

**HER BODY SPEAKS:
THE EXPERIENCE OF DANCE THERAPY FOR WOMEN**

By

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Abstract

A qualitative, phenomenological methodology was used to explore the experience of women who had participated in dance therapy and had found it facilitative of their personal growth and healing. The participants were six women between the ages of 25 and 47 who had been involved in group and individual dance therapy within the last one to four years. The women described their experience of dance therapy during in-depth, individual interviews. Using Colaizzi's (1978) approach to phenomenological data analysis, five themes that were common to all the study participants emerged. These themes described the women's sense of spontaneity and permission to play, their sense of struggle, their sense of freedom, their sense of intimate connection, and their experience of reconnection to their bodies.

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“It’s like reading between the lines, [except] dance therapy is like doing the between the lines stuff...your whole body is here to tell a story.”

Abbey, 1998

“The body has been interpreted in many different ways—the social body; the moral body, the sexual body, the cultural body. Each of these is a way of listening to and speaking with the body, a way of trying to open the voice of the body and to open to the voice of the body. And yet beneath them all there is another voice breaking through that does not allow interpretation, a voice that is simply the body speaking. I have heard and seen other dancers speak with this internal voice which starts from the body, trusting the lines and sounds that surface from the place of the body. What do we hear when we think through the body, when we listen quietly to the voice inside the flesh as it speaks its strange tongue that the tongue in the mouth can’t capture? The body as a tongue that says what cannot be said otherwise, the place of subtle and silent speech.”

Rachel Vigier, 1994, p. 236

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Chapter One

Introduction

The practice of counselling conventionally operates in a verbal mode of expression (Corey, 1991; Corsini, 1989). Some authors lament this reality (Espenak, 1981; Levy, 1995; McNiff, 1981), and claim that verbal modes can limit an individual's attempts to access and express feelings and thoughts. This view is summed up in Levy (1995): "words alone are not enough to express the totality of experience" (p. 1).

Verbal modes may be limited or even disadvantageous in some situations. For example, in the case of a client who defends against his or her feelings by intellectualization, verbal modes may encourage this defense mechanism simply by engaging cognitive processes more directly than emotional processes (Levy, 1995; Simonds, 1994; Zwerling, 1989). Verbal modes may also be ineffective when assisting the client who has repressed emotional material. In particular, unconscious material created in childhood may be composed of metaphors and symbols that cannot be expressed in adult verbal modes, or may be beyond translation into words (Levy, 1988; Simonds, 1994). In addition, when recovering a childhood memory, a client may not be able to access the verbal skills necessary to describe the experience, and there is even greater difficulty if the memory was formed during a preverbal period of life (Simonds). Another situation in which verbal modes may be limited is when therapy issues are inherently linked to the body, for example in the case of body image or eating disorder issues (Levy, 1988; May, Wexler, Salkin, & Schoop, 1978). Moreover, when a person's body has been traumatized through physical or sexual abuse, often she/he has a damaged relationship to her/his body. A therapeutic approach that does not include an emphasis on improving the abuse survivor's relationship to her or his body in a

tangible way could be neglecting an important aspect of therapy with this population (Goodill, 1987; Levy, 1995; Simonds). Finally, in looking beyond specific situations and populations, exclusive use of verbalization in counselling ignores the fact that people have different expressive styles and preferences for different modes of expression (Levy, 1995; McNiff, 1981). Considering individual differences in the experience and organization of thoughts and feelings, verbal modes may not be a medium that best fits the internal experience of some clients.

With some recognition of the shortcomings of strictly verbal approaches to counselling, practitioners are increasingly turning to the arts as a non-verbal resource (Levy, 1995; McNiff, 1981; Simonds, 1994). Various forms of the expressive arts are being adapted for counselling practice. For example the use of the visual arts of drawing and painting is becoming well established, and the performing arts have been applied to counselling purposes in the forms of psychodrama and role-playing. The assumption is that the various modes of expression available in the arts can augment counselling practice by increasing the number of means by which clients may express and perceive themselves, and the range and depth of their experiences. McNiff (1981) puts it this way: "the emotional scope of art is unparalleled by other modes of expression" (p.vii).

Dance is among the many forms of artistic and nonverbal expression that counsellors may turn to as a resource. Dance has been adapted for therapeutic purposes during the 20th century, flowing out of the modern dance tradition (Levy, 1988). Usually called dance therapy or dance-movement therapy (Payne, 1992), there is a growing body of literature that explores this therapeutic approach. In this study, the term dance therapy is used.

Defining Dance Therapy

The American Dance Therapy Association's official definition of dance therapy is: "the psychotherapeutic use of movement as a process which furthers the emotional, cognitive and physical integration of the individual" (American Dance Therapy Association, 1998). According to Levy (1988), "dance therapy is a form of psychotherapy differentiated from traditional psychotherapy in that it utilizes psychomotor expression as its major mode of intervention" (p. xi). This approach to therapy uses movement and dance as a vehicle through which a person can engage in a process of personal integration, definition of self, and emotional growth (Payne, 1992). The actual movement portion of dance therapy can include rhythmic dance, spontaneous and creative movements, thematic movement improvisations, unconscious symbolic body movement, group dance, range of movement and relaxation exercises (Bernstein, 1986). Music and verbalizations may or may not be part of the experience. The process aspect of dance therapy deals with present awareness in relation to an individual's body, mind and emotions, and involves exploration, experience and expression of conscious and unconscious material (Bernstein).

Using the word "dance" to label this therapeutic approach can lead to misconceptions about the nature of dance therapy. Payne (1992), in an effort to dispel incorrect assumptions and to define what dance therapy is, outlines what it is not. Dance therapy is not especially for clients with physical difficulties or those inexperienced in creative expression, nor is it meant just for people with a natural talent for movement or rhythm. In other words, dance therapy is for anyone. Also, dance therapy is not based on the "art for all" idea, in which dance therapists may be seen as giving people an opportunity to learn how to dance and perform. Dance therapists do not generally teach dance steps or routines, and public dance

performance is not usually an aspect of dance therapy. Furthermore, dance therapy is not occupational therapy, although some early dance therapy pioneers first worked in hospitals and occupational therapy settings. Certified dance therapists are differentiated from occupational therapists in that they have training in psychotherapy, dance and movement analysis. Similarly, dance therapy is not physiotherapy. Although there are similarities, dance therapy tends to focus more on the unconscious and symbolic aspects of movement.

Dance therapists use expression through movement toward various ends. Bernstein (1986) states the major outcomes of dance therapy are integration, personal growth and intrapsychic wholeness. She also contends that dance therapy facilitates the natural flow of energy in the body and increases an individual's capacity for vitality. Payne (1992) states that dance therapy helps people to gain a clearer definition of self. She also asserts that dance therapy helps to make an individual's inner world and personal symbols tangible and visible, thus promoting greater self-awareness.

In making their assertions about the definitions and outcomes of dance therapy, authors are making certain assumptions. First, there is the assumption that self-expression facilitates personal growth (Levy, 1995). Second, it is assumed that one can express emotion in the medium of body movement (Payne, 1992). Third, various aspects of the individual, such as the conscious intellect, the emotions, the unconscious and the body, are assumed to be interconnected; consequently, therapeutic intervention can be applied at any of these levels (Esenak, 1981). Fourth, most dance therapists take for granted that interventions in movement behaviour can positively affect the emotional and cognitive aspects of the individual (Levy, 1988).

Historical Context

According to Schmais and White (1986) dance therapy evolved from two main sources: the historical use of dance, and the modern dance tradition. Throughout history people have shared feelings and emotions through moving together to a common rhythm (Schmais & White). They have danced at times of personal, seasonal, and social transition. In primitive societies, dance provided a means to communicate to others, to express oneself, and to commune with nature (Levy, 1988). According to Meerloo (cited in Levy, 1988), "... at the dawn of civilization, dancing, religion, music and medicine were inseparable" (p. 1).

During the early 20th century the time was ripe for the emergence of dance therapy. Psychotherapists were becoming interested in the non-verbal expressive aspects of personality, and dancers were seeking more natural expressive movements to replace rigid and impersonal forms of the art of dance, as seen in ballet (Levy, 1988). "Modern dance, because of its concentration on self-expression and commitment to search for new ways of moving, thus provided the springboard for the natural development of dance therapy" (Schmais & White, p.25). During the 1930's dancers and teachers in the modern dance tradition initiated the therapeutic use of dance. As dance therapy evolved into a form of psychotherapy, practitioners began to investigate existing theories in psychology. They began to align themselves with theoretical constructs that fit with their practice and intuitive knowledge. Thus the field of dance therapy grew out of a merger between the modern dance movement and theories in the discipline of psychology. (The influence of psychology theories on dance therapy will be discussed in greater detail in Chapter 2).

Dance therapy began with the work of dance teachers on the east coast of the United States. Early pioneers like Marian Chace, Blanche Evan, and Liljan Espenak worked in

psychiatric hospitals and institutions for the mentally challenged in the 1940's (Levy, 1988). Dance was used with mentally ill or handicapped individuals in an effort to provide them with a means of communication. The early dance therapists believed that dance was a viable therapeutic alternative in the case of these individuals, for whom it was assumed spoken language was either ineffective or meaningless. Dance was used to help patients relate to others, thereby fostering communication and decreasing isolation, which is often associated with serious mental illnesses (Levy). In the early stages of the evolution of dance therapy, more structured forms of expressive movement were used. This was likely due to the dance performance/instruction backgrounds of the therapists, and to the nature of the clients, most of whom had fragile ego structures.

The development of dance therapy took a different path on the west coast of the United States. One early pioneer on the west coast during the 1950's was Mary Whitehouse (Levy, 1988). Whitehouse worked as a dance instructor in her own studio. Many of her students were involved in verbal psychotherapy and were generally normally-functioning adults. Whitehouse noticed that her students sought deeper self-discovery through movement, and began to provide opportunities for them to probe unconscious psychic material. Similarly, in the late 1950's Blanche Evan followed Whitehouse in working with "normal" adults (Levy, 1988). Evan started working with mentally challenged children in east coast institutions, but later became fascinated with what she called the "neurotic urban adult" (Levy, p. 36). She spent 30 years working with these individuals who were basically normal, but who had lost contact with their bodies and emotions. Both Evan and Whitehouse used in-depth and spontaneous improvisation as their main intervention strategy. These two therapists were the only two pioneers of dance therapy that worked primarily with

normal adults. They paved the way for subsequent dance therapists to expand the application of dance therapy to a wide variety of client issues and populations.

Dance therapy is a relatively new approach to therapy, with increasingly diverse applications. In both the UK and the USA it began with the work of a few dedicated pioneers. Today, there are several professional associations, two serial journals, a growing literature base, and degree-granting training programs in the UK, the USA, Holland, Germany, France, Sweden, and Italy (Payne, 1992). Although work with psychiatric patients and developmentally delayed individuals continues today, the past several decades have seen vast expansion in the use of dance therapy. Today, dance therapy is available for children, adults, groups and individuals. Dance therapy has been used in the treatment of anxiety disorders (Leste & Rust, 1990), eating disorders (Wise, 1984), Parkinson's disease (Westbrook & McKibben, 1989), chemical dependencies (Rose, 1995), learning disabilities (MacDonald, 1992), head injuries (Berol & Katz, 1985), and multiple personality disorder (Baum, 1995). Dance therapy has also been used in working with female survivors of sexual abuse (Ambra, 1995; Bernstein, 1995), battered women (Chang, 1995), the elderly (Sandel & Hollander, 1995), the blind (Fried, 1995), and physically handicapped individuals (Canner, as cited in Levy, 1988). Despite the growth, practitioners are still having to work to establish dance therapy as a separate and valid therapy. The fact remains that dance therapy is a "diverse, complex, but little-known subject area" (Payne, p.1).

Statement of the Problem

In an effort to legitimize dance therapy and to expand the knowledge base, dance therapists are increasingly documenting their practices (Levy, 1995; Payne, 1992). There are, however, several problems with the dance therapy literature. For example, the literature is

sparse, and generally lacks experimental and theoretical foundation. Also, therapeutic goals are rarely, or poorly defined, and change is often measured based on therapist's intuition and anecdotal evidence (Levy; Payne). These studies lack empirical rigor and efficacy claims are at best spurious. Additionally, descriptive accounts of intervention strategies abound, to the neglect of conceptual discussion and theoretical application (Bernstein, 1986; Musicant, 1994; Levy, 1988). Overall, the reader learns a great deal about what dance therapy looks like in practice, but is left to wonder about how it works and why certain interventions are used in certain circumstances. Dance therapists have written that some of the goals of this therapeutic approach are psychological and physical integration, personal growth, and clearer definition of self (Bernstein; Payne). Unfortunately, these authors leave their readers to speculate as to the mechanisms at work that enable the dance therapy client to achieve these goals.

In summary, dance therapy studies lack the substance and rigor that is necessary to build a solid theoretical and empirical foundation. As a result, one can conclude very little from the existing dance therapy literature.

Purpose of the Study

Since little is known about the mechanisms and processes in dance therapy that facilitate growth and change, the subjective experience of those who have participated in dance therapy can help to illumine this therapeutic modality. The experience of dance therapy has not been adequately addressed in the literature; consequently, one can only speculate as to the meaning the participants make of dance therapy and how they believe it facilitates their growth and healing. The purpose of this study, therefore, was to explore the

lived experience and meaning of dance therapy for those who found it facilitative of their personal growth and/or healing.

The phenomenological research method was used in this study. It is a qualitative method that seeks to illuminate a phenomenon by identifying some of its essential meaning structures. Given that so little is known about dance therapy and how it operates, this method fit well with the aims of this research. In addition, this method is a rigorous approach to the study of experience (Colaizzi, 1978; Osborne, 1994). Phenomenology “remain[s] with human experience as it is experienced...” and “sustain[s] contact with experience as it is given” (Colaizzi, p.53). The question that guided this research was: **What is the lived experience and meaning of dance therapy for individuals who found it to be facilitative of their personal growth and/or healing?**

One of the goals of this study was to contribute to the dance therapy literature, which lacks phenomenological research that investigates the subjective experience of dance therapy clients. In this study the researcher sought a clearer understanding of dance therapy, a non-verbal therapeutic modality. It was hoped that the results might provide a rationale for an increased use of non-verbal modalities in counselling, and also a basis for the incorporation of dance therapy into the resource base of counsellors. Through this study, the researcher also endeavoured to contribute to the growing link between counselling and the creative arts.

Chapter Two

Review of the Literature

Introduction

In his review of the major approaches to counselling and psychotherapy, Corey (1991) addressed the following issues for each approach: (a) key concepts, (b) historical background and influences, (c) therapeutic process and goals, (d) therapeutic techniques and procedures, and (e) evaluation of effectiveness and outcomes. In order to facilitate understanding of dance therapy from a counselling perspective, this literature review is structured according to Corey's framework. First, key conceptual themes in the dance therapy literature are outlined. Second, building on the discussion of the historical development of dance therapy in Chapter 1, the role of psychological theories in the development of the major dance therapy approaches is examined. The third section gives a broad overview of the therapeutic techniques and interventions used by dance therapists. Fourth, the therapeutic process is explored in terms of how dance therapy operates and the mechanisms that bring about change and growth. The fifth section examines therapeutic goals and outcomes, and evidence of the efficacy of dance therapy in achieving these goals. These five sections make up the general review of the dance therapy literature that provides a context for the study. In addition to this general review, the literature was also searched for any previous attempts to research the lived experience of dance therapy. In the final section of this literature review a phenomenological study that investigated the lived experience of dance therapy is reviewed.

Key Conceptual Themes

Bernstein (1986) conducted a qualitative thematic analysis of eight major approaches to dance therapy, using accounts written by key proponents of each approach. She then proposed a structure for dance therapy theory that she called a “holistic frame of reference” (p.279). Bernstein identified several conceptual themes that are common to the major approaches to dance therapy. Themes that appear in Bernstein’s framework, and that appear to be reflected in the literature as a whole are: (a) the unconscious, (b) holism, (c) somatic memory, (d) the primacy of movement, and (e) the assumption of a growth process. These five themes will be examined in this section.

The concepts of the unconscious and consciousness are at the root of many theoretical constructions in dance therapy (Bernstein, 1986). It is assumed that individuals have an unconscious, consisting of emotions, memories, experiences about which they are unaware. Implied in much of the dance therapy literature is the notion that unconscious material needs to be introduced and integrated into conscious awareness in order for healing and psychological change to occur (Bernstein; Levy, 1988; McNiff, 1981; Simonds, 1994).

Holism, the second theme, is a concept that pervades the dance therapy literature (Bernstein, 1986; Levy, 1988). Bernstein (1986) summarized this concept, “the individual is viewed as an integrated unity; mind and body reflect and effect [sic] each other” (p.279). Espenak’s term for holism was “individual totality” (1981, p.3). The notion of the individual totality includes the intellect, the emotions, the unconscious and the soma or body. The assumption in dance therapy is that the different aspects of the individual interact, and that therapeutic intervention can be applied at any level. In the case of dance therapy,

intervention applied at the level of the body is assumed to have an effect on the mind and emotions.

An emerging undercurrent in dance therapy practice, and one facet of the theme of holism, is the issue of spirituality. Some authors advocate the inclusion of the soul or spirit into our holistic picture of the individual. For example, Janet Adler in her article "Body and Soul" (1992) examines alternative ways to describe the experience of authentic movement in dance therapy. She suggests that authentic movement, that is, movement that is truly spontaneous and unconscious in motivation, may be more appropriately described in spiritual or mystical terms, as opposed to psychological terms. Schroeder (1995), a Christian liturgical dance artist and educator, focuses her work on spirituality and the body. She states that our bodies must be included in the process of healing our wounded and fragmented spirits, hearts, bodies and minds. Levy (1988) notes that the exploration of spirituality is one current trend in dance therapy.

