

e-motion



Association for Dance Movement Therapy (ADMT) U.K.
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EDITORIAL

As we enter into spring, E-motion flourishes with dynamic and reflective writings.

In this issue, we are happy to offer you the first part of a two-part article by Janet Kaylo. In this theoretically constructed piece of writing, she shares some reflections on the phenomenological approach to movement observation. She begins by contextualising phenomenological theories and leads onto their application to DMT work.

In her article Marion Violets Gibson discusses her professional experience of DMT with older people with speech and communication difficulties. She stresses the value of DMT in such a context, acknowledges some of the difficulties and highlights innovative possible avenues to address them. For example she gives information on a cross-model training she contributed to setting up in Camden, London.

A new section has been created: Brief Reports from the Field. It aims at keeping DMTs up to date with what is happening in the field. We invite you to send in a paragraph or two describing your current practice, e.g. new groups you have set up, funding you have received, conferences you have attended, or magical moments in your practice!

Please note all the wonderful and varied opportunities for Continual Professional Development coming up soon.

As you will notice, we have no book review to offer you this time and look forward to your input on that front.

The closing words of this editorial will be a warm thank you to Dawn Batcup, Katya Ramharter, Matthew Wyatt and Barbara Feldkeller, who will be leaving the editorial team. Their input in the creation and elaboration of each new issue in the last year has been huge and will be greatly missed. E-motion urgently needs your help. If you have a great experience of producing a newsletter, that is fantastic, if not, you are fine too. No-one joining the team ASAP may simply mean that the next issue will only be published on the website and no hard copy will be mailed out to you. If you want to offer some time to one edition only, that is possible too. The minimum time commitment is three hours per issue (quarterly). For more information, contact me at emotion@admt.org.uk.

Once again we hope you enjoy the reading and look forward to your contributions and feedback.

Céline
Editorial Team

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NEWS FROM ADMT COUNCIL

> **WE NEED YOUR HELP!** In the last e-motion you might have noticed that ADMT UK has now an administrator, Andy Clements. Andy and Susan Scarth have started to create the **ADMT UK Archive** and are looking for any paper work, documentation, correspondence, etc that is still in your hands but should now be placed in the archive. Please send everything to: ADMT UK Administration
32 Meadfoot Lane
Torquay
Devon TQ1 2BW

Andy can only be contacted by post or via email at query@admt.org.uk.

> **Workshop Co-ordinator vacancy:** I am sure most of you have participated in workshops organised by ADMT UK, to affordable prices and most of them counting towards your CPD requirements. We need a co-ordinator (or 2 to share the job) – and this could be one way of becoming more involved in ADMT UK's work, responsibilities and commitment. Can you offer a few hours a month to approach people who could offer workshops, organise advertising and the venue while you will have free access to the workshops? Get in touch with us (see address above, or use our website www.admt.org.uk).

ADMT UK Conference, September 10-12, 2004 (including ADMT UK AGM) – Barbara is still looking for people who would like to help organising the conference (there are many individual pieces of work that will need to work together, so a few more hands would help).

This year's conference will be called **Borderlands II** and we are inviting presentations from all Arts Therapies. 'Borderlands' was the first Arts Therapies conference several years ago – a great success – highlighting cross-connections between the professions, co-work and multi-disciplinary teamwork. Presentations, workshops, discussion groups as well as focus groups will be this year's focus. Advertising and a call for submission will be out soon.

NEXT COUNCIL MEETINGS:

London

**Saturday 13th March: AM ETS-C
PM Executive Council**

Bristol

Saturday 15th May: AM/PM Executive Council

CONFERENCES AND OTHER EVENTS

Research Register Reminder

Any new, on-going and completed research please register with Vicky Karkou at V.Karkou@hotmail.com or with Ute Kowarzik, 45 Anson road, Tuffnell Park, London N7 0AR, email ukowa@csi.com.

21-25 June 2004 BIG ARTS WEEK: this week aims to bring creative professionals together with schools and to engage and inspire a new generation in the arts. For further information and how to get involved call Constance Agyeman 020 74015423 or email her c.agyeman@timebank.org.uk – or go to www.bigartsweek.com

29.9 – 2.10.2004 International Dance-Fair NRW, Germany (deadline to submit a showcase 15th March 2004); more information on www.tanzmesse-nrw.com

8th October 'Creative Arts Therapies in Education "Crafting the Future"'. The power of creative arts therapies in Education. Tools and strategies for inclusion. Location TBA.

LAST MINUTE NEWS FROM THE COUNCIL STOP PRESS TO MEMBERS

You should soon receive your 2004-2005 registration documents. Please. do pay your membership fees ASAP to remain on the professional registration for HPC. Only by receipt of membership do you become licensed to practice.

HPC and State Registration

Here is a fantastic news for the profession, as written by Susan Scarth:

'HPC have voted unanimously to include Dance Movement Therapy into the Arts Therapies camp of HPC and have written to the Sec. of State and Dept. of Health to recommend us for regulation.

The process from here may take up to 18 months, due to Parliamentary procedures, however HPC will do their best to encourage the process to be completed at the end of this year. Fingers crossed that it all gets completed very soon!'



The Body in Phenomenology and Movement Observation

by Janet Kaylo, MA, CMA, RMT, SRDMT

The following article was originally presented as a Conference paper for Action Profilers International, in Surrey, England 2001. The audience members for whom it was intended were all professional Movement Analysts, and were familiar with Phenomenology's view that individual perception is always an intersubjective experience. Therefore, the aim of this paper was to pose questions regarding our experiences as movement observers, in the fields of Action Profiling (AP) and in Dance Movement Therapy (DMT). The theoretical exploration is an attempt to examine possibilities for aligning the 'Body' in Phenomenology with the practical premises we confer on the body within these fields. This version of the paper has been modified and extended to focus more specifically on Movement Observation within Dance Movement Therapy. It has also become a rather lengthy academic paper, for which I do apologise, and will therefore appear as Parts I and II.

