

# More like growing than learning

an exploration of the learning process when dance  
movement therapy meets addiction recovery

Pam Fisher

MA (Education)

Faculty of Education, University of the West of  
England

2004

# Chapter 1

## Introduction

This research study explores the interface between education and therapy. The specific research subjects are a group of clients in recovery from addiction who attend dance movement therapy as part of their treatment programme. Many clients describe themselves as having been irregular or non-attenders at school, often tracing their addiction back to pre-adolescence. For them school was a flawed or meaningless experience. However, an outcome of successful rehabilitation is that most clients, who may not have accessed any learning and/or had any positive past learning experiences, begin education or training courses.

There is a very real sense that, despite a long and often painful 'learning gap', these clients are re-entering lifelong learning and doing so with confidence, energy and commitment. When these clients complete their treatment their evaluation of dance movement therapy frequently evidences that they have 'learned loads' from the sessions. I believe that their positive experiences in context of attending dance movement therapy sessions contribute to their re-entry to learning and am interested to know what that learning is and how it happens. Therefore it seemed that if some of the factors that enable these clients *to* learn could be researched, it would be relevant both in context of mainstream education (particularly with disaffected learners) and of effective rehabilitation.

This research study asks three questions:

1. What experiential learning takes place in the dance movement therapy context?
2. What affect and effect does the learning have on participants?
3. How does the learning differ from more traditional approaches?

By asking these three questions I hope to gain a deeper understanding of key factors that have enabled some of the most disaffected learners to effectively shift from a negative to positive view of self and capacity to learn.

The research study is structured thus:

### *Contextualisation (Chapter 2)*

This chapter sets the scene, beginning with a definition of dance movement therapy, a brief autobiography, the theoretical basis of my work and a description of my practice. Geographical, historical and locational contexts are described and the research subject client group is introduced. Emerging themes are then discussed, and finally the chapter considers the fact that this research study itself forms part of the context.

### *Review of Literature (Chapter 3)*

A brief overview is offered of relevant literature from the fields of addiction and of the use of creative arts therapies specifically in context of addiction. However, to authentically express the research journey the rest of this chapter focuses on three key areas - the therapeutic process, early years developmental issues/importance of play and experiential learning. The specific works discussed are by Carl Rogers, Joan Chodorow, Donald Winnicott and Irvin Yalom all of whom have provided a wealth of relevant insights to inform this research study.

#### *Methodology (Chapter 4)*

The rationale for the research paradigm is discussed in this chapter. Topics covered are validity, methodological perspectives, research methods used and issues of access and ethics.

#### *Analysis and Evaluation (Chapter 5)*

This chapter presents research data together with thematic analysis. The chapter is structured so that each of the interviews that took place as part of the study is analysed. Extracts from my research diary and observations are interwoven in the text and as key factors emerge they are discussed and evaluated.

#### *Conclusion (Chapter 6)*

The Conclusion revisits the research questions and identifies the findings of the study. The implications of these findings for education policy are briefly discussed, as is their effect on my work in practice.

Overall by this focused piece of work I hope to discover key elements of the experiential learning process in context of dance movement therapy with a specific client population.

## Chapter 2

# Contextualisation

This chapter deals with the context and background information related to the field of study. The areas covered are autobiographical, theoretical, practice based, geographical, historical and locational. An overview of the emerging themes that will form the basis of this research study then follows.

However, I shall begin with a brief definition of dance movement therapy taken from the Association for Dance Movement Therapy UK's general information leaflet:

Dance movement therapy is the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration. It is founded on the principle that movement reflects an individual's patterns of thinking and feeling.

Following this defining statement, I now offer the story of my own journey from dance teacher to practising therapist.

### The Autobiographical Context

*As a therapist:*

I am a practising dance movement therapist, working within a voluntary sector organisation that provides dance movement therapy for a range of client populations. I began my career as a dance teacher, over time developing an integrated approach, working with 'difference': by this I mean that I developed work with people with physical or sensory impairment, older people with mobility problems, and adult community groups who described themselves as 'having two left feet'. In effect I was working with people who did not perceive themselves to be dancers, but nonetheless found that they could dance. Maintaining this open, integrated approach, my work developed in the field of choreography, community dance and liturgical dance. Working in these fields deepened my awareness of the powerful affect of creative dance and movement on people. Furthermore, the value of non-verbal interaction, physical embodying, touch contact, play, rhythm and music were all evidenced in these settings. Alongside this was evidence that in some instances creative dance and movement work touched participants emotionally and spiritually, enabling them to work on aspects of self using creative dance as the medium. Over time I made the transition from teacher to therapist and was formally recognised as a senior practitioner by the professional Association for Dance Movement Therapy (UK). However, it is important to state that I *am* still a teacher in some work contexts, as described in the next section.

### *As a teacher:*

In addition to my therapy practice I teach dance movement therapy studies at further and higher education levels. Alongside this my work involves projects with pupils with special educational needs, disaffected adolescents, and implementation of lifelong learning for a wide range of learners via the open college network.

### *Integration of my two roles:*

As therapist and teacher I witness heuristic learning, accessed through the medium of dance and movement. This resonates with Rogers' (1983) work focusing on the links between psychotherapy and experiential learning. Importantly, within my working practice I observe individuals achieving, in unexpected ways, in areas in which they *would not generally be expected to do so*. An anecdotal example of this would be the group of junior boys with attention deficit hyperactive disorder creating a group body sculpture, all physically interconnected, working non-verbally and without any intervention from me. Having achieved the sculpture they were then able to maintain stillness until I signalled them to move back into the circle formation within which we were working. They managed this over and over again, much to the amazement of their class teacher. This is one small example of recurring phenomena - people working responsively, managing what they don't usually manage, that I observe as a dance movement therapist in practice. It is my intention that the research questions explored in this study will enable a deeper understanding of these phenomena, phenomena that occur at the interface between therapy and teaching.

The next section offers a deeper and more refined explanation of the particular model of dance movement therapy within which I work.

### The Theoretical Context

Theoretically my practice is firmly rooted in the humanistic, Rogerian tradition, and focuses on enabling the client to identify her/his own needs. This is *person-centred* therapy, and the therapist's role is to facilitate the client's exploration of self through the medium of dance/movement. At all times the client is encouraged to make her/his own choices and to reflect (usually at the end of the session) on what their experience and their learning has been. Rogers' (1998) theory of congruence and emphasis on the therapist at all times holding the client in unconditional positive regard are key underpinning factors of my working practice. A reflection on Rogers' work specifically in context of the interface between therapy and education follows in Chapter 3.

The model of dance movement therapy I practice is firmly focused on *the process of dance/movement itself* as the vehicle for effective growth and change. This is informed by my background and training in classical dance, and by the work of Rudolph Laban, the Hungarian dance/movement theorist and founder of European modern dance. I strongly believe that dance movement therapy is a creative process which is not exact or repeatable but rather is a 'shifting stage' on which a wide range of outcomes are always possible. Therefore all therapeutic exploration and intervention is conducted within a

creative process, which means that every session has numerous possibilities for clients to explore any facet of themselves that they may choose. The therapy process may also use play, drama, voice work or music to facilitate growth, change and self-awareness. Through these means, physical, emotional, cognitive and social developments are nurtured in a holistic therapeutic process: in addition I see empowerment of clients as a valuable by-product.

Authentic movement and witnessing techniques, (Pallaro, 2000) inform my work in practice. This approach requires a 'mover' (or movers), who moves as authentically as possible and a 'witness' who offers verbal feedback. Importance is placed on the mover seeking to allow her/his body simply to move as it will, in other words to enable a tapping into the unconscious flow of thought that might let the body 'speak'. In tandem with this the witness observes the mover's process and afterwards, if invited, offers objective and/or subjective verbal feedback. Whilst rarely is it possible that I would use this technique in its entirety with the research subject group, I regularly assume the witness's role in sessions in a covert sense. This is because I believe that the 'specific quality of attention or presence' (Adler in Pallaro, *ibid*, p.142) brought by the witness in the dance movement therapy space is of value both in developing empathic connection and in informing feedback.

In addition to the above, whilst my work is strongly person centred there is a subtle theoretical link to Chodorow (1994), whose dance movement therapy work is rooted in Jungian psychoanalysis. This, I find, has relevance to and informs my work in practice. I see the 'mysterious interface that mediates between body and psyche' (*ibid*. p.3), the fundamental emotions as identified by Jung - joy, excitement, grief, fear, anger, contempt, shame and surprise - played out in the dance movement therapy space. In particular these identified emotions resonate with the work that is the focus of research, and therefore Chodorow's approach will inform some aspects of the discussions in the analysis of findings.

In respect of experiential learning in the context of dance movement therapy, my practice is informed by the theory of multiple intelligences (Gardner, 1993). In particular the area of bodily and/or kinaesthetic intelligence is relevant in that dance movement therapy develops awareness of motor skills, co-ordination and flow of movement. Gardner considers that most of us have left hemisphere brain dominance of both motor activity and language capacity, therefore I believe that there is a possibility that increasing or developing a client's motor skills may benefit their verbal skills - i.e. being more physically articulate leads to becoming more verbally articulate. Given that dance movement therapy facilitates emotional awareness, shifts and developments, Goleman's (1996) theories regarding emotional intelligence also have informed both my work in practice and this research study.

Dichotomies between head and heart, conscious and unconscious are seen in the dance movement therapy process, and that process can provide an arena that raises awareness and enables integration of these factors. My quest is for a deeper understanding of the subtleties of cognitive processes, in particular of the unconscious, and also how manifestations of learning emerge through creativity. Claxton (1998) has suggested that intuitive 'slow learning', which is undervalued in our high-speed society, needs to be recognised as an important

factor in gaining wisdom. In consideration of the creative, experiential and relatively unbounded time frame of my work, I find relevance and resonance in Claxton's theories.

I believe that any practitioner of dance movement therapy is engaged in an intuitive process. This process is interwoven with analysis of movement, communication and interaction in the client/therapist relationship to develop and deepen ability to understand and interpret therapeutic outcomes. In my role as a teacher intuition features regularly in discussions: this arises because many students of dance movement therapy initially question why one might choose to intervene in a particular way therapeutically. There is a sense that the students are seeking a 'formula' for dance movement therapy in action, and I do not believe that is possible. Dance movement therapy is not formulaic, rather the practitioner seeks to develop her/his range of skills and understanding and apply these in a way that with practice, I believe, can best be described as intuitive. As a development of this point I have reflected on my meaning when stating that the therapist acts intuitively, questioning whether perhaps I mean instinctively rather than intuitively. Therefore I sought clarification of the two words:

Instinct: (1) the innate capacity of an animal to respond to a stimulus in a relatively fixed way  
(2) inborn intuitive power

Intuition: (1) knowledge or belief obtained neither by reason nor perception  
(2) instinctive knowledge or belief  
(Collins, 2001).

Interestingly, each of the second definitions contains the other word which suggests a degree of 'overlap' between them. However, for clarification of my purposes in this study it is important to state that my definition of intuition is that it is a process that draws from knowledge, understanding, perception and analysis and makes interventions based on these. I believe it to be reason based, but also to be a truly creative process that draws on the well-developed range of skills of the practitioner - further I believe that we all have the capacity to develop our intuitive skills. Therefore, when referring to intuition in the context of this study it encompasses all of these points.

It is interesting to note how rarely intuition is discussed either in the field of creative arts in therapy, or in wider psychotherapeutic fields. Could it be that this is an assumption or a 'given' within each of these fields, and that in some way we (the therapists) do not think of stating or examining so intrinsic a factor of our work? However, in context of education I have found that Eraut's (1994) discussion of Schön's (1983) work focusing on reflective practice does consider intuition. Furthermore, Atkinson and Claxton (2000) offer a wealth of relevant perspectives which have informed my developing interest in the importance of intuition at the interface between learning and therapy.

Having alluded to these different facets of my work in practice, it seems important to recognise the eclecticism of my approach, and to state that it is informed by the theories and approaches mentioned, but also by 'theory

threads' from other psychotherapeutic approaches within dance movement therapy itself. To sum up - I advocate the dance movement therapy process as 'a participative and dialogical relationship' (Meekums and Payne, 1993) through which experiential learning in the therapy space enables the integration of inner and outer self, empowerment of the individual, and the 'concept of freedom to self-manage' (Rogers, 1983). My prime vehicle for this process is creative dance and movement.

### My work in practice - the shape and content of a session

In context of the client group that is the focus of this study I work with a therapy team which includes two trainee therapists and three HNC students. It will be clear from the previous section that my work is non-verbally focused, also it is important that as a therapist I create a safe space and a sense of mutual trust between all those present - i.e. both clients and therapy team. In order to add contextual depth a description now follows of the shape and content of a session with the *specific* client population that is the focus of this study.

#### *The shape of the session:*

Each session lasts one and a half hours, and is structured as follows:

- seated - (in circle, on floor, on mats) - each individual offers verbal and/or non-verbal check in with regard to energy levels
- standing - focused physical warm up
- seated - invitation to the group to 'create' the session - i.e. make choices, express needs
- the session evolves with input from clients - therapist and team support their process as appropriate
- return to circle as at the beginning - reflection on the session - verbal feedback is invited
- informal conversations, refreshments before the group leaves

#### *The content of the session:*

The previous section setting out the theoretical context has already alluded to the use of play, drama, voice work or music in dance movement therapy. In addition to these I may use imagery or metaphor, and the process of mirroring or empathic reflection - i.e. a movement based dialogue towards 'emotional attunement' (Chodorow, 1994, p.7). In practical terms a wide range of therapeutic props are available to support the process - e.g. fabrics of differing colour/texture, elastic or stretch lycra bands, a collection of hats, skirts, cloaks and masks. Whilst the practice of authentic movement and witnessing (as described in the theoretical context section) is not used overtly within the dance movement therapy sessions, the therapy team may use the witnessing technique to inform feedback and exchanges during the clinical supervision that follows each session.



