

# e-motion



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

### Finding a balance.

As we prepare this edition of e-motion, we fast approach the winter solstice; a time to light candles in the darkness and to share stories around the fire; a time to come together with those we love and celebrate the new life, which will arise from the dormant winter. It is also a painful reminder for many of their alienation from family and community, reflecting the disconnection which can ripple into the collective psyche. It just so happens that our preparations also coincide with a full moon at its perigee, that is an elliptical lunar orbit which brings the December full moon closer to the earth than it has been for 15 years (the next will be on November 14<sup>th</sup> 2016!). The other night the full moon, a symbol of growth and fulfilment, shone with a pregnant glory rarely seen, as it orbited 18,400 miles closer to earth, pulling the tides a couple of inches further inland than usual. It reminded me of the importance of attending to the natural, self-organising rhythms of nature and that we, as humans are part of those changing cycles. We are supported by an inbuilt, self-stabilizing balance of life and to lose sight of our natural life-rhythms disconnects us from this system. This edition of e-motion urges us to heed the balance of both internal and external systems and this theme is given shape by **Geoffery Unkovich's** article, *'Thank you – I will have my body back now!'*, in which he shares a personal somatic experience. Geoffery's article offers us, as DMP practitioners, an important message in self-care as he is confronted by an internal system which becomes out of kilter with a sustainable rhythmic flow. As readers, we are witness to a process of transformation '....via a potent alchemy of self-reflection..' and perhaps we recognise how easily the visceral intelligence of the body can be overridden by the mind in a reluctance to heed the internal messages of the body, when it is clear that the 'engine is shutting down'. Geoffery concludes with a quotation from Satish Kumar's 'A Declaration of Dependence', which urges us to embrace our vulnerability and humility as we '...declare our utter dependence on the Earth, and on each other:'. We are part of a wider system and as individuals are strengthened by our community. We need to maintain a strong system of support as part of balancing our internal systems with the external systems around us.

The systems within which we work as therapists can sometimes present us with seemingly

insurmountable obstacles as we endeavour to facilitate deep and sustainable growth for our clients. Someone said to me recently that, as a DMP, they often feel powerless to effect change in the face of the mighty machines of education, health and social services, as she found her work caught up in officious bureaucratic demands, a quest for targets, financial prudence, and health and safety. But if the wider system has the potential to impact so powerfully on the individual as a component part, then perhaps the reverse is also true. Perhaps each of us, as integral components of a greater whole, can, like one small cell in a larger body, effect change, as small moments of profound healing ripple out into the system. **Dawn Batcup's** article *'Evidence for the Effectiveness of Dance Movement Psychotherapy with Adult Inpatients in a Ward for Adults with Mental Health Problems in London'* is an example of how the healing potential of DMP is becoming recognised within the health service. Dawn brings light and optimism into the darkness as she shares a research project which demonstrates how Dance Movement Psychotherapy can be an effective treatment intervention for in-patients with acute mental illness. As Dawn explains with such clarity, this piece of research supports the recent guidelines under consultation from The National Institute for Health and Clinical Excellence (NICE) which recognises the potential of the Creative Arts Therapies in addressing the symptoms of acute phases of mental illness for in-patients with schizophrenia. Dawn outlines the framework of the study and shares her findings that the DMP group facilitated an expressive outlet even for very withdrawn patients. The key findings of the study are most encouraging and support the recent guidelines under consultation from The National Institute for Health and Clinical Excellence (NICE) on schizophrenia, which propose that the creative arts therapies are an effective intervention for inpatients in the alleviation of negative symptoms.

In relation to this subject, we have news from **Nina Papadopoulos SrDMT** detailing the exciting developments for DMP and the treatment of Schizophrenia in our **Brief News from the Field** section. This is important information for all who are interested in or already working with people suffering from schizophrenia.

Our **Dancing Dialogues Forum** includes **Fiona Hoo's** response to the use of music in DMP practice



as she shares her thoughts on the ways in which music can serve the process of containment and facilitate non-verbal connections.

We also reprint **Rosa Shreeves'** image and some words that were omitted from the previous edition of *e-motion*, and thank her again, for her contributions.

We have a new section titled **Research Listings**. This has come about in response to our more senior members who have been doing some very important work for the profession, including **Professor Helen Payne**, who details her research work with adults in primary care, and the substantial job opportunities that have resulted in this evidence based research. **Bonnie Meekums** also writes with news of her group research into 'experiences of sexual attraction to clients in therapy and related activities'. She

makes a request for professionals to participate in interviews for this ongoing research.

We have a very full section for **Workshops and Conferences** and include a **Training Courses section** due to a new course at Hertfordshire University. This is indicative of an abundant year ahead.

So in the shadow of a fullest moon for many years and with the winter solstice upon us we wish you all a jolly good read and look forward to hearing from you with any thoughts inspired by the articles in this edition as well as any articles you might like to share with the readers of *e-motion*. May we leave you with the thought that each of us has the power to change the world, as to effect change in the individual is to influence the wider system.

Wishing you an abundant year ahead,  
Caroline Frizell and Tracey French, *co-editors*.

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## Research Listings

### Creation of Jobs through Research

#### Professor Helen Payne

Research led by Professor Helen Payne into medically unexplained symptoms in primary care has found a significantly strong benefit for the use of DMP with this hard to reach patient population.

Consequently there will be substantial work for people trained in the approach from April 2009 onwards in North and East Hertfordshire PCTs.

