

# e-motion



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

This edition of *e-motion* arrives as summer is turning into autumn. After a prolonged and bitter winter, which seemed like it would never end, the soaring temperatures of this year's summer seemed to catch us by surprise in a dramatic turn of events. It seems that we were cheated of spring this year as we lurched from one extreme to another. The unpredictable nature of recent weather patterns is certainly a cause for concern and a stark reminder of our dependency on our environment. There are currently great uncertainties around, not least reflected in the weather, and this has an inevitable impact on the mental health of our communities. As a profession we have a wide range of competencies and approaches to offer those in distress and just some of these are evident in the contributions to *e-motion* this summer.

In *Reflections from the Field* we have two new books published this year by ADMP members, **Jill Hayes** 'Soul Spirit and Dance Movement Psychotherapy; a transpersonal approach' published by Jessica Kingsley 2013 and **Sandra Reeves** (editor) 'Body and Performance' published by Triarchy Press 2013. There are also details of a new journal recently launched '*Journal of Dance, Movement and Spiritualities*' (JDMS). All these initiatives are a testament to the innovative work that is going on as our profession evolves. **Penny Best** shares an overview of 30 years of ADMP since it was officially established in 1982. This is a really useful chronology that makes visible the progression of our professional organization at a glance. **Riitta Parvia** has written some reflections in response to an ADMP questionnaire asking us to define our ethnic identity. Riitta's considered response unveils the complex nature of defining our ethnic roots. Also in *Reflections from the Field*, **Jacqueline Butler** shares some thoughts following the **Arts Therapies and Learning Disabilities Conference** in March this year, organised by the Merton Arts Therapies Team. Jacqueline poses questions about ways of working which offer a voice to clients who have learning disabilities. And lastly in this section, there is a pen picture of the Goldsmiths DMP MA graduation performance, '**A Journey of Becoming**', which gives a flavour of the students' embodied exploration of being a trainee DMP as they come to the end of their studies. We then have a fascinating article by **Riitta Parvia** entitled '**Looking at the ways anthropological perspectives inform Dance/Movement Therapy**'. The writing highlights how our awareness of difference and diversity is crucial in understanding others; as therapists we need to be able to 'adjust to the cultural needs' of our clients in order to fully understand them. The article is a thought provoking read.



You will notice that the listings have been amended to come in line with an agreement of ADMP to have only one tier of registration (RDMP). SRDMP has been replaced with 'RDMP; private practitioner and supervisor'. There is an enormous amount going on in our association, so please do share your initiatives, achievements, concerns and other writings in this newsletter to help to keep our work alive and visible. And don't forget that we have our **Annual Conference and AGM on 28th September, in Bristol**, so make sure the date is in your diaries and look out for further notification of details.

With good wishes,

**Caroline Frizell**, on behalf of the E-Motion editorial team.

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# Reflections from the Field

## Hot off the press!

2 new books published this year by ADMP members:

‘Body and Performance’ edited by *Sandra Reeve* and (published by Triarchy Press 2013)

and

‘Soul Spirit and Dance Movement Psychotherapy; a transpersonal approach’ by *Jill Hayes*, (published by Jessica Kingsley 2013)

You can now view the new *Journal of Dance, movement and spiritualities* (JDMS):

<http://www.intellectbooks.co.uk/journals/viewJournal,id=232/#.URVvzhB9SJ8.email>

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## Indicative overview:

### 30 years ADMP development as regulating profession

by Penny Best

|            |   |
|------------|---|
| 1982       | ADMT officially established   |
| Late 80’s  | ADMT working party begins extensive (&protracted) work of devising criteria for professional registration. During this period profession developing as three university based training programmes were established.                             |
| Early 90’s | Initial consideration of joining with other arts therapies in an application for state regulation. However, ADMT wished to work further on criteria for professional registration and was still developing training accreditation requirements. |
| 1994       | First meeting of European Network for professional development of DMT , working towards common standards of training and research. (Continues to meet bi-annually until 2008)   |
| 1996 +     | After more than 7 years reworking criteria (based initially upon ADTA standards) an application system was set up. Education and training subcommittee initiated and training applications devised.   |
| 1997+      | First professional registration completed: Initially 2 tiers of registration: Registered  |



(RDMT) and Senior Registered (SRDMT). By now PGDip (Masters level) trainings being accredited as route to RDMT. Grandparenting route open for those seniors practicing before trainings initiated.