## The Geographical Context

In the course of writing this contextualisation, I have realised that it is important to describe the setting in which the sessions take place, because undoubtedly this does, whether consciously or unconsciously, affect participants.

The building from which I work is a Quaker Meeting House, and the studio itself is also the room in which the Friends (Quakers) meet. The Friends require a plain, simple, quiet place for worship; therefore it is an uncluttered space with only an occasional poster advocating peace. The room looks out onto a garden that has only a minimum of cultivation, to encourage wildlife to roam in what is otherwise an 'urban jungle' area of a major city. Whilst I always explain that it is a shared space, and that I and the organisation for which I work are not Quakers, there is a sense that the clients interact with and respond to the particular dynamics of the space. Therefore I believe that these factors play their part in the dance movement therapy process.

Having set the scene, I shall now describe how my work has developed in the specific field of addiction recovery, and the clients that form the research subject group.

## The Historical and Locational Context

I first initiated work with a client group in rehabilitation some six years ago. Whilst I had read of the dance movement therapy work undertaken with similar populations in America, (Murray-Lane and Rose in Levy, 1995) I was not aware of any similarly focused work taking place in the UK. However, my own and colleagues work in the broader fields of mental health testified to the efficacy of dance movement therapy in those contexts, with client populations containing some individuals recovering from addiction. Therefore, when I was approached by a local agency I agreed to undertake a pilot scheme of weekly sessions for a mixed gender group in the second stage of recovery. As a direct result of this pilot scheme I was approached by another agency that works with clients at the same stage of recovery. This led to therapy sessions being set up on an ongoing basis with the client group who are described in the next section.

Before introducing the group, a brief discussion of terminology used within the field is necessary. Since beginning this study, I have become aware of the range of words used to describe similar client groups. In some situations the words addict or addiction, recovery, abuse, drugs, alcohol etc. are used freely but in others they do not feature and alternatives - e.g. substance misuse, problematical drug use - are implemented. Also varying concepts of addiction as an illness, or as a state to be managed are present within the agencies and support organisations I have come in contact with. For the purposes of this study the terminology used by this particular client group and their rehabilitation agency, together with the belief that addiction is a state from which one can recover within a programme of total abstinence, will be used throughout.

### *Introducing the clients:*

The client group who are the research subjects attend weekly dance movement therapy sessions and travel to the Quaker Meeting House to do so. They are a mixed gender group, but generally there is a higher proportion of male clients. The age range is wide - from approximately 20 - 50 plus.

All the clients are in the second stage of rehabilitation from addiction. They follow a structured, twelve step based programme - i.e. a total abstinence recovery programme as originated by Alcoholics Anonymous (AA). A significant percentage of clients will have been involved in crime - possibly having had one or more custodial sentence before coming onto the programme - and will therefore be dealing with both the emotional and practical issues that these circumstances generate. In reality this means that they are working through issues of shame and reparation. In terms of their personal life, whilst on the programme any already formed relationship must be 'put on hold' and no new relationships can be made. It is also relevant to this study to state that all AA programmes have a strong, spiritual base. Whilst on this programme the clients live in shared residential accommodation in the community. This means that they live as a group with shared responsibilities, at the same time they are undertaking a range of counselling, life skills and other related activities. The fact that these clients live, travel and share their recovery journey together gives a strong sense that they are a tribe, a pack or sometimes even a family. They have shared language, jokes, friendships and rifts, and are strongly interconnected.

My observations of the client group suggest that there is often a recurring physical theme - what I would describe as 'wearing armour' - and a significant percentage of them initially present in this way. These observations resonate with Chodorow's (1994, p.3) description of 'impacted expressions' of patients, where emotions appeared to be 'frozen into the faces and bodies'. Here Chodorow was alluding to patients who were mentally ill, and a point of relevance is that a significant number of the clients will be dealing with anxiety and/or depression alongside their rehabilitation from drugs or alcohol.

The armour may be manifested in some or all of the following ways:

- a set, immobile face
- a lack of engagement
- little or no eye contact
- a set, closed posture
- little or no use of gesture
- self-isolation in the studio space

One of the most exciting observations in practice is of a client losing their armour, piece by piece, and seeing the emergence of a physically, verbally and socially articulate person. In my analysis of data I may refer to clients' armour - hence this brief explanation.

### *Emerging themes:*

In context of this study there a number of recurring themes in the clients' feedback to me. These are:

- the ability to lose self-obsession or self-consciousness
- the value of being in a non-judgmental environment
- sensing the 'safety' of the therapeutic space
- identifying emotional learning
- sensing a spiritual underpinning within the dance movement therapy process
- recognising and implementing self management
- sensing a mutuality, a respect for self and others
- experiencing escapism

The last point made above links to my own observation that when I first meet them these are clients who have forgotten how to access creativity and playfulness without the use of drugs or alcohol either as stimulus or as a way of self de-sensitisation. Over time the dance movement therapy space becomes an arena for both structured and unstructured play, where behaviours and group dynamics are explored. In informal discussions that take place within the sessions it emerges that in some cases clients do not remember *ever* having been able to play. This has led me directly to the work of Winnicott (2001):

where playing is not possible then the work done by the therapist is directed towards bringing the patient from a state of not being able to play into a state of being able to play (p.38)

This resonates with my work in practice with this client group. Furthermore, Winnicott's work focusing on the importance of good enough parenting, management of separation and play as a means of developing creatively informs this research study.

Winnicott observes that individuals who grow up in a space or place with 'poverty of play and cultural life' (ibid. p.109) lack confidence. Whilst not all the clients in these groups would say that their early home life lacked opportunities for play and/or cultural life, this does hold true for a significant number. Later in this research study the concept of play and its place in the context of dance movement therapy will be revisited.

However, during the informal discussions in dance movement therapy sessions, besides identifying a lack play in early years clients also identify that at some stage they 'lost their way' in formal education. These themes relate to the ongoing evidence of the number of disaffected children and adolescents in (or *not* in) the education system (Davies, 2000), together with the 'sharp increase in drinking and drug taking' at secondary school age (Carvel, 2002) and the effectiveness of play on learning (Curtis, 2003). Therefore I believe that this study will have relevance in context both of my personal and wider teaching approaches, and even perhaps on wider learning policy issues.

There is one final point of context that is addressed below, and it is one that has emerged throughout the process of this research study.

## Research as context

I will begin with an illustration - as part of this research I have kept a working diary of these groups over more than a year, the following example is from an entry in March 2004:

Tony, the only client who has so far never managed to access dance movement therapy - we had a conversation. I observed his good non-verbal as well as verbal communication with me throughout. I observed to him that he had improved physically, and to myself that he was more open, warm. 'Maybe' in the last five weeks of his treatment 'he'll try and access this' (not verbatim but that was the implication).

NB: usefulness of research as 'way in' to the conversation.

Here is a prime example of research itself as the vehicle to enable a useful discussion. I conversed with Tony in context of my research, and because in that context as a person who found the dance movement therapy group extremely difficult he might provide some useful insights as to why that was so. Tony told me that he found the dance movement therapy sessions pointless, but then identified an 'overloading' of self-consciousness and embarrassment during them. Previously he had not been able to engage with me except very fleetingly, and with obvious discomfort. In asking for his feedback as an (almost) non-participant, and justifying this as part of my research he was enabled to communicate in a more open way than previously. I was able to offer positive verbal and non-verbal affirmation of this man, who subsequently has managed to access some parts of dance movement therapy sessions.

There are numerous examples of clients engaging in conversation with me as a direct result of their knowledge that they are the focus of my research study. Therefore it is evident both that this research study itself forms part of the context, and as a rider to this that it has an affect on the client participants.

Having set the scene, the next chapter offers a more in depth review of key texts that have informed this study.

## Chapter 3

# Review of Literature

This chapter engages in deeper discussion regarding some of the key texts that have informed this research study. It is important to state that the study has been informed by a wide range of literature, and that this has been interwoven when relevant as an integral part of each chapter. However, as a starting point my overview of literature relating to addiction and the use of creative arts therapies in treatment is offered.

Early in this study I researched relevant literature in the field of addiction - here I found Gossop (2000) helpful in offering historical, medical, social and political perspectives of the drug culture. As the author states, this book seeks to offer a 'balanced perspective' (preface to the fifth edition, x) and it provides this, together with a great deal of useful factual information. Ortman (1997) gives specific insights into the use of a twelve-step recovery programme and its benefits in rehabilitation. Ortman discusses personal and relational development needs, emotional needs, the importance of a non judgmental environment to enable overcoming feelings of shame and help build self-esteem and trust. Thus Ortman affirms by his identification of these factors, all of which have already been identified as integral in my working practice, the relevance and value of creative arts therapy in addiction recovery.

In my search to find literature relevant to the specific field, I found Johnson's (1990) evaluation of the usefulness of creative arts therapies in addiction recovery. A journey through different modalities and theoretical perspectives is provided by Waller and Mahony (1999), with one chapter containing Pleven's (in Waller and Mahony, *ibid*, pp. 79-95) account of her dance movement therapy work as part of a project at a rehabilitation centre in Rome. Murray-Lane and Rose (in Levy, 1995) each writes a chapter on dance movement therapy work in the specific field of addiction recovery. These last three chapters enabled me to identify points of similarity and difference in theoretical approach and working practice.

The intention of this chapter is not to offer an all-encompassing review of relevant literature; rather the intention is to discuss a number of significant themes that have emerged. Therefore the discussion of texts that follows offers a valuable opportunity for more detailed critical consideration, analysis and speculation about issues raised by the research questions. In particular I will focus on three areas, although these are not discrete as each may contain aspects of another:

- the therapeutic process
- early years developmental issues and importance of play
- experiential learning

In that this project is in one sense following a circular model (Reinharz, 1981), and that therefore reflection has been part of the ongoing process, texts have

been identified at a number of different stages of the research. Therefore topics are discussed in chronological order as they arose during the project, by so doing I hope to convey to the reader something of the 'flavour' of the research journey.

### The interface between learning and therapy - Carl Rogers

The first point of reference in this study was Rogers, the originator of person-centred therapy, whose work has informed my own work in practice. As its title suggests, his book 'Freedom to Learn' (Rogers and Freiberg, 1994) explores the possible transfer of therapeutic skills to facilitate the learning process. Rogers places emphasis on the interpersonal relationship between facilitator and learner, and believes that it is the 'attitudinal qualities' of this relationship that enable the experience of meaningful learning to take place. Specifically for the learning facilitator these attitudinal qualities are:

- genuineness
- accepting/prizing/valuing the learner 'as an imperfect human being'
- empathic understanding and non-judgmentalism

These qualities can be identified as a strong focus of my therapeutic approach, therefore if I follow Rogers' line of thought it is unsurprising that experiential learning takes place in the dance movement therapy context. Rogers discusses the ultimate learning goal being the attainment of a fully functioning person, and presents the concept that the very best of education would produce a person very similar to the one produced by the very best of therapy. This suggests that at the interface between learning and therapy the attitudinal qualities as stated above may be highly effective factors to facilitate change in an individual. However, my questions are about the 'what' and 'how' of this process and so it was necessary to go deeper.

It was in Rogers' discussion about defensiveness, perceived by him as the polar opposite of what is striven for in therapy, that I found a clue to one of the deeper phenomenological aspects of what I believe happens in the dance movement therapy context. Rogers says that defensiveness is:

the organism's response to experiences that are perceived or anticipated as incongruent with the structure of the self  
(ibid, p. 316)

In my own reflection based on experience, if the client/learner feels any kind of learning to be a threat they withdraw to a defensive position and there is little or no possibility of any learning taking place. For many clients this defensive withdrawal appears to have become a learned behaviour pattern, therefore is it possible that rejection of any learning opportunity becomes a habitual response? If so, how far back in each client's learning journey might that behaviour have begun? It may be that this study will uncover the source of this habitual defensiveness in some clients.

As Rogers' continues to develop his discussion he speaks of the fully functioning person as someone who is able to live 'in the moment', and that this means:

an absence of rigidity, of tight organisation, of the imposition of structure on experience. It means instead a maximum of adaptability, a discovery of structure in experience, a flowing, changing organisation of self and personality.

(ibid, p.319)

The dance movement therapy process as used within this research study is not rigid or tightly structured. In fact the opposite is true - there is within the process a conscious removal of any imposed learning structure, and that may allow freedom for each client participant to learn self and group organisation skills. Also the process encourages clients to adapt and find their own ways of achieving these skills. Therefore it is possible that the dance movement therapy process develops the more tenuous concept that one can allow self-organisation to flow and change.

Reflecting on these key factors in the learning process brought a personal reminiscence: my own learning was nurtured in the happy atmosphere of an open, creative infant and junior school in the 1950's, but was stifled within the rigidity of the grammar school where I spent my senior school years. My 'early educational nurturing' seems to have provided one of the factors that enabled my development personally, creatively and academically, albeit that the last of these did not return in any formal sense from leaving school at sixteen until many years later. A significant number of clients who attend the group that is the focus of this research study may have had little or no positive learning experience, therefore it would seem that already a case could be made that dance movement therapy could and does provide this.

