

# *e-motion*



**Association for Dance Movement Psychotherapy (ADMP) U.K.**

**Quarterly**

**Winter 2015**

Vol. XXV No. 3

ISSN 1460-1281



## Contents

## Editorial

Editorial	2
He's gone! Geoffery Unkovich	3
The Body as Home Nina Papadopoulos	4
"Shadow Work in DMP" cartoon Sam Bloomfield	7
Finding wellbeing Helen Payne	8
Create:Integrate – Paul Ricketts Diane Parker	10
AGM Report Virginia Thorn	12
Letter to the Editorial Team Davina Holmes	14
Feedback from current students and recent graduates in response to the ADMP UK AGM Tatiana Tognolo & Sarah Williams	15
A special interest group for DMP & Dementia – a proposal Richard Coaten	18
Dates for the Diary	20

This winter edition of *e-motion* coincides with New Year celebrations, when people are traditionally making resolutions and “turning over new leaves.” Some may frame this as setting intentions for the year, or starting as they mean to go on. With this in mind, here is our new (and hopefully improved) *e-motion*, based on the contributions and feedback that we have received over the past few months.

We have the launch of our new regular feature Create:Integrate, showcasing Dance Movement Psychotherapists who are developing new ways of combining extraneous practices alongside Dance Movement Psychotherapy. Our DMPin-Board reflects a broader range of interaction with the DMP community following the AGM. We hope to build on this throughout the coming year, with features looking at the student experience and the work of DMPs in different areas around the country.

We start this issue with another contribution from Geoffrey Unkovich, following requests for a follow-up to his previous article. We have a piece from Nina Papadopoulos on “The Body as Home”, which outlines work with displaced people and refugees, a pertinent focus for our profession in the current climate. We have a reprinted article from an interview with Professor Helen Payne in a mainstream publication, giving us valuable insight into how DMP principles can be more widely communicated and how our profession is perceived by the general public. Finally Richard Coaten, highlighting increased awareness and evidence across multiple disciplines that embodiment is fundamental to working with dementia, puts out a call to create a Special Interest Group of DMP’s who specialise in this area.

Our thanks go once again to all of our contributors and if anyone is looking for a new year’s resolution, why not aim to contribute to *e-motion* yourself. We hope to connect with many more of you at the EGM on Saturday 23<sup>rd</sup> January

The *e-motion* Editorial Team  
Ruth Price, Marcella Purnell,  
Virginia Thorn & Rebecca Wilson



## He's gone!

... and when he's gone...

Stillness

My face feels warm... I exhale... I feel like I am smiling internally.

I feel satisfied that I shared the dance and shared the tender quality of relatedness he brings. He has left some of his gentle flow in the room.

I linger not wanting it to end... I notice my rhythmic movement as I stand facing the door... feet slightly apart with my body gently rocking forward and back. It makes me think of a heart beat or a pulse that has found a slower rhythm.

I wonder... where is my centre... where is my balance? I remember that one of my intentions for this man is to find balance amongst the polarities of life's sensorial and emotional experience.

I turn to face the empty room.... is it empty? The essence of the dance remains and the interaction lingers like all my interactions in this room, in my body. I am aware of the space and all that this space holds in my movement repertoire and somatic experience of my movement relationships. The air almost vibrates with sensations of movement memories. I imagine seeing ripples of movement traces... It feels good to be amongst these ripples of effort; the effort of clients and the effort of me, and the effort of movement qualities that shape the space and our relationships.

I remember where and how we began this movement relationship together and the shared movement journey that has evolved. We have worked in four different spaces. Four spaces that may be symbolic of corners of the room in our relationship! Four spaces that have framed all that we share. Summer, autumn, winter, spring... north, south, east and west. Four spaces that have provided different possibilities and impacts on our movement relationship... the brightness and warmth of summer... the deepening hues of autumnal emotional expression as we allow ourselves to yield to the depth of experience... the difficulties of managing the winds, rain and temperature of deep winter... and an opening to hope and change in spring. Exploring and moving in different directions facing north, south, east and west. Combinations of all of these have shaped our movement path and the movement traces that linger today...

Balance and grounding are themes we have worked with for several years. His gentle undulating rhythm has become more pronounced the more we have discovered our particular dance... our tango. He walks heel to toe now. I remember him walking faster and on the balls of his feet... anxious... eager to be somewhere... or uncertain about being here! Our movement has explored down... down... down... down... with knee bends and supported arm and hand movements that bring us slightly closer to the floor. It brings awareness to a lower centre of gravity... a lower core... in the belly in comparison to a rising in the chest. It has taken several years to come to this place of being grounded... feet flat on the floor... moving at a gentler pace... walking heel to toe... walking side by side.

And when he's gone... I exhale... I am in awe of what we have shared. I am in awe of the trust placed in me by this gentle man. I exhale... shake my shoulders... shake my hands... shake my legs... let the moment go. I move to the floor... lie on my back... feel the support of the ground... I exhale into the floor... I relax my brow and jaw... I lengthen and stretch my arms... my legs. I return to standing... to my own physicality and sensorial being.

I wonder which direction we will travel in next... what will be the hue and colour of our movement relationship... will we continue our circular path and return to our tango... For now... he's gone...

Geoffery Unkovich



## The Body as Home

In this brief article, I outline some key insights about the relevance of the body in relation to working with people who experience a wide variety of different psychological difficulties, from transitional states based on circumstantial adversity to more deeply rooted psychiatric conditions. These insights have developed gradually from my work across a varied spectrum of teaching and training (e.g. to the MA in Refugee Care at the university of Essex and the Tavistock Clinic, and the annual course for UN staff who work in emergencies at the university of Sant'Anna in Pisa), of research in the NHS (with schizophrenia, depression, and somatoform disorder), and of clinical work (in the NHS with refugees).

These insights formed a coherent framework that I found increasingly useful with wide applicability. Here, I am presenting a concise outline of this framework as many colleagues have asked me to share it with them, whilst I am working on a larger publication of these insights.

The central theme of this framework is the conceptualisation of the body as 'home' and the implications that follow from this. At the same time, it also includes practical suggestions exemplifying these characteristics of the body as 'home'; these can be used both in therapeutic settings as well as in teaching and training.

Considering the body as our primary 'home' opens up a number of important considerations as well as enabling helpful therapeutic applications. Renos Papadopoulos, in defining 'home' (2002), identified it as the distinctive form of systemic interactions that combines the intersection of basically three dimensions: time (continuity), space and relationships. Here, it is proposed that the body fits within this understanding of what constitutes 'home'. This comparison is based on the following eight characteristics of the body that convey its 'homeness'. Although these eight characteristics overlap, each one of them conveys a distinct ability, feature, a particular aspect of the 'wisdom' of the body that is important to be identified and understood.

The body offers a unique therapeutic resource especially when individuals find themselves in states of uncertainty, upheaval and change with accompanying feelings of considerable disorientation. All this can result in helplessness, incomprehension, despair and hopelessness that can lead to a wide variety of other negative feelings and symptoms. Even in states when the body has been damaged or when it is not functioning well, once a person shifts his/her focus onto the unique abilities and characteristics of the body and appreciates their significance, substantial therapeutic effects can be activated.

### **1. Constancy, stability, continuity:**

The body has the remarkable ability to sustain a clear and felt sense of constancy and stability that can offer an explicit sense of continuity. Once a person focuses on this direct experience of the sense of continuity, many ill effects that result from being exposed to adversity can be counteracted. Even if there is damage or dysfunction in some areas of the body, always one can find vital functions that still continue to operate fairly normally. When one focuses on this range of functioning, one can experience directly a sense of constancy, stability and continuity not only of one's body but of oneself, as a person. These functions include breathing, heartbeat, movement, digestion, body temperature, bladder functions, regulation of muscle strength, etc. The importance of the constancy of these vital functions (a) may not be immediately obvious to the affected person and (b) even if it is, it is not likely to be appreciated in terms of its full significance and its implications.

Simple exercises, within the context of appropriate therapeutic intervention, can enable one to both notice and experience the importance of constancy of these functions in a way that can restore a sense of dependability and solidity in the whole person. These exercises can include sitting with a straight spine and engaging in deep breathing, listening and feeling the pulse, engaging in a



mental body scan confirming one's corporeality, consciously controlling simple movements like stretching, bending, rotating, etc.