- 1997 Art, Drama, Music Therapy were formally recognized by CPSM (Council for Professions Supplementary to Medicine) which was reformed to become HPC (Health Professions Council)
- 1999+ ADMT Chair had observer status alongside Chairs of Art, Drama, Music therapies. During this time professional applications to CPSM closed for year while HPC became established, starting the first of many delays to ADMP application process.
- 2002/3 ADMT ensuring all HPC documentation in place, gathering supportive testimonies from professionals, trainings, employers, patrons, completing lengthy application for HPC, validating DMT as a profession. Decision all trainings need to be Masters. New university validated trainings established during this period.
- 2004 Submission accepted; ADMT panel presented to HPC, unanimous agreement recommending ADMT for regulation by HPC. Two titles chosen for protection Dance Movement Therapist and Movement Psychotherapist. Secretary of State advised. Assumption ADMT would be IN by summer 2005. One entry route only in line with other arts therapies in HPC ( hence RDMP is entry point)
- 2005/6 ADMP reviews CPD monitoring. Devises new rigours system in line with HPC model.
- 2005/6 Suspension of further regulation of any professions through parliament while government policy reviewed. Crucial delay for ADMT which in effect led to 7 years of continued delay due to governmental political shifts, policy changes, elections.
- 2007 Government White paper published on future of regulation for 21<sup>st</sup> Century, identifying priorities for state regulation. DMP's not on the priority list at this time.
- 2008 Name change: ADMT became ADMP, Association for Dance Movement Psychotherapy UK to better represent the professional work of practitioners in the field. (in effect positions ADMP differently within HPC negotiations, potentially opening alignments with other professions who might join HPC, e.g. psychotherapists/counsellors) as well as arts therapists route.
- 2008 + ADMP Working parties begin revision of registration structures to streamline with HPC one level entry to practice.
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- 2009 Closure of 'old' SRDMP application route. Final SRDMP applications accepted. Revisions continue taking into account Agenda for Change issues and HPC. Period of less certainty about potential routes for senior members. Members frustrated at lack of governmental regulatory status and concern how this impacts upon employment opportunities. In line with HPC to have one entry point only.
- 2009 HPC supported continued consultation on regulation of DMP  
<http://www.hpc-uk.org/aboutus/consultations/index.asp?id=92>  
ADMP argues that lack of protected title poses risk to public of non-registered or regulated practitioners working with clients.
- 2010 Inaugural meeting of new EADMT (European Association Dance Movement Therapy). Official working groups devised: training standards, research, public relations/communication, official recognition. ADMP continues to be well represented in meetings/ development/ organisation.
- 2010 ADMP PRC (Professional Registration Committee) work completed & new PDC (Professional Development Committee) oversees potential registration changes. Members again expressing frustration at delays in achieving state regulation. Council continues to lobby MPs and meet with HPC reps.
- 2010/11 New structure for professional registration : Register for Private Practitioners and Register for clinical Supervisors. All previous SRDMP eligible for both Registers. Previous RDMP eligible to apply for Registers if requirements fulfilled.
- 2011 First accredited supervision training as route to becoming ADMP recognised clinical supervisor (previously held by SRDMT/P)
- 2011 Government published Command Paper outlining current policy for regulation that in future new professional groups would only be state regulated in 'exceptional circumstances' where there are 'compelling cases' where voluntary registers are not considered sufficient to manage perceived risk to public. (Issues arise regarding regulation of psychotherapists/ counsellors in relation to concept of risk).
- 2011 ADMP Council re-activates ETSc- Education and Training Subcommittee and re-confirms Ethics Committee.
- 2011/12 Revision of criteria for trainings begins. (2006 version remaining in place until new criteria accepted by Council)



## Reflections from the Field

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- 2011 Assured voluntary registration put forward by government. CHRE (Centre for Health Regulatory Excellence) existing regulator for HPC to be renamed the PSA (Professional Standards Authority) and to be given powers to accredit voluntary registers of professions including psychotherapists (e.g. UKCP, BCP, BACP) [www.chre.org.uk/](http://www.chre.org.uk/)
- 2011 Following AGM , Council continued to lobby MPs, and also begins search for alternative regulatory bodies, including UKCP. Contact made with UKCP Chair to arrange scoping meeting.
- 2012 \*Response to MP question in parliament re ADMP: no further professional regulation to be considered. And ‘The Government do not consider that a case has been made for the regulation of dance-movement therapists’ 20.2.12
- 2012 Scoping meeting between senior representatives of ADMP & UKCP with representatives from HIPC (Humanistic & Integrative Psychotherapy College) 24.3.12; HIPC criteria received & small working party begins to look at documentation. Decision to hold EGM before proceeding to formal application and negotiation. Proper governance: Step 1. members surveyed about regulatory status quo or continue to search for wider regulatory body. Unanimous yes for 80 returns. Step 2. EGM to vote in support of negotiations and application with UKCP.
- 2012 Health and Social Care Bill becomes law. This Act may influence ways in which regulation is handled in future. UKCP is in prime position in the development of discussions with government
- 2012 EGM decision to negotiate application for ADMP to become organisational member of UKCP. Meeting with HIPC UKCP 28.09.2012 considering direction of application.
- 2012/13 Lengthy process of gathering application documentation; extensive update of ADMP documentation undertaken; ADMP training criteria revision completed. Decision to apply as an Accreditation body for UKCP registrants. Anticipated submission Sept-Dec. 2013

\***Date: 22.02.12 Kerry McCarthy** To ask the Secretary of State for Health what assessment he has made of the merits of giving dance-movement psychotherapists similar (a) professional recognition and (b) statutory regulation to that applying to arts psychotherapists. [94375]

