I don't know its kind of like I feel a bit stuck in myself

Th - *Yeah, so does it help, help you feeling stuck coming here?*

Li - Um yeah

Th - *Yeah, are you feeling anxious now?*

Li - Yeah

Th - *Yeah I can see, its ok...*

Li - I don't know what to say

Th - *Its only you and me so - your doing really, really well your saying all the things, your just saying how it is for you, that's all I want to know is...*

Li - Yeah I find it helpful

Th - *Mm*

Li - It's helpful

Th - *Because the reason I wanted to ask you Lisa was because um you struggle to get here some times don't you because of your obsessions...?*

Li - Yeah

Th - *Yet you still always turn up whatever time you still get here...*

Li - Yeah

Th - *And I think that's remarkable and I really respect you for that...*

Li - Um

Th - *...And my curiosity is about what it is that makes you still come here even though you struggle so hard to get here*

Li - Um well me and my support worker were talking the other day and I said er that I seem to be um a fighter like sort of you know my worker said I've got it in me to sort of do these things

Th - *Definitely*

Li - Like I have a go at ití and er

Th - *I can see that in your movement, do you remember when the thing we were just talking about when we did it the other day and everybody said how strong you are*

Li - Um

Th - *You have a lot of strength*

Li - Well yeah

Th - *Definitely*

Li - Yeah

Th - *...Ok*

Li - Well um some times I have felt like maybe not bothering like if Iøve got up late and I find Iørn going to be behind like getting ready and that with the time and er I suppose If I feel under the weather like I sort of nearly put it off you know not bother to come like

Th - *So what is it that makes you get here?*

Li - Well because er I suppose its something I enjoy doing and meeting other people you know socialising

Th - *Yeah – because the other question I have is ‘ how does the group influence you to get here, so how is it, what is it about the group of people?’ So you say that you enjoy socialising*

Li - Um well I donø know - having a chatí I donø really know how, what any body else can do really

Th - *Do you find the group um supportive, er good fun; easy to be with, safe, um I’m just throwing some words in here*

Li - Um

Th - *You obviously like socialising with the group ...*

Li - Yeah

Th - *You said that*

Li - They seem like a nice group of people like you know sort of friendly people, easy to get on with and um I think I sort of feel itø a safe placeí

Th - *Mm*

Li - Well er a safe place to sort of er express my feelings, you know to talk about me problems and stuff

Th - *Nobody judges you here do they?*

Li - No, no

Th - *Do you have um, I know you have your social group on a Friday don't you; do you have any other groups you go to?*

Li - Um well um not um I work in a charity shop on Mondays the í . in Bedminster.

Th - *Do you still enjoy that?*

Li - Yeah, yeah I say its just voluntary work like you know

Th - *Yeah*

Li - Um because I like animals, I know its not direct working with the animals but like the money goes towards the hospital like the clinic you know.

Th - *I brought my Christmas cards from ...*

Li - Yeah

Th - *And um so what other group things - you don't have counselling any more do you?*

Li - Well, I see my, see me support worker every two weeks, she comes round to my place you know and we have a chat like

Th - *And then, what do you do with your group on a Friday do you have outings?*

Li - Yeah, we all meet up at the Watershed, that's our meeting place and then we er what ever it is we have planned we er go and do like you know sort of go somewhere or go do something.

Th - *So is (name of centre) the only therapy group you belong to?*

Li - Um yeah

Th - *Yeah...*

Li - Yeah

Th - *How long have you been coming Lisa?*

Li - I don't know

Th - *It's a good couple of... you've done...*

Li - Since about August I Think

Th - *...You've done two performances haven't you so that's at least a year and a half so I'd say what about two years yeah...*

Li - Yeah

Th - *You've stuck with it*

Li - Yeah

Th - *Pretty good going isn't it?*

Li - Yeah, it was er (housing association) that told me about (centre) like

Th - *Mm they're your housing association*

Li - Yeah, said for me to sort of come see what it was like, they thought it might help me with like my illness.

Th - *Mm ok do you want to say anything else?*

Li - Er (pause) um no

Th - *You've done really, really well, thank you Lisa*

Li ó Yeah

Neil Interview 03.01.06

Therapist - *Basically I have taken a couple of questions from the questionnaire, do you remember the questionnaire, it's a long time ago now isn't it?*

Neil - Oh yes I remember the questionnaire I think I might of erí

Th - *Yeah*

Ne - Been quite expressive.