## **2. Adaptational change:**

This refers to the ability (and 'wisdom') of the body to be able to maintain equilibrium whenever there are changes that can be threatening to the organism (to the body and/or to the person).

Focusing in a specific way on body actions allows one to notice how the body is constantly adapting to changing situations in order to maintain stability and constancy. In addition to noticing and experiencing functions of the body (as in point 1), attention here is on the adaptational changes that some vital functions activate in order to re-instate equilibrium and an overall homeostatic balance that ensures survival and wellbeing.

Simple exercises can enable one to experience this unique ability of the body, e.g. balancing on one foot (when the body attempts to remain vertical, maintain its balance and not fall over), specific types of breathing (when it speeds up in response to body exertion), feeling one's pulse after exertion (when the heart rate speeds up and becomes faster in order to restore the oxygen supply to the muscles) and vice versa when the oxygen levels are restored, the heart rate slows down and the breathing calms).

## **3. Transformational change:**

This refers to the ability ('wisdom') of the body to introduce changes in a rapid way that can then enable one to experience transformational change in oneself.

The body not only maintains stability. Its remarkable versatility also enables it to be the vehicle of important changes not only at the level of bodily experience but also in the wider psycho-somatic dimensions of the person.

This is evident when, for example a person is overwhelmed by states of hopelessness, listlessness, disorientation, frozenness, stuckness, fearful and painful feelings, etc and if, then, one engages in specific body activities (e.g. aerobic, tension-release and or relaxation exercises), these can transform the mood of the person. Under one's conscious direction and control, the body can offer rapid and positive experiences of change which can give one a sense of purpose and agency that can be generalised to wider spheres of one's being.

Simple exercises can offer a very straight forward way to experience almost instantaneously changes in breathing, pulse, tension and relaxation in the body that then lead to the experience of changes in mood. In fact, any conscious activation of the body, e.g. stretching, bending jumping, relaxation, making shapes etc., (this always needs to be accompanied by a conscious awareness of it!) can enable a transformational experience. What is remarkable about this ability is that, with practice, such transformational changes can be effected fairly quickly.

## **4. 'Body language': body expressing psychological states and vice versa**

This refers to the interchangeability between the experiences of the body and of the psyche. The body posture, gestures, gait and expressions of face often are a very good representation of the mood and affect of the person, i.e. the body expresses the emotional state in a very direct and concrete way; similarly, the emotional state of the person affects body postures and gestures but also wider expressions of the body, e.g. contracting or expanding personal space, using forceful gestures, having reduced energy and listlessness in the body. It is obvious that it is very difficult to feel elated and happy if one's gait and posture is sunken; and, conversely, it is almost impossible to feel very depressed if there is an active energy and lift in the body that keeps the torso open and the chin raised. The effects of body movement on mood are also well documented in that movement can influence the release of certain hormones that raise mood.

Simple exercises that introduce such energetic body states (always in the context of appropriate therapeutic interaction that enables one to focus on these body experiences) can produce dramatic



changes in the person. What is very important is to realise that a person can learn easily not only this interchangeability of the body and moods but, mainly, how to use it effectively, thus increasing one's sense of self agency and control.

#### **5. Differentiation awareness:**

This refers to an added dimension of the previous characteristic. Not only do the body and the psyche affect each other in direct and tangible ways but through the body one may become aware of finer and more differentiated states of the psyche, e.g. moods and feelings. The diversity of moods that are necessary to healthy functioning can readily be elicited through body postures, sculpts, gait and gesture. Persons in states of deep distress often are so overwhelmed that they cannot differentiate between various psychological states, resulting in feeling a generalised sense of unwellness. It is here that through the body one can enable the experience of various shades and nuances of body and psychological states. For example, through creating body sculpts one can become aware of sadness, happiness, frustration, boredom, anger, irritation, rage, to mention but a few. The lack of differentiation is a particularly negative tendency and it is often evident in states of unwellness.

#### **6. Activating differentiation**

Following on from 5, body movement exercises with the use of props can encourage the expression of a wider range of emotions from sadness and fear to anger and joy; in this way, emotions are brought into consciousness and identified rather than remaining in an unconscious state. Once they become conscious, there is more possibility of being able to reflect on them, work with them and ultimately change them.

Props that can be used for this purpose are different types of balls (size, texture, hardness, bouncing ability, etc), parachute, buddy-band, balloons, bean bags, coloured and stretch cloths, etc.

#### **7. The body as a positive source of strength to counteract negative experiences**

This refers to the unique characteristic of the body that can enable persons who are overwhelmed by negative experiences and feelings to have positive experiences through their bodies.

For example, persons who constantly experience psychological and physical pain, shame, humiliation, abuse, etc, through appropriate movement experiences which they enjoy, realise that these negative experiences are only one aspect of themselves, and that it is also possible for them to have positive feelings and even experience pleasure. These positive experiences can be quite easily activated e.g. using a ball to massage parts of the body, throwing, kicking, bouncing, catching a ball, batting balloons individually or with others etc.

#### **8. Quality of playfulness through physical experiences:**

This refers to the specific ability of the body to engage in various forms of playfulness that can have a considerable and enriching effect on the person. Usually, under the pressures of their negative experiences, persons can forget that they are capable of playfulness and whenever this dimension of their humanness is activated they can be pleasantly surprised that they are still capable of such nourishing experiences. Playful activities such as rhythmic movement to music, stamping, clapping, mirroring in pairs, creative dance and even more structured dancing, can assist in widening the persons' concept of themselves, i.e. that they do not only experience themselves as overwhelmed by difficulties, but also that they can re-connect with enjoyable aspects of themselves.

The above eight characteristics represent a tangible framework that enables us to understand the 'body as home'. Home is characterised by the three dimensions of time, space and relationships which means that it provides continuity over time within the context of a certain space that enables relationships that create a sense of familiarity, intimacy, continuity and homeness. All these are facilitated and experienced primarily through the body: we experience the space around us through



the body as well as experiencing the spatial dimensions of the body itself; relationships are experienced through the body and we also develop an ongoing relationship with our own body; the embodied experience of continuity of our very existence is primary to our sense of identity.

These eight distinct characteristics of the body, taken together as a whole, form a conceptual framework that can be applied in therapeutic contexts in working with a wide range of persons who experience various forms of dislocation from home in all its connotations that includes spatial, cultural, historical, spiritual, psychological etc.

Therefore, I have found this framework most useful in working not only with refugees (who have lost their actual physical and geographical homes) and persons who were tortured (whose body-home was violated) but also with persons suffering from psychiatric conditions, who no longer feel safe and settled in their bodies and have lost their sense of 'homeness'.

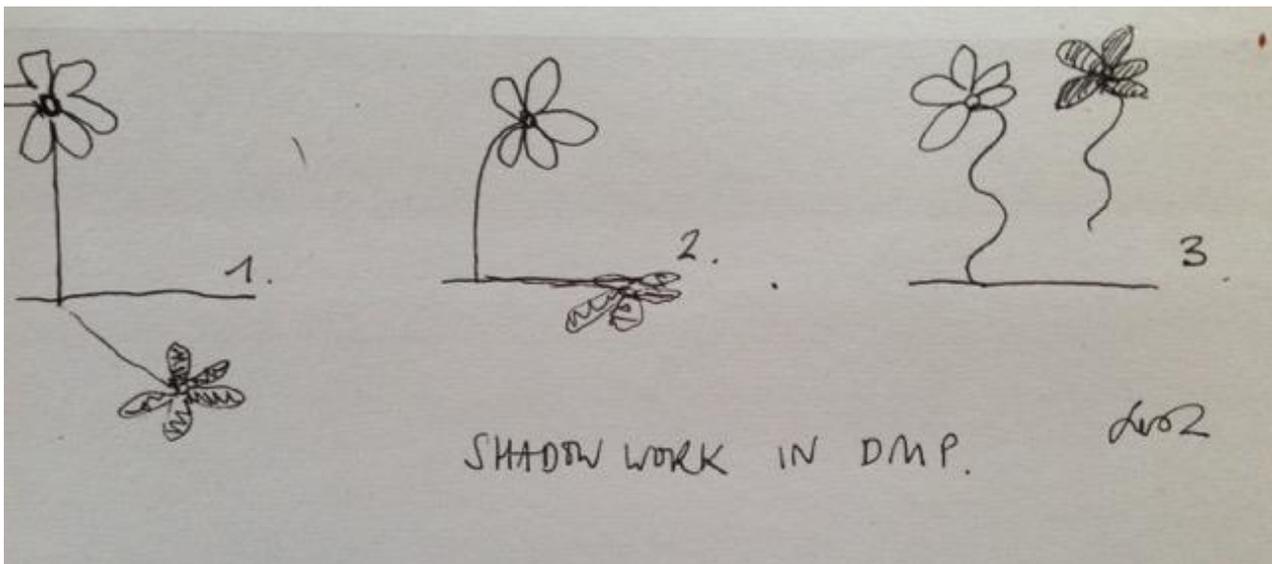
Nina Papadopoulos  
Senior Dance Movement Psychotherapist  
Psychologist and Clinical Supervisor  
Chair of Ethics Committee ADMP UK  
ninadmt@yahoo.com or Nina.Papadopoulos@elft.nhs.uk

**Reference:**

Papadopoulos, R.K. (2002) Refugees, home and trauma. In Therapeutic Care for Refugees. No Place Like Home, edited by R. K. Papadopoulos. London: Karnac. Tavistock Clinic Series.