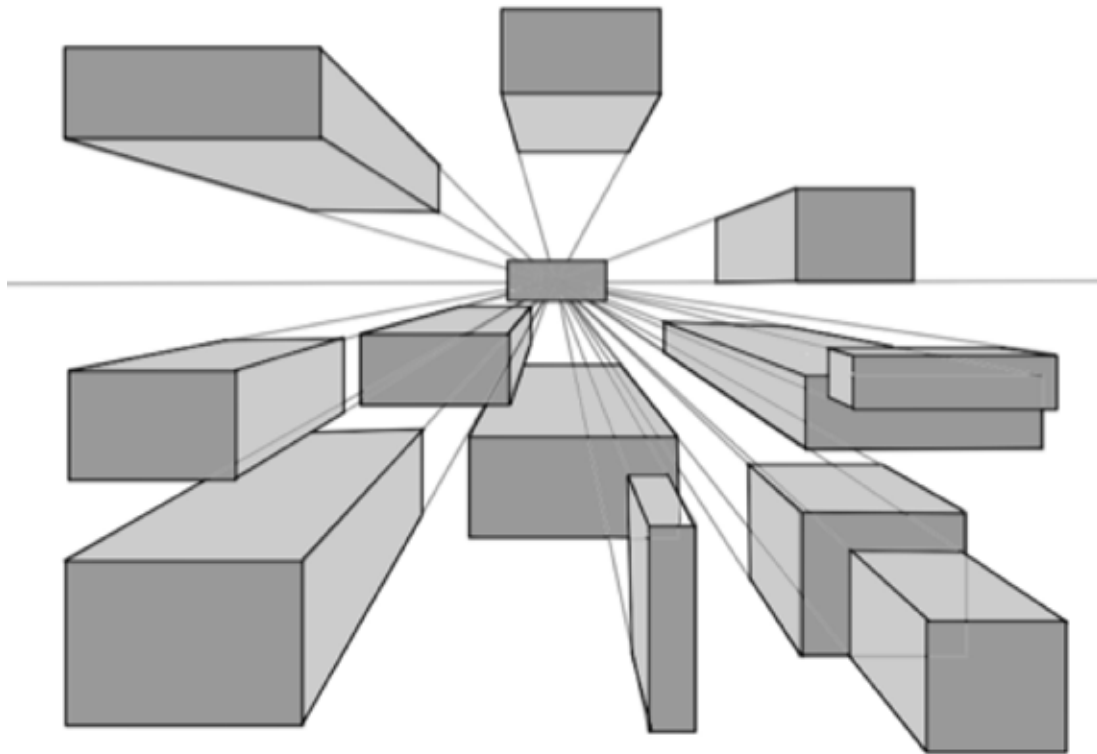
[94375] **Anne Milton: 20 Feb 2012 : Column 680W** The Government do not consider that a case has been made for the regulation of dance-movement therapists.



While compulsory statutory regulation is sometimes necessary where significant risks to users of services cannot be mitigated in other ways, it is not always the most proportionate or effective means of assuring the safe and effective care of service users.

For the overwhelming majority of groups not currently subject to statutory regulation, including those recommended by the Health Professions Council for statutory regulation in the past, the Government consider that assured voluntary registration would be the preferred option.

The statutory framework for a system of assured voluntary registration, is being taken forward through the Health and Social Care Bill, which would allow employers, providers, commissioners and service users to assure themselves that practitioners they contract with meet high standards of training, conduct and competence.







## **ADMP Questionnaire: Who are we, who am I?**

**By Riitta Parvia**

ADMP has sent a questionnaire asking the members of ADMP to define who they are, what group of people they feel they belong to. The questionnaire also poses questions about the skin color of the members, black, white, or a category between. How do these two categories, the subjective feeling category and the objective skin color category relate to, or counteract each other? How and for what purpose will ADMP use this information so as to benefit the members?

As for myself, I define myself as a Finnish woman. However, after having lived 50 years abroad and returned back to Finland, I feel myself even more Finnish than most Finns today. Finland has changed with globalism. However, I dislike calling myself a Finn. We call ourselves Suomalainen. The name Finn was given to us by the Swedish colonizers of our country. They saw no difference between us and the Sami people who populated the same territory. The name Finn connotes a Sami sorcerer. This name Finn was given to us by our group members. The word Finnish refers to nationality, it covers all ethnic groups of the country. If I need to emphasize my ethnicity I present myself as Carelian. However, after having lived most part of my life abroad, I ended up as a marginal person also in my native country. But this is going to change..

Finns today see themselves as white West-Europeans. The Finnish ideal woman was launched in 1919 after the civil war to counteract and dilute our racial origin, the fact that one third of the genes of Finnish speaking Finns come from Eastern Asia. The Finnish ideal woman beauty has blue round eyes, blond wavy hair and neat features. Looking at myself in a mirror I see that I do not fit the ideal. When our genetic past is under-communicated, our language still remains an Oriental language, and it differs from Indo-European ways of thinking and structuring the world. However, Indo-European thinking patterns permeate Finnish bureaucracy, and this discrepancy between the two thinking patterns causes problems for common people, unless they understand that two semantic code systems are at work within the same language universe.

An example concerns dance, imported dance forms and concepts are alien to Finns. My observation was that when foreign dance forms were not imposed on people, and when they were allowed to dance in ways they felt right for them to dance they seemed to be dancing in Finnish. That is, they seem to structure their dancing in the ways they structure their world in their thoughts and in their language. Imported dance forms and concepts make no sense, unless the new thinking patterns are specifically learned. When learned and assimilated, the imported concepts tend to change the culture instead of reinforcing it.

I have written this attempting to show that a person's ethnic identity may not always fit into a fixed form. I learned in Northern Norway that the indigenous Sami people were largely assimilated into the



Norwegian population. However, the reindeer Sami were presented for tourists as The Sami of the North. Occasionally a Sami may present himself as a Sami, or perhaps as a Kven (of Finnish origin) and other times just as a Norwegian, depending on the benefits of the occasion. Their ethnic identity seemed to be situationally determined. I argue that identity can be seen as a process. We are the results of genetic mixtures and outside influences that work to change us as time goes by.