However, in further refining the questions this research study is asking, deeper searching as to *what* specific experiential learning may take place in the dance movement therapy context suggested that another factor of key relevance is the emotional roller coaster ride that typifies the clients' life experience. Might it be that emotional self-management is something that is learned in the dance movement therapy process? This question led to the second area of focus - that of emotion specifically in the context of dance movement therapy in practice.

### Emotion in the context of dance movement therapy - Joan Chodorow

Joan Chodorow's work was introduced and briefly outlined in Chapter 2, and is now expanded upon. The first point of relevance for this research study is Chodorow's (1994) identification of the importance of containment of emotion in the therapeutic process, rather than it simply offering the possibility of cathartic release or suppression:

to contain is to feel deeply what is in us, bear the terrible discomfort, and find a way to express it symbolically.

(ibid, p.37)

This, it seems to me, is an essential element of the dance movement therapy sessions with the addiction recovery groups, where 'the therapeutic relationship is at once container and process' (ibid, p.37). Thus the client is held, and yet can access and explore emotion and learn how to contain it, and this is a developmental process that s/he needs to experience.

Chodorow believes that in the body/mind relationship the emotions function as a bridge between psyche and soma: furthermore she perceives dance and emotion as inseparable (ibid. p 41). Therefore, if one accepts Chodorow's point dance provides a vehicle to access emotion, which in turn provides the means to reconnect body and mind. I believe I see that 'dance of reconnection' many times in practice - however, it seems that what is not always possible is for the client to bring awareness of the process to consciousness. Specifically for this client group their body/mind separation plus emotional 'flatness' can contribute to a lack of ability to recognise and bring emotional experience to the surface. Is this, therefore, part of their learning - that they can through dance movement therapy re-access and develop their emotions, and thus *emotional* learning takes place?

Extending or deepening the understanding of the importance of experiencing emotional learning, Chodorow explores the Jungian concept of a complex that is:

usually formed when circumstances evoke an emotional response that cannot be borne,

(ibid, p.47)

this 'unbearable emotion or emotional tone' splits from consciousness and gathers 'a collection of interrelated ideas, impressions, memory traces and behaviour patterns' (ibid. p.47). The complex remains active in the subconscious. These theoretical perspectives informed my sense that many clients hold deeply emotional memories that they have consigned to their unconscious because these memories are too painful to be consciously held. The dance movement therapy process allows emotion to resurface. For example, a client group might express joy through a social dance, clapping, laughing, 'just having fun', but often this can enable a shift so that a client expresses surprise at her/his 'joy response'. Perhaps joy has not been a *genuinely felt* emotion for a long period of time, and when it has been expressed it has been masked by the layers of emotional suppression that addiction brings. As a client expressed it:

"I've never been able to do this, be so free - well, not without vodka - I was not brought up to be expressive."

(quote from research diary entry)

The next thread of investigation, also contained in Chodorow's exploration of dance movement therapy process and theory, was that of the importance of early years developmental stages. I believe that the emotional learning enabled in the dance movement therapy process connects with suppressed emotions from many life stages, but a recurring theme is that of childhood. In addition, frequently clients identify a relearned or newly acquired ability to play during



dance movement therapy sessions. Therefore the research journey progressed to focus on Donald Winnicott's work.

### Early years developmental issues and the importance of play - Donald Winnicott

Winnicott (2001) suggests that in the earliest, pre-verbal stage of life an individual begins to make a transition from inner to outer reality, and that to do this successfully requires 'good enough' parenting. In early childhood, if for any reason a person is unable to experience and develop a strong, attached parent/child relationship she/he may become decathected - that is she/he may disconnect from forming emotional attachments. It is possible that the process of decathection may unconsciously affect individuals' ability to form meaningful relationships both in childhood and in adulthood. In addition, Winnicott discusses the positive value at an early developmental stage of learning and accepting the paradox of different internal and external realities, in other words having the ability to separate fantasy from reality. It seems that at the core of these concepts is the importance of understanding the emotional self, and how that self interacts and relates to others.

A significant number of the research subjects in this study express both wittingly and unwittingly their inability to relate to self or others, and that they often 'live inside their heads'. The rehabilitation process exacerbates this with its focus on self-reflection, so that at times a client may retreat into internal fantasy. In dance movement therapy we play, often exploring non-verbally and allowing a creative process to unfold. Winnicott believes that playing:

facilitates growth and therefore health; playing leads into group relationships.

(ibid, p.41)

He sees play as having a self-healing quality, and it is always 'a creative experience...a basic form of living' (ibid, p.50), and also speaks of trust and spontaneity as key factors in enabling play. Thus in the dance movement therapy process where creativity, spontaneity and trust are key components, the client may re-access long forgotten games, which might enable a reconnection and/or developmental shift to occur. In the arena of play I see clients 'rehearsing' as it were their emotional processes in inter and intrapersonal interactions.

Winnicott develops his theme of the importance of creativity in individual emotional development, stating that creative apperception is part of being able to have a sense that 'life is worth living' (ibid, p.65). The sense conveyed here is of creativity as not simply within the boundaries of the creative arts, but rather as a whole life approach. I believe attainment of this wider awareness of creativity to be a hugely important part of the clients' recovery process - Winnicott also offers the contrasted perspective of compliance with the world, which leads to a:

sense of futility...nothing matters and that life is not worth living,

(ibid, p.65).

This strongly relates to attitudinal shifts both observed in and articulated by the client group as they attain creative apperception: by this I mean that they speak of years lost through addiction and of coming into a new way of knowing as they progress through recovery. Also they speak of gaining new creative awareness, both in the specific sense of creative arts and in the wider sense suggested by Winnicott of life that is worth living.

Finally, Winnicott's identification of lack of confidence in individuals who grow up in a space or place with 'poverty of play and cultural life' (ibid, p.109) resonates with some but not all of the life stories of the client group. Again Winnicott identifies trust as being of crucial importance, and it seems that within the dance movement therapy process clients constantly test this through play. In a game they check their sense of safeness, keep the rules, break the rules or invent new ones; throughout it is their ability to trust that enables them to feel safe and, importantly, allows them also to experience it not being safe, but to experience this in a 'trust environment'. In my observations of play in the dance movement therapy space I see clients revert to their childlike selves. In the enactment of long forgotten or never experienced games they may access unconsciously an early emotional detachment. This enables a shift and thus clients develop their sense of self, others, and can come into a state of psychiatric 'wellness'.

#### The group therapy process - Irvin Yalom

This chapter has focused thus far on the individual process of each client, but these are clients who attend *group* therapy. I believe that the group process itself is a vital and integral part of the clients' learning; in fact the majority of their rehabilitation programme is group focused. Yalom (1995) offers a wealth of insights into group therapy process and identifies three key factors - the importance of interpersonal relationships, participation in corrective emotional experiences and the group as a social microcosm. Discussing these three factors in order, Yalom cites Sullivan's term 'paratoxic distortions' (ibid, p.19), which occur:

in an interpersonal situation when one person relates to another not on the basis of the realistic attributes of the other but on the basis of a personification existing chiefly in the former's own fantasy.

(ibid, p.19)

Thus for example a client with a 'derogatory, debased self-image' (ibid, p.20) may project onto another group member an incorrect perception of her/him as a 'harsh, rejecting figure' (ibid, p.20). The client may compound the process over time by developing 'mannerisms and behavioural traits - for example servility, defensive antagonism or condescension' (ibid, p.20). Thus a sequence of 'circular causality' (ibid, p.20) is set up by which the client's behaviour affects the incorrectly perceived group member who then *does* begin to behave in a harsh, rejecting way. This is a familiar pattern observed and played out in the dance movement therapy space. As Yalom says it has a 'significant role in group therapy' (ibid, p.20).

Moving to the second factor, Yalom identifies a number of 'built-in tensions' (ibid, p.25) that relate to individuals' sense of social class, status, education and value systems and are contained in a therapy group. Also with these Yalom includes:

tensions whose roots reach deeply into primeval layers: sibling rivalry, competition for leaders'/parents' attention,  
(ibid, p.25)

This links with my observation of clients playing out early years 'relationship games' and learning or re-learning how to manage these as discussed in the section focusing on Winnicott. The ingredients are all present in the dance movement therapy group process for clients to experience emotion, to interact and react. Yalom suggests that for it to become a corrective emotional experience there must be a safe, supportive space to enable open expression: in addition group engagement and honest feedback 'to permit effective reality testing' (ibid, p.25) are needed. So here Yalom offers affirmation of the importance of a safe space and promotes mutual honesty in group reflection, both factors already identified as emerging themes in Chapter 2.

Yalom's third factor, that of the group as social microcosm, he says can best be developed in a freely interactive environment that encourages 'spontaneous interaction' and has 'few structural restrictions' (ibid, p.28). My dance movement therapy approach both in theory and practice promotes and creates an environment as described. Therefore the group is enabled to exist and interact as social microcosm. Yalom identifies the value of this in that the therapist can observe the 'maladaptive behaviours of members', but also that the environment creates a:

laboratory in which is demonstrated, often with great clarity, the meaning and dynamics of the behaviour.  
(ibid, p.38)

Thus group members are enabled to practise behavioural dynamics; at the same time the therapist sees:

not only the behaviour but also the events triggering it and sometimes, more important, the anticipated and real responses of others.  
(ibid, p.38)

Furthermore Yalom identifies the importance of group cohesiveness, their 'solidarity or "we-ness" ' (ibid. p.48). He states that this 'favors self-disclosure, risk taking, and the constructive expression of conflict' and that these are 'phenomena that facilitate successful therapy' (ibid, p.68). This suggests that the tribal or familial nature of the research subject groups, already alluded to in Chapter 2, itself is a factor that contributes to the clients' ability to access learning. Chapter 5 will develop the discussions of Yalom and others' theories relating to aspects of experiential learning and therapeutic processes.

## Chapter 4

# Methodology

This chapter considers the research paradigm within which this study has been undertaken. My rationale for the approach used and issues arising from the methods implemented in the research study will be discussed. As a starting point I needed to consider my ontological assumptions. These are founded in my belief that society and reality are multi-faceted social constructs - this belief relates to the basic tenets of social constructivism. Social constructivists believe that 'reality is constructed through human activity', that :

individuals create meanings through their interactions with each other and with the environment they live in

and further that:

meaningful learning occurs when individuals are engaged in social activities.

Kim (2001)

This theory resonates with my work in practice. In addition it bears significant relation to the focus of this study, in that I believe I witness 'meaningful learning' (ibid) in the dance movement therapy context as a direct result of the clients' ability to interact with each other and their environment. This study can also be related to phenomenology, in which 'experiences intuitively seizable and analysable' (Husserl in Moran, 2000, p.1.) form the basis of the research. My awareness of and belief in the relevance of intuition has already been stated in the discussion regarding theoretical context in Chapter 2. Furthermore, importantly for me Husserl's philosophical approach recognises 'the intersubjective communal grounding of the knowing activity' (ibid, p.61). This intersubjective dynamic held in tension with the objective perspective will inform analysis of data, but also has important ethical implications for me in practice: discussion of some aspects of intersubjectivity follows later in this chapter.

In order to further inform and clarify the research paradigm it was necessary to consider my epistemological assumptions. If the positivist approach is the 'antithesis of what is aimed for in therapy' (Payne, 1993, p.29) then it is clear that this research, set as it is in a therapy context, does not fit comfortably with a positivist approach. At the last national dance movement therapy conference (November 2003), Gary Ansdell, a music therapist, gave the keynote address on evidence-based practice which, in the statutory health sector is strongly linked to cost effectiveness. The implication might be that the soft data outcomes of a qualitative research study, without any randomised control trials, any quantifiable results, would be something of a blunt instrument to demonstrate the efficacy of creative arts therapists' work in practice. Therefore arguably, in the current climate, particularly within the statutory health service, where therapists are being asked to demonstrate causality, to offer objective, measurable outcomes, to 'prove' the effectiveness of our work, I should be aiming for a positivist approach. However, for me:

the roles and functions of practice and research seem(ed) incongruent and separate (ibid, p23).

Might this have been because my perception of 'what research is' had unconsciously been locked in a positivist box; likewise my understanding of what constitutes evidence. Hollway (2001) offers valuable perspectives of this in a paper on evidence-based practice, in which she states that:

It (*evidence-based practice*) assumes a seriously reductive definition of what counts as evidence and it claims for scientific evidence an authority, basis for certainty, which it does not deserve, especially not when applied to human phenomena. (ibid, p.10, italics added)

Here Hollway articulates something similar to my unconscious sense that evidence is not 'countable' if it does not provide measurable, scientific outcomes. Hollway's critique of assumptions about acceptable evidence in the context of evidence based practice continues with a discussion of the need for awareness of intersubjective dynamics and their implications in qualitative research - this theme will be further developed later in this chapter.

So, to sum up, this research study is focused on human phenomena - its main aims are 'understanding a process rather than isolating an effect' (Grainger, 1999, p.93) and gaining a deeper understanding of a 'cluster of interrelated phenomena comprising a perceptual context' (ibid, p.76). Therefore I believe that an interpretivist research paradigm is appropriate in context of this study.

