

e-motion



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EDITORIAL

I hope that you have all been enjoying reading *e-motion* over the last few months.

Your feedback and comments are important: it is your journal and it can only reflect your needs and interests if you tell us what they are.

Don't forget to contribute as much as possible too, even if it is "brief reports from the field" I am hoping we will have lots of sharing in the future. If you do wish to write anything, just a reminder, please send an e-mail to: emotion@admt.org.uk and in the subject box, state that it is for *e-motion*. This helps us to clarify and read ASAP anything that is specifically for the journal! The next deadline for contributions is **1 August 2005**.

In this edition we present three very different and exciting approaches to dance movement therapy which I believe highlight the many aspects, applications and endless uses of DMT within our field. At this stage in our Association's development with HPC (*Health Professions Council*) and AfC (*Agenda for Change*), it is perfectly timed to show off our beautiful "peacock feathers" and be proud!

We start with an overview of a Masters Research thesis written by Sally Trask – ***An Exploration of the Relationship between Motor Development and Vocalisation***. This gives us insight into how a connection between movement and vocalisation is connected to a "sense of self", and how Sally has developed an integrated developmental approach for working with clients with vocalisation difficulties. We must thank Sally for taking the time to write an overview of her very interesting research specifically for *e-motion*.

Next we have an article which was originally a presentation at the ADMT conference 2004, by Pam Fisher – ***An Exploration of the Learning Process when Dance Movement Therapy meets Addiction Recovery***. This offers a wonderful contrast to the above paper. In this paper Pam gives us great insight into how, as dance movement therapists, we have a whole range of insightful tools to use in the process of therapy. Pam writes with clarity, and I am left with the description given by her 'clients' - that DMT offers "an exciting voyage of discovery".

Finally, we have been offered yet another contrasting paper written by Aleka Loutsis – ***The Folded Body: Can Active Imagination in Drama & Movement Therapy (Sesame) help Unfold a Personal Story in Non-Verbal Work?*** This paper takes us through a case study which explores the potential of an integrated approach using the concept of active imagination (Jung,.) and the techniques of dramatherapy, Sesame (drama and movement therapy) and movement with touch. I enjoyed the imagery that emerges from Aleka's individual way of writing.

As if these wonderful contributions weren't enough, we also have more workshops to choose from in this edition. I have also taken the time to give "How To" instructions for those of you who have yet to use the ADMT-UK forums.

I wish all of you a happy summer, health, healing, strength and peace to those who are in need of it.

Tracey French, Editor

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NEWS FROM ADMT-UK COUNCIL

ADMT-UK WEBSITE – FORUMS

Some members have requested help in using the Association's website forums, so this is an overview or "How-To", I hope it helps bring about more conversation and sharing in an alternative way.

It can be used if you wish to ask a question on a specific topic, or just to post something of interest for others to read in an informal way. It has already proven to close the gap a little for those members who are living and working abroad.

Forums can be found by going to the ADMT website (which I hope you all have as a "favourite's" link already on your server!).

www.admt.org.uk

- Once at this site select "**forums**" top right of the screen
- Choices: choose which forum you wish to view
- To **reply** to a message you do not need to be registered, simply select the message you wish to reply to
- Read the message, and at the bottom of the message there is an option to "**reply**"
- You will be asked to type in a name and e-mail (e-mail address is optional)
- Type your message, and the options you have are "**post**" – which will place your new message on the board; "**preview**" – allows you to check your message; "**reset**" – allows you to re-type if unhappy with your original
- When you do select "post", this completes your reply.
- There are always options to select a different topic, at the bottom right of the screen select "**Next Topic**".

Registering:

- If you want to post your own messages on the forum board, you will need to register. In the options on the left select "**Register**"
- Type in a user name of your choice, and e-mail address (there is an option for this to remain hidden should you wish it)
- When done, select "**register**"
- You will then see information stating that you will receive a password via your e-mail address. You can change this after your first successful login.

- When you have this information, you can now select "**login**", you will be asked for your username and password, once logged in you can select a forum option and start a new topic.

See, it's as easy as that. We hope to see more of you communicating in this way in the future. Happy writing.

NEXT ANNUAL GENERAL MEETING

All Members Welcome

DATE: June 25th

VENUE: Friends Meeting House, 173 Euston Road, London NW1 2BJ

TIME: 9.30 - 16.30

AGENDA:

- Business meeting **9.30 - 12.30**
- Lunch **12.30 - 1.30**
- Workshop - £15 or £10 student rate
1.30 - 3.00 & 3.30 - 4.30

The most update information passed on by our Chair, Susan Scarth on the subject of Agenda For Change

Supporting Information for Arts Therapists/Psychotherapists Matching Panels.

Feedback from the matching interviews so far suggests that it would be helpful to provide further clarification about the general position of the Arts Therapies/Psychotherapies professions as a whole. The following is offered on that basis and in the hope that it will help with some of the questions that are being raised by matching panels.

Therapist or Psychotherapist – Confusion about the name

All the Arts Therapies professional bodies are currently seeking to include 'psychotherapy' in their professional titles in order to clarify the level at which they practice and in recognition of their qualifying standards. Art Psychotherapy is already a protected title with the Health Professions Council. Art Therapist and Art Psychotherapist are both used although they refer to the same level of



professional competency. All the Arts Therapies trainings are as rigorous as each other. This is why the word ‘psychotherapy’ is used in their titles and is likely to move from common usage to protected titles. Again, its use does not represent a different kind of therapy or a different level of training.

Rethinking Arts Therapists/Psychotherapists Pay

Arts Therapists/Psychotherapists national profiles have been highlighted by Amicus as breaking new ground: ‘*Arts therapist profiles herald major breakthrough on pay*’ (Amicus Website Oct 2004). The breakthrough refers to the recognition that, in terms of training, knowledge and autonomy of practice, Arts Therapists/Psychotherapists have been traditionally underpaid.

Band 6 Profile

Although there is a Band 6 profile for Arts Therapists/Psychotherapists there are no posts in this Trust that I would expect to match this profile. Feedback from a national Arts Therapies/Psychotherapies conference on Agenda for Change (December 2004) also indicated that this profile is felt at a national level to be redundant for the following reasons:

- ***Factor 1*** *This factor relates to the very core of the work of Arts Therapists/Psychotherapists. No Arts Therapist/Psychotherapist qualifies without the highest level of skill and expertise in this area. The Band 7 & 8 profiles statement: “Communicates highly complex condition related information to clients, relatives; undertakes group sessions where atmosphere may be highly emotive” applies to all posts. All are therefore expected to match at level 6.*
- ***Factor 2*** *The minimum requirement to be accepted on to an Arts Therapies/Psychotherapies training is a prior degree and substantial experience of working in a caring role; this often includes a prior professional training. The qualifying training for Arts Therapists/Psychotherapists is then at MA level or equivalent and has an additional requirement for all trainees to have long term and in-depth personal therapy. This is why all*

national profiles are a level 7 for this factor. Some posts require further specialist training/s and/or experience in therapy practice, research and/or management and are therefore expected to match at level 8.

- ***Factor 3*** *All posts within the Trust require Arts Therapists/Psychotherapists to assess risk of clients and their dependents. Such assessment is continuous throughout therapy. All are therefore expected to match at a minimum of level 4.*
- ***Factor 7*** *There is a standard expectation that all post holders within the Trust’s Arts Therapies/Psychotherapies Services will actively contribute to policy development through working parties, Teams and Departments. Many would be required to take the lead. Minimum of level 2*
- ***Factor 8*** *All post holders are expected to be able to take responsibility for authorizing client’s travel expenses claims. Minimum of level 2*
- ***Factor 9*** *All posts in the Trust require the post holder to be able to supervise trainee Arts Therapists/Psychotherapists or run training workshops and contribute to multi-disciplinary staff induction. Minimum of level 2*
- ***Factor 11*** *All are expected to actively participate in and be responsible for one-off audit/evaluation using research methods and collate research results. Some will also undertake/lead research projects, secure funding and Trust and ethical approval. Minimum of level 2*
- ***Factor 12*** *All posts in the Trust require clinicians to work as independent specialists within multi-disciplinary teams, where they act as the lead professional in the field. They are obliged to interpret Arts Therapies/Psychotherapies policies for the team. In my view this seems consistent with a minimum of level 4 as defined in the J E handbook “a clinical practitioner specializing in a particular field.*



An Exploration of the Relationship between Motor Development and Vocalisation using a Body Mind Centering Framework in Dance Movement Therapy Sessions

Sally Trask MA DMT RDMT

It has been four years since I completed my MA dissertation. Whilst I always intended to write an article about my research for *E-motion*, and more recently have had the time to contemplate this, it was Tracey's recent call for submissions that prompted me into action!