Th - *Well the reason I have done, I have asked to interview you is because what I found from the questionnaire is so many different answers from everybody - which represents the group really because you are all very different people. So what I want to know is em, I want to get to the 'nitty gritty' of why people choose, so why you choose to come to dance movement therapy? So that's quite a broad question*

Ne - It isí the first is, is, is the dance and the movement, that's what I was being drawn to er in this period of my life for many reasons and then em you find it is a sort of social, its a social community em part to it as well that's very nurturing especially as one goes on a bit and gets to know people, em so there's that sort of thing. And then (pause) it is therapeutic, it does work, I sometimes come and I'm almost not coming because I'm too exhausted you know, I don't really need to be going to do anything, I need to be sort of resting and though you know we get encouraged to move and stretch and exercise which you know is a good idea even when your tired ó its motivation and encouragement which is really helpful because you end up invariably feeling better ó most people do, you know they might have more stuff come up but they do generally feel a bit more alive.

Th - *Can you say how you feel better personally, how you feel more alive or what it is you think?*

Ne- I generally get into a more positive frame of mind and eh I wake up a little bit even though I'm tired, and I tend to be happier, I tend to be happy or reasonably happy by the time I'm leaving. So you know so I've found even some weeks when its not been totally what I've needed, I've been so crashing that you know I'm thinking perhaps I should be doing something else to support myself here ó even, even then it invariably it has really helped.

Th - *So I'm hearing that you come even though some times you feel its not what you need*

Ne - Yes

Th - *So I wonder what it is that actually brings you here?*

Ne - Because I know I'm going to feel better!

Th - Ok

Ne - I just know I'm going to feel better and surprisingly, surprisingly in a very simple but sort of still surprising manner you do seem to, with the help of you Linsey, with the help of a facilitator, or whoever's facilitating it X often took it, Y took it it somehow even though you haven't got a clue when you come, you know you might be exhausted and stuff, somehow with the facilitation and being sort of brave enough to **have** a go at something and you get encouraged like heck, don't you!

Th - *Mmm*

Ne- Even Clive gets encouraged when he's obviously drugged up to the eyeballs! but er when you have a go you find that (pause) something happens that's quite relevant and I've found more and more since I've been coming and particularly with you because you've been leader of the group it there's things that even when I haven't got the sort of - my brains not in one place its very scattered and out of it, so I don't really know what I want, you'll come up with something and it tends, its, it starts to become more and more exactly what I am **actually** doing I just couldn't **place** it!

Th - *Mmm*

Ne- And so you know there's some sort of er other process going on and maybe!

Th - *There's some, I'm hearing some kind of connection maybe*

Ne - Yeah, yeah

Th - *Between, yes...*

Ne - Yes

Th - *Mutuality is a word that!*

Ne- Yeah, yeah, yeah I think so

Th - *And trust, you know I hear that you trust, you trust that something will happen for you.*

Ne - I do, I do, I mean if nothing else on the daily basics you've got the exercise, the social aspect it does help, but er usually something happens for me and its been really quite **excellent** how the group of different levels of, of, of functioning have all been quite amenable to working with, with me and slowly it helped me kind of learn to give a little bit and work with, with what someone else needs when I was in such a state that it was actually quite hard for me!

Th - *Yeah*

Ne - And thinking back, I think I talked to you about this before I realised I could have probably could have been having private sessions

Th - *Mm*

Ne- In, in the mean time they're all been there but... So that's growing, a pretty good thing, its like a really positive aspect of the social week for me and most probably for most people.

Th - *That's interesting because that links to the question that I have about how the group itself, so the people in the group influences your choice to keep coming back, so not just the dance movement therapy aspect of it but the group itself, and that I think for you might be quite interesting to look at because you have thought, like you just said doing one to one therapy but at the moment your attending a group.*

Ne - Well (pause) I was a bit - you know I think some of the group er, er appear, I don't know if its true emotionally, but some of the group appear to be lower functioning than me and I did wonder what I'm doing at first

Th - *Mm*

Ne - Sort of er - hold on what is this saying about me is this how much of a state I'm in, I'm usually working with people like this

Th - *Mm*

Ne - And I didn't see myself in much of a state, but em as times gone on I realise that I don't really know, I don't really know how functioning people are really because we don't really talk about ourselves to any degree, there's not very much time so I don't actually know their backgrounds or what's going on for them and they do seem to be present, you know even the ones who are obviously medicated do seem to be present each week and to be present consistently does make me sort of question my perception to how functioning they are.

Th - *Mm*

Ne - So, so how does the group help me, that was your question, what do I get from the rest of the group? It does, I mean other people, I mean there's an interesting mix of people, there's people on the same sort of, who do the same sort of work as I do on themselves and try. And so you get other people's idea and benefit from other people's feedback and the actual personal interaction with someone.

Th - *So the feedback, the verbal feedback, so a reflection verbally from others?*

Ne - Verbally **and** body language.