---

**Shadow Work in DMP**



Sam Bloomfield  
MA Dance Movement Psychotherapy Student  
Dance Voice, Bristol



Article originally published in *Pain Matters*, the magazine of Pain Concern. For a FREE trial subscription to the digital edition of *Pain Matters* send an email with your first name and surname and 'BodyMind' as the subject to [subs@painconcern.org.uk](mailto:subs@painconcern.org.uk)

## Finding wellbeing

**Without a clear diagnosis or effective treatments painful symptoms often leave people with nowhere to go for help Tom Green finds out about an approach that uses mindful movement, creativity and the arts as the foundations for learning coping strategies.**

Anna had already experienced symptoms of severe tiredness and achiness for several years before personal issues and anxiety combined with her health problems to bring things to a head. She was forced to take time out from studying and was told by her GP that she had chronic fatigue syndrome.

Health problems that are difficult to account for through medical tests and diagnoses – often referred to as 'medically unexplained symptoms' (MUS) – are difficult to deal with for the people experiencing them and for healthcare professionals. When people report to their doctor with common symptoms such as persistent back pain, headaches, chest pain or chronic fatigue it is often not possible to point to an obvious underlying cause, which in turn makes effective treatments hard to come by.

Having had had no success so far in getting relief from her symptoms, Anna heard about a programme for people with unexplained physical symptoms and referred herself feeling she 'had nothing to lose'. This was despite her misgivings that it 'wouldn't really do anything' and that sharing experiences with others could be 'depressing'.

## Changing perspective

The BodyMind Approach (TBMA) is a programme designed specifically for people with chronic pain or other conditions which doctors find it difficult to diagnose and treat. Professor Helen Payne of the University of Hertfordshire developed the programme in response to what she saw as a lack of options for patients and for GPs when treating those with hard-to-explain bodily symptoms 'who did not wish to go through the mental health service door'.

Payne had already carried out pilot studies which suggested that encouraging people to adopt a different perspective on their symptoms and their bodies more generally could help them to cope better with their condition. In this sense, the aim of TBMA is similar to that of a more traditional pain management programme – not to get rid of pain, but to help people whose condition has not responded to medical treatment to lessen its impact on their life.

GPs in parts of Hertfordshire have been sending patients to TBMA workshops since March 2012 and the research so far suggests participants are benefitting from increased activity and wellbeing levels as well as decreased symptom distress, anxiety and depression. This increase in wellbeing is also suggested by data showing fewer GP visits, less medication and fewer hospital visits/admissions. Payne is working to expand the service to other parts of the country as, she says, 'local commissioning has so evidently failed patients' by often offering treatments to people in pain directed 'solely at mental health'.

## Feeling good

Participants are guided in learning to 'listen to their bodily symptoms', thereby finding 'their own ways of modifying the effects on their life and distress', Payne explains. Through safe, gentle exercises people build up activity levels and are encouraged to experiment creatively with movement – an approach Payne describes as 'dancing with the symptom'.



On her course Anna found the movement exercises, relaxation practices (such as visualisation/imagination and breathing) and use of the arts particularly enjoyable. The key step forward, she says, was 'realising what activities make you feel good and bringing more of them into your routine'. In this way the course was a 'catalyst to try new things' – for instance, yoga or tai chi – and then make the activities each participant found most powerful a part of everyday life. Anna has started going to yoga classes and now practices regularly in the mornings.

Although there was no expectation of a cure for her symptoms, Anna says learning how the body and mind interact has allowed her to break out of a cycle where her symptoms made her stressed and her stress worsened her symptoms. As a result she feels she has become stronger in body and mind, more energetic and generally better at looking after herself. In September she will go back to university part-time to complete her studies.

Beyond these benefits deriving directly from the content of the course, Anna explains that she and the other participants provided a lot of mutual support: 'the main thing was connecting with other people who understood what I was going through. We still meet now and we learn a lot from each other'.

**To find out more about The BodyMind Approach workshops visit [www.pathways2wellbeing.com](http://www.pathways2wellbeing.com) or email [info@pathways2wellbeing.com](mailto:info@pathways2wellbeing.com).**

Interviewee's name changed to preserve her anonymity

### **BodyMind taster**

**Professor Payne suggests trying a simple breathing exercise first thing in the morning to get a sense of how to work with the connections between body and mind:**

On your back or sitting in a chair close your eyes and simply notice the breath being taken in and pushed out. Notice any thoughts or other distractions which come into your awareness. Then go back to the breathing. Repeat each morning. Notice how deeply you begin to breathe after a few days. How your abdomen rises up and down to each breath.

Professor Helen Payne





We would like to introduce this article as one of the new regular features that we are trialling following feedback on desired e-motion content post-Agm. We hope you enjoy the first of the 'Create:Integrate' series by Diane Parker

### **Create:Integrate – Paul Ricketts**

As a recently qualified dance therapist with an established coaching and facilitation practice, it occurs to me that many of us entering the profession today are having to find ever more creative ways of making a living – and a life – from our work. We come from a diversity of backgrounds in dance, performance, teaching, psychology and social work, etc. and many of us are supplementing our income with other work, including that which we were paid to do before we trained and qualified as dance movement psychotherapists (DMPs).

Some of us are also in the process of creating a hybrid offering that utilises our dance therapy training and I explored this phenomenon of 'working at the border' in my article for the Spring 2015 issue of e-motion (Landscapes and Borders) with my personal reflection on integrated practice, in which for my first role as a qualified DMP practitioner, I was commissioned to lead improvisation and movement workshops in a community mental health setting.

Since writing that piece, I wanted to discover the myriad ways other DMP practitioners – both established and new to the profession – are creating a living and a life through integrated practices. Surely I couldn't be the only one? This series is the result of my ongoing explorations.

In this first article of the series, I interview **Paul Ricketts**, dance movement psychotherapist, psychotherapeutic counsellor and lecturer at Derby University.

#### **1. What did you do before training as a DMP? What brought you to the profession?**

I was an amateur competitor in Latin American and classical ballroom dance and I have over thirty years' experience as a teacher of groups, couples and individuals – and professionals – for their teaching exams. I was also a lecturer in media studies in further education and I completed my training in humanistic counselling in 2003. This was underpinned by my PhD study in dance and cultural studies.

Around this time I had begun wondering how my previous dance experience might be used therapeutically, only to discover dance movement therapy (as it was known then). I was intrigued and knew intuitively this was something I wanted to explore. There were only two trainings offered at the time – one at Roehampton and the other at Goldsmiths University, and I decided to train at the former. I was unemployed when I started my training and I had to place my trust in the universe that I was on the right path and would get paid work.

#### **2. How would you say you are currently integrating DMP with the rest of your work/life? What does a 'typical day' look like for you?**

To cut a long story short, I'm now on the ADMP private practice register and I have a private practice in DMP and as a psychotherapeutic counsellor. I also offer low cost supervision to students and newly qualified practitioners. I'm also very fortunate to be involved in training of postgraduate students in DMP and also undergraduate students in creative expressive therapies at Derby University. So, after ten years of working in the NHS, partly as a psychotherapeutic counsellor, I'm very happy in my life doing things I absolutely love doing.