### *Validity*

In the earliest stages of research planning came realisation that it is both relevant and valid for my purposes to put my observations, experiences and subjective perspective into this study. In short, I believe that researcher subjectivity has validity. This realisation has developed from specific literature in the field of research in the arts therapies, where the apparent tension between the fleeting, experiential and confidential world of my practice and the possibility of achieving valid, measurable outcomes is discussed. Grainger (1999) recognises the relevance of qualitative research designed to 'mirror the truth about the phenomena (it is) concerned with' (p.76) and believes that the therapist/researcher should be a participant in the 'world they are investigating' (P.94). In addition Payne's (1993) discussion of the tension between the therapy process and the 'traditional' positivist research approach gives a sense that the most appropriate methodological approach would be to put oneself into the 'research picture' and allow a creative research process to develop. Thus an holistic, person centred, relationship based process with myself as participant has seemed to be the best fit for purpose approach.

However, recognition of the validity of this approach cannot be stated without also recognising its inherent dangers, and these are discussed in the following section.

### *Self as part of the research process*

(I)n any kind of study your main research instrument is yourself. The integrity of your research depends on your own integrity.

(Grainger, 1999, p.37)

In the above quote Grainger is discussing research in the specific context of arts therapies, and recognising the integral role that any arts therapist plays when undertaking research, because she/he will inevitably be inside the process. It is in the light of this that his words highlight the importance of researcher integrity - I take this to mean that the researcher must work with a questioning, self-reflective approach that minimises bias. In addition close attention must be paid to transparency of purpose so that research subjects understand their part in the process. Without this integrity in place, the validity and integrity of any research findings would be questionable.

With Grainger's words as my starting point, I have reflected on my 'researcher integrity' as both an insider and outsider. As therapist to participants as well as researcher I am inside the research process and therefore must recognise that there will be a strong element of subjectivity. In addition, because of the nature of my work in practice and the therapeutic relationships between myself and the client group who are the research subjects, it is important to consider the unconscious intersubjective dynamics that may exist. Hollway (2001) discusses this at length, speaking of a 'transference-counter-transference matrix' (p.14), and she suggests that this can and should be used in evidencing one's practice. Therefore in the analysis and evaluation process of this study the intersubjective aspects of methods used will be identified and discussed.

At the same time, whilst it might seem unlikely that an objective perspective could be achieved, I believe it to be important to aspire to this. The critical perspective of self as outsider as well as insider needs to be engaged with, and the forum of clinical supervision provides this. In this forum, where I may be at times either in supervisor or supervisee role, my bias or integrity may be examined and/or challenged, and the perspectives of other insiders and outsiders can be engaged with. In addition, throughout the research process I have drawn on my therapeutic training to minimise any bias or influence. In particular the ability to 'stand outside' the process whilst being within it, to recognise boundaries, to analyse and differentiate between what is seen and what is felt, and to be aware of any issues of transference is useful. Specifically the process of authentic movement and witnessing (Pallaro, 2000) as described in Chapter 2 has relevance because this approach which is part of my work in practice develops these abilities.

Another consideration in context of myself as part of the research process is the fact that I am researching within the familiarity of my own institution which, whilst it may make it 'easier to attempt a holistic view of a situation' may also lead to 'difficulty in judging what is significant or not' (Payne, 1993). Key implications of the researcher already being a participant in the world they will study as identified by Hitchcock and Hughes (2001, p.121) are:

- emotional involvement and the values, attitudes and expectations of the researcher as a familiar participant
- separating own emotions/feelings
- having insider knowledge
- issues around familiarity of setting and interpersonal relationships

I would add to the above the fact that I hold awareness of the hierarchical structure of the organisation and also my perceived status by all participants/contributors, because these too may have affected the research at any stage of its process.

### The Methodological Perspective

Until this point this chapter has articulated my ontological and epistemological viewpoint and my own role in this research study - I shall now offer a rationale for the ethnographic approach used. Firstly, as Chapter 2 makes plain there were many factors to consider - the client group, therapy team, geographic, historic and locational contexts all played their parts. In her discussion on ethnomethodology Tedlock (in Denzin and Lincoln, 2003) states that experience:

will always be dependent on a multiplicity of locations and positions that are socially constructed. (p.191)

I needed to work with a methodological approach that would resonate with all this multiplicity - the threads of knowledge and experience I hoped to draw together in this research study. In relating both to this and to the research subjects I found Malinowski (2002), an early proponent of ethnography, relevant. He discusses the importance of taking into consideration the social, cultural and psychological aspects of a community because these are all 'so interwoven' (p.xvi). Furthermore, in that ethnography began as anthropological study of tribal life, and that as stated in Chapter 2 I believe that there is a sense of community or 'tribe' in the client participants in this study, an ethnographic approach seemed fitting.

Janesick (in Denzin and Lincoln, 2003) is both a choreographer and ethnographic researcher, and I have found her writing on methodology helpful. Janesick uses dance as a research design metaphor - she states that 'trust, rapport and authentic communication' must be established at the start of a study (ibid, p.39). It was evident to me that these factors are present, in fact they are crucial components of my work in practice, and again this suggested that an ethnographic style was appropriate.

In context of the previous section 'Self as part of the research process' (in particular the discussion about subjectivity), the statement that ethnographic research rejects the 'assumption that research, however naturalistic, is neutral' (Hitchcock and Hughes, 2001, p.147) is a helpful adjunct, since it recognises the possibility of 'owned bias' in the research process. However, besides 'ticking the boxes' to rationalise an ethnographic approach, I believe that it will enable me to uncover deeper levels of meaning in interactions between therapist and clients to address the research questions asked. Furthermore, applied

ethnographic research may offer the possibility of empowerment of the client participants (Hitchcock and Hughes, 2001). As a therapist facilitating empowerment of clients is an intrinsic part of my practice - therefore if as a researcher I can choose to implement a method/process which is in sympathy with empowerment, the possibility that it will reinforce my therapeutic approach is a benefit.

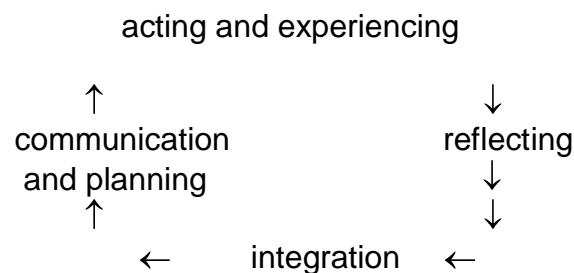
Having justified the project's ethnographic grounding, it seems important to discuss something of the ethnographic uncertainties and concerns I have experienced throughout. It is evident that I am not alone in this experience - Tedlock (in Denzin and Lincoln, 2003) recognises it as a recurring phenomenon in the history of women ethnographers, stating that they 'reveal their uncertainty about fieldwork and about ethnographic writing' (p.186). For me this uncertainty has been a theme frequently heightened over the past year in my observations and interactions with the client population by my sense that at times I become something of a:

cross-dresser, outsider wearing insiders' clothes while gradually  
acquiring the language and behaviours that go along with them.  
(ibid, pp.165/6)

This apt analogy from Tedlock resonates with me. There is a sense that I am something of a double-agent, but accompanying this is a professional concern that there should be no duplicity in the therapeutic relationship. Therefore throughout the project I have questioned both my ethical and my professional standpoint to ensure that firm and transparent attention has been given to ethical considerations at every stage. This will be evidenced both in the following discussion on practicalities, and thereafter in the section on methods used.

### *Practicalities*

Turning now to practical issues, the long time-frame essential to an ethnographic approach (Bell, 1999) was in place in that I have been working with and developing my work with this client group for a number of years. Throughout my approach has broadly followed Hitchcock and Hughes (2001) recommended seven-step process in ethnographic research (p.122) - this is essentially a linear model. However, as an important rider to this also I have integrated (Reinharz, 1981), circular model of enquiry which includes:





My rationale for integration of this second approach is that it has enabled more holistic developmental shifts as the study has progressed, and relates directly to ethical issues of consent, openness and transparency in the relationship between researcher and subjects. These issues will be discussed further in the section on research methods.

### Methods used and ethical considerations

Three methods have been used throughout this study, and each will be discussed in terms of operational approach and ethics. The ethical principles as stated in the British Educational Research Association (BERA) guidelines underpin this study.

#### *Researcher's working diary*

The earliest entry in my working diary was for February 2003 - it has provided a particular, personal perspective of the group. In reality there were many occasions when I could not write my notes until days, or sometimes a week, after each session, so there was opportunity both for personal reflection and discussion with others in the interim. Ethical issues here were twofold:

1. Ensuring confidentiality of data - my diary was/is handwritten and is kept, as are all clinical notes etc. in a secure place that ensures no accessibility for others. As an added precaution, clients are not referred to by name - I have developed an oblique 'shorthand' that enables me to recognise them but preserves their anonymity.
2. Ensuring confidentiality and transparency in discussion with others so that, as stated in BERA's underpinning principles, an ethic of responsibility to and respect for active or passive subjects has been applied throughout. The 'others' were/are:
  - The therapy team specifically working with this client group. The forum for discussion would be the supervision following the therapy session. Here confidentiality is a given as part of dance movement therapy's professional code of ethics. Transparency required me to state and restate when necessary that our discussions might inform and become part of this study.
  - The worker from the agency that buys in our service, who acts as the co-ordinator and first point of contact in any discussions about the clients arising from their dance movement therapy sessions. As a counsellor, this worker's professional ethics are similar to mine, and therefore confidentiality is again a given. Also, both verbal and written consent has been gained for this study to proceed. (See Appendix 1)
  - My own clinical supervisor - I may at times use personal clinical supervision as a forum for discussing issues arising from the client group. The supervisor is a counsellor bound by a professional ethical code.

## *Observations*

The time frame for observations extends back even farther than the working diary, given both that I have been working with the research subjects over several years and that observation is an ongoing part of my work in practice. Therefore observational experience may be drawn from an historic as well as recent perspective. However, any observations prior to the study would, in the interests of confidentiality and because I could not implement transparency of approach with clients involved, be of a generalised nature and used only to contextualize other data.

The location of observations, whilst obviously focused within each dance movement therapy session, also encompasses the groups' arrivals, after session conversations and departures; it is often in these apparently peripheral exchanges that interesting, relevant facts emerge. Therefore as discussed above regarding the researcher's diary, it is important to acknowledge and check the transparency of my approach and to inform all participants (i.e. the clients and therapy team) of all observational aspects.

Both observations and working diary have intertwined throughout the study, as each informs the other. Importantly, in each context there is an awareness of the balance between an overt or covert process. In particular this occurs in team supervision following therapy sessions, when analysis of clients' movement ranges, behaviours and interactions are discussed. Here my role as therapist/supervisor requires me to support and foster the trainees in their developmental learning process. Therefore in the interests of our mutual deepening of understanding of the clients' therapeutic process, frequently there is a shift into what a client might interpret as a covert observation. However, in my role as a clinical supervisor my professional code of ethics binds me as strictly to confidentiality as in the therapist's role, thus disclosure to the clients is not a possibility. Researcher integrity featured in the earlier discussions on validity, and here it surfaces again when considering the dichotomy between overt and covert observations and my professional ethical standpoint. As Hitchcock and Hughes (2001) state, it all comes down to 'trust, confidentiality and anonymity' together with the highest level of integrity on my part. I am making:

the shift from participation observation to "the observation of participation" (Tedlock 1991) in which ethnographers both experience and observe their own and others' co-participation within the ethnographic scene of encounter.

(Tedlock in Denzin and Lincoln, 2003, p.180).

## *Interviews*

Interviews were loosely structured, using the four research questions. The subjects were chosen to represent different viewpoints and stages that I believed would offer a range of dialogical perspectives. However, in terms of validity it is important to acknowledge that all five subjects had expressed positive views about dance movement therapy: a deeper enquiry with others

who were less positive might have uncovered different issues. The interviewees were:

1. The co-ordinator from the agency that buys in the dance movement therapy service for its clients.
2. A male client approaching the end of his treatment.
3. A female client who had recently finished treatment.
4. A male ex-client who has subsequently progressed to become a dance movement therapy student (at pre-degree level on a course within the organisation for which I work).
5. A trainee therapist who has worked alongside me for several years with this client population and has personal experience of addiction recovery.

Interviews were conducted in a small, confidential space at my workplace, using a hand held tape recording machine. No notes were used or taken, and each question asked was introduced informally by me. The participants had no foreknowledge of what I would be asking them. The time scale proved interesting in that I had intended each interview to last no more than thirty minutes, however in each case the interviewee spoke for considerably longer - some forty-five to sixty minutes. Evidently my initial estimate was inaccurate, but also it seemed that in several cases the interpersonal dynamic created had enabled a depth of disclosure. Specifically this occurred when the interviewee was or had been a client, which suggests that the therapeutic relationship and in particular the non-judgmental, safe space created in the dance movement therapy environment had enabled the level of disclosure. Whilst this phenomenon was not totally unexpected on my part, I was surprised by the power of the outcomes. There was a sense that at times I was hearing and recording intimate extracts from life histories, and a realization that there are both dangers and opportunities inherent in this amount of disclosure.