PART I

Phenomenology

One of the most important philosophical movements of the 20th century, Phenomenology began as a theory of 'knowledge'; became later a theory of idealism; and finally "a new method of doing philosophy" (1995, p. 659). As a 'method', one 'brackets' as much as possible one's preconceived expectations and assumptions, and focuses instead on remaining open to immediate experience – or on the *appearances* of the things themselves, which includes the *way* in which they appear. An important element in Phenomenology, is the qualifying distinction posited between the *experience* of the 'lived body', and the 'anatomical' body which falls under purely physical description.

Edmond Husserl, the official founder of Phenomenology, was interested in developing a science of phenomena, which would help to illuminate how objects present themselves to consciousness. Husserl saw this presenting of objects in consciousness occurring through *intentionality*, (as did Brentano before him), which is the fundamental action of the mind reaching out to stimuli in order to translate them into its realm of meaningful experience. Due to the multifaceted and complex personal nature of intentionality, the particular perception we have in a given moment will never exist again. The interpretations given to things are not only unique and

individual, but are also unfixed or plastic in their meaning (Merleau-Ponty 1968). Though Husserl began in a search for 'essences' in consciousness, and the autonomy and efficacy of reason, what emerged through his investigations was, instead, a phenomenology of the body—as his investigations uncovered the degree to which 'reason' was dependent upon one's bodily constitution.

The body in Phenomenology, therefore, is seen to contribute directly to the content of what is perceived; and the material presence of 'things' is considered a *relational process* (Welton 1999). Material things are not phantoms floating between the material world and the mind, but rather have a relation to each other precisely because of the *orientation they have to our perceiving and moving bodies*. Phenomenology recognises individual bodily orientation as directly linked to perceptual processing; and recognizes our kinesthetic sensations as contributing to, and being created within, a necessarily intersubjective, intertwining of our physicality in the presence of the world (Merleau-Ponty 1964; Serlin 1986).

According to Phenomenology, 'kinesthetic sensations' form an essential part of the constitution of our spatiality, occurring as a result of—and continuously impacted by—our physical experience and our conscious and unconscious interpretation of that experience. This fundamental phenomenological view arises from within the conviction that bodily consciousness is our most primordial, underlying awareness of existence; and is known through the intentionality inherent in our systems of perception. From within a vast field of intercorporeality, our perceiving bodies 'appropriate' finite aspects which become objects of our consciousness, and this we do as a result of our particular disposition within the 'embrace' of the material world. Consciousness is understood as a process of making meaning of one's existence, and the body is seen as the nexus, or gestalt, within which that meaning-making happens. All perception occurs as a continuous series of relational actions, between the body and the environment, which makes individual meaning out of the unfathomable complexity of information available to us (Welton 1999; Leder 1990; Merleau-Ponty 1962).

Key to this investigation, and the underlying premise of Phenomenology, is the theory that all of our



perceptual orientations arise out of an inseparable relationship between our bodies and our world. That is, there is no position which is not wholly dependent on the *interaction* between ourselves and all that is around us. The body, therefore, is the ground of both our intentionality – what we bring to our experience – and our intersubjectivity: the interwoven, material nature of our experience of self.

In DMT and in the movement analysis of AP, how a person moves is considered to have bearing on adaptation to the environment, to other persons, and to self experience. Our movement effects our interaction with people and things, and how people and things move, effects our perception of others, as well as our sense of self in the environment and in our interactions. The base of Laban's system of Movement Analysis – utilised in AP and DMT – itself grew from Laban's belief that there was an intrinsic connection between subjective experience and the dimensions of movement. Laban believed that meaning can be constructed from movement features, and combinations of features are involved in the expression and *experience* of intention, attitude, and emotion (LaBarre 2000). Merleau-Ponty, from the viewpoint of consciousness and perception, establishes a remarkably similar position:

We grasp external space through our bodily situation. A 'corporeal or postural schema' gives us at every moment a global, practical, and implicit notion of the relation between our body and things, of our hold on them. A system of possible movements, or 'motor projects', radiates from us to our environment. [Our body] is our expression in the world, the visible form of our intentions. Even our most secret affective movements... help to shape our perception of things. (1964 p. 5)

The Body under Study

In the history of ethnography, the first anthropology of the body was inaugurated in the 1970s – perhaps as a result of the use of the term 'experience' in anthropological, sociological, and ethnographical studies. From the 70s onward, a greater focus of investigation fell to the body itself; and in some cases the body came to be highlighted as it is explicitly in Phenomenology: where the 'lived body' – rather than the body as an 'object' of study – provided the methodological starting point (Csordas 1993). While contemporary anthropological and interdisciplinary literature still exhibits a strong bias towards the body as 'object' of study, also referred to as the 'semiotic' body, anthropologist Thomas Csordas suggests the phenomenological theory of embodiment could be

utilised as a complement, to the semiotic (1993 p. 135).

Csordas outlines a useful distinction between the body and embodiment, by paralleling their distinctiveness with Roland Barthes' (1986) descriptions of the work and the text. The 'body' would be as the 'work' was for Barthes: the material object, the book in this case, that occupies the bookshelf. The embodiment would be as Barthes description of the 'text': that which remains in an indeterminate field of discourse, "experienced only as activity and production" (cited 1993 p. 135). The 'work' (body) within visual art, then, might be said to be the object hanging on the wall, while the 'art' (embodiment) exists only when one is viewing or considering it. As with the 'art' of visual art, embodiment would be defined as a discourse or experience which is open to indeterminate possibility.

