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EDITORIAL

Welcome to your new edition of **e**-*motion* from your new Editorial Team. We are Barbara Feldtkeller, Vicky Karkou, Katja Ramharter, Matt Wyatt, Celine Butte and me, Dawn Batcup. I have the enviable task of having the first word, which for this edition has to be a big **Thank You** to Marina Chrysou and Katrina Eberle for doing the job so well before us. Second, I would like to apologise for the lateness of this edition. Whilst I agree with the old adage *'many hands make light work'* the saying doesn't throw light on how this may be so when all those involved in the new Team couldn't manage to meet in the same room together at the same time! Perhaps the twenty first century version of this could be *'Thankfully, we have e-mail'*. But we're keen and we hope to provide you with lots of food for thought and a useful means of communication, on time, for the foreseeable future.

Since the last **e**-*motion* a lot has happened in DMT, most notably was the first ever DMT Conference in November 2002. This was exciting and inspiring. Barbara Feldtkeller, the Conference organizer (who did a brilliant job) plans to prepare the papers presented for publishing as a collection. Until then, Penny Best, who did a workshop about workshops at the Conference, has sent quite a detailed account of her experience in workshops of transforming awkward moments and copies of her handouts about this.

Also in this edition we have a couple of short essays from Riitta Parvia discussing DMT and the corporeal body and downloaded from online, Sharon Chaiklin on Trudi Schoop. Vicky Karkou has provided us with a review of the publication from papers presented at European Consortium for Arts Therapies Education (ECArTE) conferences that deal with a number of professional and clinical issues in arts therapies and Barbara Feldtkeller has reviewed Bonnie Meekums new book, both publications look set to become essential reading.

We have news about forth coming events, from ADMT Council and about an interesting project in Germany from Claire Moore-Schmeil and Frauke Koppelin along with our regular 'Therapists & Supervisors' listing. We also have some views, which hopefully becomes a regular feature. This time, Sarah Holden has written to us about her view of an important issue concerning how our Profession may be perceived. Barbara Feldtkeller and Penny Best have sent us their reflections on the DMT conference. It would be interesting to hear from others about these issues and any other matters that have an impact on us. Sara Boas and Sandra Reeve reflect upon the ADMT conference workshop they facilitated, Cultural Embodiment.

Finally, another big **thanks,** this time to the contributors to this edition. The rest of you, we look forward to hearing from in the not too distant future. Best wishes for a warm and sunny spring!!!!

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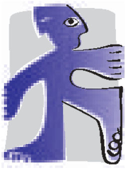


Workshops: Transforming Awkward Moments

Penelope Best, MCAT, ILTM, SRDMT Senior clinician, supervisor and educator; international and national workshop facilitator and trainer; at present on sabbatical from her post as convenor of PGDIP/MA in DMT at University of Surrey Roehampton

At the recent ADMT conference in Bristol I offered a workshop on workshops. This idea grew out of my experience of running workshops and presentations in a number of countries around the world and being curious about what I chose to do, when and why. I wanted to share a bit more of these experiences with a wider audience than those who were able to attend the conference workshop. Therefore, in this piece I reflect upon, and evaluate, some recent workshop moments and provide relevant literature in support of my ideas as they unfold in this context. I focus upon the awkward moments, as I find these reveal creative, coping strategies, which may be useful for others. I also attach at the end of this piece two of the handouts from the ADMT conference day. One handout, lists brief examples of experiential tasks I have used in a variety of contexts, and the other, lists considerations, which have helped me actively manage experiential events.

This year I have had more time to develop my interest in creative process work overseas, as well as in Britain, within the arts therapies and related subject areas. Most recently I have been challenged to find ways of introducing DMT and core therapeutic concepts to large groups, in which the majority of participants do not speak or understand English (in Russia, Croatia, Slovenia) and other countries where they understand, but may not speak confidently in English (in Netherlands). I have, therefore, often been working through translators, which has been extremely interesting. I find that I use a huge amount of mime, limit my words, and increase all non-verbal aspects. While this may seem obvious in retrospect, doing it has been fascinating, as I have had to choose my words carefully, and create succinct phrases to describe complex concepts. I have at times tried recording myself to capture this enforced clarity, only to find that when I have just said something wonderful and stimulating, all in 10 words, (according to feedback later) I find that my mini disc recorder has shut itself down! How difficult to be an action researcher on one's own. I find that it is impossible to worry about that little recording machine at the same time as being, what feels like, electrifyingly present. In these situations all my antennae are out and alert, as I watch for comprehension, confusion, enjoyment, and frustration as I 'speak-dance'. Forget break-dancing, 'speak-dancing' is essential when conveying, potentially foreign, ideas.

Some of you may work through translators within this country (e.g. refugee and asylum work; inner city education; multi-cultural community centres etc) and may have experienced the frustration of not being able to say all you want, while then handing over of your thoughts to someone else's interpretation. Interestingly we all do this 'handing over' all the time, as there is no direct communication from brain to brain, but we often forget this, sitting within an imagined comfort zone when speaking to people within our first language (Pearce, W.B. 1994). Speaking through a translator often requires a narrowing of vocabulary and a very quick synthesis of ideas. I find it both fascinating and restrictive. It can at times be hard to hold onto the 'both/and' in situations, being tempted instead to give simpler 'yes', 'no' replies. However, I value deeply the richness of multiplicity, and differing perspectives, found within social constructionist and systemic approaches (Pearce, 1994; Best, 2000). I have found ways of 'speak dancing' multiplicity emphasising variety in my vocal tones, face and body when describing one event. I may use a simple sentence and then demonstrate different ways it might occur, for example showing the effects of my approaching people in different ways, while saying simply ' The way we shape our bodies, affects how much space the other person has' (Best, P. 1999).

I will share with you some awkward moments from my professional diary during my time as an itinerant Dance Therapist roaming the globe proselytising. In Russia recently I taught in a couple of settings i.e. a university with a developing Art therapy programme for psychologists and teachers, and within an intensive short course in a 'Secondary Palace' (!) for people using dance therapeutically. Each setting required different skills and emphases. Within the university I was told that the participants were keen for theory,

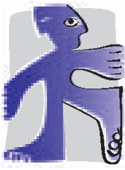
while the short course wanted skills and interventions. I find that while I am often asked to separate out theory /practice/ skills, as if that were possible, integration happens, as I demonstrate what I am talking about, 'speak-dancing ' again. I can say so much more with my body than my words in these moments, especially if in response to a question (Moore & Yamamoto 1988). I am forced to articulate spontaneously and in doing so, shape my movement to match my emerging thoughts and vice versa (O'Conner & McDermott 1996).

One instance when my selection of words caused a problem, perhaps because there was no supportive non-verbal demonstration, is this. Visualise a very cold classroom brimming with eager participants wrapped in coats. I realised that I was concerned to keep the activity level high and large group discussion to a minimum. This may well have contributed to my speaking in an even more cropped fashion. Also the person translating that day was the person who had invited me to the university, was a psychiatrist, and had a very different communication style to mine. So I was organised by the physical and social context: eager cold participants on the one hand and an institutionally 'senior' male in charge of interpreting my words on the other (McNamee & Gergen, 1992; Gergen, 1994)). A bit of tension was evident at times, especially as the translator was not that keen on moving (understandable in the circumstances). However, he was particularly keen on finding out more about what I was offering. The group had just done an activity in pairs, where A approaches B, and B responds according to the space created and the quality of the approach. Afterwards I suggested they speak in pairs about any connections they might make between this experience and possible issues for a therapeutic relationship.

For most of the participants focussing upon relational concepts and self- reflexive practice was a bit alien. I was informed by a participant, outside the workshop, that in Russia, just 15 years ago it was still against the law to have any books of Freud in your possession. I sensed a very different socio-cultural perspective towards the individual, as might be expected within a former communist nation. These differences, and their effect upon arts therapies trainings and practice, are outside the brief of this paper, yet would certainly benefit from further research. During such workshops I choose to debrief in pairs and small groups, as much as possible, so that participants may speak more fluidly without the stop/start of translation. I also wish to promote space for interpersonal discourse. For me the most important aspects of workshops are the experiential tasks and the sense and meanings participants make of them in reflective discussion with others (Behar-Horenstein & Ganet-Sigel 1999; Belknap 1997).

In the particular workshop mentioned above, following pair feedback, we joined as a group (30 participants) and I took feedback and questions. The room remained cold and so it felt important to keep the large group feedback brief. Questions were asked and I replied in very short phrases for translation. Then someone asked a 'what do you do when such and such ... or a ' What do you do if such and such.. .' sort of question and I responded by saying ' there are no rules; you need to observe feedback', implying that I could not answer out of context, for every situation when such and such happens. I then waited for the translation, which went on and on and on, much, much longer than my sentence. This was tricky because the translator was also their tutor and perhaps he was relating this issue to something else about which they had spoken previously. However, I felt uneasy and asked him what he had said. He replied that there definitely are 'rules'; that there is an 'ethical dimension' and that the therapist must be aware of this and then he listed some 'rules'. I thought, 'oh no', wonder what he thinks of the way we work in Britain? I must 'correct' this. So, I replied that, yes, of course there are rules within a safe, therapeutic contract (Spinelli & Marshall 2001). What I had meant was 'truths', that I did not believe there were 'truths or givens' to be used in any particular situation without consideration of context (McNamee & Gergen 1992). I then paused, waiting for him to translate my clarification and he did not. I felt this was an important distinction and I had to request that he translate. I felt so powerless at that moment to dig myself out of this hole feeling also that nonverbal input was not going to help at this moment. After a further request, he did translate for me and I notice upon reflection, that I used elements of humour and exaggeration in my response, as a helpful way to touch difficult subjects safely (O'Conner & McDermott). I said that what I had meant was no 'truths', rather than 'rules'. I went on to say I did believe there were certain rules, such as not hurting your patient intentionally, nor having sex with them, or killing them. There was laughter and an awkward moment transformed.