## **Art Therapies and Learning Disabilities Conference – Collaborative work in practice and research**

**By Jacqueline Butler**

This is my initial and undeveloped thoughts after attending the **Arts Therapies and Learning Disabilities Conference on Saturday 16th March 2013** which was organised by the Merton Arts Therapies Team. The focus was ‘collaborative work in practice and research’. It was both inspiring and interesting. Two things particularly struck me: Firstly, the pace which I know from my own practice is really important if there is to be genuine input from those with learning disabilities. Secondly, I was wondering how I could develop a more collaborative approach with my clients, who are mostly non-verbal. I had the opportunity to understand this in practice in the following week after the conference when the Dance Therapy group at a day centre was to be videod for marketing the service. Video and external viewing of Therapy sessions is not something I would usually agree to but we had decided to offer a ‘mock group’. My instruction to both participants and staff was that all we needed to do and be was exactly how we usually are. The groups are very vibrant, expressive and honest. On the day, the mock session went to plan, in fact, all of us were natural and were able to show ourselves. It was after the session that I realised how unusual this is. I have been at many centres and residential homes at times of inspections and even those with the most profound learning disabilities perform for the witness with a smile or a movement at the right time. What is usually lacking for all of us, is allowing



ourselves to be seen playing and engaging together. Usually we all keep to our roles, the service users perform what is expected and the staff withhold and keep distance. Following the videoing session, one of the reflections was that in the dance therapy groups here, there is a feeling of equality which is genuine. I then realised that this is perhaps one way in which I can and do work in a collaborative way with those who are non-verbal, walking beside, reflecting and having everyone who attends the session experience this. It is often an unusual experience in the world of many of those with learning disabilities.

Jacqueline Butler  
Dance Movement Psychotherapist  
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## *A journey of becoming*

*By Caroline Frizell*

The finalists on the Dance Movement Psychotherapy MA (DMP MA) programme at Goldsmiths, University of London prepared an embodied performance to reflect their journey of becoming, as professional DMP practitioners. The goal of the training is to acquire professional skills and competencies that enable graduates to work with a whole range of clients, towards more wholesome living. The process, however, is a deeply personal matter and this performance embodied a kaleidoscope of experience, as the dancers explored the trials and tribulations of negotiating the DMP MA programme..

The dance begins in the corridor with the audience lining the walls. The action is outside the performance space, symbolising the nature of the journey's beginning, which starts the moment it is thought about...often long before the interview process and enrolment. The warming up and the cautious, and sometimes tentative, stretching leads the dancers closer to each other and in that meeting place their lively chatter turns to a silent exploration of the space between the performers. Bodies shape delicately, sensitively and curiously to each other and to the spaces in between. A dancer begins to sniff the air calling creature-selves to size up their fellow companions.

A single dancer watches, confused. She turns to face along the corridor, away from her cohort and reaches up as she slides one foot to the side and then drops to her knees. The group echoes her movement in unison, right arm reaching up and right legs sliding, before they too drop to their knees and all the dancers fall to the floor. They to lie on their backs gazing at the ceiling, seemingly inert and vulnerable on the black and white tessellated corridor floor. The audience towers above them, looking down.

A dancer reaches her hand into the air through a vertical shaft and one by one, 15 dancers begin to hoist themselves up on invisible ropes. They peer through hands shaped as binoculars and hitch up



their imaginary rucksacks, ready to embark. A dancer urgently breaks through the amorphous group. She runs forwards gesturing both hands symmetrically to the sky, to the head, to the face, to the chest and to the stomach, to sweep back up to the sky. Running forwards, she repeats the sequence...head, face, chest and stomach and up again. One by one the dancers assume this pattern, each with different timing and the group finds a collective linear focus, travelling towards the performance space. The audience follows the dancers into room 154, to find the dancers now standing in two orderly lines on the wooden floor; the full-time 2<sup>nd</sup> years and the part-time 3<sup>rd</sup> years converging towards, and divided by a central empty space. With the audience now seated, the dancers begin moving in their year groups. They contemplate the otherness of their companions, become blinded by the light, jump back in shock, test their balance and struggle to hold their place in the group. Finally the two groups meet as one body. Each dancer transcribes his or her individual movement signature and the wider group responds, affirming the unique dance of each, they find elements of their own stories reflected in the stories of others.

The final symbol is offered by a dancer who faces the front, quiet and still, centre stage, gazing in anticipation above the audience. She smooths her hair at the side of her face. Meanwhile, her peers slash the air vigorously with the sides of their hands 'HA!' they shout 'Yeaha!' – the movement and sound reaches a forceful crescendo.....The dancer in the centre lifts her left hand to shade her eyes, to peer above the audience into the future. The frenetic activity diminishes and the scattered dancers gradually quieten, to converge as a huddled group centre stage, each lifting a hand to shade the eyes, peering expectantly into the distance. Slowly they disperse, to fill the stage with suggestions of their original signatures. Moving into an undulating line, the dancers take their bow.