A handful of local practitioners to run these groups have been trained through short courses however many more will be required over the coming 12 months.

The training will commence next year during weekends: 23-25 January 2008, 13-15 March and 8-10 May followed by further one day workshops which delivers the specific approach developed for this population.

If you are qualified to Masters level in DMP and interested in further training in order to run regular weekly 2 hour sessions with this population please contact Professor Payne as a matter of urgency for further details: [H.L.Payne@herts.ac.uk](mailto:H.L.Payne@herts.ac.uk) or 01707 285861

### Have you successfully managed sexual attraction to a client or supervisee?

We are a group of researchers from the University of Leeds, including SrDMT and Fellow of ADMP UK Dr Bonnie Meekums, who seek to interview practitioners offering therapy independently or in small organisations about their experiences of sexual attraction to clients in therapy and related activities, e.g. supervision. We aim to collate examples of situations experienced as sufficiently problematic to require thought and psychological work, but where the accepted professional boundaries have been maintained. Our particular focus is on the resources and strategies that practitioners draw upon to manage threats to sexual boundaries and on what might enhance or compromise the use of these resources and strategies.

If you are interested in finding out more about this research, you can do so via our website on [http://www.leeds.ac.uk/hsp/hr/psychiatry/courses/dclin/staff\\_research\\_projects.html](http://www.leeds.ac.uk/hsp/hr/psychiatry/courses/dclin/staff_research_projects.html)

If you are interested in taking part, please contact: **Dr Bonnie Meekums** by e-mail on [b.meekums@leeds.ac.uk](mailto:b.meekums@leeds.ac.uk)





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# 'WALLED' – A site specific performance

Image and words by Rosa Shreeves

**With reference to e-motion Vol: XVIII, No. 3, Autumn 2008**

e-motion editorial team would like to make an apology to Rosa Shreeves who sent in this image to be placed in the last edition of e-motion originally with these words. The words were unfortunately omitted from the original article written by Rosa, and are placed here again, giving context to the reader. Once again, we thank Rosa for sharing so generously her work with us all.



WALLED, a site specific performance composed in the crypt of a convent in Antigua, Guatemala, April 2008. Photograph: Fred Zambrosky.

.....image, light, shadow, walls and echo.....

The above is an illustration of an integrative approach where the light and the echoes are the music already there in the space.

Rosa Shreeves



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# Thank You – I will have my body back now!

Geoffery Ukovich



A message in self-care from a movement practitioner

I wish to share a somatic experience as a way of highlighting the need for self-care when we work so intuitively, purposefully, or empathically with our bodies in interaction. My body has been the prevailing instrument of my personal and professional life for thirty-four years, although my body's journey in creative movement began many years before that. I began dancing at the age of six so have been 'on the move' now for forty-five years. This incessant motion has led me through multifaceted voyages of discovery in my personal and professional life that give substance to a life story in the creative art of dance.

My life in movement incorporates the teaching of jazz dance in higher and further education, facilitating Dance Movement Psychotherapy (DMP) sessions for adults with profound and multiple learning disabilities (PMLD) and with elders in a residential home. I sometimes facilitate DMP sessions for adult mental health, in which I work as a project leader at a day centre for adult mental health. Then there is the associate/visiting lecturer role in DMP training at Goldsmiths University London and at Roehampton University London. Several times a month I improvise with a group of musicians developing performance projects. I am also chair of the Association for Dance Movement Psychotherapy UK. This diverse mix of work means that I have a continuously moving body.

As a consequence of this life in movement, I was brought to a sudden and shocking STOP several weeks ago. My body, or was it my mind, insisted that I should NOT MOVE as I was satiated with movement. As I was to discover, this movement that filled my physical being was that of others! I interpreted this experience as a somatic manifestation of others' symptoms, physicality and needs. Suddenly immersed in this somatic consequence of my life in movement I learnt a valuable lesson in self-care.

## **The Familiarity of Pain!**

I am familiar with the physical pain of muscle injury, joint strain, and skeletal misalignment that leads to sciatic discomfort. Through my exploration in Tai Chi, Feldenkrais, and breathing techniques I know just what my body needs to recover from muscle injury, tiredness or misalignment. Two years of Homeopathic treatment has also raised my awareness of dietary and herbal supplements which help my body to function most efficiently. Through repetitive movement in performance, choreography and dance education my skeletal system has an occasional tendency to shift off-balance, this leads to troubling sciatic pain in the back and down the thighs. I know this pain well and am able to manage my work load effectively with little time off to recover completely from pain or injury. The reluctance to take time off comes from many years of working as a freelance dancer, choreographer and teacher in the commercial dance sector. Time-off meant no salary in this career, so I was habitually resistant to being away from work, even when in pain.

## **The Shocking Immersion**

The day began like any other of the same in my working week, a morning DMP session and an afternoon session of creative music and movement (not DMP) for adults with PMLD. The DMP session involved profound client material related to an arthritic body of diminished and debilitated movement, with a wish to have it all end. A couple of hours later I noticed that the centre of my back, across the muscles of the lower ribs felt restricted. In the evening I moved on to an improvisation rehearsal with my musician colleagues. In a two hour period this involved around forty-five minutes of



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movement and sound improvisation, before I decided that I was tired enough to stop. When cooling down I noticed my back was still restricted and that I felt very tired. Making the train journey across London to get home was a challenging experience as exhaustion and lessening mobility set in!

I was not aware that the engine was shutting down!