If we extend Csordas' parallel distinguishing embodiment from body, to distinctions within movement observation, we could perhaps call the 'body' the biological or biomechanical aspects of someone's presence/existence, and 'movement' a field of interactive methodology, inter-relation, intentionality, and indeterminacy... . Thus the 'movement' of Movement Observation would be accessed through embodiment, and would also fall into Merleau-Ponty's notion of 'perception and practice' (1993, p. 137). To stay within the phenomenological methodology, the 'movement' we experience happens within an ambiguous state of subject/object, where distinctions between 'I' and 'it' dissolve; while the 'bodily' descriptions we identify as movement observers occur as the end product of our reflective thinking.

Csordas acknowledges the active tension between the 'semiotic' body and the 'phenomenological' body, (the body and embodiment, or the work and the text) in both research and theory, and states that the imbalance itself speaks directly to the need for "filling out embodiment as a methodological field" (1993 p. 137). It is precisely this 'filling out' that I would like to address as not only possible, but also beneficial, for those using movement as the primary access to their practice.

Clinical Application of Movement Observation

Within the practice of Movement Observation, there are numbers of us who would fall into the 'semiotic' paradigm, perhaps when we conceptualise the movement we witness as a *metaphor* or *sign* for something else. Others, perhaps, are more firmly rooted in the phenomenological: that is, they



consciously focus on the *movement as meaning itself*, which is occurring in an indeterminate, disclosive, experiential ground. Though these two perspectives oftentimes appear to overlap – the movement *has* meaning, or the movement *is* meaning – it is important in a field predominately *about* movement, that we are clear what theoretical and practical perspective we are standing in, in relation to these two distinct paradigms.

For example, I may believe that movement *is* meaning, but in clinical work, use body metaphor to parallel psychological experience, both when speaking to my clients, or speaking about them. However, in the hope of maintaining a non-duality in my own position, I will attempt – through consistent use of language – to refer to movement, the sensation, and the clients' experiences of themselves neither as separate experiences, nor as experiences which are 'representational' of something else. Or do we often find that creating a parallel between the physical and the psychological tends always to leave the 'body' as a *representational* aspect of a psychological experience? In my view, and in the perspective of Phenomenology, the psychological experience and the bodily experience clearly happen together—though one may not have conscious access to both at the same time. But perhaps stating that the body and psychological experience are inseparable is an inadequate merging of discourses. Is it easier, then, to state that movement and psychological experience are inextricable?

If as movement observers we believe this to be so, we must learn to speak about movement in a way which does not separate either the perceiver from the perceived, or the meaning from the movement itself. As movement observation in LMA is not a system of body 'language', but claiming to be non-interpretive movement description, perhaps we could be more confident in acknowledging it as an indeterminate, *interactive act*. There will always be 'interpretation' in it, simply in the process of our own intentionality and bodily constitution. But if we at least acknowledge that we bring each of our own bodily/movement dispositions to it, we might establish a more collective view of it as a process.

For example, if I were to describe a client as 'narrowing, binding, limited in three-dimensional shaping, and 'disconnected' between her head, coccyx, and her heels...do I take into account my own body's participation in the gathering of this information? And then do I have to translate for myself what these qualities *represent*? For me bodily? For the client? Do I consider it a metaphor for something else, or do

I consider it the thing that I perceive (through my own bodily indeterminacy)? While these are subtle distinctions, over time they will shape the way we talk about our work to others, as well as the way we interact with our clients – which will in turn impact the way our clients experience themselves.

In a reflective state – that is, posterior to the experience itself – discussion of the client's movement meaning does seem to require that I shift my mode of attention to images and language which feel more 'stable', and less indeterminate. But how do I manage to utilise language in a way which still carries the site of the original meaning in movement? In an attempt to do this, I may struggle to commit to the physical experience *between us* as the site of the meaning-making. Or, I may refer to the movement only with a the feeling tone and physical quality which will create at least a shadow of my original, 'felt' experience.

Philosophically, these difficulties seem paramount in my own search for movement experience and meaning, and as a philosophical base, Phenomenology can give me an opportunity to intellectually understand how the movement and its meaning are one thing. While the movement that occurs in the session may at times function as a metaphor for something in the client's life, in a phenomenological paradigm, the meaning in the metaphor can never be removed from the experience of the movement itself. The implication of this distinction may be summarized as follows: *It is as if the meaning arose in the movement, and its subsequent parallel with something in the client's life is merely its echo.*

Merleau-Ponty states as a note in his final, unfinished work, that "at the origin of every reflection [is] a massive presence to self...and the absolute flux which animates [it]" (*The Visible and the Invisible*, 1968, p. 49). If I am moving with or being with the client's movement in the room, I wish to respond and interact in a way that is related to my bodily perceiving of those qualities, which includes the indeterminate flux of our experience together. When I find myself focussing instead on interpreting the client's movement into a reflective system of reference (the way LMA can clearly be used), I might forget that the 'origin' of this reflection is a presence to both my 'self' and the other. Descriptions of the session would then as likely fail to include the movement perceiving that necessarily happened *together*. Similarly, if I focus on an interpretive or semiotic framework while with the movement in the room, I lose awareness of my own bodily contribution to the event, and miss opportunity for creating a more mutual, and



consciously intersubjective relationship in the movement itself. How much might be lost from this position?