I have a wide range of experience with a range of clients both in DMP and talking therapy, and offer couples counselling using DMP. I'm also currently developing CPD workshops and therapy groups for men in Coventry.

In terms of a typical day, I don't think I have one as every day is different, whether it's teaching, supervising or working therapeutically with clients.



### **3. How do you manage to maintain the integrity of DMP within the context of your other work (therapeutic boundaries, CPD/training, safe and professional practice, etc.)? What challenges do you currently experience in your work?**

I no longer have other work other than a talking therapies practice, but a large part of my DMP practice now involves different elements such as teaching, supervising, private practice, developing CPD workshops and a wide range of research interests.

As I'm in private practice in both areas it is always a challenge to get new clients as is the case for so many counsellors and therapists in a small city like Coventry, where I'm based. It is hard work developing and maintaining a private practice, and all the networking and connecting and marketing that is part and parcel of that.

### **4. What would you say is the best thing for you about creating an integrated practice?**

I feel that my practices in both DMP and the talking therapies inform one another. Combined with my further training in Gestalt psychotherapy and developmental and somatic psychotherapy since my DMP training, in my talking therapies I'm always interested in my clients' presentations in terms of body process, movement, posture, gesture etc.

In my DMP practice, this is enhanced by my training and practice as a psychotherapeutic counsellor. At the same time, I still teach private lessons in ballroom dancing. All my trainings, experience and extensive annual CPD are continually being synthesised and this provides an integrated practice that I feel has depth and breadth.

### **5. What is your vision for the future - for yourself and/or the profession? How would you like your life and career to look in 5 years' time?**

It appears that student numbers are increasing across all the existing DMP trainings and I feel this bodes well for the future of our profession. I just wish to be happy in what I'm doing as I love it and it has turned my life around from a very low place indeed. I would like to see our profession grow and for we as practitioners to be more confident in who we are and what we do in using our art form to promote healing and growth in our clients. We are psychotherapists!

It is fantastic that so many of our colleagues and students are currently finding creative and innovative ways of educating the medical profession and its commissioners in the efficacy of our work. In spite of my wide ranging experience, I still don't consider that I know everything and I'm always learning. For the future, I would be very happy to continue being part of and contributing to the profession in the best way I can. In that regard I'm currently chair of the Education and Training Committee (ETC), supporting the important work of each DMP training in the UK.

**Paul V Ricketts** is a private practice registered dance movement psychotherapist and a psychotherapeutic counsellor.

Tel: 07941 338968

Web: [www.quietmindz.co.uk](http://www.quietmindz.co.uk)

**Diane Parker** is a writer, editor, dance movement psychotherapist and creative life coach and group facilitator. She currently works in adult community mental health, with young people in prisons and in private practice.

Email: [creativecoach@hotmail.com](mailto:creativecoach@hotmail.com)

If you consider yourself an integrated practitioner and would like to be featured in the next issue, please email the e-motion editorial team at [e-motion@admp.org.uk](mailto:e-motion@admp.org.uk) or contact Diane directly at [creativecoach@hotmail.com](mailto:creativecoach@hotmail.com)



# DMPinBoard

Please send any updates or news articles to be featured on the DMPin-Board to:  
e-motion@admp.org.uk

---

## *e-motion* AGM Report

It feels particularly important to share a reflection from the Association for Dance Movement Psychotherapy (ADMP) Annual General Meeting (AGM) 2015 with the news that after much hard and persistent work by the UKCP Working Party (Aleka Loutsis, Jackie Butler and Sissy Lykou) we have been accepted as an Organisational Member to the UK Council for Psychotherapy (UKCP).

The feeling in the small, packed room when the news was announced was one of jubilation. Sissy Lykou and Aleka Loutsis at the forefront of this achievement were present to share information and their reflections on their journey. They paid credit to the foundations laid by Penny Best and the previous team and stated it had been a challenging process. Before sharing practical details on pathways to registration, they were keen to state that although there were requirements for DMP's wishing to secure UKCP accreditation, for example further training at MA level, previous to their long negotiations the volume of extra requirements had been far greater.

We offer gratitude on behalf of the membership for the time, energy and skill with which Aleka, Sissy and the UKCP Working Party past and present, have represented our profession and advocated for DMP to the UKCP board. Educating them to the rigours of our trainings and practice and communicating the value and substance of DMP as of equal weight to the mainstream verbal psychotherapies that make up a majority of UKCP.

Discussions at the AGM began with a sense of confusion and tension. Communications came to loggerheads as we struggled to conclude decisions and traversed the legal side of the AGM. It was at this time we received the unsettling news that Katy Dymoke had been asked to stand down as chair. As this matter has not yet been fully resolved, no more details have been released. The membership was asked to elect a new chair for which Jeanette MacDonald was the only standing candidate. However as she was not present at the meeting and had not provided any material by way of introduction, the membership felt unable to make a decision. So this vote has been rescheduled to take place at an Emergency General Meeting (EGM) on the 23rd of January. There are also two other council roles to elect at this meeting. We are pleased to announce however, that voting was successfully passed to elect Marina Rova, Sissy Lykou and Jackie Edwards to council. We welcome them and offer our congratulations.

A cause of some debate was the proposed introduction of a £5 increase in membership fees for full and associate members. The reason given was that the association is currently eating into its emergency funds to keep afloat. It was suggested that higher earners within the profession could subsidise those starting out, or that there could be some other way of providing a sliding scale for trainee and graduate fees. Members were unable to come to a conclusive decision on this matter and therefore the vote has been postponed until the EGM. During this discussion it transpired that we do not currently have a treasurer appointed. It was serendipitous and representative of the breadth and richness of the ADMP UK membership that a DMP stepped forward to offer her services who's previous profession had been accounting.

Richard Coaten gave a report from the European Association for Dance Movement Therapy (EADMT) communicating that councils in Europe want more contact with the membership in this country as well as university course convenors and that this could open up valuable opportunities to create work abroad.



He highlighted that there are now 18 DMP Associations throughout Europe and one being setup in Canada. As relationships with the neighbouring American Association for Dance Movement Therapy are proving difficult, Canada is looking to connect with Europe. Links are also being made with China.

Richard recommended attending the EADMT conference which next year will take place in Milan on the 8th and 9th of September. A film is being made of the last conference to show the work that is growing within Europe and the potential for connections within the union and beyond.

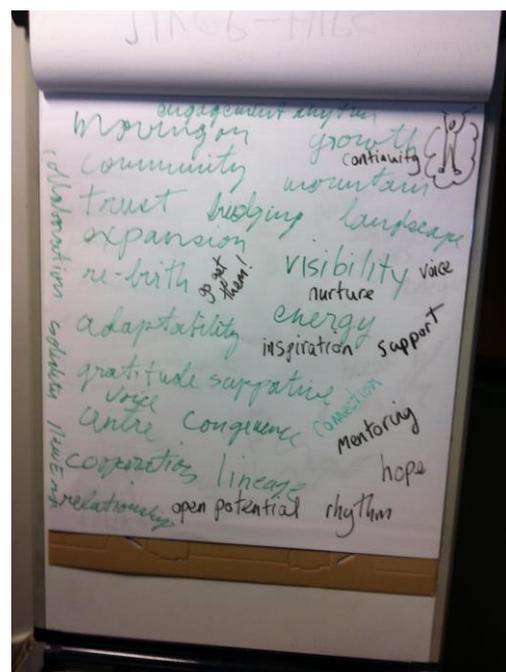
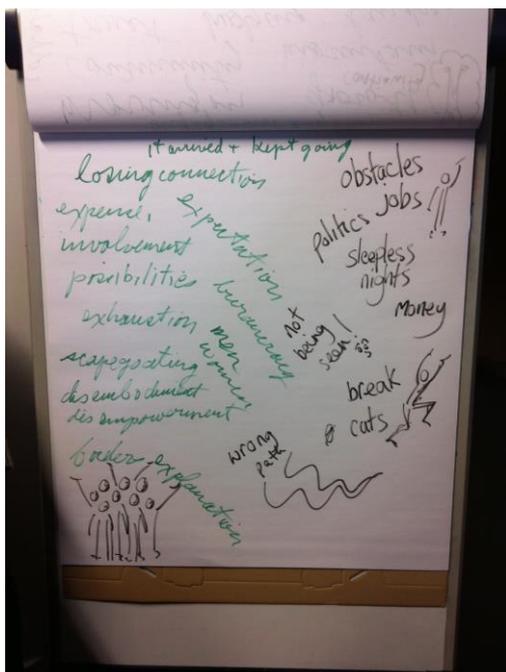
Kedzie Penfield gave a report from the Continued Professional Development (CPD) Committee. It was requested that information on what constitutes CPD officially recognised by the association be updated on the ADMP UK website. There was also a suggestion in light of UKCP registration requirements that a CPD summer school could be held by Universities.