Feeling exhausted I crumpled in to bed and anticipated a night of deep sleep before an important and long-awaited ADMP/HPC meeting the next morning. I tried all the usual methods of relaxation and distraction from the day's events; however breathing, visualisation, and light reading did not do their usual trick and sleep would not come.

My restless body began to communicate its discomfort in the usual pelvic way, restricted movement in the lower back and hips, sciatic pain through the hips and into the thighs, and a shortening of the breath. I lay there cursing my body and the misfortune of timing due to the meeting I had next morning. Moving in any direction was painful; staying in any position was uncomfortable.

I presumed that I was out of alignment and would struggle with this for about three days while I realigned myself, though the pain was more severe than usual and began to infect my whole body. My thighs, forearms, knees, hands, and calves filled with an unbearable ache from which I could find no release. I was particularly aware of distinct and unfamiliar pain across my right ribs and in my left hip. How would I ever make the meeting the next morning?

After a frustrating night's 'rest' I struggled to move out of bed, turning, sitting and standing were an immense effort filled with pain in all muscles and joints. I felt like I had been through the most rigorous dance class in my life that had overworked every cell of my being. Struggling to stand I hobbled to prepare for my meeting. Miraculously my body (or was it my mind?) did what it needed to do and I attended the meeting free of pain and normally mobile. After lunch with an Arts Therapy colleague, where I explained my experience I returned home, relieved that I was mobile and free from pain. Not for long!

There followed another five nights and days of excruciating and debilitating pain throughout my body. Moving in any way was a painful and exhausting experience. I felt the pain deep into the muscles throughout my limbs, in the nerve fibres of my arms and legs, and I experienced/reflected on the pain at a cellular level. Should I go into the pain or should I resist it? This dichotomy arose in the fog of pain in which I was immersed. I had no strength; I could not move down one step as the pain in my thighs would not allow the strength needed. I could not hold a cup of tea with one hand as it was too heavy and painful for either hand alone. When holding a pen to write down advice, I discovered that my

fine motor skills were inhibited; I could not easily hold the pen or write legibly.

In sleep I was almost frozen into positions and unable to shift. The pain of initiating movement was the most intense and it took some courageous rocking and rolling to shift my weight. It took all my will and determination to move, knowing the need to shift drove me on and made me move, the discomfort made me move. I used my hands and arms to lift and move my legs. My hands and forearms were hot, on fire and locked. I experienced my hands as being in gloves that were packed tight with heat, restricting manipulation of my fingers. I experienced this in my whole body, there was no room left to move! There was no oil left to move the machine. I wondered more about 'going into' the pain to see what it said - or to 'fight' the pain - I wondered about my skills and knowledge in pain management, or for dealing with personal pain.

After three days I hobbled my way to the doctors, each foot being carefully placed halfway along the other as my pace was so restricted. There was no advice or diagnosis the doctor could give as it was inexplicable to the medical mind! The following day I hobbled my way to have blood tests, they were all normal. The following day I walked slowly to the osteopath, to be told that my alignment was very good! With advice and remedies from my homeopath, a good meal from a dear friend, lots of long hot baths and being forced to STOP, I gradually recovered as the pain left my body.

Through seven days the pain gradually seeped out of my body and down to the earth. I became aware in walking and handling objects that the 'disability' remained longest in the extremity of my limbs. I experienced my feet as being splayed skeletal pieces of metal slivers, with no shock absorbers in either feet or knees. As my mobility increased the pain remained longest in the front of my ankles and in my feet. This experience left me exhausted and weak, so for the first time I courageously took a further week away from all work. Knowing that for some work I would not be paid, however my body took precedence for the first time.

## **A Diminishing Support System**

What did I do most recently for this to happen?

Forgetting the infinitesimal responses of my body to all that I experience, I was not attuned to my body's multi-dimensional inhabitation of this physical being that is me! Where did this mis-attunement begin? Reflecting on my personal and professional life experiences of the past few months I am enlightened by the influences that have impacted on my physical being, and by the re-affirmation of my need for a strong support network.



Event	Benefits & Repercussions
Very good friend & colleague moves abroad	Loss of personal & professional support
Personal Therapy ends as therapist moves abroad	Loss personal support
Current Supervisor moves abroad	Less support & confusion over new supervisor
Pulled hamstring	Disabled/restricted all physical activity & created tension in physicality & breath
Mother arrives from abroad	Personal support & stepping back from work
Calf muscle strain	Restricted movement, particularly walking, created tension in physicality & breath
Improvisation Performance	Release, exhilaration, tiredness
Living alone/being single	Longing, hopes, dreams, frustration
Mother leaves the country	Loss of personal support, relief of calf strain
Deep physical attunement in non-verbal clinical practice	Session interrupted, felt close to tears, re-immersed but did not process own body responses sufficiently
Profound process re diminishing & debilitated physicality	Good for client, did not reflect later on own body response – restriction in back muscles
Improvisation rehearsal	Release of held energy and effort. Back tired and slightly uncomfortable.
Business meeting	Good for profession, body felt clear of pain and relatively at ease.
Five nights & days of pain	Loss of mobility, restricted, held, stopped, restricted breath

I believe there are several years of experience that have impacted on my body so I could venture back even further and make more links to this experience. What is evident to me is that I have made this journey without the release of all I have been holding for others. I have not freed my body from the influences of all that I do. In supervision I have reflected on my body being in continual motion and the physical repercussions I have experienced as a result of this. I have become more aware of my need to set aside time for my physical and psychological recovery. I need to allow further time for recovery that reflects the amount of movement hours I experience each week. Deconstructing the word recovery, I have revealed the essential need to 're-cover' my being within a state of ease or rest; a psychological and physical re-recovery which allows restoration and ownership of my body.