There was another moment, when I felt awkward as if the workshop was disintegrating, and I used what I



shall now call 'illumination' and 'incorporation' (which upon reflection I view as techniques I often use in potentially difficult facilitative situations). While I have written elsewhere (Best, P. 2000) about deconstructing my approach, method, and technique, I have not used these specific, descriptive terms before. In this context illumination for me is speaking to what I observe happening, rather than trying to ignore or change it, i.e. describing what I observe. I am using the term differently from Meekums (2002: 19) when she refers to' illumination', a phase in the creative process, as 'the stage in the session at which meanings become apparent.' I am referring to the action of shining a light upon actions, rather than revealing meaning. Incorporation for me in this context is making what is happening at that moment an explicit part of the overall learning. Through these techniques, including transparency about my actions, I aim to reveal a potential learning moment, relate it to previous learning or topics of the day, and move towards further integration of theory/practice.

I offer another example to demonstrate these techniques in action. In Russia again, in the freezing with the dirty floor I felt constrained about asking participants to sit on the floor and draw. However, I wanted to introduce some basic ideas about qualities of movement and tension with one person drawing while the other moved. So we arranged the tables at the edge of the room and half the group went behind the tables to draw, so that they could stand and view the other half moving. As soon as the bodies were positioned behind the tables, I felt I had set up a very strange context. It was much more like an interviewing or judging panel, separated from the participants, rather than a context conducive to attunement and sensitive observation (Loman & Merman, 1999). I let the task start and then interrupted it, once everyone had had some experience of the strange situation. I said that I felt the tables were organising the task and asked for feedback on this. This then lead to a helpful demonstration of how people can be organised by physical environments, as well as social ones. I had, therefore, highlighted the awkwardness and incorporated it into the learning space, rather than trying to hide it. I also attempt to own the tasks. By this I mean that I make overt my responsibility in the selection of tasks, the words I use, and their outcomes. This can free up discussion about how one's behaviour, images, and choices can influence responses and outcomes for others (Cecchin & Lane, 1994).

A final example of managing discomfort was when I was interrupted during a presentation to a group of psychotherapists and counsellors in this country. I had just started and gone through the very nervous moments of introduction of self (DMT) and topic (the 'Body Speaks ') and was settling in to what kind of audience I had, when someone from the host organisation arrived and said ' Can you please stop and wait because some people went to the wrong building and are coming late'. I was now left standing like wallpaper in front of an expectant and potentially sceptical crowd. In this situation I breathed out and decided to incorporate this intrusion directly into my talk. I asked the audience, how they felt in their bodies when the interruption happened. Had their attention been affected? What did they notice? Had something changed? How had they managed it? I took feedback, which highlighted different strategies and personal experiences, as well as promoted a shift towards recognising that information from our senses was important part of our being in an interactive world (O'Conner & McDermott, 1996). This was a major tenet of my talk that day, and the audience became more engaged. It was a far more comfortable solution for me, than standing nervously and waiting to restart. When the latecomers arrived I was able to sum up what had just happened in the interim and give direct examples, which led into the talk. I had created a bridge from direct experience in the 'here and now', to core concepts involved in mind/body work such as DMT. I have found that illumination, incorporation, and application in the moment encourage rapport and potential transformation.

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WORKSHOP ON WORKSHOPS Handout

Examples of tasks I have used within workshops for art therapists; counsellors, and related professionals

Ice breakers, opening tasks
- Making self comfortable, then uncomfortable
- drawing with non dominant hand or behind back
- helping another to put on their coat with minimal non verbal communication

A. **Developmental issues**
  - Sherbourne work (push/pull ; sitting back to back)
  - Stern / Kestenberg; attunement , using different muscle tensions

B. **Relational issues**
  - trust exercises, giving/taking body weight (arm, leg)
  - mirroring, taking on posture seated/ standing/ walking

C. **Body Awareness**
  - breathing / shaping / spatial planes
  - body map

D. **Creativity (projective / associative activities)**
  - moving between action / symbol / word
  - "Squiggle game" shared drawing and story making

E. **Mutual Influences / contexts**
  - creating labels for self in relation to others (finding similarities/differences)
  - approaching people in different ways , note what 'gets created'

F. **Identity / identities**
  - professional and personal identities (therapist/ mother/ sister etc)
  - time line : walk / draw

G. **Cultural issues and Gender issues**
  - selecting 3 personal 'cultures' ; moving/drawing/ naming
  - identifying and exaggerating masculine/ feminine stereotypes

H. **DMT Skills**
  - warming up with another, attending to 'how'; what informed you
  - leading small group using different vocal stimuli (concrete/abstract etc)

I. **Education / Therapy debate**
  - Identify aims/ goals and contracts
  - process/product perspective

J. **Transitions**
  - shifting energy with 'Yes!' game, all shout 'yes' to suggestions/actions
  - relaxing and/or reviewing /evaluating at different points

Closing rituals
- passing imaginary objects/gifts
- circles and single words in 'pool '
- placing drawings all together in silence waiting till complete
- arches and patterns to dance through

WORKSHOP ON WORKSHOPS Handout

Considerations which have helped me create and manage a range of workshops creatively and effectively

1. **Time:** allow time for introductions, closure and individual and group reflections even if brief. Allows relevant connections to be made

2. **Transitions** make use of all transitions as part of workshop

3. **Tempo**: be prepared to shift tempi and make use of speed as well as leisure

4. **Simplicity** : any task can be made simpler and, therefore, more expansive

5. **Relevance** for the audience: establish early on the expectations of participants

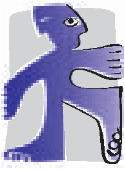
6. Working from **practical to conceptual**: Start with experiential task and then 'strap on' theory or clinical examples as appropriate

7. **Use your body**. it is often your strongest asset. As facilitator show clinical material or examples. Relate to everyday life as well.

8. Attending to **anxiety:** voice possibility of unease; can use speed and distortion to lessen judgmental attitude of 'getting it right'

9. Draw participants' attention to '**how did you do that**? How might it relate to your particular situation? Shift from action to curiosity.

10. **Incorporate** whatever is offered whenever possible



11. Receive criticism or doubt as **feedback,** not judgement. Overtly acknowledge your part as facilitator in creating situation/ context.

12. **Handouts** with main aims and /or examples of tasks and rationale: You do not have to cover everything, but it gives a context and acts as reminder.

13. If in doubt start with **minimal movement**. Restrict movement as means of assisting creativity and security e.g. fingers only. Remember with 2 points or positions moving between them creates the 3rd and a 'dance'!

14. **Rhythm** is both catchy and containing.

15. Have a plan, yet **let go of expectations** for specific outcomes. Be open to different learning to take place than you expected.

PLAY PLAY PLAY

P. Best ADMT conference 11/2002

Sharon Chaiklin

Oxford University Press publishes American National Biography Online.

Schoop, Trudi (9 Oct. 1903-14 July 1999), mime and dance and movement therapist, was born Gertrude Schoop in Zurich, Switzerland, the daughter of Friedrich Maximilian Schoop, a newspaper editor and president of Dolder Hotels, and Emma Olga Böppli Schoop, a freethinker who was uninterested in the conventions of the time. All three of Schoop's siblings were artistic. Max became a painter, Paul later wrote the scores for Trudi's dances, and Hedi was a dancer, actress, ceramist, and painter. Their home was always open to artists and intellectuals. Trudi, brought up in this free-wheeling environment, suffered mightily the rigidity of school in Zurich.

Schoop spoke of her formal schooling as a time when her spirit and body separated. She developed many secret fears and compulsions, and doctors sent her for a cure to a sanitarium in the Swiss mountains. Yet she retained her love for what she defined as the elements of life: energy, rhythm, melody, and space. When she danced she was both courageous and happy. Through dance she expressed her own ideas and feelings. She locked herself in a room and improvised dances that metaphorically became structured expressions of her anxieties. These dances enabled her to externalize her fears, and the experience became a strong underpinning to her later work as a dance therapist.

With no training, Schoop created dances. At the age of sixteen she rented a big room, hired a pianist, and enveloped herself in choreography. About six months later she gave her first public performance. In *The Slave*, a dance she found especially meaningful, the ending represents the final breaking of chains. At this time dancers in Europe, such as Mary Wigman, Rudolf von Laban, and Emile Jaques-Dalcroze, searched for new forms and moved away from the limitations of ballet. Schoop left for Germany to study. She attended the school of Ellen Tells, a disciple of Isadora Duncan, while continuing to perform throughout Switzerland and Germany to great acclaim. In 1924, after the unexpected death of her father, Schoop returned to Zurich and opened a school for "artistic dancing."

