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TACIT AND KINESTHETIC HEALING FACTORS IN CHACIAN
DANCE/MOVEMENT THERAPY

A DISSERTATION

(submitted by)

CORINNA ANN BROWN

In partial fulfillment of the requirements for
the degree of
Doctor of Philosophy

LESLEY UNIVERSITY

May 21, 2022



Graduate School of Arts & Social Sciences
Ph.D. in Expressive Therapies Program

DISSERTATION APPROVAL FORM

Student Name: **Corinna Brown**

Dissertation Title: TACIT AND KINESTHETIC HEALING FACTORS IN CHACIAN
DANCE/MOVEMENT THERAPY

Approvals

In the judgment of the following signatories, this Dissertation meets the academic standards that have been established for the Doctor of Philosophy degree.

Dissertation Committee Chairperson: Mitchell Kossak, PhD 03/25/2022
Mitchell Kossak, PhD (date)

Internal Committee Member: Nancy Beardall, PhD 03/25/2022
Nancy Beardall, PhD (date)

External Committee Member: Sherry W. Goodill, PhD 03/25/2022
Sherry Goodill, PhD (date)

Director of the Ph.D. Program/External Examiner: Robyn Flaum Cruz, PhD 03/25/2022
Robyn Flaum Cruz, PhD (date)

Final approval and acceptance of this dissertation is contingent upon the candidate's submission of the final copy of the dissertation to the Graduate School of Arts and Social Sciences.

I hereby certify that I have read this dissertation prepared under my direction and recommend that it be accepted as fulfilling the dissertation requirement.

Mitchell Kossak, PhD
Dissertation Director


I hereby accept the recommendation of the Dissertation Committee and its Chairperson.

Sandra B. Walker, MBA
Dean, Graduate School of Arts and Social Sciences

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SIGNED: _____

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ABSTRACT

Dance/movement therapy (DMT) research historically, has relied on positivist epistemologies and methodologies when most of what gets communicated and transacted in clinical praxis lives in the tacit domain. Dance is a form of cultural knowledge that engages collective cognition to pass practices down through generations. Knowledge of DMT practices continues to be transferred from its founders to their apprentices to current day students. This study focuses on the Marian Chace approach, whose ideas and techniques continue to shape current DMT praxis. Grounded in ideas of enaction, distributed creativity, and emergence this study utilizes collaborative arts-based research and embodied artistic inquiry to ask the research question, what are the tacit kinesthetic healing factors in Chacian DMT?

Nine dance/movement therapists from across the United States participated as co-researchers over Zoom tele-conferencing, from March to May 2021, using dance, video capture, choreography, and video editing to transfer expert, embodied, tacit knowledge into explicit, lexical, knowledge. Each participated in a series of three focus groups in which they were asked to create, video record, and share movements representing the healing processes within their Chacian groups. The lead researcher created choreography from these movements, qualitatively analyzed the transcribed focus group interviews, then incorporated these lexical representations into the choreography. She then brought the choreography and list of healing factors found to the co-researchers for validation.

Results are captured in a 9-minute edited dance video and in a list of 24 healing factors: four that are common to verbal psychotherapy; 13 that are widely discussed in DMT literature; and seven that reside mainly in the tacit domain. The seven are:

Modulating Tempo, Building and Releasing Tension, Actively Using Breath, Connecting and Being Seen, Accepting Chaos, Transforming, and Creating States of Grace. Findings provide validation of Schmais' (1985) healing factors in group DMT, Koch's (2017) meta-theory of embodied aesthetics, Lauffenburger's (2020) unique factors in DMT, and deWitte et al.'s (2021) mechanisms of change. The researcher concludes that flow and grace are interrelated and that one factor, Creating States of Grace, can potentially be used as a composite indicator of overall healing efficacy of DMT groups.

CHAPTER 1

Introduction

The American Dance Therapy Association (ADTA) defines DMT as “the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual” (“What is dance/movement therapy”, 2020). Dance has been used around the world throughout history to promote health (Feder & Feder, 1981) and to communicate feelings (Chace, 1993, p. 235). In the United States, dance/movement therapy as a profession began primarily as a form of group therapy in mental health settings in the 1940s, developing along-side psychiatry and group therapy with the treatment of soldiers coming home from World War II (Sandel, Chaiklin, & Lohn, 1993). The ADTA was formed in 1966 to promote the profession, to set and maintain professional standards, and to increase practitioners’ expertise and knowledge.

In a review of the first 50 years of the ADTA Hopkins (2016) wrote, that DMT credentials “can be promoted as brands of effectiveness, safety, and excellence” (p. 290). In the same year Acolin (2016) argued, “DMT theory has not yet been sufficiently connected to the scientific or empirical data that supports its claims” (p. 313)? So how do practitioners of group DMT assure this effectiveness, safety, and excellence? How do clinicians know what works and what doesn’t in clinical practice and why? How do clinicians know what interventions to use with what populations, when, where, and in what therapeutic dose?

The researcher’s initial motivation for this study was to build a group DMT evaluation tool to help answer some of these questions. While a plethora of theoretical

writing exists in the field, empirical evidence connecting theory and practice, needed for the development of such a tool, was lacking (Acolin, 2016; deWitte et al., 2021; Koch et al., 2019) but is just now is beginning to develop (deWitte et al., 2021). Thus, the researcher decided to start from the bottom up with the aesthetic aspects of DMT, from praxis. According to Koch et al. (2019), “Non-verbal methods employing DMT or dance may detect changes in psychological outcomes that are not necessarily accessible with traditional methods and thus create innovative knowledge” (p. 22).

Study’s Purpose & Research Question

This study focuses on the healing factors within group dance/ movement therapy to further elucidate the mechanisms of change. The guiding research question is, what are the tacit kinesthetic healing factors in Chacian DMT? The goals of this study are threefold: first, to identify the psychotherapeutic factors at work in group dance/movement therapy (DMT) from an aesthetic, dance, lens; second, to increase understanding of these factors; and third, to explore arts-based research methods in the transfer of tacit knowledge held in the praxis of DMT. Specifically, it utilizes dance, video capture, choreography, and video editing to transfer dance/movement therapist’s embodied, tacit knowledge (Polanyi, 1966) in their practice of Chacian DMT into explicit, lexical, knowledge.

In reviewing the existent systems of DMT group analysis (Bruno, 1981; Eshet-Vago, 2017; Koch, 1990; Sandel & Johnson, 1983; Schmais & Jackoff-Felber, 1977; Schmais & Diaz-Salazar, 1998), the researcher could not find any current study that utilized these tools nor find any older studies that utilized them to identify the healing factors at work in group DMT. Furthermore, these group analyses have not been connected to any outcome studies.

Empirical evidence for the effectiveness of the Creative Arts Therapies (CAT) is growing worldwide (deWitte et al., 2021). “In recent years, evidence-based quantitative research is getting stronger, in terms of numbers and quality” of DMT studies (Koch et al., 2019, p. 2). Research on the impact of dance interventions and DMT on psychological health, has grown from “1.3 detected studies/year in 1996 - 2012 to 6.8 detected studies/year in 2012-2018” (Koch et al. 2019, p. 1). Scholars have begun to identify the active factors in DMT (Koch, 2017; Lauffenburger, 2020; Samaritter, 2018; Schreiber-Wilnow & Seidler, 2013; Wiedenhofer & Koch, 2017), but the positive effects found in DMT research have not yet been connected to these mechanisms of change (deWitte et al., 2021; Koch et al. 2019).

According to Koch et al (2019), “there is a strong interdependency” between clinical outcome research and mechanisms of change research” (p. 23). They expounded, “as long as the major mechanism” of DMT “remain unclear, it is hard to draw any valid conclusions” regarding the effectiveness of DMT (p. 23). This leaves dance/movement therapists unable to say definitively what the curative properties are in clinical practice for different populations (Acolin, 2016; deWitte, et al., 2021).

What is needed to increase the validity of DMT research is “a detailed description of the intervention and its implementation” when replicating outcome studies (Koch et al. 2019, p. 23). One logical way to achieve this is to pinpoint the theoretical approach to DMT and its specific techniques used during a studied intervention which produces the outcome. This may be one of the challenges in researching DMT.

DMT has been broken down into several theoretical approaches. Some of these are aligned with psychological approaches to psychotherapy: Jungian, Adlerian, Gestalt, and

psychodynamic (Lewis, 1986a), behavioral, psychoanalytic, humanistic, and transpersonal (Meekums, 2002). Approaches to DMT have also been categorized by their respective developer (e.g., Chace, Evan, Espenak, Hawkins, Schoop, Whitehouse) (Levy, 1992). Some approaches, like Pesso-Boyden System Psychomotor (Pesso & Boyden, 1969), have developed from body psychotherapy. While others focus on creativity and seeing DMT as a “distinct form of creative psychotherapy” as Meekums (2002, p. 13) does.

Focus on Chace

This study focuses on the Chacian approach to group DMT for specificity, to ground it theoretically and operationally. Doing so supplies the detailed description Koch et al (2019) requested. Chace’s work was foundational to the profession of DMT (Leventhal et al., 2016). It was the technique and theoretical frame propagated by the founders of the ADTA. Out of the 17 presidents that the ADTA has had as of 2021, 14 either studied with Chace directly or with first-generation practitioners who studied with her (Leventhal et al., 2016).

The Chace approach developed as a professional practice within psychiatry where many dance/movement therapists have historically worked (Powell, 2008; Sandel, Chaiklin, & Lohn, 1993). A list of theories and approaches to DMT were categorized according to their relative frequency of use by respondents in the results of the most recent ADTA practice analysis (2016). Notably, founders' names were lower down the list, below psychological theories. Chace was at the top of the founders named with 11 mentions, Authentic Movement had 7, and the only other founder’s name listed was Blanche Evans which had 3 (p. 36).

In the history of the American Journal of Dance Therapy (AJDT) Chace's name /theoretical approach has the most references made to it on the Springerlink publisher's website when searching for articles in the AJDT about the respective founders in the US, those who first professionalized DMT in the US. As of March 3, 2022, the number of references in the AJDT for Chace was 265 and 104 for Whitehouse, who is the founder with the next most citations.

According to Leventhal et al. (2016) the fundamental concepts that Chace developed "are core to dance therapy theory and practice" (p. 168). "There may be variations of technique ... but her understanding of the meaning of movement and its expression to each individual remains as a firm foundation to any further learning and development" (p. 169).

Chace's model of DMT may be the one that most relies on tacit communication and knowledge. The therapists' improvisational skills and aesthetic ability to combine qualities of movement are fundamental to this form. White explained that the Chacian dance therapist empathically reflects patients' movements then develops and choreographs "each phrase into an *artistic* [emphasis added], comprehensible, meaningful and deeply felt communication" (as cited in Schmais, 2004, p. v). Practitioners do not portion out a separate section of their sessions for talking or verbal processing as other approaches do (Biondo, 2019; Chodorow, 1991; Ehrman-Shapiro, 2018; Leventhal, 2008; Shim, Goodill, & Bradt, 2019). Chace's mission was to communicate with people whom words could not reach (Chace, 1975).

As reported in the ADTA (2016) practice analysis results, mentioned above, practitioners have been influenced by the same breadth of psychological theories as

verbal group therapists. However, as Meekums (2002) articulated, “DMT is not simply verbal psychotherapy with movement tacked on, nor is it dance or movement with verbal psychotherapy added. It is a form of psychotherapy in its own right” (p. 13).

A defining difference between verbal therapists and dance therapists is the latter’s belief in and use of the body-mind connection in the therapeutic relationship. Dance/movement therapists use their sensitivity, awareness, and engagement of the body in movement and expression during therapy sessions. While psychotherapy remains predominantly a verbal phenomenon, the body is coming into focus more in group therapy as body-based approaches, such as Somatic Experiencing (Levine, 1997; Levine, 2008) and sensorimotor psychotherapy (Ogden, Minton, & Pain, 2006), are gaining popularity. Increasing scientific support from neuroscience has created an imperative need to work with the body in treating trauma, as exemplified by the work of Porges (Porges, 2011; Porges & Dana, 2018). Dance therapists have been working with the body since the inception of the profession. However, despite dance therapy practitioners’ and scholars’ articulation of the link between DMT practice and neuroscience (Berrol, 1992, 2006, 2016; Homann, 2010, 2017; Payne, 2017), mainstream engagement with and acknowledgement of DMT is limited. Can this gap be related to the difficulty articulating the theoretical base of DMT or DMT processes? Perhaps it is related to capturing the transient body-based movement processes needed to develop or test theoretical concepts.

Strengthening DMT Theory

Acolin (2016) opined that DMT is lacking theoretical cohesiveness. She highlighted opposing views, pointing out multiple theoretical divisions in scholarly

writing on DMT. First, for explanations of meaning found in movement and movement assessment, Levy (2005) and Payne (2017) argued that meaning is subjective, while Cruz (2009) opined that it can be objective. Levy (2005) and Chaiklin (1975) have claimed health can be seen in movement patterns, while others such as Caldwell and Johnson (2012) claim notions of a healthy body are socially constructed. Acolin also pointed out the lack of consensus about the necessity of conscious awareness of movement in the healing process, with Levy (2005) writing that it is not necessary and Pallaro (1996) suggesting that it is. Yet Acolin (2016) opined that via training, clinical practice, and body wisdom, dance therapists can navigate these paradoxes in theory, which to the outsider appears confusing. Koren (1994) concurred that dance therapists' use of body wisdom is key in deciphering these conflicts in clinical practice.

Hence, Acolin (2016) recommended strengthening DMT theory. This requires making theoretical concepts and constructs clearer so they can then be utilized and integrated, not only into clinical practice but into theories in related fields such as psychology, sociology, counselling, and aesthetics. This is one of the aims in selecting the Chace approach to DMT as the focus of this study, to clearly ground it and clarify constructs.

Chacian DMT is ripe for further scholarly study as it has been described in depth (Chaiklin & Schmais, 1993; Lohn, 1987; Sandel, Chaiklin, & Lohn 1993; Schmais, 1985; 2004) and movement patterns that emerge within sessions have been examined (Bruno, 1981; Johnson & Sandel, 1977; Johnson, Sandel & Eicher, 1983; Koch, 1990; Sandel & Johnson, 1996; Schmais & Jackoff-Felber, 1977). Schmais (1985) used Yalom's (1975) group therapy theory and concepts to clarify the curative aspects within Chace's

approach. Erhardt, Hearn, and Novak's (1989) participants identified two other healing processes, *music* and *exercise*, in addition to Schmais' eight: *synchrony*, *expression*, *rhythm*, *vitalization*, *integration*, *cohesion*, *education*, and *symbolism*. MacDonald (2009), Erhardt, Hearn, and Novak (1989) are the only dance therapy researchers that have attempted to directly validate these specific eight healing factors. Research in English language DMT publications are just beginning to explicitly challenge the assumption that they are equivalent to verbal group therapy processes (deWitte et al., 2021; Lauffenburger, 2020).

Researcher's Stance

This study's focus on Chace technique is also influenced by the author's use of it over the past 25 years in her clinical practice in inpatient and outpatient psychiatry at Bellevue Hospital Center in New York City where Chace once led training sessions (J. Climenko, personal communication, 2009). For full reflexivity, the researcher discloses that she attended the Hunter College Dance Therapy Program from 1994-1996 which Schmais founded and was in group supervision with Schmais early in her career. Additionally, her longest period of supervision spanning over a decade has been with Johanna Climenko, a first-generation dance therapist who studied directly with Chace and helped propagate DMT in the US and the Netherlands (J. Climenko, personal communication, 2016).

Socio-cultural Perspective

The researcher situates herself and this research by disclosing that she is a cis-gendered female, Caucasian, middle class, American of European decent. She is a working, urban, dance/movement therapist, academic, and arts-based researcher who

actively choreographs and performs. She assumes that her 48 years of dancing, choreographing, and attuning to nonverbal and aesthetic communication are a form of cultural knowledge. These non-verbal, tacit skills are valuable tools in examining the aesthetic components in group DMT. She holds the assumption that there are processes at work in DMT group processes, as Gabel and Robb (2017) have found in art therapy, as Lauffenburger (2020) argues exist in DMT, and as deWitte et al, (2021) have found in CAT and DMT that differ from verbal group psychotherapy. Verbal group psychotherapy and theory heavily rely on explicit knowledge, which can be placed into words whereas Expressive Art Therapies (EAT), Creative Arts Therapies (CAT) and DMT rely on tacit knowledge.

Dance is a cultural phenomenon, thus a form of social cognition. Kronenfeld (2008) opined, *cultural models of cognition* are tacitly formed via repetition in interaction, in communication, so those newly exposed to these behaviors can learn them and they become “cultural givens” (p. 168). This form of knowing, culture, is thought to be created by a mixture of what emerges, what is emphasized, what is corrected, in interaction, in communication, and in the requirements for a clear story line so these stories, this information, makes sense within individual representations and collective representations.

The researcher prioritizes tacit knowledge, the “capacity of the human mind to make sense of a lifetime's collection of experience and to connect patterns from the past to the present and future” (Leonard & Sensiper 1998, p. 112). This is the depth that arts-based research (ABR) brings to the investigation of DMT group processes. It allows the art to lead (McNiff, 2018) by honoring and utilizing dance as a source of symbolic

communication and tapping into tacit and sensuous knowledge using embodied artistic inquiry (Hervey, 2012). In this study, ABR represents a feminist ideology and epistemological stance, seeking to emancipate DMT theory from scientific, Eurocentric, psychological theories (Johnson, 2009).

The researcher believes, “knowledge through temporal-spatial aesthetic forms is archived in the body” (Kawano, 2016, p. 180). She agrees with Crawford (2010):

As movers, we are especially skilled in our originary mother tongue, but we still must contend with the limited range of vocabulary with which our Western philosophical tradition has language body.... The words we have collected do not seem to form adequate vessels with which to navigate our discussion of body and map new philosophical terrain. (p. 179)

The literature review in the next chapter will further contextualize scholarly writing and research on DMT group process within larger discussions, debates, scholarly writing, and research on psychotherapy, group psychotherapy, tacit knowledge, and arts-based research.

CHAPTER 2

Literature Review

To better articulate the processes at work in the Chacian approach to DMT the review begins with a historical overview of group therapy. Next it discusses the processes of psychotherapy in general, followed by meta-analyses therein. A comparison of process elements of group therapy, as well as DMT and art therapy, follows. Next, it examines healing factors and group processes in DMT and methods for analyzing them. Then studies of emergent and ineffable processes will be explored. Lastly, arts-based research (ABR) will be discussed. The review concludes with a gap analysis of the research on Chacian DMT group processes.

Historical Context

The terms *group therapy* and *group psychotherapy* are used interchangeably in this paper. Group therapy is a way people seek to alleviate personal suffering through interpersonal interaction as part of a collective effort. Taylor (1998) divided groups into non-treatment, which includes *self-help groups*, and treatment groups, which includes *problem-focused homogeneous groups*, *psychoeducation groups*, *process-oriented groups* and *short-term groups*.

Burlingame and Baldwin (2011) divided this taxonomy differently by separating group psychotherapy from “group treatments” such as “personal growth, psycho-educational, and support groups” (p. 505). Burlingame and Baldwin (2011) clearly defined group psychotherapy as “the treatment of emotional or psychological disorders or problems of adjustment through the medium of a group setting, the focal

point being the interpersonal (social), intrapersonal (psychological), or behavioral change of the participating clients or group members” (p. 505).

While group therapy is now over 100 years old, it came into the foreground of mental health treatment by imbalances in supply and demand during its second epoch, from 1940-1970 (Burlingame & Baldwin, 2011). In a similar vein, during the same time period, DMT developed as a form of group therapy due to Marian Chace’s work at Saint Elizabeth’s Hospital in Washington D.C. in the context of World War II (Sandel, Chaiklin, & Lohn, 1993). From 1942-1966 Chace used her “Dance for Communication” with men who had ‘combat fatigue’ and ‘shell shock’ after serving in the military during the war (Sandel, Chaiklin, & Lohn, 1993, p. 22-25), as well as other clients with different diagnoses. In the 1970s, both were utilized in community mental health centers as group therapy was in demand due to the large influx of clients in publicly funded mental health centers after the deinstitutionalization movement of the 1960s.

Group therapy has grown in popularity. Paturel (2012) claimed that this is due to an increase in research demonstrating its efficacy. Burlingame and Jensen (2017) supported this statement in their 25-year review of group therapy research. They found that there is robust empirical support for group therapy as a treatment for many psychiatric illnesses. They also concluded that the overall rigor of group therapy research has improved over this time period, providing strong evidence for positive outcomes in the treatment of obsessive-compulsive disorder, social phobia, panic, substance abuse, trauma-related disorders, eating disorders, schizophrenia, breast cancer, and personality disorders.

However, debate continues as to what diagnoses group therapy is foremost effective in treating. Presently, since 1980, more than 30 client populations have been identified in group research (Burlingame & Jensen, 2017). Older studies argued that group therapy is the preferred treatment modality for some diagnoses [for example, substance abuse (Miller & Hester, 1980; Stinchfield, Owen & Winters, 1994) and narcissistic personality disorder (Horwitz, 1976)] and contraindicated for others [for example, depression (McRoberts, Burlingame, & Hoag, 1998), paranoia, suicidality, severe depression, or an inability to tolerate anxiety and frustration (Horowitz, 1976)]. It has also been argued from the beginning of group treatment, over the decades until the present epoch, that group psychotherapy is a cost-effective treatment method (Burlingame & Jensen, 2017; Miller & Hester, 1980; Rousaville & Carroll, 1997). Furthermore, group therapy is often preferred over individual therapy by managed care companies and stakeholders in mental health administration because of its cost effectiveness (MacKenzie, 1997; Miller & Hester, 1980; Rousaville & Carroll, 1997).

Yalom (1995) wrote about the multitude of group therapy research that exists. Many meta-analyses of verbal group therapy have been conducted (Burlingame & Jensen, 2017), but examinations of the processes within DMT groups utilizing an individual level of analysis (Schmais, 1985; Schmais & Diaz-Salazar, 1998; Schmais & Jackoff-Felber, 1977) or a collective level of systems analysis (Eshet-Vago, 2017; Johnson & Sandel, 1977; Johnson, Sandel, & Eicher, 1983; Koch, 1990; Sandel & Johnson, 1996) have been limited. Further development of theories about these processes has not occurred since the 1990s. This maybe partly due to the slow maturation of DMT research (Cruz & Berrol, 2004, 2012).

Albeit difficult, a starting point for new empirical investigation is to examine the “high-level and lower level mechanisms” at work in the “complex emergent processes” that are part of an embodied enactive approach to DMT (Sawyer, 2010, p. 375). Fischman (2017) argued:

We need a model that might evaluate change through observing the emerging processes, a model that could consider minimal changes and configurations ... until something makes sense. We would observe the transformation process in the patient – group – therapist relationship and contextual complexity. We need to assess the minimal modification or novelty making a difference in the subjective lived experience. (p. 94)

A starting point to better understand what needs to be uncovered and reexamined in the distributed creativity and complex mechanisms involved in DMT is a review of previous attempts to break down these complexities. The review to follow will begin with traditional variables identified within verbal psychotherapeutic processes in general, then in group psychotherapy, and lastly in DMT specifically.

Psychotherapeutic Processes

The psychotherapeutic process is “the sum total of interactions and emotional content” between therapist and client, which includes the emotions, behaviors, and attitudes of each (Sam, 2013). In order to understand why and how this works it must be broken down into its constituent parts. Orlinsky and Howard (1986) first examined variables related to psychotherapy in 1967. They defined “process” after systemically analyzing “the events constituting, influencing, and influenced by psychotherapy” by breaking them down into *inputs*, *processes*, and *outputs* (Orlinsky & Howard, 1986, p.

312). In a more recent review Orlinsky (2009) found that these categorizations still hold true in the current era.

Inputs consist of the antecedents of psychotherapy, or everything that may impact the treatment (Orlinsky & Howard, 1986). These include therapist and client characteristics such as age, gender, socioeconomic status, culture, and beliefs. They also include the setting and physical environmental variables. Processes are the events occurring during psychotherapy sessions, which are the focus of the current study. They are the elements [events, phenomenon, interactions] that make the psychotherapy work. Outputs are the results of the inputs and processes. They are the outcomes of psychotherapy (Orlinsky & Howard, 1986, p. 312).

The early model for organizing the variables involved in psychotherapy included events that could be found in any human interaction or relationship. Orlinsky and Howard (1986) improved this analysis by identifying events that were more substantive and only germane to psychotherapy. They were motivated to clarify these variables to further develop the body of knowledge of psychotherapy research by identifying the “active ingredients” (Orlinsky & Howard, 1986, p. 312) in psychotherapy that are not attached to any single theory or brand of psychotherapy, which could be considered generic.

The elements related to psychotherapeutic processes can be placed into five categories: (a) the therapeutic contract, (b) therapeutic interventions, (c) the therapeutic bond between participants, (d) patient self-relatedness, and (e) therapeutic realizations (Orlinsky & Howard, 1986, p. 312). Each of these will be reviewed below to set definitions for the constructs of interest here. While the present study focuses on group

process, these generic elements are applicable to research on both formats of therapy. As each of these elements is worthy of its own study, and volumes of research have been conducted on each, only a brief description will be provided below to situate the current study.

Therapeutic Contract

The agreement between therapist and client to engage in a therapeutic relationship constitutes the therapeutic “situation;” it is the “blueprint” for the work (Orlinsky & Howard, 1986, p. 313). The therapeutic contract includes “the rules and role expectations” (p. 315). This includes decisions about *collectivity* (dyad or group), schedule, term, fee payment, and implementation of the therapeutic contract.

Written before the current proliferation of expressive therapy and creative arts therapy research, Orlinsky and Howard’s (1986) statements such as, “conversation is the only overt behavior required for implementation of the therapeutic contract” and, if the client and therapist do not talk, “then it would be hard to claim that psychotherapy is actually taking place” (p. 319-320) provide a historical context for the privileging of lexical and verbal forms of therapy over experiential and creative forms.

In the implementation of the therapeutic contract, several variables have been examined: “(1) timeliness of the implementation, (2) preparation of the patients to ensure their understanding of role expectations, (3) compliance with expectations to engage in conversational behavior, (4) the manner of implementing the ‘doctor’ and ‘patient’ roles” (Orlinsky & Howard, 1986, p. 313). DMT or CATs can be differentiated from verbal psychotherapy here as the expectations related to engagement and communication values and expects creative expression and not just verbalization in a collaborative process.

Styles of Role Implementation

The roles that the therapist and client take in psychotherapy relate to authority. The way power is distributed can be observed in whether or not the client takes initiative. Style of role implementation can thus be broken down into being either *dependent* or *collaborative* (Orlinsky & Howard, 1986, p. 320). Therapists can take “directive authority” or allow the client to take initiative and responsibility in contributing to finding the solution to his problems.

Expressive Art Therapies (EATs), CATs, and DMT are mainly collaborative, rather than authoritarian, processes. While no specific research has been undertaken to see if creative arts therapists, or dance/movement therapists specifically, seek to emulate a “doctor and patient” relationship, Allen (1992) identified a “clinification” syndrome among creative arts therapists in which they identify professionally more with the clinical aspects of their work than with the artistic ones. Most of the evidence reviewed by Orlinsky and Howard (1986) found collaboration between therapist and client [roles] strongly benefit the client.

In groups, MacKenzie (1998) found, the role of the therapist is not as potent when compared to individual therapy. Roles in group therapy will be discussed in greater detail later, but it is important to note that prior research shows that when clients of group therapy focus on themselves and do not work collaboratively with the group as a whole in mind, outcomes are not as effective (Budman et al., 1989; MacKenzie, 1998).

Therapeutic Interventions

What the psychotherapist says and does with the client in the session are considered interventions. While generic, they are governed by the paradigm(s) utilized

by the therapist. Prior research identified the following as interventions: reflections, self-disclosure, questioning/exploration, giving insight/interpretations, giving feedback/confrontation, giving encouragement/support, and giving advice (Orlinsky & Howard, 1986). Interpretations and confrontations can be further categorized by: the focus of their content; the feelings and affective states of the client; the events occurring within the present session; and the transference reactions in the therapeutic dyad. An expressive therapist's choice of art materials and methods to use with a client are also considered interventions.

Therapeutic Bond

The therapeutic bond focuses on the quality of the relationship between the therapist and the client. It has three main dimensions, *role investment*, *empathic resonance* and *mutual affirmations*, which contain the following variables: Role Investment, Therapist Engagement versus Detachment, Therapist Genuineness, Patient Engagement, Patient Motivations, Reciprocal Role-Investment, Empathic Resonance, Therapist Attunement, Therapist Expressiveness, Patient Attunement, Patient Expressiveness, Reciprocal Resonance, Mutual Affirmation, Therapist Affirmation, Patient Affirmation, Reciprocal Affirmation (Orlinsky & Howard, 1986, pp. 338-354). Conglomerates of these variable have been studied at length as *Global Quality of Therapeutic Bond* variables, *Global Therapist Quality* and *Global Patient Quality*, and *Global Quality of Bond*.

Germane to the current study, DMT can be differentiated from verbal psychotherapy in the fact that the therapeutic bond is mainly conveyed tacitly through nonverbal communication, body posture and dance/movement. This occurs through

empathic reflection, also known as *mirroring* (Sandel, Chaiklin, & Lohn, 1993). These concepts will be discussed at length later in subsequent sections on DMT.

Alliance

Alliance is another concept used to describe the bond between therapist and client, which is theorized to be composed of the interaction of three elements: the bond between the therapist and client; agreement of the therapist and client as to the goals they are working on; and agreement on the way they will work on the goals (Bordin, 1979). Gaston (1990) modified this definition by adding the element of congruence between the therapist's and client's beliefs regarding how people change.

Summers and Barber (2003) opined that therapeutic alliance is the paramount factor in psychotherapy and therefore essential to a therapist's competency. They argued that it is a well-defined concept that is easy to measure and thus has been validated. Orlinsky, Rønnestad, and Willutzki (2004) examined more than 1,000 studies and found the positive alliance between therapist and client to be among the best ways to predict outcome in psychotherapy. Duncan et al. (2003) found 54% of the variance of therapy's impact can be attributed to the alliance.

In group therapy research, *individual alliance* is defined as the client-therapist relationship measured for each member within a group. *Group alliance* is the relationship of an individual with the entire group. The bulk of studies on therapeutic alliance in groups defined it only in terms of individual alliance (Johnson, 1995; LoCoco, Gullo, & Kivlighan, 2012). Budman et. al. (1989), Flowers (1987), and Paquin, Kivlighan, and Drogosza (2013) measured group alliance as a unique construct. Budman et. al. (1989) found that stronger individual alliance in a group context predicted

improved outcomes such as reduced symptoms and lower drop-out rates in 11 of 13 group studies spanning various clinical populations. Whereas, LoCoco, Gullo, and Kivlighan (2012) found individual measures of group alliance alone were not related to treatment benefit.

LoCoco, Gullo, and Kivlighan (2012) used a different definition based on a business group model, the P-G fit model, to study the group members' alliance to the group as a whole, which involved a polynomial regression and response surface analysis. They used a more dynamic way of measuring the relationship between alliance and outcome, taking into consideration the nesting of data. They controlled for other group participants' alliance to the group as a whole when measuring the relationship between an individual's outcome in treatment and an individual's alliance to the group as a whole. They found greater reduction of clients' symptoms when the individual group member agreed with other group members on the strength of the alliance (to the group as a whole).

Client's Self-Relatedness

In Orlinsky and Howard's (1986) conceptualization, whether a client is open or defensive can be described as self-relatedness. This concept was created to capture the inner workings that allow the client to take in, understand, and work with what is occurring during therapy. It refers to how clients function psychologically in sessions and may include their affect and ideations, as well as their self-attunement, self-definition, self-evaluation, and self-control.

Therapeutic Realizations

In a review of 18 studies, Orlinsky and Howard (1986) found that changes observed during psychotherapy sessions were able to predict outcomes for clients. In these studies changes included such things as insight, improved mood, resolving conflict, questioning oneself, and decreased symptomology. They are the result of the interventions and the bond between the client and therapist.

Treatment Duration

Logically, the longer one is in treatment, the greater the benefit should be. Orlinsky and Howard (1986) bear this out in their analysis of 114 findings drawn from 79 studies. However, these studies also show a phenomenon where clients can actually be in treatment too long and not improve, creating anomalies where clients who receive the most therapy never improve. When looking at the course of treatment over time, the largest improvements are seen earlier. Improvement seen later in treatment appears to grow at a slower rate.

Convergence

Does the client and therapist's agreement on, or understanding of, the above concepts impact therapeutic process? Pepinsky and Karst (1964) developed the concept of *convergence* from the social psychological concept, which was derived from studies of conformity and "norm setting behavior" (p. 333). They theorized that convergence between therapist and client perspectives and beliefs is an important factor to consider in psychotherapy, arguing that it may be required for a positive therapeutic alliance and therapeutic success.

One can conclude from the descriptions of the above categorizations that these elements impact both forms of therapy: group and individual. Researchers have tried to understand the differences in psychotherapeutic processes related to working with individuals, working with individuals in a group, and working with the group-as-a-whole. Before looking at the specificities of group treatment it is important to understand the difference between group and individual therapy, as many of the processes identified above are at work in both modes of treatment. Researchers have aimed to delineate the properties of these modalities since the 1950s (McRoberts et al., 1998).