The third theme in dance therapy is the notion that memories and the body are interconnected. Bernstein (1986) wrote: "Developmentally related, intermeshed somatic experiences, unconscious material and conscious behavior are stored in the body and are reflected in the breathing, posturing, and movement of an individual" (p.279). The idea that repressed emotions and unconscious material reside in the body is an important aspect of many dance therapy approaches. According to Levy's survey of the major approaches (1988), the concept of somatic or body memory is found in the work of such dance therapy pioneers as Evan, Espenak, Whitehouse, and Schoop. The somatic memory concept appears in other areas of literature as well. For example, authors in the childhood abuse and trauma literature have proposed that unconscious memories and emotions can be stored in the body

(Bass & Davis, 1988; Simonds, 1994). Alice Miller (1984) dramatically emphasized this point when she wrote:

The truth about our childhood is stored up in our body, and although we can repress it, we can never alter it. Our intellect can be deceived, our feelings manipulated, our perceptions confused, and our body tricked with medication. But someday the body will present its bill, for it is as incorruptible as a child who, still whole in spirit, will accept no compromises or excuses, and it will not stop tormenting us until we stop evading the truth. (p.316)

One particular way in which unconscious emotional material can manifest in the body is in the form of body image distortions. Body image "is a subjective view of one's own physical body and of the reactions of the self and others to that manifestation" (Espenak, 1981, p.25). Espenak believed that distortions in body image can result in various problems, such as "defects in the sense of identity, misconceptions in self-perceptions and in the interpretation of the attitudes and reactions of others, and relative immobilizations, rigidities and tensions in parts of the body or in an overall diminished body tone" (Espenak, p27). The concept of body image has made its way into popular culture, and one might intuitively assume it to be central in dance therapy. During the 1950's, there was great interest in body image and the nature of nonverbal communication, both in the fields of psychology and dance therapy (Levy, 1988). More recently, however, the concept of body image seems to have been subsumed under newer constructs in the dance therapy literature. Conceptually, body image problems now appear to be seen by dance therapists as indicative of a split between mind and body, reflecting the lack of integration between the conscious and unconscious aspects of the self (Bernstein). Today, body image problems seem to be treated

in the context of the symptomatology of particular disorders or dysfunctions, such as anorexia nervosa (Wise, 1984) and sexual abuse trauma (Bernstein, 1995).

The fourth theme involves the primacy of movement as a form of communication. According to Bernstein (1986) movement is considered by many dance therapists to be the most primitive and primary mode of communication. The historical importance of dance, as discussed earlier, has contributed to this idea of the primacy of movement. Espenak contended that evidence for movement as a primary mode of communication can be found in early childhood development. She stated that the acquisition of "data pertinent to survival" (Espenak, 1981, p.33), especially in infancy, is a function of sensori-motor engagement and perception. Given this assumption of the primacy of movement, dance therapists have asserted that movement gains access to unconscious material and somatic memories more easily and directly than verbalization (Bernstein; Levy, 1988; Payne, 1992; Penfield, 1992). Especially in the case where memory schema have been formed at a preverbal stage of development, nonverbal modes of therapy, like movement, become fundamental to the effectiveness of therapy (Simonds, 1994). Some authors have contended that dance has the power to bypass the defense mechanisms of the intellect and tap directly into the unconscious (Espenak, 1981; Simonds, 1994; Whitehouse, cited in Levy, 1988).

Dance therapy... provides through improvisation a direct access to a body expression that transcends the conscious personality mechanisms....it could be said that the powers inherent in the spell of music, rhythm, symbol and fantasy are seductive toward unconscious elements in the personality, that they are evocative at a sensory level in a manner that cannot be matched by the powers of the intellect alone. (Espenak, 1981, p.89)

The fifth key theme in dance therapy addresses the process of growth in individuals. The major dance therapy approaches assume that the individual has an innate capacity for continuous growth (Bernstein, 1986; Levy, 1988). This notion reflects the influence humanistic approaches to psychotherapy have had on the field of dance therapy. Carl Rogers called this growth capacity a “self-actualization tendency”, that is a “tendency of the organism to develop all its capacities in ways which serve to maintain or enhance the organism” (Meador & Rogers, 1984, p.142). The role humanistic and other psychological theories has played in the development of dance therapy theory will be explored in the next section.

To summarize, the literature suggests that the key theoretical underpinnings in dance therapy involve the concepts of the unconscious, holism, somatic memory, primacy of movement, and capacity for continuous growth. To paraphrase, the literature indicates that important unconscious psychological material resides in the body, and that there exists mutual interaction between intellect, body, emotions, the unconscious and the spirit/soul. Given a positive therapeutic alliance, dance/movement may be used as a therapeutic tool to facilitate direct access to the unconscious, the emotions, and the spirit/soul. The goals of dance therapy are personal growth and integration of all the aspects of the individual.

Development of dance therapy and the role of psychology

According to Levy (1988), the development of dance therapy in the twentieth century grew out of both the modern dance movement and the relatively new field of psychology. She stated that “included in the overall work of many psychological theorists and clinicians during this early period were concepts and techniques that helped to lay the foundation for the later development and recognition of nonverbal treatment approaches” (p.6). This section

will discuss the links between psychology theory and dance therapy because psychology has played such an important role in the development of dance therapy.

Levy (1988) mailed a survey to 235 registered dance therapists to inquire about past and present influences on their work. Influences included dance therapists and teachers as well as psychological theories. It is not clear how many respondents Levy had overall. Looking at the influence of psychological theory, she found that approximately 75% of the respondents were influenced by three or more theories. On the basis of this finding, Levy concluded that dance therapists were, for the most part, eclectic in their approaches to therapy. It appears that the most influential theory for her respondents was psychoanalytic, with particular focus on the work of Freud and Jung. Other influential theories included object relations, gestalt, humanistic, family systems, ego psychology, and transpersonal psychology.

Levy (1988) observed a trend toward increasing eclecticism in the utilization of psychological theories, and toward a blending of once distinct approaches to dance therapy. For example, Dosamantes-Alperson's approach has been influenced by dance therapists Chodorow and Hawkins, and by psychology theorists Gendlin, Perls, Freud, Sullivan and Rogers (Dosamantes-Alperson, 1981; Levy). Fran Levy herself has developed "psychodramatic movement therapy" which integrates dance, graphic arts, and psychodrama principles and theoretical constructs from psychoanalytic theory (Levy).

Levy (1988) outlined three main reasons behind the influence of psychology on dance therapy theory and practice. First, dance therapists desired a theoretical understanding of their work, and thus endeavoured to relate established psychological theories to their clinical experiences. Second, there was a drive to find a common language that could link dance

therapy more directly to other therapies and that could aid communication among the mental health disciplines. Third, alignment with the traditional and established forms of psychotherapy had the potential to increase the perception of dance therapy as a legitimate in-depth treatment approach, which was preferable to being seen as an ancillary or recreational form of treatment.

One of the earliest influential figures in psychology was Wilhelm Reich. He was one of the first psychiatric clinicians with a nonverbal orientation (Levy, 1988; Payne, 1992), and he helped to lay the foundation for dance therapy. In his concept of "body armoring" he introduced the idea that the body holds repressed psychological material in the form of muscular tension (Payne). In his controversial approach, he used muscular manipulation to facilitate the triggering and release of feelings and memories. Reich had a profound influence on the first dance therapist, Marian Chace (Levy), and in this respect his contribution to dance therapy was very significant.

Adlerian psychology had an influence on two other dance therapy pioneers, Blanche Evan and Liljan Espenak (Bernstein, 1986; Espenak, 1981; Levy, 1988). Evan worked with what she termed the "neurotic urban adult" (Levy, 1988, p.37). Evan based her work on the idea that repressed aggression and anger are at the root of neuroses. This repression of action or life force diverts energy into various forms of body tension, and increases the risk of developing a stance of permanent non-expression. At the extreme, this stance can result in low self-esteem, atrophy of body and spirit, and an inability to experience love and anger. Similarly, at the heart of Espenak's work is the idea that the aggression drive is the "life-giving source in the personality" (Levy, 1988, p.52). Thus, her focus was on uncovering repressed anger (Espenak, 1981; Levy). With regard to Adler's concept of childhood

inferiority, Espenak claimed that working with one's body to express oneself, and to develop strength and a sense of grounding could help counteract feelings of inferiority and dependency.

Jungian theory has also influenced many dance therapists, the best known of whom was Mary Whitehouse (Levy, 1988). Whitehouse applied to movement the Jungian idea that polarity is present in all aspects of life. She believed that opposites were inherent in dance in the contracting of one set of muscles and the extending of another (Levy). This made dance ideal for the release of opposing drives and emotions. Whitehouse also developed a movement application of the Jungian concept of active imagination (Levy, 1988). Active imagination involves the releasing of repressed unconscious material by relaxing the ego's defenses against spontaneous expression. In movement, active imagination becomes what Whitehouse termed authentic movement. Authentic movement is essentially any movement in which one surrenders to one's unconscious self and has the experience of I am moved. This is contrasted with invisible movement in which movement is characterized by the phrase I move (Levy, p.66). In other words, invisible movement is consciously controlled or contrived movement that lacks genuine emotional charge. Interestingly, the Whitehouse concept of authentic movement continues to be a central theme in current Jungian dance therapy approaches (Chodorow, 1991; Musicant, 1994).

Building on Whitehouse's work, contemporary therapists have explored other Jungian concepts as applied to dance therapy (Adler, 1992; Chodorow, 1995). For example, Chodorow described the primordial unconscious (p.103), the cultural unconscious (p.104), and the personal unconscious/shadow (p.106) as they were made manifest in movement. The primordial unconscious consists of the emotions, instincts and images of the primal human

being. When one is moving from the primordial unconscious, one may be engulfed by a primal emotion such as fear or rage, and may find oneself moving involuntarily. Wordless vocalizations, such as snarling, moaning, or laughing, may accompany this experience. The cultural unconscious includes content from the family of origin, education, and the general moral and cultural climate of the era. Movement from the cultural unconscious may express mythic imagery and symbols. The expressive actions of the cultural unconscious reflect and are mirrored in ceremonial actions of prayer and worship, in cultural dance steps, and in social customs that mediate human relationships. The personal unconscious, or the shadow, includes all psychic contents that have been repressed or forgotten. Movement that reflects the shadow may seem random or unclear. This may be a function of the fact that the material has been repressed. Movement from this level of the unconscious is idiosyncratic, and thus can only be understood through the associations and memories of the mover. Chodorow stated that the assumption of somatic memory underlies her theorizing regarding the shadow. "It is as if certain memories are stored kinesthetically and can best be retrieved through the movements of the body" (Chodorow, p.106).

Elaine Siegel is currently a major proponent of the psychoanalytic approach to dance therapy (Levy, 1988; Siegel, 1984; Siegel 1995). Three theoretical statements that are central to her work are: (a) "movement is an indicator of patients' developmental level", (b) "movement reflects conflict", and (c) "movement is imprinted by traces of all reactions to life's vicissitudes in the past and in the present" (1995, p.118). Siegel emphasized the importance of a positive transference relationship. She believed that a trusting relationship could facilitate a therapeutic regression, so that conflicts could be manifested and then worked through on motor and nonverbal levels (Siegel, 1995). In psychoanalytic dance

therapy, the classic method of psychoanalytic exploration, free association, takes the form of improvisational movement (Levy, 1988). According to Siegel, the use of insight and verbal interpretation is just as important as free association in movement for the integration of new awareness and for effecting permanent change.

As noted earlier, most dance therapists assume people have innate capacities for continuous growth (Bernstein, 1986). This assumption reveals that Roger's concept of a self-actualizing tendency has been very influential in dance therapy. Yet there is little or no overt acknowledgment of this influence in the dance therapy literature. Levy observed that most dance therapists approach therapy by creating safe, non-judgmental environments, and by endeavoring to establish deep empathic rapport. This suggests that Roger's therapeutic conditions of unconditional positive regard and empathic understanding (Meador & Rogers, 1984) have found their way into common dance therapy practice. It appears that dance therapists have a natural inclination toward clinical practices and conceptualizations that are humanistic in nature.

Another key figure in current dance therapy practice, Penny Lewis Bernstein, integrated Gestalt therapy principles into dance therapy practice (Bernstein, 1986). In this approach, full immersion into "here and now" sensing and experiencing is emphasized. The therapeutic process involves attending to bodily sensations and areas of tension. Individuals are invited to allow body parts to "talk", and to intensify or exaggerate gestures and movements. Symbols that emerge in dreams or that are found in myths are acted out and personalized.

In summary, it seems that psychological theories have been very influential in the development of dance therapy. Early dance therapists were particularly influenced by

psychoanalytic thought, drawing from the works of Freud, Adler, and Jung. Undercurrents of humanistic models are apparent in many of the approaches to dance therapy, possibly indicating that at its root dance therapy is naturally humanistic. Contemporary dance therapists have drawn inspiration from a broad range of psychological theories and are becoming increasingly eclectic.

Therapeutic interventions

Interventions will be briefly explored for the purpose of exploring what dance therapy looks like in practice. Based on Bernstein's (1986) holistic frame of reference (p. 279) and Levy's (1988) dance therapy outline (p.125), there appear to be seven broad categories of therapeutic intervention that are used in most approaches to dance therapy. These categories are: (a) warm-up and body awareness, (b) rhythm and music, (c) group dance, (d) spontaneous movement, (e) thematic improvisations, (f) therapist in motion, and (g) verbalization.

Warm-up and body awareness is the first category. In this category, interventions focus around getting people to move and to become aware of their bodies. Various exercises are designed to highlight patterns of posture and gesture, muscle contraction and relaxation, range of movement, and variations of movement in time, space and weight. The second category involves the use of rhythm and music. Music and rhythm are catalysts that are used to activate people, and to evoke an emotional response. The third category of intervention, group dance, is also used to activate people and to get them to interact in new ways with others. Through group dance, support from other group members is conveyed in a tangible manner. Spontaneous movement is the fourth type of intervention. Most therapists leave unstructured time for clients to engage in "psychomotor free association" (Levy, p. 126), in

which they can explore the unconscious movements of their bodies. Authentic movement, as described earlier, would fall into this category. In a similar vein, the fifth intervention grouping is thematic improvisations. Clients are encouraged to animate and explore their personal images, metaphors, symbols, dreams, and memories in movement. The symbolic and unconscious aspects of movement are the main focus in dance therapy practice, and thematic improvisations are the interventions used to bring these aspects into focus. Category six involves the therapist in motion. The dance therapist is considered an intervention tool in that the therapist usually engages in a kind of empathic reflection in movement. As the therapist mirrors or reciprocates the client's movements, the client is afforded a reflection of her/his process. The final category of intervention is verbalization. Verbal expression is used in a variety of ways. Clients may use it to narrate their process while moving, and then later to express insights and integrate new awareness. Therapists may use verbal expression to facilitate the movement process, suggest a thematic improvisation, offer teachings, or share observations and interpretations.

In sum, dance therapists employ a wide variety of techniques in practice. The literature seems to be characterized by lengthy descriptions of interventions and techniques (Levy, 1995; Payne, 1992). As a result, the reader can imagine what dance therapy looks like in practice. Some authors clearly state the rationale behind the use of particular interventions for a particular clientele (for example, Penfield, 1992; Sandel & Hollander, 1995), whereas others are not as explicit (for example, Fried, 1995; Murray-Lane, 1995).

Process variables and mechanisms of change

In psychological research, process variables address *how* change is effected. This is both a function of visible therapeutic interventions and the invisible mechanisms that mediate

change in the client. While there are plenty of descriptions of interventions in the literature, as described earlier, evidence as to what mechanisms enable these interventions to bring about change is more sparse. In this section, articles that examine the process of change, and that propose mechanisms that may be operative in dance therapy, will be reviewed.

In Bernstein's (1986) conceptual frame of reference for dance therapy, the process of change was reduced to two general statements. Bernstein stated that the process of dance therapy can be concerned with "present awareness in relation to the individual's body, intrapsychic functioning, body movement, relationship with therapist and others in relation to the individual's history" (p. 282). In addition, she stated that the process involves "exploration, experience, expression, and identification of conscious and unconscious material, polarities, energy blocks, and emotions" (p.282). Although these statements give some indication as to the nature of the therapeutic process, they do not satisfactorily address the issue of how change occurs.

There are only two works in the dance therapy literature that explicitly delineate the mechanisms that promote change (Espenak, 1981; Schmais, 1985). Based on clinical experience, Espenak proposed five factors that mediate client change. These were: (a) stimulation and release of feelings, (b) communication and contact, (c) reduction of anxiety, (d) experience of joy, and (e) response to rhythm. The release of feelings, (i.e. catharsis), is a change mechanism because it helps to release energy blocks, thus allowing the whole personality to be expressed. Communication through movement is also seen as a factor of change because it allows contact with other people, even a god, to occur. Through movement one's unconscious can also communicate with one's conscious self. The mechanism at work in the third factor, reduction of anxiety, is not clear. Apparently, through the symbolic aspect

of dance, a reprieve from reality is experienced, and this results in a suspension of the conscious self and greater well-being. According to Espenak, the experience of joy (her fourth factor) is central to the effectiveness of dance therapy. The sensation of joy in being alive is therapeutic because it promotes psychophysical harmony, motivation and optimism. This physical release and joy can also provide a counterbalance to some of the pain of uncovering unconscious conflicts. The fifth factor, response to rhythm, was seen by Espenak to be an important catalyst in the process of change. Rhythm is an integral part of life, and moving together to a common rhythm can give one a sense of being part of something universal. Espenak also stated that the sensual pleasure in moving to a rhythm is therapeutic in itself.