This article presents an overview of the main aspects of my research project. I have, therefore, only included key points together with some brief examples of experiential work and a selection of references that may be of interest. If anyone would like to read about this topic further, a copy of my project is available in the library at Roehampton.

INTRODUCTION

My study was based on the hypothesis that movement precedes vocalisation. This hypothesis was supported in my literature review, however, I felt the area required a more in-depth investigation. My journey throughout this research project led me from a position of not knowing *how* vocalisation is an extension of movement, to a point where I understood this relationship on a physiological and theoretical level.

The issue of sense of self in relation to movement and vocalisation was also relevant to my study. Teachers indicated a lack of self-confidence in my client during the initial discussion of my project. Whilst I anticipated addressing this issue in DMT sessions, I found the application of my BMC framework provided a deeper understanding of how movement assists in developing a sense of self. My literature review highlighted identity and self-esteem as being linked to speech development. This study explored the connection of both

movement and vocalisation to the development of sense of self.

BACKGROUND

My interest in this study originated in my DMT work with children who have difficulties with vocalisation. My observation of one child's confusion in mirroring a basic movement sequence in the movement rhyme "Head, Shoulders, Knees and Toes" led me to wonder about the connection between movement and speech development. This observation also stimulated me to question the concept of sequencing and how it relates to movement and vocalisation. My personal and professional studies in BMC, Bartenieff Fundamentals, LMA and Eurythmy (Steiner) also contributed to my interest in developing an approach for working with clients with vocalisation difficulties.

BRIEF SYNOPSIS OF CLIENT, DATA COLLECTION, RESEARCH APPROACH AND METHODOLOGY

For my project, eight DMT sessions were completed, in a school setting, with an adolescent female client exhibiting global developmental delays. Sessions were videotaped and data was progressively focused using illuminative evaluation methodology. Identification of key topics and subsequent detailed extracts from DMT sessions assisted observation of links between motor development and vocalisation, in line with a qualitative approach. I chose this approach and methodology to support the therapeutic process of both my client and myself, as DMT sessions formed the basis of my study, with myself as both researcher and practitioner. Further reasons



for choosing this approach and methodology are outlined in my dissertation.

FRAMEWORK

In order to explore the relationship between motor development and vocalisation, I used a Body Mind Centering (BMC) framework in Dance Movement Therapy (DMT) sessions. The main component of my framework comprised the BMC Developmental Patterns, which are described as the neurological organisation of the nervous system (Bainbridge Cohen). My experience of BMC and my intuition led me to believe that this theory could be related to my study based on my previous observations with regard to movement sequencing and speech development. The concept of Yield & Push and Reach & Pull Patterns within the Developmental Patterns formed the theoretical basis that guided interventions in DMT sessions. I also chose Laban Movement Analysis (LMA) as a sub-system in order to provide more depth to my study.

The Developmental Patterns

Developmental Patterns can be identified as pre-vertebral (soft spine, developing in utero) and vertebral (hard spine developed). I selected the vertebral Developmental Patterns as the framework for my study as they include the four basic Patterns within the sequence of motor development ie. an infant lifts its head, crawls, sits, creeps, stands and walks and within each of these phases there are specific patterns which occur. These four Patterns are: Spinal movement (ie. Head-Tail), Homologous movement (ie. Upper-Lower), Homolateral movement (ie. Body-Half) and Contra-lateral movement (ie. diagonal movement such as walking).

Bainbridge Cohen coined the phrase “Yield & Push” and “Reach & Pull” in relation to movement patterns. The difference between an Effort level Push and Pull (ie. strength, directness and sustainment) and this approach is that adding the word “Yield” brings an aspect of bonding with support before separating with the “Push”. Adding a “Reach” brings an aspect of a goal orientation in space before the “Pull”. Yield &

Push Patterns relate to grounding and sense of self. Reach & Pull Patterns provide the ability to move into and in relation to the world, expanding one’s kinesphere.

Yield & Push and Reach & Pull Patterns related to Vocalisation

The concept of Yield & Push and Reach & Pull Patterns broadens the physical idea of the Respiratory System. The breathing process is the power source for vocalisation - one has to push breath in the lungs to vocalise. The breathing process relates to the relationship of the inner environment with the outer (ie. breathing from self to environment and vice versa). A reach is also needed in order to vocalise as one’s voice reaches the self into space. There is a difference between making a sound to oneself with no connection to other (ie. remaining within your own kinesphere) and reaching outwards through sound connecting with others (ie. projecting your sound beyond your kinesphere).

Sequencing

Sequencing can be defined in different ways. In my study I defined sequencing as the sequence of patterns in the Developmental Patterns themselves. As sequencing is inherent in the Developmental Patterns, I also defined sequencing in relation to an action performed whilst expressing the Developmental Patterns in movement.

SESSION AIMS AND INTERVENTIONS

My intention in the DMT sessions was primarily to provide a safe, supportive and consistent environment in which to build a therapeutic relationship with my client. (However, whilst I acknowledged the importance of the therapeutic relationship in DMT sessions, it was not the main focus of my research project). I made interventions firstly in response to my client, whilst also addressing my research question.

DMT interventions incorporated the techniques of mirroring my client’s movement and reflecting back in vocalisation in sessions. I also focused on sensory experiences through movement and play and used props, music and drawing. Although DMT and BMC aims and interventions



overlapped to a certain extent in sessions, the BMC framework formed the theoretical basis to guide interventions.

My observation and interpretation of how my client showed (or not) the Developmental Patterns in movement provided a guide to making appropriate interventions in the sessions. Interventions involved creating interesting ways of incorporating concepts of the Developmental Patterns into sessions through movement and play. As my client was already able to communicate through sign language, movement, gesture, minimal vocalisation/language and drawing, it was important to discover the forms of communication she preferred. It was also important to build on her already existing methods of communication in order to validate and support her, and to create an environment that could support her in the development of self-confidence and sense of self.

I focused on the Homologous (ie. Upper-Lower) Pattern in DMT sessions as observation of my client's movement indicated this area required the most attention. (Please refer to my dissertation for detailed assessment of my client's movement and further interventions). Interventions for working in this Pattern included strengthening my client's lower body Yield & Push Pattern to facilitate grounding and to assist her in feeling more confident, stable and supported through movement. Activities for this included kicking balls, stamping feet, pushing feet into balls against the wall and an interactive "feet to feet" pushing activity (to engage the sense of pushing).

Working with my client to establish a firm foundation enabled her to develop the desire and courage to extend beyond her known boundaries. As vocalising is a Yield & Push Pattern in a BMC approach, working with my client in developing this Pattern aimed to assist her in building a sense of self and subsequent confidence to vocalise. As vocalising is also a Reach & Pull Pattern, I created ways to entice my client to reach into space. As movement observation revealed her preference to remain within a near-mid reach in her kinesphere, I made interventions to encourage her to reach

further, for example, by reaching for an object she liked. I also made interventions to motivate her to move into general space, for example, by initiating activities she appeared to enjoy such as football. The activity of kicking a ball also assisted my client with her upper and lower body connection.

Motivational interventions included creating a stimulating environment in the DMT room. I set up objects and activities in order to create the *desire* for my client to play, interact and reach out in movement and vocalisation. Awareness of the *quality* of props used in activities also assisted my interventions.

In addition to working with movement to encourage vocalisation, I also worked with vocalisation more directly. This involved singing and spontaneous natural sounding in connection with my client's experiences, movement and activities. The intent of these interventions was to create meaning for my client, assist her in making connections and encourage her vocal expression. Encouraging my client to assert herself vocally in relation to activities also assisted in the development of her self-confidence.

OUTCOMES

The main outcomes of my study indicated that there is a relationship between motor development and vocalisation. I identified this relationship by illuminating aspects of my client's movement processes that helped to bring about the changes observed in DMT sessions. Findings indicated that as my client's movement range and initiating in sessions expanded, and as she extended herself further into space, her vocalisation also expanded. I believe that the changes observed in my client with regard to movement, self-confidence, sense of self and vocalisation, could be attributed to a combination of my client's developing Yield & Push and Reach & Pull Patterns, her use of weight and space (LMA), her increased stability/mobility in movement, her increased connection with objects/activities and sensory motor development.

CONCLUSION

Through my desire for a deeper understanding of the



relationship between movement and vocalisation, I created and explored the possibilities of applying an integrated developmental approach. Utilising a BMC framework (supported by LMA) in DMT sessions facilitated the illumination of processes leading to identification of an approach for working with vocalisation in DMT.