As a leader in anthropological literature on the body, Csordas calls specifically for the formulation of a consistent methodological perspective on 'bodily felt schemas and psychological function' in self-other relationships (1988). Interestingly, his contributions to this research begin with a move from perception as an individual bodily process, to a collective mode of *bodily attention*—or a consciousness of embodied intersubjectivity—which he terms a 'somatic mode of attention'. These processes of experience occur at a place where our beingness meets that which we bring into being through our attention on it. In this process one is both attending *with* and attending *to* the body: "[T]o attend to a bodily sensation is to attend to the body's situation in the world... [A]ttending to one's body can tell us something about the world and others who surround us" (1993 p. 138-139). In a somatic mode of attention, one must perceive others bodies as one perceives his/her own. In the field of analysis, Csordas argues that it is the perspective of embodiment itself that facilitates analytic insight, or at least offers a way to understand it in more depth. To define a somatic mode of attention, he explains, 'de-centres analysis', in that no category is privileged, and 'all categories are in flux between subjectivity and objectivity' (p. 146).

END OF PART I

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OBITUARY:

E-motion would like to inform you that Dr. Penny Parker Lewis (Bersnstein), died at her home in Amesbury after a long battle with cancer, aged 57. Her obituary, which follows, was published in the Newburyport, Massachusetts Daily News in November 10, 2003. We are grateful to Chuck Yopst, D.T.R., from Chicago, Illinois Chapter ADTA, for initially posting this on to the ADTA listserve.

Dr. Lewis was a psychotherapist with a private practice in Newburyport. She was the founder and director of the non-profit institute for Healing and Wellness. She was also a holistic therapist health consultant and practitioner, and a registered dance movement therapist.

Born in New York City, N.Y. on June 11, 1946, she was the daughter of the late William Sandford and Virginia (Meyers)Lewis. She received a bachelor's degree in occupational therapy from the Columbia University in 1969 and a master's degree, also from Columbia in 1970. She earned her doctorate in psychology in 1979 from Saybrook Institute. Dr. Lewis was a member of the Academy of Registered Dance Movement Therapists, The National Drama Therapy Association, the American Psychological

Association, the American Counselling Association and American Mental Health Counselling Association, and the U.S. Association for Body Oriented Psychotherapy.

Author of 12 books, many of which have been translated into foreign languages, Dr. Lewis had lectured and led graduate programs in the field of dance movement therapy throughout her many years of teaching.

After over 30 years of practice, Dr. Lewis was the recipient of two lifelong achievement awards in the fields of dance movement and drama therapy. The Marian Chace Foundation award was presented to her in 2002 in recognition of her many years dedicated and passionate teaching, breadth of scholarship, publication and extraordinary service to the field of dance movement therapy. The Gertrud Schattner award was given in 2003 in recognition of distinguished contributions to the field of dramatherapy and education, publications, practice and service.'

(E-motion was authorised to reproduce this information from the DTAA Quarterly 2003, Volume 2, No. 4 ISSN 1447 – 333X)



Movement & Communication and Developing New Posts

By Marion Violets Gibson

I read Monika Steiner's article with great interest as her idea of associating DMT with other disciplines has been very much connected to my own commitment over the past few years. I believe that the status of our methodology can be raised considerably by the links we can make with neuroscience for example. The very elegant current research in this field has great credence in the scientific and medical communities and really does give us the opportunity to put our own research into a distinguished, professional context.

Over the years of working both in my post in the NHS and running the Movement & Communication project for Camden, I have developed a specialised method of working with older people with speech and communication difficulties. This was designed very much around those with severe dementia, including early onset and also those with vascular damage and Parkinson's. The Movement and Communication programme was designed very much for use with 'integrated groups' as this would invariably be the kind of client mix in residential homes.

The techniques were developed from my work with children and young adults damaged by the trauma of war and also with groups of young adults with brain damage. All these conditions are often viewed only medically and biologically but in all of them one can see people in severe emotional and psychological distress. The fact that speech is only a small part of the communication process is what makes DMTs with their extensive use of body language and its psychological context, especially qualified to work in this field. Their training is particularly appropriate in the settings described, if we add the neurobiological component intrinsic in the work of the Movement and Communication programme. The research and methodology has been described very comprehensively in the previous article by Ute Kowazik.

I had been working intensively with colleagues in Camden to establish this method in the care homes within the borough and we had been able to build quite a substantial funding base for the experiential work. However I soon discovered that even if the method and skill of the therapist was very effective, this was

often lost quickly because the culture within the homes was alien to both person centred and psychological practice.

For this reason I developed a training programme for care staff so that they would be able to support the work and sustain it instead of undermining it because they felt threatened. The idea was that the training would expand their knowledge of person centred care and improve the quality of life for their clients and themselves. With increased awareness they would also be able to support the work of the therapist by including simple techniques into their daily practice, leading small M&C activity groups on a regular basis and be able to accompany and support the therapist in her own specialised group work, with often very physically dependent clients. The difference for a therapist working with an informed and skilful care worker has proved to be very beneficial. This training programme has been linked to NVQ 'in care' levels 2 & 3. This course has been taken also by qualified nursing staff and those training for management.

We had just reached the stage where I was beginning to negotiate for a post grad vocational training which DMTs could add to their qualifications so that they could run the programme and teach on the courses. Camden had confirmed that this was their preferred method of practice in their homes and we had just begun to discuss the possibility of establishing a DMT post in the borough. I was envisioning DMTs being employed in community teams like physios or OTs. The grand vision would be that every team would employ one but one would be a start.

There is no psychological help in these homes. Often there are clients who are clinically depressed. Many clients who are not able to clearly articulate themselves in speech are cut off from all reasonable communication. They often withdraw so that they do not try to speak at all or they exhibit what is called 'bad' or 'aggressive' behaviour. This is often at root, communication difficulties which can be much more effectively explored at body and psychological levels. There can also be found the usual range of psychiatric disorders quite often disguised as something else, usually from lack of knowledge and experience on the



part of the staff. There have been many occasions when an experienced DMT in the kind of post I have described, could fulfil a valuable and unique function as a clinician in these cases. This sort of post could also cover the training and supervision of the staff.