The studio was successful, and Schoop enjoyed teaching. Soon after she opened her studio, a physician sent a schizophrenic man to her class, and for weeks he did not move. Schoop subsequently became an intense observer of movements when people danced and when they performed tasks. She became fascinated with gesture, posture, and facial expression and the conflicts expressed in individual bodies and in their movements.

When she returned to choreography, Schoop found a stylized way of storytelling about human foibles, the comic mime form for which she became famous. Her brother Paul composed the music for her pieces. In the late 1920s she performed solo works in Berlin, in an avant-garde café called Die Katakombe, with a group of artists seeking to respond to the emergence of Nazism. This became an important part of Schoop's artistic life.

In 1932 Schoop was invited to participate in the International Dance Congress in Paris. She took a group of her best students to perform in a new piece, her first for an ensemble. It was then that she created her character Fridolin, an awkward young person in conflict with the world. The judges awarded her work a prize, citing hers as "the message of humanity in our time."

Schoop met Hans Wickihalder, who owned Corso, a musical comedy theater, and who also was in the

import-export business, and they married in 1929; they had no children. Wickihalder was greatly supportive of Trudi's art and enabled her to form a troupe that consisted of acrobats, ballet dancers, and musical comedians. The troupe included many nationalities and personalities, but Schoop eventually molded a company that performed her pantomimes, humorous statements about human fragilities. Known as Trudi Schoop and Her Comic Ballet, they traveled throughout Europe, and Sol Hurok, the impresario, eventually saw them. He arranged a tour in the United States from 1937 to 1939. They were well received in every city. Some of the better-known pieces were *Fridolin*, *Want Ads*, *The Blonde Marie*, and *Hurray for Love*. Schoop became known as "the female Charlie Chaplin." Thomas Mann wrote of her, "This woman is a phenomenon in her talent for humorously affective expression," and the dance critic John Martin hailed *The Blonde Marie* for its "great gusto and good humor."

When war broke out in Europe, the company disbanded. Schoop returned to Switzerland and her husband. She was fondly remembered by the Swiss decades later for her dances in the political café Cornichon. It was dangerous to make political statements, even in neutral Switzerland, and the performers developed a sign language that defied censorship. Friends let them know if German officials were coming so they could alter material. Schoop performed a burlesque of *The Dying Swan* in which she portrayed Adolf Hitler, complete with black tutu and a mustache, ending with the equivalent of frenzied salutes before Hitler fell moribund. The German consul was outraged, and the Swiss government never allowed her to repeat the performance.

After World War II, Schoop re-formed her group and again toured Europe and America. In 1947, tired of traveling and dispirited, she disbanded her troupe. She was in the United States when her husband suddenly died in 1951. She put down new roots in Van Nuys, California, a home filled with dogs and cats and open to friends. Eventually her energy needed a new outlet.

In 1957 Schoop decided she wanted to dance with psychotic patients. In her book *Won't You Join the Dance?* (1974) she described, with her humorous sensibility, how she began, erred, and came back to try again. Her experience with observation of gesture and posture and her understanding that people either expressed or were conflicted about expressing feelings enabled her to develop a technique for working with psychotic patients. She recognized that the mind and body are reciprocal in their interactions and that the body becomes "a blabbermouth." She later developed her theories by speaking of the *Ur* experience, a German word that encompasses endless and boundless energy, time, and space. She believed dance enabled humans to deal with the reality of their finite world and simultaneously with the transcendent experience of all humans in time and space.

Schoop worked for many years in psychiatric hospitals, including Camarillo State Hospital, where research confirmed the success of her work. She taught many who wished to become dance therapists through classes and workshops in the United States and Europe, and she wrote a seminal book describing her work and her beliefs that has been translated into several languages. Schoop is recognized as one of the pioneers in the field of dance and movement therapy by the American Dance Therapy Association. Above all she lived life as the essence of humanity. She was a woman who showed kindness, humor, empathy, and willingness to give of herself.

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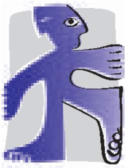
Schoop wrote *Won't You Join the Dance? A Dancer's Essay into the Treatment of Psychosis* (1974) with the help of Peggy Mitchell, and her sister Hedi Schoop illustrated it. Schoop's 1978 lecture in Los Angeles about her theories of *Ur* and her early demons is "Motion and Emotion," *American Journal of Dance Therapy* 22, no. 2 (Fall-Winter 2000). Joan Chodorow wrote of her experiences in Schoop's classes, *Dance Therapy and Depth Psychology: The Moving Imagination* (1991). The University of California Extension Center for Media and Independent Learning has two films about Schoop, *Come Dance with Me* (1992), which shows her work with long-term patients at a psychiatric clinic in Switzerland, and *The Conquest of Emptiness* (1993), a portrait of Schoop speaking about herself and her work, interweaving interviews, archival footage of her dancing, and scenes of her interactions with patients. Obituaries are in the *Los Angeles Times,* 21 July 1999, the *San Francisco Chronicle,* 22 July 1999, and the *New York Times,* 23 July 1999.



What can dance movement therapy do for fibromyalgia?

Dance movement therapy is not only a method for the treatment of primarily emotional problems, and not everything a dance movement therapist does is dance; different type of exercises may be included in the methods of dance movement therapy.

Fibromyalgia is seen as a chronic muscular pain syndrome. This syndrome consists of various symptoms such as muscular and neural aches, tiredness, sleep problems or depression. Women's hormonal problems are not usually mentioned, but I believe they have their part to play. The diagnostic criteria are simple: one has to have eighteen painful trigger points in all four quarters of the body, left and right side, upper and lower body. There are many reasons for muscular and neural pains. What characterises many fibromyalgic patients is the often-found hyper mobility of joints, while muscles are short, tensed, and painful. The patient suffers of energy crisis, has difficulty of finding treatment or medication that helps, and she feels her situation depressing and hopeless.

The causes of a chronic pain syndrome vary, but are often found in a long lasting stressful life situation, perhaps war, abuse, or a wrong way of using one's body, which may be caused by outer, or inner conditions such as physical problems like scoliosis. Physical training is often suggested as a cure for fibromyalgic patients. My experience shows that patients are often not motivated for physical training programs, the training is too hard or does no suit one's body; gym routines are designed for groups of healthy people, and gym hall floors are often hard and may cause additional pains for painful bodies.

As fibromyalgia is a complex syndrome with varying symptoms, the patient categories too vary greatly. My experience of fibromyalgic people, mostly women, is that many of them smoke, and they have poor breathing and poor body posture. Some of them have 'given up' and they say that nothing can be done. They have accepted themselves as chronically sick. Others would like to get rid of their symptoms but they feel themselves too sick or too tired to do anything about it. Few are really motivated to work. However, they need support to get started and they training programmes adapted to their special needs.

My starting point, when suggesting treatment for fibromyalgic people is that active physical training may make tensed and painful muscles worse, unless the muscles, and first of all the trigger points are first treated. What I may suggest first is gentle, relaxing massage, but not every body likes massage or is helped by it. However, relaxation is important. Relaxation can be passive or active. Passive relaxation, which makes one heavy, is the first thing to learn. After the person can make herself heavy she can learn active relaxation to release her over all tensions to experience lightness. This is when small amounts of exercising can start.

Instead of moving around in space contracting and releasing long skeletal muscles, as in usual physical training programs, one turns here to one's inner space. Lying on the floor one learns more about breathing and deep body muscles, which may not be usually active or known about, and muscles, which may be of hypotone quality. People with energy crises, painful muscles and hyper mobile joints may benefit of isometric resistance exercises. Such stationary resistance exercising can be the first aid to help to balance one's hyper mobile joints with muscular strength. Strengthening is combined with good stretching. It is of little use to stretch tensed muscles. My method is to insert pressure on the paining trigger points, as this helps to release the pains and the muscles connected with the trigger points. Pressing trigger points feels painful, but one needs to accept the pain, and rather meet the pain by putting oneself mentally into the procedure and breathing properly.

There are different stretching techniques, active and passive stretching. I would not give hyper mobile people with tensed musculature passive stretching, but would learn them active stretching, and perhaps to stretch a muscle while contracting its antagonistic muscle, and to combine exercising with breathing. One has to learn how to stretch muscles, not the joints. One has to feel the correct stretch inside the muscle so, as not to harm one's ligaments and tendons. Ligaments are responsible for the stability of the joints. Stretching is best done after a warm up slowly and carefully through breathing with careful thought about what one is doing.

It is important not only to release one's body, but also to learn how to stabilise one's movements. The freedom of moving must be seen in relation to the stability of the movements. Working through breathing, and with concentration and mental activity one learns about one's unused resources and how to channel them. Standing up one learns grounding, centring and alignment, and unlearns non-appropriate movement habits. This can be done through psychomotor exercises and through dancing.

Some of my clients have called my method insight-oriented dance training. The method has nothing to do with psychoanalytic insights. We work directly with our bodies for somatic/kinesthetic insights and awareness, and we learn, unlearn, and re-learn proper ways of moving and being. The exercises are simple but demanding. They do not suit everyone, but those who are willing and able to work with themselves in this way benefit of insight-oriented training, provided that one continues exercising daily. It is very easy to laps back to old, dysfunctional habits. While working with oneself one discovers new things, and new discoveries make exercising a rewarding process.