### **The Body on Loan!**

Coming out of this experience, I feel as if my body has been on loan for many years. On loan to dance teachers, choreographers, dancers, directors, producers, costume and lighting and set designers, dance students, osteopaths, chiropractors, masseurs, musicians, DMP tutors, lecturers, researchers, clients and ADMP. My physical being has provided a mode of communication, creativity, research, facilitation, and learning for all of these professionals. I do not regret any of this, as I have experienced an extraordinary array of movement under their gaze and tutelage which has led me to this moment.



## Reclaiming My Body

Within this journey I felt like a prospector mining for gold (Kvale 1996, p3), allowing me to gather nuggets of precious material to weigh-up, value and treasure for future reference. These nuggets were initially full of pain and confusion. However transformation has occurred via a potent alchemy of self-reflection, and I am now able to consider more lucidly the accumulative impact of a life-long career in dance. The pressure to perform as a dancer, as a dance tutor, and as a Dance Movement Psychotherapy tutor, leads to constant shifts in my physical being as I shape the psychological and physical space of myself and others. When I reconsider the pressure to persist against the odds as a freelance dancer/choreographer in the commercial dance sector, the adage 'you are only as good as your last performance' springs to mind. In those years the financial realities of earning enough to survive led to high anxiety in the hope of making ends meet. Letting go of these past anxieties and trusting my career in DMP has been part of this journey.

I continue to reflect on my acknowledgement of pain, and whether/when I will go into this deeper or for how long I will continue to resist this needed exploration. Writing on 'the body as shadow' Linda Hartley (2004, p25) says

'The hope is that, as the body as shadow is acknowledged, owned, understood, and its processes integrated into consciousness, the body becomes a guide and teacher in our development, indicating where we are out of balance, where we have strayed too far from our path, where we have overstepped our limitations or not met our basic needs, and where wrong attitudes are keeping us stuck and immobilized' (p26).

I may need time away from work to explore this safely; to explore the vulnerability of my body and the internal messages I am reluctant to heed as a movement practitioner; time away from technological devices that surround me and insist on my immediate response.

My new supervisor provides space to allow my body to be heard and not to be overruled by my mind; space to allow my breath to be heard as I intentionally re-cover my body. My friends and family are a phone call away; there are emails, and cards, and letters, and gifts and photos to strengthen our thoughts and memories. There is the world around me to breathe in audibly, aurally and visually, and the earth to touch and hold. My re-covered self feels stronger and lighter, and has space to breathe as I move in relation to all that is around me.

Satish Kumar writes in 'A Declaration of Dependence'

'... Earth grants us a sense of place, from which we derive our identity and belonging. Earth is the source of music, dance and delight. It is the source of beauty, wisdom and insight. For our existence and experience, for our happiness and health, for our nutrition and nourishment, we depend on the Earth. We depend on the love of the beloved, the beauty of the beautiful and the goodness of the good. Embracing vulnerability and humility, let us declare our utter dependence on the Earth, and on each other: You are, therefore I am' (p183).

To all those I have met and who have helped me on my way, I treasure your continuing guidance and support, however I must say

*Thank You - I Will Have My Body Back Now!*



**Post-script** – Leave the work at work, my living space is not an office, I am just another human being, take time to recover – and as a DMP consultant offered recently – **Breath out – the in-breath will take care of itself.**

Geoffery Unkovich

## References

- Hartley, L. (2004) *Somatic Psychology – Mind, Body and Meaning*. London: Whurr Publishers Ltd
- Kvale, S. (1996) *Interviews, An Introduction to Qualitative Research Interviewing*. London: Sage Publications
- Kumar, S. (2006) *You Are Therefore I Am, A Declaration of Dependence*. Devon: Green Books



# Evidence for the Effectiveness of Dance Movement Psychotherapy

## With Adult Inpatients in a Ward for Adults with Mental Health Problems in London

Dawn Batcup SrDMP

Recent guidelines under consultation from The National Institute for Health and Clinical Excellence (NICE) say that during the acute phases of mental illness, the arts therapies should be offered to people with schizophrenia in inpatient settings as it is particularly effective in the alleviation of negative symptoms. (1.3.4.3 Page 19, NICE guideline 2008)

### *Previous DMP Research*

Dance Movement Psychotherapy (DMP) is the youngest of the professions collectively referred to as the arts therapies or arts psychotherapies. As such, there is specific evidence in the form of a randomised control trial (RCT) by Rohricht and Priebe (2006) where the effectiveness of Body Oriented Psychotherapy was observed and measured in relation to a reduction in negative symptoms experienced by a group of people with schizophrenia. Alongside this RCT and other evidence cited by the NICE guidelines, there are also the findings which show how DMP increased social behaviour and bonding in Forensic populations in Psychiatry (Milliken, 2002) and a meta-analysis which demonstrates that DMP is effective with psychiatric populations (Cruz and Salbers, 1998). Additionally there is an abundance of qualitative evidence in the form of case studies about the effectiveness of working with people in mental health settings at all stages of their illness and recovery in both group and individual DMP in a variety of settings. See for example Payne (2006), Stanton-Jones (1992), Batcup (2004, 2008) Meekums (2002) and others. The recent launch of the first international journal for the body, movement dance in psychotherapy now also generates much evidence based practise.