Application of the approach indicated that movement precedes vocalisation, supporting the BMC belief that movement affects body systems, and that the fundamental nature of vocal expression comes from movement. That is, the voice is as much a natural extension of the self as movement is, and the body and voice are not isolated aspects. My research also highlighted the vital presence of movement in the development of sense of self and vocalisation.

A further phase of this research might address the more advanced area of language development.

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'More Like Growing than Learning'

An Exploration of the Learning Process when Dance Movement Therapy meets Addiction Recovery

This article is a written version of my presentation at the ADMT UK conference 2004, based on findings drawn from a research paper. Pam Fisher

Background:

The research was undertaken as part of an MA in Education - the above title is that of my dissertation, and the quote used therein is a direct quote from one of the client interviewees to describe her concept of the learning process as part of a dance movement therapy group. My interest in this area is twofold. Firstly as a dance movement therapist in practice I have been working with clients in recovery from addiction for more than five years. Secondly as an educator I wonder about the how, what and why of the experiential learning that is a clear outcome of the dance movement therapy process.

Many clients in recovery have expressed to me that they perceive themselves as having 'failed' in mainstream education, but identify that dance movement therapy 'works for them'. Having worked as a therapist with juniors with attention deficit hyperactive disorder, with disaffected adolescents and then with adults in recovery from addiction, I have a sense of a continuum line - an ongoing difficulty in engagement with 'traditional' learning approaches. In his article 'Children for whom school has no point', Nick Davies (2000) speaks of an 'epidemic of emotional damage' citing Camila Batmanghelidjh, an educational psychologist who says that one in three inner city children has 'some form of emotional behavioural difficulty' - what she calls 'emotional coldness'. This resonates both with my ongoing experience of the research subjects and the specific findings of the study.

Research context:

The research questions were:

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

What affect does the learning have on participants?

How does the learning differ from more traditional approaches?

The research subjects attended weekly therapy as a compulsory part of their rehabilitation programme. The clients were in the second stage of recovery from addiction and were following a total abstinence twelve-step programme. The research was conducted over a two-year period and was a qualitative, ethnographic study. Primary methods used were observations, a research diary and in-depth interviews. Major theoretical influences throughout the study were Carl Rogers, Joan Chodorow, Donald Winnicott, Irvin Yalom, Daniel Goleman and Guy Claxton.

At the conference, as a therapist in practice presenting to other dance movement therapists my focus was on areas of specific interest to us as practitioners: therefore, from the vast amount of data collected during my research I focused on two interviewees. The first of these was 'Anna', who offered insights into the emotional learning facilitated by the dance movement therapy process. In order to contextualise this I begin with an extract from my research diary about Anna.

Extract 1

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

Extract 2 (two weeks later)

Anna again assumed a foetal position with thumb



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

The extracts illustrate Anna's re-accessing of one of the earliest pre-verbal states at the end of therapy sessions, which links theoretically to early developmental stages (Winnicott, 2001). It was interesting that in her interview Anna had described herself as having 'infantile emotions' when here she was unconsciously adopting so infant-like a posture. The fact that this occurred at the end of session suggests that the therapy process and environment had facilitated what appeared to be an instinctive need that was acted upon by Anna unselfconsciously.

Anna expressed that dance movement therapy enabled her to:

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

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

'(T)hose who find dance movement essential because they feel alienated from the body and now sense deeply that they must learn to listen to it'.

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

I think there's a *huge* difference between the

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

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

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

Thus self-expression, released through creativity in the medium of dance and movement with its body focus enabled Anna to break out of her behavioural patterns, to grow and expand. My thematic analysis of Anna's therapeutic experience evidenced that she identified the following traits in herself:

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

Furthermore Anna articulated that the dance movement therapy process had enabled the following:

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



- valuing freedom of expression

The second interviewee's perspective offered was that of the outside agency worker, 'Steve', Steve was able to offer insights into the clients' responses to dance movement therapy away from the therapy space, and to the wider context of their life experiences. We were discussing the habitual defensiveness that I observe in this client population. The three client interviewees had each given individual perspectives that offered insights into how the layers of defensiveness are built through negative life experience, trauma and self-criticism to create a multi-layered mask or what I call a full body armour to defend the self. In a direct connection with clients' learning experience Steve added this:

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

Steve identified that the non-judgmental aspect of the dance movement therapy space is another critical factor that enables experiential learning. This links with Carl Rogers' (1983) concepts of respectfulness, prizing/valuing the learner together with the importance of creating a non-threatening environment. Steve's thoughts added weight to my view that the 'unstructured structure' of dance movement therapy facilitates self-management skills in participants. In addition Steve identified the value to these clients of practising spontaneity:

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

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

Steve recognised the value of non-verbally focused therapy:

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

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

In conclusion:

My research evidenced that before any learning can take place some 'un-learning' must happen. When they begin dance movement therapy many clients are holding onto fear, anxiety and/or stress: self-consciousness or self-obsession. In a creative therapy process clients learn to manage these - to develop self-awareness and progress from this to experience emotional learning.

In sessions the concept of safe play (as opposed to being out of control) surfaces regularly. In safe play clients learn to keep rules, set and keep boundaries, practice respectfulness and manage relationships. All of this is essential learning for individuals who may have become habitual rule violators in their past lives.



Self-challenge, self-expansion, creativity, self-expression and an enhanced freedom of expression are all products of dance movement therapy identified by these clients. In particular discovering their creativity is spoken of by many as a brand new experience - an exciting voyage of discovery.

How different is the learning from more traditional approaches?

- In dance movement therapy *engagement in a positive client/therapist relationship* is set up as priority - whereas it may be a by-product in a traditional education context.
- Clients identify that the *learning process is from within themselves - a subconscious process* - whereas in a traditional education context it may feel more externally imposed.
- The *process is non-judgmental*, there is *no right/wrong, no fear of not being good enough*.
- The process is *desire not target driven*, fosters *mutual respectfulness*, actively encourages *spontaneity* and is *affirmation based*.

Having briefly visited my research in this article, I hope in a future edition of e-motion to be able to offer a further extract - but I will finish as I did in

the conference presentation with this quote:

Psychotherapy is, in all its variants, basically a form of learning

(Yalom, 1995, p.58)

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The Folded Body: Can Active Imagination in Drama & Movement Therapy (Sesame) help unfold a personal story in non-verbal work? By Aleka Loutsis

This case study begins with an introduction exploring the concept of active imagination (Jung) and how the essence of this along with the intervention of movement with touch (unique to the Sesame/CSSD Drama & Movement Therapy training) was applied and adapted to address the needs of a woman referred for individual therapy. The vignettes draw on five years of clinical work with 'Celia', (her pseudonym), a 40 year old woman who inspired this qualitative research. She was described as having a severe learning disability with double sensory impairment, (some vision in her right eye and partial hearing in her left ear), ambulant and non-verbal. This clinical work was part of a wider service I was providing for social services in a large day centre for adults with profound learning difficulties and complex needs.

By way of introduction, I am a state registered Arts Therapist (D) currently working within the NHS in Forensic and Specialist Rehabilitation Services. I qualified ten years ago and have worked with both children and adults in a variety of settings within education and social services.

My professional background is in dance and theatre before training as a dramatherapist (Sesame/CSSD Drama & Movement Therapy) and places into context my interest in movement within the arts therapies. The Jungian and symbolic approach together with the use of movement with touch (specific to Sesame) were very appealing to me personally and resonated with my previous experience as a dancer.

I tutor the Laban module to students on the above training and supervise clinical placements and have a private practice as a clinical supervisor and dramatherapist.

Overview

The central question addressed in this study is whether movement with touch can be used as

a non-verbal reflective technique and as part of the method of active imagination. The reflective element proposed adds a dimension to this method and renders it accessible to non-verbal clients. The possibilities for bringing experiences to consciousness through movement, touch, shape or sound are discussed, as are the inevitable uncertainties when words are not available.

The work was inspired by a client who presented with her body folded in two. This powerful image is discussed in relation to movement theory and depth psychology. The relationship with the client is described through a series of vignettes that embody key stages in the therapeutic process. These have been named 'being with', 'beginning of doing' and 'potential to play' and were found to have strong resonance with Chodorow's ideas concerning pre-verbal patterns of movement. Through these stages the client first accepted then engaged with and finally played with the therapist.

Movement with touch was the main form of communication and therapeutic intervention and, as the relationship progressed, it became possible to use story. In parallel with this, the client became more open in both her posture and her responses.

Preamble

The image of the folded body is one that conveys much. It is a powerful message and this form of non-verbal communication raises my curiosity. What is the body saying through shape, movement and sound especially when words are not available?

Movement for me is a means to accessing a deep inner landscape and a powerful form of self-expression. Through my body I can give shape to impulses, feelings, images that emerge from the unconscious realms of my psyche and move them in time and space. Once they become conscious,



that is, embodied and released, I then have the potential to see that part of myself.