Individuals in a Group versus Group as a Whole

Group process has been examined by considering the relationships between: the individual group member (client) to himself or herself, each group member to each other, the therapist or co-therapists' psyche(s) to each member, and then each of these relationships to the group as a whole (Beck & Lewis, 2000) or to sub-groups within the whole (MacKenzie, 1998). Each of these relationships can be considered a system within itself (Beck & Lewis, 2000; MacKenzie, 1998). In EAT, there is the added variable of the relationship between all of these elements and the engagement with or the use of art materials and/or the artistic product.

In the second epoch of the development of group therapy as a practice, both verbal group therapy and DMT were struggling to reconcile analysis of the individual within a group from a psychoanalytic, two-person psychological perspective, versus analysis of the group as a whole perspective. Vaccaro (1980) argued against the group as a whole perspective. He opined that, "empirically a group cannot be more than a collection of individuals with its infinite variation of feelings, thoughts and behavioral

interactions” (p. 97). Instead, he advocated for scientific parsimony, that group therapists should “not postulate theoretical or speculative explanations when a demonstrable cause for an effect is available” (p. 97). He believed that psychoanalytic concepts of transference and countertransference clearly explained individuals’ interaction in a group.

Remnants of this two-person psychological perspective remain today in that some therapists lead groups as if they are treating individuals at the same time in the session despite evidence that groups are “systems, or singular entities, rather than mechanistic collections of autonomous members” (Wheelan & Williams, 2003, p. 445). Research has found it is more efficacious for group leaders to conceptualize and to facilitate a group focusing on and utilizing the interactions between members and the group process therein (Budman et. al., 1989; Fuhriman & Burlingame, 1994; MacKenzie, 1998).

Individual Psychotherapy versus Group Psychotherapy

Meta-Analyses

Recent reviews of group research find group psychotherapy and individual psychotherapy to be equal in their effectiveness (Burlingame et al., 2016; Burlingame & Jensen, 2017; McRoberts et al., 1998). An examination of recent meta-analyses gives a better understanding of how group and individual psychotherapy compare.

McRoberts et al. (1998) analyzed 23 outcome studies that compared individual therapy with group within the same study between the years 1950-1997. The researchers sought to understand which variables ($N = 28$) influence differential outcomes. These were broken down into five categories: client variables, therapist variables, treatment

variables, group variables, and variables related to research methods. Client variables were identified as gender, age, diagnosis, identified problem, symptomatology, chronicity of problem, and formalization of diagnosis. Therapist variables included those related to gender, level of training, level of experience, and existence of a co-therapist. Treatment variables included theoretical orientation, treatment standardization, treatment setting, therapy dosage, frequency, length of therapy and the number of sessions. Group variables included group size, pre-group training of members, prior membership in a group, presence of interaction, and type of group treatment. Method of research included variables related to allegiance of the researchers, publication year, validity of the study, content and source of the study, and reactivity of the results (meaning whether or not they were affected by instrumentation or researchers). The researchers found no difference in efficacy between group and individual psychotherapy when variables were controlled; overall ES was .01 and not significantly different from zero, $t(22) = 0.15$, $p = .88$, power = .05 (p. 107). The average Kappa level of independent ratings was .87, demonstrating a very strong reliability.

This study (McRoberts et al., 1998) was an improvement over prior meta-analyses examining differential effects between group and individual therapy by clarifying group therapy as a distinct process that focuses on interaction between members and not just individual therapy conducted in front of a group of people. It limited potential confounds by using within-group instead of between-group comparisons and controlling for moderating variables. It improved prior analyses by including t tests to look at efficacy of treatment when compared to wait-listed controls and by performing correlational analyses, finding no statistical difference in ES , paired $t(5) = 1.01$, $p = .36$ (McRoberts et

al., 1998, p. 107). A limitation of this study is its low power with a mean ES of .10 in 55 of the 60 analyses, which the researchers called “robust” and normal for meta-analyses (p. 111). Another limitation is the inclusion of only published studies and omission of dissertations, which may have “enhanced the power” found in the analysis, creating “randomization” and “publication” biases (p. 111).

More recently, Burlingame et al. (2016) examined 67 studies to look at the differential efficacy between identical forms of group and individual therapy. Identical refers to treatment of the same clients utilizing the same protocol with a similar dose (number of sessions with number of minutes as a modifier). They looked at the effect of each form of therapy, measuring rates of improvement, recovery, acceptance, and attrition. The meta-analysis showed the strongest evidence of format equivalence ($g = .01$), no difference between the two forms of treatment, “with low effect size heterogeneity (variability)” when studies ($n = 46$) compared “primary outcome measures” (p. 446). When studies ($n = 21$) compared treatments that were not identical, greater heterogeneity ($g = .06$) was found and “differences were most often explained by the allegiance of the investigator to either the group or the individual format” (Burlingame & Jensen, 2017, p. S201). This cautions group researchers to understand biases that exist in their allegiances to certain forms of therapy. Strength of this meta-analysis is reflected in its large sample size, the thoroughness of its analyses, its assessment of the moderators of equality of the studies, calculation of size of each therapy’s effect, lack of attrition bias, and treatment of internal validity threats through the Cochrane Risk of Bias Tools, which had not been used in prior meta-analyses on this topic. Limitations include defining format equivalence as the lack of statistical difference between individual and group

therapies; using uncorrected intragroup dependence, which can inflate Type I errors; and using a small number of studies in some diagnostic categories.

If findings show that group psychotherapy and individual psychotherapy have similar outcomes, attrition rates, and efficacy rates, one might conclude that many of the processes of each approach are equivalent, or at least overlap. However, the treatment of an individual in a group is different from treatment of an individual in a dyad. Group processes are understood to be more complex (MacKenzie, 1998; Yalom, 1975).

Differences

The ever-evolving dynamics between the group members and the leader, between the members and each other, and between each of these players and the group as a whole over the course of treatment distinguish group therapy from therapy of an individual within a group. According to MacKenzie (1998), the techniques of the group leader are focused on establishing an “interactional network” through which therapeutic processes can manifest (p. 194). For example, in a group the therapist has to help the group modulate affect, maintaining a balance that allows the work of the group to proceed (SAMHSA, 2015). The group therapist also has to be concerned with issues of “emotional contagion” and protect clients from becoming emotionally overwhelmed by other clients’ self-disclosure of trauma (SAMHSA, 2015). While some of these clinical skills—modulating affect, setting boundaries, and establishing safety/trust—are important parts of any therapy, logically it is more challenging when multiplied in a group and more difficult.

A key difference in the working skills of the group therapist and individual therapist is that the group therapist focuses on moving the group process forward, which

is related to working with group dynamics (MacKenzie, 1998). Thus, in order to understand the therapeutic processes in a group, one must also study group dynamics.

Group Therapy

Group Dynamics

Group processes are different from group dynamics. Group processes involve all the variables, separate from the inputs, that determine treatment outcome. The dynamics of a group are related to the evolution of the group over time and how the processes discussed in the literature above wax and wane over the course of the therapeutic engagement (Yalom, 1975, 1985, 1995; Yalom & Leszcz, 2005). The literature discussed below examines how groups develop.

Researchers agree that groups develop through predictable stages over time (Haen, 2016). These stages are the consistent patterns that emerge within the group, and they are generic across group approaches and group “members’ characteristics” (Wheelan & Williams, 2003). Most theorists and researchers have agreed there are five main stages of group development.

Tuckman (1965) analyzed 55 articles on small group processes to formulate a model to explain how groups find their structure and focus on tasks emotionally over their developmental course. Tuckman found the structure of a group evolves, first from a period of testing limits and boundaries that is dominated by a state of dependence. Next a period of conflict within the group develops, which, if resolved, leads to the development of cohesion. This development leads to a stage of “functional role relatedness” (Tuckman & Jensen, 2010, p. 43), or what others call the working stage of a group (Corey, 2000; Gladding, 1999). Tuckman found the group’s attention to task

evolves in the following stages: (1) orientation, (2) emotional response to task demands, (3) sharing of pertinent interpretations, and (4) “emergence of solutions” (p. 43). There is thought to be correspondence between the task-activity realm and the group structure realm over time, which Tuckman summarized into four stages; *forming*, *storming*, *norming*, and *performing*. Tuckman (2010) later revised this model, adding a final stage, *adjourning*. This model remains the most popular among those identified in the extant literature (Bonebright, 2010; Haen, 2013).

Tuckman and Jensen (1977, 2010) examined the empirical literature on the stages of group development and only found one study (Runkel, Lawrence, Oldfield, Rider, & Clark, 1971) that tested Tuckman’s stages. This one study, conducted with college students in an educational context, found Tuckman’s model to be a good fit (Runkel et al., 1971). A different conclusion was drawn from a qualitative analysis (Cassidy, 2007) of 36 publications about group development by practitioners of therapy, education, and business. Cassidy (2007) concluded that Tuckman’s model may not be as pertinent to groups outside of therapy. A historical review (Bonebright, 2010) of Tuckman’s model found that, while empirical support is still needed for Tuckman’s model, it has had a far-reaching impact in the literature and theory on therapy, business, and educational groups for over 45 years.

Curative Factors

Related to group dynamics are the mechanisms of change within groups. Every therapeutic process in a group is conceptualized as interdependent and interacting with the others (Marogna & Caccamo, 2014). These mechanisms and conditions are the *therapeutic factors* first identified by Corsini and Rosenberg (1955) and further

developed by Yalom (1975). Whereas Corsini and Rosenberg analyzed extant literature, Yalom used a Q-Sort method to ask group members about their group therapy experiences.

Corsini and Rosenberg (1955) first uncovered these mechanisms by asking the question “What within the group situation is of the essence?” (p. 406). Subsequently, they analyzed roughly 300 articles on group psychotherapy from which they selected 200 items. From this they distilled “ten classes of mechanisms” (p. 407) which were placed in three overarching categories, *intellectual*, *emotional*, and *actional*. The first of these three included the mechanisms labelled *universalization*, *intellectualization*, and *spectator therapy*. The second included *acceptance*, *altruism*, and *transference*. The last included *reality testing*, *interaction*, and *ventilation*.

Yalom (1975) labelled the 11 curative factors he found in members’ experiences of verbal group therapy: *imitative behavior*, *universality*, *imparting of information*, *instillation of hope*, *catharsis*, *corrective recapitulation of the primary family group*, *group cohesiveness*, *interpersonal learning*, *development of socialization techniques*, *existential factors*, and *altruism* (p. 3). Yalom’s conceptualization of the curative factors is widespread. It is utilized in graduate training programs (Anderson, Sylvan, & Sheets, 2013; Smith & Davis-Gage, 2018) and is featured in the literature on creative arts therapy group processes (deWitte et al., 2021; Gabel & Robb, 2017). Yalom’s concepts have impacted the development of DMT theory on group processes (Schmais, 1985).

Interest in *change process research* (CPR) in CAT has grown over the past few years (deWitte et al., 2021). As DMT outcome research has grown rapidly over the past two decades (Cruz, 2016) and multiple meta-analyses exist validating the positive

outcomes of DMT treatment (Karkou et al., 2019; Koch et al., 2019; Koch et al., 2014; Ritter & Low, 1996) researchers are now turning to CPR to figure out why or how DMT works. Schmais' (1985) writing about the mechanisms of change is foundational to DMT group theory and practice and can be considered the start of CPR in DMT. Schmais' conceptualizations of the change processes in group DMT and relevant recent research is discussed next.

Salient Processes in Group DMT

Schmais' (1985) seminal work identified eight healing processes in group DMT. These are: *synchrony, expression, rhythm, vitalization, integration, cohesion, education, symbolism* (p. 18). With only two prior DMT studies (Ehrhardt, Hearn, Novak, 1989; MacDonald, 2008) that focused directly on Schmais' constructs, "the assumption that these are important and unique ingredients of DMT that are responsible for therapeutic change remains largely the same" (deWitte et al., 2021, p. 18) thus remain ripe for empirical examination.

Schmais (1985) developed these "salient processes" from Yalom's (1975) extensive writing on groups drawing parallels between DMT group curative processes and the 11 verbal curative factors mentioned above. She theoretically identified the DMT correlates of these processes and discussed how they overlap and influence each other on multiple levels. Hence, her conceptualization fits what Koch and Fischman (2011) recently identified as an *enactive system* and Sawyer (2012) identified as a *complex emergent system*.

Schmais' (1985) writing about the healing processes was grounded in her experience as an "embodied protégée" (Leventhal et al., 2016) of Marian Chace, as a

scholar who codified Chace's work, and as a dance therapy educator, teaching DMT technique for over 25 years at Hunter College (Schmais, 2002). These constructs are discussed in greater detail next to clarify and better operationalize them for future study.

Cohesion

The experience of group members working together is called *cohesion* (Schmais, 1985). As reviewed above, the primacy of the therapeutic alliance in individual psychotherapy is equivalent to the primacy of cohesion in groups (Burlingame, Fuhrman, & Johnson, 2002; MacKenzie, 1998; Yalom, 1975, 1985, 1995; Yalom & Leszcz, 2005). Accordingly, it can be argued that cohesion is the quintessential factor that dance therapists must foster in their groups.

A recent scoping review ($N_{studies}=67$) of the mechanisms of change within CAT validates cohesion as a therapeutic factor (TF) (deWitte et al., 2021). The review found 25 studies that featured group processes. Within these, the researchers found 'Group Cohesiveness' in eight studies, as a *common factor* (CF). The review defined a CF as one that is found in the larger field of psychotherapy. Yalom's therapeutic factors, discussed above, were also included as TFs (Therapeutic Factors) in their findings. 'Establishing cooperation and cohesion' and 'Connecting to others' are how 'Group Cohesiveness' was described in the DMT studies they found (p.12). 'Feeling of togetherness and bonding' is how it was described in one music therapy study (p. 12).

Group cohesion is the phenomenon that attracts the group to its members, the force that holds it together (Pines, 2006). It exists when a group can tolerate difference. Cohesiveness is widely considered the main factor determining the success of a group. According to Yalom (1985), "cohesiveness favors self-disclosure, risk taking, and the

constructive expression of conflict in the group-phenomena that facilitate successful therapy” (p. 69).

Even though deWitte et al. (2021) recently found three DMT studies that described ‘Group cohesiveness’ (‘Establishing cooperation and cohesion’ in one study and ‘Connecting to others’ in two) it is still unclear what determines cohesion in DMT. What are the specific tasks and techniques dance therapists need to utilize to create a cohesive group? *Embodied learning* (Blanc, 2019) is one way to increase risk taking, which Yalom (1995) opined relates to cohesiveness. Ehrhardt et al. (1989) defined cohesion as a “display of union as evidenced by close proxemics, rhythm and synchrony” (p. 49), echoing Schmais’ (1985) notion. Schmais also suggested that cohesion necessitates members’ active participation in each other’s shared symbolism in movement (Schmais, 1985, 2004).

Art therapy researchers Gabel and Robb (2017) asserted that art therapists’ use of ritual strengthens social cohesion and develops a sense safety. While they did not identify cohesion as a separate healing factor, in their meta-synthesis of 119 group art therapy publications from the past 60 years, deWitte et al. (2021) did in one art therapy study in their scoping review, which was termed “Acceptance of self/others” (p. 12). Gabel and Robb (2017) identified *ritual* as one of the healing factors in art therapy. In fact, ritual was mentioned in 35% of the papers they analyzed. ‘Ritual’ was identified as a *joint factor* (JF) for DMT and art therapy in the deWitte et al. study but not under ‘Group processes’. They categorized it under the TF domain of ‘Structure’ and the subcategory, ‘Structure of a session’.

A recent review of DMT literature found that the common practice of placing group members in a circle “heightens social integration and connectedness, interpersonal exchange, and group cohesion” (Karampoula & Panhofer, 2018, p. 27). The circle is thought to accomplish this not only through multi-mirroring but also via “containment and holding” and “physical contact through the holding hands” (p. 27). Schmais (1985, 2004) theorized and observed in her teaching that contact, both visual and physical, along with words and sound, supports synchrony, which in turn fosters cohesion. However, the hypothesis that “cohesion correlates with touch and synchronous activity” (p. 20) has not yet been studied. Empirical CPR is needed to support these statements about the relationship between the use of circle and the experience of cohesion in group DMT. This gap may have more to do with legal and ethical issues around touch in clinical settings than with the difficulty of capturing these concepts empirically.

Vitalization

Movement is considered fundamental to life. Oxygen moves into the body and carbon dioxide moves out, activating the diaphragm, the rib cage, and belly, thereby vitalizing the body. In DMT, vitalization is a process that invests participants with the ability to live (Schmais, 1985). It is the equivalent of Yalom’s “installation of hope” (Ehrhardt et al., 1989). As Schmais (1985) wrote, “The very essence of dance therapy is maintaining the group in motion” (p. 26). Doing so creates, in her opinion, “a reservoir of physical and psychic strength that can be used to further expression, communication and competence” (p. 26). Ehrhardt et al. (1989) operationalized vitalization as “an increase in energy that mobilizes the entire body” (p. 49).

In their scoping review of CAT change processes deWitte et al. (2021) categorize vitalization under the TF they titled ‘Motivation’ which falls under the TF domain they titled ‘Agency’ (p.10). They only found two studies, both of which were DMT, that used the terms ‘vitality’ or ‘vitalization’ as a TF. Their placement of ‘vitalization’ under ‘motivation’ is in keeping with Schmais’ (1985) statement cited above, that this process infuses people with the motivation to live.

Studies Featuring Vitalization

Additional theoretical support for vitalization as a main construct for healing in group DMT may come from its identification by the German association for CMT (DAKBT) as one of the goals of *Concentrative Movement Therapy (CMT)*. While CMT does not utilize dance specifically, it is like DMT in that, CMT is “a perception and movement-oriented approach” which seeks to help clients “symbolise and verbalise implicit body memories and to enhance competency in relationship” (Schreiber-Willnow & Seidler, 2013, p. 255). *Vitality* is one of the eight target goals featured in the *CMT Evaluation Form 1.2*. *Self-awareness, body concept, movement behavior, ability to act, ability to relate, ability to symbolize, and self-regulation* are the other seven. When researchers compared these phenomenologically to the actual clinical treatment goals to assess the course of treatment, they found that 24% of their sample ($N = 87$) identified vitality as a client goal for CMT. Their sample was 80% female, 20% male and received 2 –22 CMT groups, 1-15 individual sessions, or both. Vitality along with movement behavior were the least identified goals, whereas self-awareness and ability to relate were the top two found in more than 50% of the sample. Results from this study stand in contrast to two studies conducted in the United States.

In the first of these, adult psychiatric outpatients with varying diagnoses who participated in group DMT ($N=66$), identified the healing processes in group DMT, then rank-ordered the processes. Vitalization was the most enjoyable (Ehrhardt et al., 1989). This finding was first produced in Ehrhardt et al.'s (1989) pilot study. However, bias was found in the participants' responses as one of the researchers was also the therapist. Thus, the study was repeated using individual interviews conducted by a researcher who was not the group leader to decrease bias. This improvement confirmed the result regarding vitalization. Findings were then validated again, in a replication study, with the same sample of participants, utilizing videos depicting five of the eight healing processes.

In the second U.S. study (MacDonald, 2008), a questionnaire was developed to capture the healing process in group DMT. Vitalization was the process with the highest level of agreement among the dance/movement therapist, researcher, and musicians in the study. Both studies point out that vitalization is the healing factor (Schmais, 1985) that is easiest to identify and, perhaps, understand in DMT groups, thus possibly the least likely to succumb to measurement error.

Embodiment, Pleasure, and Play

It is commonly understood that dance depends on the body, thus DMT is embodied. It appears that the healing processes of *embodiment* (Gabel & Robb, 2017) and *pleasure and play* (Gabel & Robb, 2017; Koch, 2017) encompass or relate to Schmais' (1985) construct of vitalization. In their meta-synthesis of therapeutic factors within the art therapy literature Gabel and Robb (2017) defined embodiment as "the body's movement, through art making, which transforms feelings, thoughts, and behaviors of individuals and groups" (p. 129). They defined pleasure and play as

activating “kinesthetic and sensory experiences through body movement and sensory stimulation” in art making (p. 129).

More recently, deWitte et al. (2021) identified embodiment as a TF domain that creates change in CAT. In their scoping review of 67 global CAT studies, deWitte et al. found 14 studies that featured aspects of embodiment as a TF which utilized 12 different terms to capture this TF lexically. These 12 terms are: ‘Embodiment’, ‘Body awareness’, ‘Kinesthetic awareness’, ‘Body-mind connection’, ‘Body self-perception’, ‘Getting in touch with the body’, ‘Physical experience with the body’, ‘Tactile quality’, ‘Enactment’, ‘Physical act of music making’, ‘Altering of inherent body-rhythms’, and ‘Experiencing the body’. They collapsed these 12 into four subcategories: ‘Embodiment’, ‘Body awareness’, ‘Physicality of the Arts’, and ‘Experiencing the body’.

Hayes (2004) opined that play is part of the creative process in many approaches to DMT, which allows synthesis to occur “without rational control” (p. 167). Relatedly, deWitte et al. (2021) placed the TF of ‘Letting go of control’ within the TF domain of ‘Creativity’. This domain contains ‘General creativity’, ‘Spontaneity’ (‘Moving spontaneously’ in DMT) and ‘Experimentation’ (‘Designing and testing’ in DMT). The DMT studies in the deWitte et al. review featured the therapeutic factors in this domain as follows: ‘Losing control’, ‘Loosening up of movement’, ‘Mobilizing/loosening-up in movement/making flexible’, and ‘Non-goal orientation of dance and movement’ (p. 12).

Koch (2017) identified pleasure and play within her construct of *hedonism*, in her theory about the active factors in CAT. Gabel and Robb (2017) found embodiment was the third largest factor, found in 51% of the publications in their study, whereas pleasure

and play were found in 44%. Hayes (2004) also found play was a main facilitating factor in a long term DMT group with college dancers.

The deWitte et. al (2021) review found ‘Artistic pleasure’ in 13 CAT studies (p. 12). This TF domain contains the therapeutic factors of ‘Playfulness’ (which included ‘Play and Playfulness involved in playing/sharing instruments’ in music therapy) and ‘Aesthetics’ (which includes ‘Experience of beauty in DMT’). The domain of ‘Artistic pleasure’ also includes the TF of ‘Pleasant feelings’ which is ‘Pleasure of movement’ in DMT.

It is commonly understood that dance depends on the body, thus DMT is embodied. Koch’s (2017) theory elevates the prominence of the body, in its capacity for perception and sensation in aesthetics, which she is developing to better understand the active factors in CAT. Do these constructs (vitalization, embodiment, pleasure and play, hedonism, and creativity) in the DMT (Ehrhardt et al., 1989; Koch & Fischman, 2011; MacDonald, 2008; Schmais, 1985), CAT (deWitte, 2021; Koch, 2017), and art therapy (Gabel & Rob, 2018) literature capture the same healing processes in groups? The role of awareness, or the exchange between the perception and expression (Koch, 2017) of embodiment, may be key in deciphering the differences here; for example, one can feel more energized without knowing why they feel this way. More research is needed to parse out these nuances, a line of inquiry that is emerging (deWitte et al., 2021; Koch, 2017).

Synchrony

Ehrhardt et al. (1989) operationally defined the healing process of *synchrony* as “an interaction in which either dynamics, rhythm, or spatial pathways occur

simultaneously” (p. 49). There are three forms of synchrony in DMT: rhythmic, effort, and spatial (Brauninger, 2014; Hardenbergh, 2016; Meekums, 2000; Schmais, 1985). Synchrony emerges from the dancers’ use of time and rhythm (Hardenbergh, 2016). Schmais (1985) believed that, when all three forms of synchrony are present in a group, it creates a sense of unity, hence increasing group cohesion. Like Schmais’ postulate about touch and cohesion, this has not been tested empirically.

The deWitte et al. (2021) study identified ‘Synchronicity’ as a *mixed-type* TF within CAT, meaning it can be found in more than one form of CAT or when forms of CAT are combined. They found it in DMT, music therapy, and drama therapy/psychodrama. They classify ‘Moving in synchronicity’ and ‘Moving with the therapist’, as *specific* TFs in DMT, within this subcategory. They categorize these factors under the domain of ‘Interaction through the arts’ which includes the TF ‘Empathy’, (including ‘Mirroring and movement’ in DMT), and ‘Dialogue’ (‘Interacting with one another in movement’ in DMT).

Rhythmic Synchrony

Rhythmic synchrony exists when group members are moving on the same beat, even if they are not moving the same body parts, not doing the same movements, not exerting the same efforts, or not moving in the same spatial path (Schmais, 1986).

Rhythmic synchrony is thought to be related to entrainment and has the potential to take the mover back to sense of safety felt when their heartbeat was synchronized with their mothers in utero (Redmond, 1997).

Effort synchrony

The *efforts* refer to one of the elements in Laban/Bartenieff Movement Studies system of movement analysis. Efforts refer to *effort qualities*, how much energy is utilized, in a movers' use of time, space, weight, and flow. *Effort synchrony* exists when dancers are moving on the same measure of time with the same effort quality regardless of what body part is doing the movement (Schmais, 1985).

Spatial Synchrony

Spatial synchrony exists when group members are moving the identical parts of the body in the same spatial pattern (Schmais, 1985). An example would be when all the group members are standing in a circle placing their right foot into, then out of, the middle of the circle.

Expression

Expression is considered the essence of dance. In DMT, it is described as the bringing "of affect into consciousness with an intensity that words cannot convey" (Schmais, 1985, p. 20). Jumping for joy, hanging one's head heavy with grief, or opening one's arms for a loving embrace are simple examples of how basic movements express feelings. Schmais (1985) opined, "group support, musical accompaniment and a gradual escalation of intensity create a flow of energy which eases people into deeper feelings and increasing commitments," (p. 20) helping them to express themselves in DMT. The deWitte et al. (2021) findings support the idea that expression and emotional intensity are prerequisites for change in DMT as they classify these as CF and JF within CAT, and as a *specific* TF within DMT under their domain of 'Non-verbal expression' (p. 12).

Ehrhardt et al. (1989) operationalized the healing factor of expression in DMT as “a display of affect in movement” (p. 49). Gabel and Robb (2017) also identified *symbolic expressions* as one of the therapeutic factors of art therapy. They defined this construct as “containable, controllable, and personal sets of symbols used to communicate” (p. 129). Symbolic expression was the most frequently reported mechanism of change in art therapy, occurring in 76% of Gabel and Robb’s sources. Their construct overlaps with two of the healing processes identified by Schmais (1985), expression and symbolism. The scoping review of global CAT literature by deWitte et al. (2021) validates symbolism and metaphor as a therapeutic factor which is discussed further below.

As mentioned above, Koch (2017) developed a meta-theory of “embodied aesthetics” to expand extant theories of cognitive aesthetics, that can be applied to all arts therapies. In it she identified five categories of elements that facilitate change: *aesthetics*, *hedonism*, *nonverbal communication/ metaphor*, *enactive transitional support*, and *generativity* (p. 88). Her conceptualization of *non-verbal communication* matches Schmais’ (1985) constructs, expression and symbolism, Gabel and Robb’s (2017) construct, symbolic expression, and deWitte et al.’s (2021) TF ‘non-verbal expression’. The ability of the movement symbols created in dance to express and communicate without the use of words is thus theorized to be one of DMT’s main healing powers.

Symbolism

Symbolism is found in all art forms. Blomdahl, Gunnarsson, Guregard, and Bjorklund (2013) identified it as one of the therapeutic processes in art therapy. In DMT it refers to the externalization of psychic or mental representations into movement in a

social context. The simplest symbols in dance require some mastery of technique (Schmais, 1985). The image of holding a baby can be symbolized by bringing forearms together, clasping one elbow with a hand, and stretching the other hand out as if holding the baby's head, then rocking side to side. The ability to symbolize is one of the goals in CMT (Schreiber-Willnow & Seidler, 2013).

The deWitte et al. (2021) study found eight CAT studies within the 65 analyzed that had TFs that fit into the domain of 'Symbolism and metaphor' (p. 10). This domain includes 'Symbolic work' and 'Unconscious processes via arts' as a TF. 'Shifting between symbolic and knowing realm' in DMT is placed under the former TF and 'Movement metaphor' is placed under the latter.

Types of Symbolism

Koch (2017) expounded upon the concept of symbolism in the arts therapies' ability to make meaning and communicate non-verbally. She subsumed this concept within the healing factor of non-verbal communication. She identified three aspects of symbolism. These are *cognitive symbolizing*, *affective symbolizing*, and *transpersonal symbolizing*.

Cognitive Symbolizing. Blomdahl et al. (2013) found *symbolic thinking* to be a healing factor in art therapy. In Koch's (2017) summation, cognitive symbolizing relates to repetition and mastery. Schmais (1985) explained how this cognitive complexity unfolds when she described the discipline required in a dance therapy groups' ability to transform expressive gestures into "moving images," to convey it's needs (p. 33). She further explicated, to create a group dance, the clients must restrain their impulses to pay attention to and focus simultaneously on the dance therapist, the other clients, and the

music. Symbolizing this way demands organizing oneself to learn movement patterns, steps, and timing, to move together as one, with the group (Schmais, 1985).

Affective Symbolizing. Affective symbolizing relates to self-expression, emotional regulation, and emotional expression (Koch, 2017). In group DMT, this is seen when individuals can, “with group support...symbolically move through transitional stages, endure emotion, and master skill” (Schmais, 1985, p. 34). Koch (2017) suggested that mastery is not just cognitive, but it also serves an emotional function, as affective symbols emerge from the body.

Transpersonal Symbolizing. Symbolism operates via imagery and metaphor (Ellis, 2001; Koch, 2017; Schmais, 1985). Schmais observed that a group’s creation of imagery can be a means of transcendence, linking the individual to society, the particular with the universal. This fits Koch’s (2017) conceptualization of transpersonal symbolizing. Koch further opines that there is a relationship between ritual, rhythm, and the transpersonal aspect or spiritual function of symbolism.

Relational Aesthetics. Gabel and Robb (2017) identified *relational aesthetics* as one of the healing factors in art therapy. Their finding elucidates the arts’ ability to communicate and transform healing nonverbally; thus, their concept relates to symbolism (Schmais, 1985) and non-verbal communication (Koch, 2017) as healing factors. Relational aesthetics was the second most important factor, identified in 64% of art therapy publications analyzed by Gabel and Robb (2017). They opined that it is the relationship between the arts therapist(s), client(s) and the artwork(s) wherein the art is the medium for visual or nonverbal feedback (Gabel & Robb, p. 129).

Schmais observed and theorized that group members' "active participation in each other's shared symbolism in movement" facilitates cohesion in DMT. However, this has not been empirically tested. Koch's (2017) recent theoretical development of embodied aesthetic may help in operationalizing and expanding research on this aspect of group DMT.

Integration

Integration is the identified goal of all DMT (ADTA, "What is dance/movement therapy," 2020), and it implies change (Schmais, 1985). Blomdahl et al. (2013) found integration to be a healing factor in art therapy while deWitte et al. (2021) did not find it in the 65 CAT studies they analyzed. According to Schmais (1985), integration occurs when: movement matches verbal and facial expression; when feeling is connected to words; breath is connected to motion; thoughts are connected to expression, past is connected to present; and self-image is connected to self-presentation. It also refers to the process of members taking what is learned in a group and applying it to their lives.

Ehrhardt et al. (1989) operationally defined integration in DMT as "a congruent relation between what is said and what is done" but were unable to represent this healing process in their videos; hence, they were unable to validate their finding that psychiatric outpatients ranked this healing processes low. Only 16 of the 361 responses from their 66 participants showed preference for integration. Synchrony received 11, rhythm 21, and symbolism 17. This is not surprising as the construct relies on many tacit elements. Ehrhardt et al. (1989) conjectured this may be due to the fact that dance therapists consider synchrony, rhythm, integration, and symbolism foundational to DMT sessions, and so the participants may have taken these elements for granted.

Theoretical Premises

Schmais (1985) suggested five theoretical premises regarding integration in DMT. The first is that what occurs on a neuro-muscular level in the body relates to mental activity. Second, connections that integrate can occur slowly over time or in an instant. Third, for integration to occur, the client must be committed to the process. Fourth, integration requires symbolization of experience and connection to feeling. Lastly, validation by another is necessary to integrate the self.

While deWitte et al. (2021) did not find integration as a TF in their scoping review, Schmias' (1985) first premise concerning integration may apply to their conceptualization of 'Connection with self', which they found in 12 studies (p. 13). The 'General' TF of 'Connection with self' contains 'Establishing inner connections' which is what clients are tasked to do in DMT when they are invited to connect thinking and feeling, action and awareness. Another TF categorized under 'Connection with self' by deWitte et al. (2021) is 'Finding inner balance', which can occur slowly over time or in an instant as Schmais (1985) opined occurs in integration. Thus, it seems 'Connection with self through the arts' is a necessary element of integration.

Schmais' (1985) last premise regarding integration may be captured in the TF 'Therapeutic alliance and bond' (deWitte et al., 2021) as clients often receive support from and validation by their therapist or group. This TF was found in 10 studies deWitte et al. analyzed (p.13). It contains the 'General' TF of the "Therapeutic alliance" including 'Fundamental relational skills and features', 'Developing supportive relationships', and 'Receiving and providing support'.

Furthermore, the TF domain of ‘Modulating time and space’, which deWitte et al. (2021) found in 14 studies (p. 12), may be related to Schmais’ (1985) healing factor of integration. ‘Modulating time and space’ features a category labeled ‘There and then,’ which contains ‘Facing deeper issues from the past,’ found in one DMT study and ‘Getting to the root’ in one CAT study. These logically relate to integration as people often need to connect past experiences with present day struggles in order to heal.

