“Hope” is the thing with feathers -
That perches in the soul -
And sings the tune without the words -
And never stops - at all –

Emily Dickinson

Welcome to the Autumn 2014 edition of e-motion. The theme for this edition is hope and working on it has had a profound effect.

Reading through the insightful, heartfelt and courageous articles I am struck by the capacity that creative arts psychotherapy practitioners grow to hold the darkness and the light.

Through stories of practitioner’s own struggles or those they have experienced in relation to clients, I am aware of the message that comes through in various ways, that in order to find true hope, the light at the end of the tunnel, we must face the darkness and stay with it, have the courage to acknowledge it in ourselves and in the other and only through this is transformation possible.

But it is a very delicate balance. Staying with the most unbearable of feelings is different to being sucked down and overwhelmed by them, this is when hope is extinguished.

It demands the capacity to receive a feeling, another human being just as they are, while still grasping the thread of hope, even if the person themselves cannot reach it.

We “hope” that you will find in this issue something that creates a response in you, and would love to hear from you if you want to share that response with your peers for the next issue. Details for submissions can be found as ever on the back page.

The e-motion Editorial Team

Rebecca Green, Ruth Price, Marcella Purnell & Virginia Thorn
Dear all,

The AGM took place on Saturday 6th September at the Friends Meeting House in London. We were fewer than usual but none-the-less it was a stimulating and animated event.

I would like to write about the issues that were raised, to share the essence of the discussions that took place, and to invite these discussions to continue, possibly in threads on the e-motion Pinboard.

Dr Richard Coaten led a warm up, that took us spontaneously into moving all over the space, on the floor, around and amongst each other, allowing the flow of the body and the sense of merging kinespheres. It was perfect start and much appreciated by all.

I began the AGM with introductions, using the theme “new”, sharing anything that is “new” or recent in our lives. We acknowledged the success of the new website, the new courses coming on line, the new books and publications coming out, and the new graduates coming through from the training programs.

We had updates and reports from the EDC and UKCP committees (reports are available in the member’s area), as well as from e-motion. Andy then took us through the AGM and the election of new council members.

The topics listed for the discussion were:

1. NHS matters, Silvana Reynolds shared her experiences of cuts in the creative arts therapy service in Cambridge where she has practiced DMP for 19 years.

2. The UKCP update and HCPC news of a consultation which Andy has recently sent out.

Aleka Loutsis gave an update on the UKCP application. She pointed out that there were some criteria that we don’t meet so we have to see what response we will get. Currently the application is being assessed. The ADMP has then to continue to manage this process.

The HCPC consultation was presented by myself following on-going dialogue with the Chair of HCPC, Anna van der Gaag. The government Health Select Committee has given the HCPC the task to consult the professions who seek to be regulated by the HCPC and make a “public safety case” to justify a public regulation status. The HCPC are really happy to support the ADMP and our profession and she stated once more that our application was outstanding. Anna asks for “examples of poor practice or instances where the public has been at risk of harm. These examples would ideally be provided in numbers and types of cases, occurring over the last five years. We would also be interested in your views on which professions should be prioritised for regulation and your rationale for this. You may also have anecdotal information that you wish to share.”

It was proposed that a questionnaire be sent out to people working in the NHS. This has been prepared, so please request it and complete and return as soon as possible. If you have worked in the NHS in the last 5 years this would apply to you.

It was proposed that we share information to younger members who are not aware of the HCPC story as we are also going for UKCP. It was proposed to continue to go “for both” and I believe that met with general consensus.
The training programs have accommodated the HCPC requirements by increasing the number of hours that applicants will need, in order to follow a pathway to HCPC membership with specific requirements in terms of clinical hours and supervision.

Members present offered to submit reports and examples of projects they have been involved in and were reminded to ensure they get corporate release of any documents produced within that context before sending them, or extracts of them.

I encourage you to reflect and write down any vignettes or cases in your experience that document the need for our services in the NHS and generally – and demonstrate that the public do benefit from us and that our profession (Dance Movement Psychotherapy) is worthy of the protection that the HCPC will provide. Once we are HCPC registered the name will only be able to be used by HCPC members – this we have to agree to, as we pass the regulation of the name to them.

3. Transition to Private Practice – supporting the gap between graduation and accessing the register. Kedzie Penfield gave an outline of a project that the Professional Development Committee is working on. The aim is to support people working independently, in settings that are not ‘held’ in a health context or setting, to progress to the register of private practice. This continued with a discussion about effective ways to support this process and the potential burden of responsibility carried by supervisors. An idea was proposed to consider other ways for the applicant to evidence her/his competence in practice.

4. Students and employability. Professor Helen Payne proposed that we put in place a system to track where our graduates go – where they find work, and what work they are doing. This she believes would help us plan more strategically. Others shared how this would support the profession, our career progression and regulation. Many graduates take posts that are honorary others take more passive posts and many students work in different capacities, both freelance and in private practice. It was also thought that it was time to consider a marketing strategy, ways to promote the profession – to put us on the map, and in the body-mind of the public.

5. Arts and Health – dance in health and DMP – working together. Dr Richard Coaten made a case for more embracing of dance in health work as the field is significant and growing. He mentioned the “Knowing body network” an emerging circle of somatic practitioners and dancers doing really valuable work in health contexts. This is indeed how many of us start. He encourages us to stand alongside these practitioners and find mutual strength in this.

6. Patrons. The issue was raised to consider a change of Patron, and consider who else may bring ‘kudos’ to our profession by becoming one of our patrons. Suggestions please!

7. Scotland decides. This was a non-political statement by Kedzie, reminding us that if Scotland votes for independence that she will be a foreigner, and what will the ADMP do about it? Q: Could we become “ADMP UK and Scotland”? A: Not Applicable at present, given the voting results!
The thread of discussion covered a wealth of perspectives and I haven’t got them all here, but this can happen through on going discussion threads.

Thanks to Andy for organising a great space, a friendly meeting house for sure. We may also want to review together whether the AGM and conference combined is more attractive than just coming to the AGM? I believe the AGM provides a valuable opportunity for debate and as you can tell from the above, it is well worth attending.

With best wishes, and please respond to the consultation – if not now, then as soon as possible.

Katy

Katy Dymoke
Chair, September 2014

Contents

Editorial 2
Letter from the Chair 3
Katy Dymoke
Random Thoughts on Hope 6
Pam Fisher
Hope in Therapy: A Reflection 8
Liz Shaw
With reference to Dickinson, Dementia, and DMP 11
Ruth Price
Hope is a Clean Fish Tank 12
Sue Curtis
The Hopeful Musings of an Emergent Practitioner 21
Elizabeth Bennett
Hope for the Future 24
Caroline Frizell
DMPinBoard 25
Lucy Livingstone

Following the sad news which we received from the ADMP UK administration in September, Pam Fisher has written a short message. We welcome anyone else who would like to contribute their own response for the next issue.