### *Current Research on the in Patient Ward in London*

In the small study presented here, it was decided to enquire into the effectiveness of a DMP group on an acute inpatient ward for adults in London by auditing attendance and asking inpatients to complete a short questionnaire. Typically, people admitted to hospital with mental health problems have a range of diagnosis including schizophrenia and also affective disorders, such as depression. These people were the research subjects.

### *The DMP Provision.*

For five months, weekly DMP was provided in a small group on the ward by a final year DMP trainee under my supervision. The DMP group commenced in January 2008 and ended in the first week of June, there was a break when therapy was not offered for three weeks over Easter. This DMP group was open to inpatients and was not based on a formal referral system. Instead, the nurse in charge of the ward informed the trainee of potential group participants on a weekly basis. The trainee also had access to the ward's electronic records about clients. The room used for the DMP group was a multi purpose activity room on the ward which had space for six participants. Music and other props, such as balls and fabrics, were taken into the room for use during the session. The trainee used these in ways that facilitated the movement itself, assisted with interpersonal relating within the group and in deepening metaphors, narratives and symbols emerging as a result of the movement (Meekums, 2002 and others).

The DMP group ran for an hour and used a well known DMP structure (Chace, 1964). That was, to start the group by talking briefly with people and then making a transition into finding ways to use movement with them. This was followed by talking again at the end of the group about what the movement brought up, whilst aiming to notice and make links across the verbal and non-verbal themes (Payne, 2006). After the group, the trainee added to the clients' records and explained about each member's participation and salient group dynamics to the nurse in charge. The trainee also made detailed session notes to bring to supervision. The group was run according to guidelines that have now been recommended as most effective by the NICE guidelines. That was, combining

*“psychotherapeutic techniques with activities aimed at promoting creative expression while containing and giving meaning to the service user's experiences. It should also include:*

- *a creative process that is used to facilitate self-expression within a specific therapeutic framework*
- *an artistic medium that is used as a bridge to verbal*



*dialogue and insight-based psychological development if appropriate*

• *the aim of enabling the patient to experience him/herself differently and develop new ways of relating to others*

1.3.4.14 page 21 NICE guidelines (2008)

### *Research Methodology*

#### *Audit*

The DMP trainee kept a register of the weekly group attendees in a way that enabled the identifying of one off attendances and those who came more than once.

#### *Questionnaires<sup>1</sup>*

I introduced the research to staff and clients at a meeting and distributed a questionnaire to inpatients. The questionnaires contained twenty three questions in total and collected quantifiable and qualitative information about DMP and the DMP trainee. Fifteen questions could be answered by ticking a box representing; Always, Sometimes, Don't Know, Rarely, or Never. These questions were written with both positive and negative phrasing so as to check research subjects had read the questions and to help identify random ticking. Four questions could be answered with either a yes or no. Three questions were open and left space for comments or for more information rather than providing boxes to tick. I was available to help people complete the questionnaire although it was designed to be anonymous. Questionnaires were also left on the ward with a return name and address.

#### *Informal Interviews*

Many inpatients were unable to complete the questionnaire and so I talked with them about how they had found the group and used the questionnaire as a prompt for my questions. Ward staff also talked to me about the DMP trainee and the group.

#### *Timescale*

The timescale for distributing the questionnaires and carrying out the informal interviews was over three months, from April to June whereas the DMP group ran for five months, from January to June. The thinking behind this time lag this was to give the DMP trainee and the group time to become established on the ward. However, this did mean that many people who participated in the DMP group for the three months between January and March were not able to contribute to filling in a questionnaire or being interviewed.

### *Findings*

#### *Audit*

There were always participants in the DMP group.

25 people attended in 5 months.

9 attended one

14 attended twice or more.

2 attended 5 times

On average, there were between four and five people

attending the group each week, which was approximately a quarter of the clients registered as inpatients although some may not have been on the ward at the time of the DMP group due to being on leave and so on. The capacity of the room meant that the group could hold six people.

#### *Questionnaires*

7 people completed a questionnaire unaided and anonymously.

#### *12 questions addressing what people experienced using movement*

1. Of these, all knew that DMP sessions took place on the ward
2. All had attended the DMP group.
3. 1 of these had attended once; the rest said that they had attended quite a few times.
4. All said that the session had provided a place to experiment with using movement and explore dance. 4 people said this always happened whereas for 3 this was sometimes.
5. All agreed that their ways of moving gave them something to talk about, for 4 people this was always and 3 this was sometimes.
6. No one felt judged or that they had to be good at it to be in the group, 6 people ticked never for this and 1 person ticked rarely.
7. Everyone said that the movement and dance sometimes helped them to reflect on their situation and think things through. One person claimed that this was always the case.
8. There was a mixed response to the question about having a dance class with clear instructions. 4 people did not know, one person ticked rarely, one person ticked never and another ticked always.
9. Everyone agreed that being involved with movement and dance in the group sometimes helped them with being with other people, even when they felt withdrawn, irritable, or a little distressed. One person said that this was always true for them.
10. All said that their lack of dance skills never stopped them enjoying the sessions.
11. People agreed that they gained insight into their difficulties through the movement. 2 said this always happened and 5 said this sometimes happened.
12. In response to an open ended question asking if there was anything else people would like to say about the dance movement part of the psychotherapy, comments were:

*"It was interesting"*

*"Quite good"*

*"It was a positive experience"*

*"Fun and entertaining"*

*"It enjoyed playing with the props"*

*"It is good, keep it up"*

*"When will it start again?"*



In summary, most people attended the DMP group more than once and found that the session had enabled them to explore using movement and dance in a non judgemental way. Not only did the DMP group give the participants something to talk about, it helped them to reflect on their situation, think things through and gain insight into their difficulties, even when they felt withdrawn.