Education

Education was identified by Yalom (1985) as a healing factor of group therapy. Blomdahl et al. (2013) verified its presence in the art therapy literature. Schmais (1985, 2004) opined and observed that education in a DMT group occurs when members learn about themselves or others during the movement, either through “watching and modeling others” or by the “statements, questions and imagery” that “accompanies the dance” (p. 31). She further explained, the process of mirroring or empathic reflection between members gives dancers the ability to learn about how another may be feeling. Through “mutual participation in each other’s symbolic expression” (p. 31), members can learn about their intrapsychic conflicts and emotional struggles. Self and other are thus differentiated so that members can then appreciate both their uniqueness and commonality with others.

Ehrhardt et al. (1989) operationally defined the healing process of education in DMT as “an interaction through which a person learns something new” (p. 49). They omitted education from their validation study, as they did with the concept of integration, as it was reportedly hard to convey through video. Thus, psychiatric outpatients’ attitudes toward integration could only be ranked and not validated. Education ranked

second in the clients' preferences of the eight healing processes in DMT with 57 responses.

In contrast to Schmais (1985), deWitte et al. (2021) did not identify 'Mirroring and movement' or 'Interacting with one another in movement' as educational processes. In fact, deWitte et al. (2021) did not name any of their 19 TF domains education however they did create a domain titled 'Understanding' (p.14). Interestingly, they did not categorize 'Mirroring and movement' as a TF within it. They placed it under the domain of 'Interaction through the arts' under the subcategory category 'Empathy' and placed 'Interacting with one another in movement' in the same domain under the subcategory 'Dialogue' (p. 11).

They found 'Understanding' as a TF in 24 CAT studies (deWitte et al., 2021, p. 14). This domain contains the 'Mixed-type factors,' 'Reflection' (which includes 'Witnessing'), 'Self-awareness', 'Meaning making', 'Gaining insight'; and the CF 'Perception'. More specific to DMT, they found 'Shifting between movement and meaning' under the subcategory 'Meaning making', 'Using bodily sensation as a source of information' under the subcategory 'Gaining insight', and 'Perceiving emotions', 'Perceiving own blockages', 'Mentalization' and 'Reframing' under the subcategory 'Perception' (p. 14).

Rhythm

Rhythm, as described above, is related to synchrony. According to Schmais (1985), rhythm "gives order to life" and provides structure in group DMT (p. 22). A mover's rhythm comes from bodily functions, propulsion, emotion, as well as from their relationship to the environment (Bartenieff & Lewis, 1980/2002). Ehrhardt et al. (1989)

operationally defined it as “people moving to a steady beat that is punctuated by recurring motions of any body part” (p. 49).

The deWitte et al. (2021) study did not find rhythm as a TF in any DMT studies they analyzed but they did find it in some music therapy studies and categorized it under the domain ‘Structure’. In total they found 17 studies that fit into this domain (p. 11). ‘Slow and steady music tempo’, ‘Tempo of the music’, and ‘Repetitive rhythm’ are some of the specific TFs of music therapy included under their subcategory ‘Structure of the art form’. Theoretically and logically, these TFs could be applied to DMT as dance and rhythm are intertwined (Richter & Ostovar, 2016). Two Mixed-type TFs found in DMT in the domain Structure were placed under another sub-category, ‘Structure of session’, which includes ‘Structuring emotional outlets’ and ‘Rituals’ but rhythm was not named as part of them (p. 11).

Schmais (1985) observed that rhythm creates a sense of safety, unity, togetherness, and strength. The power of rhythm in movement can be felt when people march together to show solidarity or when a group sways side to side together in a circle for comfort. Schmais wrote, “In dance therapy, rhythms of work, play and social discourse are crystallized from themes... Rhythmic repetition both contains and clarifies the expression” (p. 24).

Summary

Schmais’ (1985) goal in identifying these curative factors in group DMT was to provide “a set of assumptions which can be examined be verified by observational and empirical research” (p. 17). Despite 2,605 article accesses and 59 citations of the Schmais article (as of 3/3/22 on the Springerlink, AJDT, publisher website) these factors have not

been directly tested or expanded in any published DMT studies, except for the Erhardt et al. (1989) study with DMT clients. However, the recent global CAT study by deWitte et al. (2021) does acknowledge Schmais' contribution in the context of growing CPR in CAT. A comparison of these eight salient processes with these two studies has been sewn in throughout the above literature review. What may be missing from these conceptualizations? How other CAT researchers and theorists have identified and operationalized the healing processes in their groups serves to highlight omissions and overlap.

To summarize, seven quantitative studies, five qualitative studies, and one narrative review comprise the 13 DMT studies deWitte et al. (2021) included in their scoping review of 67 empirical CAT articles (p. 9). They found 11 specific TF of DMT within their 19 domains of TFs (three of which are comprised solely and uniquely of CAT factors- 'Embodiment', 'Concretizations', 'Symbolism and metaphor'). These 11 TFs in DMT are *embodiment, non-verbal nature of DMT, discharge of energy/release of tension, expressivity in movement, non-verbal disclosure, unconscious processes in form of movement metaphors, bodily sensations as source of information, artistic skills* [which includes "connecting movement and language ... or learning and practicing motion sequences"], *therapeutic alliance* ["kinesthetic empathy in the form of mirroring"], "dialogue in the form of movement interactions" and "synchrony in the form of movement synchronicity" (p.15).

Among these 11 TFs, deWitte et al. (2021) opined, 'Therapeutic alliance', 'Dialogue', and 'Synchrony' are the factors specific to Chace's approach (p.18). The review above agrees semiotically but points out semantic differences. Schmais (1985)

conceptualized synchrony to occur spatially, rhythmically and effortfully which are ways clients interact through movement in Chacian DMT, which does fit into deWitte et al.'s TF domain called 'Interaction through the arts' and subcategories 'Dialogue' and 'Synchronicity'.

While Schmais (1985) did not use the terms dialogue or therapeutic alliance, nor did she directly name the therapeutic movement relationship in her conceptualization of group healing factors, she did use the term cohesion. Cohesion, as discussed above, is the group equivalent to the therapeutic alliance in individual psychotherapy.

Only one other of the Chaican healing factors identified by Schmais (1985) – expression – lexically matches one of the 11 TFs in DMT found by deWitte et al. (2021) – 'Expressivity'. Despite the mismatch of terms, these categorizations do fit within Chace's concepts as most of the TFs in DMT found by deWitte et al. (2021) relate to Schmais constructs. However, a few did not.

Three of the healing factors identified by Schamis were not found by deWitte et al. (2021) These are Education, Integration, and Rhythm. The comparison above suggests connections to deWitte et al.'s findings in their domains of 'Understanding' and 'Structure' but further research is needed to tease out these interrelationships and to understand how higher order and lower order mechanisms interact and synergize in the healing factors in Chacian DMT.

A short coming of the above comparison and discussion is that Schmais' (1985) writing, and Chace's approach focused on group DMT while the deWitte et al. (2021) study focused broadly on all forms of CAT ($N_{studies}=67$), largely on individual processes with a small number of DMT studies ($N_{studies}=13$) and group studies ($N_{studies}=25$). Within

this limitation is the fact that deWitte et al. did not indicate how many of the DMT studies they analyzed focused on group processes. Hence, direct comparisons are limited in and lacking in specificity. Semantic clarity is needed. The present research aims to assist this semiotic process. Next the literature review turns to considering the way these salient factors have been studied from clients' perspectives in DMT.

Clients' Perceptions of Salient Processes

Erhardt et al.

Erhardt et al. (1989) asked: are clients aware of and can they differentiate healing processes in dance therapy sessions? And "Do variables such as age, sex, dance therapy experience, medication, diagnosis and functional level effect rankings of dance therapy?" (Erhardt et al., 1989, p. 45) They gathered data in three studies to study these questions.

Pilot study

First, in a "pilot interview," Ehrhardt et al. (1989, p. 45) asked eight adult outpatients to give feedback about their perceptions of their Chacian DMT group. Participant demographics were not reported. The videotaped session and the open-ended group interview were conducted by one of the researchers. The other two researchers used the video to code each client's interview response into one of Schmais' (1985) eight healing processes. As mentioned above, responses were biased as the participants were also the researcher's clients. The videotape showed that the proxemics (bodies relationships in space) and postural reactions of the interviewer influenced the clients' responses by non-verbally communicating the researchers' preferences.

Music, Exercise, and Relaxation. Analysis of the pilot data found that participants identified three new factors: music, exercise, and relaxation (Ehrhardt et al.,

1989). They operationally defined these as follows: music is “the records or tapes that are played during dance therapy sessions; exercise is a “repetitious physical activity requiring energy and endurance that is not dance”; relaxation is a “body oriented activity that relieves muscular or nervous tension” (p. 50).

Revised Interview

As mentioned above, the researchers changed their data collection to improve their methodological integrity and to decrease possible peer influence in the formal study (Ehrhardt et al., 1989). This study took place at four mental health facilities in Westchester County, NY. Participants ($N=66$), 41 women and 25 men diagnosed with chronic mental illness, aged 20-82 years, from three different clinical settings and one adult home, were interviewed after participating in DMT with one of the researchers. Participants' diagnoses included schizophrenia ($n=20$), undifferentiated type ($n=22$), personality disorder ($n=23$), mental retardation (an old term not utilized in current clinical practice) ($n=2$), and substance abuse ($n=22$). The revised open-ended interviews garnered 473 responses, 112 of which were not used. Vitalization, education, cohesion, and expression were the categories that received the most responses. The ranking of the four fewest were discussed in the section above.

While the researchers saw how their postural reactions, proxemics, and seating position impacted the clients in the pilot study, they did not discuss the potential impact interviewing their own clients could have on the validity of their findings in the second phase in this otherwise reflexive study. Limitations also existed in the coding of responses. Researchers did not ask direct questions about music, relaxation; or exercise;

rather, the clients identified processes. They argued that the prevalence of these responses speaks to their import.

Validation Study

In the validation study, video tape segments were created, depicting five of Schmais' eight healing processes with the three clients identified in the pilot interview. Researchers established inter-rater reliability by measuring association with correlation coefficients ($p > .05$) when asking one professional and 10 second-year graduate DMT students to watch the videos and match them to the healing processes (Ehrhardt et al., 1989). Perfect correlations ($p = 1.0$) were found for exercise, relaxation, rhythm, music. Correlations of $p = .90$ were found for vitalization, cohesion, and expression. A problem with the video depicting synchrony led to a poor correlation of .45.

The same 66 participants viewed these video segments and still photographs depicting the healing factors to rank their most favorite, next favorite, and least favorite process in DMT (Ehrhardt et al., 1989). Vitalization was again found to be the most favored healing process. Exercise and relaxation were rated the second and third most favored processes. The researchers expounded that these three processes are based on physiology while the others are based on abstract elements in dance, suggesting that DMT is appreciated by clients for the immediacy of its physical effects, or perhaps psychiatric clients' difficulty with abstraction.

The strength of this study comes from its reflexivity and transparency. While this study is important, being the first published study in DMT to seek clients' feedback about theorized concepts in DMT group processes, the researchers' dual roles as clinicians and researchers compromised the validity of the study's findings. Also problematic is the

omission of the two client-identified factors in the interview questions of the second phase of the study, and the omission of *integration*, *education* and *symbolism* from the last phase as it was reportedly hard to convey via video. The study could have been strengthened by consistently ranking the same concepts in all phases of the study and by having data collectors and group facilitators blind to the study.

Concentrative Movement Therapy

CMT in Germany and Austria features eight target areas that DMT, as practiced in the United States, also addresses: (a) *self-awareness*; (b) *body concept*; (c) *movement behavior*; (d) *vitality*; (e) *ability to act*; (f) *ability to relate*; (g) *ability to symbolize*; (h) *self-regulation* (Schreiber-Willnow & Seidler, 2013). Researchers called these ‘goals,’ not healing factors, even though they overlap with healing factors in DMT reviewed above. Hence, the findings that vitality and movement behavior were the goals least identified by the clinicians, and that client therapist, and client identification of CMT goals differ (Schreiber-Willnow & Seidler, 2013), suggest it may be useful to see if dance therapists’ identification and perception of the healing factors in DMT differ from those of their group participants. Implications here raise questions about how goals of DMT are related to group healing processes, and how inputs are related to process and output.

Processes found in the United Kingdom

Studies in the United Kingdom have examined non-psychiatric client responses and group processes in DMT, utilizing client feedback, moving research in the above suggested direction. Meekums (2000) studied DMT with survivors of sexual abuse. Hayes (2004) studied college dancers, while Payne (2001) studied students of DMT.

While these studies focused on different populations, they used similar approaches to DMT and found comparable results.

Meekums (2000) found *safety, support, movement metaphor, play, self-confidence, and relationship* to be key healing factors in group DMT with survivors of sexual abuse. Hayes (2004) replicated these findings with the evidence in her doctoral research of two cohorts (20 students in one, 14 in the other) of a short-term DMT group within a course she taught for dancers (in their 20s).

Hayes (2004) wanted to investigate the impact of a DMT group on dancers' choreography and performance. She interviewed her students, individually and in groups, after completion of a compulsory course they took with her that featured eight 90-min group DMT sessions, as an experiential way of learning. This took place in the students' senior year of college. The dancers reported increased self-confidence, increased playfulness and improved sensitivity in relationships as a result of the *play, spontaneous movement, self-awareness and self-acceptance* experienced in the DMT group. "Play, movement metaphors, acceptance and safety" were hence determined to be the "facilitating components" of the reported change (p. 16).

Hayes (2004) cited the influence of Chace and the theoretical justification provided by Schmais (1985), among others, but articulated her own method of group DMT. First, she and her participants set an intention, then she invited regression and facilitated relaxation. Next, she gave permission to feel and to express, followed by "forming a hermetic ring" (p. 105). She utilized "rhythmic group activity" (Chaiklin & Schmais, 1979), a Chacian concept, and warmed up her group, transitioning her members from structure to freedom, then focused on relationships. Hayes truncated these steps into

a new, integrative model of DMT, featuring “four attitudes” she titled: *allowing*, *awareness*, *attuning/responding*, and *imagining*. She explained that she grounded these attitudes by requesting commitments to confidentiality, personal responsibility, and participation from her students.

All the processes Hayes (2004) discovered were elucidated in the literature reviewed above on salient process. However, while implied, safety, acceptance, and awareness were not identified as distinct or separate processes in the literature reviewed above. They may be produced by the processes (for example, safety and acceptance are facets of cohesion). The introduction of attitudes provides further grist to be considered in terms of therapist effects and coherence measures.

CAT Meta-theory

Koch (2017) built a meta-theory of “embodied aesthetics,” which identified five healing factors for the arts therapies, *aesthetics*, *hedonism*, *nonverbal communication/metaphor*, *enactive transitional support*, and *generativity*, which are not distinct but overlap. These five categorize the following processes which can be considered perceptual or enacted processes:

pleasure, play, beauty, authenticity, symbolization, non-verbal communication, imagery, community, shelter in times of change, enactment (at the interface of expression and test-acting/ “as if”), and cognitive and affective meaning making of personal, interpersonal, and transpersonal experiences. (p. 90)

Koch theorized that aesthetics, which includes beauty and authenticity, is the fundamental factor that makes the arts therapies distinct from other forms of treatment.

Yalom (1985) recognized the intricate interdependence of therapeutic factors in a group and asked, “How do the therapeutic factors operate when they are viewed not separately but as part of a dynamic process” (p. 70)? As reviewed in the general psychotherapeutic processes above, there are many “inputs” (Orlinksy & Howard, 1986, 2009) that influence the healing factors within the group: the client population; the environment; the type of group; and the participants’ character structures, needs, social skills. All these play a part in the system of complex collaborative emergence in DMT.

Before the field of DMT can better examine its unique therapeutic factors, researchers need to increase understanding of the dynamic processes at work that impact healing. Next, this literature review will examine the specificities of how DMT works and what DMT researchers have found regarding DMT group processes, interventions, and dynamics within these complexities.

Dynamics of DMT

There are many elements and interventions that can be utilized in DMT. Most of the research in DMT during the first 30 years of the profession included anecdotal descriptions of these interventions (Cruz & Berrol, 2004). These include what is termed in the parlance of DMT praxis, a dance therapist’s “bag of tricks.”

Interventions

Circling

The circle is a key feature of DMT group work (Karampoula & Panhofer, 2018). The circle is used in many global dance forms and has been part of social dance structures throughout time. While some dance therapists and authors have used the term “Chacian Circle” (Karampoula & Panhofer, 2018), Chace is not the only dance therapy

developer who utilized the circle in her work, nor is the circle the only spatial formation she used. Verbal group therapists and dance therapists alike utilize the ritual of forming a circle as a curative, unifying, and containing formation.

Mirroring

Mirroring is what Chace (1993) called *empathic reflection*. It is the process in which the dance/movement therapist reflects back to the client the essence of their movement. It may convey effort, spatial, and rhythmic synchrony between the therapist and client or between the entire group and the mover, which Karampoula & Panhofer (2018) refer to as *multi-mirroring*. The educational film about DMT, *Moving Stories* (New York State Chapter of the American Dance Therapy Association, 2006), identified mirroring as one of the key processes within the dance therapy session. It may be the intervention used most frequently by Chacian dance therapists (Karampoula & Panhofer, 2018) as it is the means for developing the therapeutic relationship.

Grounding

Grounding is related to embodiment, discussed in the healing factors above. Both terms are common throughout dance/movement therapy and body psychotherapy theory. Grounding is the process through which people feel their energetic connection to the earth (Bartenieff & Lewis, 1980/2002). A human being's first sense of the ground is his or her mother's body; hence, one can also ground through physical contact and relationship (Bartenieff & Lewis, 1980/2002; Kestenberg, 1995).

One of the four basic components to Chace work is *rhythmic group activity* (Chace, 1993). Rhythmic movement of the feet is considered inherently grounding (De

Tord & Braunerger, 2015). “Moving to a shared rhythm” is thought to support “social grounding” as it connects group members (p. 21).

De Tord and Braunerger (2015) argued that the concept of grounding in DMT lacks “empirical survey” and requires further study (p. 21). They critiqued their study, a literature review of the concept with clinical vignettes, to be “broad and subjective” (p. 21). But their work helps define the concept, providing clinical examples that are instructive and clarifying for future researchers and practitioners.

Symbolizing: Movement Metaphor

As reviewed earlier, symbolism and symbolic expression are considered curative factors in CAT (Blomdahl et al., 2013; Gabel & Robb, 2017; Koch, 2017; Schmais, 1985; Schreiber-Willnow & Seidler, 2013). Schmais (1985) suggested that symbols created through dance connect the inner and outer world of the mover, and that “the therapeutic implications of the dance symbol are threefold: in its creation, in the illumination it affords, and in the actual participation” (p. 33), or in Koch’s (2017) terms, in its enaction and perception.

Chacian dance therapists often believe that movement provides therapeutic value in and of itself, that it does not have to be put into lexical form (Chaiklin & Schmais 1979; Chase, 1993). The symbol in the movement metaphor allows for tacit communication between therapist and client in DMT. According to Ellis (2001), “The patient feels understood by the dance therapist simply accepting the symbolic meanings offered, and once understood in this way the patient is likely to continue to offer symbolic material” (p. 182).

To deepen understanding of this DMT process, Ellis (2001) theoretically dissected movement metaphor into two parts, the recursive relationship and the context. This recursive relationship exists on varied levels: *therapist meaning, client meaning, therapist action, and client action*. Ellis (2001) explained, the relationship between meaning and action, between the client and the therapist, is a “kinesthetic experience that bridges... the *symbolic* and the *knowing realms*” (p. 182). The knowing realm here exists in conscious thought. “Once known, material can be intentionally utilized by the therapist and client to inform actions or understanding” (p. 182). She differentiates this from the *symbolic realm*, in which meaning is generally “not known on a conscious level” (p. 182). She opines this is where play and creativity take place. Movement metaphor tacitly allows symbolic meaning to evolve.

Ellis (2001) highlighted the importance of the supervisory, institutional, and cultural context in understanding the meaning contained in movement metaphors. Context determines the meaning in the metaphor and “influences the therapeutic process” (p. 187). The roles people take on in their lives and embody in DMT groups will be discussed next as one layer of context that needs to be understood in DMT group process.

Roles

The roles people play in a group provide valuable information about the group members and about the group as a whole. These roles are considered “uniquely constructed depending on the members and the context” (Haen, 2016, p. 56). As a social psychological phenomenon, roles are defined by interaction. Roles are thus “a form of social contract, whether implicit or explicit, that links an individual’s position (status) in

a group with expectations about associated behaviors such as rights and duties” (Hare & Hare, 2001, p. 92).

Specific to psychotherapy groups, the informal roles people play can be broken down into three categories: *task roles*, *group-building and maintenance roles*, and *individual roles* (Haen, 2016). The behavior of group members falls into the three categories in the following dimensions: *initiator-contributor*, *orienter*, and *coordinator*, for task roles; *encourager*, *harmonizer*, and *compromiser*, for building and maintenance roles; and *aggressor*, *dominator*, and *helpseeker* for individual roles (p. 51). Beck and colleagues added four types of informal leader roles to the above list, which characterized how group members help move the group process forward by the way they interact with other members (p. 52). These are *task leader*, *emotional leader*, *scapegoat leader*, and *defiant leader*. These are thought to be constant throughout the course of the group.

Part of a group’s process is believed to be the tacit assignment of members into the above-listed roles. This process is an interaction between the unique qualities of each group member and “the developmental need of the group,” which is akin to an “improvisational group drama” (Haen, 2016, p. 114). With this awareness, Haen examined the roles in group psychotherapy and developed a dramaturgical tool to examine group processes specific to adolescents. Germane to the current study, Haen’s research differed from prior drama therapy studies on group process and advanced it, in that he was concerned with the concept of *ensemble*, or group-as-a-whole phenomenon. Specifically, he looked at “dramaturgical roles,” which are “naturalistic and group-focused as they pertain to interactions between members that emerge within the group process” (p. 73). Haen’s (2016) concept of ensemble builds on Sawyer’s (2003, 2007)

work. These phenomena, which Haen and Sawyer studied, are similar to, if not the same as, those embodied, complex, and emergent processes in Chacian DMT.

Sawyer (2012) found, “The improvising team creates a novel, emergent product, both unpredictable and yet more suitable to the problem than what any one team member could have developed alone” (p. 245), referring to the experience of an ensemble. Haen (2016) concretized and operationalized the concept of ensemble in his development of and study of roles in a drama therapy group with adolescents. He operationally defined ensemble “as a group in which members spend equally proportional amounts of time in each role” (p. 79). He quantified this in his study as an “expected frequency of 25% of time respectively in the roles of Protagonist, Antagonist, Auxiliary, and Audience” (p. 79). Haen’s results “were inconclusive as none of the distributions” from his data analysis “matched that of an ensemble” (p. 89).

Consequently, Haen (2016) pondered if “an ensemble is a useful definition for a well-functioning group” (p. 89) and recommended future studies expand this avenue of investigation. His findings led him to ask if his conceptualization of ensemble represents “an ideal, like self-actualization, that is rarely observed but contains a number of identifiable properties that healthy groups strive to emulate” (p. 89). He further suggested, “successful group processes might well be ones in which members can rehearse new roles and new aspects of self in order to expand their options for engaging with others” (p. 90). More research is needed to answer these questions. The answers could enlighten dance therapists’ practice as the concept of ensemble could be applied to the creative improvisational aspect of Chacian DMT.

BERN

Dance/movement therapists also have acknowledged the importance of roles in groups. Schmais and Diaz-Salazar (1998) developed BERN as a system to understand the roles within a DMT group. These roles overlap with the informal roles described above. Their system adapted four components from Mill's 1967 sociological perspective (Schmais & Diaz-Salazar, 1998, p. 161). These components are *Behaviors* of the group, the *Emotions* of the group, the *Roles* within the group, and the *Norms* of the group.

The behaviors examined in a DMT group refer to the group verbalizations and the group choreography (the dance behaviors). "Group verbalizations include the leader's directives, questions, comments, images, etc., as well as the members' responses, suggestions, associations etc." (Schmais and Diaz-Salazar, 1998, p. 161). "Dance behaviors include group formations (circles, lines, etc.), organization (small group, trio, pairs, etc.) and most importantly, the group actions) reaching, opening, stamping, touching, etc.)" (p.161).

Schmais and Diaz-Salazar (1998) utilized concepts from Bion's (1961) work on group emotion to look at *dependence*, *pairing*, and *fight/flight* behavior. They adapted these for the component of a group they called Emotions. They gave the following example:

In a verbal group fight/flight might be evident by people yawning or changing the topic, whereas in a dmt group, people can literally take flight by moving away from the group. Pairing is also more obvious since group members can move towards each other or dance together in couples. Likewise, dependency can be seen when the group dutifully follow the leader. (p. 162)

In the Roles component, five categories exist. These are *conformist*, *ritualist*, *innovator*, and *rebel*. These roles describe those that “alienated” people (Schmais & Diaz-Salazar, 1998, p. 162) play and are also those that Schmais and Diaz-Salazar believed apply to those who suffer from mental illness.

The last component in the BERN system is Norms. Norms are implicit rules for behavior. They can be clearly seen in group movement behavior, “in the actions” group members take, and in “the feeling they choose to express, and the roles they choose to play” (Schmais & Diaz-Salazar, 1998, p. 162).

Schmais taught the BERN system for analyzing DMT group at the Hunter College Graduate Dance Therapy Program (C. Schmais, personal communication, 1996). While she believed “BERN serves as a lens that clarifies, highlights and discerns the functioning of dance/movement therapy groups” (Schmais & Diaz-Salazar, 1998, p. 165), no formal study beyond the pilot study in her initial paper can be found in published DMT literature.

Approaches to Analyzing DMT Groups

As the focus of the present study is to analyze DMT as an emergent, enactive, complex group processes, the next section discusses prior systems devised by dance/movement therapists to understand DMT groups. These are Dance Therapy Analyses (DTA), the Structural Analysis of Movement Sessions (SAMS), and Analysis of Interaction in Movement Sessions (AIMS). Just as BERN was developed from a systems theory framework, so were the following three measures, but with a focus on utilizing videotapes for research and analysis.

Schmais and Diaz-Salazar (1998) opined approaches to DMT group analysis should look at *systems*, based on Von Bertalanffy's (1974) *general systems theory*. Von Bertalanffy argued, "since the fundamental character of the living thing is its organization, the customary investigation of the single parts and processes cannot provide an explanation of the vital phenomenon" (p. 410). Thus, it was the interaction and the dynamics that the following DMT researchers were concerned with. Hirsch and Summit (1978), Koch (1990), Moss (1978), Schmais and DiSalazar (1998), Schmais and Felber (1977) all looked at the ways "the organization of a whole system," a DMT session, "transcended its parts" (Von Bertalanffy, 1972, p. 408).

DTA

In 1977, Schmais and Felber devised DTA to study videotapes of DMT session to expand research. Up to that point, they found, research in DMT was limited to scales, experimental studies, and descriptive analysis to understand group dynamics. They critiqued those scales can show individual change but do not capture groups, experimental studies capture "discrete phenomena" but not the process, and descriptive and subjective studies give a "comprehensive picture" but are "not replicable" (p.18).

They set a path for future researchers to follow by identifying the steps for analyzing a DMT group session: "(1) obtaining a record, (2) scanning to select parameters, (3) mapping of events, (4) searching for patterns, and (5) analyzing the data" (Schmais & Felber, 1977, p. 1). They based these steps on preliminary research from Jacoff's (1976) and Moss's (1978) master's theses at Hunter College.

They recommended selecting the elements of dance such as "group formations, positioning, proximity, movement relationship, synchrony, and direction" for parameters

when doing such analysis (Schmais & Felber, 1977, p. 20). After watching a film of an adolescent DMT group several times, they found the following elements emerged and chose them as parameters: *musical starts and stops, initiations, vocalizations, touch, synchronous movement* (divided into rhythmic, effort and spatial), *sagittal movement*, and *small group formations*. They presented their analysis graphically, which helped visualize the process and overall flow of a DMT session.

SAMS

The *Structural Analysis of Movement Sessions* (SAMS) was developed by Johnson and Sandel (1977) to examine the group-as-a-whole. It is “both a vocabulary of group events and a method of analyzing aspects of the groups’ functioning” (p. 32) specifically for DMT. They wrote, “efforts that merely transfer concepts and findings from research on verbal groups to groups-in-action may inadvertently obscure unique processes that occur when people express themselves in movement” (p.15).

SAMS was specifically created to analyze Chacian DMT (Sandel & Johnson, 1996). The structures presented in SAMS “provide critical links between the psychology of individual members and the group as a whole and therefore provide a basis for the importance of measuring them through a system” (Sandel & Johnson, 1996, p.17). These structures are presented below.

Structural Dimensions

In SAMS, the activity of a group is subdivided into “three separate structural dimensions, each of which may be observed independently and studied in relation to one another” (Bruno, 1981, p.128). These are *task*, *space*, and *role*. Each of the dimensions has categories that identify specific structures and vary according to complexity. The

state of these structures is measured by their *definiteness*, *stability*, and *indication*. Each of these structures is described below.

Task. *Task structure* refers to the movement task that the group is performing. It refers only to the sound patterns and observable action of the group-as-a whole, not individual actions, or abstractions (Bruno, 1981). These are subdivided depending on “(1) the number of separate tasks, (2) repetition and (3) degree of interpersonal interaction” (Bruno, 1981, p. 129). There may be a *single* task or *multiple* tasks occurring in a DMT group. These tasks are labelled *simultaneous*, when there is only one, or *concurrent* when there are multiple. When some of the group watches, the task is considered *presentational*.

A task can be labeled *repeating* or *limited*. “A task may or may not have any relationship to others in the group” (Level 1), or “maybe directed toward them” (Level 2) or “may be used in a back-and-forth interaction with them” (Level 3) (Bruno, 1981, p. 129).

Space. The “*spatial structure*” in a DMT group refers to the spatial configuration of the group as a whole. It refers to “the physical relationship group members have to one another” in space. This should not be confused with an individual’s effort quality of movement as used in Laban’s system and terminology (Bruno, 1981).

The main spatial patterns that a DMT group can form are a *Circle*, *Line*, *Cluster*, and *Scatter* with variations; the *Double Circle*, the *Centered Circle*, and the *Spiral* (Bruno, 1981; Johnson & Sandel 1977, 1996). There is also one category called *Irregular* (a structure other than the main types listed above). A spatial structure is labeled *simple* when it involves all the group members and *referent* if everyone in the spatial structure

relates to a mover outside. When spatial structures are observed and analyzed, touch or lack of touch is noted.

Role. *Role Structure* examines the formal roles related to the activities within a DMT group not the quality of the relationship between group members. Roles structure codes the “overt set of expectations on different members of the group which are needed in order for the group to perform its intended activity” (Bruno, 1981, p. 131) not merely when “one person asserts a role” (p.131).

Roles are subdivided into *leader*, the *object*, or *subgroupings*. Leader can be divided into *Group leader*, *Task leader*, or *Side coach*. Objects may or may not be the focus of the group movement. They are divided into *Group Object*, *Delegate*, or *Audience*. *Subgroupings* are coded *Teams* when they interact and *Subgroups* when they do not interact with each other. Additionally, “any of these structures may include the taking of turns, in which members alternate in the role of leader, object or within subgroups” (Bruno, 1981, p. 129).

Measures

Structural patterns in the three dimensions discussed above are measured and coded into three other dimensions. These are considered *definite* if they are clearly seen by any observer (Bruno, 1981) or *indefinite* if the structure then dismantles and is no longer discernable. Definite structures can be *stable* (when all members are participating) or *unstable* (when they are not). Additionally, every structure is rated as *indicated* or *not indicated*. “Indicated structures are those in which a member has identified verbally or nonverbally... what the action, spatial formation, or role that the group is engaged with in movement” (p. 130).

“Analysis of the formal, though fluctuating, structures in space, role and task modalities can be used to identify disruptions in the flow of the session, indicating possible critical shifts in the group process” (Sandel & Johnson, 1996, p. 22). This means of observing and scoring groups has been shown to be reliable when observers are trained with inter-rater reliability estimates showing “over 90% agreement” (Bruno, 1981, p. 130). Unfortunately, practitioners and researchers use of SAMS has not been widespread in the DMT community.

AIMS

Koch (1990) used context analysis to develop a way of studying the interaction within DMT sessions, called Analysis of Interaction in Movement Systems (AIMS). This method of analysis focuses on the relationship between context and behavior, and how meaning is given to interaction. The researcher collected data by videotaping a 45-min DMT outpatient day treatment group for adults with mental illness. The session had nine men (all clients) and four women (one client and three dance therapy staff).

Demographics and diagnoses were not given. She analyzed the session by breaking the segments she selected into four system elements: *boundaries*, *feedback*, *steady state*, and *system tension*. She combined these with three behavioral elements that show how group members “organize each other interactively:” *directives* (verbal and movement instructions), *orienting* (visual and postural focus) and *positioning* (postures and movements) (p. 2).

Koch’s (1990) findings show “there is a describable organization and order in the interactive behavior of the members of a dance therapy group” and that “it is possible to characterize the dance therapy session as a system in which the members of the group

jointly create and maintain interactions within the context of a session” (p. 2). AIMS as a system for observation of DMT sessions was not tested for validity or reliability.