It is with great sadness that I offer these brief words to honour the passing of Lucy. It is not possible to encompass all that Lucy has been, there will be others more able than I am to write about this amazing woman. I first met Lucy at a dance workshop, more years ago than I can remember. Our next meeting was when Lucy worked with me on placement at Dance Voice during her DMP training at Roehampton. As I got to know Lucy better I saw the strength, wisdom, tenacity and quiet reflectiveness that permeated all she did. We worked together in supervision for some years and I was privileged to share insights, in particular in relation to Lucy’s work with post natal and very early years parent/child dyads. She was so very gifted and committed to this work - I speak to many people who worked with her and were inspired by her approach, her gentleness often masking the great strength, sound knowledge and passion she brought to this work. Lucy was an expert in her field and we have lost a very special DMP. But, with a typical generosity of spirit, Lucy has mentored and supported others who will always carry with them the legacy of her work, which will live on.

I cannot end this homage without recalling Lucy’s twinkling sense of humour, her flowing movement, her sense of fun, love for her family and ability to listen. I feel ill equipped to offer these words to honour Lucy and know that others will have their own memories to share, and others more able than I am to write about this amazing woman.

Lucy will be remembered at our Conference, which falls on the same day as a memorial service which is being held in Bristol.

P. Fisher
September 2014

RANDOM THOUGHTS ON HOPE

Thinking about hope – it began with a wide-ranging process, focusing on the theme, which happened mostly on my commute to work or on meandering walks. My first thoughts were of every day observations, for example, as a ‘people person’ who enjoys both verbal and non-verbal interactions, I hope we are not losing the basic skills of communication, that the children (and the children’s children) of our ‘civilized’ society will retain the ability to listen and respond to each other, rather than focus on smart phones, i-pads and so on. I hope that they will have real as well as virtual friends, that as a race, humans will not evolve into an un-empathic, self-isolating breed.

I turned to the indexes of dance movement psychotherapy books on my shelf and found just a few references to hope. It seems that the theme or sense of hope is often implicit in our work, but rarely named.

However, in her chapter on movement themes: ego and shadow, Joan Chodorow mentions hope along with other emotions as ‘complex family emotions’ (Chodorow, 1991, p. 123). This took me back to my first thoughts and I pondered again on how face-to-face communication is an essential part of complex...
human relationships, and that hope might be lost within families and wider human societal dynamics without the essential skills of talking, listening and empathic response.

I found Heather Hill’s chapter in Chaiklin and Wengrower – Dancing with hope – and wondered why I had not previously read it in depth. As I began to read I realized that this had been too poignant a chapter the first time around.

My dear mum is 89, in the advanced stages of Alzheimer’s disease and it is a challenging process to be with her on this difficult journey. As Hill says, there can be ‘an overall context of hopelessness’ in the context of dementia (Hill in Chaiklin and Wengrower, 2009, p.183). So for me to find a locus of hope here is an ongoing challenge, but the glimpses of my mum’s spirit and core self, which Hill’s chapter affirms, bring respite from the sadness and lost-ness.

In a wider context, the validity of dance movement psychotherapy as an effective way of enabling meaningful interaction with self and others for those with dementia fills me with hope. However, on a personal level my struggle with my mum is not to become a dance movement psychotherapist when with her, but to stay in the mother daughter relationship, simply being with her here and now. She has always been a person of integrity and deep Christian faith, and so the core of my hope is that somewhere within herself, she still knows her ‘God-ness’ as I would describe it.

I hoped I would have the courage to write that last part and am glad that I did. Next to dancing, writing has been one of my most useful forms of reflection and it is affirming to be able to honour my mum’s strength and special qualities to a wider readership. She is still here.

Back on my bookshelf I found Yalom, who is one of my inspirations. He says that the ‘instillation of hope’ is important in any form of psychotherapy and also the client needs, before therapy begins, to have faith in the psychotherapy process and a ‘high expectation of help’ which then makes it more likely that there will be a positive outcome (Yalom, 1995, pp 4,5). He goes on to discuss the value of the therapist offering positive examples of clients who have moved on to encourage and support those who remain in a psychotherapy group. He states that it is ‘vitaly important that therapists believe in themselves and the efficacy of their group.’

So according to Yalom, hope matters and is an essential element to support a psychotherapy group process. I believe that as dance movement psychotherapists we offer and practise hope, but may be challenged to maintain self-belief if we are working within a society or culture that does not always understand or value our work.

As I write this there is ongoing conflict in so many parts of the world and hope is a word that sits uncomfortably in this context. I watched a documentary on children of Syria (BBC) – it was hard to find hope amongst the ongoing deprivation and fear in which they are living. It was hard to understand the power of Jihad, which gives a ten year old boy certainty that it will be an honour to fight, and, to perhaps be martyred. I realize that within his beliefs he has hope, or certainty, that his death would lead to a better place, to paradise.

Philip Yancey told of his wife’s experience working in a housing project for senior citizens in Chicago; she noticed a ‘striking difference in the way the whites and the blacks faced death’. The trend was for blacks to be more cheerful and positive, because they held a ‘bedrock belief in heaven’ (Yancey, 2009, p.243).

Within the faith which I aim to follow, faith, hope and love sit closely together and yet I am all too aware of how many times my faith and others have led to hopelessness, pain, despair, cruelty – I can make no sense of this paradox which leads to the polar opposite of wholeness, peace, love and respect for life.

But - as a dance movement psychotherapist I can state that I do have hope, that I do believe that our work can instil and nurture hope in
those with whom we work and I am glad to be part of our profession. All of us who are working with the sick, the lost, the voiceless, the dying, those out on the margins of society, keep doing what we are doing, because, to borrow from George Herbert (1593-1633) ‘She/he that lives in hope dances without music’.

We are facilitators of the dance of hope, with or without music, and we can instil that dance in those with whom we work.

Pam Fisher
RDMP

http://www.bbc.co.uk/iplayer/episode/b04c34bv/children-of-syria


Yancey, P, 2009, Grace Notes, Michigan, Zondervan

HOPE IN THERAPY: A REFLECTION

What comes to mind when I think about Hope? I was surprised to find so many avenues that could be developed. Later I shall make a link with some of Yalom’s propositions. My preliminary jottings showed the following thoughts:

- Persistence – you don’t give up!
- It has a future orientation but exists in the present: I am hopeful now about that which has yet to happen.
- Like dance, it gives psychic and physical energy
- Hope is a positive frame of mind / attitude / is optimistic
- From hope arise dreams, aspirations, desires

Hope creates an aim or goal, something to work towards; it engenders planning to fulfil the aim; this becomes a journey. During the journey, hope may change or the goal transform into another hope as often happens in the therapeutic journey. Alternatively, there can be a negative outlook: a ‘vain’ or ‘empty’ or ‘false’ hope … something that is highly unlikely, not remotely possible; has a flimsy foundation to build on; is even delusional or manic.

Hopelessness: to live without hope = darkness and despair, closed in, cynical, is deadly to the human spirit. When / how did the hope ‘die’? Is that what might lead people to suicide? Can hope be re-kindled? This implies that hope is always present somewhere in the person just waiting to be re-kindled. Might a flicker of hope bring someone to therapy?