Espenak (1981) was one of the first among her colleagues to publish a book about dance therapy theory and practice. In particular, she made a concerted effort to describe the change factors she believed were operative in dance therapy. Descriptions of the factors, however, lack detail, clarity and coherency. Also, her factors were based on anecdotal testimony and clinical observation, and she provided little corroborative evidence from other studies. Therefore it is important to use caution in drawing conclusions from this work.

Schmais (1985) proposed eight healing processes (p.17) that she believed were operative in group dance therapy. She based these processes on group therapy theory (for example, Yalom, 1975), and clinical experience. The processes were synchrony, expression, rhythm, vitalization, integration, cohesion, education, and symbolism. Synchrony refers to moving together in time and space. It is a healing process in that it fosters communication, and a sense of solidarity and cohesion. The process of expression involves bringing unconscious affect into consciousness with an intensity that words could not convey. It is

the through becoming conscious and having an intense emotional experience that significant therapeutic change is effected. The third process is rhythm. Rhythm is inherent in our nature as humans, as seen in the rhythms of the body. Rhythmic repetition of a movement theme can also facilitate healing because it can both contain and clarify the emotion that is being expressed. Vitalization, the fourth process, is about "investing people with the power to live" (p.25). This process promotes growth and change by unleashing vital energy that is locked in tense muscles. The fifth process, integration, is difficult to summarize clearly because Schmais included in this category a discussion of such things as therapy goals, the process of insight, commitment to therapy, symbolism, and validation from the group. It seems that integration is a process that brings about unity of body, intellect, and emotions, and a congruency between inner and outer realities. The sixth healing process, cohesion, takes place when the group moves together and participates in dancing out one another's private stories. In this process, individuals see the universal aspects of personal stories, and they experience a sense of commonality, a sense of being understood and accepted. Healing comes through the resultant self-acceptance and increased connection to others. Education is another process that is also mediated through the group. Through feedback, individuals learn about themselves and the way they are in relationship. They also learn that their feelings are acceptable and that even the most powerful emotional expression does not necessarily lead to disaster. Schmais argued that the eighth process, symbolism, is "probably the least understood and most valuable process in dance therapy" (p.33). Movement symbols have the power to abstract, abbreviate and structure what an individual has perceived, felt and imagined. Once a perception, feeling or idea is structurally represented in movement, the individual is in a better position to clearly understand and articulate her issues and concerns.

The key feature of this symbolization process is that it allows for some psychic distance between the individual and difficult emotional material.

Schmais' (1985) proposed eight healing processes are fairly detailed, coherent and comprehensive. Evidence that she cited from the group therapy literature supports her findings. Nevertheless, Schmais' processes were based on anecdotal evidence and clinical observation, and so her findings must be used with caution. Another limitation is that Schmais did not specify what method she used to arrive at the eight categories.

Among the studies Schmais (1985) reviewed in her search to understand the healing processes at work in dance therapy was the work of Yalom (1975). In Yalom's study of traditional psychotherapy, twenty "successful" group therapy patients completed a curative factor 60-item Q-sort, and were then interviewed. The following eleven curative factors were identified in the group therapy experience of these participants: (a) instillation of hope, (b) universality, (c) imparting of information, (d) altruism, (e) corrective recapitulation of the primary family group, (f) development of socialization techniques, (g) imitative behavior, (h) interpersonal learning, (i) group cohesiveness, (j) catharsis, and (k) existential factors. Five of Yalom's factors, catharsis, interpersonal learning, cohesion, universality, and imparting information appear to correspond, respectively, to Schmais' (1985) processes of expression, integration, cohesion, synchrony, and education. Underscoring the difference between the therapeutic mechanisms at work in verbal and nonverbal therapies, three healing processes which Schmais identified do not correspond to Yalom's findings, namely rhythm, vitalization, and symbolism. However, these latter processes seem to be echoed in Espenak's (1981) factors of rhythm, joy, and reduction of anxiety.

While it is difficult to come to any definitive conclusions as to the mechanisms at work in dance therapy, the findings in Espenak (1981) and Schmais (1985) are intriguing. More research is needed to better understand by what process or mechanism dance therapy interventions bring about change and growth.

Outcome variables

The question of whether or not a certain approach to therapy is effective in helping clients achieve their goals is fundamental. Outcome studies are conducted to answer this question. In order to provide evidence that a particular therapy works, the author of an outcome study should clearly outline both what the therapy is intended to achieve (goals), and how outcomes are to be measured. In this section evidence of the therapeutic efficacy of dance therapy will be reviewed.

According to Bernstein (1986) some of the possible outcomes of dance therapy are: “[a] intrapsychic change or re-organization, [b] conflict resolution, [c] realization of individual’s potential, [d] capacity to meet one’s needs, [e] maintenance of present awareness, [f] natural flow of energy, [g] increased capacity for vitality and relaxation, and [h] meaningful social interaction” (p.282). Bernstein further stated that assessment of outcomes is a function of both client self-report and therapist observation of somatic behavior. Her review of the major dance therapy approaches was intended to give the reader general information, and highlight for the reader some themes to look for when reviewing outcome studies.

Outcome studies that clearly define client problems, therapy goals, and outcomes are rare in the dance therapy literature. For example, few of the contributions in Payne’s (1992) edited book, Dance movement therapy: theory and practice, adequately address issues of

therapeutic goals and outcomes. In all ten contributions, descriptions of process and interventions abound. Case illustrations are detailed and highlight the challenges and themes that arise when working with certain client groups. Conclusions are a combination of therapist musings regarding the therapy process, and recommendations for continued work. What is lacking in many of the articles is any clear discussion of therapeutic goals and outcomes, and what might be called more "hard" or empirical evidence of therapeutic efficacy. Some authors, however, did identify outcomes, and provided some anecdotal evidence of therapeutic success. For example, Liebowitz (1992) claimed that dance therapy could help psychotic individuals re-integrate a body image, stabilize body boundaries, and develop a sense of self as separate from others. Meekums (1992) stated that dance therapy with mother-child dyads was associated with increases in physical affection, more positive child behavior, and improved communication.

The articles in Levy's (1995) edited book, Dance and other expressive art therapies, show a similar trend. The apparent intension of the articles is to demonstrate that dance therapy is effective when used with specific client populations, such as battered women or chemically addicted individuals. However, goals and outcomes are somewhat poorly defined. Nevertheless there is some indication that dance therapy is effective in helping people change and grow. Some of the outcomes identified were: (a) decreased depression, anxiety and somatic complaints (Levy, 1995); (b) integration of disowned aspects of the self (Baum, 1995); (c) strengthened sense of self (Lawlor, 1995); and (d) reclaiming of sexuality and increased confidence (Bernstein, 1995). Overall, these works as well as those in Payne (1992) do provide anecdotal evidence of positive client change and therapeutic efficacy. Nevertheless, caution must be exercised in drawing conclusions.

Turning to the American Journal of Dance Therapy, one finds there is a paucity of empirical outcome studies. One notable exception is an article by Brooks and Stark (1989). They studied 40 individuals in total, 20 hospitalized psychiatric patients and 20 non-hospitalized individuals, to determine whether or not dance therapy would bring about change in affect. They used a pre-test, post-test design, with the Multiple Affect Adjective Check List as their instrument. Ten individuals from each group became the control group (n=20), and the remaining 20 made up the experimental group. This latter group was exposed to one dance therapy session. Results indicated no significant difference between the hospitalized and non-hospitalized groups. However, all individuals in the experimental group showed a significant decrease on depression and anxiety scales. The authors concluded that the results supported the hypothesis that dance therapy can change how people feel. One major limitation of the study is that there was only one dance therapy session for the experimental group, and therefore only short-term changes could be measured. Some confounding variables were the percentage of men to women (75% women), and the medications that some hospitalized individuals were taking.

Very little can be concluded as to the effectiveness of dance therapy in terms of outcome studies. Bernstein (1986) asserted that dance therapy is used for the purpose of "integration towards wholeness" (p.282) and that certain outcomes were associated with this purpose (for example, intrapsychic change and increased capacity for vitality). Anecdotal evidence of success in achieving these outcomes is common in the literature, and it is convincing on an intuitive level. However, few authors in the dance therapy literature have studied therapy goals and outcomes in a concrete and systematic manner. More research is needed in order to properly evaluate the effectiveness of dance therapy.

The lived experience of dance therapy

This researcher was able to locate one study in the international dissertation abstracts database that investigated the lived experience of dance therapy from the perspective of the client. Using a phenomenological method, Hammond-Meiers (1992) studied the lived experience of dance therapy from the perspectives of two depressed women. Hammond-Meiers was both researcher and dance therapist, and she facilitated both verbal interviews and actual dance therapy sessions with the two participants. She transcribed the interviews, and formulated movement analyses from the video-taped sessions. These data formed the verbal and nonverbal protocols that were thematically analyzed. Hammond-Meiers summarized her findings as follows:

The essence of movement therapy involves: (1) freedom to move in and through a wide range of movements in the presence of the therapist for the purpose of exploring the self in the world, (2) the enhanced experience of the immediacy of bodily-felt movement, (3) connecting movement experiences to behaviours in the lived-world, (4) furthering attention to movements which acknowledged their body's wisdom, kinesthetic knowing and physiognomic learning, (5) creativity through connecting the meaning of these kinesthetic knowings to their lives, (6) an awareness of self-evolution through dances and movements, (7) more care for their body-selves, (8) an appreciation of their spiritual growth as connected to their inner bodily-felt selves. (abstract)

Hammond-Meiers has succeeded in making an initial inquiry into the experience of dance therapy. Unfortunately, her study was limited by the small sample size, and the

confounding effect that Hammond-Meiers may have had herself by being both researcher and therapist.

Conclusions

Based on the core assumption of the interconnection between all the aspects of the individual person, (i.e. body, mind, emotions, unconscious, and soul/spirit), dance therapists use movement as a their primary intervention mode in order to bring about changes in any or all of the aspects of the individual. Dance therapists have used constructs from theories in psychology in formulating conceptualizations, with psychoanalytic thought having been particularly influential. Overall, the dance therapy literature is characterized by description of practice. Practice involves using movement to facilitate the expression and exploration of conscious and unconscious material, energy blocks, and emotions. Rhythm, music, spontaneous movement, symbolic improvisation, and group therapy have all been used as therapeutic interventions. Proposed outcomes include intrapsychic change, increased capacity to meet one's needs, increased vitality, the experience of wholeness, and integration. There has been some speculation as to the therapeutic factors or mechanisms that operate in making dance therapy effective, but since there is little empirical research in this area, nothing conclusive can be stated. There is, however, a fair amount of anecdotal evidence that dance therapy is effective in bringing about change, healing and personal growth.

Despite the intuitive appeal of the tenets and practices of dance therapy, there are some serious shortcomings in this literature. Theoretical constructs are for the most part lacking, and those that do exist lack an empirical foundation (Espenak, 1981; Schmais, 1985). Some theoretical publications are so laden with jargon and unclear concepts, they are rendered inaccessible and incoherent (Bernstein, 1986; Hammond-Meiers, 1992). Although

descriptions of practice are plentiful, it is not clear why certain interventions are used, nor do we know how they work to bring about change and growth (Payne, 1992). The few factors that have been proposed as mechanisms of healing and change are not well-researched (Schmais). One particular area that has been seriously neglected is therapy goals and outcomes (Payne; Levy, 1995). Many articles do not specify goals and expected outcomes for therapy, and many fail to operationalize goals in a way that allows for assessment (for example, Lawlor, 1995; Liebowitz, 1992; Murray-Lane, 1995; Sandel & Hollander, 1992). Overall, the dance therapy literature lacks empirical outcome studies. As a result, solid evidence regarding the efficacy of this therapy is as yet not available.

For dance therapy to be viewed as a legitimate form of therapy, it needs to be better understood. Yalom (1975) stated that patients' reports are a rich and untapped source of information with regard to which aspects of therapy are most helpful or facilitative of change and growth. He argued that, "the more the questioner can enter into the experiential world of the patient, the more lucid and meaningful does the report of the therapy experience become" (p.5). One way to begin to develop an understanding of the process and effectiveness of dance therapy is to seek input from those who have experienced this therapy as clients. This present study involved just such an inquiry.

Chapter Three

Methodology

Method selection

A qualitative phenomenological method was used in this study for the following reasons: (a) it was a suitable method for an investigation that sought to describe the meaning of a human experience, (b) this methodology is considered to be complementary to counselling practice (Osborne, 1990), and (c) this research was exploratory in nature. The paragraphs that follow elaborate on these reasons.

The purpose of this study was to understand the lived experience and meaning of dance therapy for individuals who had found it to be facilitative of their personal growth and/or healing. The general purpose of phenomenological research is to illuminate a phenomenon, and in particular to identify the essential structures, and to explicate the thematic meanings of human experience (Osborne, 1994). The phenomenological researcher seeks to elicit the participant's feelings and personal views regarding a particular experience in order to develop a detailed descriptive account of the experience as it has been lived. The phenomenological method facilitates our understanding of experience by allowing for meaningful contact with individuals who have experienced a phenomenon, and by remaining faithful to their lived experience (Colaizzi, 1978; van Manen, 1984). Given these characteristics, a phenomenological approach seemed suitable for this research project.

According to Osborne (1990) phenomenological methods complement counselling practice in several ways. First, phenomenology and counselling practice both involve the exploration of the inner lives of the participants. Second, phenomenological research and counselling require many of the same personal qualities, such as caring, respect for others,

openness, ethical integrity, and an interest in the life-world of others. Interpersonal communication skills are equally important in both endeavours. As such, a counsellor is uniquely qualified to conduct this type of research. In this study, I used my counselling skills as a means to establish rapport and trust with the participants, and in order to facilitate the expression and articulation of participants' personal experiences.

Since little is known about the phenomenon of dance therapy, and in particular, the subjective experience of those who have participated in it, this study was exploratory in nature. According to Colaizzi (1978), if one wishes to understand and identify a psychological phenomenon, one must begin by contacting the phenomenon as people experience it and by describing their experience. Colaizzi asserted that "identification of phenomena must... become the crucial first step in psychological research..." (p.57). Since our knowledge of dance therapy as it is lived and experienced is very limited, it seemed appropriate to conduct a qualitative study such as this one. This study endeavoured to descriptively identify the phenomenon of dance as it was lived by those who experienced it as facilitative of their personal growth and/or healing.

Personal Assumptions and Bracketing

Colaizzi (1978) stated that the researcher's personal interest in a research topic, and the colouring of activity and interpretations that results, is unavoidable. Rather than denying this influence, the phenomenological researcher makes manifest his/her presence in the research by engaging in a process known as bracketing (Osborne, 1990, p.81). This involves "rigorous self-reflection" (Osborne, p.81), in the form of careful examination and documentation of one's preconceptions, assumptions and biases regarding the phenomenon being investigated. As a result, the reader can take the researcher's perspective into account

when evaluating whether the study has been faithful to the lived experience of the research participants (Osborne, 1990). The following paragraphs outline my orientation to counselling, some personal experiences that led me to select this research topic, and the preconceptions I had regarding the research participants.

My orientation towards counselling is primarily humanistic and feminist in nature. As such I emphasize the importance of an individual's social context and subjective reality in my work. My interest in personal experiences and meanings has influenced my choice of a phenomenological approach to studying dance therapy.

Looking back, it seems as if dance has always been part of my life. I took nine years of ballet lessons, from age five to fourteen. I always loved, and still love dancing at parties, clubs, weddings and such. I seize any opportunity to dance that I can. Several years ago, I heard about a course at a local Christian College called "Dance as Embodied Prayer." I felt excited and intrigued, and I immediately signed up. That course was the beginning of something new in my life. I experienced profound healing and rejuvenation in my body, mind, heart and spirit.

Over the years, I have also done a fair bit of personal counselling work. I came to see in my own work as a client, however, an inclination to intellectualize my issues and I had considerable trouble accessing my feelings. I suspected that a different kind of therapy might facilitate my therapeutic process more effectively than the traditional verbal approaches. I tried some art therapy, and found it to be a good fit with my natural creativity. Then I heard about dance therapy through a friend, and I felt so thrilled. I had no idea such a thing existed, but it sounded like just the thing for me! I joined a 10-week group. Similar to the Embodied Prayer course, I found dance therapy to be very meaningful. I was able to find and express

my feelings, and I developed a new connection to and compassion for my body. Subsequent to that group, I found a counsellor who incorporates the body into her practice. Overall, I have had positive and healing experiences of prayer in movement, dance therapy, and verbal therapy that is body-inclusive.

As a result of my experience I formed certain assumptions, values and beliefs. For example, I came to particularly value therapeutic approaches that are holistic; that is, those that involve the client's body, mind, emotions and spirit. Consistent with the beliefs of other clinicians (Levy, 1995; Miller, 1984; Simonds, 1994), I came to believe that for some issues in particular, such as body trauma issues, therapy approaches that actively involve the body may be more effective in bringing about healing and growth than strictly verbal approaches.

In addition these general assumptions, I also brought certain preconceptions regarding the research participants to this study. Dance therapy is fairly new and "alternative" when compared to mainstream approaches to therapy. As a result I suspected that the study participants might be naturally adventurous and/or unconventional. I hypothesized that they would place a high value on anything that seemed intuitively holistic. Also, opportunities to participate in dance therapy, especially in Canada, are somewhat limited. Those that want to experience dance therapy must make an extra effort to find the few opportunities; consequently, I expected that the participants in this research would be especially dedicated to their own personal growth and enrichment.