I am very concerned about DMTs working in this setting at a level where they are competing with exercise tutors for the same fee when they should be valued and paid at a completely different professional level. I believe it to be imperative to try and establish the level of posts that I have described.

Unfortunately I became seriously ill and have had to retire. We have had to condense the programme. Although there have been excellent DMTs who have worked with me and especially masters students who have done very valuable research, they have all either returned abroad or gone into other posts.

The only person who has been in apprenticeship with me during the whole programme and who is able to run the training and link this with client care plans and care staff structures, is unfortunately not a DMT. Sheila Skerratt is extremely competent at all levels and has been able to follow and run the programme as her work has been funded in relationship to her post as the Emergency and Respite Co-ordinator for Camden Social Services.

Camden does have some funding to continue the programme and wants to use it now in day care training. This is just starting. Sheila is running this and supervising the trainees on my behalf. If there are any DMTs who would be interested in working with her in an apprenticeship position this could be arranged. The training is always run experientially so there would be the opportunity to work with the clients in their groups plus taking part in the training group discussions and written work. The whole procedure could be learned, including the assessment format for the NVQ. Hopefully this training would enable a suitable DMT to learn the structures of the care services and to build on their managerial and teaching skills. They would also need an interest in neurobiology, geriatrics and dementia specifically.

One of the major parts for developing DMT posts is the ability to find appropriate colleagues in the relevant departments in order to engage in serious funding work. Even posts that are established often only have temporary funding so continuous searching is part of the work. I was fortunate to have a very committed colleague in Camden and working together we were able to keep up our funding levels.

We had been working on a link up with Europe. France, Italy, Sweden and Bulgaria were interested in working with us on a jointly funded project where we would share the rapidly expanding research and development in this field. I feel that there is an enormous amount of potential for DMTs who have these kinds of planning interests and energy. I must say that to establish anything along these lines it does require 24/7 and often has many unpaid hours initially. However the financial rewards and exciting interests are there for those people of vision, who are dedicated and skilful enough.

While there is great potential as long as we keep our sites clear and pursue the lines of establishing our posts at an appropriate professional position, there is the complication of other professionals trying to absorb us. I cannot deny that I have observed this. All too often higher nursing staff, OTs and Physios will want to take a superficial aspect of our work into their own programme, keeping us at a very part time level within their own departments. This has to be resisted very strongly by making informed presentations of our work and research to the consultants and other professionals in the setting. DMTs must establish themselves at this level and publish more in influential journals. To this end we need to increase our expertise and experience at both medical and psychological levels in order to be respected and taken seriously in our own right.

We do have a unique way of working which puts us clearly in the lead if we back our work up with serious research and wider scientific study.

January 2004

Published work by Marion Violets

2000 'We'll Survive' in 'Music Therapy in Dementia Care' ed. David Aldridge. Jessica Kingsley UK.

2002 (October) 'Awakening the Language of the Body' The Journal of Dementia Care Vol 10 no 5.

2004 (July/Aug) 'Life After Hope' in 'Talking Over the Years' ed Dr S. Evans & Dr. J Garner. Psychology Press, Routledge.

Research Results – contact Ute Kowarzik (DMT Contacts)

Movement & Communication Project

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Brief Reports from the Field

The Therapeutic Arts Scheme in The London Borough of Waltham Forest

TAS was established in the summer of 2002 by the charity, Waltham Forest Arts Council, and works across the London Borough of Waltham Forest (LBWF).

The main work of TAS is to support vulnerable school children between eight and eleven years of age within LBWF primary schools by offering them a variety of creative arts therapy sessions. TAS is constantly in the process of developing and consolidating child focused practice with the belief that creativity is a positive tool to support distressed children who are not coping adequately at school. TAS has initiated a number of highly innovative projects over the last two years and very much hopes to expand this work in the Borough.

More specifically TAS is involved with five mainstream primary schools. The schools refer children to TAS if the children are either 'badly behaved' and 'uncontrollable', or 'very withdrawn and shy'. In both these instances a creative arts therapy input for these children is considered very beneficial.

TAS projects involve the children, the school staff and, where appropriate, the families of the children. The aim of TAS is to build and consolidate positive working relationships between these three agencies, so that the best conditions are created for the child to work through difficulties s/he may be facing, with the appropriate support.

TAS's first large-scale project was a two week intensive therapeutic arts project which ran in August 2002. Creative Arts Therapists in art, drama, dance movement and music along with a number of support workers ran therapeutic and creative arts groups to support and improve the well being and self-esteem of 30 children.

Two similar smaller projects were run in the summer of 2003 with a team of artists, dancers and storytellers working with four Creative Arts Therapists (art, drama, music and dance movement). Together they supported the children in addressing their emotional and behavioural problems.

In addition to the summer projects TAS has run a number of other projects.

These include:

- **Working with children at weekends** - Saturday therapeutic arts groups
- **After school** - Creative arts club led by an artist and supported by an Arts Therapist and Learning Mentor
- **In the Easter holidays** – an Easter project 'me[inside]' with two artists (visual and live art) working alongside an Arts Therapist
- **A Parent and Child Group:** Children and parents together in a dance movement therapy group after school at the school. This work is specifically for families in crisis who are facing imminent breakdown in their relationships.
- **Transition group:** Creative Arts Therapy group for children moving on from primary to secondary school. At this point TAS's involvement with children ends and provision is made for other agencies to pick up the therapeutic work.

Volunteers:

TAS is looking for **Creative Arts Therapy Volunteers** for our projects; we offer training, supervision and a highly motivated and experienced team environment to support our workers.