I would say that hope is attached to the survival instinct. It can be a powerful driver e.g. to search for food and water, creating shelter, overcoming an enemy, to recreate/procreate. It resides deep within the psyche.
Hope is a human trait; possibly in animals too e.g. I know local cats that come ‘hoping’ for titbits and attention! Can we say that: every person is born with hope in their psyche, and that it is part of being a human being? Is it ever entirely absent from a person? From my years of DMP practice in mental health and learning disability based at Dance Voice in Bristol, I do think it is innate, despite a person’s presenting mode. Sometimes it is in the eyes, or energy of a movement, the breath, what’s said. In meeting this, I travel with a client on the therapeutic journey, and keep alert for signs of life, signs that touch my hope and theirs.

Yalom cites eleven therapeutic factors, including instillation of hope (Yalom 2005: 4-6), he considers that the “instillation and maintenance of hope is crucial in any psychotherapy” (p. 4) and fundamental to the effectiveness of the other ten factors. Those entering into psychotherapy can have a good beginning simply by coming with “faith in a treatment mode” (p. 4) since “high expectation of help is significantly correlated with a positive therapy outcome.” (p.4)

He talks particularly of group psychotherapy and the importance of members seeing the effect of therapy in other members’ lives. Yalom suggests it is beneficial to draw attention to improvements made; let members celebrate and share in the individual’s good news. I think this feeds group cohesion and group process, and shared task of therapy. The individual in therapy is not alone, but supported by others on the journey. Witnessing to such improvements can certainly encourage hope in others to remain committed to their particular therapeutic journey. Yalom cites research to support his views, which is available in his book.

Equally, he urges therapists to “believe in themselves and the efficacy of their group” (p.5) Over the years of my practice, I have concluded that who I am and how I am with clients are vital aspects in the therapeutic process because nobody interacts with a client like I do. In other words, the client-therapist interaction will create a unique outcome that cannot / will not ever be replicated by another therapist. Likewise, the client interacts uniquely and processes their relationship with the therapist (and other members of the group), all of which contributes to the instillation, or lessening, of hope in the therapeutic outcome. For this, I think it essential to examine in supervision and/or elsewhere in one’s life the signs of life, the exemplification of hope, in order to maintain objectivity and hope for oneself, clients and the therapeutic process. To find hope in one’s own life is vital if we’re trying to support others to experience its power in their therapeutic journey.

Seeing hope in daily life is about reading one’s daily experiences; recognizing and acknowledging moments of energy, interpreting events as worthwhile and life-giving or as something to be glad about; as opposed to interpreting and seeing merely the negative aspects.

In my life, I use not only supervision, but also a Christian spiritual practice called the Examen. This was so named by a Spanish priest (Ignatius of Loyola) in the 16th century, though forms of it had been in use for centuries. Today, it is associated with the members of his religious congregation called the Society of Jesus (the Jesuits). It is available on: http://www.ignatianspirituality.com/ignatian-prayer/the-examen, but I share a simplified explanation here. It is a reflective practice to notice in one’s life the interactions with oneself, God, and the world. Further reading on the examen will reveal its deeper aspects.
Put simply, it invites us to look back on the day (or whatever period of time you want), and see what ‘gave’ life, and what ‘diminished’ life; and how one might grow in greater freedom and love. In our example, one might try to notice moments of hope in the day, what were the factors connected with this? Did it concern others, Nature? How did it feel? Where did it lead me? Have I gained a deeper insight into myself/another? Over several months, it may be that patterns are noticed or a greater awareness of myself surfaces. To end my reflection time, I would give thanks for that occasion in my day or the insight gained. It gave me life. Needless to say, not all days are like this!

When reviewing the day, and (as in this example) looking for hope, nothing may come to mind, or I notice a situation when there was a distinct lack of hope and need for it, or perhaps what sucked away life. Then, I reflect with sadness, or wonder what hope might have been like if it had occurred, or was hope there in another guise? It is not a disaster if I don’t see hope that day, or am dismayed at what I do notice. To remain non-judgemental to myself is important. That I see clearly and compassionately is a blessing so that I may be equally thankful for the ‘dismay moment’. Why? Because it may offer me a truth that can be gradually absorbed into my daily life.

The Examen is one way of reviewing life, and I have just applied it to hope as an example of how such a reflection might go. My own approach to the examen would be less ‘directive’ and more of a ‘listening’ for what I believe God is bringing to my attention.

To close, I hope that you are connecting aspects of the Examen with how you could be with clients; and how seeing hope in life will help us support clients to identify it in their lives. Inasmuch as I can identify hopeful aspects in my life, I may be able to reflect back to a client the hopeful aspects of their lives. Conversely, in the darker times of therapy, perhaps a truth will emerge, be faced and gradually built upon.

As DMPs, our training is to go beyond words: to embody and empathise in movement where hope is found or is absent. Where in the body is it felt? How do you ‘move’ hope, or shift from hopeless to hopeful in movement; share it, absorb it?

Yalom urges therapists to believe in themselves, and do our best to instil hope into the client-therapist relationship and the journey that is made together. I offer my thoughts and the Examen to you.

Liz Shaw,
RDMP, BA (Hons), PGCE

References

WITH REFERENCE TO DICKINSON, DEMENTIA AND DMP.

Love, Faith, Hope
just one won’t do…
Hope
the ‘thing with feathers’:
duster
boa
fascinator.

And…
that dance lady
she comes with feathers
plays
that music
and sings
that ‘tune without the words’.

Yet,
the words drift through
soft as those feathers on my skin
remembered caress
fleeting memories of intimacy
the tune plays on
‘I – I will always love you
I will always love you’

As the feathers whisper
tracings of
hope
upon my skin.

R.E. Price
HOPE IS A CLEAN FISH TANK

*Names have been changed to respect confidentiality

Hope - dictionary definitions;

- The belief in an outcome related to events and circumstances in one's life

- A feeling of desire for something and confidence in the possibility of its fulfilment

- The feeling that what is wanted can be had or that events will turn out for the best

- To cherish a desire with anticipation

In the unfolding relationship and evolving story between therapist and client what meaning does 'hope' hold? Does it imply a belief, faith or trust in the future – a looking forward?

In Greek mythology Pandora is given a beautiful container – with instructions not to open it under any circumstance. Impelled by her curiosity she opens it, releasing all the bad things in the world. She hastens to close it, but the whole contents escape, except for one thing lying at the bottom – the Spirit of Hope. Hope was underneath, at the bottom of it all!

As therapists are we aware and acquainted with our own personal understanding and experience of hope in our lives? How is it expressed through symbol, story and movement? How can we use these expressions within our work, especially when working with clients in despair?

The purpose of this paper is to share my own learning process and reflections on the ‘lived experience’ of hope in recent years and how this has deepened my awareness of the clinical process as presented in the workshop for the conference. It is not intended as academic research but rather aims to provide a starting point for personal exploration and meaning.
Witnessing despair

Kayla paces before me, her eyes frenzied with rage and the sinews of her slight body taut with her fury. Frantically she pulls over the chairs as she continues her brutal, verbal tirade at me, telling me how much she hates me and the world. Systematically she destroys her drawings, tears in half the folder that contains them and then rips apart the cassette tape she uses to record painful memories. The room, like her insides, is a picture of devastation that I witness and feel. As she works herself up to a final explosive attack her whole body lurches, shakes and contorts, eyes bulging and tearful, her chest and jaw protruding towards me and she begins to scream – “you don’t understand….. you don’t understand… my life is over.. MY LIFE IS OVER!!!!!!!!!!!!!!!!!!!”