#### *8 Questions asking about how people experienced the DMT trainee*

13. All 7 participants said that the DMP trainee helped them to overcome their anxieties about using movement.
14. 2 people said that the DMP never gave too many instructions, the others did not know.
15. All said that the DMP trainee helped them to relate to other people in the group.
16. All said that the DMP trainee had made them feel at ease about experimenting with movement.
17. 2 people said that talking to the DMP trainee about their movement always helped them to think about things they had not been aware of before. The other 5 ticked 'sometimes' for this question.
18. Everyone said that the DMP trainee never interpreted their movements too deeply.
19. All said that the DMP trainee had always seemed to understand them and their needs.
20. This question asked if there was anything else people would like us to know about the DMP trainee and comments were;

*Good!*

*Her music was excellent*

*Very interesting*

The implications here are that Trainee DMPs are able to provide an effective DMP group on in patient psychiatric wards when supported with adequate on site supervision from a Senior DMP<sup>2</sup>.

#### *3 Questions about DMP Service Provision more generally*

21. All asked that Dance Movement Psychotherapy was available after being discharged.
22. Most people wanted to have DMP in a small group, one wanted individual therapy and another did not answer.
23. 2 people were already able to say what they wanted from more DMP in response to an open ended question about it. Comments:

*A sense of well being*

*More movement*

The significance of these findings is that people want DMP groups to be available to them after their discharge from hospital.

## *Informal Interviews*

### *In Patients*

I informally interviewed 5 in patients about the DMT group who self selected.

I did this because they found the questionnaire a bit daunting and seemed to want to talk with me about their experience. Perhaps not surprisingly all the interviewees had attended more than once and generally, fed back extremely positively about how helpful and important it had been to use movement. I did not include their answers to the questions above in the section about questionnaires as they were not anonymous and perhaps biased by the face to face asking of questions. However, I think their general comments are worth noting. These were:

One woman said that the DMP group had helped her with managing the prescribed drug side effects. Another said that it had stopped her from being 'anti social'.

A male interviewee said that it had helped him to 'recharge his batteries'.

Another told me how the group had helped him to 'stop and think'.

Another man talked about how he had experienced it more as psychotherapy and told me how and why.

Most people remembered and recalled examples of movement interventions and activities in the group as part of communicating their experience to me.

Likewise, people were very positive and complimentary about the DMT trainee in the informal interview setting. Perhaps this may have been partly because, as one male inpatient asked "Are you her boss?"

### *Staff*

Three staff members approached me to inform me of the value and effectiveness of DMT on the ward. They all talked about how much they had appreciated the trainee.

Talking with people on the ward clearly demonstrated that the DMP group was a wanted and an effective treatment modality.

## *Discussion and Conclusion*

As this was a relatively small research study, it is my opinion that it would be useful to use this as a pilot and expand on it to research the arts psychotherapies on other in patient wards or to repeat on the same ward and compare the results. Next time, it would be important to conduct the research in synchrony with the provision of the therapy in order to generate a higher number of respondents. Also, with regards to the methodology, I think the questionnaire would benefit



from having half the number of questions in order to attract more research subjects. Perhaps also the research could be conducted it by a non arts psychotherapies person to reduce the researcher bias.

Nevertheless, I do think the findings of this study were significant. The total number of inpatient respondents to the questionnaire/interview was twelve, which meant that over half of the people who were inpatients on the ward contributed to the research. This was significant given the acute nature of the setting and the timescale of the research.

Key findings were that clearly, the Dance Movement Psychotherapy group was effective and well attended on the ward. It was also clear that the DMP trainee was valued there. We also know from the research that most people attended DMP group sessions more than once and found that it had enabled them to reflect on their situation, think things through and gain insight into their difficulties, even when they felt withdrawn. Dance Movement Psychotherapy has become more recognised for its efficacy in the treatment of mental illness and this study both reflects and is supported by recent guidelines under consultation from NICE (2008) on schizophrenia.

#### Notes

- 1 The questionnaire used was adapted from a one previously used on another inpatient ward, devised for use there by Alison Barnes Associate Director for Psychology and Psychotherapy. This was inspired by questions used in CORE (Clinical Outcomes in Routine Evaluation system Evans et al, 2000).
- 2 The success of the trainee/supervisor relationship was also held within a robust Clinical Governance, supervisory and line management structure as defined by the employing Hospital Trust, Institute of Higher Education, ADMP and HPC Professions Standards of Education and Training (SET) and Standards of Proficiency (SOP).

#### *References and Further Reading*

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# Dancing dialogues – a Forum

Fiona Hoo (RDMP)

*In response to the “Music and DMP” articles in e-motion Vol. XVIII, No. 3 Autumn edition.*

In this article I would like to share some ideas on the use of music in DMP. Following these ideas, I've included details of a CD which I have found particularly effective in supporting my work, as well as a brief vignette to illustrate just one of the ways in which music can be woven into the process of containment.

In general, I have found music to be a very useful tool for my sessions in the following ways.