The great thing is that it is possible to learn to live a more healthy life, to work with oneself, and also to know what help to seek when that is needed. One may get rid of the syndrome of fibromyalgia. With the physical pains the emotional pains, the feeling of depression and hopelessness may be transformed into a more realistic attitude towards life, or even into a zest of life. Dance movement therapy is a way of transformation, and the therapist, interacting with her client, is the catalyst in such a process of interaction.

Riitta Parvia, SRDMT, Balsfjordvinden 44, N 9006 Tromsö, Norway, 15.12.02

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How can a dance movement therapist treat a hip arthrosis?

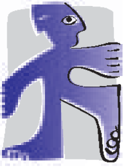
It is usually held that dance movement therapists primarily treat emotional problems when working through dance and movement. But dance therapists may also work with physical problems, which often are the sources of emotional suffering. Hip arthrosis is a degenerative condition that affects the hip joint; it causes much suffering and limits one's life in many ways.

The degenerative condition may be caused by be a structural imbalance in the body, misalignment of the spine, unbalanced muscles or a faulty use of the body. Being overweight makes the situation worse. The Finnish medical doctor, Aki Loikkanen, theorises that a joint, which does not get nourished tends to degenerate, but once the joint gets nourished the process of degeneration may reverse. The joint is nourished through movement. When feeling pains in their big joints, hips or knees, many people remain sitting, but resting, depending on the cause of the pain, seems not help but rather makes the condition worse.

Here is a case of a dancer's arthrosis development. 30 years ago a slight postural imbalance was diagnosed but no correction was suggested. The range of movement of the dancer's left hip was restricted, but she did not know why it was so. Ten years later x-ray pictures revealed beginning arthrosis in the left hip joint. Another ten years later not only the head of the femur, but also the hip socket were affected, and there was no longer any space between the two structures. The person had difficulty in sitting for long periods of time, the range of movement of the joint was restricted and moving the joint was painful. The left ileum slanted slightly backwards, and she had tense, shortened and painful thigh muscles, pains in her knees and neurological problems.

Again ten years later the x-ray pictures show a healthy skeleton, where there is one centimetre space between the head of the femur and the left hip socket; the bone is healed. The pains and problems are gone. How is this reversal process possible? This is what I wonder myself; the account describes my own hip joint.

I try to recall what I have done to get such an unintentional result. I had pains, and problems in finding a physical therapist to treat me. Treating a chronic condition hardly gives any prestige to physical therapists; they seem to prefer more interesting cases to work with. I wanted to know what treatment there is for hip arthrosis but it was said there is no particular treatment. I had to find ways of coping, and exercises to help my condition. While I had problems of walking due to my painful knees, my knees still allowed me to cycle. Cycling got me to places, and I biked. The left



heel of my shoe was built up to balance the slight length difference of my legs.

I had to travel abroad to get a thorough neurological check and a treatment program. Strengthening together with sport massage helped me to get rid of my neurological problems. I knew that carrying is contraindicated with hip arthrosis, but I sinned; every summer I carried tons of stones to work to the surrounding of my stony summer place. During summers I walked barefooted and I rowed.

An orthopaedist wanted to operate on my knees, but I wanted to wait and see, even though my joints would degenerate further and get only worse and worse. When exercising I worked quite intuitively with myself. The purpose of this exercising was to make my daily life easier. My exercises consisted of isometric resistance exercises, strengthening, passive and active stretching, and stretching while contracting antagonistic muscles, and rare body twists, in combination with breathing. I did most exercising when lying. Standing I did simple ballet barre exercises to balance the strength and motility of the two sides of my body and to stabilise my movements. Regardless of my hip problem I needed to work with the healthy parts of my body.

Finally I found a physical therapist to cooperate with. He tested me, and I learned more specific things about my body. He helped me to find my deep body muscles, which I was not aware of, and to mobilise them. He made me also to realise that one must stretch, not only muscles, but nerves as well. It was a very rewarding cooperation. My work was, and is, much deep bodywork through breathing and through mental activity; I am thinking of what I am doing, undoing, and then letting things happen.

While working this way with myself, creating exercises, discovering resources, and gaining insights, for a period of seven years, my pains gradually disappeared. When the last x-ray pictures were taken they, for my surprise, show that the hip problem is healed. Before writing this, my physical therapist tested me and found a full range of movement in both hip joints and well-balanced strength. This example reinforces the theory of doctor Loikkanen: one may heal an arthrosis. But it is no instant cure; it is a long process.

A dancer is privileged in relation to others who develop hip arthrosis. We have knowledge about our bodies and about know how to train. Non-dancers have to learn many things about their bodies, which is hard for them when they already are sick. A dancer has a trained musculature, a body awareness and memory, which can get activated when working with new physical problems. I hope that this little example may inspire others to apply, what they have learned, to new problems, and to create new exercises for their particular needs, and perhaps also preventive methods to avoid degeneration of weight bearing joints.

Riitta Parvia, SRDMT, Balsfjordvinden 44, N 9006 Tromsö, Norway, 22.11.02

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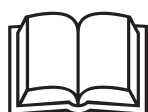
Champernowne Trust

Perspectives on Relationship
Connections, Disjunctions and the Spaces Between

19th to 25th July 2002.

This week long residential course offers participants the opportunity to explore practical, creative and inspirational applications of Jungian psychology in personal and professional life. The programme includes formal lectures, discussions, creative arts workshops (in movement, group drawing, painting, clay, music, voice and writing), folk dancing, singing, poetry and meditation. Excellent student and other grants available for this conference.

For further information contact Nina Papadopoulos:
tel. 020 8556 3180; fax. 020
8532 8313; email: ninadmt@yahoo.com



New in Print

Arts – Therapies – Communication: On a Way to a Communicative European Arts Therapy (Volume 1)[1]

Edited by L. Kossolapow, S. Scoble and D. Waller, Muster, Hamburg, Berlin and London: Lit, 2001 ISBN 3 8258 5728 X, 35 Euros/£23[2]

A version of this review was first published in Inscape, vol. 7, no. 1, 2002. Inscape has given permission to the reviewer to publish this revised version to e-motion.

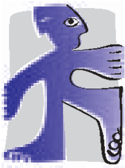
When I first heard about the European Consortium of Arts Therapies Education (ECArTE) I was keen to discover that so many European higher institutions valued arts therapies. As a person with a strong European identity I felt pride that arts therapies were flourishing in more than the UK. When I first attended one of the conferences organised by ECArTE, it was probably the first time I was surrounded by as many arts therapists in one room; my excitement grew… I therefore felt privileged when asked to review the highly awaited first volume of papers presented in past ECArTE conferences. I thought I was catching up with the work I had missed. However, soon after I started reviewing this publication I realised that there were more reasons for me to feel good I agreed to do this.

For one, several of the papers were at the cutting edge of the field: descriptions of practice with new client groups, discussion about research and aspects of educational courses, suggestions for future professional developments were some of the topics discussed in these papers. Furthermore, given my own belief on the value of arts therapists working together and the fact that there have been few joint publications, I was pleased to see that this volume included contributions from across the field and in some cases, also from neighbouring fields. I therefore, saw this first volume as an important means of presenting and contributing to current debates and consequently a way of promoting communication amongst arts therapists (an aim clearly stated by Line Kossolapow, the ex-chair of the Consortium and the main editor of this volume).

Reviewing the publication, however, has, at the same time, been quite challenging for me. The challenge has not only been due to its size (more than 440 pages) but also because of the number of perspectives included and consequently the wealth of information presented, which is particularly true of UK contributions. This section constitutes a major part of the publication and I believe that, in many respects, it reflects the UK arts therapies field as a whole. For example, it consists of papers from major educators and researchers alongside experienced clinicians; my understanding is that some of these contributions (when are not related to 'cutting edge' issues) are closely connected with major concerns within the field in the UK. In my own research study of the trends of arts therapies in the UK I found similar preoccupations, biases, areas with which the majority of arts therapists agree and areas which are still highly debated. In this sense I regard the publication as going beyond what I would expect from conference proceedings on any given topic and see it becoming an essential reference book for all arts therapists (and not only).

The main themes around which the publication is structured are: training, research in arts therapies, communication, the role of the arts in arts therapies and issues of professional development. The topic of research seems to raise the most heated discussions. Do we conduct research studies following existing research traditions or do we develop our own methodologies? If we accept the idea of borrowing methodologies, then from where do we borrow them? Psychotherapy? The arts? Or science and medicine? In other words, what is the best way of conducting arts therapies research? Where should arts therapists stand in the qualitative/quantitative debate? Given my own research background, I found it reassuring that papers such as Wilkins', Langley's and Grainger's advocated inclusive approaches to methodology and demonstrated an understanding that methods can be determined by the purpose of the research study and the topic under investigation. It is possible that arts therapies are finally recognising that research does not automatically refer to something that contradicts creativity and multi-layered therapy work. Furthermore, there is recognition that research may become a valuable tool for practice.