Th - *And body language.*

Ne - And that's true of whatever kind of person is there, you get a reflection from the quieter ones just by their body language and how they respond to you, and its you know part of what you focus on, or don't go for it, or get frustrated by, or enjoy up to verbal feedback, correct verbal feedback, and em, but you know your forming relationships, your actually forming relationships it's real.

Th - *So, present.*

Ne - Its real, you are, its not just a group, well it is a group, in a context of a group you meet people just like you meet people and the same stuff happens with them as it would outside really. And so you get a relationship with them and so you then get feedback in that context but its all-safer because you're all

Th - *Its all-safer because?*

Ne- Its safer because, you know there's a, there's a í boundary is the wrong word í (hands held together in front of his body as if cupping something)

Th - *Held? You just, I see your hands...*

Ne - Yes

Th - *You know you've got your hands out as if you're holding something.*

Ne - Yes the group is held and everyone kind of knows that and that puts, it takes off a lot of the pressure to people relating. So it's very interesting you actually get to have relationships with people in a safe way without comebacks, but you still get, you still get the benefits of the relationship.

Th - *So you have the relationship in a held space without the comeback, so do you think, does that takes some responsibility away of...*

Ne - It takes the pressure away

Th - *That you have outside in relationships?*

Ne- Oh yeah, well it takes the angst away

Th - *Angst*

Ne - For me

Th - *Ok*

Ne - Because, you know outside its very real, well its not much different, but you imagine it's the be all and end all - so if it doesn't work you don't have it

Th - *Mm*

Ne - So its more pressure and em that colours how I, how, how, how authentically I can respond. It even does here,

Th - *Yeah*

Ne- I am very slowly learning to be myself and eh (laugh) (pushing away from his body with his palms turned outwards).

Th - *Yours...*

Ne - Scared

Th - *What your doing with your hands is very interesting*

Ne - I am trying to push you know I spend my life pushing myself away and not being very honest with myself.

Th - *In your movement em in the sessions sometimes though I witness the opposite, you're quite embracing of people.*

Ne - Mm I am totally like that, that~~o~~s, that~~o~~s really much more how, well I~~o~~m both, I~~o~~m both that is a very big part of me. That~~o~~s the part I really relate to, with the help of er continuing astrology I am starting to accept that yeah, yeah there is this other side of meí But any way yeah the groupí

Th - *You said about personal interactions so I was wandering how the actual movement interactions beyond the body language, but say for em things that we do when we engage with each other, does that emphasis all that you just said?*

Ne - (Moving out of chair to standing while speaking) Mm I have to really think about that and remember some movements, yes it does I mean you have to have a clearerí There was a session when em we were doing em, we were doing not mirroring but doing our self.

Th - *Ah yeah, yeah that came from something you wanted to talk about er you wanted to explore, 'ownership'.*

Ne- That~~o~~s right ownershipí

Th - *Mm*

Ne- Of your own feelings, that~~o~~s right.

Th - *Mm*

Ne - And that was very much in body language, I was quite surprised and er that was one of my first examples when the person I was working with really mirror eh really

reflected to me how it was, we explored it verbally afterwards, and how it was for me. And that was an interesting, that shows like a bit where the dance group is not, not real because that was you know, that was em, that was a very obvious, an obvious example of where the interaction is with at least an other person, is with even someone you know by now

Th - *Mm*

Ne- I see this person outside the group and er so you know the reflection takes on a bit of an edge because it's a bit more real, so you know. Yeah in that move was very vivid, the body language, it was very vivid because we were meant to dance together

Th - *Mm*

Ne- And er - but for me to own my own feeling, try and be authentic in that moment didn't leave me any space for the other person, that was very evident in my language and in hers and so yes it was very expressive and then but verbally bit afterwards, if we don't do that, you know you will often give facility upon and pick up on that, and somehow I've been **quite astonished** how **many** people you pick up on and manage to straight forwardly reflect it at the closing circle.

Th - *Mm*

Ne- That's been it always surprises me, though I'm quite astute but to be able to do it for a lot of people all at once you know, I'm wandering well is this person has either got a heck of a lot of natural capacity or has there's been some very good training.

Th - *Well I imagine that links in with the sense of being held, as that's the facilitator's role is to hold you.*

Ne - Sure, yeah there are a lot of people here, I notice you manage to actually spend your time, you must be very efficient

Th - *Laugh*

Ne- (Laugh) There can't be any room, time for faving there, to acknowledge everyone, greet everyone and give everyone what they need, so facilitate everyone then actually feedback to everyone where it's relevant I mean it's awesome, the facilitation really is awesome.

Th - *Do you, because this is starting to link into the other point I am curious about, is the difference between dance movement therapy or your experience with us and experience you either have now or had in the past of verbal therapy, or other kinds of therapy. And I wonder if it's that interaction you were just expressing.* (Tape runs out)