Linsey Clark in her report from the Education and Training Committee announced that the DMP MA courses at Roehampton and Goldsmiths University had successfully achieved re-accreditation for their programs. Courses are subject to a re-evaluation once every five years and among areas looked at are the rigours of the training and codes of ethics. Warm congratulations were offered to Course Convenors Beatrice Allegranti and Caroline Frizell.

At the close of the AGM once celebrations for the achievement of UKCP registration had settled, the feelings left in the room were mixed. The day ended with a movement exploration and small group sharing in which members reflected on the news. There was excitement about new job possibilities and positivity about the evolution of the association, as well as concerns about extra costs for UKCP involvement and questions about how to preserve the fidelity of the DMP profession in association with such a large entity. To close, members shared words to describe their feelings as shown in the pictures below.

As always it was inspiring and energising to connect with others in the profession on mass. The larger numbers present at this AGM stimulated rich and important discussions. I hope to see this level of commitment and support carry forwards to the upcoming EGM in January.

Virginia Thorn





Following the AGM we at *e-motion* are delighted that ADMP UK members have contacted us to offer invaluable feedback. We wanted to share some reflections and a personal response to the last *e-motion* edition by Davina Holmes, in the hope this may inspire other readers to offer their responses too.

'To the *e-motion* Editorial Team:

Thank you for your ongoing work and commitment to producing *e-motion*. It was great to hear your voice at the AGM even for a brief moment. Being present at the AGM highlighted for me all the work which is being done by your team, the council, and the specific working parties to advocate for DMP on our behalf. I also want to thank all those who have contributed to *e-motion*, who have inspired and challenged me in my practice, and who have reflected on their work and invited the DMP community to witness it through words.

Following my reading of the last two *e-motions*, I have been moved to respond and yet haven't taken the time to do it. This time I really heard the plea of the *e-motion* team to open dialogue about what members want from the publication and following my attendance at the AGM I was inspired to act rather than sit back and let others do the work. So I have decided to share some of my witnessing of the words I read.

I loved the piece by Geoffery; I felt privileged to be invited into the therapy space with his client. For me, the circular narrative dance spoke of connection, vulnerability and hope. I was curious about how many times they had met; the pivotal moments when the client had first let him in; how the dance has evolved. I am just sorry I hadn't read the article before I saw Geoffery in person so I could thank him and share this with him.

I really enjoyed the interview with Thania. Again, I felt privileged to listen as she reflected on her DMP journey and to wonder about my elevator description of DMP which I am continually challenged to change and adapt, according to whom I am talking with. Of course I was then delighted when your team suggested the very same thing for the next *e-motion*.

Even though I never met her, I was moved and humbled to hear about the posthumous award for Cin-Yueh Hsu. What an incredible commitment to continue training as a therapist whilst living with cancer. I wondered if the photo of the woman leaping on the jetty was of her?

I was intrigued by the public performance platform for DMP and admire the therapists' risk-taking at allowing their work to be seen, reflected on and discussed. I was impressed with Kimberley Pena's honesty in sharing several responses to the event and her insight into a familiar pattern of continually needing to justify the DMP process.

Barbara Collins also inspired me with her depth of personal sharing as she explored her experiences from the Catholic Church. I carry this story too so it moved me to reflect on my own experiences, the impact of these on my life and to consider what I am still holding on to from early experiences as a Catholic.

Finally, I really liked the diary with all the dates you outlined for the year – it is really easy to follow and good for printing out and being able to refer to.

Thank you to all of you for your generosity, your openness and your honesty, and for inspiring me to respond.'

Davina Holmes



Also following the recent AGM, Tatiana Tognolo, a recent graduate of the Goldsmiths DMP programme, and Sarah Williams, a recent graduate of the Roehampton programme, took the opportunity to gather feedback from a group of ten ADMP UK members made up of current students and recent graduates, many of whom were attending an ADMP UK event for the first time.

We are very happy to be able to offer this space for reflection and the offering of suggestions that may improve future events.

### **Feedback from current students and recent graduates in response to the ADMP UK AGM on October 17<sup>th</sup> 2015**

#### **Feelings: Visibility / space**

Nearly all of the feedback and suggestions we received reflected a concern regarding a 'lack of visibility', on two levels. Firstly, the lack of visibility of Dance Movement Psychotherapy (DMP) as a practice and Dance Movement Psychotherapists (DMP's) as practitioners within communities and bodies such as the NHS, mental health services, family, adolescent or elderly support services: anywhere where we might expect to seek or find work, and also within the wider community. Several of the 'suggestions' given below reflect a range of tangible and creative ways in which our respondents have suggested trying to raise the profile and visibility of DMP and DMP's.

Secondly, there was the 'lack of visibility' in the AGM room on October 17<sup>th</sup>. The room was too small for the number of participants, who could not all see each other or be seen, impeding the flow of communication. Some of the speakers were not introduced or did not introduce themselves: our respondents felt that there was an assumption that everyone knew who everyone else was, (despite that fact that this is probably the only time when DMP's do come together as a body and for many this was their first time at an AGM), and as a result, some people felt excluded. The AGM seemed to run at speed: it went very fast, it was difficult at times to take in, process and absorb all the information, and it was felt that time and space were not available to respond. As a result, some people felt very 'invisible'. **As practitioners, we would never start a session with new clients without introducing ourselves first and explaining what they might expect. We would allow our clients to be seen, and to have space to process and express themselves.**

#### **Suggestions:**

1. Perhaps future AGM's / EGM's could use Eventbrite (which issues 'virtual tickets', even if these are free) as a way of registering intended attendance, so that the number of members attending could be anticipated and accommodated.
2. Perhaps we could adopt some of our own professional practice into such meetings, possibly sitting in a circle so that all can see and be seen, and introducing ourselves before we speak.

#### **'Boundary bending'**

Linked to the above point, we would like to name the peculiar situation that arises in the context of an AGM, for which we have called 'boundary bending'. This applies particularly to students but similarly also to tutors and possibly all members to some extent. Our rigorous DMP training teaches us of the ethical professional behaviour around maintaining clear boundaries and confidentiality. When we come together as a body, we are united by our commonality as DMP's, either in-training or qualified. However, as many of us wear many 'hats', we are also students, tutors, clinical supervisors, academic supervisors, therapists and clients of each other.

It can be a challenging experience, particularly for students still in training, to find themselves in a very different setting, where they may find themselves on an equal footing with their tutors and other professionals involved in their assessment. Similarly any of us must be mindful that our clients, therapists or supervisors may be present, or that we may find ourselves in conversation



with the therapist, supervisor or tutor of one of our peers, friends or colleagues. Members who also teach on university training programmes similarly find themselves in a very different context with their tutees. Senior members may have come to accept and manage this strange shift of circumstances but it is a very bewildering situation for students and recent graduates attending an AGM for the first time.

#### Suggestions:

1. Perhaps we could name this at future AGM's, to acknowledge its presence and make it visible?
2. Perhaps it might support some of the newer members or members attending for the first time, to move with this 'imbalance' this 'hat shifting', this 'boundary bending'?
3. As an alternative, perhaps the suggestion in point 2 could be developed into a workshop offered as CPD / training? A later point in this document suggests that we return to the format of having an AGM in the morning, followed by CPD workshops in the afternoon. Would it be possible to combine these two ideas perhaps?

#### **Questions: Perhaps these could be forwarded to the relevant committees or individuals working on these different areas?**

##### **A: Arising specifically with regard to UKCP accreditation**

1. Re: Personal therapy requirement. If one is in personal therapy for more than the minimum 40h/year, is it possible to apply for registration earlier (i.e. if the required CPD points are also reached earlier)?
2. Re: the need for an additional 67 hours of 'Masters level' training. How is such training validated? For example, with whom does one check / how does one know which courses will be accepted as 'Masters level' training? Does it have to be a course delivered by a university?
3. Re: the CPD stipulation of 'a minimum 25 hours annually and 250 hours over a 5 year period'. If one invests the money and engages in a lot of additional CPD, is it theoretically possible to complete the requirements and apply for UKCP registration in under 5 years?
4. Re: the post qualifying pathway, section 1a or 1b on additional training or accredited supervision: Is the requirement for 25 hours CPD IN ADDITION to the requirement in 1a or 1b for an additional 67 hours training or 90 hours supervision training? And if one managed somehow to complete this all in less than 5 years would it be possible to apply for UKCP registration earlier?