Findings are limited by the lack replication (she only used her model on one group); thus, she wrote that she was unsure if the analysis could be used with any other group. She also had difficulties with data capture as the video camera could not get the entire group on screen all the time, so that some bodies were only in partial view at times. Lastly, she did not analyze the entire session, she only selected three segments for analysis, which may present a selection bias. Nevertheless, this study is important as it attempted to capture group-as-a-whole phenomenon via complex and emergent interactions.

Movement Expresses Group Process

A recent study (Eshet-Vago, 2017) reached a similar conclusion as Koch, that “movement itself can be understood to express group processes” (p. 238). Eshet-Vago (2017) conducted a hermeneutic phenomenological study in Israel comparing the group processes of two intensive personal development (PD) groups, not therapy groups, one verbal and one dance movement (DM). Each group was held for 12 hours over the course of 2 days. Participants were all student or professional females recruited from expressive therapy programs and mental health programs with varying degrees of experience in each modality of treatment.

The DM PD Group had nine graduates and five students, 14 in total, (12 women and 2 men with a female therapist). Three studied dance/movement psychotherapy, four art psychotherapy, one psychodrama, four group facilitation training, and one social work. The Verbal Group had seven graduates and five students, 12 in total, all women with a male leader. Six studied dance/movement psychotherapy, one art psychotherapy,

one psychodrama, and four group facilitation training. The ages and other demographics of participants were not given.

Eshet-Vago (2017) collected data from both groups via video and interviews. Three Certified Movement Analysts analyzed the videos from both groups using Laban Movement Analysis (LMA). Subsequently the researcher conducted open-ended, semi-structured individual interviews about participants' and leaders' experiences in these groups, lasting an hour. Analyses showed both groups benefited from the use of Laban Movement Analysis (LMA), to look at the overall group-as-a-whole movement processes. Eshet-Vago created a guide for leading a group and studying its developmental process by utilizing video-recordings.

This study is important as it is the first to compare a DMT group with a verbal group. Its strengths are reflexivity, detailed thematic phenomenological analysis, and increased inter-rater agreement of movement observations by using three raters (Eshet-Vago, 2017). Limitations include lack of transcript validation or member checking, which compromises the study's trustworthiness. Eshet-Vago's assessment of the study's weakness seemed overly critical in that she projected that every choice she made presented potential limitations. However, a substantive critique resides in her choice to use two different leaders in a between-group comparison and in her choice to use LMA and individual interviews to explore group-as-a-whole processes when she was aware of and could have used SAMS or could have conducted group verbal interviews.

Summary

Eshet-Vago's guide, developed from LMA, now can be added to the various systems of analysis for movement groups and verbal groups. While this is another tool

for practitioners, currently there exist systems and an extant body of knowledge in DMT group processes that are underutilized (BERN, DTA, SAMS, AIMS) and have not been further developed or validated. BERN, DTA, and AIMS have not been used in any published DMT research, while SAMS was used in a small number of published studies, primarily after it was first created (Bruno, 1981; Johnson & Sandel, 1977, 1996). Why have these DMT researchers not built on each other's work? A crucial step for DMT researchers is to compare these systems, validate their concepts and precepts to tighten each other so they can be used as criterion measures for each other. These steps are needed to better understand the processes at work and to assess the efficacy of DMT, which is currently missing (Eshet-Vago, 2017, p. 22).

Tacit, Emergent & Ineffable Processes

Although Koch's (2017) recent study and the recent scoping review of TFs in CAT (deWitte et al., 2021) makes great strides, no theory or explanation to date fully describes the healing aspects of creativity or DMT group work specifically. One of the main problems is that knowledge is lost in translation from the experience of doing the creative act to the words used to describe it. Pelias (2008) noted the "slippage" that occurs between the performance of an act and its understanding by an audience. Clinical applications of music therapy, drama therapy, and DMT all utilize a "sensuous epistemology" (Stroller, 1997) in performative, embodied enactive, and emergent collaborative processes (Sawyer, 2010, 2015); thus, they are prone to this slippage. Park-Fuller (1983) explained:

Because the language of performance is a sensual language, it does not constitute knowledge by *naming*; it constitutes knowledge by *sensing*. Thus, when called upon to describe an insight gained in the process of production, the reporter must

translate sensed knowledge to conceptual knowledge and, since any translation involves change, the translation from sensed knowledge changes the nature of the insight. (p. 72)

This brings into focus a long-held belief by many dance therapists and students of Marian Chace that movement does not need to be translated into words in the therapeutic process in order to be impactful (Chaiklin & Schmais, 1993, p. 77), which echoes the implications of Park-Fuller's summation that knowledge exists in the process of sensing, moving, and expressing. To date, no published research has examined if what occurs in the body and in the dance in DMT must be transferred to the verbal and lexical realms, from the tacit to the explicit, to be healing.

Some DMT approaches (Chodorow, 1996) and theoretical models (Ehrman-Shapiro, 2018; Leventhal, 2008; Shim, Goodill, & Bradt 2019) build discussion or verbal processing into them while the Chace approach does not (Chailkin, & Schmais 1993, p. 77). While there is talking in Chacian DMT, it is not the focus. The movement is considered enough, as Chace believed "dance is a form of communication that fulfills a basic human need" (p. 71). Only a few practitioners, scholars, or researchers (Ehrman-Shapiro, 2018, Koren, 1994; Payne, 2017) have begun to examine the issue of knowledge translation from one mode of communication to the other, or from tacit to explicit. Thus, a deeper understanding of the tacit processes at work in DMT practice in general, and in the Chace approach more specifically, may lead to a better understanding and articulation of DMT concepts.

Tacit Knowledge

Polanyi (1966) is credited with first labeling tacit knowledge, and opined all knowledge contains tacit elements. Tacit knowledge is the “capacity of the human mind to make sense of a lifetime's collection of experience and to connect patterns from the past to the present and future” (Leonard & Sensiper 1998, p. 112). Polanyi contended, “We can know more than we can tell” (p. 4). He argued that knowledge exists on a continuum, theorizing that one end contains subjective knowledge, which is “not yet explicated” (Spender, 1995, p. 58), not fully conscious, within human brains and bodies. This form of knowledge is thought to be experiential and theorized to be created in the “here and now” (Nonaka & Takeuchi, 1995, p. 61). The opposite end is theorized to contain that which is objective and rational, mostly explicit; that which has been codified and formulated by its originators so it can be accessible, communicated lexically, to others. It is theorized to be created in the “then and there” (p. 61). Polanyi contended that between the two ends is where most knowledge exists, between ‘what’ and ‘how.’ One cannot exist without the other (Polanyi, 1966).

Wherein this theorized continuum of tacit knowledge does the processes in group DMT exist? Polanyi (1966) opined that knowledge takes the structure of its context. Is it within the dimensions that are “unlikely ever to be wholly explicated,” as Leonard and Sensiper (1998, p. 113) argued, where knowledge that is embedded in physical abilities lay? Or is it somewhere more accessible in the middle? Although difficult to access, researchers have been able to capture how people in groups, cultures, or even working teams, tap into and utilize knowledge that is contained in “invisible reservoirs of experience” (Leonard & Sensiper, 1998, p. 132) and convert it into an explicit form.

Distributed & Collective Cognition

Polyani (2009) argued that “transmission of knowledge from one generation to the other must be predominantly tacit” (p. 61). It is thought to be “rooted in action, procedures, commitment, values and emotions” (Seidler-de Alwis & Hartmann, 2008, p. 134). The idea that knowledge transfer is an embodied cultural phenomenon supports one of the main tenants of DMT: that movement must be understood in its context (Schmais, 2004, p. 130). How does a client or therapist understand the impact of the cultural context of treatment and the tacit knowledge contained within? Studies of *collective cognition* (Hutchins, 1995), also known as *distributed cognition* (Kronenfeld, 2008) or *social cognition* (Payne, 2017), have tried to illuminate this process.

Kronenfeld (2008) opined, *cultural models of cognition* are tacitly formed via repetition in interaction, in communication, so those newly exposed to these behaviors can learn them and they become “cultural givens” (Kronenfeld, 2008, p. 168). This form of knowing, culture, is thought to be created by a mixture of what emerges, what is emphasized, what is corrected, in interaction, in communication, and in the requirements for a clear story line so these stories, this information, makes sense within individual representations and collective representations. This requires a “kind of interpretative coherence” and understanding of context in which simple explanations of interactional patterns do not suffice. These models of representation, Kronenfeld (2008) argued, help people coordinate behavior with others.

An Emergent Process

Kronenfeld (2008) argued, what permits collective cognition to work, is “the degree to which... separate representations of relevant communities and of the relevant

cultural regularities that pertain to each, match one another” (p. 88). Thus, inferences made in DMT treatment contexts that are communicated nonverbally may “depend, in part, on shared modes of perception, cognition, and inference” (p. 88). This converges with Sawyer’s (1999) theory of *complex emergent systems* in his studies of improvisation and *distributed creativity* (Sawyer & DeZutter 2009). This is the process Schmais (2004) characterized in her summary of a Chacian training group she taught:

A dance therapist has to pay attention to many simultaneous events: her own process; each member’s needs; the group’s behavior - emotions, roles and norms; the verbal and nonverbal communications; and, the overt and covert agendas (Schmais, 1998). No formula can predict the climate of a group of individuals dancing and interacting with one another. Students learned to perceive the total dynamic system in operation which included seeing themselves as part of the system. (p. 128)

Payne (2017) noted the social cognition involved in all forms of DMT but emphasized Chace’s approach for utilizing this emergent process as the Chacian dance therapist is moving with the client simultaneously and creating meaning with the client(s) in the moment.

Aesthetics

The idea of aesthetics as a form of social cognition dates to Aristotle (Orgs, Caspersen, & Haggard, 2016). “The term ‘aesthetics’ derived from the Greek word ‘aisthetikos’ (meaning “I sense” or “I feel”) refers to the science of ‘sensual’ as opposed to ‘rational’ cognition’ (p. 3). Polanyi (1966) broke tacit knowledge into intellectual and

practical, with the latter emerging from the senses and dwelling in bodily processes, *subception* (p. 7), what Heidegger termed *praxical knowledge* (Barrett, 2007, p. 1).

Orgs et al. (2016) studied the intersection of social cognition, aesthetics, and communication within dance via the lens of *cognitive informatics*. First, they articulated the three components of this type of aesthetic communication: *the message transmitter*, *the message*, and *the receiver*. Next, they broke aesthetic experiences into three dimensions, into which all human experiences can be categorized or judged: (1) like or dislike (*valence*), (2) active or passive (*activity*), and (3) strong or weak (*potency*).

Orgs, et al. (2016) opined valence (the judgment of whether something is beautiful or ugly) and activity (the judgment of whether something is orderly or disorderly) are in the forefront of “aesthetics of experience”, while Orgs, Hagura, and Haggard (2013) argued potency plays more importance in performing arts.

This process of aesthetic judgement is thought to require using intuition, tapping into embodied knowledge. It is a process that is “readily understood by artistic researchers who recognize that the opposition between explicit and tacit knowledge is a false one” (Barrett, 2007, p. 1).

Dance. Orgs et al., (2016) operationalize dance to includes the element of an audience, which differs from the popular definition, “to move one’s body rhythmically usually to music: to engage in or perform a dance” (Merriam-Webster, 2019). They argue that successful communication between the performer (dancer) and audience is key to the aesthetic experience of dance. Hence, they theoretically tie aesthetic perception of body movement with communication in the performing arts. From this they formulated a theory of neurocognition of aesthetics for dance.

In their conceptualization dance can be understood as an aesthetic activity that relies on social cognition which occurs in the passing of messages between members of a culture via their bodies. They explained in dance, “the cardinal activity of communication is the direct contact between two or more people” (Orgs et. al., 2016, p. 4), which is unlike other art forms in which the communication is indirect, mediated by objects or representations, as in painting, film, or literature. “In dance, the communicative situation is the work” (p. 4). It is bi-directional, requiring a dancer (transmitter) and an audience member (receiver).

Orgs, Hagura, and Haggard (2013) took a different position. They opined, valence and activity are “implicit sources of aesthetic experience since they depend on the neural architecture for visual processing of human movement. Since the receiver has little control over the perceptual mechanisms that are triggered by observation of a specific movement,” they argue “these implicit mechanisms are primarily under the influence of the transmitter. In creating the movement message, both dancer and choreographer choose how to simulate the brain of the spectator” (p. 17).

Like models used in music, language and visual arts, Orgs et al., (2013) proposed a “hierarchical model of aesthetic perception of human movement” which contain three “distinct processing stages” of “movement representation”, *body postures*, *movement*, and *choreographic structures* (pp. 603 - 604). At the top of this hierarchy, the structural level, exists movement phrases, or gestalt units, which have compositional rules (needed for choreography). Below this is the dynamic level which contains movements, transitions from one position of the body to another. At the bottom of this hierarchy exists the static

level, which contains a “vocabulary of body postures” of the mover (p. 604). They opined aesthetic judgement occurs on all these levels.

They reasoned that those valences in the static level contains judgements, aesthetic preferences, for the spatial symmetry of posture, body parts, and facial features. Aesthetic preferences related to the body depends on the “feasibility of implied motion,” body size, and posture geometry (Orgs et al., 2013, p. 604).

They suggested that valences for the dynamic level are related to effort qualities of movement identified by Laban, the mover’s use of the elements of time, space, weight, and flow (Orgs et al., 2013, p. 604). However, they also noted that these have not been experimentally tested, whereas motor expertise and familiarity have. They cited prior paradoxical research findings in which feasibility – the ability to perform a movement-decreased aesthetic preference yet fluency (the quickness with which a movement could be done, which can only be done with ability) was found to increase aesthetic preference.

On the structural level, the composition of the movement is of concern. Spatial and sequential symmetry of the movement pattern is hypothesized to impact aesthetic perception, which is also related to its continuity (Orgs et al., 2013). Furthermore, familiarity with the movement, *exposure*, has been theorized to be related to its valence, which is also related to its complexity (p. 605).

To test the above theoretical structure Orgs et al., (2013) manipulated their participants’ familiarity with symmetry. Paid participants ($N = 40$, 50% female, age range 19- 47 years) had little to no dance experience. They hypothesized that “familiarization with sequential symmetry or asymmetry should increase subsequent liking [aesthetic preference] for the same apparent motion sequences” (p. 605). Their experiment

consisted of an exposure phase and a test phase. They analyzed data with repeated ANOVA and regression measures to predict aesthetic ratings. Findings showed that larger aesthetic ratings were given to symmetrical sequences than to asymmetrical sequences. Interestingly, pre-exposure to asymmetry related to higher ratings in aesthetic values of these sequences which was not found in symmetry.

Orgs et al.'s (2013) study was groundbreaking as no other experiment has examined how “structural level of representation contributes to the aesthetic perception of movement sequences” (p. 609). Their framework allows movement to be analyzed on all three levels. Limitations include possible weakening of validity by the theoretical assumptions made. They assumed equivalence in the grammar/syntax of the structures in the cognitive processing of verbal, visual, musical and movement stimuli. However, the body and its postures cannot be separated like words or notes of music can. They do not have “obvious categorical boundaries” (p. 609). They aimed for a “context free grammar” (p. 606) by using 8 postures in 64 different “apparent movement sequences” (p. 606) that were not based on any known cultural dance form.

Limitations of Orgs et al.'s (2013) study were addressed in a later study by including an audience, and social interaction in Orgs et al., (2016) study, as discussed above. Social cognition suggests it may not be possible to create “meaningless movements.” Perhaps a better question would be when might movement be meaningless? Further research is needed.

Summary

The above literature on tacit knowledge, collective cognition, and cognitive aesthetics could inform DMT theory, encouraging utilization of different forms of

knowledge in research. Looking at tacit group processes aesthetically may help examine the collective cognition occurring on a microlevel, for example on the static level of body posture. Arts-based research (Brown, 2008, 2010; Hervey, 2000, 2012; Kossak, 2015; Leavy, 2009; McNiff, 1998, 2011, 2018) provides structure for such investigation.

Arts Based Methods and Research

The choreographer Pina Bausch said, “There are situations...that leave you utterly speechless. All you can do is hint at things. Words too can’t do more than just evoke things. That’s where dance comes in” (Wenders, 2011). McNiff (2011) agrees when he opines that artistic expression furthers understanding and resolves “difficulties in ways not accessible to spoken language” (p. 389).

Sensuous Knowledge

Kinesthesia

Chacian dance therapists utilize touch (Bruno, 1981; Johnson & Sandel 1977, 1996; Schmais and Diaz-Salazar, 1996; Schmais and Felber, 1977) and all the senses, with *kinesthesia* at the forefront. Kinesthesia represents sensory perception of movement through “muscular effort” (Crawford, 2010, p. 185). It is feeling into one’s body, all its elements (size, shape, joints, and limbs in space) and what they are all doing together. “Such a sense is the origin of our skilled and volitional movement and emanates from the more general body-field of felt sense, interminably looming on the fleeting sensations of now” (p. 185).

Felt sense

Rappaport (2013) articulated how utilizing *felt sense* (Gendlin, 1981), another form of tacit knowledge, is an important part of ABR. Gendlin defined it as the

phenomenological sense of oneself, including one's body and one's situation. He clarified, felt sense is not emotion, it is broader and messy (Gendlin, 1992).

The process of using one's felt sense is what Gendlin (1992) called *focusing*. Rappaport argues that felt sense can be used in any phase of ABR. Focusing helps connect felt sense to discursive symbols. Hervey modelled such steps in *artistic inquiry* (2000), what she renamed *embodied artistic inquiry* (2012).

Embodied Artistic Inquiry

Hervey is “the original voice in arts-based research in DMT” (Brown, 2013, p. 10). She described *embodied artistic inquiry* as a process that engages with art making in the collecting, analyzing, or representing of data (Hervey, 2000). She explained that it honors the creative process and is derived by the researcher's aesthetic values.

Choreography & Dancing

Cancienne (2008) described how metaphors and images (current and those from memory) bring sensory data into her own choreographic process. She cites Hawkins in describing the choreographic process as “*taking in, feeling, imagining, transforming and forming*” (p. 401). The choreographer takes in data as a constant flow of sensory information (visually, aurally, tactilely, and kinesthetically from the outer world and make sense of it internally “through organizing fragmented experiences into a meaningful relationship” (p. 401).

Dancing, like all art making, is a sensuous process. Sensuous epistemologies (Stroller, 1997; Powis, 2017; Sparkes, 2017) may help scholars understand the “slippage” (Pelias, 2008) that occurs between the performative act and the understanding of the

viewer of this act, between action and understanding, or between, what Koch (2017) labeled in the aesthetic processes of CAT, enaction and perception.

Haptics

The dancer's skin is active in the processing of knowledge. ABR engages and honors haptic ways of knowing. Crawford (2010) describes the role of skin in felt experience and "tactile intelligence" (p. 178). Crawford reminds scholars that the skin is the "mother of all our senses" (p. 178). "Touch becomes sight, smell, taste, and hearing, all further (or specialised) interpretations and elaborations of this originary system of perception" (p. 178). The importance of skin and touch and sense in ABR, as in DMT, is more than the tactile intelligence it provides. This type of awareness, through sensing and attuning (Kossak, 2015) is part of ABR.

Translating Tacit Knowledge and Transience

As discussed above, an important question for dance therapists, and arts-based researchers, is in "aesthetic ways of knowing" (Kossak, 2015, p. 30) are words necessary or not? With regards to dance, "Is it possible to grasp through language what is quintessentially 'without words'" (Crawford, 2010, p. 179)? Capturing the transient processes in DMT lexically is difficult (Brown, 2010). Is it possible? Crawford (2010) would argue no. She wrote, "What and how I feel movement *as I move* is a skillful perception and engagement that can only be articulated through the practice of movement itself" (Crawford, 2010, p. 178). From this line of thought it can be argued that some knowledge only exists in the sensuousness of the body. Is documenting and codifying this type of knowledge too difficult a task for the current state of academia? As Sparkes (2017) wrote, "to accept sensuousness in scholarship is to eject the conceit of control in

which mind and body, self and other are considered separate” (p. xvii), which may challenge power structures and authority.

Necessity

Yet knowledge is expected to be communicated in academia through lexical skill, where the requirement for graduation with a CAT degree is the production and completion of a written master’s thesis or dissertation. Even outside academia, Kossak (2015) argued, ABR must be turned into text as it “must serve a broader audience” (p. 25). Thus, this conundrum of translation from experience, sensation, feeling and art to words must be addressed.

As Pina Bausch denotes in the quote above, and as in science, in an epistemological journey the best researchers can do is try to gain as much knowledge as possible about a phenomenon and realize that they will never fully get there. No research method is flawless (McGrath, Martin, & Kulka, 1982). In all forms of research measurement error exists – the best researchers can do is estimate measures of truth, reality, and experience. There is always some error, one can never know all there is to know about a specific universe or data point.

Examples

Despite this conundrum, a deeper understanding of the process of moving from body language to written language feels urgent and necessary to take the field of dance/movement therapy further. In a qualitative case study of her choreographic process, Cancienne (2008) articulated how she uses “image and metaphor, dance technique and choreography, and childhood educational experience” to move from “discursive symbolic systems (words) to a presentational symbolic system (movement)”

(p. 397). How have other arts-based researchers moved representation in the reverse order?

In a recent ABR study, researchers were able to articulate how they moved from language, to image, to greater understanding using video making and dissemination. Macintosh, Sandall, Collison, Carter, and Harris (2017) utilized film to access participants' tacit knowledge of complications in childbirth as part of The Re-assure Project in the United Kingdom. This study included 34 women who had perinatal complications, 15 obstetricians and midwives, 3 clinical managers, and 8 group representatives. The participants and researchers worked together, using arts-based methods to help create animation to educate and empower women to speak up about difficulties during pregnancy. The researchers used art "both as product (i.e., production and dissemination of the animation) and process (i. e. public and professional engagement in the project and their assessment of whether the product was rendered convincing by the reality of practice) (p. 648). They concluded their findings "demonstrated the benefits of arts-science collaborations for meaningful co-production and effective translation" of tacit knowledge into "research evidence" (p. 647).

Summary of Literature Review & Gap Analysis

The literature reviewed above focused on articles published in the English language which limits its scope. It has examined the curative factors in psychotherapy in general, and within group psychotherapy particularly. Group psychotherapy was then compared with individual psychotherapy. The main finding of these studies is that research to date shows no significant difference in outcomes or efficacy between the two. While the research base in this area is growing, more studies are needed to help decipher

which types of groups are best for which client population, and when individual or group therapy are indicated. More research is needed to find the best fit to decrease clients' leaving therapy prematurely.

The DMT literature reviewed described the healing factors in DMT and CAT (deWitte et al., 2021; Gabel & Robb, 2017; Koch, 2017; Schmais, 1985) and found scant attempts to validate and expound on Schmais' conceptualizations directly (Erhardt et al., 1989; MacDonald, 2008). It explained the systems that dance therapists have used to examine group processes in movement and the research that has used these systems to expand the body of knowledge in DMT (Eshet-Vago, 2017; Johnson & Sandel, 1977; Johnson, Sandel, & Eicher, 1983; Koch, 1990; Sandel & Johnson, 1996; Schmais & Diaz-Salazar, 1998; Schmais & Jackoff-Felber, 1977). It points to some research gaps in DMT scholarship.

First, while multiple means of analyzing group-as-a-whole processes from movement exist, these systems have not continually been used by researchers or practitioners. Even a recent study of group processes in a dance/movement group (Eshet-Vago, 2017) completely rejected extant systems of DMT group analysis. This leads one to ask: why? Are they not user friendly enough? Are they too complex? Do they take too long? What changes need to occur to help practitioners utilize these tools?

Finding ways to observe, capture, and understand the fleeting, emergent, enactive, collaborative processes in DMT for empirical investigation requires looking at individual processes and group-as-a whole processes in combination. Past attempts have looked at one or the other, but not both together. The concept of ensemble (Haen, 2016; Sawyer, 2003, 2007, 2012) looks to be a promising construct to begin to do this. Scholars of DMT

are beginning to realize this type of dual analysis is needed (Eshet-Vago, 2017; Koch & Fischman, 2011; Koch, 2017). Eshet-Vago's study gives a group-as-a-whole analysis utilizing LMA and an individual level of analysis from individual interviews and synthesized the two into a manual, but it has not been tested and the method needs replication.

The second gap exists in the need for clarifying, testing, and validating DMT theoretical constructs, such as the healing process of group DMT (Acolin, 2016). Koch's (2017) new theory of embodied aesthetics is promising in its incorporation of tacit processes and embodied cognition. More studies are needed to validate the concepts therein. The recent deWitte et al. (2021) study has begun the process but needs further semantic and semiotic clarity to help operationalize and then test these concepts. Additionally, more studies are needed to examine the processes of enaction and perception. How can the current DMT group analysis tools (Eshet-Vago, 2017; Johnson & Sandel, 1977; Johnson, Sandel, & Eicher, 1983; Koch, 1990; Sandel & Johnson, 1996; Schmais & Diaz-Salazar, 1998; Schmais & Jackoff-Felber, 1977) be used to help validate these and other core DMT phenomenon such as mirroring, the circle, movement metaphor and grounding? Much headway has been made thus far in the recent decade in the work of Brauninger (2014), Koch, Schreiber-Willnow and Seidler (2013), and Wiedenhofer and Koch (2017), Koch et. al. (2019) but testing of the theoretical concepts and replications of these findings are needed.

Another largely unexplored dimension in DMT research on group process is utilizing and developing client feedback (as did Eshet-Vago, 2017; Erhardt, Hearn, & Novak, 1989; MacDonald, 2008) in understanding the therapeutic value of DMT

processes. More research needs to be done on understanding and quantifying the difference between therapist and client evaluations of DMT.

Lastly, while ABR has been useful in capturing the tacit and ineffable process that are fundamental to CAT practice (Brown, 2008, 2010; Hervey, 2000, 2012; Kossak, 2015; Leavy, 2018; McNiff, 1998, 2011, 2018), it has been underutilized in DMT research (Brown, 2008; Hervey, 2000, 2012; Kawano, 2017). In the literature review, this researcher found no English language studies that used ABR to explore groups in DMT. However, many of these studies do clearly articulate tacit processes.

Research on collective cognition and innovation informs that tacit processes in work teams can be transferred to give business a competitive edge (Leonard & Sensiper, 1998; Nonaka & Takeuchi, 1995; Seidler-de Alwis & Hartmann, 2008; Spender, 1996). What other processes may be found if researchers looked more closely at DMT from a purely tacit, aesthetic, or dance lens as opposed to a psychological one? Would this type of research find something different from existing research? Can ABR help develop a tool for group analysis in DMT that looks at the ensemble or complex emergent processes? Can ABR better investigate these kinesthetic, tacit, processes at work in DMT? Would an ABR tool be more user friendly to practitioners?

These questions and the literature reviewed above have informed the researcher's thinking as a dance/movement therapist, researcher and educator about the way knowledge is transferred. The present study's use of ABR is informed by Sparks' ideas on sensuous scholarship, Sawyer's (2003, 2007, 2010, 2012) ideas on creativity, complex emergent systems, and collaboration. Koch and Fischman's (2011) ideas about enaction, Koch's (2017) theory of embodied aesthetics, and Org et al.'s theories of aesthetic

communication in dance (2016) and aesthetic perception (2013) have also influenced the researcher's thinking about the healing processes in DMT. With the goal of investigating the transfer of knowledge (Nonaka & Takeuchi, 1995) from body movement and dance phenomena to clinical practice and research the study now turns to the methodology to answer the question, what are the tacit kinesthetic healing factors in Chacian DMT?

CHAPTER 3

Method

This participatory arts-based research (ABR) utilized embodied artistic inquiry (Hervey, 2012) as the methodology. The focus of the study was to understand the healing factors that are specific to the art of dance embedded in the praxis of Chacian DMT. The researcher conducted three focus groups with practicing dance/movement therapists via encrypted video conferencing on the researcher's institutional Zoom account which investigated the aesthetic healing factors in group DMT utilizing dance and movement as forms of data collection and analysis.

ABR was the best methodology to answer the research question: What are the tacit kinesthetic healing factors in Chacian DMT? Historically, the profession of DMT has relied on Western psychological theories to explicate, understand and to justify its praxis. Furthermore, it has used scientific epistemology to research this healing form which is based in the art of dance. Is it possible to gain in-depth understanding of the fundamentals of any art form without using the artistic processes within the form? The author argues that ABR is the best method to examine DMT as it relies on tacit knowledge which can be best understood by engaging in tacit processes of its unique art form.

As this research focuses on dance making in a collaborative process it also can be identified as participatory action research (PAR) fitting its three "essential elements" of participation, action, and research (Spaniol, 2005, p. 87). Spaniol argued, "artistic activity is consistent with the tenets of PAR because it is by definition action-oriented" and furthermore "its prime value- collaboration- has long been embedded in actual practice (p. 87).

Participants as Co-Researchers

This study was not focused on people, clients, patients, or participants. This study sought to capture abstract concepts or phenomenon that reside in the tacit processes of Chacian DMT. The author sought to conduct research with other professional experts, to do research with them as co-researchers, not to do research on them or about them.

The author sought a collaborative egalitarian relationship with the professionals who engaged in this study. Nine dance/movement therapists with advanced knowledge, defined for this study as at least 10 years of professional group practice, were recruited for this study not as subjects or participants but as co-researchers in a “nonhierarchical setting for mutual interaction” (Spaniol, 2005, p. 86). The most notable motivation here was the lead researcher’s desire to have the participants be equals rather than “responders” to find “aesthetic resonance” between her artmaking (dance) and the participants (Spaniol, 2005, p. 87).

Recruitment

The author recruited co-researchers through two sources. The first was via social media of the ADTA and of the author. The second was via email outreach to gatekeepers at universities where there are graduate programs in dance/movement therapy. Snowball sampling was utilized. Once participants agreed to join the study, they were asked if they knew other dance therapists with at least 10 years of professional group practice, including the Chace technique, who may be interested in participating.

The co-researchers were asked about their praxis of group dance/movement therapy. The only personal information collected was regarding the participants’ professional expertise, including their education and training, to access the tacit knowledge that exists within their praxis. Participation was voluntary. Only participants who wanted to share their

professional expertise, who were comfortable utilizing video and creating dance phrases engaged in the study.

The lead researcher also sought demographic information. Throughout the study the co-researchers and lead researcher asked questions of each other and the collective. These included:

Where do you live?

How long have you been a dance therapist?

How do you identify racially/culturally/ethnically?

What was your training in Chace technique- who taught you this approach, when/where?

How have you implemented it and in what settings, over how many years?

What is your dance background/training? Are you still dancing for yourself, taking any classes or dancing/choreographing with a company or performance group?

Demographics

One male and eight females participated in the study. Their ages ranged from 30's - 70's. All were all cis gendered and born in the United States of America. Three lived and practiced DMT in California, one in Minnesota, one in New Jersey, three in New York City, and one in Philadelphia. One was Hispanic and eight were Caucasian/ non-Hispanic. Three identified as culturally Jewish. Two retired from their institutional work, one of these two also retired from clinical practice, but both continue to supervise dance/movement therapists or teach. One participant was only teaching and doing research. The rest were all actively practicing dance/movement therapy in institutions or in private practice.

As a requirement of the study all the co-researchers had clinic experience utilizing the Chace technique. The length of their experience ranged from 10 to 40 years of

practice. All taught, trained, or supervised graduate or professional dance/movement therapists. Below is a list of all the types of settings the co-researchers had worked in.

- State and Private Hospitals- medical, oncology, detox, & psychiatric (voluntary and involuntary) units
- Partial Hospital Programs
- Community-based settings
- Private practice for therapy and supervision
- Private clinics
- Addiction counseling centers.
- Forensics
- Schools
- Graduate DMT Training Programs
- Private Group Practice of Creative Arts Therapists

Among these settings the dance/movement therapists, co-researchers, had treated the following populations: people with diagnoses of schizophrenia on a committed unit, adults on voluntary psychiatric units, adults and adolescent on dual diagnosis units, adults in detox, chronically mentally ill, children with special needs, first responders, adolescents undergoing detox, men who were incarcerated and on a forensic unit. One participant had worked at the famed St. Elizabeth's Hospital where Marian Chace started her work in psychiatry.

Participants studied and trained with the following dance therapy founders and first-generation dance therapists: Lee Cole, Debbie Thomas, Arlynn Stark, Sharon

Chaiklin, Judith Bunney, Judith Fischer, Sarah Oosterhaus, Ruth Shor Janatti, and Beth Kalish. None of the participants had studied with Marian Chace directly.

Data Collection

The lead researcher conducted a series of three focus groups to collect data. Data collected included videos created by the co-researchers, video recordings of the focus group meetings, and transcripts of the discussions from the second series of the three focus group meetings. All focus group meetings were held and recorded on the researcher's encrypted institutional Zoom account.

Procedure

After receiving email confirming each participant's interest in the study, the lead researcher explained their role as a co-researcher and how they would contribute their dance and movements to this ABR. She answered any questions they had either via email or via telephone conversations. Next the author emailed consent forms to all nine co-researchers. Once all the consents were signed and returned to the author, she sent out a *Doodle Poll* to arrange dates and times for the first focus group meeting. The researcher wanted to keep the focus groups small with 3-4 participants each due to the use of videoconferencing. The make-up of each focus group was determined by availability of the co-researchers. The same process with the Doodle poll was repeated after the first and second series of the focus group meetings were held to arrange the dates and times for the subsequent meeting.

The nine participants were divided into three focus groups that met for three sessions each for a total of 9 focus group meetings. As explained above, this was determined by the availability of the co-researchers. Each focus group met approximately 90 minutes

each session, with a couple lasting 120 minutes towards the end of the study. These took place over the course of six weeks between March and May 2021.