Consistent with the literature, I assumed that the participants in this study would have found dance therapy to be an integrative experience in that they would have worked therapeutically with body, mind, emotions, and spirit all at once. I anticipated that the participants' sense of identity would have been changed as a result of this holistic experience,

and I thought that they would have experienced a sense of physical as well as emotional release. I anticipated that dance therapy would have been a meaningful and significant experience, and that it would have triggered self-insight. I believed that the experience of dance therapy would have increased their comfort with their bodies as well.

The fact that I personally experienced dance therapy and that I formed subsequent beliefs had the potential to bias this study. Consequently, I made every effort to monitor myself in order to identify my assumptions and conceptualizations as they emerged and evolved. At the same time, I recognized the potential for my experience to have a beneficial effect on this study in that it could enable me to be sensitive with the study participants, and insightful when analyzing the data. Therefore, I endeavoured to utilize my personal knowledge of the topic advantageously, while maintaining an open mind and receptivity to new information.

Participants

The two main criteria for selection of participants in a phenomenological study are: experience with the investigated topic, and the ability to illuminate it (Colaizzi, 1978; Osborne, 1990). Osborne stated that in order to illuminate a phenomenon, a person should to be able to articulate his/her experience, and should have had a meaningful experience that he/she is interested in describing. To be included in this study, participants were required to have experienced dance therapy, and to have found it helpful with their personal growth and/or healing. It was also necessary for participants to be able to describe their experience verbally in English, and in a reasonably articulate manner.

The participants had to have experienced a form of dance therapy that was consistent with the definition outlined in Chapter One. They were to have engaged in the use of dance

and movement for personal growth, insight and emotional healing, with a focus on the unconscious and symbolic aspects of movement. This latter criterion was used in order to differentiate between those who had experienced true dance therapy, and those who may have engaged in dance as a performing art, or for reasons of physical rehabilitation. Participants were to have experienced either group or individual dance/movement therapy, with the assistance of a certified dance therapist.

In this study, participants were asked to reflect upon their past experience of dance therapy. In order to ensure reasonably accurate recall, they were required to have had their experience within the last one to five years. The minimum amount of experience required was six sessions, since any less than this might have yielded data that was too superficial to enable a rich thematic analysis.

According to McLeod (1994), in order to do justice to the contributions of the research participants in qualitative studies, it is important not to recruit too many participants. Furthermore, phenomenological research focuses on richness of information rather than on quantity of information (Colaizzi, 1978; McLeod). Therefore, a relatively small number of participants were recruited for this study. The first six individuals who met the inclusion criteria were selected to participate. After the six had been interviewed and the data was analyzed, coherent themes that were common to all six participants had emerged. Since the six participants had sufficiently "illuminated the phenomenon" (Osborne, 1990, p.83) of dance therapy, and it appeared that no new themes would emerge, the addition of more participants was considered unnecessary. A form of generalizability called "empathic generalizability" (Osborne, p.83) was established when themes identified in one woman's experience emerged in the other women's experiences.

Procedure

Participants for the study were recruited initially through word of mouth. I asked colleagues and friends to invite individuals who seemed suitable for the study to call me for more information. I posted notices (see Appendix A) in various public locations, including the Burnaby Family Life Institute, where some dance therapy groups run. Also, a particular dance therapist who practices in Vancouver agreed to pass out notices, and she also invited suitable individuals to contact me.

I screened individuals who inquired over the telephone to determine if they met the inclusion criteria for the study. If they met the criteria and agreed to participate, we booked an appointment for the first in-depth data collection interview. Then we discussed the options for the location of the interview. All of the participants chose to have the first interview at their homes. The interviews were recorded on audiocassettes and lasted an average of 1.5 hours. The majority of the interviews took place during the three months following the first recruitment effort.

Response to initial recruitment was minimal. A total of six women telephoned to inquire about the study. Of these six who called, two met the criteria, three did not meet the criteria, and one left a voice message, but then did not call again until a month later. The two who met the criteria agreed to participate in the study, and were subsequently interviewed. I screened the one who called a month later, and she met the inclusion criteria. She agreed to participate and was interviewed. When I later reviewed the interview, however, it was clear that it lacked sufficient depth for phenomenological thematic analysis. As a result, this participant's interview was deemed unusable and she was notified that it would not be used in the study.

Since only two usable interviews were generated from the first recruitment effort, I initiated a second recruitment effort. I posted more notices, and notified my contacts that I still needed more participants. Five more women telephoned to inquire about the study. These five were screened and all of them met the inclusion criteria. Four of the women agreed to participate and were subsequently interviewed. One agreed at first, then changed her mind the next day.

During the first interviews, I endeavoured to establish trust and rapport with the participants. First, I reviewed the purpose and nature of the study with them and answered any questions that arose. Then, I reminded them that participation in the study was voluntary and that they were free to withdraw at any time. They were asked to read and sign two copies of the ethical consent form (see Appendix B), and to retain one for their personal records. Concerns about confidentiality were discussed and participants were invited to choose a pseudonym for use in all oral and written reports of the study.

The interviews began with a general orienting statement to ensure the context of the study was presented in a consistent manner to each participant (see Appendix C). Following guidelines for qualitative research interviews detailed in Kvale (1983), the interview was centered on the life world of the interviewee and sought to understand the meaning of the phenomena of dance therapy in her life world. I used open-ended questions, paraphrasing, and reflection in order to gain an in-depth understanding of each participant's experiences. I also employed the counselling skills of active listening and empathy to facilitate a thorough exploration of thoughts and feelings. Each interview continued until the participant had described her experience of dance therapy to her satisfaction.

I occasionally referred to a list of prepared questions (see Appendix D) in order to assist a participant who had “run out of steam” (Osborne, 1990, p.84), or to help deepen exploration of an issue already raised by a participant. The questions from the list were employed as follows: (a) question one was posed to two participants; (b) question two was posed to one participant; (c) question four was posed to four of the participants; and (d) question five was posed to one participant. The third question was not needed as the participants volunteered information regarding their feelings and thoughts as part of describing their lived experience of dance therapy.

Data Analysis

I transcribed each audio-recorded interview verbatim using a Dictaphone machine and computer word-processing software. The faculty supervisor of this study reviewed the first transcript before the rest of the interviews took place. I was given feedback regarding the manner in which I conducted the interview and whether or not there was any indication of my personal assumptions influencing the interview process. I took this feedback into consideration in subsequent interviews.

Thematic data analysis procedures drawn from Colaizzi (1978) were used to analyze the data. To begin, I read the transcript of each participant's interview in its entirety in order to acquire a sense of the whole. In a second reading, significant phrases or sentences were highlighted. I then formulated and wrote out the meaning of each phrase in a concise statement. This involved using creative insight, while being careful to remain true to the data. The statements of meaning were then organized into themes according to similarity. These steps represented a within-persons analysis (Osborne, 1994). The preceding steps were repeated for each transcript. Once all the transcripts were analyzed, the extracted

themes were organized into themes that were common to all the participants in the study, constituting an across-persons analysis (Osborne). These common themes were then presented in an "exhaustive description of the investigated topic" (Colaizzi, 1978, p.61). Every effort was made to describe the themes in a way that captured the commonalties of the participants, and at the same time acknowledged the unique perspective of each woman. If a particular aspect of a theme was found in the experience of only some of the participants, care was taken to note which portion of the study participants reported that aspect.

Some phenomenology writers recommend the use of a follow-up validation interview in order to reinforce the credibility of study findings (Colaizzi, 1978; Osborne, 1990). In order to provide validation for the findings of this study, I conducted a follow-up interview after the data analysis was complete.

Prior to this interview, I contacted the participants by telephone to let them know that I had completed the data analysis and was ready to conduct the follow-up interviews. I was unable to contact one participant, Jane, as she had moved out of the country. I was successful in making contact with the other five participants, and conducted validation interviews with all of them. Before the interview took place, I mailed each participant a package that contained: (a) a brief biographical sketch; (b) a request for additional information to expand the biographical sketch; and (c) a summary of the themes common to all the research participants. Participants were asked to read and reflect on the themes before the follow-up interview, and to write down any additional details that they would like to add to their biographical sketch.

During the follow-up interview, I asked participants for their reaction to the common themes, and asked them to discuss how accurately the themes reflected their particular

experience. The women all reported that they believed the themes presented an accurate portrayal of their own experience of dance therapy. The women commented that while some aspects of the themes were more salient than others, they still believed that on the whole the themes reflected their experience. Some of the women remarked that they resonated to the themes so much that they couldn't always tell which quotations were theirs. All of the women stated that they gained personal insights and a sense of validation as a result of participating in this research. A couple of the women found some hope in reading the stories of women whom they perceived were further along in their healing process.

Some changes to the themes were made based on the participant feedback. Most of the changes involved small alterations in order to clarify the meaning of a word or concept. Other changes were made to slightly expand a description so that it captured more fully the experience of all the study participants. In the "Sense of Freedom" theme, a few sentences were added that explained why permission to be silent was important to one participant. Also in the "Sense of Intimate Connection" theme, some phrases were added that explained why movement unity was significant and powerful for the study participants. These changes and additions were made because they enhanced and deepened the descriptions of the themes. No major alterations to the themes were made, as the participants did not suggest any such changes.

Limitations

This exploratory study was limited to one in-depth interview and one follow-up interview per participant. A more complete exploration of the experience of dance therapy was not possible given limited time and resources. An additional limitation was that only five out of the six participants were available for the follow-up validation interview.

The study also likely was limited by the geographical location in which it was conducted. Dance therapy is not as widely practiced in Canada as it is in some other countries. As a result, recruitment yielded a fairly homogeneous sample in that all of the participants had the same dance therapist. Another limitation related to the participants is that their experiences were quite varied. Some had participated in several dance therapy groups, others had only attended one group. Two of the women had done individual as well as group dance therapy. There was also variability in the time frame during which they had their experience. Some women had experienced dance therapy quite recently, and had reasonable recall of their therapy experience but did not have a sense of the long-term impact of it. For other women, several years had elapsed since their experience, and this affected their ability to remember the details of their experience. However, they had integrated their experience to a greater degree than the women who had more recent contact with dance therapy, and consequently had some insight into how dance therapy had affected their lives.

This research was based on self-report and was therefore dependent on the participants' ability to recall their experiences, as well as their level of self-awareness and insight. Participant self-disclosure was, however, dependent to some degree on my ability to build rapport and trust, and I used my counselling training to counteract these limitations.

A common limitation in phenomenological research is the lack of generalizability of the study findings. With only six participants, the results of this study certainly cannot be generalized to all who have experienced dance therapy. Rather than seeking to generalize the findings to a larger population, however, the goal in this study was to illuminate the meaning of dance therapy for those who participated. Although generalizability cannot be achieved by one phenomenological study, an on-going exploration of a phenomenon and an accumulation

of experiential accounts can contribute to the shaping of theory and future research (Colaizzi, 1978).

Given that phenomenological research emphasizes the uniqueness of experience, replication of findings from this type of study poses some difficulty. If, however, data-gathering and analytic procedures are consistently applied, and made clear and explicit in the written reports, then the possibility of comparison to other qualitative studies emerges (McLeod, 1994). "If case-based findings are to be seen as valid, credible and robust, they must be the outcome of research procedures that are visible, replicable and consistent" (McLeod, p.119). I outlined in detail all aspects of this study so that it might become a relevant and useful contribution to both the dance therapy literature and counselling literature.

One final limitation in this study is perhaps inherent in all written works about dance therapy. So much of dance therapy is nonverbal, symbolic and intuitive that it can be challenging to find words that accurately express the experience of it. One participant in this study talked about her struggle to find the words:

Because it's a physical experience, it's very difficult to capture that with words...it's just that I don't have the vocabulary for it...I feel like it would be easier if I could just give you a painting or do a dance or something where there's all those levels of ambiguity and tension.

It is ironic that the nonverbal nature of dance therapy is considered a limitation in this study, while in practice it is one of the advantages of this therapy. Nevertheless, for the purposes of this study, it was necessary to operate in a verbal model, and so the participants and I simply

did our best to find words to describe a phenomenon that goes beyond the realm of verbal discourse.

Chapter Four

Results

This chapter begins with a brief biographical sketch of each participant. These sketches provide a context for the study findings, as well as some insight into the uniqueness of each woman. The women were actively involved in writing their sketches. The biographies are followed by a description of the common themes that emerged from the analysis of the participant's experiences of dance therapy.

The Participants

Mary. Mary is a 41-year-old Caucasian woman whose cultural roots are Anglo-German. Originally born in the United States, Mary was raised in the interior of British Columbia with one younger brother. Later her parents divorced, and her mother remarried. Through this marriage, Mary acquired three stepsiblings, and two adopted siblings. She is a survivor of childhood ritual abuse. Mary has resided in the Greater Vancouver area for the past 20 years, and currently lives with her male partner and her cat. Mary is quite academically inclined. She received her B.Sc. in Chemistry, her M.A. in Literature, and is working on a Ph.D. in Literature. Other interests include playing the piano, cooking, gardening, art and music, hiking and travelling, and attending church. Mary's involvement with dance therapy is extensive. She participated in three 10-week groups, and also has done one year of individual dance therapy.

Jane. (This sketch is limited because Jane was unavailable at the time of writing). Jane is a 28-year-old single Caucasian woman from Vancouver. She has education in the areas of international development and cultural studies, and has traveled extensively in South America. Until recently, Jane worked for a non-profit organization in the area of

environmental education. She is currently commencing university studies in United States. Jane participated in several dance therapy groups, including one longer term group (8 months in duration) that focussed on in-depth personal exploration.

Lilly. Lilly is a 48-year-old woman who has a 23-year-old daughter from her first marriage. She has been divorced twice and is currently in a two-year relationship with a male partner. She is a survivor of childhood sexual, physical, and emotional abuse. She has also experienced sexual and emotional abuse in adulthood. Lilly is the middle of three children and is the only girl. Her parents remained married until her father's death when Lilly was 25. Her father, an alcoholic, held an executive position and her mother stayed home. She was raised in an almost exclusively white, Christian area. When she was very young, the family of four attended her father's church, then later went to her mother's church (both Protestant) until Lilly was about 11 years old. Soon after the birth of her second brother, Lilly began to search out a church on her own. Eventually she stopped going to church all together; but, after a period of agnosticism, she found her own spiritual path. Lilly's closest support group is made up of people in England, France, Pennsylvania, Oregon and Washington, as well in British Columbia where she lives now. She has known many of these people for over 20 years. Prior to returning to school for a university education at age 27, Lilly worked her way up from typist and office clerk to full-charge bookkeeper and administrative assistant. She received a bachelor's degree in English just two months before her 31st birthday (she was the first person on either side of her family to achieve this). She finished a master's degree in human geography two years later. Lilly then spent five years in lower and middle management before taking up work on her Ph.D, which is in the last stages of completion. As for future plans, Lilly is currently trying to find a full-time career position. What she

wants is a job that's fulfilling and a home life that is dependable. She enjoys working in the garden, playing with her partner's dog, latch-hooking rugs, listening to music, reading for pleasure, camping, watching movies, spending time with friends, and golfing. Lilly participated in one 10-week dance therapy group.

Abbey. Abbey is a 45-year-old Caucasian woman. She has one younger brother. Her father was born in Wales and her mother in Canada. They were married for 39 years. Abbey is a survivor of childhood physical and sexual abuse. As a child, she attended a United Church Sunday school, and then at fourteen she began a life-long study of religions and now considers herself a believer of all Faiths. As a young adult, Abbey earned a degree in Criminology at Douglas College, and she has worked in the journalism field for 20 years. An important career accomplishment was the development and implementation of a computer/customer service training program for a large communications company. She has been married to a wonderful and supportive husband for 16 years. Over the past five years of her healing journey some wonderful women have walked with her and been part of her support system. Old friends found it hard to understand the changes taking place in her, and so they parted. Abbey's 3 cats are also an important part of her support network. Writing is very important to Abbey, and she currently writes fantasy works that support her healing journey. She sees herself writing kids books one day, and she would also like to write about her personal story of childhood abuse. She paints as part of her therapeutic process, and she paints greeting cards and fabric gift bags for pleasure. She is also interested in making homemade soap and aromatherapy. Her favourite vacation place is Long Beach on Vancouver Island, and she and her husband have been going there for 17 years. Favorite things include: dinner at a Greek or Japanese restaurant, September sunsets, a windy sunny

day in December, good movies, a good book that takes her away, and floating on a cloud over the Grand Canyon. Abbey has so far engaged in one year of individual dance therapy and plans to continue. She has also completed two 10-week dance therapy groups.

Franny. Franny is a 25-year-old Caucasian single woman who is fairly new to Vancouver. She currently lives with a roommate, and her cat. She is a survivor of ritual abuse. She is grateful for the support of her close friends. Franny is very involved with the Arts in general, and music in particular. She is a professional jazz musician by night, and a child-care worker by day (to keep the bills paid). Other interests include modern dance classes, and dancing at clubs. Franny participated in one 10-week dance therapy group.

Dawn. Dawn is a 47-year-old Caucasian woman. In her family of origin, she was the oldest of seven children. She has 3 sisters, 2 brothers, and one half-sister. When she was 11 years old, her father died quite unexpectedly, and Dawn feels like she still hasn't recovered from the shock of his death. Her mother remarried when Dawn was 16. At age 17, Dawn married and had a daughter 6 months later. Two years later, she had a son, and then when she turned 21 she underwent tubal sterilization surgery. Over the next 16 years, Dawn and her husband separated and reunited many times. They finally divorced when she was in her mid-thirties. She was then involved in several short and longer-term relationships, and was also single for four years. She now lives with a male partner whom she describes as "wonderful." Over the years, Dawn has worked at a variety of jobs, often taking whatever was offered or available. She has been dissatisfied most of her working life because what she was doing never seemed to match her idea of who she wanted to be. At present she is making a career shift. After being a student, she now wants to find work, and a career exploration course is helping her to clarify her goals. In her spare time, Dawn likes to hike,

read, write fiction, and work in her garden. She also enjoys spending time with her grandchildren. Dawn's experience with dance therapy consisted of two 10-week groups.