Please contact: Nina Papadopoulos: email ninadmt@yahoo.com or Sally Labern 0208 522 0203 / Clair Waterhouse 0208 532 0498

Nina Papadopoulos SRDMT
TAS Steering Committee



Peer Supervision Weekend

A group of seven DMTs who trained together at Roehampton gathered in Dorset on January 24-25 for a peer supervision weekend. We travelled from Brussels, Norwich, Brighton and London to share our professional experiences and engage in peer supervision. We co-created the structure and process, beginning with ample time for each person to update the group on their current practice and personal process. Some common themes emerged which we explored through dialogue and artistic inquiry. These included issues that many DMTs face: relations between clinical and non-clinical work, integrating our own innovative approaches into the field of DMT, how we define our professional identity and the ongoing quest to articulate the essence of our life work. We explored some frustrations and challenges of working within institutional settings and how to minimise the impact of these on our vitality and joy in the work. The first day culminated in each individual being witnessed by the rest of the group for ten minutes. Our freedom in movement and the richness and depth of the feedback demonstrated the level of trust and safety that has grown over several years of learning and working together. We all brought food to share and took time for a walk along the beach in sun and rain. In the evening, we prepared and shared a wholesome feast and exchanged stories of our most momentous moments!

On the second day we began by dancing and then quickly negotiating the structure of the day. We decided to allocate 20 minutes to each individual, for focused exploration of a particular theme or question. The pattern we followed was for the individual to briefly present a question or theme to the group, which guided our witnessing as they moved for 10 minutes. This was followed by verbal feedback to the individual mover. We acknowledged the central role of seeing and being seen in practice and supervision and were reminded of how the quality of witnessing supports depth in movement work. The quality of both the movement work and the feedback were awe-inspiring. We closed the weekend dancing together.

Looking back over the weekend, we saw how we had brought the full range of our skills and experiences to the design of the process and our engagement with it. The weekend itself was a partial response to our questions about how we integrate and articulate different dimensions of our work. We have decided to meet in this way every 6-9 months and wanted to share our structure and to remind other colleagues how valuable and enriching it can be to invest time in peer supervision.

Sara Boas	Kaery Davies
Celine Butte	Joy Kearney
Maya Cockburn	Sandra Reeve
Natasha Colbert	(Jonas Torrance in absentia)

Momentous Moments

“On November 10th 2003, we spent two joyous hours working with 10 children aged 8-10 years from Chernobyl who were spending a month at Hazelwood House in Devon for rest and recuperation. They spoke little English but were experts in energetic non-verbal communication. They were accompanied by a teacher who did the translating. We were also struck by their size - they were a lot smaller in stature.

We based our warm ups on Susan Loman’s rhythms, used the structure of the Chacean Circle, gave each child a ride on the floor on lycra, did a Conga through

the house and ended up with the whole group reflecting back to each child a sound and movement from a favourite landscape, animal or flower. The room swarmed with hissing snakes, autumn trees swaying in the wind, little budgies flitting around, regal swans floating on a lake and noisy, jumping monkeys, to name but a few.

We found the session inspiring and there is a slight possibility of this work continuing in Chernobyl, in their own environment.”

Sandra Reeve SRDMT & Joy Kearney RDMT

“I was working with a group of 8 women with parkinsons at a day hospital. There had been a reluctance to work on the floor. I introduced the image of synchronised swimming and that did the trick...they

were away, stretching, reaching, arms and legs, rolling on the floor from side to side and even rolling over. One member commented that that was the best session yet.”

Joy Kearney, BRDMT in Somerset

continued over....



13th Forensic Arts Therapies Advisory Group Conference

'Basic Power'

A rainy London on 1st December did not deter a record number of delegates from attending the 13th FATAG Conference. Over 75 people working in a variety of forensic settings gathered to participate in what became a rich and inspiring day. As a response to feedback from previous conferences, the Committee had made changes to the day's format, which included the provision for lunch and the facilitation of small group discussions. The lunch was a welcome addition, enabling delegates to meet new colleagues and share ideas about working practices on an informal basis, while sheltering from the elements. I am sure those who attended will share with me in thanking the Committee for their hard work in setting up and successful running of the conference, which took into consideration delegates' special requirements with regards to equal access.

FATAG Business

It was disappointing to note that despite the hard work, the Committee's appeals for new committee members and future presenters (particularly Dance Movement, Drama and Music) were unmet on the day. The Committee reminded delegates that the Advisory Group was set up to offer support and advice to Therapists working in the field of forensics. Committee members spoke of the danger of the Advisory Group folding if not more people are recruited. It relies on members' support in order to effectively explore clinical issues and research possibilities, alongside its administrative functions of setting up conferences. Some delegates spoke of the difficulties preventing them offering their services. Living outside London was one of the practical issues identified, along with the need to receive financial remuneration (such as honorarium) for committee work.

Whilst the day was valuable and the clinical presentations stimulating and thoughtful, the lack of response to the Committee's appeal was a striking note. Hopefully, like me, other delegates chose not to speak in the large group but went away from the day with intentions of becoming more involved. In any therapeutic work, we aim to provide a safe container with adequate boundaries, which will enable our clients to feel securely held and build trust towards growth and progression. I would like to apply this notion of working to the future survival of FATAG and echo their appeals for more members and presenters.

The Presentations

Ben Anthony, Art Therapist based at HMP Holloway, entitled his talk 'Back to Basics'. This look took us through a case study of brief therapy with a female detainee. Ben posited his argument around the first stage of Abraham Maslow's 'hierarchy of need' (biological and physiological). He suggested that many of the women he works with come from a developmentally deprived model and through their lives to date, have been unable to satisfy this first stage of need. The art therapy intervention provided some of the basics in life – a space of holding and containment, in the hopes of 'planting a seed' towards the clients' change and hopefully positive progression and development of their needs.