First Focus Group Meeting. Two of the first round of focus groups occurred on 3/30/21, one at 3pm and the other at 7:30 pm Eastern Standard Time (EST). The third of this first round was conducted on 4/2/21 from 8-9:30 pm EST. During the first meeting of these focus group sessions participants were asked to watch a slide show presentation describing the details of the study and the use of video and dance in ABR. The group discussed the application of ABR to understand the healing factors within Chacian dance/movement therapy. After the discussion the author led the group in a movement experiential as outlined in Figure 1 below.

The experiential began to explore the co-researchers' ways of kinesthetically knowing the healing factors within their own group work. The co-researchers listened to prompts from the author while moving and dancing to start to embody the research question and gestate their responses. Each co-researcher danced on their own. No directive was given to respond to the movement of others on the computer screen. They danced from their own internal impulses in response to the prompts as an introspective process detailed in steps I - 4 in Figure 1 below. This was done as the preparation for the arts-based data collection that each co-researcher was to do alone before the next focus group meeting.

The lead researcher told the co-researchers that the prompts were jumping off points for their own exploration and not rigid guidelines. The researcher began the prompts with time for the coresearchers to reflect on their groups to ground them in their experience not in their analytical or theoretical assessment.

Figure 1*Prompts for Embodied Exploration in First Focus Group*

1. Introspection

Can you remember a group DMT session that really stood out to you for its potency or that your clients tell you they always remember?

i.e. The type of session you'll always remember.

Maybe it was years ago, maybe it was yesterday.

2. Explore the Memory within yourself

Who was there?

Where was it occurring?

When did this group occur?

What were the qualities of that group that stood out?

What was happening in the movement?

What was healing about this group?

What was unique to the dance in this session?

How did you and your group members create this?

How did you facilitate this process?

Can you remember sounds or statements your clients made?

Do you remember the music and the role it played?

3. Evocation

Can you move now with these memories?

Can you move with the feeling or feelings evoked in that group?

Can you move the patterns that were part of this group?

Can you move to represent what you did in that group?

Can you represent the healing that was in that group in your movement?

4. Pause

Let all that settle and seep in.

5. Representation

Choreograph the healing aspects you felt and remember from your groups

Place them into a repeatable movement phrase- at least 8 counts for each aspect

& record it on video.

Prompts 1- 4 read to participants during the initial focus group. Phrases were added for emphasis as needed. List also emailed to participants for use during individual explorations in creating data. Prompt 5 was completed before the second focus group.

The goal with the prompts was to access the kinesthetic and sensuous knowledge contained in the coresearcher's sensorimotor memory (also known as body memory) and procedural memory (APA, 2022). This embodied experience was simultaneously a form of "knowledge dissemination" and "engaged knowledge production (VanKatykw & Seko, 2017) set up to embrace "a physicality of knowing" (Cancienne & Bagley, 2008, p. 176).

Between Focus Group Meetings. Between the first and second meetings of the focus group, co-researchers were asked to again tap into their individual, tacit, and kinesthetic knowledge of the healing factors in their group work as they did in the first focus group meeting. While in the first focus group they were prompted to do steps I-IV (as seen in Figure 1 above), this time they were asked to add step V, to create as many choreographed phrases as needed to represent all the healing factors they identified, with a max of five minutes for the final video. They were also instructed to reflect on their

current practice during this process. They were told they would share this data, these recordings of their own movement representing the healing factors, in the second focus group meeting.

Second Focus Group Meeting. After each co-researcher sent their video to the lead researcher, she uploaded them to her password protected Vimeo account for storage and ease of access during the second focus group meeting. After all the co-researchers completed the videos capturing their representations of the healing factors, the second round of focus groups began in April 2021. These groups occurred on 4/15/21, from 7-8:30 pm EST, on 4/16/21 and 4/19/21, both from 8-9:30 pm EST.

Again, the author created a Doodle Poll. The three subgroups were determined by the availability of the co-researchers. Thus, each subgroup had different members for each round of the focus group. Introductions were made at the start of each focus group.

The second series of focus group meetings began with each group watching each co-researcher's videos together in silence without a movement directive. Each group then watched all the videos a second time while moving with them. Co-researchers were instructed to move in response to the video in any way they needed to embody each representation of the healing factors. No group discussion occurred between the first viewing of the videos in stillness and the second viewing with movement.

No restrictions were placed on the movement except to maintain personal safety. Members were able to connect with each other in movement over the video, watch each other, if they so choose. After the second viewing was complete, members were given time to move, reflect, record, write or make art in response to the movement experience.

Lastly the group discussed the videos. Co-researchers shared their experience making their videos and watching each other's videos. They noted differences between just watching and moving with them. It was these discussions that the author transcribed and subsequently analyzed (see below).

This entire process was then repeated with each subgroup until all co-researchers were able to view all the videos and discuss them. One subgroup ran out of time given the 90-minute parameters. The co-researchers in that subgroup then joined a subsequent subgroup so they too could engage in the full discussion of the videos.

Data Analysis

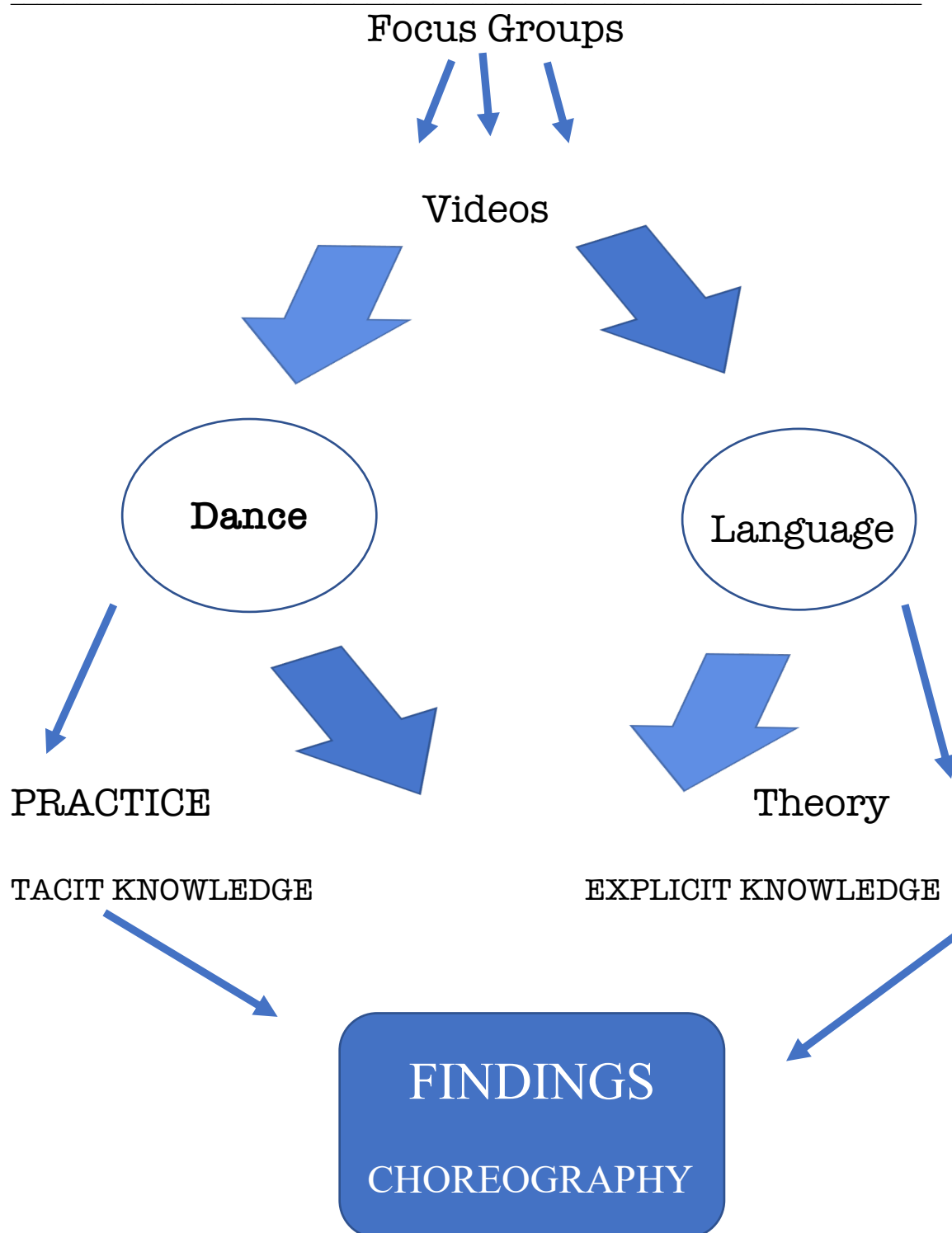
There were two levels of data analysis, lexical and kinesthetic, which are summarized in Figure 2 below. This process included finding the meaning units from the transcripts of the focus groups and choreographing movements the coresearchers created to represent the healing factors in Chacian DMT.

Qualitative Analysis

The lead researcher downloaded the zoom transcripts from the second round of focus group interviews held on 4/15/21, 4/16/21 and 4/19/21 to qualitatively analyze them. First, she compared each transcript to the audio of each video recording to ensure accuracy. She made corrections to each transcript whenever the text did not match the audio. She checked each error in the transcription at least two times to make sure the correct wording was written. This produced a clean-text of each transcript.

Next, she coded each cleaned transcript searching for words or phrases capturing the healing factors discussed in each focus group interview. On the first pass through the cleaned transcripts, she wrote each code, a word or set of words, down on a square sticky

Figure 2
Data Analysis Plan



post-it note. On the second pass through the transcript, she added the time codes from the video recording for each meaning unit. She then categorized the codes, placing all similar sticky notes together. From this she made a master list for each focus group's interview. These are displayed side by side in Figure 3 in the Results below.

The lead researcher then compared all three lists together. She collapsed the three lists into one master list to create the final list of results featuring the healing factors within Chacian DMT. These are displayed in a list in the Results below. The researcher took these results back to each subgroup in the third round of focus groups. This was done as a form of member checking to verify and assure, they accurately represented each group's findings from watching, dancing, and discussing the nine videos each co-researcher submitted to represent the healing factors in their Chacian group work.

Choreographic Analysis

In this section, I, the lead researcher, describe how I analyzed the videos submitted by the co-researchers. I am switching to the first-person voice here in the text to honor my embodied knowledge and to better depict the immediacy within kinesthetic processes. I watched each video the co-researcher created, alone and with each focus group. I also moved with each video during each of the second focus groups with all the co-researchers as they simultaneously watched and did the movement phrases, dance steps, featured in each video. After the second series of focus groups concluded I went into the dance studio. With the addition of the choreographic sessions, I watched each video approximately 10 times.

I spent 6 hours in the dance studio, over 3 visits, to analyze the videos through choreography. These choreographic investigations visit took place on April 27, April 29,

and May 2, 2021. On each visit to the dance studio, I did a full cephalo-caudal 45 minutes modern dance warm-up movement to adequately prepare my body to move, express, and tap into its creative potential at its best. I documented these sessions with still photos and video recording using my iPhone XI camera.

Inside the Studio.

First Studio Visit. On the first trip to the dance studio, I watched all the videos again at least twice and repeated the movement phrases from each co-researcher. Next, I spontaneously moved in response to the videos in their totality, without watching them. I used an improvisational process, letting the movement phrases of the coresearchers ebb and flow in and out of my body and awareness letting my own movement emerge as well, using the studio mirrors and iPhone to observe and document my process. I took 16 photos and captured 6 videos from this first session.

Between the first and second studio choreographic sessions I repeatedly watched the video recordings I captured during the first session to see what stood out and what worked aesthetically. I repeated movement phrases from the videos and begun to play with them in my body and movement during my day-to-day activities, trying to reproduce sequences for choreography.

Second Studio Visit. During the second studio session, after the warm-up, I placed post-it notes with the coded terms I had written on them from the findings of the qualitative analysis of the transcriptions of the second round of focus groups, on a section of the dance studio floor (see Figure 1 below). Each post-it had one term on it to represent a healing factor. I watched the videos from the prior studio choreographic session and repeated some of the movement phrases from the improv, trying to recreate

combinations that stood out for their complexity and impact. I felt stuck and found myself in a creative pause, sitting in contemplation, as I tried out the movement combinations in different orders, often feeling like I was failing. Some combinations felt too difficult to reproduce that day.

The movement was not flowing out of my body as easefully as it had in the first session in the studio. I noted that this could have been the result of the lack of body conditioning due to being transferred to a sedentary job in my role as dance/movement therapist in a major hospital in New York City which required many hours of work on the computer. I had not done a dance therapy group for over 6 months due to the COVID-19 pandemic and was feeling tired and sore. I was also in more of an analytic, cognitive mode, comparing my movements to what was written on the post-its. I noted if anything was missing from the videos that were written in words. I took 10 photos but did not capture any videos of choreography due to feeling displeased with my execution of the movements. I used the studio mirrors to observe my movement. Interestingly, I contained my movement to the area in the studio where the post-it notes were and in the prior session I moved freely throughout the whole expanse of the studio.

Third Studio Visit. During the third choreographic session I used a different studio that did not have mirrors as the first two sessions had. I solely relied on the computer screen and camera in my MacBook Pro laptop and iPhone XI to view my movements. After the warm-up I watched the videos I had created from editing (as described in the paragraph below) and reproduced them live in the studio. I repeated sequences multiple times and video recorded them, watched them, then made changes. I played with the sequencing, effort qualities, timing, use of space, levels of movement, all

with awareness of the movement within the video frame and how I was interacting with the camera to engage the viewer to break the fourth wall. I made additions to the choreography to capture elements I felt were missing in the movement but were represented in the qualitative findings. I took four photographs and captured seven videos in this last studio session.

Video Editing

During my regular choreographic practice, I create movement then take a single movement or a sequence or set of phrases from it and try them out in different order, either on my own body or my dancers' bodies and revise them. I play with theme and variation, to create a final piece of choreography while in the dance studio. For this research, I was doing a similar process but using video editing apps to figure out the sequences, cut from videos of myself moving. This was a new process and a new discovery for me. I created a final video to capture the choreography and to present to the co-researchers to represent the ABR findings.

Between the second and third session I began to play with and edit the video footage from the first studio visit, cutting sections from the six videos (of movement phrases) and placing them in an aesthetically coherent, pleasing, sequence. After the third studio session I continued to play with and create a video from all the footage of my movement. I used iMovie on my MacBook Pro, Instagram, and Videoleap Apps on my iPhone XI. I also experimented with video editing options on Vimeo which I did not use as I was not pleased with the outcomes. During the editing process I enjoyed some of the clips I created from the footage so much that I posted a few shorter versions of them on my social media, TikTok and Instagram accounts

(<https://www.instagram.com/p/COWxm-dHMXy/>)_for my own and my followers’ aesthetic pleasure.

In addition to cutting sections of video to play with and reorder the movement phrases for choreography, I repeated some movement phrases/video clips to emphasize movement themes. I also added other effects using the MacBook Pro iMovie app. I played with the speed and timing of the video clips. I speed up movements at times and slowed them down to exaggerate emotional content. I reversed some movement phrases by playing clips backwards. In one moment, I paused the video to freeze the frame. I added transitions so the video clips would blur, dissolve, spin out, swap frames left or right, open like a doorway, fade to black or fade to white between clips. I added filters starting at about 6 minutes into the video to change the color and light, to create a mood, and to elicit more feeling. These were the *bleach bypass*, *aged film*, *silent film*, *glow*, *flashback*, and *dreamy* filters.

Music Choice

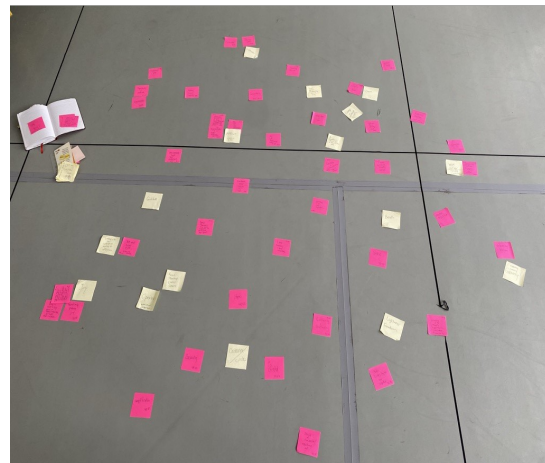
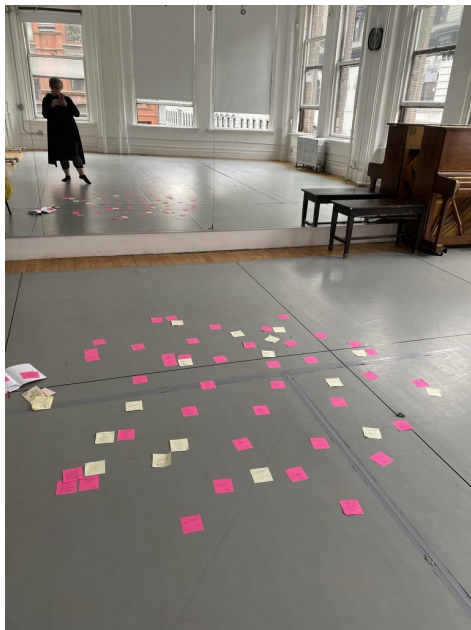
During the choreographic sessions I chose music to dance to that was familiar to me as none of the co-researcher used music in their videos. The main genre of music played was Indie Rock featuring songs from bands such as Yo La Tengo, Bon Iver, the Fleet Foxes, and Deer Hunter, with the addition of more mainstream, Radiohead. I chose music that is familiar to me to have a score that was predictable, emotionally evocative and known. This familiarity helped to structure the movement phrases in a way that rhythmically made choreographic sense.

In this last session I played with two different song options. The first was a string quartet version of “Burn the Witch” by Radiohead (2016). The second was, “He Would

Have Laughed” by Deerhunter (2010) from the album *Halcyon Digest*. I had begun choreography to each of these songs prior to the Pandemic but never set a final piece to either song. Even though the lyrics are somewhat absurdist, I chose the Deerhunter song. I felt the choreography fit perfectly with the song. The strong rhythm and beat at the start capture the rhythm that Chacian dance therapists are taught to utilize to build group cohesion (Schmais, 1996).

Figure 3

2 photos of Researcher in Dance Studio April 29, 2021



Researcher wrote meaning units from her qualitative analysis on post-it notes then categorized them to find the healing factors they represented. She incorporated these into her choreographic process.

The musical bridge to a more melodic atmospheric sound that occurs a little past the middle of the song feels transformational. This transition, that occurs at 4:26 in the song, felt especially important for the transcendent quality it evokes in the dance. The absurdist

lyrics also felt appropriate as much of the work in Chacian DMT occurs with psychiatric patients who often are diagnosed with forms of psychotic disorders, thus do not always make logical sense in their speech, and often can create word salads and echolalia. Also, one of the refrains in the beginning of the song is “I’m a gold digger man” which captures the searching quality that the co-researchers spoke about in the focus groups.

CHAPTER 4

Results

The sections below present the study results identifying and describing the tacit and kinesthetic healing factor embedded in the aesthetics of Chacian DMT. First, the last series of focus group meetings where results were shown to all the co-researchers is described. Second, the qualitative results are presented in lexical form as lists. Then the ABR results are described. Last, co-researchers' experiences conducting this ABR are described.

Third Focus Group Meeting

The third Focus Group Meeting is described here to keep the timeline of the study accurate in the narrative presented in this text. This phase of the study was used for verification of the accuracy of the findings. The main goal was understanding the emotional impact of the choreographic findings represented in the video and clarifying language for the lexical representation of the findings.

After the lead researcher conducted her analysis of the videos and transcriptions, the third series of focus groups began. She again created a Doodle Poll to set up the last focus group meetings to share the findings. As before, the three subgroups were determined by the co-researchers' availability. Introductions were made as needed. These occurred on 5/7/21 from 8:30-10 pm EST, 5/12/21 and 5/15/21 from 8-9:30 pm.

The final series of focus groups began with a showing of the choreographic results (<https://vimeo.com/552919552>). These results were created from the arts-based analysis of each co-researcher's movement video and from the qualitative analysis of the transcripts of the second series of focus group discussions. Next the co-researchers

discussed their responses to the choreography, if and how it represented their findings accurately. Lastly the co-researchers were shown power point slides with lists of terms describing the healing factors found in the qualitative analysis of the transcriptions of the second series of focus groups which were included in the choreography. Each focus group discussed the accuracy of these terms and the language to represent them.

Qualitative Findings

The researcher found 17 categories that captured the healing processes within Chacian dance/movement therapy from her qualitative analysis of the transcripts from the first of the second series of focus group interviews held on 4/15/21, 24 categories from the second of the second series of focus group interviews held on 4/16/21 and 25 categories from her analysis of the of last of the second series of focus group interviews held on 4/19/21. The lists of categories for each focus group can be seen side by side in Figure 3 below. These three lists were then compared, analyzed together, and collapsed into one master list to determine the final list of healing factors which can be seen in the next section below.

The researcher took these results back to each subgroup for member checking as described in the previous section above to verify each group's findings. In the end the lead researcher and co-researchers, in all three focus groups, agreed upon 24 healing factors that were found from watching, dancing, and discussing the nine videos each co-researcher submitted to represent the healing factors in their Chacian group work. Two

The first subgroup's results were the most concise as these co-researchers chose their words judiciously and really sat in silence trying to honor their embodied

Figure 4
Healing Factors Found in each Focus Group

1st Focus Group	2nd Focus Group	3rd Focus Group
1. Inner/Outer	1. Tempo	1. Allowance/ Expression of all emotion
2. Opening/Closing	2. Freedom	2. Playfulness
3. Facial Expression complemented rest of the body	3. Playfulness/ vitality	3. Contain/vessel
4. Collaboration	4. Hard work	4. Animation of spirit
5. Chaos	5. Rhythm	5. Sitting with unknown
6. It doesn't have to look a certain way	6. Release	6. Familiarity is Pleasing
7. Gratitude	7. Container/ holding	7. Journey of self- exploration
8. Sitting with the unknown/ Waiting for emergence	8. Polarities	8. Rhythmic repetition
9. Collaboration	9. Limits/ boundaries	9. Co-creation
10. Change in mvt quality	10. Mastery of Mvt	10. Hope
11. Expanding, releasing, growing	11. Breath	11. Connection
12. Breath	12. Connection	12. Synchrony is a powerhouse
13. Lightness/Freedom	13. Joy	13. Being seen moving
14. Container/Circle	14. Grounded	14. Community
15. Affect	15. Energy Expand/ Contract	15. Grounding
16. Joy	16. Symbolism/ imagery	16. Sensuous Beauty
17. Feet Planted heart open	17. Reciprocation	17. Gesture dance
	18. Ecstasy	18. Chaos: "everything is here"
	19. Organic Progression to Completion	19. Nervous system rewiring
	20. Modulation/ regulation	20. We dance with people
	21. Everyday Movements	21. Grace
	22. Transformation	22. Amplification
	23. Self	23. Joy in connection
	24. Pause	24. Understand what it is to Be in human body
		25. Gathering/Scattering

knowledge as they discussed the videos. This subgroup had the least amount of coded meaning units, 17 in total. Each meaning unit really was a naturalistic category, not needing more analysis.

The second subgroup produced the most meaning units. The lead researcher found 61 initial categories from all the coded meaning units before collapsing them into final list of 24. The last subgroup had 36 meaning units which were collapsed into 25 categories. The difference between groups may be due to the lead researcher's culminative experience from conducting each focus group. As time and the groups progressed, she was able to draw out more information and ask more questions to capture the knowledge she was seeking more thoroughly.

24 Healing Factors

The researcher collapsed the three lists of terms from each focus group (shown in Figure 3) to create one final list of the healing factors found in the qualitative analysis. These were validated by the co-researchers in the final focus group. The healing factors found are:

1. Vitalizing
2. Effortful Searching
3. Making Rhythm Through Repetition-
4. Modulating Tempo
5. Building and Releasing Tension
6. Exploring Polarities
7. Setting Boundaries
8. Actively Using Breath

9. Grounding
10. Mastering Movements
11. Creating Symbols and Imagery in the Dance
12. Creating in Collaboration
13. Connecting and Being Seen
14. Experiencing Pleasure-Joy-Ecstasy
15. Containing
16. Transforming
17. Sitting with Stillness/Waiting for Emergence
18. Accepting Chaos
19. Creating States of Grace
20. Allowing Full Range of Emotion in the Body & in the
Dance
21. Creating Gestures from Everyday Movements
22. Attuning to Organic Bodily Response
23. Exploring Oneself
24. Finding/Creating Beauty

The lead researcher chose to represent these as action terms to capture them as processes to reflect their kinesthetic quality. These actions were incorporated into the choreographic findings. The definition of each is in APPENDIX C. Each healing factor is described next.

Vitalizing

Findings show that vitalization is one of the key factors that give Chacian DMT its healing potency. It is the ability of movement to help people feel their vitality and aliveness. Co-researchers used words such as “expanding, releasing, growing” in focus group #1 and “vitality”, “energy”, “expand, contract, and rest” in focus group #2 to describe this aspect. Focus group #3 said that “dance therapy has the capacity to animate the spirit” and further explained that an aspect of this healing is “understanding what it is to be in this human body” in which the lead researcher collapsed into this category, to represent this healing factor.

Focus group #1 associated playfulness with vitality. Some co-researchers argued that playfulness stands alone, or rather the act of play is a healing factor on its own. However, all co-researchers agreed that you can be playful and not vitalized therefore play or playfulness was not included in this healing factor.

Effortful Searching

Findings show there is a discovery process, a looking for something, that requires effort in this work. Co-researchers called this “exploring with intention” or “intentional exploration.” Co-researchers spoke about the process of hunting for something in session. They noted that this searching is “hard work.” Co-researchers discussed how conducting and participating in a Chacian session “is like going through labor” during childbirth.

Co-researchers emphasized that this contrasts with a common perception of what people think when they see DMT in action, that DMT is just people having fun. DMT requires sweat and effort. There is physicality in this effort. It is not only muscular, but also emotional. It requires vulnerability. And sometimes the process feels primal.

Focus groups discussed how this realm may be out of conscious awareness and may be fully on the tacit level. There was consensus that it is related to manifesting fuller expression of effort qualities in body movement. Theoretically this phase occurs during the working phase in groups, specifically “theme development” in Chace’s approach (Chace, 1993; Levy, 1992).

Focus group #3 noted the hard work may be working through resistance. This may exist for both therapists and patients but also may differ for each. Focus group #1 articulated how resistance to moving is difficult to work through in the warm-up phase of a Chacian session. One co-researcher noted, and others agreed, as a session progresses from warm-up to theme development there is a “dropping down into the body” that occurs that takes the movement into a deeper level on an individual level.

Making Rhythm

The repetition of movements in the body, across bodies, and through space creates rhythm in dance. This is in addition to the physiological rhythms of the human body, respiration being the most pronounced in dance. This healing factor seemed self-explanatory to the co-researchers. All agreed that rhythm is foundational, that “rhythm supports the work” in Chacian DMT.

Modulating Tempo

Related to rhythm is tempo. Dance therapists play with movement in time, speeding up and slowing down the group’s movement when necessary to emphasize the emotionality of a gesture or phrase, to get more directly to feeling, as this researcher did in her video editing of her choreography. Related both to rhythm and tension release,

Tempo is an important aspect of engaging a group in Chacian DMT.

Building & Releasing Tension

Physiologically expansion and contraction can be seen as muscles extending and contracting, which is required to do any movement. Co-researchers spoke about the importance of building something up and letting it go in movement. They argued that there is an aesthetic to this process of building tension and releasing it that occurs in Chacian DMT. Patterns of expansion and contraction are seen throughout the video of choreographic results and were discussed in the focus groups.

In this study the building of tension and its release was seen in many ways. In the individual videos the co-researcher engaged and contracted their muscles as they did various movements. One repeated theme in many of the co-researchers' movement videos was extending both arms out to the side of the body and pushing outward and then releasing it. This motif was seen throughout the final dance the lead researcher created in the video. In another example in the video, the dancer pulls something imaginary from the sky with significant effort and slams her hands on the floor to release it. Focus groups discussed how this building of tension and release is a process of physiological self-regulation.

Exploring Polarities

The list of polarities the co-researcher identified throughout this research continued to grow as analysis of the data proceeded. More discussion led to the discovery of more. Related to tension release, discussed above, expanding outward into the world, spreading arms and legs out into the space around the body and contracting back into oneself, bringing the arms and legs back into the midline of the body, is one prime

example of how dance therapists explore opposite poles of a phenomenon. Some of the other main polarities observed in the co-researchers' videos were agony/ecstasy, fear/anger, joy/grief, inner/outer, reaching out/pushing away and gathering/scattering.

The lead researcher wanted to name expanding and contracting its own healing factor but decided to include it in this category as it logically is subsumed by this category. It is a form of polarity. More research is needed to examine and understand how polarities energetically expand and contract, physiologically, socially, and psychologically within DMT sessions.

Another example of how polarities are explored in DMT is through exploring the opposite ends the effort qualities, time, space, weight, and flow, within the Laban Movement Analysis system. One example is playing with one's use of time and tempo of movement by exploring moving slowly with sustainment and quickly with suddenness. Within the extremes of either end of a spectrum movers can find infinite possibilities in movement and in life.

Setting Boundaries

Co-researcher agreed creating boundaries is a healing factor. In their videos they showed how they created many shapes with their bodies in space to provide containment for their groups. The most common example being the circle. The circle is the preeminent shape used in the final dance video. The co-researchers also showed setting boundaries in their videos by placing their hands up in a stop motion in front of their bodies and out to their sides. The creation of an imaginary wall was a clear motif in many but not all of the co-researchers' videos.

Boundary setting is basic to psychotherapeutic work, in helping clients understand what is me, what is not me. While it is not only germane to DMT or the creative arts therapies (CAT), setting boundaries looks different in traditional verbal psychotherapy than it does in CAT and DMT. This differentiation is important to help the field understand this process more fully. What does this look like in Chacian DMT? Focus groups helped explain. Chacian dance therapists use music, tempo, different shapes in space, flow, movement tasks, subgrouping, to set boundaries, in addition to words.

Mastering Movement

While body action is a key component of all approaches to DMT, Chace scholars have discussed the value of mastering movement (Chace, 1993; Chaiklin & Schmais, 1979/1986; Levy, 1992; Sandel, Chaiklin, & Lohn, 1993;). Existent DMT theory and research has not explicated how mastering movement is healing. In this study mastery of movement was found to be a key aspect of healing that occurs on three levels.

First, a sense of mastery occurs with the ability to do a movement repeatedly, to do it well and get a sense of satisfaction from it. This was found to be related to emotional expression, to experiences of pleasure and joy. It was also related to connection. When a group works together to master a movement sequence or a dance it creates focus. It builds a sense of purpose and can lead to cohesion within the group. It may also have individual value regarding self-esteem, self-assertion, and one's sense of agency.

Co-researchers also discussed how mastery develops in the release that occurs in DMT. They argued that mastery of movement is the process in which one develops one's ability to increase bodily tension, modulate it and then release it. They argued an

advanced level of mastery occurs when one can integrate what occurs during this process within Chacian DMT as a form of self-regulation.

Co-researchers also discussed how finding a coherence or congruence in movement is an important part of shaping the choreography, the sequencing of movement within a session. This is another form of integration and mastering movement. While the dance therapist often acts as the choreographer, she often will share this role with group members.

Actively Using Breath

Co-researchers emphasized breath in their videos. Almost all at some point placed their hands on their lower abdomen or their chests rising and falling with their respiration during their individual choreography and emphasized this in the videos. During the group interviews co-researchers discussed how breath is only named verbally in the warm-up part of a Chacian session, to support the movement but that it weaves through the session just like in a dance class. They recognized it may be the factor most taken for granted, one that you don't have to think about because it just happens.

In the choreographic results the author dubbed over the sound of her own breath in the beginning sections of the video to emphasize its importance. Breath is also related to the expansion and contraction discussed above. Without breath there is no life. Breathing feeds oxygen to the muscles so they can move, fueling one's ability to dance.

Creating Symbols and Imagery in the Dance

Symbolism is a key component in all creative arts therapies. During the focus groups the co-researchers verified its importance in Chacian DMT. They agreed these

concepts are well captured and explicated in scholarly and clinical literature thus did not need further explication.

They spoke about the importance of taking “everyday movements” and integrating them into patients’ movements, how dance therapists help patients see the beauty and communicate their inner world via everyday gestures and symbolic movement.

Symbols help humans connect inner and outer experiences. Symbolism brings life to our thoughts and feelings. They help us connect to ourselves, to others in a group, and to universal experiences. Focus groups discussed how creating imagery and movement symbols supports creativity and incorporates imagination in sessions.

Grounding

Grounding is a healing factor seen in all the videos the co-researchers submitted and discussed in the focus groups. All the co-researchers demonstrated in their videos an ability to connect oneself to the earth, to fully feel oneself in relationship to the floor and gravity. Chacian dance/movement therapists help ground their clients, to themselves, to the group and to the floor, and the earth.

Our first experiences of being grounded as humans are those of being connected to our mother. As we learn and develop, to sit up, to crawl, to stand and walk, we become ourselves. We then ground ourselves to the earth. Chacian DMT can recapitulate this early life experience allowing people to curl into a fetal shape, to crawl, to stand, and to walk as if for the first time, again. This allows a recapitulation of this original motor experience. DMT provides motoric opportunities to redo and re-experience these moments. In Chacian work grounding is achieved through rhythm.