Kayla is seven years old. Seven years old! Just seven years old and in such deep despair. As I attempt to find words to respond to her painful brokenness, to tell her I want to understand together the depth of the terrible feelings she has inside, I am filled with the resounding sense of how lame they sound. Finally as she calms down she comes to sit beside me and sobs at the wreckage surrounding us, holding the fragments of her pictures, repeating, “look what I’ve done… look what I’ve done… they’re ruined!”

At aged five Kayla and her two younger sisters were taken into care, allegedly having been subjected to physical and sexual abuse at the hands of a paedophile ring. Somehow they were separated and her two siblings ended up in foster care together. When the foster carer discovered there was another sister, Kayla, she applied to have the girls reunited and so at age 6 they all lived together, were put up for adoption and after one year of no response the foster carer applied for long term fostering of them all. We had worked together for nearly a year when the session described took place. That day she had entered the room and tried to jump out of the window and it transpired that the evening before a new social worker had visited and informed her that the previous social worker had not signed off on the long term fostering application and so the children were to be put up for adoption again. Kayla had been standing in the hallway and heard the whole conversation.

The following week in our session Kayla was subdued and when reflecting back on the week before, she came and collapsed limply on my lap, sobbing quietly, repeating again how her life was over saying “what’s the point? They give me a new home, a wonderful home and now they want to take it away from me”. In the ensuing months her violence escalated at home, she ran away three times and eventually the foster placement broke down.

Context – the elusive mystery of hope

Three years ago I became seriously ill with a rare cancer that produced rarer symptoms that attacked my peripheral nerves. Within nine months I went from an active, movement based lifestyle and work to being in a wheelchair, unable to stand up unaided and literally housebound. My legs were paralysed and my hands numb. Life as I had known it had changed drastically and the continual losses I experienced were profound and shocking. During that time I was bombarded by friends and colleagues continually telling me I had to be ‘positive’, that I had to ‘fight’ and I had to have ‘hope’! I came to loathe the word ‘positive’ asking them to stop using it, as for me it wasn’t a case of positive or negative but being realistic in understanding what was happening to me in the moment. It wasn’t a
fight but a deep surrendering to what my body was revealing. But ‘hope’ that eluded me and a journey of curiosity as to its meaning in my life began. I found that the word popped out of my mouth daily “I hope so…. hopefully….. let’s hope…. hope to see you” etc. But I could not in all honesty feel a living, embodied sense of hope in my life. Like Kayla I felt my life as I knew it was over, I had to give up teaching and clinical practice and be on long term sick leave. As I write I wonder what Kayla would have said had I told her that day to be positive and to have hope.

I did though manage to maintain some private supervision practice from home. One day a supervisee, Ali, came and told me about a very difficult group of teenagers she was working with. She had talked about them many times before to the point that the group had also become a metaphor for all of her practice that seemed difficult and fragmented. This week as she tearfully relayed the contents of the session she said that she really thought she should give up being a therapist as she was simply no good at it. As we reflected on the material together and the enormous place this group had in her life she began to smile, then giggle and said “you’ve done it again Sue” “done what?” I asked, “You’ve given me hope – whenever I feel like giving up, you always seem to give me hope – I’m going to call you the ‘hope maker’!!” I laughed and replied “that’s interesting then that apparently I can pass on the very thing I have no idea of in my own life!”

After she left I wondered again whether hope was something that was discovered, given, held by someone else in times of despair and whether I would ever truly know it for myself.

I wondered too if I had ever really consciously thought about it in relation to my decades of clinical work. I remember clearly coming away from a meeting of approximately twelve professionals all discussing Kayla’s situation feeling that I had no faith or trust in a system that seemed to have re-traumatised an already abused child through the oversight of one signature on a piece of paper. Was my lack of trust a lack of hope? I began to reflect retrospectively on other cases that swirled through my mind during my illness and became intrigued by other people’s stories and attempts to articulate what hope is for them.

Tina is the Mother of three beautiful daughters. One day she took her three year old Lily to the hospital, as Lily complained continually of a sore foot and was limping. The hospital took x-rays and a blood test. An hour later they were both in an ambulance, blue light flashing, on their way to another hospital. Lily had been diagnosed with leukaemia and was to enter a gruelling regime of chemotherapy. Tina sat in the ambulances sobbing unable to speak. In the ensuing months she started a blog to update people on Lily’s progress, but more importantly to have an outlet for her feelings. In one post she talked about the difficulty of knowing how to have the terrible thoughts that her daughter might die. Her husband told her she couldn’t think like that – she needed to be ‘positive’!

Recently when discussing what ‘hope’ is together in our intertwining stories she said “for me hope is always adjusting… before Lily got sick, hope was that I would be fulfilled, my kids happy and I become a grandmother… sitting in that ambulance, at that moment I just hoped lily wouldn’t die right then and there, later it was that if she did die it would be peaceful and painless, and currently it is more that she enjoys life at nursery”. When planning her fourth birthday Lily told Tina what she wanted and at the same time told her what she wanted for her fifth and sixth birthdays! Does Lily innately know hope for a future full of more birthdays? Hope in a future that her mother has at times struggled to believe in?
The pain of loss and hopeful wishes

Nine year old Jordan stands huddled against the radiator outside his classroom. I had previously worked with him in a group when he was six years old and remember him as one of the most creative children I had ever worked with, always full of ideas, exceptionally funny (taking great delight at making farting noises under his armpit), loved to be physically active, always ready to take the lead but compassionate and understanding of his peers. He fully engaged and embraced the space of the therapy room and openly talked about his life and his feelings. The one issue though that constantly haunted him was the fact that he had never met his father. It was never clear what had happened to his father and various stories abounded. His mum had told him his father was dead but had no photographs of him, no details and found it upsetting to talk about. Consequently Jordan gave up asking. In the few years following our work his mum had become sick and so he was now a young carer along with his teenage sister. The three of them live together and his sister has a different father that she has contact with.

Now Jordan stands alone, shoulders hunched, chest sunken with his hands in his pockets, head down and his hoody pulled over his face. As I approach him his eyes flicker to the side and he sees me. I reach the radiator and quietly lean against it next to him and ask if he is ok. Jordan shakes his head and his eyes fill with tears and I can now see he is very pale. He tells me he hasn’t been sleeping well and been having nosebleeds. I ask if something is troubling him and he says “can I come and see you again, “because I’m taking my anger out on other boys and got into a fight”. The tears are now rolling down his cheeks and his vulnerability feels tangible. We walk together to my room along the corridor to talk some more and inside he flops onto a beanbag and cries, telling me about every weekend when his sister’s dad visits he gets upset because he can never see his and that he cries but can’t tell his mum because it might make her illness worse. In consultation with staff I agree to see Jordan in therapy for the next 12 weeks.