My observations in clinical work have led me to conclude that movement and the use of touch can make a difference, especially when working with people with profound learning disabilities. In *Touching, Body Therapy and Depth Psychology* the author refers to body therapy and reflects on the value of touch, 'as a stronger impetus, another tool like dream work and active imagination with which to communicate with a client' (McNeely 1987:66). The use of touch certainly can be very powerful and needs to be integrated into the therapeutic process in a considered way.

I perceive the body as a symbol of the whole self; it is both the instrument and the player. It contains and expresses, holds on and lets go and self regulates, both physiologically and psychologically. Jung believed that the psyche, like the body, was a self-regulating system and 'as an efficient homeostatic system, the psyche possesses the capacity to heal itself, and it is in the compensatory function of the unconscious that this power for self-healing resides' (Stevens 1990: 51). Active imagination is a way of accessing the unconscious. As Chodorow points out, 'Active imagination is a single method, but it is expressed through many different forms' (Chodorow 1997:4). I suggest that movement with touch be included as another valid form through this case study, where it has been a primary form of self-expression and communication. I offer a view of this process drawing on my clinical experience and pose the central question; can non-verbal reflective techniques through body and movement be an effective modified form of active imagination?

If the essence of active imagination is concerned with the interplay between conscious and unconscious processes, what about the interplay between client and therapist? 'Active imagination in movement involves a relationship between two people' (Chodorow 1991:113). The authenticity of our responses and the willingness to be there even in the face of adversity is the root to growth and self-knowledge and creates a space for

transformation and healing to take place. In this case study, the process is fundamentally a relationship between two people in which communication often takes the form of movement with touch. I will refer to movement and Jungian theory and will hold in mind the essence of active imagination, its meaning and possible application, and how it might help unfold the personal story of a woman who captured my imagination at our first meeting with her folded body.

Vignettes

The following vignettes are drawn directly from my weekly clinical notes. As part of my preparation for these, I scanned my mind for visual memories of my client's unfolding story. The images that emerged caught the symbolic expression of her journey and these 'snapshots' resonated within my own body memory too. Out of these I held three themes to be significant and I have named them 'being with', 'beginning of doing' and 'potential to play'.

In the early stages of the therapeutic process, trust building was the central aim. At this time Celia, presented bent over forwards, as if folded in two. The first vignette represents a moment towards the end of our first year, by which time she trusted me enough to remain in the room with the possibility for some contact to be made. The following description sets the scene from which future work evolved over the next five years.

'Being with'

Celia was bent over, folded in two. Her legs were straight, quite rigid and with apparently no flexibility in the knees; it was as if they were locked in place. Celia had her left palm toward her face covering both her eyes and her fingers closed keeping out the light. Her right arm was bent so that her elbow made contact with her right thigh. In this position she swayed from side to side with a rhythm varying in speed and intensity but always maintaining her balance. At times she would exaggerate the swaying by tilting her head to each side following the line of direction in which she was swaying. (1997)



Before I begin the story of her unfolding I would like to dwell for a brief moment on the symbolism of this image. What was Celia communicating in this shape and what were my responses to this embodiment? The folded body could symbolize the infant in the womb, safely enveloped within and protected from the outer world. This could be an attempt to recreate a more secure feeling and sensation, protecting the soft vulnerable parts of her body and only exposing the outer edges of her skeleton and bony spine to the external environment. Swaying sideways in a rhythmic and repetitive way could be soothing rather like the movement in the embryonic fluids, dark and warm and remote from the real world. It had a dreamlike quality, rather like a 'timeless' state of being. Chodorow has witnessed this pattern of self-holding in her work and says:

When the mover is immersed in self-holding, his or her eyes are closed or have an inward focus. There is usually rocking, swaying or some other kind of rhythmic pulsation. The quality is usually complete self-containment. If the analyst/witness opens himself or herself to a state of participation mystique¹, he or she may join the mover in a timeless state and experience a similar kind of rhythmic self-containment. Shared rhythms of holding, touching, lulling and lullabies are the psychic nourishment of this earliest phase (Pallaro, 1999:291).

I would like to pick up on the theme of timelessness and reflect on this in terms of Laban movement theory. This timeless state can be described as a complete inner state of mind or being; of which recognised forms, remote and dreamlike. The predominant movement qualities associated with these two forms are either, space and flow (remote) or weight and flow (dreamlike). Neither have the quality of time apparent in them. The remote state is linked to 'non practical, non-materialistic-type abstraction from human senses'

and the dream state is 'associated with a less conscious inner attitude' (North, 1990:249 & 252). My own experience of 'being with' Celia in this way, certainly upheld this analysis.

By covering her face and eyes Celia shuts out the light from the partial sight in her right eye and is not accessible to receiving from or relating with another. Her head holds the four senses of sight, sound, smell and taste all in the region of her face covered by one hand, the other hand tucked away under her torso make the sense of touch unavailable too. All this makes communication and relationship difficult.

At this point I was interested in how Celia experienced her world. As she was not available to me, I made myself available to her; by folding over and meeting on her own terms. She was telling me her story from an inverted position and, if I was to understand, I had to experience her perspective of the world, 'up-side-down'. As her therapist and eager to appreciate her perspective in some degree, there was a need in me to gain a sense of how her stance feels in my body. This was the beginning of our therapeutic encounter, 'being with' 'up-side-down' together in the shared space.

I spent many months with Celia in this position, beside her, attuning empathically with gentle sounds and mirroring her swaying or at times being still in contrast to her vigorous rocking in an attempt to offer a possible opposite quality of movement and feeling. Working with a preverbal process:

The therapist must be willing to participate where needed, often working on the body-mind level where there is as yet no image in the other's awareness and where instinct and affect and sensory perception begin to coalesce first in a body sensation, which can be intensified to bring forth memory or image. Silence, affirmative mirroring attention, touch, holding,

1. Participation mystique (Jung) as I understand it is a connection between two people (subject and object) which comes to life through an archetypal experience. Chodorow describes this as 'a phrase that Jung used to describe what we might call merging. It is when we are able to drop our boundaries in the presence of another' (Pallaro, 1999: 224)



sounding and singing, gesture breathing, nonverbal actions like drawing, sand play, building with clay or blocks, dancing – all have their time and place (Pallaro, 1999:289).

So week after week, ‘up-side-down’, I waited for something to happen. Was there any value in just ‘being with’ in this way or should I actively intervene and if so, how? Sometimes; the connection felt strong between us but, at other times I experienced moments of extreme frustration and I felt impotent. Chodorow points out that if the therapist ‘does not enter into a state of *participation mystique* with the mover, he or she may feel excluded, irritated, uneasy’ (Pallaro, 1999:291), and I can certainly resonate with these feelings. Not only was this psychologically challenging but it was also physically uncomfortable to maintain this position for any length of time and I realized that Celia must have developed this ability over a long time. Having spent most of her life in institutions, she may have spent a lot of time bent in two in a form of *uroboric*² self-holding. In my mind, I kept returning to Jung’s idea of the psyche having its own timing for healing and, I knew intuitively that I could not force a change to occur. Chodorow describes this process of ‘being with’ from a therapist’s perspective saying the ‘witnessing requires opening to the unconscious and, at the same time, maintaining a conscious analytic standpoint to reflect on the meaning of the symbolic action and the associated counter-transference response’. (Pallaro 1999:292) This quote captures clearly the role of the therapist in relation to the client, in terms of the active imagination process. The body needed to express this psychological pattern through shape and movement and until a potential moment for change manifested, I would have to wait and be prepared to respond. The following vignette describes one of these moments.

Celia was in her familiar position folded over and swaying in a flexible and free flow way and

I was to one side swaying with her, amplifying the movement by reaching out with my hand towards her, extending to the edge of my own personal space and reaching out into hers. She paused briefly and, with a sustained quality, extended her arm from the elbow out towards me keeping her elbow close to her thigh and we made contact with hands. Celia extended her upper arm away from her body and began to pull my hand in towards her body then push it away, to and fro rhythmically, in a manner reminiscent of her swaying (1997).

Finally, I had been allowed into her world and I felt a strong sense of relief. Now that touch had been introduced into the therapeutic relationship there was scope for different interventions and responses to occur. I would like to use the above vignette as a visual bridge that will take us on to the ‘beginning of doing’, exploring how movement with touch was used to rehearse the possible unfolding of the body. This will be followed by another vignette describing the use of touch in terms of self-discovery and self-recognition making this process a more conscious one and with possible links to active imagination.