The dance was exciting, beautiful and very moving as it shifted from ambivalence to commitment, from fear to confidence, from confusion to focus, in a journey of discovery. The music was by Dylan de Buitléar, freelance composer and musician working in new and live visual media. Part composed, part improvised, the music reflected the dynamic nature of the performance. The dance was performed twice, at 6pm & 7pm and each time was followed by a thunderous applause, which transformed seemingly seamlessly into a community gathering with the room awash with babbling conversation as audience and performers mingled. With each performance, the dance had become a container for a deeply personal process. The audience; families, friends, colleagues, tutors and more were privileged a glimpse of the much treasured experience of each Goldsmiths DMP MA graduand.

***Caroline Frizell***

***Dance Movement Psychotherapy MA programme convenor, Goldsmiths***





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# Looking at the ways anthropological perspectives inform Dance/Movement Therapy

By Riitta Parvia

**Abstract:** In this paper anthropological perspectives, as used in dance/movement therapy are discussed. The perspectives are those of the American cultural anthropologist Judith Lynne Hanna, the French dance therapist France Schott-Billmann and the Greek dance therapist Efthimia Panagiotopoulou, and finally the author's own work is discussed. The purpose of the paper is to cast a brief view on these different anthropological perspectives to see how they inform the different dance therapies in question.

**Judith Lynne Hanna** presented her paper, *Anthropological Perspectives on Dance/Movement Therapy*, at the American Dance Therapy Association (ADTA) Conference of 1977, and published her paper as an updated article in the *American Journal of Dance Therapy (AJDT)* 1990. My references to her work are based on her article in *AJDT*, (Hanna 1990).

Hanna's concern is the importance of anthropological perspectives for those who work with individuals or groups, the un-served and underserved peoples of other cultures as well as lower-class clients. Hanna states that the perspectives of comparability, culturalism, and holism animate anthropological observation and explanations. Her concerns are the comparability of human cultures, the search for similarities and differences among people in order to understand what is universal and what is unique to a group, while she also considers variation within cultures. She sees it critical to develop sensitivity to diversity. Hanna's key questions are: "How do varying group experiences generate different cultural patterns, and what are the implications of cultural diversity?" – for what or for whom, she does not tell. According to her, anthropology's comparative, cultural and holistic approaches can provide dance therapists with a context for understanding behavioural patterns. Besides the understanding of behavioural patterns, it is important for her to discover the insider's point of view, so as to understand culturally determined perceptions and to take them into account. "Identifying and explaining differences in other groups' ways of doing, feeling, and thinking may catalyse the redefinition of one's own perceptual fields" (Hanna1990).

Hanna's statements concern anthropology in general, what seems missing in her account is how her objective anthropological perspectives relate more explicitly to her subject, dance therapy. Hanna is correct in stressing the importance of the insider's view. This view seems to relate to the so-called emic/etic distinction of the linguist Kenneth Pike (1967), adapted to anthropology to consider, not only the observer's objective, distancing view but also the insider's view. Hanna states that if the therapist's perspective is at odds with that of the client it creates barriers to healing. She concludes: "By becoming aware of other people's belief systems and behaviour, we can better serve them, gain insights into our



own culture and society, and draw upon the values and techniques of other societies in order to improve our own” (Hanna 1990). Hanna’s view is contrasted by anthropology seen as cultural critique of one’s own culture (Marcus & Fischer 1986).

**France Schott-Billmann** holds that her dance therapy is a recreation of a traditional healing-art. According to her, this original, traditional healing method is very different from psychoanalysis or emotionally based therapies which are based on artistic expression. She adapts shamanistic healing methods to her dance therapy. She tells that Shamanism spread out from the Siberian Tungus tribe to cover the whole world. It is universal to all humanity; in Shamanism we search our roots in order to communicate with the hidden part of ourselves. The adaption of shamanism to dance therapy, the Primitive Expression, is “a recreation through the help of anthropology... to awake in each of us our own shamanic aptitude... an experience full of dynamic ecstasy...obtained through dance.” She holds that the Primitive Expression is a technique, which uses inspiration from tribal dances. The tribal, shamanistic dance she teaches is Haitian dance. However, what she teaches seems to be the so-called Dunham dance technique (Capello 2007).

The Dunham technique was developed by the Afro-American dancer, Katharina Dunham, who studied anthropology at the Chicago University. However, she did not finish her studies to the disappointment of her teacher professor Robert Redfield, who fought for the black people’s rights for education. Dunham chose to dance. She travelled to the Caribbean islands, where she took elements of Haitian folk dancing and formalized them into her commercialized Dance Theater. The costumes needed she found at the island of Martinique. She developed a dance technique which combines modern dance with ballet and body isolations (Emery 1972, 1988). The technique spread out, taught by the former members of the Dunham Dance Theater, and it became popular.

I have some first-hand experience of Dunham technique after studying it with Walter Nicks in Finland during the 1960s, and with several Haitian members of the Dunham company in New York in the beginning of the 1970s. I was a member of the Dunham-based Syvilla Fort dance group and was invited to join the Haitian dance company, Theatre Choucoune. The artistic leader of the company was a Voodoo priest. He initiated me into a Haitian Voodoo cult. Finally I worked as a guest teacher at the Haitian Academy of Classical Ballet, Folklore and Voodoo in Port au Prince while I also studied folklore. In Haiti I saw the great difference between the Dunham technique and Haitian folk dancing. What is called Haitian dance consists of many dance forms, various forms of folk dancing, Santo Domingan dances, two kind of dancing carnivals, ballet, modern dance, social dancing and ritual dancing.