Following Ben's talk, question time addressed difficulties of maintaining therapeutic boundaries in the forensic environment and the issue of Governmental emphasis on the security and physical containment over the provision of more psychological services. Points raised continued to be addressed in some of the small group discussion that followed.

In the afternoon session, Paul Batson (Dramatherapist), Marian Miles (Art Therapist) and Helen Mason (Music Therapist), the Arts Therapies Department at the Fromeside Clinic, gave an entertaining presentation entitled 'One to the Power of Three'. Utilising music, artwork and role play within a performative framework, they explored some of the processes and dynamics present during a brief 10 week arts therapies group. The Fromeside Team spoke of the group as a holding space, with its own difficulties, conflicts and triumphs. They proceeded to explore their experiences of co-working, from setting up the intervention through to its conclusion and beyond.

The day ended with the whole group reflections and then returned to FATAG business. Not all delegates were able to stay for the final session in which the Committee's appeals were discussed further.

Once again many thanks to the FATAG Committee, Ruth Goodman, Kate Rothwell, Anna Rose, Liz Brown and Ben Anthony for all their hard work.

Next FATAG Conference: 17th May 2004

120 Belsize Lane

Contact the Committee: fatag@blueyonder.co.uk

Emma Ramsden – Dramatherapist



Listings

Walk of Life Movement Workshops with Helen Poynor, an innovative approach to non-stylised movement combining movement explorations based on the structure of the body with moving in response to inspiring natural environments

Spring Back March 20th-21st Moving in the magical environments revealed by the equinox tides beneath the chalk cliffs at Beer Head, East Devon.

The Art of Being in Motion May 22nd-23rd

combining the Feldenkrais Method with Shelagh O'Neill and non-stylised movement in the unspoilt landscape of Dartmoor, near Chagford.

Summer Songs June 5th-6th Moving by the sea and among trees receiving the different forms and rhythms of each place. Charmouth near Lyme Regis, West Dorset.

Contact Helen Poynor on 01297 20624

LIFEdance! "Live your dance, dance your life." A 6-months personal development group with Sara Boas.

LIFEdance! releases your innate creativity and natural healing: dance alone, with others and as part of the group, working with eclectic world music and live drumming.

Dates: April 17, May 15, June 19, July 17, September 18 2004

Time 2pm – 5pm

Location Cecil Sharp House, 2 Regent's Park Road, London NW1 7AY, UK

Group size maximum 16 people

Cost per session £60, (£35 concessions)

To book and for more information email connect@lifedance.info or call Natasha Colbert on +44 (0) 20 8677 7216

If you are interested in introductory and on-going training weekends in **Authentic Movement facilitated by Dr Helen Payne** four times a year, note that the remaining forthcoming dates for this year are: March 26-28 2004, May 2-9th 2004 and Sept 2004 (date to be confirmed) From Fridays 2.00pm to Sundays 5.15pm,

Held at Letchworth centre for Healthy Living, Hitchin, north Herts, 45 mins from central London by train. B&B available locally

Tuition: £165.00

All welcome, whether for introductory or on-going training.

For information, please contact

Dr Helen Payne,

Reader Counselling and Psychotherapy,

Department of Social, Community and Health Studies, University of Hertfordshire,

Meridian House, 32 The Common, Hatfield, Herts

Tel: 01707 285861

Sandra Reeve and Sara Boas

Cultural Embodiment

A weekend to experience how culture affects movement and the perception of movement. Bristol, March 27/28th. For further information 01297 560611 or moveintolife@aol.com

BADth (British Association of Dramatherapy) 'one day conference focusing on the client-therapist relationship', with guest speaker **Irvin Yalom**, Date Saturday 12th June,

Location Institute of Education, 20 Bedford Way, London WC1H 0AL

For an application form email Stan Ratoff stanratoff@yahoo.co.uk or write to The British Association of Dramatherapists, 41 Broomhouse Lane, Hurlingham Park, London SW6 3DP

Cost £100 for non-BADth members

Authentic Movement & Therapeutic Presence With Linda Hartley

Introductory Day: September 5, 2004

4 Weekends: November 2004 - March 2005

A series of four weekends of professional development is being offered as an opportunity to study the discipline of Authentic Movement and its relationship to therapeutic practice, work in education, the caring professions, and the community.

Embodying Self through the Experiential Anatomy of Body-Mind Centering(R)

With Linda Hartley

Introductory Day: September 4, 2004

7 Weekends: October 2004 - May 2005

This course will offer an embodied exploration of the



Skin, Skeletal, Organ, Muscle and Fluid Systems of the body, through touch, movement, voice, and dialogue.

The courses will take place in Ashdon, Saffron Walden, near Cambridge (UK)

For further details please contact:
IBMT-UK

9 The Green, Saffron Walden,
Essex CB10 2DS, UK
Tel: (44) 01799 502143
e-mail:

linda.hartley@ntlworld.com

Business Skills for Arts Therapists

Course Leader: Anthony Hall

Date and Place: April 9th 2004 in Cardiff.

Description: Essential training for any therapists who are self-employed, this one day course will cover all the basic skills needed to set-up and manage your therapy work.

Cost: £40 (£25 for current students)

Contact information and booking forms:

Tel. 02920 912058

E-mail: anthonypeterhall@btopenworld.com

ISPS 2004 Residential Conference:

Psychological approaches to psychosis. Interested? This conference is for all mental health professionals and could be 'your' conference for 2004. Organised by ISPS UK (International Society for the Psychological treatments of the Schizophrenias and other Psychoses), its theme is '**Tuning into Psychosis: Ways of listening, Ways of seeing, Ways of being with**'. Top speakers include Vamik Volkan (USA), Richard Bentall (UK), Christine Barrowclough (UK) plus Dean Repper from NIMHE and Albert Persaud from DoH and many more. September 13 and 14, 2004. Manchester. Contact Annabel Thomas, UK Organiser, Tel/Fax 01494 580101 or at K "mailto:isps@athomas99.freemove.co.uk" isps@athomas99.freemove.co.uk for more information and registration forms or visit <http://www.isps.org/index.asp?id=1008>

News from the Web

'The DTAA was recently contacted by Mike Gillespie, International Fellow, Social and Recreational Activities, Institute of Complex Neuro-disability, Royal Hospital of Neuro-disability, Putney, in London, who was wanting to develop a global network of individuals interested in the provision of leisure activities to persons with complex neurological disabilities. This led him to contact DTAA and other Dance Therapy Associations.