As soon as Jordan enters the room the following week he surveys the space, asking about all the different ‘feeling faces’ on the wall, identifying which ones he identifies with, pointing out ‘alone’ ‘depressed’ ‘angry’ and ‘upset’ to name but a few. He starts to talk about his dad and the pain of not knowing if he looks like him, sounds like him or if his dad would like him. I ask what he imagines his dad was like and he is unsure – almost not daring to have an image or fantasy about him. He talks about how a friend of his mum who supposedly knew his dad promised to bring photos of him, but they never came. For the rest of our time he catches me up on how he is learning to play drums, how he really likes his teacher, what music he is into and what new physical tricks he can do as he suddenly shoots across the room to do a handstand and flip. For a moment I feel like a small flicker of the Jordan I knew is dancing before me. After he left I remember wondering what would unfold in the ensuing weeks and whether the seemingly depressed state he was in would change.

Retrospectively I wonder if I held hope in the abilities I knew he had within him or whether in his current struggle he needed me to hold it for him. Perhaps it would evolve between us. The following week Jordan appeared clutching an old carrier bag with an old beaten-up pair of boots stuffed inside. He sat down and pulled them out and I discovered they were roller skates and at least 4 sizes too big for him. He said his mum’s friend gave them to him saying they belonged to his dad. Excitedly he unlaced them putting his whole foot and shoe inside and began lacing them up. I had an
image of him at Christmas, opening a wonderful gift! When the second skate was on he stood up, wobbled madly, got his balance and pushed himself out into the room. He didn’t speak but just pushed and wobbled from one table to another periodically looking over to me to make sure I was looking. As he gained confidence he began circling the room, building up speed, arms flailing and periodically bumping to a halt, only to push off and skate again.

As I watched my heart pounded and ached with the poignancy of the scene before me – of Jordan skating in his father’s shoes, the precious experience of having found a frail link to all that he felt he had lost and a moment’s connection, joining in something that his dad would have done. For twenty minutes he silently skated and for twenty minutes I lived a fragile hope with him. As he came to a stop I asked what it was like to be in dads shoes and he just said ‘great’ but then sadly said he didn’t know what kind of skater dad was. There were so many unanswered questions, so many things he wished he could say.

Together we decided to have a ritual where he could creatively express the wishes and thoughts he wanted to tell his dad, written on balloons with a selection of photographs he wanted dad to see and also a private message tied to them. I arranged for a private time with the school when we could go to the roof to let them off. In the following weeks I took many photos of him – serious, funny, goofy ones and Jordan selected the ones he wanted. Glitter, glue and ribbons filled our room as he worked tirelessly to make a private little message box. All the time he was creating he talked endlessly of his dad and I held inside all his unfulfilled hopes and dreams of a life they would never have.

On the arranged day I arrived at school with a car full of balloons and took them to the room. He entered the room excitedly and began to tie his precious wishes to the long strings. I took photos of him holding them as he beamed with pride. We went up to the roof and immediately the balloons swirled and blew in the wind. I took photos of him holding them there; smiling at the fact I could only see his feet as the wind blew them all against his body.

Suddenly a wave of terror washed over me – what if there weren’t enough balloons to hold his wishes? What if they didn’t float upwards? – Oh god please be enough! I asked if he wanted to say something as he let go and at first he wasn’t sure then he simply said “dad this is for you – I love you”. The huge bunch swirled and lifted, then began to sink and my heart nearly stopped until another gust of wind lifted them skywards. Together we stood in silence, watching as they went higher and higher and for 20 minutes we stood silently, side by side, witnessing their ascent. As they became a dot in the skyline we laughed at whether we were still seeing them. Finally as we began to walk back he said “I’ve never done anything like that before – I feel kind of different now – sort of hopeful”.

At lunchtime his teacher tearfully shared how Jordan returned to class and asked to speak to his classmates about what he had just done. His teacher, nervous of confidentiality asked if he were sure and Jordan said he was. He went to the front and talked about the whole process, how he had been so upset about his dad and what he worked on with me for the past weeks and the ritual today. Apparently the class clapped and other children commented about how they get sad too. Half an hour later Jordan appeared at my door, hands behind his back, saying “close your eyes and hold out your hand”. I did and he placed a large stone in them. He had painted a picture of a flower on it. “Now turn it over” he said and underneath he had painted ‘I heart U’. “That’s to look at when you feel down!” and off he ran.
Upon reflection can I say that Jordan had found some hope for the future – a way of moving forward? Was that hope then shared in the gift of his stone – recognition that I too would at times need hope?

Six months later he came and found me again for a chat. He broke down in uncontrollable sobs telling me he had contemplated throwing himself off a building life felt so bad. It seemed our ritual had provided some respite from his worries and sadness but it was not the end of his torment. We resumed work together until he left school a year later. Perhaps as Tina states hope needs constant adjusting.

**False hope**

Sometimes in working with children in despair, the feelings they engender in others can bring about situations of false hope, in an attempt to keep out unbearable feelings.

Nine year old Joel was referred to therapy due to his violent and explosive outbursts. His father had been imprisoned for sexually abusing his three younger sisters and when Joel had apparently been caught fondling one of them his mother placed him into care. What transpired through the first 6 months of therapy was that Joel himself had also been sexually abused by his father, but nobody had interviewed him at the time as he was a boy. His mother, already racked with guilt at the plight of her daughters and barely holding life together, allowed Joel to visit some weekends for the day. Eventually though she said she was unable to cope with him as he reminded her too much of her husband.

In the therapy sessions initially Joel struggled to see me as anything other than a rejecting, useless female and one who was blind to his needs. He would start every session with a 15 minute verbal, abusive attack, one which I repeatedly had to survive until he calmed enough to begin to move, create games or draw. When I did manage to gain some fragile trust with him he began to let me know how devastated and hopeless he felt. He would often stare out of the window saying he wished he was dead or could jump out and end up in bits on the floor. He blamed himself for not protecting his sisters and struggled to understand his feelings for his mother whom he was bitterly angry with, yet loved.

At the time another member of staff, Fiona, was consistently trying to ‘make-up’ for his painful situation. She would secretly organise bags of sweets for him, take him on cinema trips and buy him toys. She kept telling him that his mother loved him and that when the family moved into a new house they would all be reunited. Despite many meetings with her to attempt to help her to understand his complex feelings and that telling him it would all be alright in the future was potentially giving him false hope, she persisted. A few months later his mother and sisters moved into a new house and the social workers persuaded Mum to let Joel visit. Again Fiona filled his head with images of what his room would look like. Joel arrived to find there was no room for him and that his things were in a few boxes in a cupboard under the stairs. He was devastated.

In clinical work we will encounter many painful stories of despair and seeming hopelessness. Are we able to be present to them, to be alongside and to bear the outcomes? Or are we subtly compelled, like Fiona, to try in our own way to make them better in an attempt to anaesthetise ourselves to the raw histories presented before us? Do we believe that somewhere underneath it all, as in the story of
Pandora, there lies a spirit of hope? As clinicians how do we move through the times of self-doubt and hold hope in ourselves and the therapeutic relationship? What is the notion of hope when faced with life threatening or shortening illness and even suicidal thoughts or actions? Can we honestly engage with the notion of hope without first exploring it in our own lives so that we are aware of what we bring to the relationship?