Retrospective consideration of Grainger's (1999) writings, that had informed my initial thinking about this research, told me that if there was the 'slightest danger' that a research technique might 'distort' the therapeutic relationship it would run contrary to my work in practice, with its central focus on being 'true to the relationship' (p.107). So here was one danger - that the therapeutic relationship, which itself I believe made possible the depth of disclosure, might be jeopardized or distorted by the interview process. With hindsight I conclude that this was not an outcome: in fact the interviewees conveyed that there was a sense of empowerment from experiencing the interview process. However, it is interesting to note that the three client interviewees were either at the end of their therapy or had already finished treatment - in other words our therapeutic relationship had ended or was coming to an end. Therefore it is possible that I intuitively chose those clients for whom (a) the therapeutic relationship was well developed and (b) there was minimal risk of distortion of that relationship.

A second danger would be a failure to recognize Hollway's (2001) 'transference-counter-transference matrix', the 'centrality of unconscious intersubjective dynamics' (p.14) already alluded to in my earlier discussion of validity. Clearly these factors are present in the interviewer/interviewee relationship and will be discussed again in Chapter 5.

A third and final danger I believe is that the researcher must recognize and be aware of her responsibility as the receiver of this depth of disclosure. Also the possibilities of dissemination of data both in context of this study or to any other future audience must be considered. Whilst confidentiality was a given, my ethical standpoint meant that I stressed and re-stressed each interviewee's right to withdraw at any point in the process. Therefore the importance of informed consent was paramount, and in this regard the interviewees were well briefed. (See Appendix 1).

Having spoken at length about the dangers of interviewees' in depth disclosures, these also offered opportunities to travel far below the surface discussion into the unconscious world of memories that provided some of the deepest insights into individual's experiential learning. Another interesting and more specific outcome came from one interviewee's observation that the interview process would be a useful experience for all clients, in that it enabled identification and articulation of their learning and therefore facilitated the transition from this stage of treatment to the next. This comment resonates with a process cited by Lather (1986) in her essay focusing on research as praxis, named catalytic validity (Brown and Tandom, 1978; Reason and Rowan, 1981 in Lather *ibid*). The concept of praxis oriented research acting as a catalyst that:

reorients, focuses, and energizes participants toward knowing  
reality in order to transform it,

(ibid, p.272)

describes the process that the interviewee had identified as part of the interview experience. In this instance the research process had acted as a catalyst to enable the subject(s) to 'gain self understanding and, ultimately, self-determination' (ibid, p.272). This has wider implications for development of work in the specific research field, in particular when considering positive factors that contribute to relapse prevention, and will be discussed in later chapters.

Returning to practicalities, I transcribed each interview myself, and found that this in itself was a learning process as I noticed subtleties of exchange, pause, mirroring or echoing each others' sound patterns, mutuality of laughter and even how my speech inflections shifted in sympathy with an individual interviewee's style or accent. Each interviewee was offered a transcription of their interview - three accepted and two declined - one of the latter explained that he wanted to receive nothing for himself from this process, it was to be a gift of thanks in recognition of the value of dance movement therapy as part of his recovery. This affirmed to me the sense that this study might empower a research subject in a very tangible and articulate way.

#### Access and ethics - further issues

- Access to research the specific client groups was negotiated verbally and in written form with the agency at the beginning of the research project (see Appendix 1).

- Verbal consent from all participants has been obtained on an ongoing basis (see Appendix). This links both to Reinharz (1981) circular model of enquiry as cited earlier in this chapter, and with Hollway and Jefferson's (2002) suggestion that obtaining consent is or should be a *continuous* process - i.e. not only 'before' and 'after' the research intervention (p.89). This resonates with my own sense of integrity as therapist/researcher, and suggests that I must implement a strategy of continuously updating participants regarding research findings to avoid any sense of exploitation
- The illustrations used are not of any specific client group, and are used with permission of the artists

### *Confidentiality and Anonymity*

Pseudonyms are used throughout this study for all individuals referred to by name. Furthermore, as already stated as a practising dance movement therapist I am bound by a professional code of ethics (see Appendix 1). However, as a rider to this I would add another layer of awareness. This is because of the unusual nature of my work: there is only one voluntary sector dance movement therapy organisation in this region or indeed in the UK, and also only one recovery organisation in the area buys in a dance movement therapy service as part of its programme. Therefore, whilst every effort has been made to preserve confidentiality and anonymity, it has been important to state to participants that they could in fact be identifiable, and this has been stressed in my verbal interactions with them. Furthermore, dissemination of findings has been stated clearly to them, including the future possibility of wider dissemination of all or part of this study.

## Chapter 5

# Analysis and Evaluation

This chapter draws from all the research methods discussed in Chapter 4. Emerging themes as identified in Chapter 2 came from my diary and observations. For example, early diarised feedback revealed that one client 'felt very self-conscious' at the start of a session but 'it's gone away now'. Alongside this I observed that his physicality changed and opened out during the process. Another felt 'an idiot' at first but later expressed that he felt 'emancipated'. Analysis began here, sifting through evidence, highlighting recurring patterns recorded in the research diary. This provided the data that informed analysis of interview transcripts. However, this process also informed me that each interviewee brought her/his own unique perspective that would deepen and enrich the study - thus I recognised the importance of each interviewee's voice being heard. Firstly the three client interviews are presented as edited narratives, followed by a deconstruction of my process during each interview and a thematic analysis of the whole event. Quotes from each interviewee are used throughout her/his story - full transcripts of all interviews can be found at Appendix 2.

### Jon

Jon began by telling me that his biggest challenge both in rehabilitation treatment and in dance movement therapy was 'just being around people'. He recalled that in the six weeks of primary treatment preceding his arrival at the recovery agency he had been asked to participate in drama workshops and:

I really can't explain to anyone how stressful that was for me -  
I actually ran out of them.

Jon attended his first dance movement therapy session during the assessment process that clients undergo before being accepted by the recovery agency, and realised that he must 'confront something that I was desperately uncomfortable with'. He felt open to ridicule and related this to his past, also identifying self-obsession and anxiety. All of these had now been dealt with as he approached the end of treatment, and now rather than feeling 'really feared up coming in' to a session, he 'really looked forward to it'.

Jon's story is of a childhood as the youngest of three brothers, growing up always conscious that he was not the daughter his parents had hoped for.

I was told on more that one occasion that I wasn't wanted, they  
wanted a girl.

When several years later the fourth sibling arrived and was the longed for daughter this (together with another factor disclosed during the interview) compounded the situation. Jon's father was a domineering, impatient and unstable character and Jon lived with constant fear of mental abuse, being told that he 'couldn't do things' and being left out. The prime emotion of Jon's

childhood seemed to be fear - he was a 'skinny little kid' and in his early years at school he began to be bullied, and

if I came home beaten up I got another beating from my dad so I was feared up at home and feared up at school.

Jon resolved his unbearable situation by jumping on one of his aggressors at school and 'smashing him into the ground'. He 'went on a bit of a mission' and hit out at anyone who threatened him, developing a reputation as a fighter and beginning also to develop as a proficient games and sports player. Jon 'got a lot of affirmation for all this fighting' from his dad, and carried his reputation into senior school where he became an outstanding achiever in sports. However, the downside of this was that he held his position as a fighter by associating with a peer group made up of the roughest, toughest kind 'to stop myself going back to that place of getting bullied'. This led to physical abuse at school - smacking, caning - at the time he 'felt I deserved whatever I got'. One incident at twelve or thirteen years of age has stayed with him: whilst on a legitimate errand (delivering a note for a teacher) Jon was hauled in by another teacher, accused of being out of the classroom without permission and beaten on the backs of his legs:

my socks had pools of blood in them. So it was fear, fear, fear, fear, fear.

Meanwhile at around thirteen Jon discovered girls and became sexually active, going into a pattern of chasing, conquering and moving on as another way of 'proving myself'. He left school:

I couldn't believe that I actually got an apprenticeship, my qualifications weren't quite good enough, I had a real struggle to catch up and had to go to college one day a week, but I passed and I really surprised myself.

At the age of twenty Jon was an image driven man with lots of girlfriends and an occasional tendency to 'go out and get smashed' on drink. Although any physical abuse from his father had stopped when Jon was sixteen 'there was still the intimidation', so at twenty-one he realised that he needed to get away from home. Jon got a two bedroom flat, a mortgage and with these came a sense of pride in his achievement. Not long after this he fell in love for the first time and was engaged and married within eleven months. He became a father and took great joy in this, the best time of his life. Jon was completely detached from his parents and siblings and felt that his real self emerged, a sensitive, caring, responsible person who adored his wife and children. Ten years on at the age of thirty-one, Jon felt that 'I'd found my niche in life' as a hard-working husband and father, and then his marriage ended in painful circumstances. Jon's wife left him for another man and he felt that his life had ended. He had lost his wife, his children and:

I started using, first time I ever took drugs. And that was at the age of thirty one, and since then its just been stuck, I've been stuck. Stuck in a really painful place for a long time.

Jon went back into all the humiliation and shame of his childhood, re-entering the 'serial monogamy' of meaningless relationships that had been a hallmark of his adolescence. Jon is now forty-one, ten years on from that painful re-entry into emotions from his past, and has made the journey through treatment and rehabilitation to understand and be at peace with himself.

### *My experience within the interview process*

Jon was the first client interviewee of the study, and I realised within the process how strong a sense there was of my therapist-self and her skills to hold a safe space. I was aware of a development of reciprocity of language between us and empathic responses from me throughout. At times I was fearful that I might be 'leading' the dialogue, but acknowledged the validity of my non-neutral interventions (Hollway, 2001, p.16). For example, the spiritual dimension of Jon's recovery process arose in discussion:

Pam: It's about being in the moment? Living each day as a precious day we've been given.

Jon: Yes, I've been doing a lot of work on that on my own lately, part of my prayers every morning is that I do that.

The discussion continued around the spiritual theme - not one that I had expected to emerge - had I unconsciously chosen language to prompt it? I remember I was surprised that the spiritual element implicit to my work was being discussed in the research context. Jon and I were co-producing data 'out of some subtle and largely unconscious intersubjective dynamics' (ibid, p.16.). At one point Jon wept openly, and at another our conversation went 'off record' as he disclosed something that he requested be kept confidential from this study. I recognised the enormity of my emotional engagement with a story that was often difficult to hear, sensing that throughout the interview by my empathic connection with Jon I was containing his pain and enabling him to express his deepest emotions (ibid, p.17).

### *Thematic analysis*

Jon identified the following in himself:

- self-obsession
- anxiety
- emotional numbness
- fear
- sense of shame and guilt
- difficulty with concepts of right and wrong
- dysfunctionality in relationships due to lack of boundaries

He articulated that the dance movement therapy process had enabled the following:



- dealing with/managing stress
- confronting his discomfort
- sensing of liberation
- attuning to his own emotions
- attuning to others emotions
- realising/affirming his creative self
- realising/affirming his playful self
- owning and expressing his sensitivity
- understanding relationship boundaries

My first focus is on the fact that Jon's early experience as a young child caught in a vicious circle of abuse may have contributed to the emotional numbness he identified. Goleman (1996) believes that connections in the brain between amygdala and neocortex are:

the hub of the battles or co-operative treaties struck between head and heart, thought and feeling.

(ibid, p.27)

Goleman expands this, suggesting that emotion can and does disrupt our ability to think clearly, furthermore continuing emotional distress affects our capacity to learn (ibid, p.27). Jon's marriage enabled him to connect with his emotions, only for it all to break down again when that ended: thus in relation to Winnicott's (2001) developmental theories there was something of a double decaethction. In dance movement therapy Jon re-accessed play - he said 'It's been so liberating to actually be able to act out, to fool around'. Winnicott says that play:

facilitates growth and therefore health; playing leads into group relationships.

(ibid, p.41)

The second focus is on the highly developed ability of this interviewee to articulate verbally. Jon showed early physical prowess in sports, but my initial observations of him evidenced uncoordination and stilted movement. However, throughout the therapy sessions I observed that Jon's physical articulation increased in tandem with his ability to verbally express himself. It seems that, in terms of Gardner's (1993) theory of bodily/kinaesthetic intelligence as discussed in Chapter 2 of this study, Jon has re-accessed his widest range both of physical and verbal articulation.

Finally, the surprise element was Jon's acknowledgement of the latent spiritual dimension of my work. Jon said that his own spiritual journey had enabled him to lose his sense of shame and guilt, to love and feel comfortable with himself. He had lost his hardness, his protective armour and in dance movement therapy the space was safe enough to allow this. The spiritual aspect was unspoken and yet on an unconscious level it resonated with Jon.

## Peter

Peter had finished treatment so me while before our interview - when I asked what his experiential learning had been in the context of dance movement therapy, he began by identifying his emotional response to it. He said that although there was a 'huge amount of resistance' to expressing himself through dance/movement it was in fact 'a lot more difficult *not* to engage with it'. It seemed that he connected to the therapy process on an inner level and realised that it was easier to let this emerge than to resist. Significantly, dance movement therapy had propelled him with urgency into a hitherto unrecognised need to move and dance. This, as he said, became

quite a standing joke amongst some of the clients, some of my peers - 'he really loves it him, you know, he's really into it'.

Throughout his life until this point he had never had the confidence to explore creative dance/movement as a form of expression, but at the age of thirty- eight, during rehabilitation, Peter realised that he could use dance movement therapy to access his feelings. This was not something he had ever done before:

from all of my background...we didn't *do* stuff like this.

Remembering his early years Peter saw his family and home as a place of chaos where:

as a child that young I was carrying quite a lot of fear and confusion and that was what I brought to school.