‘Beginning of Doing’

There followed another phase in the therapeutic process that involved active intervention from me. The aim was to encourage her unfolding and rehearse the possibility of relating in a different way. As introduced above, by referring to some of my own body memories, I propose to give an overview of how Celia and I moved from ‘being with’ folded over, to moments of being upright, and finally finding ourselves sitting at floor level together. It is interesting that in some ways this process could be said to resemble the development of an infant exploring different modes of being and doing, all of which require some form of relationship.

Working around her personal space, I made contact with her backbone, that part of her exposed

2. uroboros (Jung) is a “universal motif of a serpent coiled into a circle, biting its own tail... As a symbol, the uroboros suggests a primal state involving darkness and self-destruction as well as fecundity and potential creativity. It portrays the stage, which exists before delineation and separation of the opposites”. (Samuels, Shorter and Plaut, 1986: 158)



to the outer environment. I applied firm touch and brushing gestures along her spine away from the weight of her head and gravity in an attempt to change the flow of energy. Celia responded with brief moments of being upright. This was the beginning of her opening up; physically and emotionally. She then placed my hands to her head to hold the weight of it and eventually gave all of her body weight, as if wanting to be carried.

Celia was showing trust and we were entering another phase in the therapeutic relationship. Even though her face remained hidden we were now able to relate to one another in a more open position and further possibilities of contact and communication could be explored. We could face each other now and sit side by side or I could support her back echoing the previous phases but this time at ground level. Through repetition, these experiences helped Celia develop a stronger sense of body and spatial awareness, touch helped define the edges of her body and my positioning in relation to her highlighted the dimensions of her personal space. Contact, both physical and non-physical had facilitated an experience of containment and separation. In *Acrobats of the Gods* the author reflects on the value of touch in terms of defining the ego, 'I have become increasingly conscious of the importance of *touch*, of tactile awareness both within the body and between the body and the outer environment – that sense of “spatial separateness” which seems to be necessary for the definition of the ego' (Blackmer, 1989:29).

The next vignette describes how the use of touch can enhance the therapeutic process of self-discovery and through this research I have discovered a synchronistic event that I had not been aware of at the time of the sessions. This realisation draws in some of the points raised in the introduction concerning active imagination and movement with touch as one of its forms, especially when words are not available to make an experience more conscious. The sequence of events leading to the beginning of a session were now firmly established. Celia received the object of reference for the session, the kosh

ball, unfolded from her familiar position, usually without hesitation, and led me by the hand, to the door in a firm and direct manner. Her chosen place in the room, was a large red beanbag in the farthest corner and she would sit in it holding out her feet one at the time to remove her shoes.

Celia gave me her feet to hold while I sang our hello song. She then leant forward and took hold of my hands, pulling me gently towards her, guiding them to her shoulders and firmly held my hands down and I affirmed her, naming her shoulders and saying her name. She then initiated a repeat of this to her ears, head and the back of her neck. I had adjusted my position to accommodate this contact she was initiating. Each time, I acknowledged the part of her body and said her name. She was guiding me and this sequence was repeated several times including other body parts such as her wrists and lower arms. In a more delicate manner she then led my hand to her forehead, nose and lips and to the sides of her face. I noticed that Celia was using her sense of smell at this point. She then moved to sit in front of me and, in a deliberate and sustained manner, took my hands and, drawing them in towards her torso, held them tightly around her body. Celia took my hands to her chest and ribcage then back to her abdominal area; there we remained for a while following her pattern of breathing. I encouraged her to exaggerate her exhalation by amplifying my own with gentle use of sound; this was always less obvious than her inhalation. She seemed to be following as if listening with her body (1998).

To me this was an extra-ordinary experience because Celia had initiated so much. We had been working on body awareness for some time but this was different. It was as if she had shifted into a different gear. The work side by side, behind and in front had developed considerably since our early experiences of 'being with' folded in two. At ground level other interactions such as Celia sitting in front of me without touch for many months or peripheral contact where I would surround her body shape but mostly with space between us. There had been months of her



holding my hand in front of her face, pulling me towards and pushing me away echoing the earlier to and fro movements. This felt different. My counter-transference was of awe and wonder as if I had been part of something special. It is only now as result of researching this case study that I have come across a possible explanation which is linked to early stages of pre-verbal developing consciousness. As identified by Chodorow after many years of observation, pre-verbal stages of development can be seen in certain movement patterns and she divided them into five symbolic events. I propose that the above vignette embodies one of these; the uroboric self-holding. This contrasts with my earlier account of Celia swaying rhythmically in her more unconscious and timeless state. Chodorow describes this process as sometimes having a more conscious quality:

There is a sense of wonderment as the mover's hands discover and explore the shape of his or her own body. As the mover's hands shape themselves to the bulges and hollows, the hard bones and the soft flesh, there is a profound sense of self-recognition – as if meeting oneself for the first time. Both mover and witness often feel as if they are participants in an ancient ritual form (Pallaro, 1999:292).

Chodorow brought to light the myth of Changing Woman, 'who presses and molds her own body as she comes of age', and thought this was an expression of 'a return to our uroboric origins' (Pallaro, 1999:292). The myth of Changing Woman and the related ceremony embody the transition from girl to woman. When I read this I knew intuitively that this was what had been experienced in the session. There was also at the time a striking link with the handovers I received at the day centre where staff would frequently refer to the state of Celia in terms of where she was in her menstrual cycle.

This last vignette, a story of personal initiation and transformation, was related through the medium of movement with touch. This was contained within the realm of the collective unconscious by the archetypal theme of Changing Woman. We had been working at a transpersonal level

of relationship and the unconscious process of the client was reflected back by the therapist through touch, all of which had been contained by the unspoken story. This was an important development in that it carved the way for story to be used more consciously and playfully. The next vignette illustrates this point.

'Potential to Play'

Celia swung her head gently from side to side with her face covered by her hand as I sang the hello song. We paused and in the silence and momentary stillness I noticed that her fingers and thumb were more open in front of her face and she was showing her eyes. She was gazing directly at me. Later, in the same session, I told a simple story of a mountain that seemed very bare, but that had precious stones hidden in the rocks. I enacted finding one beneath a rock and offered to show her, holding out my hand palm facing up slightly cupped. Celia reached out with two fingers and picked up the imaginary stone out of my hand. Later still, she took a 'pretend' drink from me. The following week I repeated the storytelling and Celia seemed very attentive, she appeared curious to hold the stone again and at the end of the story, she smiled and looked at me. I sensed a feeling of joy in that smile. She seemed very calm at the end of the session and took her time to leave standing at the door for quite a long time before opening it herself (2000).

In this last vignette the themes of 'disappearance and reappearance' that Chodorow refers to in the five symbolic events may have reached a climax following many occasions of peeping through fingers. Historically, in terms of this case study and the therapeutic process, this had been preceded by early parent/infant work when some eye contact had occurred through her fingers. This took place during a period when she had required a lot of physical holding.

Clarkson's theory of the reparative parental relationship gives a definition of this and the need for this physical holding is argued by many body and movement therapists to be an essential part of the healing process. When discussing



where there may have been a deficiency of love in early childhood, reparation 'through re-parenting physically and emotionally by touching and holding at a pre-genital level, as one would touch and hold a small child, so that muscular armouring gives way to the free flow of energy into the deprived tissues of the body (McNeely, 1987:71).

I believe that Celia made use of this and that it had led to us being able to play with the idea of being seen. I am suggesting a climax because on this occasion she was sitting opposite me, at a distance that enabled us to see each other as separate individuals. In that moment of silence and stillness, by spreading open her fingers, the shape she had formed unconsciously, may have been displaying the more inquisitive part of herself in an outwardly free flow way. She was allowing her face, hidden until now and, another part of herself, to be seen while simultaneously risking seeing the other person she was in relationship with. I experienced this as a direct communication of 'here I am and there you are'! This signalled a departure from the more dependant relationship to one of separateness. There was now time and space for play to take place in what Winnicott describes as 'a potential space' (Winnicott, 1991:41). I understand this to mean the dynamic space that exists between the infant and the mother, a kind of safe playground where another form of 'doing' or play can be explored.

Something in this interaction of moving from being hidden to that of seeing and being seen reminded me of the story where precious stones are hidden under rocks in the mountain. This particular nature myth tells of the colourful stones that are brought to life, transformed by the wind to beautiful butterflies. However, in this session, I was moved to remember the part of the story where the stones are not visible at first, hidden under the rocks and then found. This part of the myth in some way captured the essence of her desire to be seen or to be found. It occurs to me that in the storytelling following the witnessing of self-expression a form of conscious reflection was made about her, one that she could relate to and recognize. She could relate to the imaginary

stone and later recognize that she had been seen, responding with the smile filled with joy, the following week. Inevitably, the danger of misinterpretation exists, but there is some evidence to suggest that in these two consecutive sessions, Celia was able to engage in an imaginative process in a meaningful way. This could mean that a modified use of active imagination had taken place, in this instance, making conscious non-verbally through story enactment an unconscious process witnessed by the therapist.