##### **B: Relating to university enrolment:**

1. Some members have wondered why there is an (increasing?) number of students being enrolled onto DMP MA training courses where there seem to be so few placement opportunities for experiential training. Respondents suggested it has proved very difficult for some students to complete the 675 hours of clinical placement.
2. Would it be possible for the Education & Training Committee to look at ways of encouraging more practising DMP's to take on students in placement where possible? Perhaps if all practising RDMP's were able to support those still in training this could help to increase the numbers of students qualifying? With more students qualifying and in practice, this could help increase the visibility of the profession for us all.

##### **C: Relating to proposed increase of fees**

1. Would it be possible to have a breakdown of the proposed expenditure of the proposed increase in membership fees? Respondents felt that members might be willing to vote in favour if it was made clear what the proposed increase was intended for, for example, if the additional cost contributed to improving branding and marketing.



**Suggestions: Perhaps these could be forwarded to the relevant committees or individuals working on these different areas?**

1. Swifter circulation and distribution of minutes of meetings and AGMs. Would it be possible to have the minutes of the AGM or perhaps a list of the headline events / decisions taken, or matters arising from the AGM to be documented and circulated shortly after the AGM has taken place? Many members cannot attend and seem to have no other way of knowing about what has happened at the AGM until the minutes are distributed for agreement at the AGM the following year.
2. Make lists of all Council and Committee members available to all ADMP members (perhaps on the website?) This could both make the work of Council and Committees more visible, and also make processes more transparent to the membership. From discussions, subsequent to the AGM, with various members, it became apparent that some students and recent graduates are unclear about the workings of the Council and Committees, beyond the annual reports at AGM. It has been suggested that improved understanding might support greater interest and participation.
3. AGM used to have a conference or CPD event attached to it, making a full day of activities. Those students in particular who travelled a long distance to come to London to attend the AGM for the morning, felt it would be much more worthwhile to come for the day and attend a CPD event in the afternoon. There was a CPD afternoon at the 2013 AGM, but not after the 2014 or 2015 AGM, could these be reinstated perhaps?
4. Skills pool: At the AGM we discovered an accountant and someone with advertising experience, both invaluable. Who knows what other talents may be put to good use? Many members wear many hats and have had other careers or continue to work part-time in other fields. Perhaps a list of what tasks the ADMP needs support with could be published, as there may be members with suitable skills who could volunteer to assist?
5. For example, we would like to suggest a **PR body**: to use the contacts and skill-sets among the membership to devise and produce documentaries and write articles in the mainstream press. We would also like to suggest a / some **spokesperson(s)** who can be available to comment on behalf of ADMP to national news stories in the media, relating to mental health / NHS funding / attitudes towards the use and abuse of psychotherapy... anything that professional DMP's might be involved in. Some respondents also suggested that delivering workshops, presentations, or seminars e.g. during national awareness raising weeks, such as autism awareness week or mental health week would help promote the visibility of DMP. (Is it possible that EADMT is already doing this?).
6. **A group of volunteers to liaise with EADMT.** Some respondents expressed a wish to get more involved with developing links with the EADMT. There are evidently ADMP members of many different nationalities, on October 17<sup>th</sup> we are aware of members from France, Finland, Italy and Greece from within the EU as well as Switzerland, the USA and Japan present at the AGM. One respondent fed back that there was a moment during the AGM when the assumption was that everyone in the room was from UK but someone reacted. Perhaps we also need to be mindful that Britain is also, for the time being at least, still also a member of the EU). Some respondents are interested in attending the EADMT conference in Italy in 2016 – could a group of volunteers help co-ordinate and organise those who would like to attend so that they might make travel and accommodation arrangements together for example?
7. Mentoring: This idea was already mooted by Dr. Richard Coaten at the conference, to develop a mentoring system between more experienced DMP's and those just emerging into the profession, which can be mutually beneficial to both parties.

Sarah Williams and Tatiana Tognolo



## **A special interest group for DMP & dementia – a proposal to membership**

Attending to the language of 'lived-body' experience goes beyond the bio-medical paradigm with its keen focus on pathology. It can be defined outwith this paradigm, as the bodily felt experience of being fully awake in the present moment. Therefore, to become fully awake as 'human-beings' we must be fully embodied. Embodiment is currently a hot-topic in the Cognitive Neurosciences, in the Social Sciences, in Philosophy, in Critical Gerontology and in relation to dementia care and treatment in particular. In 2013 a specialist dementia journal edition was wholly devoted to the subject, and as argued by one of the leading researchers in dementia in the world right now; a focus on the body and embodiment are, "central to the experience of living with dementia . . . and can enhance quality of life...whether in community or institutional settings" (Downs, 2013, p. 368). Discourse has been wide-ranging concerning hair, clothing, memory, physical-activity, and engagement with others as "primarily an embodied engagement" (Hughes, 2013, p.356); however, much of the discourse for example, has left out the lived-body experience. It has in effect been sadly (although not intentionally!) dis-embodied. Why might this be the case?

Donna Newman-Bluestein from the ADTA and I decided we had to respond to this article and we had our paper by way of response published in the following edition of the journal. Here is what we said, that to us feels central to our work in the field of Dance Movement Psychotherapy & dementia:

"It is of pressing need therefore that the wealth of knowledge, skill and experience currently held within the DMP and dance communities play more of a role in the discussion of embodiment and dementia care". (Coaten & Newman-Bluestein, 2013, p678)

I am putting out a call to membership that if any of you are currently working with older people and those with cognitive/memory problems then now is an ideal time to come together and create a Special Interest Group. What do you think? In over 30 years work in the field I have never seen or experienced more interest in dementia in society than there is now. It is being discussed in the media more and more, it is rising to the top of local authority funding agendas, there are 'Singing for the Brain', groups popping up everywhere on the back of little or no research evidence. It is phenomenal and a very exciting time to be practising. I would like to see more and more of us out there in the field growing our work, talking about it openly in the media, engaging in more research, being properly paid to do it AND feeling that as a body of professionals we are more connected to each other and the support and encouragement we can glean from a SIG.

Also note that the Parkinson's Dance Network have recently been given £85K by the Baring Foundation to grow their work and network and have just appointed a funded co-ordinator post.

So, if you are interested, think it's a good idea and that we could all learn from each other, however experienced, while growing our work and approach as well, then please get in touch with me on:

richardcoaten@hotmail.co.uk

### **Postscript...my current interest/food for thought:**

Provided recent neuro-scientific researches on monkeys can be substantiated, and found in humans, the phylogenetic origins of the movement impulse in the brain are of great importance. Better understanding the functioning of the primary motor cortex has huge implications for DMPs. If the primary motor-cortex generates a broad range of movements by employing underlying 'hidden' rhythms (Cunningham et al., 2012), then by implication rhythmic music and dance may support healing and recovery in many bodily conditions, is of increasing significance. This potential has not only practice-based evidence to support it, since the early days of Dance Therapy (as it was in 1940s), but increasingly by way of the latest neuro-scientific researches.



## References:

Coaten, R, & Newman-Bluestein D (2013) Editorial: ' Embodiment and dementia – Dance movement psychotherapists respond', *Dementia: International Journal of Social Research & Care Practice*, 12, (6), 677-681.

Cunningham et al. (2012) 'Neural population dynamics using reaching', *Nature*, doi:10.1038/nature11129

Downs, M. (2013). Embodiment: The implications for living well with dementia *Dementia: International Journal of Social Research & Care Practice*, 12(3), 368–374.

Hughes, J. C. (2013). 'Y'feel me?' How do we understand the person with dementia? *Dementia: International Journal of Social Research & Care Practice*, 12(3), 348–358.

Dr Richard Coaten  
5th January 2015



Constellations in the Arts Therapies: The Value of Research Part 2  
2nd February 2016

[www.go.herts.ac.uk/Constellations-Part2](http://www.go.herts.ac.uk/Constellations-Part2)

Constellations in the Arts Therapies Part 2 sees the continuation of the collaboration between the University of Hertfordshire, ICAPT and SLAM.