Experiencing Joy - Ecstasy

The most outstanding and surprising finding of this research for the lead researcher was the importance of pleasure and joy in the healing that occurs in Chacain DMT. This healing factor had more coded meaning units than any other category found in the results.

The co-researcher discussed in the focus groups how joy is a form of connection- a state of connectivity. One co-researcher stated, “Hope emerges from it, possibilities are available [when patients experience the joy in these connections] because they have tapped into the life force.” One co-researcher shared that many of her patients express gratitude in these moments.

More questions emerge from this finding, what is the role of joy in DMT? How does it support the other healing factors? Findings suggest it exists on a continuum, from pleasure to ecstasy.

Creating in Collaboration

Creative collaboration was found to be a healing factor in this study. It is general knowledge that working together is a key component of any group experience whether it is task oriented or therapeutic in nature. Complex emergent processes are at play when a group creates something from nothing in a Chacian DMT session. Results here show that this process of creating with, working with others to create something from the interaction in movement is part of what makes Chacian groups potent and therapeutic. Co-researchers also discussed how symbolism, imagery, and rhythm facilitate the creative connection between group members. These are the vehicles through which collaboration occurs within a Chacian group

Connecting and Being Seen

In DMT connections occur on three levels, with the self, others, and the environment. All co-researchers agreed that feeling a connection to oneself, to others and one's surroundings is a key healing factor in their work. In Chacian DMT connecting occurs through physical touch, through the making of and listening to sound and verbalizations, through rhythm and synchrony, through eye contact and through symbolism. Being seen by the others in this process is a critical component here. Containment is one way the connections are made, and group members can be seen.

Containing

Different spatial structures, the way bodies create formations in a space during a dance contain the energy within the space. Co-researchers found that containing is a key component of healing that occurs in Chacian DMT. They created many circles in their movements but also spoke-like shapes, lines, and scattered shapes in their videos. While parlance in the field refers to "the Chacian Circle", the circle has been used in dance since the beginning of time in all cultures. Chace used many spatial formations (Schmais, 198??) in her sessions, not only a circle. Containing and holding are key components to any if not all forms of psychotherapy.

Transforming

Transformation was a factor found in the results. It occurs throughout Chacian DMT sessions. Transformation is the changing of one element of movement into another. Within Chacian DMT the group transformation can occur on many levels energetically; in movement, in interaction, and in intra and interpsychic ways.

Modulating one's energy or one's emotional state is one form of individual transformation that occurs in Chacian DMT. Changes in individual behavior is another form. This individual type of transformation can occur within one group or over the course of time through integration. Transformation can occur on an individual level, on the collective level between these levels or on all of them.

Co-researchers videos showed changes to the level that movement occurs on, the pathways the movement take through space, the phrasing of movement, the efforts used in movement, the level of sound the bodies and voices of the dancers make, the depths of emotional expression. Changes in the depth of the personal material revealed and played with are other ways transformations occur collectively in Chacian DMT.

The lead researcher attempted to show transformation in her choreographic findings emotionally, musically, and visually with filter effects as she performed solo, and it was harder to capture how a group can transform with only one dancer.

Sitting with Stillness-Waiting for Emergence

Results showed that stillness and the ability to pause is an important aspect of healing within Chacian DMT. As discussed in the focus groups this factor is related to collaborating within an improvisational structure or as Sawyer (2015) described it, "deep listening." Pauses were seen in the co-researchers' videos and the lead researcher emphasized them in her choreographic findings.

Chacian dance therapists are taught to "pay attention to the movement" and "follow the movement" to figure out where to take the group. While not named as a pause in the scholarly writings on Chace's work, dance/movement therapists in training

in this approach are taught to be patient and wait for the cue or moment to when something of meaning will emerge (Schmais, year).

Results here are unclear if this is a therapist's task, the individual's task, or the whole group's task. From the lead researcher's clinical experience, this waiting and stillness occurs on all three levels of a group: the individual, the relational and in the collective. Sometimes the wait is short and sometimes it is long.

Accepting Chaos

Focus groups discussed how before integration can occur, which is one of the main goals of DMT (ADTA Credentialing Committee, 1999), fragmentation and chaos occur. This mirrors the creative process. This process was identified as the healing factor of "accepting chaos."

Findings help to understand how chaos (within Chacian DMT) is a process of letting movement arise, evolve, devolve, and transform until a pattern and theme emerge and then put [contained] into a dance structure. It is a messy process. Focus groups discussed how stillness and chaos are both necessary healing factors within this process. Co-researchers discussed how they may be, "opposite sides of one coin."

One co-research stated that chaos [in group DMT] is "what everybody begins with." Co-researchers agree that dance therapists do not create chaos and do not avoid it but see it, accept it, and play with it when it occurs. It is their metaphoric clay. They said dance therapists "find meaning in it," they "direct it towards healing" by finding structure and form in it. Co-researchers explained that chaos contains everything. One stated, "everything is here" and allowed in a DMT session... within parameters and boundaries

as described above. The co-researchers were clear that Chacian dance therapists “can’t fear the chaos” as it is “the meat” of the session.

Creating States of Grace

Focus groups debated if these two categories above, “sitting in stillness [waiting for emergence]” and “chaos,” should be combined into one titled “creating states of grace.” Focus group groups defined grace as a state of acceptance. It sets the stage for transcendence. Co-researchers agreed that dance therapists create states of grace within a group that allow both chaos and stillness to emerge, to let the group express what it needs to. They commented that this experience is tacit, “it cannot easily be put into words” as it is momentary and comes from the collective. They spoke about this being “The UR” which is thought to be the collective transcendent part of DMT where gratitude and grace reside (Schoop & Mitchell, 1979).

Allowing Full Range of Emotion in the Body & in the Dance

Results show that emotional expression is a key healing factor in Chacian approach to DMT. Expression is fundamental to all creative arts therapies (CAT). All co-researchers expressed a variety of emotions in their videos and displayed an openness to receive and allow them all. In the videos they moved expressively with the entire body: they hammered, they fell, they wallowed, they reached on tip toe, they wretched their cores, they waited, they smiled, they looked on adoringly, they showed consternation, they spun, they pushed and pulled. They fought. They accepted. The final video featuring choreographic results captures a wide range of emotional expressions to depict this healing factor.

Focus groups spoke about the power of Chacian DMT to allow space for all emotional expression over the course of an individual session as one of its main attributes. The lead researcher's 27 years' experience of conducting DMT sessions confirms this. When people express themselves creatively through sound, movement, and symbolism they feel seen, heard, and understood, in ways words alone cannot allow. This can lead to acceptance, not only by another but by oneself. This healing factor lies in the essential quality of dance as a form of expression and hence communication.

Creating Gestures from Everyday Movements

Dances can be made from simple pedestrian and mundane movement found in everyday life. Results of this study show that the process of finding everyday movement and incorporating them into a Chacian DMT session is a healing factor. This process shows the value, and the beauty of movement people do in everyday life. This healing factor is related to the creation of symbolism and imagery, to beauty.

This leads to questions about how is this type of movement different than that which arises from imaginative processes of the group? Is it the meaning that lays within its specificity that makes it useful for healing? Or is it the process of taking something from the mundane and making it symbolic and universal? More research is suggested to dig deeper into these processes. Additionally, this factor may be related to how people can integrate their CAT or DMT experiences into their life outside of their therapeutic hour.

This factor also emphasizes that dance/movement therapy is not only for dancers. Participation in DMT sessions does not require dance training or specific technique. Creativity is not something just utilized by artists. DMT can be done with any population

even with people who are not able bodied or with people without limbs. All movements can contribute to meaning in a DMT session.

Tuning into Organic Bodily Response

The lead researcher wanted to use the phrase: ‘Facilitating an organic progression through the body’ but thought it was too wordy and thus shortened it. This healing factor is another aspect of expression, relating to, “Allowing Full Range of Emotion in the Body & in the Dance” above. But in contrast this factor is not about the emotion directly but about the organicity and allowance of that expression. It is the allowance of space and time for patients’ bodies to take in, integrate, and digest what occurs in a session, then respond in their own time, wholistically and naturally. The co-researchers discussed how it is healing to let each person in a DMT session express and respond in movement, in their own unique way, with their entire body and not to not have movement emotion or imagery imposed onto them. This healing factor is unique to DMT and its aesthetic power.

Exploring Oneself [or Intentional Self Exploration].

Self is a word that came up repeatedly in the qualitative analysis of all the focus group interviews. Being open to exploring oneself and sharing that in a group is a healing factor in Chacian DMT as it is in all forms of psychotherapy. This factor was treated as obvious and not needing further explication.

In the videos the co-researchers created this was seen through their movements showing self-reflection and inquisitiveness in the symbolism they utilized. The lead researcher represented this healing factor by moving close to camera as if it was a mirror,

showing all body parts, and pointing to her/ her body parts.

Finding/Creating Beauty

The final factor found in the qualitative analysis of the focus group interviews is creating beauty. Co-researchers agreed the ability to find and/or create beauty in movement is part of the healing that occurs in Chacian DMT. One co-researcher spoke about the dance therapist's role in the group as a muse. The others agreed. The lead researcher resonated with this description as she feels this is a role she purposefully takes in her clinical work within her group work in institutions. The lead researcher attempted to make an aesthetically pleasing video, one that she found beautiful, and she hopes others find beautiful, to represent the arts-based results of this study.

ABR Choreographic Findings

McNiff (2018) argued that ABR should be presented in a format that represents its essence, in a setting that best suits the form, to maximize its impact. So again, I switch from third person to first person here in the writing to express the immediacy of my embodied experience in this process. My initial plan, pre-pandemic, was to perform the findings on a stage for a live audience, however, due to COVID-19, those plans changed. Instead, I created a video to share over tele-conferencing to present my choreographic findings to the co-researchers in the third series of focus groups.

I created a 9 minute 41 second video to present my ABR findings which resulted from my choreographic analysis of the focus groups using the process described under *Video Editing* above. I made the final video using iMovie on my MacBook Pro which is available for viewing on my Vimeo account which can be accessed through this link (<https://vimeo.com/552919552>).

The final video is a composite video edited from the footage of the choreography from my first and third studio visits. In retrospect I needed to give myself permission and get approval from my dissertation chairperson to allow myself to use video, not as a choreographic tool but as the final representation of the choreography. I came to realize that I initially was working with my old mode of creating; watching the videos of myself moving during improvisation and experimentation (from the first studio visit) then trying to reproduce those sequences in the dance studio. Therefore, I got stuck during the second studio visit, which resulted in no footage and disappointment. Once I gave myself permission to use the video, I felt much freer and moved with more flow in my creative process during the final studio visit.

The choreography and a description of the video is written out in APPENDIX B. I wrote the following prose to reflect on the choreographic process:

I move
to try this

to feel into
the vulnerability
into my
weakest
and ugliest parts
into darkness

to allow
clients

the support
of pulsation
extension and release

to feel
the conflict
the tension
the testing of
the walls
the support

to tie
the knot
in the imaginal
realm

A 360 degree
view

It emerges

Healing

The memory

in the present
play

The joining
in the safety
of the whole

To be seen
All of me
All of us
No one left out.

Creating Dance & Video as forms of ABR Analysis

As discussed in the Methodology, the lead researcher asked participants to engage in art making, specifically to create choreography, as part of this study. The goal was to access the tacit knowledge within the co-researchers' sensorimotor memory and procedural memory (APA, 2020) from decades of their DMT practice to capture the healing processes in an aesthetic form. They followed the steps outlined in Figure1 above in the Methodology Chapter. These videos were analyzed in the focus groups and via the lead researcher's choreography. This section of the paper discusses insights gleaned from the focus group discussions about the use of video, movement, and choreography in ABR.

Critical Evaluation

In this study the co-researchers questioned their creative process. In sharing their videos and watching other's videos, co-researchers articulated some self-judgement and concern for getting the task correct. They wanted to adhere to the fidelity of the study.

The author assured each co-researcher that their contribution was valuable. Everyone's product was accepted and affirmed by the collective. One co-researcher was able to articulate, and others agreed, that they all accepted that they created, "a similar, good enough" video.

Freedom in the Creative Process

While one participant felt she had to stick to the instructions, to the choreographic structure of creating eight count phrases for each healing factor she found, almost all the others found enough ambiguity in the structure of this ABR which allowed them "to play with" their movement and engage in their own unique creative process. The process of creating movement and capturing movement on video varied for each co-researcher.

Some co-researchers captured videos in their living rooms and offices, one captured her video outdoors in her yard and one captured it in her dance studio. Some captured improvisations, some strictly kept to choreographing the eight count phrases as directed. Some videos were short. Some were long, but none went over the limit set by the author. Co-researchers felt "there was no right or wrong way" to create or represent their movements. While no explicit directions were given about sound, none of the co-researchers used music in their videos.

A Non-linear Process: Translating Experience, Movement, & Words

One co-researcher captured what most of the other co-researchers articulated as their process of finding the healing factors, “I didn’t go from a word in. I just allowed the movement to just emerge... some movement just came together.” Another explained that she was moving as she visualized, “some group in my mind, more than one, to get to the healing factors... the things that were powerful in group.”

Another co-researcher explained that in her individual exploration between focus groups she wanted to “go back to the experience we had... [in the first meeting experiential] and condense it to find the kernel... condense it [into the eight-count phrase].” She continued, “I didn’t feel compelled to name it... my body experience.” And “that feeling of not naming it didn’t change after viewing the others [videos].”

One admitted producing and writing words down on paper to represent the healing factors during the first focus group experiential. She explained further that when she went to choreograph and create her video, she asked herself, “what do these words mean for me now?” attempting to integrate the words into her movement representations.

Some felt clear about the words that represented the healing factors which came to them either during the first focus group kinesthetic exploration or during their individual kinesthetic exploration process, outlined in Figure 1, which they used to choreograph. Most went back and forth in an iterative process: recalling, experiencing, finding words, then choreographing. No one, however, described a linear process.

Watching Videos

In the second round of focus groups each group discussed its process of first watching the videos then moving while watching the videos. All the co-researchers were

able to see and feel themes in each other's movement videos. They saw similarities and common themes in each other's movements but differences as well. In watching each other's videos, the co-researchers articulated that they "kept coming back to these core things," their "lived experience as... dance therapist[s]". Individuals were able to clearly see "the way I've done this work" in others' videos and that other's work "feels familiar to me" and "resonates so deeply." One co-researcher said, "I didn't think of that [doing what another co-researcher did in movement] but that fits into my structure as well or my belief system or my experience." One drafted a poem as she watched the others' videos:

I see my dance in you.

I hear my music playing in your dance.

My inner rhythm meets yours in the dance.

Reach out to me.

Hold me in your loving embrace.

Release the tension.

Feel the earth beneath my feet.

Dance with me.

Viewing vs Viewing & Moving

All co-researchers agreed viewing "all the videos felt very different than actually

moving” them. One said moving “integrates on a different level than just sitting and watching.” The movement in the videos “didn’t have as much meaning” when just watching. “I[t] felt more abstract just seeing it.”

One participant articulated how they became aware of something they weren’t aware of by just looking at the videos. Another explained “when I moved it, that’s when it [the healing factor] became... got more clear [sic].” Another said, “I started to feel more of the qualities of what I was seeing” when “I moved with the video.”

The experience of moving with the other participant’s movements in the videos gave the co-researchers a sense of connection between each other. One explained, she got a “sense of joining with the person” and, “that meant a lot for me.” Another participant explained “the energy of it”, that there is “a reciprocation” involved in the witnessing and moving versus just witnessing others’ movements in the video alone. The other co-researchers agreed that the reciprocal nature of this experience in the focus group is also inherent in the practice of Chacian DMT.

Limitations of Using Zoom

One co-researcher talked about the limitation of using video within the Zoom online videoconferencing platform, noting how in her process of moving with the videos she did not “really acknowledge waist down or backspace.” Another co-researcher responded to this comment by saying, “I didn’t feel just my top half” and that she tried movements that were not in her repertoire. Yet another agreed she was able to feel her whole body as she moved through space. Thus, the limitations inherent in using this videoconferencing platform seem contingent on the user’s ability to engage fully in movement while watching the video screen.

Focus group discussions verified that this form of ABR, specifically moving with other dancers while watching the videos of the dancers over teleconferencing allowed the co-researcher to become aware of the tacit elements of DMT. One co-researcher noted about DMT in general, if “it’s tacit we take it for granted and then it remains unexamined.” Another commented “some of these [factors] are so ... so ingrained and embodied in us that we don’t have time to think about them anymore, they just happen. The co-researchers agreed that although there are differences in how they apply Chace technique in different settings, they all were able to identify and agree on the healing factors within the technique.

CHAPTER 5

Discussion

The goal of this dissertation was to distill the healing factors held within the aesthetics of Chacian DMT group process. While this goal was attained, the results also found factors that are common to other psychotherapies, CATs (Creative Arts Therapies), and other forms of DMT. The chapter below deliberates the healing factors found in this study. First it examines the factors that are not only germane to DMT: searching, containing, and exploring the self. Next the healing factors that have been previously written about in the scholarly DMT and/or CAT literature are discussed: vitalization, grounding, mastering movement, creating symbolism and imagery, allowing full range of emotion in the body and in the dance, exploring polarities, creating gestures from everyday movements, finding/creating/experiencing pleasure-joy-ecstasy, creating in collaboration, attuning to organic bodily responses, and making rhythm through repetition. Next, the seven newly identified factors are examined: modulating tempo, building and releasing tension, actively using breath, connecting and being seen, accepting chaos, transforming, and creating states of grace. The implications of these findings and recommendations for future research are made throughout the deliberations. Next the current findings are compared to the pilot study's findings, to Koch's (2017) theory of embodied aesthetics, to deWitte et al's (2021) scoping review, and to other findings of DMT group studies that deployed Chace techniques. This chapter closes with an evaluation of the study, including the strengths and weaknesses of its design.

Factors Not Specific to Dance

In the list of 24 healing factors found in this study, four factors are not unique to DMT. These four can be generalized to verbal group therapy and have been articulated in group therapy research. These are *searching*, *setting boundaries*, *containing*, and *exploring the self*. Setting boundaries and containing can be collapsed into one factor, containing.

Searching

Searching was described by the participants of this study as “searching with effort” with an emphasis on effort. It is the groups’ attempt to find its focus with an investment in the movement. Searching is the basic goal work of any group, verbal, or movement focused. The fundamental identifying quality of a group is the coming together of its members to perform a specific task and to search for ways to complete it. *Searching* qualifies as a therapeutic process as it could be part of the therapeutic contract, one of the five categories of therapeutic processes Orlinsky and Howard (1986) identified, the others being “therapeutic interventions, the therapeutic bond between participants, patient self-relatedness, and therapeutic realizations” (p. 312).

Often in verbal groups the focus is delineated in the therapeutic contract as the stated group’s purpose and how the group searches for it is embedded in the stated therapeutic approach to the group, both which are part of the initial contract, and which emerge from the specific dynamics unique to a group. Searching with effort in Chacian DMT may be akin to patients’ motivation and ability to collaborate with the therapist in verbal psychotherapy. In recent research Samaritter (2018) found “kinesthetic listening”

and a “readiness to move” to be healing factors in group DMT, which the current findings confirm are needed for the group contract.

In the Chacian approach to DMT the group searches for a movement focus which is its task. It is the tacit process that emerges from the movement warm-up in the group’s effort to find common themes to develop as the dance/movement therapist guides members through the group’s developmental phases of warm-up, theme development and closure (Levy, 1992; Sandel, Chaiklin, & Lohn 1993). The Chacian dance/movement therapist works to heighten the groups’ engagement with the effort qualities of movement, often using concepts in Laban Movement Analysis as expanded on and taught by Irmgard Bartenieff (Bartenieff & Lewis, 1980/2002; Levy, 1992). Bartenieff argued that “a successful” dance/movement therapist “activates” patients’ “independent participation” in their recovery (The Laban -Bartenieff Institute of Movement Studies as cited in Levy, 1992). Bartenieff’s main goal in DMT was to motivate and activate the patients she worked with (Levy, 1992).

A question arises from this finding. In this author’s almost 28-year experience in leading Chacian sessions it is common that some DMT groups never find this focus and stay in a warm-up phase, especially in inpatient psychiatric settings. Does just starting on this search in movement have therapeutic value? Moreover, acknowledging that every therapeutic process in any group is interdependent and interacts with the others (Marogna & Caccamo, 2014), what factors must this effortful searching combine with to potentiate it? Does the group need to have certain characteristics or antecedents to be able to find its movement focus, to be activated or motivated as Bartenieff (Levy, 1992) spoke of? What are the differences, if any, in the attainable therapeutic outcome between a DMT group

that moves into theme development and one that never moves out of warm-up? More research is needed here to address this question. More studies looking at what these antecedents for a Chacain DMT can better determine who would best benefit from this approach to DMT and treatment outcomes.

Another important ethical question with clinical implications that emerges from this insight into Chacian DMT is, can psychiatric patients in psychotic process, the patients that Chacian dance/movement therapists have historically worked with in acute settings, give consent, and participate in the therapeutic contract? These individuals are dependent on the treatment setting or administration to determine these important aspects of a group contract for them. How then does this lack of intentionality or focus impact the therapeutic power of a DMT group? Other questions arise around administrators' and stakeholders' knowledge of the operations or inner workings of DMT.

Containing & Exploring the Self

Containing is the process the therapist, individual or group, undergoes to create a holding environment with boundaries and limits to create interpersonal safety which allows the group work to happen. As with searching, these factors are partially determined by the group contract and group rules. This is not only germane to DMT but is widely considered a baseline requirement for any therapeutic work and most famously detailed in the writings of Winnicott (1964; 1965; 1971).

Exploring the self is the individual process of self-observation and self-reflection which is part of “reshaping the self” (Eigen, 2013) and “patient self-relatedness” (Orlinsky & Howard, 1986) which are the intent in any form of individual psychotherapy (for example psychoanalysis, gestalt therapy, or cognitive behavioral therapy) and written

about extensively in the major psychological theories of Freud, Jung, Adler, Reich, Sullivan, Perlz, and Beck). *Containing and exploring the self* are factors widely discussed in the extant psychotherapy literature. Their constructs and validity are well documented in psychotherapy research and writing. Regarding engagement of the self in dance/movement therapy Berrol (1992) wrote:

DMT is grounded in active or proactive participation on the part of the individual. In practical terms, both imply *-self-initiated* [emphasis added] activity rather than passive or reflexive action. In this context, active involvement infers the ability to initiate bodily action in order to mirror or parallel someone else, or to respond, motorically to a person, group or situation. Proactive movement advances a step to include personal or alternative variations, leading others or solving movement-based problems. (p. 28)

Factors Specific to Dance

Many of the healing factors found in this study have been articulated in the DMT and the creative arts therapies scholarly literature, although language may vary. These are:

1. Vitalization (Ehrhardt et al., 1989, Samaritter, 2018; Schmais, 1985; Schreiber-Willnow & Seidler, 2013).
2. Grounding (Bartenieff & Lewis, 1980/2002; De Tord and Brauninger, 2015; Kestenberg, 1995)
3. Mastering Movement (Bartenieff & Lewis, 1980/2002; deWitte et al., 2021; Sandel, Chaiklen, & Lohn, 1993)

4. Creating Symbolism and Imagery (deWitte et al., 2021; Ellis, 2001; Levy, 1992; Sandel, Chaiklen, & Lohn, 1993; Schmais, 1985)
5. Allowing Full Range of Emotion in the Body & in the Dance (Biondo & Gerber, 2020; Chodorow, 1994; Samaritter, 2018)
6. Exploring Polarities (Chodorow, 1994; Pallaro, 1996)
7. Creating Gestures from Everyday Movements (Levy, 1992 in discussing Schoop)
8. Finding/Creating Beauty (deWitte et al., 2021; Koch, 2017)
9. Experiencing/Creating/Finding Pleasure-Joy-Ecstasy (deWitte et al., 2021; Koch & Fischman, 2011; Gabel & Robb, 2017; Koch, 2017; Levy, 1992)
10. Creating in Collaboration (Wengrower & Chaiklin, 2009; Koch, 2017; Levy, 1992)
11. Attuning to Organic Bodily Response (deWitte et al., 2021; Samaritter, 2018)
12. Sitting with Stillness/Waiting for Emergence (McNiff, 2018; Roth & Loudon, 1998).
13. Making Rhythm Through Repetition (Schoop as cited in Levy, 1992, p. 81).

Vitalization

Vitalization as a theoretical construct representing one of the healing factors in DMT is supported in the theoretical literature (Bartenieff & Lewis, 19080/2020; Schmais, 1985) and is supported in empirical findings based on patient's experiences of DMT in the United States (Ehrhardt et al., 1989). This concept is also supported by more recent European research on arts therapies (ATs) conducted by Samaritter (2018) yet may be questioned by findings from a European study on CMT (Schreiber-Willnow & Seidler, 2013).

In the Netherlands, Samaritter (2018) did a content analysis of the literature and used a Delphi Method to question experts in the ATs to create a grounded theory featuring the “core procedures and practices that are used in ATs” (p. 4). She found vitalization to be an effect of “somato-sensory engagement” which “support[s] anatomical, visceral, and neuropsychological functioning” in clients (p. 5). She theorized that somato-sensory engagement is one of five healing factors that occur simultaneously in music therapy and dance therapy. The other four are “embodied presence”, “emotional engagement”, “nonverbal communication” and “intercultural involvement” (Samaritter, p. 7).

The current study’s findings and Samaritter’s findings (2018) are based on therapists’ and experts’ perceptions, while the Ehrhardt et al. (1989) and the Schreiber-Willnow and Seidler (2013) studies were based on clients’ perceptions. Ehrhardt et al. (1989) found that clients in New York ranked vitalization the number one preferred healing factor within Chacian DMT, while findings in the study of therapists’ and patients’ clinical goals in Concentrative Movement Therapy (CMT) in Germany, not Chacian DMT, found that clients were least likely to rank vitality and movement behavior as their goals for treatment (Schreiber-Willnow & Seidler, 2013).

This difference between Ehrhardt et al. (1989) and Schreiber-Willnow and Seidler (2013) is interesting. Is the difference just a matter of semantics? The CMT study identified vitalization as a goal not as a therapeutic factor. Different outcomes may have been found if Schreiber-Willnow and Seidler asked about the factors that impact treatment and outcomes, instead of patient’s goals. Is there a difference here between patients’ (in DMT or CMT) expression of desired goals of treatment (that capture this

concept of vitalization), “I want to feel more alive” from their awareness of the healing factors impacting their treatment, “this form of treatment helps me feel more alive?”

While this researcher argues it is not, more research is suggested to investigate the differences between treatment goals and treatment factors in DMT. Nevertheless, the difference found between these studies may be due to cultural difference amongst New Yorkers and Germans, or it may be due to the difference in the type of diagnoses of the patients in each study, even though they both studied outpatients.

Vitalization energizes. It is a healing process in DMT that builds physical and psychic strength which furthers expression, communication, and competence in movement (Schmais, 1985). It has been argued that many people are afraid of feeling this aliveness out of fear of expansion (Lowen, 1993). For many folks suffering from mental illness, especially depression, this process may be even more frightening. The German findings may be an indicator of this fear, of the patients’ resistance to using the body and movement in CMT. In the researcher’s almost three decades of clinical work, resistance to using the body, to engage in dance or movement as a form of therapy is very real in the many settings, she and her supervisees have worked in. Within this resistance to movement and the body in clinical setting there is even more resistance to engage in dance as a form of therapy. In the researcher’s experience patients often prefer to do exercise type movements, calisthenics, or yoga movements rather than dance in sessions.

This difference may also indicate some fundamental difference between patients who prefer to use dance and its aesthetic implications versus patients who prefer movement alone without the aesthetics of this art form. What are the key characteristics that differentiate these preferences in patients? More research is needed to help clinicians,

stakeholders and clients understand the differences between these two. If vitalization is one of the fundamental healing factors in DMT, resistance towards dancing and feeling one's vitality needs further study.

Grounding

Grounding is the process through which people feel their energetic connection to the earth (Bartenieff & Lewis, 1980/2002). While De Tord and Brauninger (2015) argued that grounding is an important healing factor in DMT they could not find empirical support for it in their survey of DMT literature. The current study provides this needed empirical support. Co-researchers in this study moved in grounding ways, demonstrating it throughout their videos and agreed it is a curative factor during the focus group discussions. In Chacian DMT grounding is achieved through the creation of rhythm (De Tord & Brauninger, 2015; Levy, 1992; Sandel, Chaiklin, & Lohn, 1993; Schmais, 1985).

Mastering Movement

Chace valued “a graceful, coordinated and healthy body” and worked to help her clients achieve it through repetition and mastery of movement (Chaiklin & Schmais, 1993, p. 77). In this study's findings, the researcher named this healing factor Mastering Movement. It captures Chace's concept of mastery of movement which Chaiklin and Schmais (1993) labeled, along with other first-generation dance/movement therapists, when they transformed Chace's work into words, took the profession from practice to theory, and codified Chace's approach. They described “developing mastery and control of body movements” as a goal under the concept of body action (Chaiklin & Schmais, 1993, p. 84). These founders of dance therapy in the US described how the repetition of

movement brings many psychological benefits to the mover in a Chacian group.

Bartenieff also used this as a core aspect of her approach to DMT. In her seminal work

Bartenieff quotes Rudolf Laban:

The source whence perfection and final mastery of movement must flow is the understanding of that part of the inner life of man where movement and action originate. Such an understanding furthers the spontaneous flow of movement, and guarantees effective liveliness. (as cited in Bartenieff & Lewis, 2020, p. 49)

Laban connected mastery of movement to vitalization. Co-researchers in the current study articulated that mastery of movement, which is being termed mastering movement in this study, is also related to bodily control, a sense of agency, the ability to self-regulate, and self-satisfaction. deWitte et al. (2021) provided validation for this TF but used the term Artistic skills and described it as learning or practicing artistic skill in CAT in general (p.11) and learning motion sequences in DMT (p. 15).

Creating Symbolism

Symbolism or symbolic expression are widely discussed as theoretical constructs, as curative factors in art therapy (Bartal & Neeman, 1993; Blomdahl et al., 2013; Gabel & Robb, 2017), in CAT in general (deWitte et al., 2021; Koch, 2017), in DMT (Schmais, 1985) and in CMT (Schreiber-Willnow & Seidler, 2013). Symbolism helps communication between one's inner and outer world. It creates meaning non-verbally (Koch, 2017). In group DMT dance symbols capture group thematic material and help the group find its focus.

Co-researchers in this study discussed how creating imagery and movement symbols channels creativity and incorporates group imagination in sessions. They

expressed that the movement symbol or group imagery creates opportunities for collaboration. While the videos the co-researchers created for this study were solos and could not depict collaboration, the lead researcher can share a clinical example from her groups in outpatient substance abuse treatment.

In her Chacian sessions clients sometimes step behind each other as they are dancing around the room, to place their hands on each other's hips or shoulders, spontaneously forming a moving line to locomote together through space. Once dispersed and now connected one member hollers, "all aboard!" Others join in making chugging sounds and stepping into the chain of rhythmic movement of the feet. Another announces, "We are on the recovery train!" The researcher, in her role as dance therapist joins the imagery to strengthen the group movement symbol of a train by asking, "where do we want to go?" These decisions and answers often highlight where someone is in their commitment to recovery and to the group.

In the final video of the choreographic results in this study, the lead researcher used multiple movement symbols to communicate to the viewer. For example, at the end she collapses to the floor, tries to get up with effort and collapses multiple times, symbolizing the defeat and struggle people with mental illness often must work through in DMT sessions.

Koch (2017) delineates three subcategories of symbolizing: cognitive, affective, and transpersonal. Schmais (1985) argued that symbolism requires an aspect of mastery of technique. In the first example above, it took some level of coordination and body awareness for the patients to be able to attach one's hand to another's specific body part while moving through space and synchronizing one's steps. Koch (2017) echoed Schmais

observations and opined the construct of cognitive symbolizing depends on repetition and mastery. In the second example of symbolism above, the lead researcher needed mastery - which she gained through years of modern dance training - for example by her repetition of doing Humphry-Weidman falls, to be able to fall without hurting herself while choreographing the dance.

Affective symbolism is also related to mastery of movement (Koch, 2017) as movement and emotion share the same neuropathways (Bartenieff & Lewis, 2002; Berrol, 1993; 1997; 2016; Chace, 1953; 1993). Thus, symbolism is related to expression and repetition. It is also related to transcendence.

Koch (2017) calls this transcendent function of symbols in CAT “transpersonal symbolizing”. Her construct and findings in the present study help explicate how symbolism in the form of rituals and rhythm helps members of a DMT group feel a spiritual connection to something greater than oneself, for example the universe, the Buddha or God, shared with others as a community (Koch, p. 88). As the lead researcher’s clients have stated in her Chacian sessions, it is the ability to “feel God’s presence in the room.”

Allowing Full Range of Emotion in the Body & in the Dance

As with symbolism, emotional expression is fundamental to all forms of CAT and widely discussed in scholarly literature. It is a widely accepted belief in the profession that expression is part of healing. Findings from this study support this and help increase understanding that healing is not in the expression alone. It is the reception and acceptance of emotional expression in the body, communicated through dance, first

within a group (by the therapist and the other group members) then within the self that makes it part of healing.