**To strengthen connections;** some clients may experience voice and gaze as very threatening or too direct, so music may be useful in this instance for holding the group or individual when therapist voice or gaze may not be appropriate.

**As a container:** music can be useful in helping some clients manage their anxiety or other difficult feelings about engaging in certain activities when used as a 'measure' of time. Individual music tracks run for a specific duration of time and therefore can be used to quantify it. This may help clients to cope with and manage difficult feelings (e.g. anxiety) about activities because it prepares them with the knowledge of exactly how long the activity will last.

**To support temporal boundaries:** I have also used music as a time keeper for myself, so I can stop watching the clock during certain activities. For example, a ten minute song for warm-up frees up the time keeping burden mentally and allows me to focus on being with client/s.

**To provide organization and structure;** I have also used music in a ritualistic way to mark the start and end of a session, especially when working with young children. This may provide an alternative to helping clients to internalize or orientate themselves to the structure of the session in a non-verbal way instead of doing it through movement, e.g. hello and goodbye songs.

*One of the CDs I use regularly is:*

'**Dreamland**' by various artists, Putumayo World Music (CD title, artist, record label)

I have used the music on this CD as a tool to contain

general anxiety within the group, or with an individual. It is a wonderful potpourri of lullabies from around the world and all the tracks are very soothing and melodic. It has a calming effect on the nervous system and yet does not send the clients off to sleep, because there is a soft beat in the background of each track.

The following is a short vignette to illustrate how I used music to contain feelings of anxiety within the session:

### ***Dancing with Peter:***

Peter is a nine year old boy with autism. He has big, bright, beautiful eyes which remind me of pools of shimmering dark water. He usually plays by himself in the playground and shoots me an unassuming smile every now and then when I wander near him. Peter is an agile boy who loves to climb; sometimes he inverts his body artfully to make upside down shapes on the floor.

It is late morning and Peter and I are in the familiar therapy space. Peter is making a low shape on the floor, pressing his belly into an exercise ball, giving all his weight to it. I can see him immersed in the sensation of pressure on the front of his body as he moves forwards and backwards on the ball. The movement is almost hypnotic and has a sense of timelessness about it. Peter is looking on the floor and I feel very distant from him, although I am only a few feet away. I feel tense in my body. I try to make contact by saying that I can see he is lying on the ball. Peter starts to move forward and back more vigorously when I speak. I am silent again and his movement goes back into the slow rhythmic pace as before. I start to wonder if he feels anxious when I speak, or perhaps he feels uncomfortable at being noticed. I try to speak again, this time in an even softer voice and Peter moves vigorously back and forth on the ball again. I feel as if my voice might break the security of the silence but yet there is a niggling background feeling of intense anxiety. I decide to put on a soft and gentle piece of music. As the music plays, Peter's movements on the ball slow down almost to a soft rocking. I notice that the tension in my body is slowly dissipating and it feels as if Peter is a little more relaxed than before.



## Brief News from The Field

### Exciting developments for DMP and the treatment of schizophrenia

On 23d September 2008 NICE published a draft document for consultation for the treatment of Schizophrenia:

**Schizophrenia: Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care (update).**

The website of this document is: <http://www.nice.org.uk/nicemedia/pdf/SchizophreniaUpdateFullGuidelineDraft%20ForConsultation.pdf>;

NICE (National Institute of Clinical Excellence) is an independent body that evaluates all treatments (including both psychological and pharmacological) for physical and mental health. After a long consultation period with relevant stakeholders, NICE publishes guidelines on treatment and makes recommendations to the NHS re best practice, treatments the NHS should be offering and research. The first document on the treatment of schizophrenia was published in 2002 and now 6 years later it is being revised and updated. ADMP registered for this update as one of the stakeholders.

Of particular significance to Arts Therapists is that (in contrast to the 2002 document) there is a detailed section on the Arts Therapies as providing positive, helpful and cost effective treatments for schizophrenia. (See chapter 8.3 pp 196-200). More specifically 7 relevant robust scientific studies are mentioned as providing a good evidence base for the use of the arts therapies in schizophrenia. One of these seven papers is by ADMP patron and internationally renowned body psychotherapist, Dr Frank Röhricht. This paper (Röhricht, F., & Priebe, S. (2006) Effect of body-oriented psychological therapy on negative symptoms in schizophrenia: a randomised controlled trial. *Psychological Medicine* 36: 669-678) is based on 7 years of work within the East London Mental NHS Foundation Trust and compares the effectiveness of body psychotherapy (mainly Dance Movement Psychotherapy and Neoreichian Therapy) with supportive counselling for the negative symptoms of schizophrenia.

There is a consultation period following the draft publication which ends on 17th November 2008 and feedback and responses to this draft document will then be reviewed and collated. The final document will be published in March 2009. This final document will provide the main recommendations for the treatment of schizophrenia in the NHS until it is reviewed some years down the line.

The recognition of this research work is very exciting and encouraging for our profession as it brings DMP and the Arts Therapies into the main stream of treatments for mental health conditions.

In terms of this specific research work on schizophrenia there are of course further developments. There is now a two centred study under way (at Springfield Hospital and Newham Centre for Mental Health), involving four DMP therapists who provide the manualised treatment, to further investigate the effects of body psychotherapy on schizophrenia. And a second paper (Röhricht, F, Papadopoulos, N. Suzuki, I. Priebe, S. Ego-pathology, body experience, and body psychotherapy in chronic schizophrenia) based on the first study is in press in the British Psychological Society Journal, *Theory, Research and Practice* and is due to be published later this year.