He was a sensitive child, always worried about his mother and 'other stuff going on in the house', which led to a lack of ability to concentrate at school, 'so my schooling was a really very difficult experience'. Peter was good at sports and:

liked English - it was one of the few things that I remember the teachers saying that I was good at.

Peter became the 'classroom clown', acting out his anger and rebelling against the teachers, because this 'felt safer' than doing so at home where such behaviour would have been unthinkable:

because a teacher wasn't going to turn round and hit me, you know, so it was safer to kind of off-load it on them.

The consequence of his behaviour at school was the cane, which was 'absolutely nothing' compared to what might happen at home. Within his family the only expressed emotion was anger, hence there it was unsafe for Peter to express anything because there was a high level of physical abuse.

Until he was twenty-seven Peter lived with a 'conditioned way of thinking' that meant 'not caring about anything, not caring about myself'. He was a criminal in a peer group of criminals, but at twenty-seven he picked up his first book - Peter

realises that although it took another thirteen years and 'quite a lot of chaotic times' he had begun his search, 'just knowing that this wasn't right'.

That was the deal, I didn't understand the way others lived.  
I was on the outside of society.

At this stage Peter 'started to learn about people learning about themselves' and began to have a sense of hope that life could be different for him. He met 'special people' who 'came into my life for a little while and gave me the stuff that I live by'. He was inspired by these people and understood that 'I needed to be able to be spiritual'. However, he had not understood that spirituality was more than reading, or made a connection between this new awareness and his actions in life. It took the next thirteen years of Peter's journey to develop his awareness, and we did not talk about this part of his life but much more about his spirituality, his dance, and the link between them in context of dance movement therapy. The next phase of his story was following recovery, when he chose to stay on as a voluntary worker at the organisation where I work, also joining a new client group as a participant. Subsequently Peter became a student with us, achieving a National Certificate in dance movement therapy studies. Academically he is now progressing to training in counselling.

#### *My experience within the interview process*

Before I begin deconstructing this interview, it is important to state that many of the aspects of the first client interview are relevant and in some ways may have had both a conscious and unconscious effect on its shape. Therefore although the questions asked were the same for each interview, I acknowledge the layers of intersubjectivity that were present throughout.

The first point to note was Peter's reaction to the tape recorder before the interview began. When inviting Peter to be an interviewee I had explained that I would use a tape recorder; however, his unspoken but very visible discomfort led me to check out beforehand that this was acceptable. He then explained that the taping process brought up many memories of being taken into custody, where the police always used a tape recorder in interviews. I offered to put the machine away and take notes, but Peter said he was happy for us to proceed with the machine running. On reflection I realise that I had read his body language and responded very much in my therapist mode, wanting to create a safe space for the interviewee. Thus even before we began the subtleties of our interpersonal relationship - which included those of client/therapist, supervisor/voluntary worker, tutor/student - were being played out.

Early in the interview I became aware of how much Peter was embodying, physically shaping and expressing as he spoke, which led me to comment to him that I wished I'd videoed as well as taping this interview. I realised that this man had learned to drop his armour and allow a whole new vocabulary of body language that illuminated his speech. As the interview progressed I noticed at times that my speech patterns and inflections reflected Peter's - for example 'yeah' rather than 'yes', 'learnin' for 'learning' - and realised that I do this unconsciously not only in this context but in practice with many other clients. Yalom (1995) says that:

innocent surface acts by the leader often have deep implications for the members, and huge underground neural cables may soon be crackling with affect.

(ibid, p.195)

Furthermore Yalom affirms the importance of the client/therapist relationship and the transference therein, whereby the therapist may be:

the personification of parental images, of teachers, of authority, of established tradition, of incorporated values.

(ibid, p.44)

So I was building on the trust, mutuality and connectedness of our multi-faceted relationship to enable Peter's insight, the ' "sighting inward" ' for the patient of themselves' (ibid, p.45).

Finally here I want to return to the effect of the first client interview on this, the second to check whether the spiritual dimension of our discussion arose spontaneously or whether, in the light of Jon's interview I had some causal effect. The spiritual element arose following me asking Peter about any 'significant things' that had informed his learning from adolescence onwards. He spoke of reading, and of meeting special people:

Pam: ...So you met people, special people.

Peter: Yeah - they were special and they would kind of...

Pam: They were an inspiration, yeah?

Peter: Tell me stuff I needed to hear.

Pam: A bit of inspiration, a bit of sense that people were there who could help with your understanding.

Peter: I mean, I understood from the age of twenty-seven that I needed to be able to be spiritual. You know, from there it was all clear.

I conclude from this extract that only my use of the word 'inspiration' arguably might have carried a slight undertone of the spiritual, and its purpose in context was to check that I had correctly grasped or interpreted Peter's meaning in reference to 'special people'. However, at that point in the interview I did seize the opportunity to expand the theme: our conversation produced another illuminating piece of evidence that the spiritual aspect of my work has relevance. Furthermore, Peter saw this aspect 'quite clearly' - this is interesting - perhaps it is not as implicit as I imagine it to be. Therefore, whilst not within the scope of this study, in personal supervision it will continue to be reflected upon.

### *Thematic analysis*

Peter identified the following in himself:

- resistance to self-expression
- lack of confidence
- inability to express emotions (except anger)
- social exclusion
- sense of searching for meaningfulness in life

He articulated that the dance movement therapy process had enabled the following:

- recognising inner/outer process
- recognising his need to dance/move
- not succumbing to peer pressure
- being honest with himself
- learning self-awareness
- learning playfulness
- understanding conditioned thinking patterns

Clearly as with Jon, Peter had experienced physical abuse in childhood that had affected his ability to express emotions. Thus from being a sensitive child, as a man:

the armour that I carried meant that I had to be really serious with me and hard with me.

Peter had learnt to 'be myself', to be playful and to reconnect to emotions long suppressed. This resonates with the links made to Winnicott (2001) and Goleman (1996) in my thematic analysis of Jon's interview. Furthermore, the life skills, self and interpersonal management skills Peter now has seem to have evolved over some thirteen years, culminating in the recovery process where they were focused by creative, therapeutic methods. This resonates with Claxton's (1998) 'learning by osmosis' which he says:

works through a relaxed yet precise non-verbal attention to the detail of these situations, and to the actual effect of one's interventions, without any explicit commentary of justification or judgement, and without deliberately hunting for a conscious, articulate mental grasp.

(ibid, p.26)

Here Claxton describes learning as a subtle ongoing process - equally this could be a description both of my therapeutic and teaching approach in practice.

Finally here Peter's integration of himself in mind and body, internally and externally seems to have been furthered by the unlocking of his creativity through the medium of dance. Recently Peter participated in a dance performance for the first time in his life, towards the end of our interview we discussed this and he said:

I saw the magic, I saw what had hooked me into this in the first place. I was sat in the audience and I felt like the luckiest man

in the whole damn world. It was as simple as that - I was looking and I thought - I'm part of that.

## Anna

Anna had finished treatment a week or so before our interview - although we talked very little about her childhood years, from the time Anna and I worked together I know that she would categorise herself as having a privileged upbringing, in a home environment where horse riding, which she loved, and dance classes were the norm. Academically Anna was a high achiever who progressed through further and higher education to a teaching career in higher education. However, alongside this successful exterior was her hidden addiction. The first thing Anna identified in the interview was that dance movement therapy had enabled her to have a 'healthy escape out of her mind', an escape without drugs. She said it had been important for her:

to be able to learn that I can escape from my head and my thinking, and that sometimes I feel quite insane, and that I can escape from that in a healthy way without using drugs - and dance and movement does that.

Anna told me that at nine years old, on a day she still remembers, she 'switched off her emotions' and 'tried to live outside' her head, seeking what she now identifies as 'unhealthy ways of escaping'. She identified that throughout the rest of her childhood, adolescence and into adult life she was emotionally immature:

I really found that imbalance between the emotional side of me and my IQ, when I first went into secondary (*NB: secondary treatment, not secondary school*) it started to become really obvious how infantile my emotions were, and my responses and reactions and everything were incredibly immature.

Whilst in recovery Anna had attended a meeting in which 'various bigwigs' were talking about drugs education for children, and the consensus was that there was not much of it. Anna disagreed because she felt she'd had 'loads of education on drugs' and 'knew exactly where it would take me' when she began using, but it did not stop her. This led to Anna remembering that she had appeared on national television at the age of eighteen on several chat or news programmes. This was in the aftermath of Leah Betts' death, when media coverage of young people and drug-related risks was high. In this context Anna had articulated that as someone who was already a user, she believed that for her drugs were 'relatively safe'.

We did not discuss the ensuing years when Anna's journey took her to a place where she sought rehabilitation, our conversation focused very much on the here and now: it is with this perspective that the deconstruction and thematic analysis that now follow are written.

### *My experience within the interview process*

The first point of note is that this interview seems very different in shape and content from the other two. The first and obvious difference is that of gender, but in addition and on reflection I realised that chronologically the first two client interviews were two days apart and that this, the third, was fourteen days later. Therefore there was a far longer time lag and arguably less retained awareness on my part of the content of the two preceding interviews. Also at this stage I had not begun transcribing the interviews and so had only my memories of each event. Nonetheless I was aware of the residual effect of my experiences within the previous interviews, which I must have brought with me to this one. Also I will restate my awareness of mirrored posture, speech/language and a by now conscious integration of my therapeutic skills within the process. Hence in consideration of all these factors it was surprisingly different.

Firstly, Anna offered a much more focused, analytical answer to each of my questions, for example when I asked her how learning in the dance movement therapy space differs from a more traditional setting she said:

It is a difficult question. Um, it seems like the learning came, although it's encouraged from the outside, it seems like the learning or the realisations came from within me rather than it being tutored in me. Whether or not that is *true* I don't know, whether or not that happened.

We explored this further, and Anna said that it felt that she was being 'encouraged, rather than led', that she 'didn't feel taught' but 'nurtured'.

Secondly Anna disclosed strikingly different aspects of her personal journey from the other two clients: Jon had disclosed at a deeply personal level, telling much of his life story, Peter had told some of his life story but focused more on his learning journey through the years towards recovery. Anna spoke not at all of her home, family or career, rather she focused throughout on her own inner process. At the end of the interview we spent some time discussing how Anna might continue to benefit from some kind of movement work. She had identified the benefits of dance movement therapy and wanted to build on these. I offered suggestions for various classes/movement forms but was left wondering whether any of these would enable her to continue to use dance/movement as a vehicle for self-management, development and creativity.

### *Thematic analysis*

Anna identified the following in herself:

- fear of letting go
- emotional immaturity
- anxiety
- self analytical
- self critical

She articulated that the dance movement therapy process had enabled the following:

- healthy escapism
- getting out of head and into body
- inducing altered mind state without the use of drugs
- safely losing inhibitions
- learning from within
- self expansion
- accessing creative play
- valuing freedom of expression

At this point I include several extracts from my research diary related to Anna:

#### Extract 1

She was relaxed, open, dancing freely with high energy and commitment throughout the session - but at relaxation time she began to suck her thumb and became 'foetal-shaped' - very interesting - and she stayed this way as others 'surfaced' - seemed to want to stay in this pre-verbal self as long as possible.

#### Extract 2 (two weeks later)

Anna again assumed a foetal position with thumb in mouth at end of session. In tea/coffee time she shared much of her background story with us. She was from an affluent background - horses, show-jumping, dressage. Degree, tutor, high powered, well presented and together but with a secret heroin habit over many years. Ended up on the streets with nothing - spoke about shame - concept of shame - level of shame for someone who seemed to have 'less reason' to go down the drug road.

The extracts illustrate Anna's re-accessing of one of the earliest pre-verbal states at the end of therapy sessions, which links to previous discussions about early developmental stages. It was interesting that she had described herself as having 'infantile emotions' when here she was unconsciously adopting so infant-like a posture. The fact that this occurred at the end of session suggests that the therapy process and environment had facilitated what appeared to be an instinctive need that was acted upon by Anna unselfconsciously. Also the extracts enable a deeper understanding of Anna's inner self-critic, and the urgent need she had to:

lose my mind and come into my body, because I find it quite painful living it because I do seem to live in my head an awful lot.

Anna's mind/body dichotomy was acute, as described by Chodorow (1994) she is one of



(T)hose who find dance movement essential because they feel alienated from the body and now sense deeply that they must learn to listen to it.

(ibid, p.112)

She and many other clients use the phrase 'out of my head' - interestingly it is used both to describe the freeing up of their behaviour in dance movement therapy sessions and their state when using drugs or alcohol. Anna was able to articulate that dance movement therapy enabled her to access this behavioural state because it was a safe, non-judgmental environment. During the interview it seemed important to me to clarify whether Anna felt that a straightforward, formal dance/movement class of some kind would provide the same benefits as dance movement therapy. She said:

I think there's a *huge* difference between the freedom and escape of expression that I've found in dance movement therapy to the kind of dance training I did. ... it was more again about watch, repeat type learning with a right and wrong. Not freedom of expression.

This was when Anna began to clarify and separate the learning experience in dance movement therapy from her previous experience both as learner and teacher where it had been 'chalk and talk' mode. Whereas dance movement therapy felt like growth:

Yeah, growth. It's difficult to explain, it feels like a part of myself inside has been expanded, you know, like a whole creative play, and it's a, I don't know, it feels like a part of myself that isn't logical, isn't, you know, daily grindism, isn't connected to any normal cognitive way of thinking. And it feels like that, which I did try to nurture so much in my drug use, and I was quite frightened of letting go of, to have found a place and develop that and let it grow and have its place, that's brilliant.