This conference day extends the theme of part 1 which explored the potential relationship between qualitative experience of research and how this can lead to a quantitative approach. Part 2 will focus on the growing imperative relationship between evidenced based research and the arts therapies, particularly on how we make sense of quantitative research from the position of the arts therapist and the patient's experience. Through accessible, lively, creative dialogue the conference aims to ask the question, how do we understand, and work with, the interface between quantitative and qualitative research? Participants will engage in a variety of presentations, discussions and interactive experiences. Live research projects will be explored as well as updates on ongoing research projects first revealed in part 1 on 7th September 2015.

This event takes place at:-

ORTUS Learning and Events Centre Camberwell, 82-96 Grove Lane, London SE5 8SN  
Lunch and refreshments will be included, Age suitability: 18+

Admission: £65 per person via online booking.  
[www.go.herts.ac.uk/Constellations-Part2](http://www.go.herts.ac.uk/Constellations-Part2)

Places are restricted so please book early to avoid disappointment.  
For further information please contact our office on 01707 285327 or email [ad-shortcourses@herts.ac.uk](mailto:ad-shortcourses@herts.ac.uk)



## Dates for the Diary

12 <sup>th</sup> December 2015 – 21 <sup>st</sup> June 2016	Kestenberg Movement Profile Level 1 Certification Training £800 (£500), Edge Hill University <a href="http://store.edgehill.ac.uk/browse/product.asp?compid=1&amp;modid=1&amp;catid=84">http://store.edgehill.ac.uk/browse/product.asp?compid=1&amp;modid=1&amp;catid=84</a>
4 <sup>th</sup> – 21 <sup>st</sup> January 2016	Module 2 – Moving Forth Certificate Programme in Laban Movement Analysis TBC, Edinburgh <a href="http://www.movingforth.org">www.movingforth.org</a>
8 <sup>th</sup> January – 31 <sup>st</sup> July 2016	Movement Matters 2016 (weekly sessions) £12 (£10), Brighton <a href="http://www.ourmovementmatters.com">www.ourmovementmatters.com</a>
15 <sup>th</sup> January 2016 – on-going	Weekly Dance Movement Psychotherapy Group for Women in York £35 (£28) per session, York <a href="http://www.movingmelodies.co.uk">www.movingmelodies.co.uk</a>
18 <sup>th</sup> January 2016	Helping Clients who have Medically Unexplained Symptoms by Professor Helen Payne £135, Girton College Cambridge <a href="http://www.stantonltd.co.uk/section.php?xSec=2">http://www.stantonltd.co.uk/section.php?xSec=2</a>
22 <sup>nd</sup> & 23 <sup>rd</sup> January 2016	The BodyMind Approach® for those with Medically Unexplained Symptoms £328.80, Rushden, Herts <a href="http://www.pathways2wellbeing.com/training.html">http://www.pathways2wellbeing.com/training.html</a>
<b>23<sup>rd</sup> January 2016</b>	<b>Extraordinary General Meeting of ADMP UK</b> <b>Islington, North London</b> <b><a href="http://www.admp.org">www.admp.org</a></b>
28 <sup>th</sup> January 2016	The Gift of the Embodied Shadow: Identifying and Integrating Our Shadow Parts \$50, Online (ADTA Webinar) <a href="http://www.adta.org/ADTA_CE_Webinars">http://www.adta.org/ADTA_CE_Webinars</a>
30 <sup>th</sup> January 2016	Why There is No Body in Group Analysis: Exploring the Role of the Body in Group Work £115, The Institute of Group Analysis, London <a href="http://www.groupanalysis.org/EventsandWorkshops/">http://www.groupanalysis.org/EventsandWorkshops/</a>
2 <sup>nd</sup> February 2016	Constellations in the Arts Therapies: The Value of Research (Part 2) £60, London <a href="mailto:ad-shortcourses@herts.ac.uk">ad-shortcourses@herts.ac.uk</a>
6 <sup>th</sup> & 7 <sup>th</sup> February 2016	Changing Minds: A Festival about Mental Health and the Arts £25 (£15), Southbank Centre, London <a href="http://southbankcentre.co.uk/changingminds">southbankcentre.co.uk/changingminds</a>
20 <sup>th</sup> February 2016	Analytic Perspectives on Time in Therapy £90 (£80/£60), London Art Therapy Centre <a href="http://arttherapycentre.com/cpd-workshops-courses/analytic-perspectives-time-therapy-">http://arttherapycentre.com/cpd-workshops-courses/analytic-perspectives-time-therapy-</a>
20 <sup>th</sup> & 21 <sup>st</sup> February 2016	Action methods for the non psychodramatist £185, London <a href="http://www.londoncentreforpsychodrama.org/events.php?d=20&amp;m=02&amp;y=2016">http://www.londoncentreforpsychodrama.org/events.php?d=20&amp;m=02&amp;y=2016</a>
20 <sup>th</sup> , 21 <sup>st</sup> & 22 <sup>nd</sup> February 2016	Anna Halprin's Movement Ritual £95 (2 days) £135 (3 days), Branscombe, East Devon <a href="http://www.walkoflife.co.uk">www.walkoflife.co.uk</a>
23 <sup>rd</sup> February 2016	Play Therapy Skills and Principles £20, The Apple Tree Centre, Sheffield <a href="http://appletreecentre.co.uk/professional-training/cpd/play-therapy-skills-and-principles/">http://appletreecentre.co.uk/professional-training/cpd/play-therapy-skills-and-principles/</a>
26 <sup>th</sup> February – 11 <sup>th</sup> November 2016	Anatomy, Physiology and Pathophysiology (9x Fridays) £738, London School of Biodynamic Psychotherapy <a href="http://www.biodynamic-bodypsychotherapy.co.uk/Anatomy-Physiology-and-">http://www.biodynamic-bodypsychotherapy.co.uk/Anatomy-Physiology-and-</a>
27 <sup>th</sup> February 2016	Playing the Instrument – Moving the Soul with Tom Warnecke £100, London <a href="http://www.re-vision.org.uk/cpd-events/">http://www.re-vision.org.uk/cpd-events/</a>