Common Themes

Five themes that were common to the six participants emerged from the data analysis process. These themes were based on commonalities found in their lived experiences of dance therapy. The themes are presented in a random order.

Permission to Play and Sense of Spontaneity

All of the women in this study reported that play and spontaneity were very important and highly memorable aspects of their experience of dance therapy. They were surprised and delighted that play was encouraged as part of the process of dance therapy. Permission to play gave them a chance to experience a sense of youth and carefree existence, in addition to providing a balance to some of the emotionally heavier aspects of their therapeutic work. A sense of spontaneity was another important element of dance therapy for these women. Many of the women believed that they overcame various barriers to spontaneity, and perceived that they were more natural and free in their bodies as a result of their experience of dance therapy.

Most of the women were surprised to discover that dance therapy had fun moments. As one put it: "Most of what I felt during the first class was just this kind of enjoyment ... which surprised me. I thought, aren't we supposed to be crying and upset and angry?" Many of the women described the playful element of dance therapy as "delightful" and "exciting." For some, it was a means of recapturing a sense of carefree youth that had been lost to them over the years: "It's like being 5 again, like you're in kindergarten and you just get to play." For some, permission to play was significant in light of childhood years that lacked fun and

play. For example, one woman stated: "For most of my life I haven't been allowed to have fun... I got the message very young that it's not OK to have fun." Although they were adults, these women were happy to finally experience the playfulness of a normal childhood.

An important benefit of the sense of play that most of the women remarked on was that it provided a relief from some of the emotional heaviness of therapeutic work. One woman recalls: "There was at least one moment every time I went where I just had a good time. And that was a neat thing to learn, that I could do some healing work and it didn't have to be totally serious and really hard all the time." Another woman asserted that the balance of play and hard work contributed to the effectiveness of dance therapy for her: "I think part of what really made dance therapy effective for me is that it wasn't always serious. We did some really powerful work in that group, but it wasn't always serious. Part of it was play...just letting it all hang out, being silly."

Spontaneous movement was also mentioned as a significant aspect of their dance therapy experience by most of the women in this study. As one woman put it, "the biggest thing I got out of dance therapy was being able to move from my body spontaneously. I don't think I had ever done that." The women spoke about a progression towards increased bodily spontaneity, and the obstacles they encountered along the way.

One block to spontaneity that emerged from the women's stories was an "outer" focus. In other words, a focus on other people, and on performing in a way that would avoid the judgement or ridicule (real or imagined) of others, and/or gain their favour. As one woman described: "If I'm in the middle of something and someone else is there, I'm so busy gauging what they're feeling about what I'm doing, that I stop being in what I'm doing." This focus on "what others might think" shifted their awareness away from themselves, and

created a barrier to a feeling of spontaneity; that is, spontaneity in the sense of free, unconstrained, and self-determined expression. Dance therapy for the women in this study was about challenging themselves to focus less on others and more on expressing what was going on inside them. One woman described her therapeutic process in terms of a gradual moving of her attention away from the "gaze of others", and into her body. "So it was sort of getting to the point where there would be longer periods of time when I wasn't thinking about [others watching] ... I was just totally into moving, and feeling my body and the music." Most of the women went through a similar progression, and this increased bodily spontaneity resulted in important personal meanings. As their self-consciousness dissipated, the women found themselves feeling more relaxed in their bodies, and more confident about who they were and the way they expressed themselves in general. "I enjoyed the freedom of movement and I didn't care if other people were looking at me. I had a sense that I was OK just as I was."

In a similar vein, two of the women noted that their tendency to focus on, and perform for, others was particularly ingrained because of previous formal dance training. For these women, ballet training interfered with their ability to be spontaneous in the present. They struggled with the effects of ballet--rigorous body training, focus on performance, and rules about form and function of dance. For example, one described her experience as follows: "The biggest thing that dance therapy facilitated for me was allowing me to get beyond the kind of external observer of my body thing that was going on, from ballet and from dance... it was very hard for me to differentiate what was going on inside, emotionally from what was being seen from the outside." She talked about how dance therapy helped her to shift her awareness away from performing for an audience so that she could express herself in a more

authentic manner. She is now able to move "more from the inside, as opposed to moving and having it look great on the outside."

Another block to spontaneous movement that came through in the women's stories involved an inclination toward rigid mental controlling and planning of movement, and harsh constriction of their bodies. The three women who had this tendency found themselves unable to move in a natural, uncontrived manner. They would mentally rehearse before moving, and often held their bodies tight and rigid. Spontaneous movement in this situation involved relaxing both their bodies and their minds, in order to allow natural, improvised expression to emerge. One of these women sought out dance therapy particularly because she sensed that she lacked this spontaneous quality in her body. She described her inclination to hold herself tense and still in many situations, so that she might be as invisible as possible. She hoped dance therapy would help her break that tendency, in order to "feel more comfortable moving freely." Over the course of the group, she repeatedly had the experience of moving, and being accepted and cared for no matter what she did. She recounted how the fact that there was no right or wrong, and that no one was judging her, helped her to accept herself and thereby relax her body and express more freely in movement.

For another woman, spontaneous movement occurred when she let down her mental guard. She recalled a moment of dramatic revelation: "It suddenly dawned on me that I had actually moved without thinking first! It's in the nature of an epiphany." No particular event precipitated this shift for her, other than a general feeling of safety and comfort with the group members and facilitators. It was nevertheless a very significant moment for her because prior to that she said she had never felt safe, while being present in her body, without mental vigilance. In her words, this experience of spontaneous movement introduced to her a

“whole other way of being” in which she could enjoy being in her body without expending huge amounts of energy on intellectual analysis and tight control of her body. The feeling of being able to move spontaneously for her came suddenly. She reported, however, that maintaining that feeling continues to be a challenge for her. “I can’t say that I stay like that all the time, but certainly I have a sense now of what that ought to feel like.”

One woman told her story of feeling like she had used her body to carry around her head most of her life. She sensed that all her bodily movements were controlled by her mind. She also felt very uncomfortable in her body and felt paralyzed when she had to move in front of the other women in group dance therapy. However, through group and individual dance therapy, she became more connected to, and comfortable in, her body; consequently, she felt more aware of her feelings as they manifested through her body. She talked about how dance therapy helped open up the passages to her feelings, and taught her to feel OK about expressing them. As she continues to express less from her head and more from her body, she senses that a more authentic self will be seen.

I think that what’s happening is that because of the dance therapy, I’m starting to feel a little freer in moving, but moving naturally as opposed to moving in a controlled way...I think what is going to happen is that the movements are going to come more from my body as opposed to my head... I think more of me will come out, I’ll be a little freer in how I express how I feel.

The ideas of permission to play and a sense of spontaneity figured significantly in every woman’s description of her experience of dance therapy. Play enabled these women to enjoy their bodies in a carefree way that was reminiscent of childhood, and it provided a much-appreciated reprieve from some of the more emotionally difficult work of therapy.

Another key aspect of the experience of dance therapy for these women was a progression towards increased bodily freedom and spontaneity. All of the women overcame various barriers in order to experience bodily movement that was free, self-determined, natural, and authentic. They reported that experiencing spontaneous movement resulted in important benefits, which included: a) more physical relaxation, comfort, and enjoyment; b) increased awareness of feelings; c) increased self-confidence and self-acceptance; and d) more authentic self-expression.

Sense of Struggle

All of the women in this study reported that their experience of dance therapy was infused with a sense of struggle. Initially their sense of struggle revolved around the unfamiliarity of this type of therapy. There was also the initial and continued discomfort and vulnerability of being seen by others. Some found that doing this kind of body-based therapy triggered unconscious memories and feelings associated with past trauma. Despite these struggles and challenges, the women carried on because they were committed to the process, and because they saw that dance therapy was helping them in their personal growth and healing.

Many found dance therapy to be new and strange, and they used words like “different”, “challenging”, “difficult” and “uncomfortable” to describe their experiences. For one woman the idea of dance therapy immediately brought up anxiety regarding dance, and she resisted for a long time.

My therapist had mentioned one time about had I ever thought about dance therapy, and I just looked at her and burst into laughter. Cause my father tried to teach me

how to dance, and I don't dance. My legs turn into posts and they don't move... I was kicking and screaming until I decided to actually do it.

Despite her inhibitions, she made a decision to try dance therapy. "It's so amazing that I am in it because everything points to No, No, No." For another woman, the first class felt like charting unfamiliar territory.

I went to the first class and thought 'well this is very strange' and it was very challenging for me, I wasn't used to moving from my body...I had never done anything like that, I was never an athletic kid, I'm used to being in my head a lot, so it wasn't a familiar thing for me.

Another described a similar disorientation. "So my first time there, I didn't know what was going on, I didn't have any idea what it was really going to be like."

A sense of vulnerability in being observed by others came through in the stories these women told. Group dance therapy required that they move their bodies in the presence of others, and as a result, the women felt self-conscious, exposed, and worried about looking foolish. "What's terrifying about the group is that all those other people could be watching you... what's stopping me from moving is the fact that there are a whole bunch of people there and I know I am going to look like an idiot." As a result of this heightened sense of vulnerability, some of the women felt inhibited in their movements, and at times ambivalent about the therapy process. As one woman so aptly put it, "Moving is saying 'Here I am look at me (God don't look at me!)'." Another found it difficult to stay present in her body while being watched by others. "I think for me having to go out there on my own and being visible and in my body was really difficult." Another participant described her sense of vulnerability in a metaphor: "Moving is like opening the book... it wasn't just like opening the book, it

was like ripping the book open. It was really difficult.” This kind of exposure had distressing implications for her in that she sensed that her movements might betray her and allow others to see what she might want to keep to herself. “It’s like ‘here I am, you get to see what I don’t even know you’re seeing’... when you’re moving you’re doing things you’re not even aware of.”

To cope with the discomfort of being observed by others, the women employed various strategies. Several of them closed their eyes, or averted their gaze when moving in order to maintain a focus on their inner process. “I still had my eyes closed, I was just trying to stay with what I was feeling... If I have to open my eyes, I’ll turn my back and look into the wall or something.” Closing their eyes was not only about keeping focussed, but also about creating a feeling of safety. “[Closing my eyes] is more of a protection issue.” Another woman coped by rehearsing before moving. “I’m sure I rehearsed in advance what I was going to do, and I hated having to be first because I had no time to think.”

Four of the six women in this study reported that they struggled with painful memories and feelings that arose during dance therapy. According to the experience of these women, their bodies contained unconscious information about past traumas, and that information surfaced as a result of using their bodies in therapy. Anticipating the emergence of new and potentially painful material contributed to a sense of dread for them. “That’s why it was hard to go back every week, cause I knew something was going to come up.” Another woman asks rhetorically, “If your body is always associated with pain, who wants to go there? If I go into my body, what am I going to find there?” The apprehension associated with the surfacing of unconscious body memories and feelings was dramatically captured in one woman’s metaphor.

To me being in my body always feels like walking through a minefield... You know that there's danger out there, you just don't know where and when. You're waiting for the inevitable, which is the explosion, and where is that going to happen, and could you avoid it.

In a similar vein, three of the women found that certain things in the dance therapy process triggered a response in them that was like re-experiencing thoughts, feelings and bodily sensations associated with past trauma. One woman found the music particularly difficult. Certain kinds of music triggered in her a deluge of emotion and frightening mental images related to experiences of ritual abuse. "The music that would accompany the exercises, often I would get very triggered... and at times I wasn't sure if it was challenging me in a way that I could handle or if it was just too much." For another woman, an exercise involving being still reminded her of being confined and bound as a small child and she experienced considerable distress. This experience transported her to an earlier abusive reality, in which it felt like "all those things are going to happen again, there's going to be pain, all that stuff is just going to start all over again." Another woman had a similar experience.

One exercise was to experience some words in your body, and one of the words was 'bound'. Well I thought I was going to die, because I went right back to whatever age, and I felt like I was being bound by my mother and it was just awful.

Although these women struggled to keep from being overwhelmed by body memories, emotional triggers, and re-experiencing, this material was nevertheless grist for the therapy mill. They knew they were there to work on their issues, difficult though the

process was. "I think that's the challenge for all of us, can we overcome whatever that personal fear is and make it through?" Another described how she took up the challenge:

Now you can either choose to share it with the group or you don't. And I choose to share it, because that is what I am there for. I am there to try, and to feel what I am going through, and to share it with other people.

One woman who was often triggered by the music also saw in that difficulty an opportunity for growth.

A lot of times [the music] was good. I felt safe enough there that I was able to realize that I was feeling very triggered and figure out why... I felt safe enough at the time to do it, to push myself a little bit and then to talk a bit about how I felt afterwards.

A sense of safety was critical for these women in their process. They reported that the therapist and the other group members helped create a safe environment in which they were able to challenge themselves to explore difficult and painful issues.

These women continued in dance therapy, despite the difficulties, not only because they felt safe enough to challenge themselves, but also because their hard work paid off. They found that the benefits of dance therapy outweighed the difficulties and struggles. "That's why I kept going back, because I felt like some of the problems with music or with group dynamics weren't as significant as the benefits I was getting." One woman's story illustrates the pros and cons of dance therapy for her, and reflects the sentiments of the other women in the study.

There were times when I really didn't like the stuff it brought up... but at the same time it's what helped free me. I think if it had just been fun and playful, I would have felt really cheated. Because the fact is a lot of stuff came out of my body, in terms of

getting from my body to my mind, so I could get it out. And I didn't always like that, but that was why I was there... And I knew [the therapy] was working when that happened.

Although the women found the process of dance therapy uncomfortable at times, they could see that it was helping them. Material stored in their bodies moved into their conscious awareness, and they were able to process it and release it. For some of the women the payoff of this work was freedom from the past. "I feel like I am embarking now on a different part of my life, which, although it is still dependent in many ways on my history, is something new."

Sense of Freedom

The word "freedom" appeared repeatedly in all the women's stories, suggesting that this was a significant aspect of their experience of dance therapy. The process of dance therapy was free of constraints on both personal and visceral levels. On the personal level the women felt free to be in charge of their own therapy process. They could modify activities according to their comfort. They felt it was OK to explore any issue, in any way they wished. They were also not limited to a verbal mode of expression. This latter aspect of dance therapy was particularly important for some of the women. They appreciated the freedom to express themselves in ways that did not involve talk or intellectual analysis. Permission to be silent was also important to them. On the visceral level they experienced a freedom of movement in time and space. Emotional expression was not restricted or censored, and as a result the women experienced emotional catharsis in a new and powerful way. The bodily energy associated with emotion was expended and released, and this

contributed to a sense of more complete resolution of the issues they had entered dance therapy to work on.

The women in this study were surprised and gratified at the freedom of personal choice that characterized dance therapy. "The nice thing about dance is that it gives you the freedom to be and do whatever you want." One woman's humorous example stands out: "My therapist and I threw socks at each other one day. It's like Wow! I can do whatever I want in here." The women had a sense of choice around the activities they participated in and felt free to do what they needed to do to feel comfortable. "It was very clear to me that I could choose not to do any exercise, which was very important, or I could choose to do it in my own way, to do something totally different than what was suggested." One woman worked on giving herself permission to explore alternatives to large dramatic movements.

I used to think that it had to be a big movement or an expressive movement... now it's like how about I move and don't move at the same time? How about I move on the inside? Or I move a tiny bit of my body, and if it's just one finger that feels like moving, that's OK, I just let that be.

For another woman the freedom that characterized the process of dance therapy was meaningful in light of her past abuse experiences.

For most people that have been sexually abused that's one thing that was taken away from them, their ability to move, emotionally, physically, mentally, everything. So you've got this freedom that is so important.

The sense of personal freedom this woman experienced in dance therapy was about entitlement—re-claiming her right to be in charge of her body and her experience.

Overall, the women reported that this sense of personal freedom translated into personal growth gains for them, in terms of increased self-assurance and a deeper connection to and trust in their inner wisdom. This was illustrated nicely by one of the women:

I think the freedom that I talk about that I felt during dance therapy is very similar to the freedom that I have taken away with me from dance therapy. That sense that it's OK to move however I move...and knowing that this is the right way for me to be moving at this time in this space.

Like the other women, this woman experienced the literal truth of this statement in dance therapy, and subsequently applied the figurative meaning to other areas of her life.

All of the women reported that the particular freedom of not having to talk was very meaningful to them. Verbal processing was optional, and this was important to the women for various personal reasons. For example, some commented on how non-verbal expression provided a welcome reprieve from talk-based therapy. One woman stated that she had been working on her issues in therapy for a long time, but somehow they weren't shifting. She felt rather fed up with talk.

I had been sitting and wallowing in the pain and talking about the pain for so long. I was so tired of it...It was like how much longer do I have to talk about this? And I didn't have to talk about it all the time in the dance therapy. I experienced a lot of it, but I didn't have to talk about it all the time...[talk] had become boring.

Another woman described how talking was a pit fall for her because it kept her unaware of her true feelings and experiences. She found that non-verbal modes of expression were quite fruitful for her in terms of making the connection to her inner world.