The enactment holds the notion of 'pretend play' described as 'the discovery of non-verbal, symbolic play' (Chodorow, 1991:142), in other words when the child, or in this case the client, becomes sufficiently absorbed in and engaged with the story to take part in the enactment with her body through a movement or gesture. This quality of participation is a more conscious form of self-expression that requires a deliberate use of effort or energy, such as the moment when she actively takes the stone. In that moment, a combination of movement qualities forms the gesture combining elements from Time, Weight, Space and Flow. Therefore, this action or enactment, could be described as a 'conscious, ego-directed movement' that 'includes the voluntary aspect of our gestures, body carriage, work actions and play' and in terms of active imagination when, 'the ego interweaves with and helps give form to movement impulses that come from the unconscious' (Chodorow, 1991: 118). This leads me to conclude that the client had benefited from working with active imagination and may have reached a stage where play in the form of stories could be used more frequently as a therapeutic intervention.

In the next section I highlight parts of a recent session, as a way of revisiting the therapeutic interventions undertaken and to convey the progress that has taken place. It is interesting to note that I had a premonition prior to this session that the client would revisit a whole range of relationship models and indeed this is what happened. I cannot explain this apparent synchronicity but neither can I deny it. Clarkson makes a reference to this inexplicable dimension of relationship in the 'transpersonal relationship' both within Jung



and humanistic/existential perspectives saying that 'there is acknowledgement of the influence of the qualities which presently transcend the limits of our understanding' (Clarkson, 1995:18).

Concluding observations

She was sitting upright, her head held straight (unusual), face to face with sustained eye contact and she smiled (2002).

I was sitting directly opposite her and my response was a feeling of an equal relationship. Her head was not tilted to one side, she was being direct and the relationship felt authentic. The smile conveyed the recognition of the other in relationship with her.

We repeated an exercise of pushing against soles of feet and she responded, pushing, finding and using her strength and as she did this she laughed spontaneously (2002).

By exerting effort in this way Celia had to find her centre and her power and this engendered a stronger sense of herself. The laughter of self-recognition is referred to in the five symbolic events when occasionally 'usually in the midst of movement, the mover laughs ...this one expresses joy in the sheer exuberance of bodily motion' (Chodorow 1991: 141).

I affirmed this interaction...her face lit up with another smile as we made eye contact once again...then Celia reached out her hands... towards me at chest level (2002).

Here was a moment of contact, relationship and communication.

Celia initiated holding hands and began to rock forward and back and then from side to side, swaying her torso and head in a flexible, free flowing way and I experienced this as a soft, melting into a more three dimensional use of space (2002).

This shift into three-dimensional movement denotes a more integrated sense of wholeness and can be linked to the symbol of the circle or mandala.

Celia pulled me towards her and suddenly lunged

as if gathering momentum and softly rolled to one side of me and she positioned herself in a 'being held' position...reminiscent of the infant being held by the mother...I experienced strong maternal counter-transference (2002).

Celia was clear of her need 'to be held' and chose the exact posture required for this instinctual need to be met. Through holding and allowing her to express her need symbolically I was supporting a moment of regression. Woodman 'says she does as much holding as necessary ...when someone regresses into preverbal material' (McNeely, 1987: 63).

She repeatedly reached out...placed my hand on her head, face, ears, eyes, nose and mouth (2002).

She was communicating or bringing attention to all her senses in relationship to me. There was a strong feeling component to this interaction.

She suddenly moved to a crawling position ... and began to sway her body and head... I mirrored these movements, being with her (2002).

My counter-transference was a feeling of withdrawal and a return to isolation.

Celia turned around to face me...close proximity...eye contact immediate and sustained and she smiled once again. I began to sing the goodbye song and she seemed to join in, humming in a throaty, short and sudden way (2002).

Celia used her initiative and placed herself in a 'person to person' relationship (Clarkson) described earlier as authentic or in an 'equal or shared' relationship in terms of Sherborne's model of relationship.

This final selection of vignettes from one session travels through many phases of our therapeutic relationship. You could say her story was unfolding in that one session, rather like a revisiting of past experiences.

Conclusion

The approach described here has been to build on early stages of development (Erikson)



such as basic trust, autonomy and initiative; these appeared deficient in the early stages of the therapeutic process. Sherborne's model of relationships (with, equal and against) has been a useful framework to support the use of movement with touch, and this form has proved to be a powerful therapeutic intervention. Laban movement analysis helps to describe observations clearly and identify internal or external qualities and patterns of movement. Body and spatial awareness is included in the analysis and these have been considered throughout.

I have used Chodorow's five symbolic events to explore early developmental stages in terms of movement and Jungian psychology. Some interesting co-relations to the senses and the primal affects can be found in the *Moving Imagination* (Chodorow, 1991: 84) and this work may be relevant to the client group exemplified by Celia. In terms of the senses, there was a progression from the hidden face to openly being seen. The links between the smile, laughter and contact with those parts of her concerned with the senses could suggest her acknowledgement of having been witnessed/seen and having the depth of her feelings understood. Ultimately she was able to re-experience this work in a more conscious way. Her capacity to self-reflect has increased as she has become more conscious of her movements and gestures and in the way she relates to another. I suggest this has allowed her to internalise these experiences and integrate them.

This suggests that the work explored through 'being with', 'beginning of doing' and 'potential to play' has helped Celia gain a stronger sense of herself and more confidence in relating to her external world. Working with the essence of active imagination in its modified form, movement with touch and the use of story have provided a method of making her more conscious of her internal world. Her unconscious impulses, feelings and images have been witnessed, responded to and reflected back consolidating her own self-expression. Movement with touch and the use of story have proved to be powerful interventions and have supported the unfolding of this client's personal story.

I have proposed here that active imagination can help unfold a story in non-verbal work. The notion that non-verbal reflective techniques in the form of movement with touch can be an effective modified form of engaging with active imagination is central to this proposal. At a personal level I have discovered the use of story with non-verbal enactment can also be an effective modified form. I suggest that the therapist can use both these forms to assist in making the client's unconscious processes more conscious.

In light of the information presented, the difficulty of knowing whether my client could respond to the use of imagination seems less problematic now. It seems likely that Celia did not have an opportunity to develop and practise her potential to play. Through my own frameworks of 'being with', 'beginning of doing' and 'potential to play', I have presented vignettes showing what happened and looked at the associated images or feelings. I have described the therapeutic interventions and the responses to these. I have drawn extensively on Chodorow's work, as it has been a constant inspiration to me. As a result of this study I have become more aware of the possible correlations between the senses and primal affects and I hope to pursue this further. I realise there are alternative ways of viewing this case study and I have chosen one particular approach; the essence of active imagination and how it can be used within Drama & Movement Therapy (Sesame) specifically in terms of movement and the use of touch. I have no doubt that these methods could and do apply to the other art forms within this training as they are not exclusive to each other and movement is inherent to all of them.

It is striking that the origins of the Sesame story 'finding the treasure within the cave' parallels both the client's unfolding story and the moment that she engaged with finding the precious stone, hidden beneath a rock.

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WORKSHOPS & COURSES

Open Workshops with Amici

For all those interested in the field of integrated dance/theatre practice. The workshop lead by Amici Dance theatre's Artistic Director, Wolfgang Stange, gives an opportunity for a range of interested professionals to observe at first hand the practices and methods that Amici use when creating work.

2005 represents the 25th anniversary of Amici Dance Theatre Company – one of the first inclusive and integrated companies in Britain. As part of the week of events celebrating this milestone, Amici have agreed to present two evenings of open workshops to share their working methods with a larger audience.

Amici are contacted daily by students, teachers and other professionals from Britain and around the world who are keen to experience at first hand how the company create their work. To allow more people an insight into this work Amici have decided to set two evenings of workshops on the main stage of the Lyric Theatre in Hammersmith and to invite audiences to watch the process and then discuss it with a panel of professionals from the world of integrated arts. The idea was initiated by similar events that the company and its founder Wolfgang Stange took part in in Japan where this form of accessible workshops is a much-used tool for teaching and informing a wide community.

On **Wednesday 15th June** Amici members will be joined on stage by members of IndependDance, an integrated dance company from Scotland, and the workshop will end with a performance of their work *Four Last Songs* choreographed by Royston Maldoom, before leading into the panel discussion. The panel on this evening will be made up of Wolfgang Stange, Royston Maldoom, Karen Anderson of IndependDance and Celeste Dandeker from Candoco Dance Company.