Accepting the value of research for arts therapies, however, takes us to a new dilemma: who should be undertaking research studies in our field? Since the 1990s, in the UK, there has been a strong movement advocating the role of the practitioner/researcher. This trend is particularly apparent in the publication under review. From the number of research-based papers presented, only one (i.e., Dubowski's) suggests and actually describes an ongoing research project that involves a non-practitioner (supervised by the contributor). Although the practitioner/researcher movement has empowered arts therapists, we should



not forget that such endeavours have their limitations as any single approach would (e.g. danger of untested subjectivity, use of limited research expertise). I believe that some of the limitations of the practitioner/ researcher work could be overcome by collaborative work in research teams consisting of arts therapies with or without other professionals involved. Although this approach will have its own limitations (e.g., difficulties of finding a common language, need to compromise between professionals), it will definitely strengthen the research profile of arts therapies. In the recent national ADMT conference, in Bristol, I was pleased to discover that in DMT there have already been a couple of collaborative studies with other professionals (e.g., Papadopoulos and Chrysou, both working and researching DMT with practitioners/ researchers from the medical profession). However, overall, collaborative research work is still virtually unexplored. In this respect, the publication under review is not an exception (a refection of what is going on in the field?).

The arts as an obvious common aspect of all arts therapies may enable such collaborative work among arts therapists. Many of the contributors of this volume seem to already hold a lot of experience in different types of arts media despite their primary training in one art form and/or one of the arts therapies. For example, Meekums (primarily a dance movement therapist) has conducted a research study with multi-modal interventions, while others (e.g. the Irish contributor Bracken and the American Curtis) give examples of mixed media work with children. Evans (an art therapist), in her model developed through her research work with children with autism, pays attention to issues, which have not been the primary focus of her initial training, e.g., rhythm and body language. I, as a dance movement therapist, was pleased to see that other arts therapists were acknowledging the value of the body and movement in their work. In addition, I found that the use of flexible approaches to the artistic media could potentially open new ways of working collaborative with other arts therapists and individually with certain clients/client groups. In some of the papers I reviewed, clients' needs seemed more important than a pre-made choice of a specific art form.

Arguments for mixed-media applications are not new. In the ECArTE publication, Waller reminds us that within visual arts, 'performances' and 'happenings' and the current trend of installations using video and film are creating a very blurred division between the visual artist, the actor/director, the musician/composer or the dancer/choreographer. I would add to this that dance has always been linked with music, and drama has traditionally used mixed media. The arts and arts therapies share mutual concerns, as outlined by the American dramatherapist Landy, and therefore, despite their differences, continuing influence is somehow expected.

Given the significance of the arts within arts therapies, Henzel and Johnson discuss the role of the arts within the field further, while Mottram's paper offers a very good example of how the art and creativity may become the focus of brief clinical practice (a similar emphasis on the art-making is also given by the American art therapist Calisch). As expected, in longer-term therapy the client-therapist relationship comes again to the foreground. It is interesting however, that especially in the UK papers the discussion is less often about the therapist's understanding of the process and more about meaning which is co-created with the client (this is different from the American contributions for example). Although psychoanalytic thinking is still a strong influence on UK practice (e.g., in Odell-Miller's music therapy approach and in Brown's art therapy), there are many papers that fit closer to social constructionist approaches (e.g., Best and Parker in DMT; Cattanach in drama and play therapy), feminist approaches (Hogan in art therapy) or the anti-psychiatric movement (Gill, again in art therapy). Memories from the highly influential humanistic tradition of the past and/or the more contemporary post-modern thinking are apparent. Some of the common factors in all of these approaches are an active presence of the therapist in the session and a questioning of power relationships between therapist and client. Culture is also discussed either directly (as for example in the study completed by Kirk, an occupational therapist) or as part of an overall approach in which context and personal/ professional identity play an important role (as for example in Best's paper on supervision). In both cases experiential ways of tracing down different identities are strongly advocated.

Similarly when institutional communication is discussed, the identity of the profession as a whole becomes an important starting point, especially since the profession is still only marginally charted. Training is one of the few areas where there are sufficient descriptions and agreement on standards. So, why has this not also been extended to our clinical work? Do we not have a duty (to ourselves and our clients) to clarify and unfold our practice? Do we not have an obligation to create a solid ground for our profession to grow on? Do we not need a coherent and clear voice when we are faced with the 'others' in professional battles? Calls to make tacit knowledge explicit are found in the papers of Byrne, Mottram

and Chenery (all of them are art therapists). I believe it is important for our field to take these calls more to heart. Recent attempts at an HPC level to set standards of proficiency for arts therapies are probably a response to such calls.

Summarising, I find that this publication is particularly important for the professional development of arts therapists in the UK and art therapists in particular because:

1. It involves a massive amount of information about each sub-field in the UK (there are thirty-seven contributions from the UK out of fifty-three papers). Publishing together may strengthen our understanding of each sub-field and eventually contribute to a more active collaboration.
2. There are some DMT contributions (five) and a number of multi-modal approaches that can be of direct of value/use to dance movement therapists in the UK.
3. Despite the fact that the length and content of the papers vary, as one would expect from such a publication (i.e., a compilation of papers presented in conferences), there are important common themes that are repeated across this volume. In my view, these themes are explicitly or implicitly connected with answering the following questions:
   a. Who are we? Despite the work already undertaken by arts therapists' professional associations towards defining our professional identity, our personal and professional roles are interwoven and consequently dynamic and diverse.
   b. What do we do? The eclectic character of many of the contributions remind us once again that the field is the result of multidisciplinary influences. At the same time, there are strong calls to clarify our influences, unfold our practice and consequently map the field in a systematic way (for the first attempt to do so, see Karkou, 1998).
   c. Where are we going from here? There are several suggestions for future work. For example, working in Community Mental Health is particularly relevant for the UK practice. Both Dokter and Odell-Miller discuss this direction of work. New client groups are introduced, as for example by Michele Wood (she describes her research project with people with AIDS dementia). Brief therapy and multi-modal approaches are also presented. Finally, issues relating to research, professional development and active collaboration are extensively discussed. Waller's paper on professional development, for example, describes issues of debate and conflict within the early days of the profession of art therapy (this paper seems to me as particularly relevant to current debates within ADMT).

ECArTE is a forum encouraging active dialogue between arts therapies at a European level and as such I regard it our duty as professionals to remain informed about the issues discussed. I believe this is even more imperative for dance movement therapists who are the last to enter the arts therapies family as a profession. A very good opportunity to enter the dialogue within and beyond our immediate professional environments is presented to us with this first volume, perhaps an opportunity not to be missed.

Dr Vassiliki (Vicky) Karkou

Reference

Karkou, V. (1998) A descriptive evaluation of the practice of arts therapies in the UK. Unpublished Ph.D. thesis, Faculty of Education, University of Manchester.

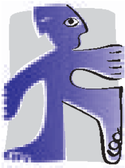
Biographical details

Dr. Vassiliki (Vicky) Karkou is a qualified teacher and dance movement therapist with postgraduate studies in arts education and arts therapies. She has recently been appointed as a lecturer at the Queen Margaret University College in Edinburgh and continues working as a postdoctoral research fellow at the University of Hertfordshire. She also runs DMT groups in mental health and special education. She has published in national and international journals and is the co-author of the book: Arts Therapies in the UK: Theory and Practice (Elsevier, forthcoming).

(Footnotes)

[1] The publication reviewed consists of papers presented at the London and Munster, Germany, conferences organised by ECArTE. Volume 1 reviewed here refers to papers presented by UK and Irish arts therapists as well as global partners in non-European countries such as the USA, Canada, Brazil, Israel, Turkey and Japan. Volume 2, currently prepared will comprise contributions from arts therapists in other European countries.

[2] To order a copy of the publication, you may contact Professor Dr Line Kossolapow, ECArTE, Haus Voltage, 49525 Lengerich, Germany. Tel: 0049 5481 6356; fax: 0049 5481 84311; e-mail: kossola@uni-muenster.de



Dance Movement Therapy by Bonnie Meekums, SAGE Publications, 2002.

Barbara Feldtkeller

So many essential Dance Movement Therapy books are out of print that this book by Bonnie Meekums comes as a relief. And what is noticeable straight away is its format – it is small and only 127 pages long. Further along, there is something else that is different to previous books - and this is Bonnie's ability to integrate diverse theories and values of body and mind, theory and practice, creating a DMT approach that is truly eclectic. Bonnie draws on a rich pool of sources resting within herself as much as in relating literature.

The book has two parts: 'Mapping the Territory' and 'The Journey', which are closely linked to each other, with the first part introducing the reader to the profession, training, registration, key principles of the DMT and the theoretical underpinning of Bonnie Meekums' DMT practice. In the second part Bonnie takes the reader skilfully on a journey into the domain of dance movement therapy, diving, with the help of case examples, into the depth of her theoretical framework.

Overall, it is a very accessible book – it's an introduction to Dance Movement Therapy, ideal for students who have started DMT training, people who work in related fields (eg other arts therapies) or anyone who is interested in DMT. However, the book goes beyond the introduction in Bonnie's attempt to develop a new framework. It encourages practising DMTs to question their own approach introducing a different terminology to describe the creative process - though the terms 'preparation, incubation, illumination and evaluation' have been around in process-focussed work. It is food for thought and for discussions in supervision.