I can make this connection that is quicker than talking...A lot of information and access to feelings, and access to memory, has been open to me...I've done a lot of talking in my life, and I feel like I rip myself off sometimes in terms of talking. I just keep talking in similar patterns as to what I've done all my life. So being able to do something where I'm not supposed to do a whole lot of talking, or I don't need to talk a lot, it's more encouraged to focus on other ways of expressing, that's very helpful.

This same woman discovered an additional benefit in movement as an expressive alternative. In leaderless peer support groups, she'd had the experience of being shut down by the members because they found her material too difficult and upsetting. She talked about how in dance therapy, by leaving words out of the process, the content of the expression could be obscured for observers. As a result, she felt freed up from the need to censor herself, and she was able to express and process what she needed to.

The kind of abuse I've been through still isn't talked about a lot, so a lot of people I've tried to talk to about it don't want to hear about it... [in dance therapy] I've been able to let things out where I don't feel so vulnerable, because somebody watching me might not get it as quickly. But for me *I get it quicker* than if I'm talking, and I have to think 'Do I have to censor what I'm going to say?'

Using this creative solution, this woman was able to engage in therapeutic processing, while protecting herself at the same time.

Another woman noted in the validation interview that permission to not talk was important for her given that talking about her experience was sometimes too distressing and overwhelming. When exploring memories and flashbacks of abuse, she sometimes preferred

expressing her feelings and memories in movement before she talked about them, because this felt like a more tentative and gentle way to work with the content.

For a couple of other women, not having to engage in talk and analysis was important in terms of not spoiling what was experienced as a significant moment of bodily connection. One woman explained, “the very thing you don’t want to do is analyze it...you don’t want to say ‘what was that, why did that happen, what did it mean?’ because you just broke the spell.” Another women echoed this sentiment:

I was sharing with the group that I had nothing to say. I said I’m just so happy with what was, it was a great experience in my body and I really don’t have anything to say. I didn’t want to observe it, didn’t want to form some conclusion. I didn’t want to leave my body and go to my head, I just wanted to stay with the feeling that was there.

For these women, the freedom to be silent enabled them to stay connected to their bodies, and to prolong a special moment.

Freedom on the visceral level for the women in this study meant unrestricted movement in time and space, and unconstrained emotional expression. Some of the women told stories about breakthrough cathartic experiences that conveyed the powerful impact they felt dance therapy could have. One woman described how dance therapy helped her get to the turning point in her healing work.

My sort of epiphany was a complete body experience...I was reading a book, and something triggered me, and I started sobbing and sobbing, and I ended up on the bathroom floor curled up in the fetal position screaming, screaming at my dad, screaming at my mom, screaming that I wasn’t going to hold onto this anymore, and I

did that for three hours and my body let it go. And after that, I remember the beatings, I remember the sexual abuse, but the pain isn't attached to it anymore. I'm not re-experiencing the pain anymore. I know it's painful, and I know it's affected my life, but I don't re-experience it every time I think of it.

This woman believed that, as a result of physical and sexual abuse, she held a lot of negative energy and pain in her body. In the abreaction described above, she relived some painful emotional experiences, and this helped her to shift the pain so that it no longer had so much power over her. "Releasing that negative energy out of my body was so powerful."

Another participant spoke about a similar breakthrough in which she had what she experienced as a complete emotional and physical catharsis.

I was running around the room and screaming...I went through every single emotion there is, from rage to anger to sadness to complete joy, everything in the space of ten minutes...I find I'm often holding myself back from full self expression, or really having the courage to be angry or to communicate something that really needs saying, and for the first time in my life I felt completely self-expressed and completely in my body. Completely powerful, and weak, and brave and courageous at the same time.

She stated that this experience was a breakthrough for her because it was the first time she experienced and expressed her "entire self", and as a result she "got a sense of how much bigger [she] could be."

The women all told stories of emotional release, which one would expect in any type of psychological therapy. The aspect of their experiences that was unique to dance therapy appeared to be the bodily energetic discharge. The women talked about how, in dance therapy, they had a means to expel the physical energy that accompanies emotion.

When stuff comes up in dance therapy you've got some way to expend the energy that's involved with it. In talk therapy you might fidget a bit and then the therapist wants to know, 'ah I see you're fidgeting, what does that mean?'. But in dance therapy there's a way to deal with it in terms of your body. *To get the energy out of your body, not just out of your mouth.*

The women talked about how releasing the emotional energy through their bodies helped deepen their therapeutic process, and they found that this gave them an unprecedented sense of resolution of their issues. "A lot of the emotion shifted and came out...I remember coming home and feeling like somehow a lot of whatever had been building up was gone." Another woman described her experience of release and resolution in terms of a "blob" of pain associated with past abuse.

The whole approach was so different than talk therapy. It just freed me up to let that stuff go...it was there, but I couldn't find the latch to the door to push it out...[Dance therapy] really seemed to be the thing that unlocked the door for me...[the blob] had been peeking out, but then the door opened, and whoosh it was gone...now I have no idea where it is, the blob is gone.

Sense of Intimate Connection

For four out of six of the women in this study, dance therapy was characterized by a sense of emotional connection with others. Some women experienced this connection with individual group members, while others had a more general sense of connection to the group as a whole. The intimacy of dance therapy really stood out for one woman:

You're somehow able to transcend all these incredible differences and develop really intimate relationships with people you probably couldn't get along with if you had to

work with them or if they lived next door, but on some really deep emotional level you're just incredibly connected. So that sticks out in my mind.

The women remarked on how this intimacy was created without words, simply by moving together and touching each other at times. One woman's perception was that "...having the experience of intimate movement with someone, it's almost like you don't have a need to talk and there is that intimacy created." Another woman also noticed that intimacy could develop in the absence of words.

[I was] feeling very connected to that person as if we were sharing something very special and we did it without words, we didn't organize it, we didn't plan it in advance, we didn't have a script, we just seemed to move together in some collective space that was really warm and caring and quite beautiful.

This sense of intimacy was uncontrived, and seemed to emerge spontaneously at various times.

It just happens. Maybe there's a moment when you're moving your hands, and the other person moves their hands and you look at both your hands together and watch them moving and think 'isn't that amazing?' Or maybe you make a gift to someone in a dance of trust and love and caring and feel really connected for that moment. Or you allow each other the opportunity to play and be silly and move to extremes and back and just share that and see what happens. Follow or not follow, lead or not lead, and just experience that.

According to the experience of this woman, intimacy emerged through the wonder of simple gestures, sharing and reciprocity, giving permission to each other to play and explore, and "in the moment" experiencing.

One woman noted that sometimes the intimate connection in dance therapy was characterized by a special "female energy."

At the end of each session, [the therapist] would play a tape called "Ancient Mother" and we would dance free form, but there would be such incredible energy in the room...it was all women... and it was a very powerful experience...I can listen to that music at home and I can even dance, but it doesn't have the same effect. I think it was the whole gathering of women.

Another also commented:

There was this woman, and we were just like spooning, cuddling, (and we were all doing this, the whole class), and she just started to lose it, she was just sobbing. And I just had to be with it...It was quite beautiful...In that moment I recognized that I have changed, that maybe two years ago I wouldn't have been able to just be with that, like fully accepted it...I would say that with women, being able to move and touch sensually and closely and just be able to be present and to be OK with whatever comes up, I think it's brought a whole new level of intimacy to my life.

The women spoke about their intimate connection with other group members with great appreciation. They were grateful for everyone having shared so much of themselves. As one woman put it, "the sharing in those groups was really quite wonderful...I think of that as such a valuable thing for me and I'm really grateful."

Several of the participants reported that they also experienced a feeling of unity when moving together. Although not always moving in the same way, the women were nevertheless moving in the same space together, and moving to the same piece of music.

One woman described this unity.

I think it was those unifying factors, like the music, like when we warmed up we did similar types of movements, we sat in a circle when we talked, we weren't sitting across from each other on couches. And sometimes we all did the same dance, other times we did different dances, but we were all doing it together...So there was for me a sense of a complete whole, rather than individuals...I guess that's what brings me to the family analogy. We might be all over the place, but you're still a family.

This feeling of unity emerged for another participant when synchronized movement with other group members arose spontaneously.

There is an instance that comes to mind of dancing with two other women, and there was a few moments when it really felt like we were one. It really felt like there wasn't really a leader...I think that is so interesting when you can move with other people and you can recognize there's a common direction that you're going in, and no one is really in control of it, but you're being able to connect on some level that's allowing that to take place...Another time, a really powerful exercise that I did was just walking behind someone and just seeing how they walked. There were moments when I could feel that we were one. We were walking at the same pace and we were one body.

It seemed to one woman that there was a kind of communication that occurred in the midst of this silent unity in movement. Sometimes she was in too much emotional pain to talk, but she knew on some other level that her feelings were known and understood by others. In this way she felt supported and reassured.

Four of women in the study remarked that observing another person being vulnerable in movement was a significant aspect of their dance therapy experience. This observation,

called “witnessing” by the women, helped to increase their sense of intimate connection. There were two ways in which witnessing was important for these women. First, it was perceived by them as a honour to receive the gift of another’s dance, as illustrated in the following quotation.

[In] talk therapy I didn’t have so much of a sense of being honoured at the presence of the sharing. I guess in the dance therapy that came across more for me because there were so many people who weren’t able to do it at all, and who left...And so those who stayed and shared, I felt really honoured to be in their presence. Because it meant that they were ready, but it also meant that I was a trusted person. That they trusted me to hear their pain.

The second reason witnessing was important was that the women found they learned a great deal about themselves through observing another. “What comes to mind is the relationships with other women in the group...I found I learned a lot about myself by watching them.” Another woman had a similar awareness.

[The therapist] would take part of the class and focus more on one individual, and occasionally that meant that the others would sit quietly and observe or do whatever, and my experience was that things always came up for me. It never stayed feeling like it was the other person’s time, it was always my time as well.

The participants in this study spoke about a sense of intimate connection with the other women in their dance therapy groups which facilitated their own healing. It was a novel kind of intimacy because it emerged in the absence of talking, and it was characterized by a “female energy.” The sense of intimate connection was also reinforced by a feeling of unity that occurred when they moved together, and by witnessing others’ pain and joy as they

danced. The intimate emotional connection contributed to an atmosphere of caring and trust, and enhanced their therapy experience in several ways. First, the women felt accepted and supported by the other group members. Second, being witness to other group members in their pain contributed to the women's sense of self-worth and trustworthiness. Third, as others were vulnerable in their dances, it facilitated their own sharing and helped them open up. Fourth, the women gained insights about themselves through observing others.

Experience of Reconnection to the Body

All of the women in this study spoke at length about how dance therapy helped them reconnect to their bodies. Prior to experiencing dance therapy, they had a sense of disconnection from their bodies, and they desired to unite their minds and sense of self with their bodies. The process of re-connection involved becoming more aware of the sensations and connections in their bodies, and learning to be present in their bodies. Experiencing a renewed connection with their bodies led to several significant outcomes in the lives of these women. These were: (a) improved acceptance and care of their bodies; (b) body "re-programming" for trauma survivors; (c) reduced tendency to get caught in mental defenses; (d) increased self-knowledge through uncovering unconscious aspects of past experiences; (e) increased awareness of feelings; and (f) increased integration and sense of wholeness.

All of the women in this study mentioned being disconnected from their bodies, to varying degrees. A couple of the women spoke about a rejecting attitude they had towards their bodies. One believed her body let her down because it got injured and sick. Another who had experienced childhood sexual abuse came to blame her bodies for being attractive to her abusers. "I thought of my body as this unfortunate accessory, you know, it's not something I wanted, take it away, it has just caused me trouble...my body always felt like the

enemy.” Other women spoke about a general sense of not being present in their bodies. One recalled, “I had spent most of my life feeling that my body either walked in front of me or behind me, so that’s what I mean by not being in my body.” Another women lamented, “I’m aware that being abused for so long and so horribly meant that I didn’t really enjoy being in my body, it wasn’t a safe place to be.”

At the extreme, four of the six participants described various experiences of dissociation, of certain body parts from other parts, or of the whole body from other aspects of the self. “I always thought of myself as being three. There was my mind, my body, and another part (I don’t know what it was)...So my body sort of wasn’t part of me.” One woman spoke of her sense of being a collection of pieces. “So for me, I always [felt] sort of fractured, fragmented, like parts of my body are on different planes and they’re not really connected to me personally.” One woman spoke poignantly about the negative impact of dissociation in her life.

A feeling I became aware of, when I first started dance therapy, [was] of not wanting to spend any more time in my life where I was being dissociative a lot of the time. I felt this quite intense sadness that I had spent so much of my life where I had felt the need to be really spaced out. And I felt angry, it felt like I had missed out on a lot...I’m becoming aware that it’s not natural to spend one’s life in a fog.

Two of the women who were ritual abuse survivors talked about a sense of a split between the left and right sides of their bodies before they tried dance therapy. One woman described her experience: “Because of the nature of the abuse that was done to me, one of the things that I was encouraged to do was to dissociate...to shut off, literally right down the centre of my body, one side or the other.” Another woman related her sense of being split

into two halves horizontally. "In my own body I tend to make a big...gap between the bottom half of my body and the top half. Mostly because all of my physical ailments have focussed around the top part of my body."

The women were concerned about being split off from their bodies. There was for them a sense of loss and incompleteness in not having a healthy relationship with their bodies. As one woman put it, "We're not just a brain, we're not just a mouth talking, we really are a whole body, and until we really take in the whole gamut, we aren't full or complete." In response to their sense of disconnection, the women sought dance therapy specifically as a means to reconnect to their bodies.

Some of the participants spoke in detail about the process of "getting back into their bodies." One woman defined this concept: "Being in my body means being able to be conscious, and at the same time aware of my physical parameters." The women related various examples of becoming aware of their body parts and experiencing them in a new way. For example, one woman talked about the thrill of new bodily sensations and awarenesses she had as they worked through the therapeutic process:

We used to do exercises where you just move your hand, and being aware of moving your fingers, then moving your wrist then the rest of your arm, so that you get total awareness of your body...It was exciting...Even talking about it now I feel tingly. Exciting is probably the best word; it felt like coming alive.

Another said, "[I was] getting really excited about new sensations, or sensations I hadn't felt since I was 3 years old, and being able to share it with people."

Three of the study participants mentioned dance therapy activities that focussed on “grounding” as being significant for them. One women described such a grounding activity and her response:

[The dance therapist] would talk about gravity, there’s this force of gravity and you don’t need to worry it’s keeping you here, and all of a sudden I felt like my feet and lower legs were like concrete. They were so heavy and they were so flat on the ground.

For this women, being disconnected from her body was sometimes accompanied by a feeling of floating above the earth and of not being really present. She felt reassured by a feeling of solidity and heaviness. Another woman did not feel as disconnected from her body, and yet still appreciated the grounding activities. For her grounding was about thinking of her body as being anchored to the ground by roots. However, rather than feeling heavy, her sense of being anchored by roots helped to empower and liberate her in her self-expression.

Through dance therapy the women increased their awareness of their body parts and sensations. By bringing their conscious awareness into their bodies in this way, the women were able to “get back into their bodies”, and become more “present” and “grounded.” One participant described her process: “Doing dance therapy has helped me get a little more connected and more present all through my body...one thing I did get from going back every week, is learning to just enjoy being present, rather than spaced out and dissociated.”

Reestablishing a connection with their bodies brought about six main outcomes for the women in this study, the first of which was an increased acceptance of their bodies. One woman stated, “I feel like I like my body a lot more. I am much more accepting of how I physically look and how I feel physically.” Some of the women also commented that they

were choosing to take better care of their physical health as a result of dance therapy.

Subsequent to their dance therapy experience, they were making healthier eating choices and exercising more often. For one woman, this change in self-care was about a shift in her attitude. "It's just about feeling like I'm the only person who's going to be taking care of me, and I don't want to let myself down."

The second outcome was unique to two of the women in this study. They mentioned that through dance therapy they created new positive body experiences that they were able call upon when old painful body memories were triggered. Before dance therapy, their response to these memories had been dissociation and re-experiencing the old trauma. Subsequent to dance therapy their response was to connect to their bodies and recall the positive experiences of dance therapy, and this enabled them to become present and to know that they were safe. One woman described her experience of the therapeutic process.

In the therapy room, you can have one new experience where [abuse] doesn't happen...you can force your body past that place where it remembers what happened and have a new memory, of something that's different and positive... It's like getting reprogrammed...The carry over from that for me is that in the past...if something happened in my day that triggered something old for me...[there were] two or three days where I felt frightened vulnerable and unable to cope. What I've learned from dance therapy for the long term is that I can go use my body to remember that I am safe. I can go to the gym, for example... and see that I am real, everything is working, I am safe, and I am not in that place where I was before. For a moment I might have felt that I was, but now I can say to myself 'it just feels like where I was before, but I am not actually there' and then I can snap out of it. For me, I just have to remember

to go back to my body, and go and do those things where I can feel present. I think that's the really big thing that I learned [from dance therapy].

Through dance therapy these women learned on an experiential level that although it hadn't been safe to be in their bodies when they were children, it was safe for them as adults. For the other woman, it was like reclaiming her body.

I didn't really enjoy being in my body, it wasn't a safe place to be. And to be getting that back, I wasn't sure that I would ever get that back. So it is pretty exciting to discover it is a pretty safe place to be...feeling like it's safe to feel the energy going through my body and to feel present.

The third outcome had to do with what the women in this study described as "going into their heads." Prior to dance therapy, they noticed in themselves a tendency toward an unconscious use of the mental defenses of intellectualizing, minimizing and denying. Although these defenses may have served their purpose during childhood, the women were concerned about them as adults because they sensed that these defenses might keep the truth of their past experiences and feelings out of their consciousness. One woman described how this problem played out in her situation: "My mind is my biggest asset but it's also my worst enemy. Because my mind was able to cover up what was happening so that I didn't remember until I was nearly 40." She entered into dance therapy "wanting to know what happened to [her] without [her] mind's censor involved." Another woman described her struggle with mental defenses.