On **Thursday 16th June**, Amici will be joined on stage by members of Miyagi – an integrated dance company from Japan – and by visiting dancers from integrated projects in Egypt and at the Norwich Playhouse. The panel will be made up of Wolfgang Stange, Colm Gallagher – Amici Education Director, Toshiaki Sadayuki – Artistic Director of Miyagi and Richard Stilgoe from the Orpheus Centre.

We feel that this opportunity would be particularly relevant to your area of work and study and hope that you will be able to attend one of the evenings.

For more information about Amici and their work please visit their website on www.amicidadance.org or feel free to call Charlotte Cunningham or Brooke Russel on 020 8964 5060. To book tickets please call Ticket Office on 08700 500 511 (15th & 16th June 7.30pm – Tickets £2.50)

BODYMIND ATTUNEMENT with Ruth Noble

Eight Sundays, London: October 2005-July 2006.

Introduction: September 18 2005

Bodymind Attunement is a form of self-healing, guided by Spirit, which supports developing greater integrity between inner and outer _expression, in order to align with the soul's purpose.

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Bodymind Attunement uses relaxation, inner observation, and gentle physical movement

'to release people from the anchor of their shadow, for the soul to remember who we are, what we are, and what we have come to do'

Ruth Noble is a Bodymind movement healer and teacher, and has been in practice with groups and individuals since 1981.

For details telephone: 01364 649 192.

Email: frankandruth.noble@btopenworld.com



Dance Movement Therapy and the Therapeutic Frame: dilemmas about short or long term clinical work. With Nina Papadopoulos SRDMT

Saturday 24th September 2005 10.30am for 11.00am start until 4.00pm

Venue, People Show Studios, Pollard Row, Bethnal Green, London. E2 6NB tel: 02077291841 www.peopleshow.co.uk

Tube/Train: Bethnal Green Tube on Central Line/Bethnal Green rail.

Limited Car parking available.

Workshop

Dance Movement Therapists work in a variety of settings with a wide range of client groups. As DMT is a relatively new therapeutic intervention and it is also fairly flexible, not much attention has been given to the specificities and uniqueness of its Therapeutic Frame (i.e. aims, duration, frequency, setting, therapeutic relationships, professional networks, etc). In this workshop, we shall address general issues concerning the optimum parameters of DMT's Therapeutic Frame as well as specific issues about real concerns of everyday practice. In particular, we will explore, through movement and verbal interactions, dilemmas about the optimum frequency and length of client engagement in relation to client symptoms and work setting. With hardly any scientific data in a professional world ruled by evidence-based practice, how do we decide on the therapeutic frame? What are the benefits of 'short-sharp' interventions? What are the advantages of long term treatment? And, above all, how should this affect the way we negotiate our employment and therapeutic contracts?

NINA PAPADOPOULOS is a Senior Dance Movement Therapist working in the N.H.S. and in private practice as a therapist and supervisor. She is a lecturer at the University of Roehampton and is involved nationally in the Education and Training of Dance Movement Therapists. She is also currently engaged in a number of innovative projects in the NHS and voluntary organisations extending the applications of Dance Movement Therapy. In addition she is a dancer and creative dance teacher working with young children within the state education system.

ADMTuk Students: £45.00/non member students: £60.00/ADMTUK Members: £75.00/Non-Members: £90.00

There is a maximum of 20 places.

For **enquiries and booking** information please email: admtukworkshops@hotmail.com or call the Workshop Co-ordinator on 020 77394 393/ 07986517883

Booking form:

Workshop: Dance Movement Therapy and the Therapeutic Frame: dilemmas about short or long term clinical work. With Nina Papadopoulos SRDMT.
Date: 24 Sept 2005. Venue: People Show Studios, Pollard Row, London, E2 6NB tel: 020 7729 1841

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Workshops: Integrative Bodywork & Movement Therapy - UK

Linda Hartley continues to offer a programme of training and professional development courses based on Body-Mind Centering(R), Authentic Movement and Somatic Psychology.

Training courses offered from September 2005 are:

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

~ Somatic Psychology

Two introductory workshops in Authentic Movement will also be offered in London on July 2-3rd and September 18th, 2005, followed by an ongoing group which will meet monthly on Sunday afternoons.

To receive a programme please contact Linda, giving your full postal address:

Tel: 01799 502143

e-mail: linda.hartley@ntlworld.com



Brief Reports from The Field

News about developments for Arts Therapies from the AHP & CE Network in Scotland

- The purpose of this network; “ is to provide a communication network and resource which will promote high quality evidence based services to the people in Scotland”

On the 1st and 2nd of November 2004 two training days to include arts therapies practitioners were hosted by QIS (NHS Quality Improvement Scotland) near Edinburgh . QIS is essentially concerned with encouraging the establishment of AHP networks that can then work in multidisciplinary ways and promote clinical effectiveness and set up for example joint research projects.

Twenty arts therapists attended these two training days and all four modalities were represented and we had representatives from many regions including Borders and Dumfries & Galloway, Ayrshire and Glasgow, Lothian & Edinburgh, Forth Valley, Tayside; Grampian Highlands and Orkney. This was a great and rare opportunity to meet and for such an important event and was met with much enthusiasm.

Although this was a Scottish initiative, Jeannette Mac Donald attended to represent ADMT UK Executive. Jeannette was very impressed by the models employed by QIS for demonstrating CE (clinical effectiveness), networking and raising the profile of the arts therapies generally by showing the value of our interventions across all practice areas. These practice areas to include not only the NHS but also the Private, Voluntary, Education and Social Services Sectors and jointly funded projects. Whilst acknowledging the size, population and funding differences between Scotland and the rest of the UK this model could work well on a regional basis in England and Wales.

It is important that our four arts therapies modalities seize this opportunity which has emerged directly from Katrina Millhagen’s (BAAT) secondment as

Arts Therapies Facilitator/Chair until September 2005. The remit includes:

- Establishing a communication network across Scotland. This will involve a mapping exercise to identify where we are all based and what services we offer. Information on new initiatives and suggestions for projects will also be captured.
- Identifying Regional Representatives who can support the networks as they develop
- Liaison with Professional Bodies to identify what the professional needs are in Scotland and with that potentially UK wide
- To encourage the development of workshops and network events to share practice and identify learning needs.
- To collate relevant information including professional associations information on clinical effectiveness initiatives and use the QIS website for the dissemination of this.
- To link with UK wide initiatives like Arts Therapies practice research network ATPRN and AHPF reps.
- To utilise and link with already existing Scottish arts therapies organisations like SATF (Scottish Art Therapies Forum)
- The network will be an ongoing self run group after the initial set up and running of the network from October 2005 with a days secondment for the Chair
- For more information see the website:
www.show.scot.nhs.uk/cesahp

Katrina Millhagen, Arts Therapies Network Facilitator

Jeanette McDonald, ADMT UK Executive

For further information, Jeanette has kindly given her contact details regarding this information should you wish to know more:

jeannette@exedance.demon.co.uk



For information, this is the new website address for the New York State chapter of the American Dance Therapy Association should you wish to visit it:

<http://www.nysadta.org/>

This is a message passed on by Penny Best for information; news that there is now an established Association for creative arts Therapies in the Netherlands:

Dear Colleagues in Dance Movement Therapy

At this moment the **Dutch Association for Creative Arts Therapies** has a small section for Dance Therapy.

Details: Gorry Cleven, Chair of the Dutch Association for Creative Arts therapies

Dutch Association for Creative Arts therapies - section Dance therapy.
Nederlandse Vereniging voor Creatieve Therapie The Netherlands
NVCT
Fivelingo 253
3524 BN Utrecht
0031 302800432
www.creatievetherapie.nl

Sincerely
Gorry Cleven

Ayla Michelle
Trainee Dance Movement Therapist
Goldsmiths College, University of London.

Playing with Daniel

Dawn and Sam Wadejo, a couple living in Whitechapel, London, are flying in the face of the experts and attempting to build a bridge to their autistic son Daniel. As Daniel is unable to join his parents in their world, they are finding ways to join him in his, to be as much a part of his life as they can without attempting to alter him.

Dawn started looking into Play Therapy in November 2003 then at the start of 2004 with Sam, went on an intensive week-long Son-Rise play therapy programme in the US. This was the start of Daniels healing process and the family remains in on-going contact with Son-Rise programme facilitators in the UK.