In her preface Bonnie states her wariness about writing a theoretical and practical framework for DMT, when her views today might shift and move hoping to think differently in the future. The first chapter might be the most vulnerable in this respect, describing training and registration procedures, which will inevitably change. There might be the risk that this part will be very soon out of date and even more it will be confusing. Also, some sections in this chapter, such as research in DMT, are covered only very briefly and therefore present a limited picture - research in DMT is growing and no longer stuck in the debate of quantitative vs. qualitative methods.

The 1st National ADMT UK Conference November 2002

Looking Back by Barbara Feldtkeller

From the moment we decided at the AGM 2001 that a conference should become a regular event of the ADMT to the day the conference actually went ahead many months passed – in fact about 16 - filled with making contacts with DMTs, waiting for submissions, organising space and many more little tasks here and there. I enjoyed this journey, my steep learning curve and of course the fabulous turnout. 95 people attended the conference - mostly DMTs from the UK and from abroad, as well as people who use creative dance and movement therapeutically, keen to meet other professionals in the field. A big thank you to all of you, you made this such a great success! I also like to thank the group of helpers and magic hands who supported me through the organisational running of the day.

The one-day conference took place on November 2nd 2002 in Bristol under the topic *'Old traditions – New Directions, Dance Movement Therapy in the UK'*. DMTs with diverse clinical and teaching experiences presented their work to the delegates or were running workshops for small groups.

Helen Payne and Jeannette MacDonald opened the presentations with a brief look at the History, Presence and Future of the ADMT in a question/answer format. Both are pioneers of DMT in the UK and could draw on rich experiences in DMT as well as other related therapy field. The following 5 excellent presentations by Vicky Karkou on *'DMT Theories and Assessment Procedures',* Jill Bunce on *'DMT and Parkinson's Disease'*, Marina Chrysou & Tony Burch on *'DMT in Primary Care'*, Lucy Goodison & Helen Schafer on

'DMT in Holloway Prison' and Nina Papadopoulos on *'Comparing* the Effectiveness of Body Oriented Therapy with Standard Supportive Counselling *Treatment for Chronic Schizophrenic Patients'*, highlighted the passion and diversity of our work. These DMT practitioners have shown that we are a profession that has a definite standing on its own, however co-operation, collaboration and complementing therapeutic skills and scientific knowledge with other professions are essential ingredients to a successful future.

I personally felt encouraged by presentations of research projects that seem to open doors into other domains, which traditionally value quantitative methods over qualitative, such as Primary Care and Neuro-Psychology. Also, research can be fascinating and fun, rather than 'dull number crunching'.

After a slightly shortened lunch break during which there seemed to be never enough time to meet, talk and share - and I have to admit it was a real challenge to keep to the very tight time schedule – the afternoon continued with a range of workshops. Conference delegates could choose 2 out of 8 different workshops, ranging from a *'Workshop on Workshops'* with Penny Best, Authentic Movement workshops with Helen Payne, Fran Lavendel and/or Linda Hartly – each focusing on a different aspect of Authentic Movement, Sandra Reeve's and Sara Boas' workshop on *'Cultural Movement'* and a range of client population-based workshops on *'Eating Disorders'* with Yeva Feldman, *'DMT with Young People'* with Silvana Reynolds and *'Movement and Communication with People with Dementia'* with Ute Kowarsik.

Ditty Doktor and Marion Violets could not attend and deliver their presentation/workshop and they were greatly missed.

The 'finale' had to be rushed through, which was a shame, but maybe the next conference will focus on 'less is more' and so more time to share and talk could be available. What remains in my memory are two images – one that shows rich and colourful forms and shapes reflecting the rich pool of sources and resources that we can offer one another; so no more isolation in our work 'out there'. The second image relates to a deep sense of reassurance and empowerment, that our work has an impact on people's lives, journeys, recoveries. The place was buzzing with excitement that day.

Although there was no formal evaluation of the conference, I received constructive and positive feedback from many of you – thank you very much. More time for meeting other DMTs was expressed and possibly the organisation of a social event at the end of the day. My personal impression was that a regular space for professional exchange is essential to develop the profession. It provides support for those DMTs who work in isolation and offers a very much-needed platform for debate. Like many of you, I have attended other conferences and my impression after our first conference is, that DMTs in the UK need to develop presentation skills, research or clinically based, in order to become scientifically accepted professionals that can 'move' with confidence in the international field.

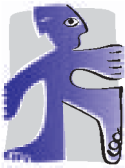
For the next conference – I am sure we will have one in 2003 - I have listed key issues that I would like to raise.

- Create a panel that considers the submissions (quality assurance of presentations)
- Suggestions for key speakers, possibly from abroad
- Longer but fewer presentations and workshops
- Evaluation at the end of the conference
- A 2-day conference
- Sponsorship from companies and council (e.g. for the programme printing)
- Invitations of other arts therapies
- Press coverage
- T-shirt sale with the ADMT logo
- Book stores

ADMT council has received a report and the next conference, title, location etc will soon be discussed. If you would like to be part of the organisational team please contact **e**-*motion* or Barbara Feldtkeller (bobby64@gmx.net).

The editorial team would appreciate further feedback on the conference. What are your thoughts about the 1st Conference and what suggestions would you like to make for future conferences?

Deadline September and **e**-*motion* temporary email address c/o dawn.batcup@swlstg-tr.nhs.uk



News from the ADMT Council

Clarification on the re-opening of the Grandparent route.

In 1997 the 'Criteria for Registration' as a professional member of ADMT UK were ratified by Council. Included in this document are the requirements to become a professional member of ADMT UK through a number of different routes, one of which is the 'grandparent route'. The grandparent route was closed in September 2000, but has now been re-opened for a limited period of time, until ADMT UK professionals gain state registration through the Health Professions Council (HPC).

The grandparent route offers a means of registration for experienced practitioners of dance movement therapy who may not have graduated from a dance movement therapy post graduate training course, but who have engaged in significantly more than 700 hours of clinical practice. Typically, such candidates will have commenced clinical practice before graduate training programmes were available in the UK (1986), and completed a significant body of work before 1997.

To apply now through the grandparent route you need to fulfil all the requirements as laid out in the 'Criteria for Registration ' document of 1997 for either RDMT or SRDMT level of registration, and to provide evidence of long term clinical practice.

This will be discussed in the next Council Meeting.

News from the WEB

Interesting websites – worth a visit:

www.mhrd.ucl.ac.uk (this is a new exciting site, featuring medical humanities courses throughout the UK and Europe, as well as reviews of resources; it has been created to provide a universally accessible, comprehensive educational resource for those working in the arts and humanities in medical education and research – CALL FOR CONTRIBUTIONS AND SHARING OF INFORMATION!!)

www.dementia.co.au

www.autismtoday.com

www.nimh.nih.gov (USA National Institute of Health website, which has interesting articles on clinical trials, for example on Autism and related disorders; for those who wish to keep updated with medical research and drug-trials)

www.dana.org (website on 'brain health': go to Publications, Cerebrum: The Dana Forum for Brain Science; Bessel van der Kolk has published an article on trauma and the need to incorporate bodily experience in the healing process)

http://www.ismeta.org/, the website of the International Somatic Movement Education & Therapy Association

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News from DMT associations around the world:

ADTA (American Dance Therapy Association) – if you have access to the internet visit the ADTA website and subscribe to their listserve; it's free and you can participate in interesting discussions; there's lot's of information on literature, client populations, etc. and always plenty of support from other DMTs around the world.

DTAA (Dance Therapy Association Australia) – it might be 'down-under' but there is a vibrant group of DMTs out there and anyone who is interested in the Association's Quarterly can subscribe to it by overseas membership. The membership is 55Australian $; for further information email jguthrie@alphalink.com.au or write to DTAA, Box 641, Carlton South, Victoria 3053, Australia.

Conference News

1. 7th European Arts Therapy Conference
   Theme: ARTS THERAPY: RECOGNIZED DISCIPLINE OR SOUL-GRAFFITI ?
   APPROACHES, APPLICATIONS, EVALUATIONS
   Venue: Universidad Complutense de Madrid 18th – 21st September 2003
   Call for Submissions NOW!!
   http://www.uni-muenster.de/Ecarte Conference_Info.html

2. 13th Annual Meeting of the IADMS (International Association for Dance Medicine & Science)
   October 24- 26, 2003, Laban Centre London.
   Call for Presentations NOW!! Deadline, Feb 15 2003; ffi http://www.iadms.org/

3. XI. Congress of the European Association for Psychotherapy
   ”Psychotherapy - Identity and Controversies”
   July 10-13, 2003 Lviv, Ukraine
   Information: www.europsyche.org

4. “En tiempo de Caos”
   May 28-30, 2003 in Caracas, Venezuela
   Organizer: Dr. Guillermo Garrido, Vice-President WCP
   Information: www.avepsi.org.ve

5. 4th World Congress for Psychotherapy of the WCP in Buenos Aires, Argentina, 2005

New DMT Articles:

Pallaro, P & Fischlein-Rupp, A. (2002). Dance/Movement Therapy in a Psychiatric Rehabilitative Day Treatment Setting. The USA Body Psychotherapy Journal, 1(2), 29-51.
(to subscribe to the journal: www.usabp.org)

Hertfordshire Arts Therapist Database

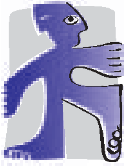
A group of Arts Therapists, supported by the University of Hertfordshire and Hertfordshire Children, Schools and Families Service, are creating a database of arts therapists (across all disciplines) who work or are interested in working with children and/or young people in Hertfordshire.