Creative exploration

In conversation about hope with colleagues I have been struck by responses that locate themselves either in the future or present moment. For example one person said that it was the idea of hope ‘out there’ that kept her moving towards it. Another resonated with my own experiences of hope in the ‘moment’ that then spurred us on to keep going.

Recently in remembering with Ali her term ‘hope maker’, she talked about the feeling of a ‘spark’ and as she does her hands pull up to her chest, fingers pulsing and flicking as if igniting something within her. I remind her that the spark is inside her and that engaging with it in supervision allowed her to discover it. Another supervisee Kaye, who similarly has times of feeling she should give up, refers to me as the ‘hope whisperer’. Interestingly, Kaye who is bilingual often comes to a ‘specific’ and significant word that encapsulates the experience of hope for her, opening a space for further reflection on her work. In both cases it is the experience of the ‘in the moment’ sharing between us and paying attention to movement and words that reveals potential and allows them to discover hope within themselves and not something I deliver.

However I am struck by the different modalities of movement and words and what other possibilities such as visual images, artwork and music may have to offer in further exploring personal meanings of hope. When we contemplate the word hope how are we drawn to explore it – for example do you find yourself wanting to move or does an image come to mind that you either want to look at or draw? What shape, colour, texture etc., would your Pandora’s container have? Does a memory come to mind, a phrase or title, an event or person? Or does sound or music seem to speak first? In incubating ideas for this workshop I typed in the word ‘hope’ under a search engine. Images and a myriad of varied photographs, from hearts, to clouds, to candles, to open hands etc., presented themselves and I was intrigued at which ones resonated within me and which left me cold and confused. The exploration is unique, personal, changing at different times and requires attentiveness and a deep listening and authentic commitment.

In my own life I have also come to greatly value the combination of movement and body mapping (see http://www.annetteschwalbe.co.uk/ for details) as a way of connecting to and finding meaning in my experience of illness and disability and articulating them to others. I have been working on it for over two years and learnt so much from the revealing images as they unfold and take their place on it. They have surprised me and have emerged from movement, sensation and memories. The life size story it depicts has sustained me through difficult times. Alongside this I have deeply appreciated friends who have been able to sit alongside me during my worst times and listen to my stories without the need to try and change them, cheer me up or tell me to be positive! Their ability to stay with me through my own journey and to respect my own process of moving through it has been extremely humbling and inspiring.
Embodied hope

During my illness and disability I had to experience the devastating despair and feeling that my body had betrayed me. I would stare at my legs and feet, unable to move a muscle, unable to make sense of sensations, unable to walk and wonder if I would ever feel connected again. One day, a year ago, I was sitting on the floor with a friend, barefoot, when the very tip of one toe flickered. In disbelief I asked her if she could see it – she could! That tiny centimetre of movement brought an overwhelming sense of hope – hope in my body and its ability. Painfully slowly, over many months, more toes twitched and a tiny movement in my ankles came back. It was enough to balance and stand unaided and my friend witnessed and timed how many seconds before I fell over. Last month I stood and balanced long enough to hang out some washing – the first time in three years!

A month ago in hydrotherapy, Barry, who has suffered a stroke, walked three steps unaided in the pool – he screamed in delight and shouted “3 years – 3 years and I’ve never been able to do that!” He looked over at me, tears in both our eyes, in a silent, shared knowing that the small breakthrough was witnessed. Later he said “I’ll never give up”. Last week he walked unaided around the whole pool!

And so the fish tank…

During the worst months of my illness I spent most of my days lying on the couch with a fish tank before me and one behind me. One evening, after returning from hospital after another painful plasma exchange, and 4 months into chemotherapy, the doorbell rang. I hauled myself onto my walking frame, hobbled to the door to find 2 young missionaries standing there. “We were wondering if we could talk to you about Jesus Christ” said one. Hanging onto the handles by my door, arms bandaged and exhausted I said “now is not a good time”. The young man quickly responded, “Is there another time?” Beyond exhausted and in pain I blurted out “look, I’ve just got back from hospital, I’m in pain, I have cancer – so no! And anyway I have a faith”. Quietly he looked at me and said “I’m so sorry to hear that is there anything else we can do for you?” “you can cut my grass” I said half-jokingly. “We’ll do that for you” he replied and the following week showed up with his companion and duly cut my grass. These two Mormon missionaries came for the next two months and helped garden and fix things for me.

Several weeks later I was laying on my couch feeling completely helpless and saddened at the state of my fish tanks, as unable to tend to them they were in a sorrowful state and a few fish had died. They felt like a metaphor for my life – decaying and struggling for life. Then the phone rang “hello, it’s the missionaries here – we just wondered if we could help you in any way?” Two days later three of them appeared and within 3 hours had cleaned both fish tanks! Later that evening I lay looking at the sparkling tanks and happy fish darting around inside, grateful for my Mormon angels as I called them for giving life back. Talking to a friend on the phone I announced – today ‘hope’ is a clean fish tank. My needs were met! In that very moment, in the image of thriving fish, I could sense my own desire to thrive – a deeply embedded experience of life – of hope. That moment endured and sustained through many a difficult time.

In the process of writing this piece I have found myself pondering and then doubting whether my experiences, reflections and stories will resonate or plant a seed for further thought in readers. I did
not set out to give an explanation or definition of hope but rather to open a door to personal exploration. In my moment of doubt I reach for Jordan’s stone that sits on my desk, feel it in my hands, and gazing at the image remember his words.

Sue Curtis
RDMP and Supervisor

Further links of interest

A mother’s story of a child with cancer [http://allvega.wordpress.com/](http://allvega.wordpress.com/) shared with permission

Beads of courage [http://www.youtube.com/watch?v=52bkBk7Gu4A](http://www.youtube.com/watch?v=52bkBk7Gu4A)

Beads of courage [http://www.youtube.com/watch?v=ORE16cG0QKQ](http://www.youtube.com/watch?v=ORE16cG0QKQ)

Dance Therapy with hospitalised children [http://www.youtube.com/watch?v=O4KkQkv3vKk](http://www.youtube.com/watch?v=O4KkQkv3vKk)

More information about body mapping: [Online] [http://www.annetteschwalbe.co.uk/body-mapping/](http://www.annetteschwalbe.co.uk/body-mapping/)[ accessed 8th June 2013].

Hope: a recent field (and mountain!) of interest to me.

In what context is this article written? Well, I have recently finished training to become an art psychotherapist, and am a friend, collaborator and admirer of the dance movement therapy world. As part of my training, I chose to focus my dissertation on an exploration of the phenomenology and influence of hope in art psychotherapist's lives, and as such, have been invited to share a few of my lingering and hope(!)-fully thought-provoking ponderings with you as part of this issue of e-motion.

I will start with an image (as art therapists tend to like to do!)…

Figure 1: BENNETT 2012. ‘Hope is the thing with feathers’ (Title the same as poem by Dickinson 1861). MA Art Psychotherapy Exhibition piece: Acrylic on board.