When comparing a shamanistic healing ceremony (as presented in literary sources) with a common dance therapy session, one becomes aware of a basic difference; while the shaman’s client remains still, the dance therapist’s client dances. In her dance therapy Schott-Billmann presents series of movements



## Looking at the ways anthropological perspectives inform DMT

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to her clients. The clients repeat her movements. The clients move in unison to the repetitive beat of an accompanying drum. Schott-Billmann explains that the symbolic organization of the work is the basis for the therapeutic change to happen. Through the collective action the individual expresses his/her individual desires, and through this action the religious, shamanistic symbols get replaced by artistic symbols. She concludes that Primitive Expression is a recreation through the help of anthropology (Schott-Billmann 1994) The anthropology she refers to is the structuralism of the French anthropologist Claude Lewi-Strauss. Her theory seems later to have fused with psychoanalytic theory (Schott-Billmann 1992), (Panagiotopoulou 2011).

**Efthimia Papagiotopoulou's** concern is the collective identity of a group as related to its dance identity. This relation is paramount for her practice of dance therapy. She looks at this relation from the viewpoint of anthropology. She stresses the necessity to take into account each participant's cultural identity, and to construct the dance therapy according to this. The dance identity is described as the special characteristics of a dance form that is, the structure and the style of the dance form. The structure of a dance therapy session is based on the characteristics of the dance form used. For her the use of Greek folkdance forms in her Greek dance therapy makes the therapy meaningful.

Papagiotopoulou emphasizes the cultural awareness of the therapist as do Hanna, and the need to understand human differences in order to accommodate changing populations in therapy. She realizes that this is difficult for a therapist, who comes from a Western culture, because of the mono-cultural perspective. However, she is concerned with the different meanings dance has in the Western European culture as well as outside this culture. The different meanings underscore the importance of anthropological dimensions of dance.

Papagiotopoulou concludes by stating that an anthropological perspective sheds light on the necessity of adjusting dance therapy interventions and explorations to each participant's cultural identity. Dance therapists must adjust to the cultural needs of their participants. This attitude is critical to the development of dance therapy construct arising from an anthropological perspective. "Understanding and considering the value of one's own dance identity must be a priority in the effective practice of dance/movement therapy" (Papagiotopoulou 2011:107).

Papagiotopoulou's account awakes questions: What does the mono-cultural perspective refer to, the culture or the therapist, or both, or to the meaning a dance form has in the culture? How can European culture be seen as mono-cultural? What does the anthropological dimension of dance refer to? How do anthropological perspectives shed light on the necessity to adjust dance therapy interventions to each participant's cultural identity in a group, if it is a multi-cultural group?



### **Shared ideas**

What appears common to these three different anthropological approaches to dance therapy are their cultural considerations, and some references to universalism or globalism. The anthropological concept of holism is emphasized. In early anthropology the concept of holism referred to universally valid generalizations, later to particular ways of life presented as fully as possible, and still later to the need to provide an even more complete view of the culture described, to contextualize elements of culture and make systematic connections among them. Finally the concept refers to the united experience of the two, the anthropologist and the other. The anthropological concept, the insider's view, when brought into dance therapy, points to the need to take the client's thoughts and feelings into account. However, is not the insider's view something implicit to dance therapy, can we imagine dance therapy without any concern for the clients' therapeutic needs?

The anthropological method of comparison is emphasized. Comparison seems to mean here the comparison of cultural traits, such as ethnic dances with each other. The comparative method of the evolutionists was rejected by Franz Boas, and replaced by continuous area cross-cultural analysis. (Seymour-Smith 1990) In today's anthropology the comparative method is no longer a major issue: "Debates about the intellectual place of comparison are missing from today's anthropological agendas." (Nader 1994). Nader's concern is what she termed comparative consciousness. She points to the complexity of the issue of comparison. "The act of thinking comparatively is probably universal" (Nader 1994).

### **Are anthropological perspectives in DMT novel ideas?**

The anthropological perspectives as presented here, the holistic view and the insider's view, seem to have informed dance therapy from its earliest developments (May 1941). These views seem either implicitly expressed or explicitly stated in the accounts of the American pioneers of the profession, Laretta Bender and Francisca Boas, Marion Chase, Helene Lefco and Elizabeth Rosen. The period after the second world war in America was a time of optimism and communal spirit. In this mental climate dance therapy group activities were developed for children in Bellevue Hospital by the dancer and dance teacher Francisca Boas and the child psychiatrist Laretta Bender. In spite of some suspicion towards the new therapeutic dance activity (Lindgren 2006) they worked. Influenced by the creative, intellectual milieu of the time, they also themselves contributed to the milieu. Francisca was the daughter of the German-born geographer, Franz Boas, who became the dominant figure in American cultural anthropology. Laretta was married to the psychiatrist Paul Schilder, the author of *The Image and Appearance of the Human Body*.

Group activities of many kinds draw people together. Such activities were yoga and other Eastern integration groups, body-work, encounter- and sensitivity groups, psychodrama, political theater, dance theater, ethnic dance groups, experimental dance, ghetto street dance, dance as a community action tool between conflict groups, and mass dance movements.