The database will be in paper form and as a page on a webside. If you are interested in being included on the database and are state registered by the Health Professions Council or are a registered member of BAAT, BADTH, ADMT UK, APMT please send your name, contact details and state registration number (please note Dance Movement Therapists need not send a state registration number) to:

Suzanne Rider, Arts Education Development Officer, Development Centre, Butterfield Road, Wheathampstead AL4 8PY

Email: suzanne.rider@hertscc.gov.uk

Contact details you send us will be publicly available. Please consider carefully which address/telephone number you wish to use. Please note inclusion on the database is for information only and does not constitute any offer of employment.



The Grapevine

Dear Editor,

I am writing to share my thoughts about the most recent issue of e-motion and the 2002 Professional Register. I was concerned to see that both of these publications had lost their printed covers. The Association invested considerable money and energy into these professionally designed covers. I think that we really do need to maintain this professional standard of presentation at a time when we are the newest and smallest of the Arts Therapies. In spite of Jeanette MacDonald's hard work in representing us, the new Health Professions Council is still not ready to give us State registration. Those like Jeanette, who work for A.D.M.T., those who work so diligently as Professional therapists and those who give so much of their knowledge and energy in contributing to the journal need all possible support in holding the professional standing of Dance Movement Therapy. I think attentions to these details of presentation are now really important. Desktop publishing does give us the possibility of updating information more often, but let's please hang on to the covers!

Sarah Holden

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Reflections on the ADMT conference:

Well organised; Barbara deftly linking items and keeping time (except when Nina magically manipulated the audience so that they begged for her to go overtime, so they could get the juicy bits of her presentation); excitement listening to the research going on in our professional community; pleasure at seeing the GP being supportive and present in support of action research; a bounty of experiential workshops to taste; Barbara always just at the right places at just the right time; and best of all a really, really full room of dance therapists, students and interested parties.

Three cheers for this one, and encouragement for the next one! *Penelope Best*

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Health Professions Council standards of proficiency

HPC is currently working towards establishing standards of proficiency for health professions including arts therapies. The work is facilitated by the QAA and aims to address minimum requirements of practice for people who do not fall under normal procedures for registration (e.g., come from the grandparent route or from overseas). The arts therapies group consists of music therapists, art therapists and drama therapists and is led by Prof. Diane Waller. Although I am a member of this group, I have been involved with my capacity as a researcher in arts therapies. Given that ADMT UK has not as yet gained state registration there is no official representation of DMT in the group.

Due to the need to catch up with developments in the other health professions and forthcoming state registration of ADMT UK, a satellite group has recently been established to work on standards of proficiency for DMT. The work of the satellite group will start soon after the first draft of the HPC work is available. ADMT UK members who agreed to work on standards are: Penny Best, Jill Bunce, Jeannette MacDonald and myself.

Updates from this front will be available in this space.

Dr Vicky Karkou

Fachhochschule
University of Applied Sciences

Oldenburg
Ostfriesland
Wilhelmshaven

Therapy & Support Network for Women and Children suffering from Domestic Violence: a model for the implementation of a regional intervention project in Germany

Claire Moore-Schmeil & Frauke Koppelin

BACKGROUND:

In the past 25 years, there has been an increasing social concern about violence in gender relations. Generally referred to as domestic violence, an awareness has grown of its widespread occurrence and its deleterious consequences, both for the victim as well as for the wider social context in which the abuse takes place.. The effects of violence include injuries and other physical health problems, social isolation, homelessness and psychological symptoms and distress. Victims of abuse may suffer from a severe lack of self-confidence and self-esteem, symptoms of PTSD, substance abuse, self-harm, and may be at suicidal risk.

INTERVENTION PROJECTS:

Intervention projects are institutionalized networks for inter-agency and community cooperation. Since the mid-nineties, the number of such projects in Germany has been steadily growing. Although they differ in size, structure and focus, they all pursue the same objectives: to reduce violence by intervening to prevent its continuation and to ensure social condemnation of this violence, and to ensure better access for those seeking help and to reach those target groups of victims who up to now have not been reached by any support programme.

RESEARCH METHODS:

- Methodological triangulation: cross-sectional and longitudinal methods for qualitative and quantitative records
- Efficiency of the support network: interviews, questionnaires, documentation, case studies
- Implementation of the support network: analysis of secondary literature, questionnaires
- Efficiency of Dance Movement Therapy: case studies, movement analysis, session notes, questionnaires, interviews

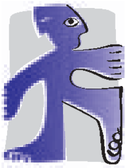
KUKT:

Since October 1, 2002, the University of Applied Sciences Oldenburg/Ostfriesland/Wilhelmshaven in Emden has launched such an intervention project as a model for two years. In a region that has a well established support system yet with little inter-agency and community cooperation, the aims are

- to improve the interdisciplinary structure, thus offering women and children who suffer from domestic violence better and more effective support and help.
- to show that Dance Movement Therapy with its unique psychotherapeutic, holistic approach to self-expression on a body-mind level is an effective therapeutic alternative in the treatment of trauma.

RESEARCH QUESTIONS:

- Can an interdisciplinary support network interrupt the cycle of violence and reduce the somatic, psychosomatic, physical and social effects of violence?
- How can survivors' empowerment, self-determination and inner resources be strengthened?
- Can the situation of victims be improved by demystifying the topic of domestic violence in the public?
- How is the interdisciplinary support network assessed by the abused women and children and by the members of the network?
- Are there sociocultural differences in the subjective understanding of and meaning attached to domestic violence? If so, how do these affect the subjective understanding of self?
- How efficient is Dance Movement Therapy in the treatment of trauma?



Cultural Embodiment: reflections on an ADMT conference workshop

Sara Boas and Sandra Reeve

During the ADMT 2002 conference in Bristol, we led a one-hour workshop on the theme of Cultural Embodiment. The focus of the session was the cultural knowledge that people unwittingly inherit, and how such knowledge moves through our everyday lives. Using guided movement, individual reflection and discussion, participants were encouraged to bring unconscious culture to light. This work is in the context of our life-long engagement with these issues, which we have both explored through movement, theory and practice, around the world.

The starting point for the workshop was our understanding that each human being has multiple cultural heritage, as a result of their unique history. We can think of an individual's culture as the confluence of many streams, or a tapestry of many threads. Acknowledging that such cultural richness exists, within ourselves and in our clients, is our basis for ethical practice.

During the session, participants applied cultural lenses to their own movement. After selecting and embodying one strand of their cultural heritage, they explored interacting with other cultures in the workshop space. We encouraged awareness of their patterns of interaction and asked what these might tell people about how they typically respond to cultural difference. Twenty-three dance movement therapists took part in the session. Their movement exploration was varied, rich, deep and sensitive. This was reflected in shared insights that were diverse, subtle and interesting.

In planning the workshop, we had identified four learning outcomes:

1. Exploration and appreciation of cultural difference.
2. Increased cultural self awareness and heightened sensitivity to cultural diversity within, as well as between, individuals.
3. Discovery of how our unconscious cultural heritage may be expressed and experienced in movement.
4. Cognitive reflection arising out of movement experience (leading to the verbal articulation of key themes).

We recently reflected on our observations relating to each of these outcomes.

1. Exploration and appreciation of cultural difference.

Almost as soon as the first task was set, the room filled with a diversity of unique movement vocabulary, colours and textures of movement and different uses of flow, weight, time, and space. We observed people staying within their own kinesphere, while making full use of the environmental space. This matched our intention to encourage diversity, which was reflected in our starting the session by inviting individual reflection, and not creating an initial circle.

Participants engaged readily with the task of cultural introspection, taking this into movement with a high degree of skill, passion and capacity to work with oneself.

Witnessing the work evoked for us both a panoply of psychic images – landscape, music, colour, food, dances and fragments of conversation.

2. Increased cultural self awareness and heightened sensitivity to cultural diversity within, as well as between, individuals.

Once people began to explore culture, they started to move beyond their everyday movement range. It appeared that the task enabled participants to embody personal attributes to which they did not have ready access. This was borne out in the final circle, when one participant spoke of discovering qualities in her movement – and in herself – which will be of significant value in her work as a dance movement therapist.

We feel that this endorses the importance of recognising inner diversity (within an individual)

rather than working from an assumption of cultural 'identity'. Such movement exploration can liberate us from the constraints of abstract generalisations about who we are and what we do.

The movement dialogues between individuals in different cultural 'spaces' revealed surprising and spontaneous encounters, with a marked lack of hesitancy. Participants recognised their own responses to difference; for example, reinforcing one's own movement pattern; adjusting or compromising to meet the other; or co-creating a shared movement language for dialogue. One participant described how she had recognised a pattern of response in herself and decided to change it by applying her movement skills. She explored relating differently, returned to the interaction with her new vocabulary, and experienced another response. The starting point was cultural embodiment; the end point was fresh possibilities in relating.