This self-portrait I painted a year before deciding to study hope. It's existence I feel is proof that the theme of hope had been a deep stirring in me, right from the start of my therapy training. My dissertation enabled me to articulate questions that had been partly-conscious throughout...resounding queries such as:

“Am I naïve to be a hope-‘full' therapist?”;

“How can hope be sustained in the face of so much hopelessness met in clients?”;

“Can therapist hope sometimes be detrimental to clients?”; and if so,

“How then, do I stay true to myself and yet be what a client needs?”.

Latterly, I realised that this journey-into-hope could in part be a reaction to the somewhat panicked atmosphere I felt around me: that of arts therapists nationwide, worrying about whether there is a valid future for them in the midst of financial cuts and the rise in popularity of shorter-term interventions. How, with integrity amidst such circumstances, can we hold and fuel hope for a profession that we so strongly believe in?

One of the points raised in the surrounding literature, was the suggested importance of therapists examining their 'default positions' when it came to hope and hopelessness (McLean 2011, p.337). Why? Because it would seem that therapist hope and client hope have a certain and powerful interconnectedness.

Due to the time and space constraints of an e-article, I am aware that I cannot with satisfaction condense a 20,000 word dissertation into a few pages, or list the many interesting articles I found on the subject! However, I do think that if I share the themes that arose from my study, they may provide an interesting starting board from which you as reader, could leap into useful personal
reflection. I wonder if you have had a chance recently to give thought to your own hope patterns and origins, impacts and potential influences? Feedback from the participants of my study, revealed that it had been a valuable process for them: to do just this, to take time to examine their 'default positions' (McLean 2011, p.337), with often surprising consequences.

The aims I set out for this study were to research relevant literature and ask practitioners questions such as...

- What does hope mean to you/how would you define it?
- If you feel hope is present in your work, what do you think are it's influences?
- How do you sustain your practice in the context of a profession that regularly faces hope and despair?
- Do you think creativity plays a role within such sustenance?

I used semi-structured interviews and an Interpretative Phenomenological Analysis (IPA) to collate these experiences and shared thoughts from five art psychotherapists, acknowledging and discussing the subjective and interactive nature of this qualitative research. The most common themes that emerged can be seen pictured below.

Some of these themes feel to me like common sense, but some took me by surprise. In particular, the idea that hope can both control us and be controlled. One participant gave a beautifully visual metaphor for this, thinking of hope as a kite being flown. Her thoughts on hope brought to mind a Leonard Cohen poem, where she replaced the word 'kite' for 'hope', which if you do so, reads like this (her alterations seen in italics):

'Hope is a victim you are sure of. 
You love it because it pulls
gentle enough to call you master,

In her interview, participant 5 expanded her point by saying that hope can 'play us. ...You get pulled, and you get dashed, and you get beautiful 'flights'...you think you're in charge of it and then it, goes! And you realise you're not!' (P5 cited by Bennett 2014, p.59).

On completion of this research, the most vivid image I am left picturing (even though simple) is that of the motivating power of hope and knowledge gained by experience. An event or situation lived through, seems to leave an internal print in the survivor, which can see and desire the possibility of similar survival in others. I recognise the impact of this cyclical progression of events in my own life and am reminded of a Bible verse that refers to such a process: 'We know that suffering produces perseverance: perseverance, character; and character, hope' (Romans 5: 3-4, New Revised Standard Version). The person left holding this hope is now better equipped to face suffering again.

A further topic explored, was the idea that the environment in which a therapist hopes (or despairs), may in fact affect the need to monitor and manage these hopes (or despair). For example, one participant spoke of how within her palliative care context, she was ...
careful not to step on clients' hopes with her knowledge to the contrary, as she had experienced the power of hope as a stubborn choice in the face of a hopeless reality. Another example can be seen when one participant spoke of how the stressful privatisation of her work-context had shaped her to be 'ruthless' with her hopes; discarding hope for the system in order to maintain hope for the clients within her care.

As each practitioner's context varies so remarkably, alongside the breadth of personal 'hope' definitions and associations, one may be left reeling from the countless different hope-stories and their suggested implications! However, one conclusion found both in the relevant literature and in the results of this analysis, was that the sharing and reflection-upon, of practitioner hopes, motivations and strategies for sustaining work, is a beneficial practice. Larsen et al. (2013, pp.472-486) concluded in part by suggesting that 'novices may be able to 'borrow' supervisor's hopeful practice stories until they have accumulated their own' (ibid). I feel the process of this dissertation has created just such a chance for me as a student art psychotherapist to 'borrow' (ibid) and process participants' hopeful accounts. One of my hopes now, is that this taster article may encourage you to share with each other your reflections and experiences of hope in your workplace, especially within the context of a creative, resourced, precious profession that finds itself increasingly amid external pressures that can potentially affect the hope we carry for our clients.

Elizabeth Bennett

Recently studied for an
MA in Art Psychotherapy at the
University of South Wales

References


HOPE FOR THE FUTURE
Goldsmiths DMP MA Final Year Students’ Celebration June 2014

The Goldsmiths DMP MA final year students held an evening of film, dance, food and connection to mark the end of their final year as trainee DMPs. Eighteen final year students invited partners, parents, friends, fellow students, tutors and other associates to share their celebration. The students began by sharing a screening of their filmed movement responses, created as part of their formally assessed assignments. They also offered a live dance piece, accompanied by live music specially composed during a day of rehearsal by musician and composer Dylan de Buitlear. There were refreshments available and time to chat and connect in an evening that certainly generated the warmth and belonging of community spirit.

These DMP trainee practitioners, like those who have gone before them, have worked long and hard towards acquiring the necessary emotional congruence, along with practitioner skills such as empathic listening, embodied attunement and reflexive thinking. But there has also been a profound, less quantifiable agenda at play, involving a deeply personal journey to a place of soulful awakening. This aspect of the curriculum is challenging and emerges from the courage to be present to relational experience with humility and compassion and a willingness to become truly open to authentic inner experience and to the experience of others. These combined elements of the DMP MA combine in a process that cannot be rushed and which marks the beginning of a professional journey as DMP practitioner.

It sometimes takes longer than anticipated to reach the desired landmark of graduation and the ‘taking longer’ is itself often a process of great learning. Congratulations to all those trainees for their commitment and hard work. The future of DMP is in good hands!

Caroline Frizell
DMP MA Programme Convenor, Goldsmiths University of London

http://www.gold.ac.uk/pg/ma-dance-movement-psychotherapy/
https://www.facebook.com/GoldsmithsDanceMovementPsychotherapy
Welcome to the ‘new’ section of e-motion!

This will aim to display news, events, adverts and workshops for the forthcoming months.

We start with a reflection from an attendee at the recent ADMP UK AGM on 6th September, 2014:

ADMP UK AGM – Reflection from a recent graduate

On arriving at the AGM I felt eager to connect with peers that shared my discipline. Having finished my studies the times when I manage to connect with other DMP’s are rare, as everyone has busy lives trying to get work off the ground or sustain their practices. I was glad when we began with a movement warm up but I felt this part of the session was over all too soon. There was not enough time for me to build trust and familiarity within this largely unfamiliar group.