Thus self-expression, released through creativity in the medium of dance and movement with its body focus has enabled Anna to break out of her behavioural patterns, to grow and expand.

The final theme to revisit here is that of emotions, Jon and Peter spoke of fear and anger, Anna identifies anxiety and shame and also she articulates the emotional immaturity that I see as a feature for a significant number of clients. It seems that Anna (and others) needed to learn or re-learn her emotional selves, often because there was an emotional trauma at an early life-stage. This takes us back to Goleman's (1996) theories. His concept of temperance, 'the restraining of emotional excess' (ibid, p.56) and that emotional upsets can impede our mental life and ability to learn, so that we cannot assimilate information as efficiently when in an emotional state (ibid, p.78) are particularly relevant. Dance movement therapy provides a forum to access and practise emotions. At the point in the interview when Anna disclosed the pre-adolescent trauma that had 'switched off her emotions', and our conversation unfolded to discuss drug education for children she mentioned her belief that it was ineffective, and then she said:

I think what I would have benefited from more would have been some

kind of emotional intervention, because I was obviously at school not very well emotionally and if that could have been picked up on perhaps I wouldn't have walked the path I did.

Before moving on to discuss outcomes of the two remaining interviews, there is an overall observation about the three client interview processes. I noticed that in each case there was a pattern of disclosure - each interviewee often added things out of chronological order. By this I mean that she/he disclosed significant early years information quite far on in the interview process, and not when they first began thinking about childhood. I believe this was because in each case there needed to be an unconscious sensing of the space being 'safe enough' before some things could be said. So once more the interpersonal dynamics of the therapeutic relationship were implicit in the interview process.

The last two interviewees to speak have different perspectives and their words will be presented within a more analytical framework.

### Steve

Steve is the co-ordinator of activities at the rehabilitation agency that buys in dance movement therapy as part of the clients' recovery programme. He supports clients' ability to access the sessions and evaluates outcomes on an ongoing basis. Therefore he is in one sense an outsider to the process being researched, whilst having insider knowledge of the clients in other aspects of their recovery programme and experience. Steve's thoughts are presented in four themed sections:

#### *What the client brings to the session*

Steve identified that each client experiences her/his own subjective reality in context of dance movement therapy and their approach thereto. Thus they may experience 'their own fears', 'their challenges around being in the group' and/or

having to do what they perceive as perform in front of others.

When discussing group as opposed to one-to-one therapy Yalom (1995) cites Rogers, who believes that the group process offers the additional benefit that acceptance and understanding among group members may carry 'greater power and meaning than acceptance by a therapist'. Yalom adds that, given that many clients 'did not have the benefit of ongoing solid peer acceptance in childhood', peer validation within group therapy process may have obvious experiential benefits (p.56). Dance movement therapy, where clients play, move, negotiate and interact non-verbally offers opportunities to explore and develop peer relationships in a group context.

Steve observed self-challenge and self-management as part of the clients' process. In addition he acknowledged clients' defensiveness both in dance movement therapy and other aspects of their recovery programme:

If people present those defensive fronts in group then those

defensive fronts will be acknowledged and recognised.

He perceived that in all aspects of the programme it is important to develop relationships with clients that enable:

the opportunity to move away from that mask, that defensive place.

In Chapter 3 I wondered whether the source of the habitual defensiveness of many of these clients might be identified. Jon, Peter and Anna gave individual perspectives that offer insights into how the layers of defensiveness are built through negative life experience, trauma and self-criticism to create a multi-layered mask or full body armour to defend the self. In a direct connection with clients' learning experience Steve added this:

many of them have very negative experiences of formal education, often there were things going on at home which meant that they just weren't able to engage with education in a meaningful way.

#### *Important aspects of the dance movement therapy space*

We discussed structure within the therapy process, and the fact that some clients find it difficult to let go of structure. Steve realised that it would be a less fearful experience for some clients:

If it was just about set movement rather than something that's a little bit more informal and about self-expression

It seems that free, creative movement has a value quite different from that of attending dance, movement or exercise classes - something also identified by Anna in her interview. However, Steve articulated that the value of free expression is linked with understanding that the process is structured and therapeutically safely held:

Yes, I think people soon realise very early on that they're not going to be judged as to how they perform when they're there, and so the space is supportive, it's not placing expectations on them. There are some ground rules, clearly, around respecting others, time boundaries, but in the actual session itself they are provided with a supportive space in which to explore themselves through movement.

It seems that the non-judgmental aspect of the therapy space is another critical factor. So I return to Rogers' (1994) concepts of respectfulness, prizing/valuing the learner together with the importance of creating a non-threatening environment as discussed in Chapter 3. Furthermore Steve's thoughts add weight to my view that the 'unstructured structure' of dance movement therapy facilitates self-management skills in participants.

### *Valuable experiences in the dance movement therapy process*

Steve identified the value to these clients of practising spontaneity:

they can explore, they can let go a bit, they can 'be' in a way that's different from many other parts of their treatment programme.

Winnicott (2001) states the importance of spontaneity in purposive play to rehearse emotional processes (p.51). Later in the interview Steve spoke of the 'delicate emerging of spontaneity', and how important it would be for the therapist not to draw attention to this because it might impede the process. Rather, as Steve understood my work in practice it was 'more about affirming on an ongoing basis'.

Also Steve recognised the value of non-verbally focused therapy:

Well I think that some clients can become very adept at hiding behind a therapeutic front, so that in itself becomes a defence mechanism, learning the language of recovery and trotting out challenges or recovery statements. It can seem that someone is very in tune with themselves, very genuine, but it can be just another mask. You work essentially with non-verbal communication and that's a very important area of communication that isn't normally focused a tremendous amount on in a normal therapeutic environment, and non-verbal communication is often a more honest form of communication. People can become very adept at using verbal communication in lots of different ways to hide what's really going on for them, whereas non-verbal communication is a lot harder, people are less able to hide.

In other words, Steve's observation was that some clients construct a new defence using the language of recovery, so that they 'talk the talk' to hide their fears or inadequacies. In a very real sense dance movement therapy asks them to 'walk the walk' thus exposing them. However this would not work unless they felt safe enough to take the first step and so I return to the importance of a safe therapeutic environment where such a risk could be taken.

The importance of play emerged yet again as a key factor that enabled clients' to learn;

Steve: For many of them their drug use started quite early on in life, in their teenage years, so I think if you go back into many of our clients' histories they have huge developmental gaps in terms of play, in terms of being able to be children and valued as children and to be free as children, to have safe play and to explore that part of being. One of the things that we feel here is that some clients do need to learn how to play, and that some clients need to learn how to play respectfully because their idea of play can actually be quite harmful to themselves and other people. Not only have they not learned how to play, they haven't learned the rules of play.

Pam: That's a really valid point and I see it happen in the space.

Steve: I think it's the difference between playing and being out of control - for some of our clients recreation started off by using drugs, their main form of recreation or their main form of play has been being out of control. And playing can be quite scary I think, because they don't know where the boundaries are, they don't know where it begins and ends, and that can be very challenging for people. We need to give them the opportunity to play, but also ensure that they play safely -as you would do with children.

This extract speaks for itself in again illustrating the value of play for these clients. Steve acknowledged the developmental gaps that may have been present which resonates with evidence from the client interviewees. He added to these the concepts of safe play (as opposed to being out of control), boundary setting and respectfulness as essential learning for individuals who may have become habitual rule violators in their past lives.

### *Outcomes of the dance movement therapy process*

Steve identified that clients often returned from therapy sessions 'energised', he could see 'physically that they're engaged, awake, they look alive'. The therapy team frequently observes this shift and it is useful to know both that the effect is visible to others and that it stays beyond the end of session. The analysis of this interview indicates that in Steve's opinion clients learn to self-challenge, self-manage, to be spontaneous and express creatively therefore they are practising life skills that can be transferred into other contexts. In addition, in the evaluation process at the recovery agency Steve witnesses the 'striking revelation' that clients can 'shift from what seems to be an entrenched position' of negativity about dance movement therapy when they begin the programme. Some ten to twelve weeks later they are at 'a position that's moved to the other end of the scale'. Therefore dance movement therapy has effected a shift from negative to positive, and that is a valuable piece of learning for a client group who often express feelings of being stuck in a negative mode. In Steve's words, the learning is that:

Probably initially there's a feeling of not having any respect and 'I'm just going to do what I want', then there's the release of being able to do that and not be judged, providing you're within certain boundaries you're not going to be judged, you're not going to be told to do anything else, they experience freedom, freedom of expression and as I say they value the space and they are more likely then in theory to transfer that learning into another environment. They realise that they have the internal mechanisms to be free and yet to be safe.

### Jenny

Jenny is a recently qualified dance movement therapist who is one of the therapy team and has worked with this client group for three years. Jenny brings an insider's perspective both as part the team and as someone who has

experienced a twelve-step recovery programme. Her interview will be presented under the same four themed sections as Steve's.

### *What the client brings to the session*

Jenny identified that clients come with self-obsession and defensiveness, and offered valuable insights from her own experience about these factors:

There's so much emphasis in treatment about, you know, you've got to be careful with your exercise, you've got to be careful with your shopping, you've got to be careful with your spending money because everything could become an obsession and everything could become an addiction, and if you put one thing down you pick up another. ... I just have to sit here and watch television .... in case anything becomes an obsession or addiction and ....eugh!

This explains some of the negativity that clients bring with them, and also the rationales they may offer for non-participation - for example they would 'mess up their hair', or they have a 'bad back'. My observational data shows that it is often no more than half way through a session when a client who has explained why they cannot participate chooses to wear a wig that will certainly mess their hair, or dancing in a way that a bad back would not allow. Jenny's words reveal the new defences that a person recovering may build, and the fear they feel of stepping outside of their safety zone in case they relapse or find themselves on another addictive behavioural path. As Jenny said, in the world it's easy for 'the old defence mechanisms to come in, the old patterns of behaviour', whereas in the therapy group a positive experience is possible. Thus dance movement therapy enables them to take the risk of stepping outside, but with a sense of safe holding.

Jenny believes that many clients are holding on to fear regarding themselves and the traditional education process:

fears still around not being good enough, reaching the mark, and comparing myself to other people, and having to prove something.

She sees this fear as 'embedded', a conditioned set of responses in any learning environment. An example of this arose recently when a group created a 'swan lake' theme and a relatively new client participated enthusiastically. The following week he told me that he had dreamt of himself as a swan, and that I was in the dream as a forbidding, disapproving teacher. He told me that he had issues with authority figures in education, and we discussed the fact that his feelings about this had been subconsciously transferred onto me. We agreed that I do not, in reality, present as any kind of 'teacher'. Yalom (1995) discusses this phenomenon using the example of seating patterns in group therapy, which 'often reveal some of the complex and powerful feelings toward the leader' (p,193). Using Yalom's analogy, I reflect that the client in question chooses to sit to one side of me, not next to me but not too far away. There is a sense of ambivalence in that he wants to be near me but stays only just within my peripheral visual range. However, the client displayed trust in the situation in that he was able to speak to me openly, and also took the issue to the one-to-

one counselling that is part of his recovery programme. Thus in the therapy environment where, as Jenny said there are 'no people looking over their glasses' and no sense of competition, it is possible for clients to drop their fear and begin to learn.

### *Important aspects of the dance movement therapy space*

As with every other interviewee, Jenny identified the importance of a safe, non-judgmental space fostering mutual respectfulness to enable positive experiential learning. Also she saw the significance of dance movement therapy being such a physical process, 'it's about being energetic'; the sheer physicality and energy are important because recovery is so cognitively focused. Alongside this Jenny identified body mind connection/disconnection:

For me, addiction is just one way of completely disconnecting from self as a human being.

Pleven (in Waller and Mahony, 1999) has worked with a similar client population, and perceives that they had 'little or no body concept', that they displayed 'lack of, or fear of embodiment' (p.81). The dance movement therapy process gives back to the client her/his awareness of being in their body. Furthermore it facilitates reconnection of body and mind; the therapist and client's articulation of this enables the client's apperception of having achieved it. Therefore this phenomenon is identified and offered frequently in client feedback at the end of sessions.

Jenny identified that much of the learning in the therapy space happens on a subconscious level. She observed that a client might attend over a six-month period and in that time would experience 'the same intervention with the same guys in a completely different way'. Claxton (1998) says that:

To undertake this kind of slow learning, one needs to be able to feel comfortable being 'at sea' for a while.

(p.9)

This resonates with Steve's observations about clients' attitudinal shift from negative to positive over time. It seems that dance movement therapy enables clients to work through their confusion, tension or fear - to be 'at sea' for a while. Furthermore, Claxton says that the unconscious enables the slow learning of subtle patterns beyond the scope of 'normal consciousness'. Thus the clients 'make sense out of situations that are too complex to analyse' (ibid, p.4.) and they do so, as Jenny said, by revisiting the same scenario in the therapy space and doing it differently over time. They are practising life skills.

Jenny saw the value of being enabled to return to developmental stages before addiction:

dance movement therapy creates such a safe space and such a non-judgmental space that [it] enables you to let go of your defences and to go back to being the child or the adolescent.