The dance/movement therapists in this study demonstrated how their openness as facilitators creates this potentiated space of acceptance where all movement and all expression are invited. One of the coresearcher repeated words and movements Sharon Chaiklen said and did during a conversation between them describing leading a Chacian group, “heart open - feet grounded,” demonstrating a softening in the knees with a buoyancy in her legs, an open sternum, and warm eyes.

Pallaro’s (1993) writings on how dance/movement therapists help clients work towards self-acceptance by accepting one’s emotional responses support this finding. What stands out in the current findings is the co-researcher’s discussion of the ability of Chacian DMT to allow all emotions to be expressed in movement, through movement symbols, through group rhythmic activity, over the course of a single session. There is no delineation between “negative emotions” and “healthy emotions” in this work. This finding emphasizes the ability and power of this form of DMT to hold and structure multiple emotions and patient’s strong emotional charge (Biondo & Gerber, 2020; Chodorow, 1991; Samaritter, 2018)

Exploring Polarities

Findings from this study support theoretical and practice-based knowledge about the healing that can be gained from exploring polarities of movement. The power polarities to impact human thought and life were first explained in Taoist philosophy in the pairing of the Yin-Yang and have been described in the scholarly literature in DMT (Bartal & Neeman, 1993). Chodorow’s (1991) seminal work on depth psychology in

DMT and Bartenieff's (1965;1980) writing have articulated how movement is created from opposing tensions in the body and their psychological correlates. Pallaro (1996) described the exploration of polarities in DMT:

Clients can be asked to find ways of embodying and moving sets of polarities, easily conceivable and translatable into movement, such as large/small, open/closed, warm/cold, heavy/light, strong/weak, fast/ slow and then to associate the kinesthetic sensation experienced with the feeling or emotion arising. For example, clients may be encouraged to first center themselves by imagining a straight line going through the center of their body anchored to the ground, equidistant between their feet and exiting through the tops of their heads, then to shrink, then grow, passing through the centered position once more. While experiencing this polarity, different clients may get in touch with different feelings. Feelings such as helplessness, fear and desire for protection may arise while shrinking, whereas feelings of power, strength or happiness may surface while growing. (p. 115)

During the qualitative analysis of the focus group discussions the lead researcher first listed each of the polarities as healing. As this list grew, she decided each of these polarities could collapse into one category *Exploring Polarities*. But this initial impulse of the lead researcher may indicate the value in looking to see if some polarities are requisite to the practice of Chacian DMT or if they are more valuable than others in the healing process. Could there be a hierarchy of their value? Could some polarities be more useful to some patient populations than others? Findings from this study suggest more investigation would be useful to current praxis.

Creating Gestures from Everyday Movements

Co-researchers agreed that a fundamental aspect of Chacian DMT is integrating the everyday movements that patients do into the session. In this way Chacian DMT is unlike dance classes where specific dance technique is taught. Chacian dance/movement therapists take what patients bring and choreograph it with the patients into digestible phrases for the group to repeat, to connect to, and to draw insight from. This is not specific to Chace (Levy, 1992). Trudi Schoop also articulated this as a fundamental aspect of her work (in Levy, p. 83). Improvisation is core to the Chace approach. These improvisations are built around gestures made from these common, pedestrian movements that the participants present.

One co-researcher spoke of the emphasis of this factor in the pedagogy of Debbie Thomas during their dance/movement therapy training. The findings of this research suggest this is part of the ability to find and create beauty in Chacian DMT which will be discussed next.

Finding/Creating Beauty

The aesthetic qualities of dance have been the focus of the current study. Findings here support Koch's (2017) recent theory of embodied aesthetics. Co-researchers agreed that the dance in DMT helps patients find beauty in themselves, and in their lives. deWitte et al's (2021) also found aesthetics to be a healing factor in DMT as an "experience of beauty". Connecting with others in this process is part of the transcend function of DMT.

One co-researcher articulated the role of dance/movement therapists as a muse to their patients. This resonated deeply with the lead researcher as she has sought to find

beauty in herself, in her patients, in her groups and in the world via Chacian DMT. When it occurs, it feels magical or other-worldly. It is transcendent. It is the guiding force behind this dissertation, with the goal of articulating the key factors that create this magical, transcendent experiencing of beauty. Findings here suggest that joy and creating in collaboration are two important key ingredients in creating this beauty which will be discussed next.

Experiencing/Creating/Finding Pleasure-Joy-Ecstasy

Pleasure is a construct that lies within the category of hedonism in Koch's (2017) theory of embodied aesthetics. The deWitte et al. (2021) study categorized the TF of 'Aesthetics' under the domain of 'Artistic Pleasure'. Levy (1992) wrote that Chace used movements in beginning warm-up to arouse "a sense of pleasure and enjoyment of body action" (p. 30). One only must look at the exhilarating photography of Jordan Matter (2012) in his book *Dancers Among Us* to see the joy that is accessible through dance. The co-researchers not only described found pleasure as a healing factor in Chacian DMT in choreographing their movements to create their videos for this study, they stated that they also experienced it while watching the videos each other made. This supports Koch's (2017) theoretical argument that hedonism in creative arts therapy can be active or receptive.

The lead researcher struggled to decide what action word should be used to represent this construct. Reexamining the literature on the construct helped clarify what term fits the process best. Gabel and Robb (2017) tied pleasure and play as a healing factor in art therapy, due to art making's kinesthetic and sensory engagement. Their

emphasis on the kinesthetic and sensory aspects makes experiencing seem the best word for labeling this construct here, experiencing pleasure.

However, as the first construct discussed in this chapter was “searching with effort” this may lead one to ask, what are patients searching for in group DMT? The answer indicated by these findings is pleasure. As dance making is a creative act from which pleasure is derived, the word ‘*creating*’ also seems best to label this construct, creating pleasure, accurately.

The next question then arises, are these three terms equivalent? It is the lead researcher’s opinion that they are not, therefore one term will not suffice to capture them all. A person can find something beautiful even if they did not create it. For example, a patient may see beauty in something others create in group but not in himself or in something he creates while others can. Thus, he can find it and create it but not experience it. Can we say the same for pleasure?

In the lead researcher’s clinical experience, she has seen that pleasure can be identified and found but not experienced, especially in clinical depression. For example, a woman experiencing postpartum depression knows that mothers often find pleasure in holding their newborn yet may not be able to experience it herself.

A nuanced skill that is taught in the Chacian approach to DMT is learning to know when a patient can fully experience their movement. Chace theorized that it is only then that a patient will be able to change or grow in DMT (Chaiklin & Schmais, 1993; Levy, 1992; Schmais, 1985). Chaiklin and Schmais (1993) taught “it is not merely learning a movement that leads to change. The change occurs when the patient is ready to allow himself to experience the action in his body” (p. 77).

Koch (2017) astutely articulates both the receptive and enactive aspects of the healing factors in creative arts therapies. She theorizes that it is the body's ability to perceive, create, and sense, via aesthetics that differentiates CAT from other therapeutic modalities. Experiencing, creating, and finding in the current construct of pleasure thus correspond to the enactive and receptive functions of pleasure in Koch's construct of hedonism. "Liking–disliking, approaching–withdrawing, opening–closing, growing–shrinking are basic movement concepts expressing elemental hedonic experiences from which meaning emerges" in DMT (Koch & Fischman, 2011, p. 65).

Co-researchers spoke at length about dance's ability to produce pleasure, joy, and ecstasy and that all of it can be experienced in DMT. Schoop (1974) claimed, "there are just no words to impart the measureless sense of joy, the love of life, the enchantment with existence that envelops a dancing human" (p. 158, as cited in Chodorow, 1991). The findings here suggest the intensity of this experience fluctuates. The findings take Koch's (2017) construct of pleasure further by placing it on a continuum with pleasure on one end of the continuum and ecstasy on the other which supports the theoretical frame introduced by Chodorow (1991) who described the purpose of joy as the "communion with and relationship to the familiar, especially those we love." (p. 69).

One co-researcher problematized this construct arguing that people often misperceive Chacian DMT as "everyone just having a good time dancing together." Many then reduce the potency of DMT to this. It is easy to see that dancing makes many people feel good. This is accepted in cultures all over the world. This coresearcher said she resisted labeling joy or pleasure as a healing factor in what she saw in the other coresearchers' videos. She argued in the focus group discussions that her patients worked

hard in DMT sessions. They sweat. They explore difficult aspects of themselves. They cry. They make themselves vulnerable. How is this pleasurable? How is this joyful?

After she watched the lead researchers' choreographed findings on the final video, she changed her thinking. She was able to reconcile the conflict she felt about the importance of joy and pleasure to the healing in Chacian DMT. She said in the final video that she saw it all. She saw the struggle. It was then that she remembered that joy emerges. She said,

I've been thinking a lot and talking a lot about this idea of joy that came up and how I don't necessarily find joy in therapy and... I always have students being like, 'Come to dance therapy we're gonna have so much fun!' I'm like stop telling them therapy is fun. Therapy is not fun. It's hard work, tell them we're going to do hard work... And it made so much sense for me watching you move through the so many multi layered phases of a dance/movement therapy session. When I saw the joy, I was like yes! I've been in that exact spot in sessions, and when I saw the pain, I was like yes, I know that pain in the sessions. I know that vulnerability in the session. I know the hard work... If I could have a snapshot of your body in like certain positions... I know exactly what I felt in my gut in the moments - that's that experience that I was thinking you were perceiving [which] was felt by myself and my patients in groups.

She added at the end that watching the choreographed results was "So extraordinarily evocative, extraordinarily striking. I felt very seen as a dance therapist. And, and I felt that my patient's journeys were seen too."

Another co-research echoed this. She wrote and shared the following poem to describe what she observed in her second viewing of the choreographic findings:

Pain to Joy
 Closed to Expansion
 Chaos to Calm
 Dance the Dream
 Feel the Body
 Touch the Sky
 Sense the Earthbound Spirit
 Dancing in Me
 Hear my Song
 Listen to my Story
 The Glory of my Body
 Containing the Breath
 Of my Soul
 Dancing
 Brings me to You
 The connection to Joy
 I expand because
 I see me
 In you.

Turning to the concept of ecstasy, states of ecstasy can produce fear for some. In ecstasy one can experience the dissolution of the self. This can be scary for some, for

others this may be a sought-after unitive experience that brings one to transcendence especially via dance as seen in electronic dance music (EDM) events which have risen in popularity over the past several decades (Gauthier, 2005; Hutson, 2000; Redfield & Thouin-Savard, 2017; Sylvan, 2005).

Redfield and Thouin-Savard (2017) articulate how the hedonistic nature of EDM events have been sensationalized and distorted by popular media and culture as dangerous, associating it with drug use and sex. While drug abuse and addiction are serious social problems, drug use is a small percentage of the EDM scene, most people come to dance (Redfield & Thouin-Savard, 2017).

In their review of scholarly literature covering ethnographic studies in cultural anthropology and ethnomusicology Redfield and Thouin-Savard (2017) provide evidence that EDM events provide spiritual, social, and psychological benefits. Yet local governments and public health organizations carry puritan notions against the body and its expressive capacity for pleasure and ecstasy, creating blockades not only to these types of large EDM events but other forms of dance gatherings. Such is the case in the NYC law that existed between 1926-2017 which outlawed dancing in public spaces without a cabaret license and continues to restrict dancing via zoning regulations (Yakas, 2021). Can this fear and hysteria related to dance in the United States be due to its ecstatic power? Hanna (2010) explained:

Dance and sex both use the same instrument — namely, the human body — and both involve the language of the body's orientation toward pleasure. Thus, dance and sex may be conceived as inseparable even when sexual expression is unintended. The physicality of dance imbued with “magical” power to enchant

performer and observer, threatens some people (Wagner, 1997; Karayanni, 2005; Shay and Sellers-Young, 2005). The dancing body is symbolic expression that may embody many notions. Among these are romance, desire, and sexual climax.

(p. 2)

Stakeholders of clinics and schools where dance/movement therapists are employed may also fear this.

Program administrators that hire creative arts therapists may resist accepting DMT because of this aspect of healing or disavow DMT altogether out of fear of legal liability if this healing factor is not well controlled and sexual impulses are acted out. At one major NYC hospital the researcher was told, “we don’t hire dance therapists” while the other modalities were employed there. Berrol (1992) noted the reluctance of the field of medicine to accept DMT as a valid form of treatment. But she opined this historically is due to the lack of empirical evidence of the value of DMT and has repeatedly implored practitioners to engage in research to help provide this evidence (Cruz & Berrol, 2004, 2012). The notion of pleasure as a theoretical construct for healing in DMT has implications for stakeholder’s liability concerns. More research is suggested to further validate this finding and see if and how it may be problematized for the larger profession.

Creating in Collaboration

Findings in this study show that, like other approaches, Chacian DMT is a collaborative enactive process as it “focuses on the foundation of meaning built through shared intersubjective experiences” (Fishman & Koch, 2011, p. 64). In this study, the focus groups spoke about the creative healing process being reciprocal. The Chacian dance/ movement therapist moves with clients for the duration of the session. There is a

constant flux of give and take. Collaboration occurs between the therapist and patients and between the patients. Leadership often is shared between the dance/movement therapist and the patient, implicitly when the dance therapist “picks up” movement cues from a patient in a group, and explicitly when a patient is given a turn to learn to lead the group in movement. The Chacian dance therapist stands in the circle with the client to communicate this egalitarian collaborative, non- hierarchical structure.

Fischman and Koch (2011) describe the “embodied enactive” processes of DMT, for example emotional contagion, that occur in a DMT group process as resulting “from the flow of interaction, from our capacity to ‘map’ expressions from other bodies directly to our bodies, to match or mirror expressions, to resonate bodily; only then do they sink into our cognitive-affective systems...” (p. 65).

Tuning into Organic Bodily Responses

This construct may be called more simply engaging body awareness. The deWitte et al. (2021) findings validate this construct, placing it under the domain ‘Embodiment’ and the subcategory ‘Body Awareness’. Focusing on the body is a fundamental aspect of all forms of DMT which has been theorized to be potent due to its ability to help clients “detect and discriminate feelings that are locked in the body, in the attempt to stimulate the subjective physical experience and integrate it with the subjective emotional one” (Dosamantes-Alperson, 1980, p. 232).

This healing factor captures the ability of DMT groups to help patients feel physiological responses of the body which cause emotions to surface. It is the ability to track that emotional response which causes other physiological changes to occur within

the body (Phillips, 2022). Porges (2011) coined this process *interoception* while Caldwell (2014, 2018) calls it bodyfulness.

While not named as such, this construct has been well articulated, as mentioned above in Dosamantes-Alperson's work (1980) and in Samaritter's (2018) recent content analysis of scholarly literature and interviews of experts. Samaritter (2018) found this is a healing processes in DMT and music therapy that utilizes "kinesthetic listening," and "(multi-)sensory processing and acting" (p. 5). This construct fits easily into the framework of enaction (Koch & Fischman, 2011) within embodied aesthetics (Koch, 2017).

Sitting with Stillness/Waiting for Emergence

In *Maps to Ecstasy*, Gabriel-Roth (1998) articulates stillness as one of five essential rhythms found in dance: *flowing*, *staccato*, *chaos*, *lyrical*, and *stillness*. Roth uses these five rhythms in a sequence to bring people into states of ecstasy in her shamanistic approach to healing through dance. While coresearchers did not find all of Roth's 5rhythms in the healing process in Chacian DMT they emphasized the importance of two, sitting with stillness and chaos (which will be discussed later below).

Sitting in stillness with the unknown and waiting for something to emerge is an essential part of the collaborative process in Chacian DMT whether it is when the therapist enters the room, and no one has started moving or when the group pauses in the middle of some movement during theme development. Caldwell (2004) explained, "as movers we need the contrast of stillness in order to know what it is that we do when we move" (p. 10). She described further,

When we become relatively still, we are pausing our locomotor and gestural motion. Perhaps we do this in order to quiet the sensory noise created by gross motions. When we pause and go relatively still, we can listen for quieter, subtler, and often neglected sensation and movement. (p. 1)

Caldwell's (2004) insight connects the process of becoming still to the healing factor discussed above, *Tuning into Organic Bodily Responses*. Biondo (2019) observed that "moments of stillness are an incubation period for the creative process" and theorizes they are "a place for change in the therapeutic process" (pp. 114-115).

A logical conclusion from Biondo's (2019) and Caldwell's (2004) line of thought is that integration then occurs in this process of waiting for emergence. A question then is can movers still feel sensation and engage in deep listening while dancing during this enactive process or to what degree? How should this impact the dance/movement therapist's choice of interventions? More research is needed.

Making Rhythm Through Repetition

The construct of rhythm as a healing factor has been written about in the early literature on DMT (Bartenieff & Lewis, 1980 (first published in 1974); Chace, 1953; Schoop (1974) as cited in Levy, 1992) as rhythm and dance are inextricably linked. Richter and Ostovar (2016) found rhythm and dance have evolved in humans as "intertwined aspects of a multimodal phenomenon characterized by the unity of action and perception", not separate as was formerly believed, which they opined was due to the Cartesian split embraced by science (The Evolution of Dance and Music, Current Concepts). They described the four main sub-constituent elements of rhythm:

(1) tactus represents identical short-duration periods subdivided into strong beats (“downbeats”) and weaker beats (“offbeats”); (2) tempo: the frequency of the tactus; (3) meter: cyclical groupings of beats into units marked by accents; (4) patterns: sequences of time intervals that may or may not extend across meter units (Fitch, 2013; Thaut et al., 2014). (2016, Definition of Dance).

Dance therapists help patients find and follow a “basic groove” which Richter and Ostovar (2016) found is necessary to dance and is fundamentally a form of embodied rhythm anticipation and beat anticipation. Richter and Ostovar differentiated “beat-keeping movements” (which would then include musician’s movements that keep a beat) from dance which does not follow a beat or a groove which they called “dance as theatre,” as often occurs in modern dance (2016, Definition of Dance). As many of the founders of the profession of DMT in the US came from traditions of modern dance this is an interesting differentiation. Chace technique relies heavily on rhythmic movement while authentic movement (AM) is more abstract and fits Richter and Ostovar’s label of “dance as theatre,” as it is traditionally done in silence. More research is recommended to understand the impact these aspects of rhythm and beat keeping movements, to see how they manifest in different approaches to DMT.

It is common knowledge in DMT practice that AM is better suited for higher function clients and normal neurotics (Whitehouse, p. 62, 1979) while Chace’s approach suits all clients but is mostly used with those suffering from a major mental illness or psychosis who need hospitalization. Could the therapeutic differences here be more about the use of abstract movement- “dance as theatre” (Richter and Ostovar, 2016) with an internal focus vs rhythmic movement with an external focus? Brauninger (2017) found

differences in the therapeutic outcomes of these approaches, that participants in her study “always felt better when therapists used the Psychodynamic-Oriented DMT and the Chace approach” as compared to AM (p. 450). The use of music and rhythm in different DMT approaches needs more study to help test the validity of these assumptions and to understand why.

Rhythmic group activity is one of four basic concepts Chace articulated in her approach to DMT wherein the dance/movement therapist repeats a patients’ movements, using empathic reflection, enticing the group to join, and creating synchrony (Levy, 1992; Sandel, 1993; Schmais, 1985). Chace used rhythm as a clarifying and organizing force in movement during her sessions (Levy, 1992). This concept in action also helps induce emotional expression via rhythmic entrainment (Trost et. al., 2017).

In DMT it is believed that “rhythmic body action along with sounds and words foster[s] an integration of self and of self to others” (Stark & Lohn, 1993, p. 125). Richter and Ostovar (2016) support this argument in their research that finds that rhythm and dance serve multiple social functions. These include synchronizing many individuals, bonding people together, appeasing hostilities, facilitating embodied “individual and collective memorizing” via “pre- and extra verbal communication” (p. 485).

Schoop (as cited in Levy, 1992) also emphasized rhythm and repetition in her approach to DMT which has three components; “externally prompted rhythmic actions,” education “to build a strong and expressive movement vocabulary” and exploration and release of innate rhythms (pp. 81- 82). Schoop did this by using everyday movements which was discussed as a healing factor above.

Findings from this study affirm the theoretical and practice-based knowledge in scholarly writing that making rhythm is a fundamental healing aspect of DMT. Findings here show rhythm can be made through the sound of; the body moving through space; the body interacting with the environment like stomping on the floor or hitting the wall as the dancer did in the choreographic findings; one body coming into physical contact with other bodies as when two members give each other a high five or when body parts are making contact; the body's respiration and natural processes. In the final choreographic video, the researcher exited the camera viewfinder to create an empty space to emphasize the rhythm of her stomping feet.

Rhythmic, effort, and spatial synchrony are all manifestations of repetition of movement which then is theorized to produce cohesion within a group (Schmais, 1985). Playing with tempo allows divergent rhythms to find synchrony. It is the structure that helps reconcile different rhythms and needs of the individuals in a group. Coresearchers showed this in their use of rhythm, slowing down/speeding up their movement, demonstrating how playing with tempo can act as a container in their DMT groups. The researcher played with the speed of the final video to emphasize this aspect of DMT groups. The current findings bring to light the importance of tempo, which has not been written about at length in scholarly literature, which will be discussed first in the next section.

Main Tacit Factors

After identifying the 3 factors that are not specific to DMT and the 13 well documented healing factors in the scholarly literature above, seven other factors are left. These seven are not new per se, they have been passed through generations of

dance/movement therapists non-verbally through cultural knowledge, through rituals, through enactive, tacit processes in the praxis of DMT. The co-researchers in this study identified the following seven healing processes at work in their reflections on Chacian dance/movement therapy:

1. Modulating Tempo
2. Building and Releasing Tension
3. Actively Using Breath
4. Connecting and Being Seen
5. Accepting Chaos
6. Transforming
7. Creating States of Grace

Each of these will be discussed next.

Modulating Tempo

The use of time is one of the main effort factors in Laban Movement Analysis (Bartenieff & Lewis, 2002). Moving to a beat, while not the goal of all genres of dance, as acknowledged by Richter & Ostovar (2017), is a basic part of the art form. In dance the music used may be created with live accompaniment or recorded. Music may not be used at all as was the case in the videos created by coresearchers. The only sound heard may be that of the dancers' feet striking against the floor as they tip toe, step, stomp, jump, or leap in coordination with the dancer's breath or other dancers. Similarly, dance/movement therapist may use music or not, may work with the beat in a syncopated manner, work against it, or ignore it

Speeding movement up, slowing it down, and varying it are key ingredients to any choreographer in conveying intensity and eliciting emotion in dance. Moving with the beat or against it in dance evokes different emotional responses from movers and audience members as emotion is induced via rhythmic entrainment to music perceptually, physiologically (via the autonomic nervous system), motorically, and socially (Troost et al., 2017).

Modulating the tempo of movement is fundamental to any dance/movement therapy session whether conscious or unconscious. In the Chacian approach modulating the tempo of the group movement is a conscious enactive process done in collaboration between the dance/movement therapist and clients. Changes in tempo vary with input from the members and/or direction from the dance/movement therapist. One of the focuses of the dance/movement therapist in a session is to help the group find the beat, maintain, and vary it according to the emotional needs of the group. This process has not yet been clearly articulated in scholarly literature explicitly as a healing factor itself but has been subsumed and inferred in discussions on rhythm and mirroring. However, variations in tempo were seen in the dance videos created by the co-researchers in this study and therefore an important thematic healing process. Questions arise around the necessity of mirroring or amplifying tempo in a session and what tempos correspond to what emotional states.

In the Evan approach to DMT, Bernstein (2019) observed in the context of trauma work, that when “survivors discover new tempos, intensities and dance dynamics they broaden their range of affect expression” (p. 199). She continues, “Their experience in motion transforms their emotions. As they dance symbolic images of power, gentleness,

freedom, playfulness, aggression, kindness or daring, these dances free previously undiscovered aspects of themselves” (p. 199). Bernstein (2019) differentiates her work, which was developed by Blanche Evan’s approach to DMT, from Chace’s arguing that Chace’s group approach focuses on the unison rhythm while hers focuses on “unique and individualized” contributions to a theme (p. 203). Inferred in this is that individual rhythms are not part of Chace’s approach. Yet a more nuanced understanding of the Chace approach leads one to understand Chace interacted with individuals first in getting them to engage, often working in dyads before bringing the group to unison movement. Research clarifying the distinction between the two methods regarding how they use rhythm and tempo does not yet exist. In the focus groups co-researchers emphasized encouragement and acceptance of all individual expression. They did not state or imply that synchronization is forced- yet prior scholarly writing argues that synchrony leads to cohesion which leads to healing. Is there a contradiction here? Playing with tempo and rhythm inherently will synchronize people due to the phenomenon of entrainment. Can this be experienced as being forced into synchrony? Research into the patient’s experience would be helpful here.

Research into the different use of rhythm and tempo within a Chace session and within the varying DMT approaches may provide more targeted application of rhythm and tempo changes within these forms with specific populations. The field can benefit from looking more deeply into how this key element of dance, along with the other elements of rhythm identified by Richter and Ostovar (2016) (tactus (downbeats/offbeats), meter and patterns) formulate therapeutic processes in DMT.

Building and Releasing Tension

The base of any movement is the contraction and release of the respective muscles that control that movement. In Neo-Reichian body psychotherapy the lack of energetic charge, which the lead researcher would argue is the same as physiologic lack of tension, is just as problematic of having too much tension or charge (B. Rosenblum, personal communication, 1999). The ability to charge and discharge energy or tension in the body are important aspects of health and something that Chacian DMT can help with it given its focus on group rhythmic movement behavior. The deWitte et al. (2021) study also found ‘Energy discharge/tension release’ to be a healing factor of DMT and placed it in the category ‘Release and Relief’ under the domain ‘Emotional elicitation and processing’.

Both Marian Chace and Trudi Schoop utilized tension release in their respective approaches to DMT (Levy, 1992). Schoop described how she actively created “split tensions” within her patients’ bodies (Levy, 1992), naming this process “energy-splitting”:

As a beginning, I’ve found it best to work from the two extremes of tension.

Almost anyone can grasp the concept of tightness and looseness, and can make himself stiff, or limp all over and then jump. Or run, or dance about (Schoop & Mitchell, 1974, as cited in Levy, 1992, p. 80).

She went on to explain how once patients were more familiar with these two extremes within their movement, she would then help them explore a more nuanced exploration of different degrees of energy between the extremes. She stated:

The body becomes more flexible as the patient practices the tension scale, and the patient can find that one degree in which his body feels most comfortable. He discovers his functional, basic level of energy. (Schoop & Mitchell, 1974, as cited in Levy, 1992, p. 81)

The Kestenberg Movement Profile (KMP) provides a system for looking at these tension patterns Schoop spoke about. KMP is a system of analyzing movement patterns in individuals. Judith Kestenberg took LMA further to comprehend “the flow of muscle tension in body dynamics and in body contours (shape) to be reflections of an individual’s ego development and relational development” (Johnson, 2018, p. 12).

The research finding here that building and releasing tension in the body is part of the healing process in DMT validates Schoop’s work and the necessity of understanding this process to help clients build and release tension in movement. In the co-researcher’s individual movement representations of the healing factors several featured movement phrases that ended in a crescendo into a release of tension. In the final choreographic video, the researcher demonstrated tension release in many forms. One example is the movement motif of pressing both arms from the midline out towards each side of the body as if pushing against two opposing walls then stopping. This movement was independently done by multiple co-researchers.

Kestenberg’s system of analyzing movement, the Kestenberg Movement Profile (KMP), can help clinicians be aware of individual tension release patterns. Currently the researcher can find no system that exists to examine these tension patterns in movement on a group level. Findings here suggest being attuned to tension patterns, how tension is built and released in movement is an important aspect of healing in DMT. Thus, more

research is needed. Research into how patterns of tension release move from an individual body to the group may be useful in further understanding the dynamics of DMT group and how the healing factors work in interaction.

Actively Using Breath

The importance of breathing was emphasized by each co-researcher either in the videos they created or in the focus group discussions. Engaging the breath and bringing it into focus in DMT is a fundamental aspect of allowing a full range of emotion in sessions, as discussed above.

Lewis (1986b) explained three important aspects of working with breath in assessing a patient in an ego psychology/ developmental approach to DMT. The first is “the respiratory-circulatory system is the most vital to the physical sustaining and well-being of an individual” (p. 146). The second is that breath is “one of the most fundamental behavioral reactions to emotion” (p. 146). The third is that breath is one of the main agents in helping clients move “toward more adaptive functioning” (p. 146)

Beyond Lewis’s (1986b) writings, the focus on breath as a healing factor in DMT is scarce. Caldwell and Victoria (2011) wrote about the implications of breathwork practices for DMT. The importance of this aspect of DMT has not been discussed further in scholarly literature or researched in depth except in two master’s theses (Phillips, 2022; Schmelzer, 2009).

Current findings from this study support Schmelzer’s (2009) findings that breath impacts body shape, the fluidity of movement, and the flow of rhythmic phrasing in DMT, all of which are the building blocks of the aesthetics within a DMT group. While this current study did not look at breath’s ability to resolve psychological pain as

Caldwell and Victoria (2011) argued it does, it did emphasize the importance of releasing bodily tension as Caldwell and Victoria found. Thus, prior research suggests, the healing factor discussed above, building and releasing tension, is linked to breathing patterns which “are seen as both a cause and a result of physical, psychological, and behavioural states and attitudes” (Caldwell & Victoria, 2011).

As different emotional responses are linked to changes in respiration and it is possible to distinguish emotions based on respiratory changes (Lewis, 1986b; Phillips, 2022) involving and focusing on the breath in DMT is an essential part of allowing a full range of emotion in sessions, as discussed above. Additionally, “linking breath to movement brings attention to the present moment, centering the mind and focusing on what is happening in the body at this very second” which heightens one’s sense of vitalization, the “positive quality of aliveness” (Schmais, 1985, p. 24), which is one of the other healing factors discussed above- vitalization.

Connecting and Being Seen

Perhaps the most implicit and fundamental of all the healing elements found in this study is the act of connecting. Co-researchers spoke of the ability of dance to help therapists connect with their patients, help patients connect with themselves and with a group. Dancing together helps people feel seen and connected.

Scholarly literature in DMT has relied heavily on psychodynamic psychological theories to explain the importance of being seen in DMT, paralleling it to child development and the process of repairing early developmental wounds in therapy. Whitehouse’s (as cited in Levy, 1992) work clearly articulated the importance and power of being seen in movement.

Beyond object relations or other psychological explanations, connection is necessary for survival. Connecting to oneself, one's body in movement allows one to become aware of what one needs (Kupka 1979, as cited in Pallaro, 1996, p. 117). "It is through the social self-interactions that we are able to get what we need" (Kupka, p. 15, as cited in Pallaro, 1996, p. 117).

Pilot study results, which will be discussed in a later section, showed how connections occur in Chacian sessions. As all videos submitted by co-researcher in the current study were all solos, they could not fully show the connection that is captured in this healing factor. However, the use of dance in this arts-based research allowed participants to connect with each other across the United States, to feel seen, hence, to feel understood. Co-researchers articulated in the final session that they saw themselves in each other's movements and in the final choreography/arts-based findings.

Accepting Chaos

As with Joy- Pleasure- Ecstasy some co-researchers had difficulty accepting chaos as the label for this healing factor. But chaos is just energy as another co-researcher argued. Another co-researcher articulated that they would not want to tell an administrator that they accept or create chaos in a hospital ward. Another co-researcher argued they would argue that many psychiatric facilities already have chaos, and that dance/movement therapy has the capacity to create order from it and make something beautiful from it, something healing.

All co-researchers agree that Chacian DMT has the capacity to "hold it all," or as Stewart (1997) articulated "the potential space for all that is to be created" (Stewart as

cited in Chodorow, 1991). With this comes chaos. This healing factor captures DMT ability to allow whatever needs to emerge to emerge in creative emptiness and fullness.

Co-researcher spoke of all the elements a dance/movement therapist must hold during a session and how chaotic it gets. These can include but are not limited to:

the movement of each patient's moving body parts

the history of each patient

music selections and controls

incorporation (or rejection) of environmental sounds/factors

patients' verbalizations

environmental safety (or lack of it)

control of lighting, heating, furniture placement, door locks

use of space/ determinations on how to safely travel through it

articulation of and engagement of the elements of patient's movements

the multiple and simultaneous interactions between group members

Optimization of one's placement in space for simultaneous observation & movement

The tracking of one's own physiological states and reactions.

Transforming

Movement qualities, energy, moods, and mental states change over the course of a Chacian session. Patients change over the course of treatment. This healing factor captures the process of change, transformation, in movement qualities and patterns. Individually it captures the correlated internal shifts that occur within the self during movement sessions. Regarding the collective it captures the movement from chaos to

order. One coresearcher described it as a process of “dropping down into oneself.” She said she saw and felt transformation in the choreographic findings which made her recall the experience in her body during her DMT sessions with her patients. She articulated how during the warm-up everyone starts moving on “the surface level” and over the course of the session they drop in. This dropping in then is what demarcates the theme development phase. Focus groups discussed how this occurs when all the factors synergize on a palpable level when people are moving, feeling, working on themselves and the group simultaneously. They take all that patients give and create structures from it. They give form to chaos... to the group movement. They take energy and channel it. Co-researchers agreed Chacian dance/movement therapist help transform movement by playing with basic elements of the movement’s patients do and their effort qualities. Relationships and feelings also are worked with and transformed.

Would healing occur if there were no changes? What would happen if a patient only did one movement in the same exact way repeatedly? What if nothing transformed? While many come to therapy to change, accepting oneself for where one is, for who one is and not changing may also be a goal of therapy. How does this difference manifest in movement in DMT? More study is needed here.