## Looking at the ways anthropological perspectives inform DMT

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Knowledge of ethnic dances was gained through American Indian studies, conducted by interested individuals of their own right (Burke 1884). Indian cultures were also observed for comparative studies, and studied for administrative and assimilation purposes (Morgan 1851). Indian studies were published continually in long series by the American anthropological Association from the 1892, and by the American Museum of Natural History. Franz Boas studied North-Canadian Eskimos and Kwakiutl Indians of the west coast. His Indian dance studies and keen interest in the psychological aspect of cultures influenced his daughter (Boas, Francisca 1943). Indian dances were studied as a part of their culture as a whole. The armchair studies of the German ethnomusicologist Curt Sachs on the world's ethnic dance forms (Sachs 1937) became immensely popular.

Dance therapy, practiced in psychiatric hospitals had its firm base in dance, while it also was influenced by psychiatry. Dance therapy was considered as a form of communication. No dance-based theory was developed for dance therapy. American Dance Therapy Association (ADTA) was founded in 1966. Dance therapy publications began to appear, a yearly conference was held. During the 1970s dance therapy was placed into the framework of psychotherapy. This caused turbulence within ADTA (Evan 1978, Cohen 1989, Bruno 1990, Boris 1992). Many dance therapists, who could not accept the new framework, left the association. Within the new framework dance no longer was seen as the very foundation of dance therapy (Parvia 2001). However, time has passed since, and today dance therapists again dance together – worldwide (Capello 2007).

### **The author's therapeutic dance work**

The authors pioneering work in dance therapy shares certain similarities with the dance therapy pioneers' work in America. Dance and dance education formed the base of my dance therapy. Out of the need to widen the narrow and elitist conception of dance, dance therapy was developed (Parvia 1977, 2008). Psychiatry influenced my dance therapy through my schooling in milieu therapy and practice in a psychiatric institution. After I got an education in dance therapy and an additional medical education (Parvia 1976), I was invited to work in the Mid-Norwegian Psychiatric Hospitals, where I had the first post for a dance therapist in Norway in 1976 (Parvia 1994).

In my dance therapy work I started from myself; who am I to do this work, how can I use myself as my work tool (Parvia 1995), and how to define my basic attitudes in dance therapy. The metaphysical basic attitude of my work (Parvia 1991, 1995, 2007) has nothing to do with shamanism. Finland had no shamanism. We had a wise-man institution. The wise-man did not dance, he was a singer, and his instrument was not a drum but a string instrument, *kantele*. The world view was not religious, based on belief, it was knowledge-based. The knowledge of the wise-man stemmed from his experiences of life and of his knowledge of the oral, sung traditions of the people. This world view is still reflected in utterances like the one of my mother: "You must not believe in anything, you have to know." Certain concreteness is demanded; you better know what you talk about and what you do.



To teach ethnic dances as therapy is one thing, another is "... creative adaption of anthropological research to the dance therapy session" (Bernstein 1981). What I brought into dance therapy from my ethnic past in the Haitian voodoo is an experience which changed my life. It opened my own culture to me, and it changed me as a person the way no therapy ever did (Parvia 2004). Without this experience I would not be what I am today, as a person and therapist.

In my therapeutic work a structure was outlined for the group work and presented to those involved, members of the personnel in the setting and the clients. The group was seen as a meeting place for two sets of ideas to interact, those of the group and those of the therapist. When the two sets of ideas and views were paired with each other, a third view emerged out of the two. Based on this third view the framework for the group was discussed, and a common ground for the group work was laid. The therapeutic journey could get started.

A frame is flexible; once agreed on it may get shaken, changed, kept intact or stretched. The frame, when shaken is often what fuels the therapeutic process into action. Therapy often proceeds from chaos to clarity. Therapeutic changes hardly happen in the safety of controlled circumstances. In principle it is the situation that determines what to do.

Based on the idea that the human being is whole and, and that this whole is united with nature, dance therapy was defined in my work: *Dance therapy is a holistic, interactive psychotherapy form based on therapeutic attitude. The dance therapist uses herself as a tool in therapy. The method employed in the therapy process is communication through movement. The aim of therapy is to improve communication.* Therapeutic communication was seen as a multilevel, complex process (Parvia 1994). Consequently, the model for explaining what happened in my therapeutic groups needed to be a theory of communication. I followed Gregory Bateson, whose theories combined anthropology, psychiatry, learning and communication theories. Bateson's ideas about language I agreed with.

When observing life Bateson saw that the language he used did not necessarily correspond with the observed reality. As life unfolds in its complexity, language isolates events from each other, names phenomena and uses nouns instead of verbs. Dualism in thinking tears things apart and isolates events from each other and destroys their inherent unity. These problems I can avoid as a Finnish speaker. It is interesting that Bateson was able to envision a language which would allow him to describe processes, relations and unities, without having a language by which to think in those terms. He was aware of the difference between that which existed and the conceptual models of/for it. He had an ethos which he tried to conceptualize, and which he conceptualized in terms which often are very difficult to comprehend.

Dance is commonly conceptualized in Anglo-Saxon terms. Those terms seem to stem from the terminology of theater. Dance is observed as from the onlooker's viewpoint as taking place on a stage. Movement is considered locomotion in space; front-back, left-right, and up-down levels of the stage.



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The dancer is seen to occupy the space which surrounds him/her. The concept dance is in itself a noun and seems to refer to dance as a performing art form, and besides being formalistic, it is often also elitist.