6 <sup>th</sup> March 2016	Filthy Lucre - Therapists' Relationship with Money £80 (£68), London <a href="http://www.minstercentre.org.uk/CPD.asp">http://www.minstercentre.org.uk/CPD.asp</a>
12 <sup>th</sup> March 2016	Art Therapy and Mindfulness £90 (£80/£60), London Art Therapy Centre <a href="http://arttherapycentre.com/cpd-workshops-courses/art-therapy-mindfulness-1-day/">http://arttherapycentre.com/cpd-workshops-courses/art-therapy-mindfulness-1-day/</a>
12 <sup>th</sup> March 2016	Surviving Work. Do you need a rich partner to become a psychotherapist in the UK? £35 (£25), London <a href="http://www.wpf.org.uk/training/workshops-events/workshops-events/surviving-work-do">http://www.wpf.org.uk/training/workshops-events/workshops-events/surviving-work-do</a>
12 <sup>th</sup> March 2016	Trauma and the Therapeutic Relationship – Exploring the Subtle Processes of Embodied Attunement, Empathy and Integration £114, Manchester <a href="https://www.psychotherapyuk.co.uk/product/trauma-and-the-therapeutic-relationship-">https://www.psychotherapyuk.co.uk/product/trauma-and-the-therapeutic-relationship-</a>
13 <sup>th</sup> – 19 <sup>th</sup> March 2016	USA Creative Arts Therapies Week N/A, various locations <a href="http://www.nccata.org">www.nccata.org</a>
15 <sup>th</sup> March 2016	Creative Counselling Approaches for Young People £20, The Apple Tree Centre, Sheffield <a href="http://appletreecentre.co.uk/professional-training/cpd/creative-counselling-for-young-">http://appletreecentre.co.uk/professional-training/cpd/creative-counselling-for-young-</a>
18 <sup>th</sup> – 20 <sup>th</sup> March 2016	Authentic Movement: The Embodied Facilitator with Professor Helen Payne TBC, Rushden, Herts H.L.Payne@herts.ac.uk
19 <sup>th</sup> & 20 <sup>th</sup> March 2016	Spring Body Mapping Intensive: Nurturing New Life Within £190, Bath <a href="http://www.annetteschwalbe.co.uk/2015/12/spring-body-mapping-intensive-march-2016/">http://www.annetteschwalbe.co.uk/2015/12/spring-body-mapping-intensive-march-2016/</a>
21 <sup>st</sup> March 2016	Boundaries, Holding and Containment £130.80, London <a href="https://www.psychotherapyuk.co.uk/product/boundaries-holding-containment/">https://www.psychotherapyuk.co.uk/product/boundaries-holding-containment/</a>
8 <sup>th</sup> April 2016	Environmental Arts Therapy £90 (£80/£60), London Art Therapy Centre <a href="http://arttherapycentre.com/cpd-workshops-courses/workshop-environmental-arts-">http://arttherapycentre.com/cpd-workshops-courses/workshop-environmental-arts-</a>
14 <sup>th</sup> – 19 <sup>th</sup> April 2016	Authentic Movement Retreat £545 (£335), Forres, North East Scotland <a href="http://www.franlavendel.com/Workshops.htm">http://www.franlavendel.com/Workshops.htm</a>
15 <sup>th</sup> & 16 <sup>th</sup> April 2016	Healing of the Mind/Body Interface £240, London <a href="http://www.confer.uk.com/kradin.html">http://www.confer.uk.com/kradin.html</a>
16 <sup>th</sup> & 17 <sup>th</sup> April 2016	Embodiment and Ecosystem £210 (£168), London <a href="http://www.body-psychotherapy.org.uk/component/content/article/200.html">http://www.body-psychotherapy.org.uk/component/content/article/200.html</a>
17 <sup>th</sup> & 18 <sup>th</sup> April 2016	Introduction to Jungian Sandplay Therapy £170 (£150), London Art Therapy Centre <a href="http://arttherapycentre.com/cpd-workshops-courses/workshop-introduction-to-jungian-">http://arttherapycentre.com/cpd-workshops-courses/workshop-introduction-to-jungian-</a>
29 <sup>th</sup> & 30 <sup>th</sup> April 2016	The BodyMind Approach® for those with Medically Unexplained Symptoms £328.80, Rushden, Herts <a href="http://www.pathways2wellbeing.com/training.html">http://www.pathways2wellbeing.com/training.html</a>
30 <sup>th</sup> April 2016	Working with Chronic Disability and Illness £80 (£68), London <a href="http://www.minstercentre.org.uk/CPD.asp">http://www.minstercentre.org.uk/CPD.asp</a>
1 <sup>st</sup> May 2016	Walking and Talking – working outdoors with clients £52 (£44), London <a href="http://www.minstercentre.org.uk/CPD.asp">http://www.minstercentre.org.uk/CPD.asp</a>



4 <sup>th</sup> May 2016	Working with Anger £90 (£80/£60), London Art Therapy Centre <a href="http://arttherapycentre.com/cpd-workshops-courses/workshop-working-with-anger-in-">http://arttherapycentre.com/cpd-workshops-courses/workshop-working-with-anger-in-</a>
6 <sup>th</sup> – 8 <sup>th</sup> May 2016	Embracing embodiment and somatic resonances in clinical supervision £210, London <a href="mailto:info@heartofmovement.com">info@heartofmovement.com</a>
9 <sup>th</sup> May 2016	Boundaries, Holding and Containment £118.80, Brighton <a href="https://www.psychotherapyuk.co.uk/product/boundaries-holding-and-containment-">https://www.psychotherapyuk.co.uk/product/boundaries-holding-and-containment-</a>
12 <sup>th</sup> – 15 <sup>th</sup> May 2016	Authentic Movement: Embodied Empathy TBC, Rushden, Herts <a href="mailto:H.L.Payne@herts.ac.uk">H.L.Payne@herts.ac.uk</a>
14 <sup>th</sup> May – 4 <sup>th</sup> December 2016	Clinical Supervisors Training £1,200, Dance Voice, Bristol <a href="http://www.dancevoice.org.uk">www.dancevoice.org.uk</a>
21 <sup>st</sup> & 22 <sup>nd</sup> May 2016	Frozen in the Body or Stuck in the Head? £210 (£168), London <a href="http://www.body-psychotherapy.org.uk/component/content/article/203.html">http://www.body-psychotherapy.org.uk/component/content/article/203.html</a>
21 <sup>st</sup> & 22 <sup>nd</sup> May 2016	Deepening Body Mapping Intensive: Body Mapping in Cycles £190, Bath <a href="http://www.annetteschwalbe.co.uk/2015/12/deepening-body-mapping-intensive-may-">http://www.annetteschwalbe.co.uk/2015/12/deepening-body-mapping-intensive-may-</a>
3 <sup>rd</sup> – 5 <sup>th</sup> June 2016	The Embodiment of Spirit – An Embryological Journey £240, Kelling, North Norfolk <a href="http://www.ibmt.co.uk">www.ibmt.co.uk</a>
11 <sup>th</sup> & 12 <sup>th</sup> June 2016	Summer Body Mapping Intensive: Coming to Full Bloom £190, Bath <a href="http://www.annetteschwalbe.co.uk/2015/12/summer-body-mapping-intensive-june-2016/">http://www.annetteschwalbe.co.uk/2015/12/summer-body-mapping-intensive-june-2016/</a>
27 <sup>th</sup> June – 1 <sup>st</sup> July 2016	Authentic Movement: Embodied Empathy (retreat) TBC, Rushden, Herts <a href="mailto:H.L.Payne@herts.ac.uk">H.L.Payne@herts.ac.uk</a>
1 <sup>st</sup> – 3 <sup>rd</sup> July 2016	Working with Dissociation and Split Off Personality Parts £265 (£225.25), London <a href="http://www.body-psychotherapy.org.uk/component/content/article/204.html">http://www.body-psychotherapy.org.uk/component/content/article/204.html</a>
14 <sup>th</sup> – 17 <sup>th</sup> July 2016	Authentic Movement Retreat TBC, Penpynfarch, Llandysul, Wales <a href="http://www.janebacon.net/">http://www.janebacon.net/</a>
10 <sup>th</sup> – 14 <sup>th</sup> August 2016	Authentic Movement and the Art of Witnessing: five-day retreat £375, Kelling North Norfolk <a href="http://www.ibmt.co.uk">www.ibmt.co.uk</a>
24 <sup>th</sup> – 28 <sup>th</sup> August 2016	Authentic Movement Five-Day Summer Retreat £375, Kelling North Norfolk <a href="http://www.ibmt.co.uk">www.ibmt.co.uk</a>
September 2016 – June 2017	Body Mapping Mentorship £870, Bath <a href="http://www.annetteschwalbe.co.uk/2015/12/body-mapping-mentorship-201617/">http://www.annetteschwalbe.co.uk/2015/12/body-mapping-mentorship-201617/</a>
9 <sup>th</sup> – 11 <sup>th</sup> September 2016	Authentic Movement: Embodied Empathy TBC, Rushden, Herts <a href="mailto:H.L.Payne@herts.ac.uk">H.L.Payne@herts.ac.uk</a>
9 <sup>th</sup> – 11 <sup>th</sup> September 2016	2 <sup>nd</sup> EADMT Conference "Crisis, Creativity and Society: DMT embodying interdisciplinary pathways" TBC, University of Milano-Bicocca, Milan, Italy <a href="http://www.eadmt.com/">www.eadmt.com/</a>



## Guidelines and deadlines for submitting articles to *e-motion*

### Upcoming issues:

**Spring 2016 due out 11<sup>th</sup> March 2016**

Deadline for submissions – 1<sup>st</sup> February 2016

**Summer 2016 due out 10<sup>th</sup> June 2016**

Deadline for submissions – 1<sup>st</sup> May 2016

### Guidelines for submissions:

Articles: 2000 – 4000 words, with Harvard referencing

Reflective pieces: max 1000 words

Please save your submission as a Word or PDF document and include the title and your name in the file name.

Please also remember to include your name as you would like it to be displayed, along with any titles or positions you would like included.

Submissions and queries can be sent to the Editorial team at:

[e-motion@admp.org.uk](mailto:e-motion@admp.org.uk)

### Regular columns:

Do you have an idea for a regular column, or would you like to write a quarterly feature?

Requests from both qualified & trainee DMPs welcome, perhaps a research & news round-up, book review or student update from your training programme?