Today, Spring 2005, Daniel's exclusive and repetitious activities include playing harmonica, singing, staring, bouncing and rolling on a ball, playing with cars and trucks, watching himself in the mirror while playing with an object, looking at books, reciting stories and numbers and playing with food. He rarely makes eye contact and has few verbal and social skills. His parents have set aside a safe, specially designed playroom and one at a time try to enter Daniel's world, when Daniel rocks Dawn rocks, when Daniel plays with cars and trucks Sam tries to do the same. They join in his activities not to mimic him but to experience and understand what he gets from these typically autistic repetitive behaviors. Daniel's healing process is not a miracle cure which happens overnight, it takes dedication and time, not to mention an open mind and plenty of energy and enthusiasm.

Daniel's play therapy takes place in the evenings and at weekends; he needs volunteers for just a couple of hours a week to cross the bridge into his world. Dawn can show you the ropes, there's less to learn than allowing Daniel to show you his world.

Give Dawn a call on: **020 7247 0523** and check out the Son-Rise Programme at:

www.son-rise.org



Journals and Book Announcements

New Book from USA

Creating Connections Between Nursing Care and The Creative Arts Therapies: Expanding the Concept of Holistic Care

A brand new publication - designed to educate health care professionals about creative arts therapies and to build collaboration in various health care settings.

The editors are Carole-Lynne Le Navenec and Laurel Bridges, ADTR - the midwives (so to speak) of several years of work in the labor intensive process of producing this wonderful collection of 20 chapters by more than 20 writers, 370 pages, indexed!

The publisher is Charles C. Thomas at www.CCTHOMAS.com

We are pleased to announce here in e-motion a new book:

Linda Hartley's new book:
'Somatic Psychology: Body, Mind and Meaning',

was published in September 2004 by Whurr Publishers Ltd. ISBN: 1-86156-430-9.

The book can generally be ordered from bookshops, from Amazon, or directly from the distributor: Extenza-Turpin: Tel: 01767 604965

New book release:

Movement and Making Decisions: The Body-Mind Connection in the Workplace by Carol Lynne Moore.

144 pages \$21.95 Library-bound Hard Cover
ISBN: 1-4042-0562-4

To order visit the Rosen Publishing Group website at:

www.rosenpublishing.com

(Click purple oval icon for Dance & Movement Press)

Body, Movement and Dance in Psychotherapy
– new journal starting 2006!

A special subscription offer for ADMT UK members: £10 only!

Body, Movement and Dance in Psychotherapy is a new international, peer-reviewed, bi-annual journal exploring the relationship between body and mind and focusing on the significance of the body and movement in the therapeutic setting. It is the only scholarly journal wholly dedicated to the growing fields of body (somatic) psychotherapy and dance movement therapy. The body is increasingly being recognized as a vehicle for expression, insight and change. The journal encourages broad and in-depth discussion of issues relating to research activities, theory, clinical practice, and professional development.

Body, Movement and Dance in Psychotherapy welcomes papers belonging to different categories of a) clinical practice, b) theory, c) research, and d) professional issues. For more details on these sections and the types of papers, visit <http://www.tandf.co.uk/journals/pdf/tbmdcfp.pdf>

Contact the Editor-in-Chief, Dr Helen Payne, for additional information and for submissions at:

Dr Helen Payne

**Reader in Counselling and Psychotherapy
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Body-Mind-Centering **A BMC school course in Manchester**

Our courses explore the various body systems developmental stages and movement patterns through experiential learning. We bring awareness to all the tissues, and body systems through somatization exercises including movement, touch, vibration, sound and imagery. We work with the belief that each cell has consciousness and that new experiences and learning on a body level can open us to new mind states. As we experience different body-mind states and movement patterns we can open to changes and new possibilities within and around us. Exploring in this way is how we enter the BMC embodiment process.

Embodying The Nervous System;

The Nervous system coordinates all our activity and rest, stimulating, inhibiting and balancing all of the body tissues and influencing their function through the communication of conscious and unconscious thoughts and emotions. We will study the Somatic and Autonomic aspects of the Nervous system, seeking balance and integration of physiological and psychological function, and explore how nerve tissue itself can support integrated movement. Through embodying the Nervous system as cellular and organic tissue, tension within it can be released; the imprints of early trauma and disruptions of natural function may be resolved as pathways laid down in earlier life are reorganised through the use of focussed touch, awareness and movement repatterning.

Research in the field of neuroscience is now showing how early emotional and relational experienced are imprinted within the brain and nervous system, influencing psychological as well as physiological function throughout life. Somatic work which addresses neurological patterning directly may be able to enter this neuropsychological matrix to support new pathways of experience and behaviour. This potential can be explored as the Nervous System is embodied.

Dates:

Oct 21-24 - Part 1. (4 days) The course includes anatomical information and focus on the autonomic nervous system.

The teachers are *Myra Avedon*, (co-director of the BMC School with the founder Bonnie Bainbridge Cohen), *Linda Hartley*.

Oct 28-30 - Part 2. Deepening part one with primary focus on the somatic nervous system. Teachers *Sharna Travers and Myra Avedon*.

Cost in Euros or sterling equivalent;

E100 a day. Whole course E700. Part E400; part 2 E300.

The course will take place at Waterside Arts Centre in Sale, Manchester M33 7ZF.

Contact Katy Dymoke (European representative on the BMCA board) for details, accommodation and registration forms.

K Dymoke, 180 Stamford St, Old Trafford, M16 9LU
0161 868 0509.



Therapists and Supervisors

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

Dawn Batcup, SRDMT

is available for supervision or DMT in South London. Tel. 020 8682 6236 or email: dawn.batcup@swlstg-tr.nhs.uk

Leah Bartal, SRDMT

Offers Group Supervision making Masks as a tool to uncover unconscious interactions between therapist and clients.

Offers individual Dance Movement Therapy, Feldenkrais and Authentic Movement. Leah is a qualified Psychosynthesis Therapist, and Jungian Analysis: she works in North-West London and internationally. She is co-author of "the Metaphoric Body" and "Movement Awareness and Creativity".

24 Winchester Road, London NW3 3NT
Tel/Fax: 020 7722 9768

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.

yevafeldman@prevyet.freeserve.co.uk

Linda Hartley, MA, SRDMT, BMCA, RMT, UKCP registered psychotherapist

offers personal therapy, integrating Authentic Movement, Body-Mind Centering and a transpersonal and body-oriented approach to Psychotherapy. Supervision is also available. London and Cambridge. Tel: 01799 502143

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

Martina Isecke SRDMT, Teacher, Dance Artist, Psychologist.

Offers individual and group dance movement therapy, supervision, dmt workshops and dance tuition at Lanzarote, Canary Islands, Spain. Tel: 0034 680588728 or e-mail: tinaise@yahoo.co.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

Fran Lavendel, MA, SRDMT, BMC practitioner

offers individual sessions in movement psychotherapy, interweaving DMT, Authentic Movement and Body-Mind Centering. An ongoing Authentic Movement Group that meets monthly in Penicuik or Edinburgh welcomes new members. Supervision for trainees or practitioners is also available. Tel: 01968 676461

E-mail: lavendelmaclea@ednet.co.uk

Jeanette MacDonald, SrDMT, ARAD

Is available for individual therapy and clinical supervision in London and Exeter.

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Bonnie Meekums SRDMT, UKCP registered psychotherapist

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

Contact: 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



Dr Helen Payne, SRDMT, Fellow ADMT, UKCP Registered Psychotherapist offers training and therapy, on-going supervision is available for qualified and trainee dance movement therapists. Dr Helen Payne is also trained in authentic movement and integrates this into her private practice. Please contact Helen on 01707 285861 or E-mail: H.L.Payne@herts.ac.uk.

Helen Poynor SRDMT available for individual movement therapy and supervision in East Devon & Totnes. Also Walk of Life Movement Workshop programme in West Dorset/Devon. Halprin trained. tel: 01297 20624.

Sandra Reeve SRDMT

is available for movement therapy and supervision in SW England. (Dorset)

Move into Life workshops available for personal and professional development: movement observation, movement reading and communication as therapeutic skills.

Tel: 01297 560511 Email: sdreeve@aol.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

Susan Scarth MCAT, Sr DMT

Mental Health Resource manager and DMT Adult Psychiatry (W.Midlands), Acting Course Leader DMT MA Programme (London) - from Easter '05 Susan is available for individual and group clinical supervision (West Midlands area), workshops and consultancy. Contact: Tel. 07769 644569 or e-mail s.scarth@gold.ac.uk & sbscarth@hotmail.com

Rosa Shreeves, dance artist, SRDMT, UKCP offers individual therapy, supervision, massage in West London.

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Tel. 0208 995 5904 email roger.north@btinternet.com

Marion Violets, SRDMT

The Willows, Rhydowen, Llandsul, Ceredigion SA44 4QD Tel: 01545 590 315 or 07973415287

marionviolets@magie.freeseve.co.uk

- 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.





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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.

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