Here she interweaves the importance of safety and non-judgmentalism to enable defences to drop so that clients can play, move and dance together. Winnicott (2001) when talking about living creatively, speaks of clients whose lives have had a 'sense of futility' so that 'nothing matters and that life is not worth living' (, p.65). Jenny's own experience and training enabled her to identify the value of re-accessing earlier life stages. The outcome of the process is that literally one is moved towards a more creative way of being.

Jenny observes the non-verbal focus of dance movement therapy, already identified by Steve as offering valuable experience to clients, as an important aspect of our work. For her it is 'something about being *seen*', whereas in other (talking) group therapy:

it's so easy to kind of sink into the back of the chair and twiddle your thumbs and imagine no-one can see me - and therefore I've not been seen, because I've already put my own focus on it, and I'm not here.

Yalom (1995) speaks of patients who 'profess indifference to or detachment from the group' (p.23), and his sense of their lack of respect for the group. What seems to happen in dance movement therapy is that this phenomenon is exposed because the client cannot 'sink back in the chair and twiddle your thumbs'. Everyone is seen, therefore non-participation is a less easily achieved option. It is the therapist's challenge to safely hold and engage the client at a non-verbal level so that she/he shifts from indifference or detachment to engagement.

#### *Valuable experiences in the dance movement therapy process*

Jenny recognised the value of emotional learning for clients who will have used drugs or alcohol to suppress emotions over time. Importantly, she said those in addiction are very 'emotionally involved' and are 'embedded in not learning to feel, not learning to be emotional'. Goleman (1996) discussed the importance of self-reflexive awareness in individuals' ability to experience, understand and assimilate their emotions (p.46). This happens and is witnessed by Jenny in that she sees clients reconnect to feelings and recognise old behaviour patterns - for example defence mechanisms - break these down and let them go.

Jenny identified experiences that developed clients' ability to self-manage - in particular learning how to interact, managing feelings of low self-esteem and being able to experiment with the concept of pushing boundaries. Here is an example of this drawn from my research diary:

Boundaries issues for Phil, he couldn't 'play safely' with elastic or ball, and in relaxation he was being 'naughty', whistling, winding up other group members - 'innocent' - a strategy to affect group dynamics - a behaviour he needs to unlearn.

Phil's behaviour continued similarly over some weeks, pushing boundaries and often reminiscent of working with early adolescents, yet this was a man in his thirties. Gradually his behaviours stabilised and he became a 'good boy', taking



responsibility and interacting positively with both staff and other clients. It seemed the therapeutic setting, with its strong Rogerian emphasis on unconditional positive regard, had met his need to learn or re-learn interpersonal skills.

### *Outcomes of the dance movement therapy process*

Jenny identified that in dance movement therapy clients escape from fear of an obsessive behavioural cycle to freedom. This resonates with Anna's healthy escapism, Jon's sensing of liberation and Steve's words:

They realise that they have the internal mechanisms to be free and yet to be safe.

Alongside this Jenny cited creative empowerment, recognition of self worth and positive reasons to exist as outcomes of the therapy process. Drawing from her own experience Jenny sees dance movement therapy as:

essential to my recovery...just feeling the affirmation and the creativity and getting in touch with my body and having self worth, and actually my body has a positive reason for existing and I have a positive reason for existing.

The five interviewees have spoken - the concluding chapter draws together all the findings evidenced both by their words and by the other research methods used during the study.

## Chapter 6

# Conclusion

Psychotherapy is, in all its variants, basically a form of learning  
(Yalom, 1995, p.58)

Yalom's words affirm my own belief that learning takes place in the dance movement therapy space. I began this study aiming to discover what that learning is, how it differs from more traditional approaches and what affect the learning has on participants. Drawing this study to a close, the research questions are now revisited, and findings are summarised. Key words that indicate the research outcomes are italicised.

### What experiential learning takes place in the dance movement therapy context?

The evidence shows that before any learning can take place some 'un-learning' must happen. When they begin dance movement therapy clients are holding onto fear, anxiety and/or stress: self-consciousness or self-obsession overwhelms many of them. These feelings need to be released before they can progress and learn.

- Clients' *first learning is management of the stress*, progressing from this to experience *emotional learning*.
- Within safe play clients unconsciously may re-access early developmental stages. This I will call inner learning, and outwardly this manifests as *learning to keep rules, set and keep boundaries and manage relationships*.
- The study shows that clients *develop self-awareness* in this experiential learning setting.

### What affect/effect does the learning have on participants?

- Clients articulate that they *lose their defensiveness*, safely *lose their inhibitions* and experience *healthy escapism*.
- The evidence shows that clients have an enhanced ability to *self challenge* and *self manage*.
- Dance movement therapy enables *self expansion* so that clients *value creativity, self expression* and have an enhanced *freedom of expression*.

### How does the learning differ from more traditional approaches?

- In dance movement therapy *engagement in a positive client/therapist relationship* is set up as priority - whereas it may be a by-product in a traditional education context.
- Clients identify that the *learning process is from within themselves* - a *subconscious process* - whereas in a traditional education context it may feel more externally imposed.
- The *process is non-judgmental*, there is *no right/wrong, no fear of not being good enough*.
- The process is *desire not target driven* (Jenny, Appendix 2).
- The process fosters *mutual respectfulness*.
- The process actively encourages *spontaneity*.
- My working model as a dance movement therapy is *affirmation based*.
- Clients *value the space* and therefore are more likely to transfer that learning into another environment (Steve, Appendix 2).

### Implications of research findings

Here I return to themes discussed in Chapter 2, and in particular to Davies' (2000) article on truancy. This study evidences that many participating clients lost their way in the context of learning at very early life stages. Having uncovered factors that have enabled them to re-access learning, I dream of an education system that would enable them to do so whilst still within it. Davies speaks of an 'epidemic of emotional damage' citing Camila Batmanghelidjh, an educational psychologist who says that one in three inner city children has 'some form of emotional behavioural difficulty' - what she calls 'emotional coldness'. This resonates both with my ongoing experience of the research subjects and the specific findings of the study. Taken in conjunction with Goleman (1996) and Claxton's (1998) ideas I believe that this study strengthens the case for a different approach to learning for disaffected pupils. However, remembering Jenny's point made above regarding the third research question, it is difficult to imagine how a desire rather than target driven learning approach could operate within an education system that still seems to lead schools to:

exclude the most difficult children in order to improve their position in the league tables.

(Davies, 2000)

Furthermore, the importance of a therapeutic approach in learning, underlined by many participants in the study, seems unlikely to be a reality when there are 'few genuinely therapeutic schemes in schools' (Davies, *ibid*).

However, on a more positive note I believe that this research evidences the value of play, creativity, non-verbal process and the therapeutic relationship fostered in my practice as positive factors. Further, I believe that these factors - integral to the dance movement therapy process - contribute to relapse prevention and enable clients to go forward and access learning with positivity.

Considering research as praxis, I ask myself what I have done differently with groups when researching and what of this should be retained. I believe that both the specific research focused conversations with clients nearing the end of treatment and the more in depth opportunity for self reflection provided for the interviewees have been beneficial to them. I note that Yalom (1995) uses post therapy one-to-one interview as part of his practice (ibid, p.25), and conclude that this process provides a forum in which clients focus on how and what they have learned. Thus there is realisation of achievement and identification of transferable skills to take into the next phase of their lives; on this basis a focused conversation with each client at the end of their last dance movement therapy session will be beneficial. Also the evidence suggests that some clients would value attending an open dance movement therapy group in the third stage of treatment.

This study has looked in depth at the interface between education and therapy in an experiential setting. It has confirmed that some aspects of experiential learning that hitherto I intuited took place in the dance movement therapy space do in fact happen. At the same time important emerging factors could and should be researched further. Examples would be the unconscious learning process, value of play/creativity and the emotional learning process, however throughout the study my sense has been that numerous avenues of investigation have sprung up. The research scope and limitations have been considered throughout this study - it is a focused piece of work in a specific context and my researcher bias has been stated. Nonetheless it has validity and has been an exciting, energising and illuminating experience for the author who believes along with Rogers (1994) that at its best teaching is a facilitation of learning. As both therapist and tutor I believe that this study has evidenced that that is what happens in the dance movement therapy space.

# Bibliography

- Atkinson T & Claxton G (eds) (2000) *The Intuitive Practitioner* Buckingham: Open University
- Bell J (1992) *Doing Your Research Project* Buckingham: Open University
- Bettelheim B (1987) The Importance of Play *The Atlantic Monthly* (**March 1987**) pp.35-46
- Brandes D & Ginnis P (1996) *A Guide to Student-Centred Learning* Cheltenham: Stanley Thornes
- British Education Research Association BERA [online] <http://www.bera.ac.uk>
- Carvel J (2002) 'More children turn to drink and drugs' *Guardian Unlimited* [online] available from <http://education.guardian.co.uk> [accessed 22.04.03]
- Carvel J (2002) 'Child drug use "underestimated" ' *Guardian Unlimited* [online] available from <http://education.guardian.co.uk> [accessed 22.04.03]
- Chodorow J (1994) *Dance Therapy and Depth Psychology - the Moving Imagination* London: Routledge
- Claxton G (1998) *Hare Brain Tortoise Mind* London: Fourth Estate
- Covington S (1994) *A Woman's Way Through the Twelve Steps* Minnesota: Hazelden
- Curtis P (2003) 'Let young children play, says report' *Guardian Unlimited* [online] available from <http://education.guardian.co.uk> [accessed 22.04.03]
- Davies N (2000) 'Children for whom school has no point' *Guardian Unlimited* [online] available from <http://education.guardian.co.uk> [accessed 23.04.03]
- Denzin NK & Lincoln YS (2003) *Strategies of Qualitative Inquiry* California: Sage
- Edwards D (1993) 'Why don't arts therapists do research?' in Payne H (ed.) *Handbook of Inquiry in the Arts Therapies, One River, Many Currents* London: Kingsley
- Eisner EW (1985) *The Art of Education Evaluation* London: Falmer
- Gardner H (1993) *Frames of Mind* New York: Basic Books
- Goleman D (1996) *Emotional Intelligence* London: Bloomsbury
- Gossop M (2000) *Living with Drugs* Aldershot: Ashgate
- Grainger R (1999) *Researching the Arts Therapies* London: Kingsley
- Hammersley M (ed.) (1993) *Educational Research current issues* London: Sage
- Hitchcock G and Hughes D (2001) *Research and the Teacher* London: Routledge
- Hollway and Jefferson (2002) *Doing Qualitative Research Differently* London: Sage
- Hollway W (2001) The psycho-social subject in 'evidence-based practice' *Journal of Social Work Practice* **15** (1) pp.9-22
- Johnson D (1990) Introduction to the special issue on creative arts therapies in the treatment of substance abuse *The Arts in Psychotherapy* **17** pp.295-298

- Lather P (1986) Research as praxis *Harvard Educational Review* **56** (3) pp. 257-277
- Levy F (ed.) (1995) *Dance and Other Expressive Art Therapies* London: Routledge
- Lewis P (1986) *Theoretical Approaches in Dance Movement Therapy* Iowa: Kendall Hunt
- Malinowski B (2002) *Argonauts of the Western Pacific* London: Routledge
- Matto H, Corcoran J, Fassler A (2003) Integrating solution focused and art therapies for substance abuse treatment: guidelines for practice *The Arts in Psychotherapy* **30** (5) pp. 265-272
- McNiff S (1998) *Art Based Research* London: Kingsley
- Meighan R and Siraj-Blatchford I (1999) *A Sociology of Educating* London: Cassell
- Moran D (2000) *Introduction to Phenomenology* London: Routledge
- Muldrum B (DATE) 'Research in the arts therapies' in Cattanach A (ed.) *Process in the Arts Therapies* London: Kingsley
- Oakley A 'Interviewing women: a contradiction in terms' in Roberts H (ed.) (1981) *Doing Feminist Research* London: Routledge
- Ortman D (1997) *The Dually Diagnosed - a therapist's guide to helping the substance abusing, psychologically disturbed patient* New Jersey: Aronson
- Parlett M and Deardon R (1977) *The Illuminative Evaluation in Higher Education* California: Pacific Sounding Press
- Payne H (ed.) (1993) *Handbook of Inquiry in the Arts Therapies, One River, Many Currents* London: Kingsley
- Payne H (ed.) (1996) *Dance Movement Therapy: Theory and Practice* London: Routledge
- Raphael Reed L ' "Re-searching, re-finding, re-making": exploring the unconscious as a pedagogic and research practice' in Francis B & Skelton C (2001) *Investigating Gender: Contemporary Perspectives in Education* Buckingham: Open University
- Reinharz S (1981) 'Implementing new paradigm research: a model for training and practice' in Reason P and Rowan J (eds) *Human Inquiry: A Sourcebook for New Paradigm Research* Chichester: Wiley
- Rogers C (1983) *Freedom to Learn* Ohio: Merrill
- Rogers C (1998) *A Therapist's View of Psychotherapy* London: Constable
- Schön DA (1991) *The Reflective Practitioner* London: Avebury
- Waller D (2002) *Group Interactive Art Therapy* Hove: Brunner-Routledge
- Waller D & Mahony J (eds) (1999) *Treatment of Addiction - current issues for arts therapies* London: Routledge
- Winnicott DW (2001) *Playing and Reality* East Sussex: Brunner-Routledge
- Yalom ID (1995) *The Theory and Practice of Group Psychotherapy* New York: Basic Books