If I'm in a situation where I'm not so physically present, but maybe more intellectually present, it seems I end up going through more doubt when something

comes up. I might be more apt to push it down, to go 'I don't want to deal with that now', or 'it seems too strange I must be making it up'.

The women found that dance therapy offered them a way to bypass their minds' defenses because it was a therapeutic process that was rooted in bodily expression and exploration. One woman observed: "I think the moving repeatedly helps you to stay in your body, and not go back into your head." Another stated: "Dance therapy is good because it doesn't let you analyze yourself to the Nth degree and never come up with any answers."

A fourth outcome that the women reported was that through dance therapy, they were able to bypass the intellect and get connected with "the truth" that was in their bodies. This truth was previously inaccessible and/or unconscious aspects of their past experiences that the women believed were located in their bodies. One woman described getting in touch with herself in new ways through dance therapy.

Dance therapy was one of the first experiences of discovering how much was stored in my body...I discovered that there were whole aspects of myself that had to do with my body and experiences that I hadn't really gone into...I had realizations connected to my body and memory that I hadn't had before. So it was a powerful way of getting connected to myself. It seemed to cut through the messiness that I found sometimes with talking. With talking I seemed to be pretty good at skirting around things...whereas with dance therapy things would come up, and it would be so obvious to me what was going on...A lot of information and access to feelings, to memory, has been open to me.

Another participant described how the truth of her past experiences emerged as she got connected to her body in dance therapy.

I knew somehow my body would tell me the truth, and that's what I needed... to know the bottom line, no holds barred truth... My body said 'your mind can tell you this and that, but here's the truth'... The surprise was how deeply my body felt the things that had happened to me. I really for the first time understood what body memory means. I had all this stuff in my head, but I had no idea my body remembered everything... I came away saying 'man I learned more from my body than I have from talking'.

As she connected to her body, the truth of her past emerged in the form of a bodily remembering and re-experiencing of childhood pain and trauma. Although it was difficult, she believed that it was necessary for her healing for her to know the truth.

One woman's process of connecting to the truth of her past experiences was unique. For her dance therapy was about telling her story in a new medium. Being an expressive person, she had drawn pictures and written a "fairytale" version of her own story of childhood abuse. In dance therapy she explored her story in movement, and was dancing and acting out parts of the fairytale. She described how powerful this experience was for her.

It's amazing, you're in the story. You're in it, you're experiencing it and it's real... For somebody who has a real active imagination, dance therapy is perfect. And for me who writes, what I'm doing is I'm in my story, I'm acting in it, and I'm feeling what it was maybe that I couldn't get down on paper... The room is like this big story book, it's like the magical house, it becomes whatever I need it to be.

She found that the symbolic container of a fairytale helped her to stay grounded and centered when facing the painful content of her real life story. She also spoke about how dance and movement literally fleshed out her story and filled in the gaps between the words.

Sometimes I have a feeling and I want to write about it, but it doesn't quite get to the depth of it, because you can't write and tell somebody what it was like... there would be just too many words... It's like you hear about reading in between the lines, well dance therapy is like *doing* the between the lines stuff... in between the lines is really the truth, in between is the pain, the anguish, and how it's impacted my life, and nobody sees that part. And that's what dance is, dance is that part.

By connecting with their bodies, the participants in this study uncovered unconscious aspects of their past experiences, and told their stories. The women found dance therapy to be very effective in this regard. For example, one woman said: "It's given me a way to explore my own process, my own consciousness and unconsciousness, and in a way that feels really fruitful for me." As a result, they came to know themselves in a new way, and came to trust in what one woman called the "wisdom" of their bodies.

The fifth outcome was that of learning a new way to identify their emotions. "Often I don't know what the feelings are. It's just like I don't feel good, so [dance therapy] was another tool to use to help identify the feelings." By developing a more subtle awareness of their bodies through dance therapy, they were able to detect their feelings more easily. One woman described her new awareness:

I'm also more aware of what's going on with my body. I'm aware that I walk around with my hand clenched a lot, I'm aware of when things start to stiffen up. I'm starting to become aware of when something is manifesting physically but it's from an emotional way.

One woman became convinced through dance therapy that her body contained the truth of her emotions. "If I really want to know how I'm feeling I have to check my body, not my

head.” Working with feelings in movement also helped the women clarify their feelings by making them more tangible. “It’s being able to move and show the emotion in some way that helps the words come out...I don’t have to just say how I feel, I can *show* how I feel.”

The last outcome identified by the women in this study was an increased sense of wholeness and integration. For the women in this study, the idea of integration meant several things. It meant a reunification of mind and body, a reclaiming of split-off parts of the body, and a recovering of unconscious material. The following four quotations exemplify this outcome: (a) “It was really great to feel that the whole body is connected as one, and part of that was feeling psychologically whole.”; (b) “[I feel] more in my body, my body and my self being one.”; (c) “I don’t think I have yet a sense of my whole body, but I feel a lot more integrated than I did when I started.”; and (d) “I feel like I am not so split up inside, I’m not so dissociative as I was even a year ago.”

Chapter Five

Discussion

The purpose of this study was to explore the lived experience of women who had participated in dance therapy. The question that guided this research was: **What is the lived experience and meaning of dance therapy for individuals who found it to be facilitative of their personal growth and/or healing?** In this chapter the results of this study are compared with the existing literature. This comparison is followed by a discussion of the implications for counselling practice, and recommendations for future research.

Comparison to the Literature

All of the women in this study reported that permission to play was an important aspect of their experience of dance therapy. They were delighted that there were light, playful moments in dance therapy which gave them an opportunity to recapture the joy of moving and a sense of carefree youth. Authors in the dance therapy literature have made similar observations about the importance of play (Bernstein, 1995; Schmais, 1985). According to Schmais, the animation and playfulness that is evident in children suggests that activity and movement are inherently satisfying to human beings. The fourth of her healing processes in dance therapy, vitalization, involves unleashing this youthful vital energy that has been diverted or blocked in the process of growing up. The women in this study also experienced a kind of vitalization through play, and found it to be facilitative of their personal growth. Some of the women had childhood years that lacked play and fun, and found that dance therapy enabled them to recapture some of what was missing in those early years. This finding also supports Bernstein's hypothesis. She wrote that incorporating play into the process of dance therapy could have a corrective function with regard to childhood

development. Specifically, she argued that for those individuals whose early development was disrupted by family problems and/or abuse, the experience of normal childhood experiences like play can be very healing. The women in this study found that a sense of playfulness provided a reprieve from some of the emotionally heavier aspects of their therapeutic work, a finding that is consistent with Espenak's (1981) contention that the experience of vitality and joy is central to the effectiveness of dance therapy, because it counterbalances some of the painful aspects of therapy.

A sense of progression towards increased spontaneity in their bodies was experienced by the participants in this study. Through dance therapy, they became aware of various blocks and inhibitions in themselves, and gradually learned how to move in ways that were unconstrained, self-determined, and natural. This finding suggests that the women in this study experienced, and benefited from, what some dance therapists call authentic movement (Levy, 1988; Musicant, 1994; Wallock, 1981). Originally conceptualized by Mary Whitehouse (Levy, 1988), authentic movement involves the relaxing of the ego's defenses against spontaneous expression in order that the unconscious aspects of the self may be expressed. To experience authentic movement, one must first attend to one's inner world of bodily felt sensations, feelings and impulses. Then one allows the inner impulse to take the form of physical action. This is not an act of the will, and in fact can only occur as one lets go of conscious control and surrenders to one's unconscious self. It is the experience of I am moved. Whitehouse dedicated her life to helping people release spontaneous and authentic impulses in movement because she believed that this was facilitative of personal growth. More specifically, she believed that authentic movement helped people grow by providing people with a tangible reflection of their real self, and connecting them to their own inner

processes and resources (Wallock). Similarly, for the women in this study, experiencing spontaneous movement translated into outcomes of improved awareness of feelings, more authentic self-expression, and heightened self-assurance.

An important insight provided by the results of this exploration is that dance therapy was challenging and difficult for the women in this study. Their sense of struggle seemed to go beyond the usual discomfort that characterizes psychological therapy in general. For these women, dance therapy was about going into their bodies (a place that for most of them was not safe or comfortable), and feeling exposed and vulnerable as others observed them. Dance therapy was also about getting in touch with painful body memories for many of the women. The minefield metaphor that one woman spoke about highlights how distressing, at times, the dance therapy process could be for them. In light of these difficulties, a sense of safety and trust was critical for these women. Turning to the literature, it appears that this particular study finding stands alone. While there is some acknowledgement of the importance of creating a safe and trusting therapeutic environment (Levy, 1995), the experience of struggle as lived by dance therapy clients has not been addressed in the literature as yet. This finding suggests that dance therapy practice could be improved by more exploration of the aspects of dance therapy that clients find particularly difficult. This kind of exploration could lead to the development of some practical guidelines for practitioners regarding the assessment of a potential client's readiness for dance therapy, the non-threatening introduction and facilitation of physical expression, the creation of trust and safe, and the containment of distressing body memories. Additionally, the finding that some of the women felt extremely uncomfortable being observed by others suggests that individual dance therapy may be a more appropriate choice for some clients.

The women in this study were really excited by the sense of freedom that characterized dance therapy. They had a sense of being liberated from the therapy chair, and it was acceptable to explore any issue, in any way that they wished. They also felt liberated from verbal modes of expression. Each woman appreciated, for various reasons, the fact that verbal processing was optional in dance therapy. These women valued the flexibility and freedom of this non-verbal therapy modality, and believed it to be key to its effectiveness. Looking at the literature, both Levy (1995) and Simonds (1994) made similar observations. They both argued that every individual has her unique set of issues, preferences for different modes of communication, and ways of experiencing and organizing her thoughts, feeling and memories. Levy concluded that, "we need to help individuals examine their own lives through the medium that best expresses their internal experience" (p.xii). Non-verbal modalities like dance therapy acknowledge each person's uniqueness and have the potential to be a "good fit" with the needs of certain clients.

A sense of freedom on a visceral level was also significant for the participants in this study. They had free reign in terms of their use of space and their emotional expression. This freedom opened up the door for some to have cathartic and abreactive experiences. These "break through" experiences gave the women a sense of release of emotional energy, and they felt like they had made some important emotional shifts. Several authors have asserted that emotional expression and catharsis are mechanisms/processes that help to bring about healing and change (Espenak, 1981; Schmais, 1985; Yalom, 1975). Schmais stated that dance therapy in particular helped people bring their emotions into consciousness with an intensity that words could not convey, and that this was required for emotional change. She did not, however, go into more detail as to how emotionally intense experiences brought

about change, and her assertion was supported with reference to only one other source. At this time, what can be stated is that emotional expression appears to be important for psychological healing and change, and that the results of this study seem to support that conclusion.

One of the important results of this study was the women's experience of a discharge of bodily energy that accompanied emotional expression. Being able to expend the energy that was involved with their emotional work was significant for the women because they had never been able to do that in verbal therapy modes. Releasing the energy through their bodies helped them to deepen their expression, and gave them an unprecedented sense of resolution of some of their issues. It is possible that this is what Schmais (1985) was referring to in stating that dance therapy encouraged emotional expression at a level of intensity sufficient for change to occur. It is also possible that this finding is an indication of the unique contribution that dance therapy can make to an individual's healing process. However, only tentative conclusions can be made at present.

A sense of intimate connection was experienced by most of the women in this study, and they reported that this was a factor that enhanced therapy for them. They felt deeply emotionally connected to other women in their dance therapy groups and this connection seemed to emerge spontaneously and in the absence of speech. The women also experienced a feeling of unity as they moved together in a synchronized fashion. The curative factors of Yalom (1975) and healing processes of Schmais (1985) seem to speak to the experience of the women in this study. According to Yalom group cohesiveness is a factor in successful group therapy outcome, because "in conditions of acceptance and understanding, patients will be more inclined to express and explore themselves, to become aware of and integrate

hitherto unacceptable aspects of self, and to relate more deeply to others" (p.67).

Universality, another of Yalom's factors, facilitates growth and change in that people feel validated and acceptable when they learn that others have similar problems and concerns. Schmais' healing processes of synchrony and cohesion share many commonalities with Yalom's curative factors of group cohesiveness and universality, with the exception that in dance therapy the factors are mediated through synchronized movement. Similarly, the experience of intimate connection helped the women in this present study to feel understood and supported, and this facilitated their self-expression and self-acceptance.

The study participants also spoke about being a witness to others' process in movement, and how this had a positive impact on them. They found that even when they were simply observing others moving and processing, there was an opportunity for self-learning and personal growth at the same time. Putting this finding in the context of the literature, both Yalom (1975) and Schmais (1985) asserted that learning from others is a change mechanism that operates in group therapy. Similar to the findings of this study, Yalom's factor of imitative behavior suggests that individuals can learn from observing the solutions achieved by others who have similar problems. They can also benefit from watching the working process of others in that it may serve to give them the courage to risk, and the hope of change. In describing her healing process called education, Schmais contended that although individuals learn from observing others in dance therapy, the crux of the learning process is through "mutual participation in each other's symbolic expressions" (p.30). Unfortunately, it is not entirely clear what Schmais meant by this idea, and so it is not possible to make any conclusive comparisons with the findings of this study.

Musicant (1994) also examined the idea of witnessing, and argued that in dance therapy it contributes to the therapeutic growth process because of its potential to transform the relationship to the self. According to Musicant, witnessing involves watching another person in a compassionate, non-judgmental manner, while also following one's own feelings, thoughts, and sensations. Learning to witness another with compassion and acceptance can facilitate the development of compassionate and accepting self-observation. The result is a sense of seeing oneself as one really is, and an appreciation for the richness of one's own inner life. Although some of the women in this present study reported that witnessing contributed positively to their sense of self-worth and trustworthiness, their stories did not reveal what mechanism or process mediated this change. It is possible that a mechanism similar to the one proposed by Musicant was operating, and that the women in this study were not aware of it. It is equally possible that being able to witness another with compassion and acceptance is not linked to the ability to be accepting and compassionate towards oneself. Clearly more research needs to be done to clarify the role of witnessing in the dance therapy process and in the personal growth and healing of dance therapy participants.

All of the women in this study mentioned they had a sense of being disconnected from their bodies, to varying degrees, and five out of six of the women were childhood sexual abuse survivors. According to the literature, the various dissociative responses the women in this study talked about are common amongst sexual abuse survivors (Bass & Davis, 1988; Sanderson, 1995; Simonds, 1994). Dissociation is considered by these authors to have been an adaptive response originally, in that it allowed the child to detach from the abusive

experience. In adulthood, however, spacing out, numbing and dissociation are considered reflex responses that have outlived their usefulness. Simonds proposed a solution:

Healing from sexual abuse requires that the survivor learns to be present in the here and now. In other words, the mind and body become connected. In order to connect the body, the survivor will need to become attentive to the body, to feel safe in having a body, to learn how to be present in the body as an adult, and to feel feelings from which the survivor has long maintained psychological distance through numbing. (p. 9)

The experience of the participants in this study appears to validate Simonds' proposed solution. Through dance therapy the women got reconnected to their bodies, and they learned ways to maintain a sense of safety and presentness in their bodies on an ongoing basis.

Participants in this study reported that reconnecting to their bodies resulted in several significant outcomes for them. These were: (a) improved acceptance and care of their bodies; (b) body re-programming for trauma survivors; (c) reduced tendency to get caught in mental defenses; (d) increased self-knowledge through uncovering unconscious aspects of past experiences; (e) increased awareness of feelings; and (f) increased integration and sense of wholeness. While some of these outcomes are reflected in the theories and findings in other works, others appear to be novel, and underline the unique contribution of this study.

The first outcome, namely that dance therapy helps clients to improve in acceptance and care of their bodies, seems only to have been reported by one other researcher (Hammond-Meiers, 1992) in a non-published Ph.D. dissertation. Both this study and the Hammond-Meiers study were phenomenological studies of the lived experience of dance therapy, which suggests that this kind of investigation has the potential to generate new

information regarding dance therapy outcomes. This outcome also has important implications for counselling practice in that any client could benefit from improved acceptance and care of her/his body.

Another important finding of this research that is not reported in the literature is the outcome of body-reprogramming. Two of the women (and later a third in the validation interview) reported that through dance therapy they were able to create new, positive body experiences that they could bring into awareness when they began to re-experience painful body memories of abuse. Prior to dance therapy, they would either dissociate, or get flooded with painful feelings, body sensations, and distressing images. During dance therapy, they “programmed” into their bodies experiences of being safe and present, and thereby learned an alternate response to the resurfacing of memories. Subsequent to dance therapy, they were more able to tune into their bodies and recall the positive dance therapy body experiences, which resulted in feeling more grounded in the safety of the present time and place. In other words, through dance therapy these women acquired an adaptive coping mechanism.

Some of the women in this study reported that they suspected and hoped that dance therapy would help them “get out of their heads”. Indeed they found that by being so rooted in bodily exploration and expression, the therapeutic process in dance therapy prevented them from falling into their usual intellectual defenses. This finding corroborates the contention of several authors that movement has the power to bypass the defense mechanisms of the intellect (Espenak, 1981; Levy, 1988; Simonds, 1994).