One of the core issues that felt important to me was the discussion about employability of students and universities taking the responsibility to hold records that track where graduates end up. For me having finished the course, finding work has been hard and I would have liked longer discussion time for this issue. I think it’s important for universities to have a working understanding of the state of employability for their graduates so they can further support and prepare those within their study programs for the challenges ahead.

The HCPC and UKCP accreditation debate of course feeds into this issue. Many times I find posts for jobs on NHS websites that specifically highlight drama or art therapy, but DMP is nowhere to be seen. I feel demoralised that although things are moving ahead in some way in terms of accreditation it appears that we are looking at a process that will take years. Then there may be further requirements which demand practitioners to accrue more hours of personal therapy or practice.

So it seems that relying on this to boost employability is not realistic in the short term.

I think that raising the profile of DMP, another issue that was discussed, is important to consider. Thinking about ways that we can come together to find strategies to market ourselves to a wider audience, perhaps beyond the realms of mental health, to include corporate clients. I also think another strand of the accreditation debate in terms of protecting our title is relevant to building and preserving our reputation. I believe that the perception of DMP can be diluted and confused if practitioners without our training claim to be offering the same therapy.

Fundamentally I think I came away from the AGM feeling like I was not fully a part of the debate. I was in amongst a lot of practitioners who were older and more experienced than I was and I found it hard to find my voice. What would have helped me integrate was more space and time to interact in the non-verbal as well as the verbal. The numbers attending seemed low and I wonder if including CPD workshops, for example, as part of the day, would encourage people to attend but also build a sense of community among those who are present.

This is something that I realise I think I am lacking, but I feel I am not alone in this and I wonder if a greater energy spent building and connecting our DMP community might help us to find more resources to transform the struggles we are encountering in the world at large.
At the time of writing, the European Association Dance Movement Therapy are hosting their 1st ever conference in Riga, Latvia. We hope that it is a stimulating and successful event, and look forward to hearing reports from UK delegates for the next issue of e-motion.

Best wishes to all who are presenting research or facilitating workshops.

‘Dancing into Health: Dance Movement Therapy in Europe’

Staying with our colleagues in Europe, we are delighted to report that their crowd-funding campaign to raise money to produce a film showcasing the work of DMP has exceeded its target of €2,500, eventually raising 105% (€2,621). EADMT have confirmed through their Facebook page that they are still happy to receive donations towards production, even though the Indiegogo page is now closed.

We look forward to seeing the results of the filming, and its uses for promoting awareness of what DMP is and how it can benefit a wide range of people.

For updates, you can follow the Dance into Health fundraising page on Indiegogo:

www.indiegogo.com/projects/dancing-into-health-dance-movement-therapy-in-europe

or the EADMT page on Facebook:

www.facebook.com/europeanADMT

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<td>26th – 27th September 2014</td>
<td>1st EADMT Conference: Resilience Within a Changing World</td>
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<td>October 2014 – June 2015</td>
<td>Movement of Colour – 9 monthly all-day workshops</td>
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<td>3rd – 4th October 2014</td>
<td>The BodyMind Approach to the treatment of medically unexplained symptoms</td>
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<td>Moving Differently: Dance Therapy Group</td>
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<td>8th – 10th October &amp; 7th November 2014</td>
<td>OXPIP Group Facilitation Training</td>
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<td>10th October 2014 – 1st July 2015</td>
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<td>£748, Bristol</td>
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<td><a href="http://www.anetteschwalbe.co.uk">www.anetteschwalbe.co.uk</a></td>
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<tr>
<td>12th October 2014</td>
<td>Private Practice in DMP: Stepping Professionally into the World of Business</td>
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<td>£65/£55</td>
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<td><a href="http://www.admt.org.uk/admp-workshops/">http://www.admt.org.uk/admp-workshops/</a></td>
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<td>Date</td>
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<tr>
<td>21st October 2014</td>
<td>CATR event “Coming and Going”</td>
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<td>25th October 2014</td>
<td>The Body Hotel</td>
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<td>25th – 26th October 2014</td>
<td>Autumn Reflections</td>
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<tr>
<td>1st November 2014 – 28th March 2015</td>
<td>Foundation Course in Dance Movement Psychotherapy</td>
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<tr>
<td>8th November 2014</td>
<td>ADMP UK Conference: Landscapes and Borders</td>
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<tr>
<td>13th – 16th November 2014</td>
<td>Introductory 4 Day Course for the Body-Mind Centering Program</td>
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<tr>
<td>17th November 2014</td>
<td>Goldsmiths DMP Taster Evening: 6pm-9pm</td>
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<td>22nd November 2014</td>
<td>The Body Hotel</td>
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<tr>
<td>22nd – 24th November 2014</td>
<td>Movement Ritual Explorations</td>
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<tr>
<td>22nd November 2014</td>
<td>Introduction to Dance Movement Psychotherapy</td>
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<td>25 Fridays over 2015</td>
<td>OXPIP Parent Infant Psychotherapy Training</td>
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<tr>
<td>January 2015</td>
<td>Deepening Learning &amp; Clinical Skills, Developing Leadership &amp; Research in Innovative Practice for Arts Therapists, Queen Margaret University</td>
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<td>31st January, 28th February, 28th March 2015</td>
<td>The Body Hotel</td>
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Private Practice in DMP
Stepping professionally into the world of business

facilitated by

Tasha Colbert RDMP, ADMP UK recognised Private Practitioner and Supervisor
PCC, NLP Practitioner, Somatic Trauma Therapy Cert
&
Céline Butté RDMP, ADMP UK recognised Private Practitioner and Supervisor
MA, Dip Creative Supervision, Affect Disregulation, Survival Defences & Traumatic Memory Cert,
PGCert PHE

Sunday 12th October 2014
The Place
17 Duke’s Road, London, WC1H 9 PY
9.30am to 4.30pm
£65 (£55)

Setting up a Private Practice is setting up a business; and becoming a business person has implications that may conflict with our aim of holding the therapeutic space in a professional way.

This workshop will look at the practical and psychological implications of being self-employed with particular reference to running a private practice in which you are dealing directly with the client.

It will cover: arranging space to work, professional and financial responsibilities, the interface with the therapist’s own private life, safety, and some other issues that are specific to the business of body-oriented, movement-based psychotherapy (including dance movement psychotherapy and dramatherapy); for example the balance between words and movement and the use of touch.
The day will also be an opportunity to address some of the blocks about running a business participants may wish to explore.

The workshop is available for qualified therapists with full professional UK membership.

For more information please contact Goretti at workshops@admp.org.uk
Guidelines and deadlines for submitting articles to e-motion

Upcoming issues:

“Endings”

“That is the nature of endings, it seems. They never end. When all the missing pieces of your life are found, put together with glue of memory and reason, there are more pieces to be found.”

Amy Tan

The deadline for submissions will be 1st November 2014 and the issue is due out in January 2015.

“Landscapes & Borders”

The deadline for submissions will be 1st February 2014 and the issue is due out in March 2015.

Guidelines for submissions:

Articles: 2000 – 4000 words, with Harvard referencing

Reflective pieces: max 1000 words

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

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

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

e-motion@admp.org.uk