If anyone is interested, the web address and Mike's email details are below. Specific information about the Social and Recreational Activities Fellowship can be found on this site. As the Institute in London develops, information will be added. Mike also wants to encourage anyone working in a related area to submit information and ideas that they would like to see included on the web. There is a 'discussion page' for issues and questions relative to leisure and complex disability, to stimulate international discussion. The site is designed for anyone interested in the delivery of social and recreation activities for those with severe neurological disabilities. Comments and feedback would be appreciated and welcomed. To contact Mike: Phone: +44(0)208 785 7589; Email: mgillespie@rhn.org.uk; website: <http://www.rhn.org.uk/institute>

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- For therapists working with trauma survivors: Psychotherapy Networker focused an entire edition therapy with trauma survivors; for further information visit: www.psychotherapyworker.com



Therapists and Supervisors

- For the exhaustive listing see *ADMT Register of Professional Members*
- DMT Trainees will need to ensure that their choice of supervisor/therapist is **APPROVED** by their training institution.

Beatrice Allegranti, MA DMT, SRDMT

Offers individual supervision; feminist and gender sensitive approach as well as Laban Movement Studies and Improvisation. For more information or an appointment contact: beatriceallegranti@mac.com or Tel: 07714 196 810

Katya Bloom, SRDMT, CMA, MA

Is available for individual movement therapy and supervision in North London.

Tel: 020 8444 2071 or email: kbloom@talk21.com

Sue Curtis, SRDMT

is available in South East London for supervision, training or workshops. Sue specialises in all aspects of work with children and young people.

Tel: 0208 244 0968

sue@dircon.co.uk

Yeva Feldman, SRDMT, Gestalt Psychotherapist in advanced training.

Offering supervision and personal therapy. Specialising in area of eating disorders. Humanistic orientation.

yevalfeldman@prevyet.freemove.co.uk

Sarah Holden, BA Hons, SRDMT, Member IGA UKCP reg.,

Offers individual movement psychotherapy, and supervision in South London. Tel: 020 8682 6246 sarah.holden@swlstg-tr.nhs.uk

Janet Kaylo, MA, RMT, SRDMT, CMA

offers supervision or personal therapy, including integrative, somatic movement work, and links to Movement Analysis in clinical and personal work. Tel: (southeast London) 020 7078 5012 or email: j.kaylo@gold.ac.uk

Bonnie Meekums SRDMT, UKCP registered psychotherapist

Is available for both private individual therapy and clinical supervision in the North and North West of England.

Bonnie Meekums, PhD, Lecturer in Counselling, University of Leeds, Wakefield Campus, Barnsley Road, Wakefield WF1 5NS. Tel: 0113 343 9414 or e-mail b.meekums@leeds.ac.uk

Nina Papadopoulos, SRDMT

Is available for individual DMT and supervision in East London. Tel 020 85563180 or email: ninadmt@yahoo.com

Susannah Rosewater, SRDMT

Is offering individual movement psychotherapy and supervision at low cost fee (£15@hour) in private practice in Camden Town NW 1, based on Authentic Movement, Feldenkrais and Humanistic Psychotherapy. For more information call: 020 7485 3440 or email: sue.rosewater@virgin.net

Rosa Shreeves, dance artist and therapist, SRDMT, UKCP

offers individual movement therapy and supervision in West London and workshops in the UK and Spain; Humanistic psychotherapy and the creative arts. Tel: 0208 995 5904 or email: roger.north@btinternet.com

Marion Violets, SRDMT

The Willows, Rhydownen, Llandsul, Ceredigion SA44 4QD

Tel: 01545 590 315 or 07973415287

marionviolets@magie.freemove.co.uk



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A maximum of 10 sides of A4 including references. Single line spacing. For text only, there is no need to do formatting. All references cited in the text must be listed in alphabetical order in a reference section at the end of the article. Only items cited in the article should be listed as references. Each one should include the following as a general guide:

Books:

Author/s surname/s followed by initials, year of publication (in brackets), title (underlined), place of publication, name of publisher, page numbers (if referring to an article within an edited book)

Chodorow, J. (1991) Dance Therapy and Depth Psychology: The Moving Imagination. London & New York: Routledge

Journals:

Author/s Surname/s followed by initials, year of publication (in brackets), title of article (lower case), title of journal (uppercase and underlined), volume and issue number, page numbers of article.

Karkou, V. (1999) Who? Where? What? A brief description of DMT: Results from a nationwide study in arts therapies, e-motion, ADMT UK Quarterly, XI, (2), 5-10.

Please carefully edit your work before submitting it, i.e. check spelling and grammar thoroughly.

Send material via e-mail as an attachment to: emotion@admt.org.uk e-mail us for SUBSCRIPTION to the journal, ADVERTISING and LISTINGS. Please note that receipt of contributions will not be acknowledged unless requested.

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The *e - motion* ADMT U.K. Quarterly will publish listings in the columns provided as a free service to our members. Council reserves the right to limit listings to those which will be of interest to ADMT members. These listings may include the name of the event / service, the leader, the dates, the location, a brief description (one sentence) and contact information.

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