Connecting with their bodies in dance therapy resulted in a sense of getting in touch with the “truth in their bodies”, according to the women in this study. The truth they discovered was previously unidentified or unconscious aspects of themselves, their emotions

and past experiences. It was as if their bodies had an awareness that was separate from that of their conscious minds. Comparing these findings to the literature, it appears that the experience of the participants in this research lends support to theories in the dance therapy literature. Based on anecdotal and clinical evidence, many dance therapy authors have asserted that emotions and unconscious memories reside in the body (Bernstein, 1986, 1995; Espenak, 1981; Levy, 1988; Payne, 1992; Penfield, 1992). In addition to the dance therapy literature, similar ideas regarding body memories have emerged in the childhood sexual abuse literature (Bass & Davis, 1988; Simonds, 1994). The findings of this research provide corroborative evidence for these works as well.

As a result of uncovering unconscious material through connecting to their bodies, the women came to believe that a body-based therapeutic process provided a more direct link to their unconscious memories and their underlying feelings than a verbal-based one. Dance therapy practitioners/theorists have claimed that movement is the most primitive and primary mode of communication, and therefore it can gain easy and direct access to the unconscious (Bernstein, 1986; Espenak, 1981; Levy, 1988; Penfield, 1992). Other authors have speculated as to how dance therapy helps individuals shift material from their unconscious into their consciousness. Payne (1992) postulated that in dance therapy an individual's inner world is made tangible and visible in the form of movement symbols. Similarly, Schmais (1985) stated that working with personal symbols in movement can "abstract, abbreviate and structure what is seen, felt and imagined" (p.33). She further explained that symbols create a "psychic distance" (p.34) from an issue, and that once it has been structurally represented, an idea or emotion can be understood more clearly. Similarly, participants in this present study

reported that dance therapy helped them identify and clarify their feelings by making them tangible and visible.

The experience of one study participant suggests that working with symbol offers an additional benefit. This woman used her personal fairytale as a symbolic container for her dance therapy work. She found this helped her to stay present and feel safe when facing the painful and frightening content of her story. Although Schmais (1985) acknowledges the importance of symbolism in her discussion of healing processes in dance therapy, she makes no mention of this idea of a symbolic container providing a sense of safety and distance from traumatic material. Schmais notes, however, that the symbolism process is not well understood, so it is possible that this finding represents the emergence of a new aspect of this process. It is also possible that the finding is simply a reflection of the individuality of this study participant.

Women in this research reported that, ultimately, becoming conscious of the truth and working it through helped them in their psychological healing and growth. This outcome points to one of the basic tenets of dance therapy practice, namely that unconscious material needs to be introduced and integrated into conscious awareness in order for healing and psychological change to occur (Bernstein, 1986; Levy, 1988). Taking this concept a step further, Yalom (1975) explained his understanding of the mechanism at work in this integration process. According to Yalom, the curative factor of self-understanding involves a process of recognition, expression and integration of previously unknown or disowned aspects of the self. Interestingly, participants in his study reported that they discovered both hidden strengths, as well as other more problematic or wounded parts of themselves. Yalom argued that reclaiming split-off parts of the self helps individuals change and grow because

they experience a feeling of wholeness. Indeed, this conclusion fits with the findings of this research. The participants in this research reclaimed split-off parts of their bodies, reconnected with their feelings, and came to know more about their past experiences. As a result, they experienced an increased sense of wholeness and integration.

To summarize, the findings of this study are in many ways consistent with the dance therapy literature as well as the childhood sexual abuse literature. The theories of several authors (e.g. Bernstein, 1995; Espenak, 1981; Levy, 1988, 1995; Payne, 1992; Schmais, 1985; Simonds, 1994; Wallock, 1981) seem to have been corroborated by the experiences of the women who participated. The results also point to some apparently unique qualities and benefits of dance therapy, as the women found that permission to play, developing a sense of spontaneity, and reconnecting to their bodies helped them in their psychological healing and growth in new ways.

It must be noted that although there seem to be similarities between this present research and the dance therapy literature, it would be inaccurate to state that these similarities are conclusive. As outlined in Chapter two, this literature is flawed in that it lacks empirical studies, consistent terminology, and coherent conceptualizations and theories; consequently, it is difficult to make clear, logical comparisons. Therefore any comparisons that have been drawn between this research and the dance therapy literature must be viewed as tentative.

It is interesting to note that Yalom's (1975) theory of curative factors in group therapy also seems to fit with many of the study findings. This overlap leaves some question as to what aspects of the findings are related only to dance therapy, and what aspects are related to the "group" component of the participant's experience. Further study of individual dance

therapy could help to factor out the somewhat confounding effect that the group variable has had on this study.

While the results of this study reflected some of the observations and theories of dance therapists (e.g. Espenak, 1981; Levy, 1988, 1995; Payne, 1992; Schmais, 1985), some important contributions have emerged. For example, this research has provided some insight into the difficulties and challenges of dance therapy. The women struggled with a sense of vulnerability, painful body memories, and re-experiencing of past trauma. Previous authors in the dance therapy literature have not focussed on the subjective experience of the client, so it has been unknown what the therapy process feels like from their perspective. In light of this fact, this research represents an important contribution to the existing body of knowledge of dance therapy.

This study has also highlighted the value of discharging the physical energy that accompanies intense emotional expression. The participants found that being able to release that energy through their bodies was helpful in that it took their expression to a deeper level, and ultimately led to a greater feeling of resolution of their issues.

A significant discovery regarding dance therapy outcomes was also made in this study. The women reported two outcomes related to reconnecting with their bodies that were not reported in previous literature. The first of these outcomes was improved acceptance and care of their bodies. After dance therapy, they felt more compassionate towards their bodies, and had more desire to make healthy lifestyle choices. The second outcome, reported by three sexual abuse survivors, was a sense of body re-programming. Although they knew intellectually that they were safe as adults and no longer experiencing abuse, it was as if they

needed to teach or program their bodies to know that as well, so that they would be able to maintain a sense of safety and presentness in their bodies.

In a broader scope, this investigation offered six women a unique opportunity to relate their personal experiences of dance therapy. Consistent with a feminist perspective, these women's voices and experiences were valued. They reported that they hadn't really had a chance to reflect on their experience of this therapy, and that they found participating in this research facilitated new insight as to how dance therapy affected their lives. They also reported feeling validated when they recognized their voice in the common themes.

Implications for Counselling Practice

The results of this study provide several insights for counselling professionals. The women in this study enjoyed the experiences of fun and play that dance therapy provided, and appreciated them as a counterbalance to some of the more emotionally difficult aspects of therapy. In light of this, counsellors may do well to try to help clients achieve a sense of balance in their therapy work. Clients are often all too aware of their problems and psychological wounds, and they can feel overwhelmed by all that is not working well in their lives. Counsellors can equip clients for some of the more emotionally challenging parts of therapy work by helping clients to identify what is working well in their lives, what their strengths are, what things revitalize them and give them joy, and by building these awarenesses and strengths into the work of therapy.

The women in this study reported that they felt like dance therapy liberated them from talk and the therapy chair, and that the freedom and flexibility that characterized dance therapy was the key to its effectiveness. As counsellors we can learn from this that we need to create options for our clients. It may be important at times to reach beyond our areas of

comfort and familiarity to respond to the particular needs of each client, and this may involve the use of alternate mediums of expression. There are a variety of non-verbal, expressive art therapies in existence, and some clients may find these fit better with their internal experience and issues than traditional verbal-based therapy. One way counsellors can expand the options for their clients is to gather referral information regarding the local expressive arts therapy resources that are available. Also there are some written resources outlining "mini-interventions" that counsellors can incorporate into their practices (for example, see Simonds, 1994). Furthermore, various art and dance therapy courses and training programs are available for counsellors. Through these training opportunities, counsellors can learn to use the resources of painting and drawing, clay sculpting, creative writing, music, body awareness, and movement exercises to enhance their work with clients.

The women in this study spoke about processes and outcomes that seemed to be a direct function of the body-focus that characterizes dance therapy. These processes and outcomes indicate some unique benefits that dance therapy can offer: (a) a way to bypass intellectual defenses in order to process unconscious material that is located in the body; (b) a means to discharge physical energy related to emotional expression; (c) an increased sense of physical enjoyment and acceptance, and more desire to care for one's body; (d) a greater feeling of integration of split-off parts of the body with the whole body, and between mind and body; (e) use of body awareness and connection as an anchor when processing material that triggers re-experiencing and/or dissociation; (f) a way to make feelings more tangible and identifiable. Most of the women in this study had engaged in verbal therapy before dance therapy, and they reported that dance therapy offered novel benefits that helped them in their psychological healing and growth. These findings suggest that counsellors consider

complementing their practice with body-inclusive approaches and interventions. Shaun McNiff (1981) argued persuasively for the incorporation of the body into psychotherapy practice:

Probably no single feature of artistic and general human expression is as consistently missing in training psychotherapists as the language of the body...As we begin to grow in our awareness of the expressive potential of our senses of movement and touch, we will see how they can augment the power and scope of psychotherapy, as well as our lives as a whole (p.131).

In practical terms, this may mean several things. Counsellors can suggest the body as a topic of exploration. They might explore how the client feels in her/his body, what she/he thinks about her body, what her/his health concerns are. They also might incorporate the body into the therapy process by encouraging clients to "sense into" their bodies to see if there are any emotional and expressive impulses there. Counsellors might also facilitate the examination of somatic complaints for possible underlying emotional roots. As mentioned earlier, there are written resources and courses available for counsellors to learn how to facilitate clients' body awareness and expression. Finally, counsellors can discuss the option of individual or group dance therapy with their clients and make a referral to a professional dance therapist. In light of fact that some of the women in this study reported that group dance therapy was quite difficult at times, it would be advisable for counsellors to assess a client's readiness for group therapy. It may be that individual work would be more appropriate at certain stages of the healing process, while at other stages group therapy may be particularly beneficial.

Five out of six of the study participants were sexual abuse survivors, and in adulthood they struggled with the aftereffects of their abuse. They experienced body memories and flashbacks, and had problems with dissociation and alienation from their bodies. They reported that dance therapy, and its focus on unconscious material and the body, was particularly helpful with these issues. These findings suggest that non-verbal modes in therapy may be more effective than verbal modes when dealing with unconscious psychological material formed during childhood. In fact, some childhood memories, especially those formed at a preverbal stage, may be beyond translation into words (Simonds, 1994). Furthermore, given the physical trauma of abuse, a therapeutic approach that does not incorporate the survivor's body could be doing a disservice to the client. Simonds' (1994) directive for counsellors makes the importance of a body-inclusive therapy approach abundantly clear.

The impact of sexual trauma on the body demands that the body itself be a major topic at some point in treatment. Reconnecting with the body, learning how to care for the body, developing more positive feelings for the body, and recreating sexuality must occur in the process of healing. This means that the therapist must be prepared to assist the survivor in healing the body, a task that is enhanced by nonverbal modalities (p.10).

It should be noted that although nonverbal modalities may be particularly effective with this client population, counsellors must exercise caution in employing these interventions. Care must be taken to assess the appropriateness of using such modalities in light of the client's issues. Nonverbal therapy modalities should be presented to clients as optional, and the client's comfort with them should be explored. Also, given the power of

these modalities, counsellors should give some consideration to the timing of introducing these modalities. Simonds (1994) instructions are helpful here:

In determining the appropriate moment for an intervention, the therapist must consider the ego strength and defenses of the client, the tasks of the current phase of therapy, and the therapist's own realistic limitations...I cannot overemphasize the caution with which nonverbal interventions should be used in therapy. For example, if the therapist introduces an exercise that facilitates expression and the client actually needs to be working on containment, the client may become flooded and overwhelmed, resulting in a setback or even a flight from therapy. (p.11)

Recommendations for Future Research

Although dance therapy has been practiced for some time, it is clear that the dance therapy literature is still in the early stages of development. As discussed earlier, this literature has some serious limitations. In order to establish the credibility and efficacy of dance therapy, more empirical and scientific research needs to be done. Variables, goals, interventions and outcomes need to be clearly defined, operationalized, and measured, and investigations should be conducted in a systematic manner. Standardized terminology and reporting procedures need to be established as well. More coherent theoretical works written in clear, accessible language are also needed.

In this study it was discovered that discharging the physical energy associated with emotion was a factor that facilitated the resolution of the therapy issues. This change mechanism was not reported in previous literature. Articulate conceptualizations regarding the mechanisms of change that operate in dance therapy are generally lacking in this literature. As stated in Chapter One, one can learn a great deal about what dance therapy

looks like in practice, but is left to speculate as to how this therapy works. While some effort has been made to explore possible change mechanisms in dance therapy (Espenak, 1981; Schmais, 1985), some of the mechanisms that are proposed in these works are vague and somewhat incomprehensible. Further research could develop in the direction of clarifying, expanding on, and testing the mechanism found in this study, as well as Schmais' proposed healing processes. Also, given the overlap between Schmais healing processes, and Yalom's (1975) curative factors, further research could help to distinguish between change mechanisms that are related to group therapy in general, and those that might be unique to dance therapy.

All of the women in this study engaged in group dance therapy, with the exception of two women who did both group and individual dance therapy. One of these latter women reported that her experience of individual dance therapy differed from group dance therapy in certain ways. For example, in individual therapy all of the time and space was devoted to her alone, and thus she was able to engage in some in-depth explorations of her inner landscapes and personal stories. It seemed that the women who only did the group therapy did not have the opportunity to do such in-depth or lengthy explorations. It is possible that there are some qualitative differences between group and individual dance therapy. Since no previous research has compared individual and group dance therapy, future research could provide important information in this area.

This present study was exploratory in nature, and investigated the lived experience of dance therapy for only six individuals. As noted earlier, previous dance therapy research has not focussed on the subjective experience of the client, so it has been unknown what the therapy process is like from their perspective. More investigation into the subjective

experience of dance therapy with a larger number of participants is needed to further our understanding of this type of therapy.

The participants in this study were all women, and so it may be useful to investigate the experience of dance therapy for men. Also, all but one of the participants were childhood sexual abuse survivors. A study of the lived experience of dance therapy using a different specialized population, or a general population would help to construct a more complete understanding of this type of therapy.

Two important outcomes not reported in previous literature were discovered in this study. First, as a result of reconnecting with their bodies, the women felt more accepting of their bodies, and they developed more desire to make healthy choices related to their bodies. Second, those who were childhood abuse survivors reported that dance therapy had helped them reprogram their bodies. These novel findings suggest that more study of dance therapy outcomes is needed. More specifically, future investigation of the latter outcome could help to validate and clarify the concept of reprogramming, and illuminate the process and change mechanisms involved. The results of such studies could have significant implications for counsellors who work with childhood abuse survivors.

On a practical level, more resources are needed to help counsellors expand the options for their clients. At present, there appear to be only two books in existence that are aimed at helping counsellors and therapists (who do not have specialized training in expressive arts therapies) with the task of integrating nonverbal and verbal therapy modalities (McNiff, 1981; Simonds, 1994). Written resources that offer safe, detailed, and accessible suggestions for the incorporation of body awareness and movement into counselling practice need to be researched and developed.

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APPENDIX A

DANCE/MOVEMENT THERAPY

Have you experienced it?

If so I would like to interview you about your experience and how it affected your life. I'm interested in understanding this type of therapy better, and you may find it enjoyable and interesting to talk about your experience. This study is part of my Master's thesis in Counselling Psychology at the University of British Columbia, and is being conducted under the supervision of Dr. Judith Daniluk (tel. 822-5768).

You may participate if you:

- have engaged in individual or group dance/movement therapy (does not include dance instruction classes, dance for physical therapy, or dance performance)
- have completed at least two sessions of dance/movement therapy, facilitated by a certified dance therapist
- experienced dance/movement therapy within the last 1 to 5 years
- found dance/movement therapy to be helpful with your personal growth and/or healing

Participation in this study involves:

- a time commitment of approximately three hours in total, consisting of two separate **confidential** interviews
- interviews that will take place in a private location of your choosing and the interviews will be audio tape recorded
- discussing your thoughts and feelings regarding your experience of dance therapy with a female researcher who is a trained counsellor, and who has also experienced dance therapy

CONFIDENTIALITY IS GUARANTEED

For further information contact:

Letty Mills - M.A. Counselling Psychology (candidate)
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APPENDIX C

Orienting Statement

The following statement will be read by the researcher to all participants at the beginning of the first interview:

I am interested in learning about your experience of dance therapy. Very little research has looked at this type of therapy from the perspective of the person who has experienced it. The main question I am asking you is: **What is your experience of dance therapy and what does it mean to you with regard to your personal growth and healing?**

Please feel free to take as much time as you need to reflect on and to answer this question. It may be helpful if you think of a specific instance, situation, or event that we can explore in detail. Or you may wish to talk about your experience of dance therapy in more general terms, as if it were a story, with a beginning, middle and an end. This might involve telling me about how you came to get involved in dance therapy, what it was like while you did it, and anything that happened afterward in your life that was related to your experience.

During the interview I may ask you for more information or clarification about something that you have said. I want to be sure that I fully understand your experience. You are not obligated to answer or discuss anything you do not feel comfortable with.

Do you have any questions before we begin?

APPENDIX D

Interview Questions

General Research Question:

What is the lived experience and meaning of dance therapy for individuals who found it to be facilitative of their personal growth and/or healing?

Interview Question:

What is your experience of dance therapy and what does it mean to you with regard to your personal growth and/or healing?

Additional Interview Questions:

1. Tell me about a specific moment or situation in your dance therapy experience that really stands out in your mind as significant.
2. Can you tell me about what attracted you to dance therapy?
3. While engaging in dance therapy what were some of your thoughts, feelings, awarenesses?
4. What differences can you detect in yourself and your life after experiencing dance therapy?
5. What aspects of dance therapy did you particularly like or enjoy? What aspects did you dislike or find uncomfortable?