3. Discovery of how our unconscious cultural heritage may be expressed and experienced in movement.

Participants described the experience of embodying unconscious heritage as a release, a relief, liberation, promoting choice, giving space and freedom.

One participant was uncertain of her cultural heritage and decided to start from the here-and-now. Another described how, by following a cultural strand, she found herself in places that she recognised from previous in-depth movement exploration. This may be seen as a way of mapping our experience of self, as located in culture and history.

We reflected that through cultural embodiment, the body reveals its knowledge to the mind. Movement releases trans-generational, cellular memory and it becomes clear that we don't know how much we know… about ourselves, our ancestors, our stories and our histories.

4. Cognitive reflection arising out of movement experience (leading to the verbal articulation of key themes).

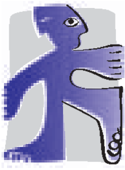
We invited individual reflection, discussion in pairs and a short group feedback. Although this was brief, powerful themes emerged:

- The liberating and empowering potential of identifying one's own dominant and minority cultures
- Recognition of our parents as our closest ancestors, as a first step on the ladder of ancestors
- Identifying our own cultural strands helps us to make sense of uncomfortable prejudices, judgements and impulses to punish. This awareness can be a first step to healing transformation.

The one-hour workshop clearly succeeded in developing awareness, but did not allow us to address the development of the associated therapeutic and life skills. The untouched areas include:

- Developing skills in working with the conscious and unconscious culture within the therapeutic relationship and its wider context.
- Challenging the risk of identifying with a minority culture as a way to avoid a 'dominant' or colonial cultural identity.
- Identifying difference and power relations within ourselves, as a means of ultimately honouring our own different cultures as equal to one another.
- Articulating an approach to cultural diversity, investigated through movement as a foundation for ethical practice in dance movement therapy.

We are both in an ongoing journey of practice-based research and are now exploring how the models and approaches we have developed may inform and challenge one another. This may enrich our approach to working with diversity in dance movement therapy. As part of this ongoing dialogue, we are offering further workshops and events, to provide an extended exploration and skills training. A one-day workshop for expressive arts therapists and other professionals is offered in June (see listings).



Therapists and Supervisors

Katya Bloom, SRDMT, CMA is available for individual movement therapy and supervision in North London.
Tel: 020 8444-2071
e-mail: kbloom@talk21.com

Sue Curtis, SRDMT is available in South East London for supervision, training or workshops. Sue specialises in all aspects of work with children and young people.
Tel: 0208 244 0968
e-mail: sue@dircon.co.uk

Olwen Jenkins, MCAT, SRDMT offers supervision, group facilitation and staff support.
Tel: 020 7732 7688

Pam Fisher, SRDMT offers supervision and one to one or group therapy with a senior practitioner.
Tel (Bristol): 0117 953 2055
e-mail: pam.fish@virgin.net

Linda Hartley, MA SRDMT, BMC Cert. is offering individual sessions in Authentic Movement and Body-Mind Centering in Cambridge. Supervision for dance movement and somatic therapists is also available. Please contact Linda on
Tel: 01799 502143

Catherine Beuzeboc, SRDMT has places available for individual movement psychotherapy and supervision in North London.
Tel: 020 7267 6253
e-mail: cbeuzeboc@btinternet.com

Jeannette MacDonald, SRDMT, ARAD, is available in London and Exeter for individual therapy and professional supervision by arrangement. Please contact Jeannette on
Tel: 01392 873683
e-mail: jeannette@exedance.demon.co.uk

Beatrice Allegranti, MA DMT, SRDMT offers individual supervision. Drawing upon feminist and gender sensitive approaches as well as Laban Movement Studies and Improvisation. For more information or an appointment contact
Beatriceallegranti@mac.com or
Tel: 020-77312592

Dr Bonnie Meekums SRDMT, UKCP registered psychotherapist is available for private clinical supervision in the North / North-West of England.
Tel: 01457 839013
e-mail: bonniem@unisonfree.net

Dr Helen Payne, SRDMT, Fellow ADMT, UKCP registered psychotherapist offers training and therapy, on-going supervision is available for qualified and trainee dance movement therapists. Movement psychotherapy places also available. Dr Helen Payne is also trained in authentic movement and integrates this into her private practice. Please contact Helen on 01438 833440 or
e-mail: h.l.payne@herts.ac.uk.

Susanna Rosewater, SRDMT is offering individual movement psychotherapy and supervision to students and others, at low-cost fees (from £15 per hour). I am currently in private practice in Kentish Town, North London (NW5). In my practice I draw upon my skills and training in Laban Movement Studies, dance, Feldenkrais and Authentic Movement. I use Authentic Movement, Feldenkrais, Humanistic Psychotherapy skills, and information from past life material to assist your development as needed. For further info and to make an appointment please call me on:
020 7485 3440.
e-mail: sue.rosewater@virgin.net

Yeva Feldman, SRDMT, DTR & Gestalt Psychotherapist offers supervision and individual body oriented psychotherapy in Southwest London (Richmond & Ealing). Yeva works from a Humanistic oriented perspective and has had considerable clinical experience with a variety of client groups. She is currently working with eating disorder patients and in private practice. For more information or an appointment, contact Yeva on
Tel: 020 8940-6989.

Sara Bannerman-Haig, MA, DMT, SRDMT is available in North London for individual dance movement therapy and supervision.
Tel: 020 8883 1314
e-mail: sara_haig@hotmail.com

Marie Ware, SRDMT offers supervision and therapy to professionals and students in training in Bristol.
Tel/Fax: 0117 953 2055
e-mail: marieware@yahoo.co.uk

Eilla Goldhahn, SRDMT, BA Hons, teacher of authentic movement is available in Bristol and South Devon for individual movement psychotherapy and professional supervision in English and in German. Jungian depth psychology and Authentic Movement are the main influences of my work. Please contact Eilla on:
01364 72687

Rosa Shreeves, dance artist & therapist, SRDMT, UKCP & Dance UK Medical Register, offers personal movement therapy & supervision in West London & workshops in the UK & Spain. Rosa integrates movement with humanistic psychotherapy & the creative arts. She is the author of ‘Children Dancing’, ‘Imaginary Dances’ & co-author (with Katya Bloom) of “Moves”. Tel: 020 8995 5904
e-mail: rosashreeves@roger.north.btinternet.co.uk

Silvana Reynolds, SRDMT, offers individual movement therapy and supervision in Cambridge.
Tel: 01223 461744
e-mail: silvana@silvanareynolds.co.uk

Nina Papadopoulos, SRDMT, is available for individual dance movement therapy and supervision in East London. Tel: 020 8556 3180
e-mail: ninadmt@yahoo.com

Sarah Holden, BA Hons, SRDMT, Member IGA, UKCP reg., offers individual Movement Psychotherapy and supervision in South London.
Tel: 020 8682 6246
e-mail: sarahholden@bosami.freeserve.co.uk

Fran Lavendel, MA, SRDMT, BMC practitioner offers individual sessions in movement psychotherapy, interweaving DMT, Authentic Movement and Body-Mind Centering. An ongoing Authentic Movement group that meets monthly in Penicuik or Edinburgh welcomes new members. Supervision for trainees or practitioners is also available.
Tel: 01968 676461
e-mail: lavendelmaclean@ednet.co.uk

Marion Violets SRDMT, Cert. Ed. Offers workshops, training, supervision, transpersonal therapy, special projects/research, NHS/community dementia groups and care staff training. Please contact Marion Violets on
Tel: 020 7722 8889
e-mail: MarionViolets@magie.freeserve.co.uk

Leah Bartal, SRDMT, offers individual Dance Movement Therapy, Supervision, Psycho-synthesis, and Authentic Movement. Leah is a qualified Psychosynthesis therapist working in North West London and internationally. She is co-author of ‘The Metaphoric Body’ and of ‘Movement Awareness and Creativity’.
Tel/Fax: 020 77229768.

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e-*motion*

ADMT U.K. Quarterley

Next Deadline

1st May

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A maximum of 10 sides of A4 including references. Single line spacing. For text only, there is no need to do any formatting. All references cited in the text must be listed in alphabetical order in a reference section at the end of the article. Only items cited in the article should be listed as references. Each one should include the following as a general guide:

Books:
Author/s surname/s followed by initials, year of publication (in brackets), title (underlined), place of publication, name of publisher, page numbers (if referring to an article within an edited book)
Chodorow, J. (1991) Dance Therapy and Depth Psychology: The Moving Imagination. London & New York: Routledge

Journals:
Author/s Surname/s followed by initials, year of publication (in brackets), title of article (lower case), title of journal (uppercase and underlined), volume and issue number, page numbers of article.
Karkou, V. (1999) Who? Where? What? A brief description of DMT: Results from a nationwide study in arts therapies, e-motion, ADMT UK Quarterly, XI, (2), 5-10.

Please carefully edit your work before submitting it, i.e. check spelling and grammar thoroughly.
Send material via e-mail as an attachment to: dawn.batcup@swlstg-tr.nhs.uk e-mail us for SUBSCRIPTION to the journal, ADVERTISING and LISTINGS. Please note that receipt of contributions will not be acknowledged unless requested.

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