When working in Finland with therapeutic dance groups, and when allowing the groups to move in ways they felt right to them, I realized that they seemed to be dancing and moving “in Finnish” (Parvia 2005). They seemed to structure their dancing in ways they structure their world in their thoughts. Taking into consideration their ideas and experiences, dance was conceptualized so as to make sense to them.

My data were based on concrete observations the way dance therapists and anthropologists make their observations. However, I did not interpret my observations in psychological terms or label behavior, I stayed concrete. What I did was to pair concrete observations with each other. Out of this pairing a third view emerged, and a transformation across the logical levels, whereby an abstract concept was created. In this process the discrepancy between the imported, Anglo-Saxon dance concepts and the culturally more familiar ones became glaring.

Pairing or parallelism relates to paratactic organization of thought, according to which parts relate to, fulfill, and complete each other. This tendency to consider things in paired, relational and inclusive terms is a culturally specific way of thought to create meanings. A meaning unit consists of two halves, which form a pair, a fundamental principle in Finno-Ugrian linguistic thinking (Kadar 1999). Pairing must not be confused with dualism, according to which a conceptual whole is divided into two separate halves. Pairing or parallelism does not divide, but rather brings parts together, such as observations, informations, viewpoints and ideas. The mode of thinking appears synthetizing rather than analytic. This conception relates to the Bateson’s dual view or dual description.

Aided by synthetizing thinking our dance concepts were created. A concept which departed most radically from the commonly used theatrical concept of space, was the culturally determined concept of space, which does not necessarily separate between the outer and the inner experiences of space (Parvia 1991). Brought into dancing this inclusive concept influenced other concepts related to it. For example the concept of movement changed from the outer, locomotion in space, to consider an inner dimension of movement as well. Instead of the dancer occupying space, the space could also occupy the dancer. The inner space of the dancer may move without any outer movement being seen. The commonly used concept of movement changed into a many-dimensional one. Kadar points out that concepts formed in Finno-Ugrian languages seem not to appear definite in character, but rather they appear some-what diffuse (Kadar 2010). They seem to give room for some flexibility. This may explain why I use verbs rather than nouns, dancing instead of dance, process instead of form.

When trying to make sense of my data of complex, multi-level interactions, I realized that dual descriptions and dyadic models did not suffice for making sense of the material. Something else was



needed. This something was found in anthropology, in the interactionistic theory of Anita Kelles (1984), and in Maruyama's polyocular perspective: "... the differential between two images enables the calculation of the third, not directly visible dimension" "Cross-subjective study of the differentials between different interpretations and options enables us to see the dimensions, which are not directly observable" (Maruyama 1974). This corresponds with the concepts presented here, parallelism, dual views and complementarity, and also with a certain concreteness, and even indirectness in therapeutic work, where problems often need to be approached indirectly.

The concept of transformation is here related to the concept of creativity. Maruyama sees creativity related to "idea exchanges between persons, and interactions of concepts within one person's mind;" creativity concerns "mutually amplifying interactive processes" (Maruyama 1974). Pairings and polyocular views aid in explaining complexities and transformations. To consider everything in relational terms is what makes the world go around with meaning.

Maurice Block holds that a great part of our knowledge is fundamentally non-linguistic, and that concepts involve implicit networks of meanings, formed through experiences, but when rendered in to language they change in character. For the handling of specific domains of knowledge in practice he suggests the theory of connectionism. That means to access knowledge through a number of processing units, which work in parallel, feed information simultaneously, and also analyze it simultaneously through already existing networks, which connect the processors. With this multiple parallel processing complex understanding is possible. Transforming this kind of knowledge into words will have only distant relationship to the knowledge referred to, and it appears in a different logical form. In order to get this chunked knowledge connected, he suggests the method of practical learning (Block 1994).

Bateson's theories bridge anthropology and psychiatry, learning and communication theory.

The anthropological theories of Kelles, Maruyama and Block help to make sense of complex interactions in groups within a holistic frame, and to gain insights into multidimensional communication processes and to form knowledge of the experiences. Jürgen Reusch holds that the communication theorist is free to use any source to accomplish his ends. This means that a communication theory is not one particular theory but rather a fusion for its use. Communication theories offer flexibility and complexity suitable for the study of complicated psychic and social events. And being "a theory concerned with the inter-relatedness of parts with other parts and the whole, it has become a theory of theories" (Reusch 1973).

I have discussed theories which connect my therapeutic work with anthropology. This connection made it possible for me to explain the complex dynamism of my therapeutic groups in terms of communication. When I saw the concepts, based on the data in my practical therapeutic work coming together and forming a conceptual choreography, I realized how this conceptual dance seemed to be forming an open-ended helix. The concepts appeared as "climbing the tree of knowledge," the Finnish metaphor for gaining knowledge and wisdom; climbing from one branch of the tree to another, from



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one logical level of abstraction to another, and on each new level widening the views on the way towards the top – to take off and soar like an eagle.

**Concluding remarks:** In this essay I have casted a brief view on four cases of anthropology informing dance therapy. The anthropological perspectives differed from each other, as did the perspectives of dance therapy. Consequently, the four ways in which the anthropological perspectives were used to inform the four dance therapy forms varied too. There seems to be no universals in dance therapy or anthropology.

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**Annette Schwalbe**

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