Nina Papadopoulos, SrDMP,  
East London NHS Foundation Trust Research Team

### On A Journey

This is to notify people that **Goretti Barjacoba** is currently taking a break from the work of *e-motion* as she is travelling throughout India currently. She has been a helpful and enthusiastic volunteer on *e-motion* for a year, and we look forward to her returning to us soon. In the meantime, we are lucky to have recently been contacted by Rosalind Howell offering a helping hand.





# Workshops and Conferences

## Workshops with Linda Hartley: Winter – Summer 2009 North Norfolk

### ***Woman, Body, Earth & Spirit***

**LA LOBA – Wolf Woman, Bone Woman**

**February 20-22<sup>nd</sup> : Friday 6pm – Sunday 5pm. £140 (includes lunch)**

The first in a series of workshops for women, exploring the nature of the ‘deep feminine’ through authentic movement, creative bodywork, and myths and stories which speak to women’s healing journey. Jung believed that myths and archetypes have their source in the organic processes of the body; in this workshop we will explore the relationship between bone and the story of La Loba.

*La Loba* invites us to enter into the process of loss, psychological death and the renewal of spirit through inner reflection, embodiment, movement and song. We will explore themes such as: the bone-seed – the indestructible core of spirit and its embodiment within us; our bones as store of ancient wisdom and ancestral memory; gathering the lost parts of the self; the journey of death, transformation and rebirth.

### ***Authentic Movement* and the Art of Witnessing**

**5-day retreat in North Norfolk**

**April 15-19<sup>th</sup>: Wednesday 10-30am – Sunday 4pm. £300 (includes lunch)**

*Authentic Movement* is a contemplative discipline which involves a mover and a witness. The mover attends to internal impulses, allowing them to unfold through movement and stillness as he surrenders to the moment; the witness creates a safe space in which unconscious material is invited to arise, attending to her own experience in the presence of the one moving. As both mover and witness seek to become present to their direct experience, moment by moment, clarity within their relationship to self and other grows.

The focus of these five days will be on deepening your own movement process in the presence of others; the art of witnessing through the channels of movement, sensation, emotion and image will also be taught. Those who are new to the discipline of Authentic Movement, as well as those with previous experience, are welcome to attend.

### ***Somatic Psychology – The Embodiment of Spirit***

**A weekend of professional development**

**July 3-5<sup>th</sup>: Friday 10-30am – Sunday 5pm. £180 (Includes lunch)**

For trainees and professionals working in the fields of somatic, psychological and the arts therapies. This workshop will explore the process of embryological development, drawing upon principles of Body-Mind Centering® and Somatic Psychology. Through movement we will explore the question of what embodiment means to us as human beings.

### ***Authentic Movement - The Individual and Collective Body***

**5-day retreat in North Norfolk**

**August 26-30<sup>th</sup>: Wednesday 10-30am – Sunday 4pm**

**£300 (includes lunch)**

This retreat is intended for those who have previous experience of Authentic Movement and are familiar with the discipline of witnessing through the channels of movement, sensation, emotion and image. It will offer an opportunity to enter deeply into your own *movement process* in the presence of others, continue to refine your *witnessing skills*, and explore forms which will enable experience and exploration of the *Collective Body*. The relationship between *movement and language*, in both speaking and writing, will be an integral part of this exploration.



## ***Institute for Integrative Bodywork & Movement Therapy – UK***

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**Woman, Body, Earth & Spirit**

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21/02/09	Intro to Shamanism	A one day course exploring the similarities and differences between Arts Therapies approaches and shamanic work	£80.00
21/02/09	Rediscovering Myself	A one day experiential training workshop using associative cards	£90.00
07/03/09	Vocal Workshop	A half day workshop designed to encourage all participants to discover new dimensions within their voices and to approach their singing with increased confidence and flexibility	£40.00
06/03/09	Crittenden's Dynamic Maturational	A two day course providing an overview of the Crittenden's Dynamic Maturational Model of Attachment	£175.00
20/03/09	Rhythmic Healing	A one day introduction to Rhythmic Healing, a subtle energy and movement based healing process guided by Spirit involving both experience and understanding	£80.00
20/03/09	The Mask of Power	A two day workshop on therapeutic mask work	£160.00
29/05/09	Attachment and Exploration	A one day course focusing on play and exploration from infancy up to puberty	£85.00
25/07/09	Dance Movement Psychotherapy Summer School	A five day introduction to Dance Movement Psychotherapy	£395.00

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**Susan Scarth MCAT, SrDMT**

Offers Group Dance Movement Therapy and Individual Therapy in Edinburgh, Scotland. Also offers Training and Consultancy to organisations interested in developing knowledge of non-verbal communication and movement observation and analysis.

Contact: [sbscarth@hotmail.com](mailto:sbscarth@hotmail.com) Tel: 07908130754

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**Rosa Shreeves SrDMT, Dance Artist**

Offers individual therapy, supervision, choreography and consultancy in West London.

Contact: Tel. 0208 995 5904 or email:

[rosashreeves@rosashreeves.plus.com](mailto:rosashreeves@rosashreeves.plus.com)

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**Dr. Allison Singer SrDMT**

Available for individual and small group dance-movement therapy and individual clinical supervision in Lancaster and North London, NW3.

Contact: 01524 32920 or [allison.singer@btinternet.com](mailto:allison.singer@btinternet.com)

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

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

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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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