Creating States of Grace

Co-researchers discussed Chacian dance therapists’ ability to accept and work with whatever arises in movement. They argued that this creates a state of grace in sessions where there is no judgement only radical acceptance. Some discussion was had in the focus groups about whether this healing factor captures the continuum between the void that occurs in sessions when the group is in stillness and waits for an impulse to

move to emerge and on the other end, having multitudes of movement at once, chaos. Focus groups argued these are opposite sides of the same coin: Chaos/Emptiness.

Findings in this study show this healing factor is a state of openness, acceptance and empathy that is created in Chacian DMT which allows movement to emerge from emptiness (no movement) and take multiple forms at once in chaos which then gets channeled into a dance. In this state patients are given the opportunity to experience empathy and understanding of “what it is to be in this human body,” as one of the coresearchers argued.

It is not clear from the current findings if this healing factor, Grace, can be found as a lone healing element within a DMT session or if it is a combination and/or result of some of the healing factors listed above. It appears to be a combination of Chaos + Waiting for emergence + Listening to Organic Bodily Responses. Caldwell’s 2018 Marian Chace Foundation Lecture helps clarify this when she contrasted Grace with grit (Caldwell, 2019). Her ideas support the latter supposition. She defined grace as “a profound connection to “All That Is” which “suffuses us and moves us” (p. 158). She further explained, on an individual level, “Grace occurs during completely committed actions, where the experienced body and the acting body flow together, and this integrated body flows with the world around it in split second creative responsiveness” (p.159).

Common synonyms of grace include “elegance: loveliness, beauty style and poise” and “kindness” which includes “mercy and leniency” (Microsoft Office Professional Plus, Thesaurus, 2019). Caldwell (2019) echoed the “more familiar” definition as “elegance or refinement of movement” (p. 158) and argued “in both

instances grace is intimately bound up with movement, whether that movement is initiated from inside our bodies or moves into our bodies on the outside (p. 159). Caldwell additionally poses the idea that the pleasure one finds during movement is connected to the grace of it, “embodied grace, then, can expand from a relatively narrow and external aesthetic to any movement that taps into natural pleasure, however the client experiences that” (p. 159). Pleasure was emphasized throughout all the focus group discussions which validates Caldwell’s statements.

Comparison to Pilot Study Findings

In preparation for the current study, the researcher conducted a pilot study that focused on kinesthetic, sensuous, and tacit knowledge to investigate the healing factors that lie within the aesthetic processes in Chacian (DMT), using video graphic ABR methods. She conducted four leaderless Chacian DMT sessions with expert dance/movement therapists as co-researchers in the pilot. They gathered data with static and immersive, wearable, GoPro video cameras. The sessions were analyzed through dancing and video editing. The study found 13 healing factors: tension-release/ use of polarities; support; seeing and being seen; sharing one’s vulnerability; full body engagement; flow; unison movement; sound and music; visual, kinesthetic, emotional, and physical contact.

Findings from the present study will be contrasted to these findings from pilot as a form of criterion validity. Both studies used ABR and engaged expert dance/movement therapists as co-researchers in movement. Both studies utilized video and dance as forms of analysis. The goal of each research was the same, thus both should capture the same phenomenon and findings from one should be considered a criterion for comparison.

However, the pilot study analyzed a group and featured group movement while the current study only captured solo movement therefore some differences should be expected. Overall, the pilot results should corroborate current findings.

Flow vs Grace

One of the main findings from the pilot suggests that flow is a healing factor within itself and perhaps an indicator of overall healing contained within Chacian DMT. Videos analysis from the pilot showed that collective movement depends on connection. While the word flow was not used in any of the focus groups during the current study and not identified lexically as a healing factor, the essence of it, the connection within collective movement, was captured in the current findings in the healing factor Connecting and Being Seen. Logically, several of the other identified healing factors, including Modulating Tempo, Building and Releasing Tension, Actively Using Breath, Making Rhythm Through Repetition, and Creating in Collaboration contribute to the elements of flow identified in the pilot.

Video footage from the pilot study demonstrates how flow in group DMT is created and maintained by the oscillation of the energetic connection between members, that depends on visual, physical, emotional, and kinesthetic contact, simultaneously with individuals' full engagement of their body in motion. The visual element of contact was captured in the current study in the factor of Connecting and Being Seen. The physical element of contact, touch, was evident in the co-researcher's use of self-touch in their videos. It was not possible to make physical contact with another in the current study as it featured solo dances and the method of data collection was done over videoconferencing. The emotional element of contact is captured in the current study in

Experiencing/Creating/Finding Pleasure-Joy-Ecstasy as well as Allowing Full Range of Emotion in the Body. The Kinesthetic element of contact was captured in the current study in Modulating Tempo, Making Rhythm Through Repetition, Creating in Collaboration, Exploring Polarities, and Mastering Movement.

These findings capture a common goal for DMT practitioners - the desire to maintain flow of movement within a group session. Schmais (1985) argued, “The very essence of dance therapy is maintaining the group in motion” (p. 26). Practitioners often discuss the flow of a session and equate it with a positive evaluation of a group. If a group flowed, it was a good session. The current study and pilot study results suggest that flow is this essence that Schmais spoke of. Logically, if the group is maintained in movement, then it flows. If the group movement stops and starts, then it does not.

In the present study, the researcher found flow while analyzing the healing factors depicted in the individual movements presented by the coresearchers and putting them together for choreography. Flow remained tacit in the findings as it was not spoken about using that label but could be identified from its constituent parts. Similarly, the choreographic analysis and video editing allowed the researcher to splice and put together the constituent parts, the elements of the individual movements, into the final dance depicting the results. The development of flow is seen in the final video results.

Additionally, Caldwell’s (2019) definition of grace above, sounds like the definition of flow from the pilot study findings. The pilot study indicated that flow in group DMT is the combination of healing factors, several of which were identified in the current study. Caldwell (2019) identified the elements of flow in individual movement as: “committed actions”, an “experienced body”, and an “acting body” to create an

“integrated body” which “*flows with the world around it*” [emphasis added] (p. 159).

Hence Caldwell speaks of the simultaneous connection between one’s inner and outer worlds in movement. In contrast the pilot results, which captured flow in the group, identified the importance of visual, physical, emotional, and kinesthetic contact occurring at the same time as the full body engagement of group members in motion.

The questions surrounding the differences between grace and flow and their ability to indicate the health or potency of a DMT group now arise from the comparison of the current study and pilot study results and attempts to integrate them into the current body of knowledge. More research is needed to further examine the interrelationship and differences between the flow of individual movement and group movement. The role each plays in the therapeutic impact of this modality will be important to investigate further.

Tension-Release, Polarities, Seeing & Being seen

Beyond flow, three other healing factors found in the pilot were named in the current study: tension-release, use of polarities, seeing, and being seen. As discussed above, the current study found connecting and being seen to be one healing factor while the pilot divided it into four elements: visual, kinesthetic, emotional, and physical contact. Again, due to limitation of the current study design and the world-wide COVID-19 pandemic eye contact (visual contact) or touch between members (physical contact) were not possible in the focus groups. But they did engage in self-touch in their movement videos as did the researcher in the choreographic findings. The researcher emphasized visual connection, eye contact, by coming up close to the camera and

presenting each of her eyes to the camera lens for an extreme close-up, adding a pause of this frame during video editing.

Factors not Named in Current Findings

Sharing one's vulnerability, doing unison movement, sound and music, and full body engagement, found in the pilot study results, were not named as healing factors in the current findings. While unnamed in the present findings, full body engagement, as described in Caldwell's (2019) definition of grace above, was seen in all the co-researcher's movements in their videos. Furthermore, it was present in the final choreographic results.

In contrast, the power and healing in sharing one's vulnerability and the impact of doing unison movements in a collective is hard to capture or represent in individual movement. Again, the failure to validate these elements may be due to the limitations of the form of data collection in the current study. Future research should examine how vulnerability manifests in DMT session.

In talk therapy sharing difficult memories, or certain emotions, especially around trauma or victimization, clearly puts one in a vulnerable state. In a DMT group each time a person shares a movement, steps into the center of the circle or has all eyes on their body can make them feel vulnerable. Over the years the researcher has seen many times how this can freeze people in fear, bring movement to a stop, or create resistance to dancing. Should vulnerability be a given fact of participating in group DMT? If so, what factors bring one into ease or comfort? Common knowledge in DMT is that music provides a sense of safety and decreases fear. It is much more vulnerable to move in silence than to move with music. The use of music is a given in Chacian DMT. Chacian

dance therapists are taught to carefully select music to match music to the mood of the group. It is interesting that sound and music were considered healing factors in the pilot along with unison movement as both help create synchrony which also allays these fears and creates a sense of belonging and safety (Schmais, 1985).

In the pilot study group members spoke a lot about “the soft underbelly” about sharing their vulnerability with each other. They engaged their bellies in movement and interaction during the group. If indeed making oneself vulnerable is a healing factor within a group, future research should look at finding ways to measure vulnerability of group members during a DMT group. Pilot study findings suggest engagement with the belly, in movement, in contact, and in self-touch may indicate a group's level of comfort with being vulnerable.

In Context of Current Theory

Koch’s & Lauffenburger’s Theories

Findings from the current study provide empirical evidence that supports Koch’s (2017) meta-theory of embodied aesthetics. Koch (2017) theorized that aesthetics, specifically beauty and authenticity, is the fundamental factor that makes the arts therapies distinct from other forms of treatment. In this umbrella theory Koch identifies five essential categories of healing factors in CAT that differentiate it from other forms of treatment. These are *aesthetics*, *hedonism*, *nonverbal communication/ metaphor*, *enactive transitional support*, and *generativity*, which are not distinct but overlap. These five categories contain the following processes which can be perceptual or enacted: pleasure, play, beauty, authenticity, symbolization, non-verbal communication, imagery, community, shelter in times of change, enactment (at the interface of expression and test-

acting/ “as if”), and cognitive and affective meaning making of personal, interpersonal, and transpersonal experiences (p. 90).

The current findings can be parsed into Koch’s (2017) five categories as follows:

1. *Hedonism (pleasure and play)*: Experiencing/Creating/ Finding Pleasure-Joy-Ecstasy; Searching with Effort; Making Rhythm Through Repetition; Building and Releasing Tension: Allowing Full Range of Emotion in the Body & Dance
2. *Aesthetics (beauty and authenticity)*: Finding/Creating Beauty; Mastering Movements; Making Rhythm Through Repetition; Searching with Effort; Creating in Collaboration
3. *Non-verbal communication/Symbolism*: Modulating Tempo, Creating Symbols and Imagery; Creating Gestures from Everyday Movements; Making Rhythm Through Repetition
4. *Enactive transitional support*: Modulating Tempo; Exploring Polarities; Grounding; Connecting and Being Seen; Containing; Actively Using Breath; Making Rhythm Through Repetition; Exploring oneself and attuning to organic bodily responses
5. *Generativity (creativity)*: Transforming; Vitalization, Actively Using Breath; Creating in Collaboration; Sitting with Stillness/Waiting for Emergence; Creating Gestures from Everyday Movements; Accepting Chaos; Exploring oneself and attuning to organic bodily responses

Several factors can be placed in more than one category, as Koch (2017) argues they are not distinct. While current findings do not name play as a healing factor, many factors in the current findings do fit under the category Hedonism, as seen above.

Lauffenburger (2020) argued that more differentiates DMT from the other CATS within Koch’s categories. She wrote, “At the centre of the uniqueness of DMPT [dance/movement psychotherapy] is a group of features that enable dance/movement therapists to understand an individual’s body-mind-self by using the moving body and expressive, dynamic inter-relatedness” (p. 18).

In differentiating Koch's (2017) active factors in DMT from the other CATs, Lauffenburger (2020) identified 10 "unique features" of dance/movement psychotherapy (DMPT) that also differentiate it from other forms of psychotherapy. She clarified: "The prioritization of dance, the feeling/sensing of inner and outer worlds, incorporation of creativity and a playful, curious exploration of change are key components of DMTP's contributions to health and well-being" (Lauffenburger, 2020, p. 27). She argued that dance/movement therapists use specialized movement frameworks and reframe psychological theory to "include the expressive, moving person" and dance (p. 27). Most of the unique features Lauffenburger (2020) identified:

1. Dance
2. Therapeutic Origins in Ancient Healing Arts
3. Specialized Movement Analysis Frameworks
4. The Prioritization of Feelings Over Words
5. Enactive and Animated Practice
6. Focus on the Dynamic, Animated Self (Feelings and improvised movements are the core therapeutic process)
7. Using Body as Mind
8. Enactive use of Psychotherapeutic and Psychodynamic theory
9. Creativity as a Therapeutic Premise
10. Dynamic Change as a Therapeutic Premise

can be found in the current findings, albeit with different terminology.

What differentiates current findings from Lauffenburger's (2020) "unique factors" is that current findings are based on empirical evidence gathered from multiple Chacian

practitioners via a formalized research process that specifically sought to access the aesthetics in dance. In contrast, Lauffenburger's categories are based on her individual theory, prior scholarly writing and her own 30 + year professional practice of DMT in Australia and teaching it abroad. Furthermore, the current study broke the act of dance into more specific factors – which include the fundamentals of dance: making rhythm, modulating tempo, building and releasing tension, exploring polarities, grounding, mastering movements, creating gestures from everyday movements.

While current findings did not find the “therapeutic origins” in “ancient healing arts” or “the use of specialized movement analysis frameworks” as Lauffenburger (2020) opines, this does not invalidate these “unique factors” of DMT (pp. 19-20). These were not the locus or focus of the current study thus could not be captured.

The absence of discussion around use of ancient or Indigenous dances in Chacian DMT in the present findings may be due to the homogeneity of the co-researchers, all but one who identified as Caucasian. The co-researchers however did discuss how they incorporate all movements clients present, that this is part of the openness and acceptance that occurs in Chacian DMT, captured in the healing factor creating states of Grace. All dances are honored and incorporated into a Chacian session which may include specific cultural and indigenous dances.

Whereas Lauffenburger noted the importance of the “enactive use of psychotherapeutic and psychodynamic theory” (p. 23) the current study explicitly took a feminist stance to avoid such Eurocentric paradigms based on patriarchal systems of knowledge and their categorizations. Again, this was not the locus of this study thus could not be validated.

Chacian Constructs

Sharon Chaiklin was one of Chace's original students and considered one of the forerunners of the field. She helped form the ADTA and codify Chace's techniques into a solid body of knowledge (Chaiklin & Schmais, 1979; Sandel, Chaiklin, & Lohn, 1993). She continues to publish and teach (Chaiklin, 2017; Chaiklin & Wengrower, 2016; Wengrower & Chaiklin, 2009). Comparing current findings to Chaiklin's (2017) more current writings is one way to validate them.

One healing factor Chaiklin (2017) has identified in DMT but is not found in the current study is to work towards gradually building a coherent body image. She argues it is important in a patient's healing as it improves one's self-image and can improve a patient's quality of life. Another aspect Chaiklin (2017) speaks of that is not found in the current study is working with memory and the unconscious. Current findings are validated by Chaiklin's observations, theorizing, and writing on symbolism as a form of communication and the role of rhythm as an organizing principle within oneself and within interactions in group DMT.

In Great Britain, both Meekums (2000) and Hayes (2004) conducted studies of DMT groups that incorporated Chace's approach and sought to discover the healing elements. Meekums (2000) found safety, support, movement metaphor, play, self-confidence, and relationships to be key healing factors in group DMT with survivors of sexual abuse. Hayes validated these factors as do the current findings. Safety as a healing factor, while not named in the current findings but as discussed above, is achieved through the creation of rhythm and containment, healing factors which were found in the current study.

Hayes (2004) developed her unique integrative model of DMT groups in her doctoral research. From her empirical evidence, she determined that play, movement metaphor, acceptance and safety were the main factors that contributed to healing in her groups. She truncated these factors into “four attitudes”: *allowing*, *awareness*, *attuning/responding*, and *imagining*. These four attitudes can be seen in the following healing factors found in the current study: Allowing full range of emotion in the body and dance; Attuning into organic bodily responses; Creating Symbols and Imagery in the Dance, Connecting and Being Seen. Hayes informs that she asked her group members to commit to personal responsibility, confidentiality and participation, elements not found or discussed in the current study as the focus was on the aesthetics of dance. These four elements pertain to the contractual elements of psychotherapy.

deWitte et al.

A return to deWitte et al.’s (2021) scoping review of the mechanisms of change found in global empirical CAT research is imperative in this discussion of the present findings as their study’s aims were the most like the current study amongst English language CAT research. Hence, current findings and deWitte et al.’s (2021) findings may be used as criterion sources of validation for each other. How the factors found in each study validate each other was included throughout the discussion above. To summarize, the common therapeutic factors that deWitte et al. found among CAT supports the validity of the factors found in the present study: Mastering Movement, Creating Symbolism and Imagery, Finding/Creating Beauty, Experiencing Pleasure, Tension Release, and Attuning to organic bodily response.

Some limitations may exist in a direct comparison between the 24 healing factors found in the current findings and the 11 found in deWitte et al.'s (2021) analysis. First deWitte et al. focused largely on individual TFs (only 25 out the 67 studies focused on groups) while this study focused solely on group processes. Second, the present study only focused on DMT, while only 13 of the 67 studies featured in the scoping review did. The third difference between the two studies is the locus of each. The present study focused on therapists' tacit knowledge of the factors expressed in dance and movement while deWitte et al. focused on explicit knowledge captured lexically. The present study used the "non-verbal nature of movement", which deWitte et al. identified as one of the TFs of DMT, to investigate the healing factors. Lastly, deWitte et al. did not specify the specific approach discussed in the DMT articles reviewed, however they did make direct claims about Schmais' (1985) conceptualizations and the Chace Approach.

Among the 19 domains of TFs deWitte et al. (2021) found, 11 specific to DMT, they opined that 3 of these, 'Therapeutic Alliance', 'Structure' (which includes 'Synchronicity') and 'Dialogue' ('Movement Interactions') are at work in Chacian DMT. Furthermore, they comprised three of the 19 domains solely of factors specific to CAT, 'Embodiment', 'Concretization', and 'Symbolism/Metaphor', which matches concepts within Koch's (2017) theory of Embodied Aesthetics. The present study finds relationships in more than these three domains. Figure 6 below shows ways the factors may be related between the two studies despite sometimes dissimilar language.

What stands out in the comparison between the two studies is that the multiple connections and matches between concepts in the two studies were made despite the sources of the data. Several of the factors share the same terminology. Other terms were

similar but with different semantics, for example, Mastering Movements in the present study and ‘Practicing Motion Skills’ in the deWitte et al. (2021) study.

Figure 5. Comparison Between Current Findings & deWitte et al. Findings

11 Therapeutic Factors (TF)	Healing Factors (Current Study)
(deWitte et al, 2021)	
<ol style="list-style-type: none"> 1. Embodiment 2. Non-verbal nature of DMT 3. Discharge of energy & release of tension 4. Expressivity in movement 5. Non-verbal disclosure 6. Unconscious process in form of movement metaphors 7. Bodily sensation as a source of information 8. Artistic skills 9. Self-Display 10. Enactment of biographical or dynamic themes 11. *Therapeutic Alliance (Kinesthetic Empathy) <ol style="list-style-type: none"> a. *Dialogue b. *Synchrony 	<ul style="list-style-type: none"> • Vitalizing [1,2,3,11] • Effortful Searching • Making Rhythm thru repetition [1,2,3,11] • **<i>Modulating Tempo</i> [1,2,3,11] • **<i>Building & Releasing Tension</i> [1,2,3,4] • Exploring Polarities [1,2,3,4] • **<i>Actively using Breath</i> [1,2,3,4,11] • Grounding [1,2,3] • Mastering Movements [1,2,8] • Creating Symbols & Imagery [1,2,4,5,6] • Creating in Collaboration [1,2,11a,11b] • **<i>Connecting & Being Seen</i> [1,2,4,11, 11a, 11b] • Experiencing Pleasure/Joy/ Ecstasy [1,2,3,4,11,11a,11b] • Transforming [1,2,6,7,8] • **<i>Sitting w/Silence Waiting For Emergence</i> [1,2,6,7] • **<i>Accepting Chaos</i> [1,2,3,11,11a] • **<i>Creating States of Grace</i> [8, 11,11a,11b] • Allowing Full Range of Emotion in Body & dance [1,3,5,8, 9 11,11a, 11b] • Creating Gestures from Everyday Movements [1,8,9,10, 11a] • Attuning to Organic Bodily Response [1,2,7,11] • Finding /Creating Beauty [1,4,8,11,11a,11b]

Notes: Common factors found in psychotherapy in general (Containing, Boundaries, Exploring Oneself) were removed from current study list of Healing Factors.

* Indicates Chacian TF found in deWitte et al. ** Indicates Main Tacit Factors found in current study

The current study finds embodiment, one of deWitte et al.'s 19 domains of TF in CAT, to exist in all healing factors found, given the tacit focus of the present study. None of deWitte et al. (2021) factors semantically match Vitalization, Effortful Searching, Creating States of Grace, Modulating Tempo, Exploring Polarities, Actively Using Breath, Grounding, Creating in Collaboration, Connecting and Being Seen, Containing, Transforming, Sitting with Stillness, Accepting Chaos, or Creating Gestures from Everyday Movements in the present study's findings.

As discussed earlier, some factors can combine to create other processes. For example, Creating States of Grace may be a conglomerate factor, similar to flow. This may explain why an explicit connection in the language between factors in the two studies is not seen. The usefulness of combining factors as indicators of overall group therapeutic potency is an exciting avenue for future research. Finding from both studies could begin to create a taxonomy of healing factors in DMT which could help in the development of future research, education, and practice. It would be helpful to identify which approaches prioritize which factors and how. Further research is recommended to continue this process.

Evaluation of the Study

The researcher used an ABR methodology, as the best choice to capture aesthetic phenomenon in Chacian DMT, because of its ability to capture "praxical knowledge" (Barrett, 2007, p. 6). This written dissertation represents the relationship between the ABR process and text. Next the criteria used to evaluate this ABR is presented, followed by the study's strengths and weaknesses.

Criteria

The researcher tried to use her own vulnerability in the writing of this text so that the reader can hear and feel the dialogue between the studio practice of choreographing dance in sections above and in this critical examination of the study design here. She did so to maintain the study's reflexivity. Initially, the researcher constructed the study to assure it had aesthetic merit, substantive contribution, emotional impact and reflexivity/trustworthiness which are Richardson's and St. Pierre's (2005) evaluation criteria for Analytic Creative Processes.

As ABR has grown "into a major methodological genre" since it was "first coined by Eisner in the early 1990s" (Leavy, 2018, p. 4) more advances have been made in setting criteria for evaluation since Richardson and St. Pierre's (2005) contributions. Thus, Leavy's (2018) more recent evaluation criteria should be used to assess this study. Leavy compiled criteria into seven overarching categories to evaluate the design of an ABR project:

Methodology: how the research was carried out and the rationale for it.

Usefulness, significant, or substantive contribution: the substantive or practical contributions of the research.

Public Scholarship: accessibility to diverse audiences, including those outside of the academy.

Audience response: the effect the research has on those who consume it.

Aesthetics or artfulness: the intrinsic beauty or artistic merit of the work (Bamford, 2005; Butler-Kisber, 2010).

Personal fingerprint or creativity: the unique quality, vision, approach, talent, or perspective that a particular artist-researcher brings to his or her work (Barone & Eisner, 2012).

Ethical practice: attention to the values system guiding our research choices from topic through to the distribution of findings, as well as our practices, including the protection of research participants. (2018, pp. 577-578)

Having clarified the criteria of the evaluation above, the researcher now articulates the strengths and limitations of the study design below.

Dance & Video: Valid Mediums & Materials

The researcher argues that one of this ABR study's strengths is its practice-based focus and methodology. She studied dance by using choreography. While she could not dance with her participant-co-researchers in person due to the COVID-19 pandemic, ABR designs are flexible and emergent, which allowed her to dance with them virtually and in the studio.

She utilized her own personal signature (Leavy, 2018) with her ability to recreate the coresearchers' movements as she danced in the studio, which kept the movement alive creatively in the moment. She video recorded this process which then simultaneously documented the phenomenon and created more materials to engage with creatively.

While choreographing and editing the final video, the researcher authentically explored mechanisms to translate the healing factor found in the aesthetics of dance into words then back into dance again, maintaining her values as a dance/movement therapist, arts-based researcher, and choreographer DMT to assure "ethical practice" (Leavy, 2018,

p. 578). In this process she decontextualized this one form of DMT practice, during focus groups and individual movements to analyze it, then recreated it in the particular in her choreography and video editing to return to the universal in her representation of the unique aspects of the healing factors in Chacian DMT (Hervey, 2000). Throughout, she sought to assure the choreography and video had aesthetic merit and “intrinsic beauty” (Leavy, 2018; Richardson & St. Pierre, 2005).

In the end, this study finds that video is a particularly effective medium to authentically capture the aesthetic and emotional aims of its creator and subject matter. Co-researchers verbalized “feeling seen” and “deeply understood” as dance/movement therapists after watching the final video, which demonstrates the study’s positive “audience response” (Leavy, 2018, p. 578). One co-researcher also stated she felt her patients were also understood, after she watched the video. The emotional connection felt between the researcher, the co-researcher, and the findings from watching the final video was potent and truthful, which validates the findings substantive contribution (Leavy, 2018; Richardson & St. Pierre, 2005), emotional impact (Richardson & St. Pierre, 2005) and relational integrity (Cruz & Berrol, 2017).

Another co-researcher verbalized feeling that she might be bored and unable to watch the entire video when she was first told the final video was nine minutes long. After she watched it, she said she was surprised, it felt shorter. She and others said they felt they were taken on a journey in which she felt transported and transformed which speaks to the video’s aesthetic merit (Leavy, 2018; Richardson & St. Pierre, 2005).

Additionally, the researcher’s pilot study demonstrated that using a wearable wide-angle camera helps capture the perspective of the mover as opposed to the

traditional camera point of view in which movement is seen from the outside. Thus, with the wearable camera one can view a group of movers from the inside as opposed to the outside, providing an immersive experience for the viewer. This is an innovative contribution which could inform future ABR.

Video and choreography also helped increase the reflexivity of the study. The combination gave the researcher the tools to examine and capture her process directly. Video aided the researcher's "self-awareness and self-exposure" (Richardson & St. Pierre, 2005). The researcher discussed all aspects of the study and her creative process while choreographing, transparently with the co-researchers and asked them to do the same as they created their individual videos.

The researcher hopes that each viewing of this art form, the final choreography video, will engage and reproduce the knowledge it sought to capture as it emerges to each viewer who will embody and continue to develop it in their own praxis. Dance, choreography, and video editing in this way counts as "materialising practices" (Barrett, 2007; Bolt 2004) which acknowledges this "ongoing performative engagement and productivity both at moments of production and consumption (Bolt, 2004)" (Barrett, 2007, p. 5). Thus, the use of video as a final representation of the findings takes DMT theory and practice further, providing "a more profound model of learning" (Barrett 2007, p. 5) for future practitioners. It also increases the study's catalytic validity (Mullen, 20003).

In summary the study's strengths are its methodology, reflexivity, transparency, authenticity, aesthetic merit, personal fingerprint, emotional impact, substantive contribution, positive audience response, ethical practice, and catalytic validity.

Additionally, use of video created a visual audit trail which was shared with the participant-co-researchers in a collaborative process.

Limitations

Throughout the exegesis, in the discussion section above, limitations of the current study were presented. They were discussed in their natural context. These will be summarized here more briefly.

The main limitation is that Chacian groups with patients were not directly observed during the study. The study relied on praxical knowledge, embodied knowledge, and tacit knowledge to tap into what the participants know about Chacian groups. It is not known if the results would have been different if actual groups with patients could have been observed. The addition of and the comparison to the pilot study results sought to remedy this. However, those groups were also made up of professional dance/movement therapists as members of a Chacian group, not patients, which is a limitation as well.

It would have been the researcher's preference to "shift power from those removed from what is trying to be 'known' to those closest to it... those people with epistemic privilege or lived experience of the lived issues under study" (Potts & Brown, 2005, p. 263) by directly asking patients about their healing experiences in Chacian DMT. The researcher acknowledges that the individuals who usually participate in Chacian DMT have mental illnesses and thus are marginalized in our society. Access to patients' healthcare data is protected by federal law which can limit this population's participation in research.

The researcher was initially motivated by her desire to empower patients in DMT, to create a tool they can use to evaluate group DMT sessions, and to share power.

Unfortunately, direct access to patients was not possible during COVID-19 lockdowns and restrictions. Hospital systems across the globe were operating beyond their capacities and the clinic where the researcher works shut groups down during the time this study took place.

It is not the intention of this research to privilege therapists' viewpoints over their patients'. It is the researcher's intention to continue engaging in CPR to identify the change processes in DMT from multiple perspectives. This will include clients' direct experiences of the change processes in DMT. Analysis of therapist processes, client processes, and relational processes are all needed when looking at "helpful factors" in CPR (deWitte et al., 2021, p. 3).

The next possible limitation in this ABR design is that individual movements were used to represent group phenomenon. The researcher asks the reader to consider whether they feel the healing that occurs within dynamic dance interactions of a Chacian group was captured by the solo dancer in the video. The researcher and the co-researchers feel they were, but the consumer of this research and the clients who engage in DMT will be the final authority to validate this claim.

While the researcher's bias here as a choreographer and dance artist may impede this evaluation and sway it positively. One vignette indicates the choreographic video's ability to communicate the results accurately to people outside the research. The researcher showed the choreographed findings to her dance/movement therapy intern. Unprompted, while watching the video, the intern made guttural sounds of recognition.

She spoke of feeling a release and freedom while watching the dancer during a flowing turning sequence. She said it made her remember a moment in her own dance journey where she had been feeling restricted due to an injury and was able to let it go.

For fuller transparency and reflexivity, the researcher wants the reader to know that in one phase of her editing she did edit the video so there were multiple images of herself moving on the screen, to create more bodies and represent a group. She did not like these edits and felt the video she created with only one image of herself was stronger. She used footage that showed interaction, “the kinesthetic intimacy of dance and the body to the screen” (Reid, 2007, p. 47). Additionally, it is the goal of the researcher to set the choreography on a group of dancers to maximize the potency of its ability to communicate the study’s results, to increase its “public Scholarship” (Leavy, 2018). She aims to do this soon as pandemic restrictions have been eased, and studio access is becoming more available.

Another limitation has to do with the translation between the mediums used in the study to the written language, from dance to text. Video helped with this as did the transcripts of the focus groups. Yet the researcher had great difficulty with the textual representation of the healing factors. There is a common saying in DMT praxis that there are as many forms of DMT as there are dance therapists which may be the reason the language discussing the “unique features” (Lauffenburger, 2020) of DMT’s healing power varies in scholarly writings. Analysis in the literature review of the recent scoping review (deWitte et al., 2021) shows similar semantic difficulty across CATs.

The point of this research was not to create more confusing categories or jargon for the field but to clarify the healing elements in one specific form, Chace’s, and to

validate the tacit embodied knowledge and theory that already exists in that praxis. The phrases the co-researchers used in the focus groups and that the researcher coded from transcripts were long, awkward and in the final analysis do not all fit neatly into or lexically match current terminology. This messiness, however, is unavoidable as researchers need to find “comfort in ambiguity and contradiction, where we eschew comfort and safety to make ourselves vulnerable to different ideas, thoughts, and ways of being” (Herising, 2005, p. 145).

Relatedly, the cohesiveness of historical and current theory reviewed, and findings may be questioned. This study’s goal was to use Chacian theory and practice to ground findings in a specific approach and language. This specificity may have been lost at points throughout the written discussion as ideas of other founders, for example Schoop (Schoop & Mitchell, 1979) and Whitehouse (Chodorow, 1991), in the US were incorporated into theoretical concepts discussed herein. Acolin (2016) pointed out contradictions in DMT theory and requested clarity in research. This was the goal of this study, but the researcher admits sometimes she muddled the water. However, it may be that there are healing factors that are common to all approaches to DMT as in the use of movement to express the full range of human emotion and factors that are specific to some approaches and not others, for example the therapist moving with their patient and the collaborative process therein.

As one researcher said, words are inadequate, they cannot capture all the healing that occurs in Chacian groups. Lauffenburger (2020) agrees, that “shades of subjective experience can be only partially captured by words” (p. 10). Yet for the sake of scholarship, for the sake of scholarly debate, and for the sake of the expansion of the field

of DMT we researchers must persist in finding language that accurately depicts and communicates the tacit and aesthetic aspects of this healing practice. Our clients, stakeholders, and communities deserve clear articulation of and description of what we as dance/movement therapists know tacitly and value as a profession.

Another limitation of this study is the homogeneity of the dance therapists selected to participate as coresearchers. While the researcher sought homogeneity in Chacian group expertise, she also initially sought heterogeneity in the participants' ethnic and racial identity. Her goal in using ABR methodology was to disrupt patterns of "heteropatriarchal European-American epistemology" (Kawano & Chang, 2019, p. 234) that have prioritized psychological theories, scientific methods of research, and disembodied ways of knowing. While she was able to recruit a variety of ages, to not privilege first and second-generation dance therapists, who are mostly white middle-class females, she was unable to gather an ethnically diverse group of individuals. A more diverse group of participants may have brought insights into differences within the embodied experiences of dance/movement therapists in Chacian DMT groups.

Additionally, the inclusion of mostly white dance therapists is problematic due to the "inherent 'whiteness'" of DMT epistemology (Kawano & Chang, 2019, p. 234). The researcher has discussed above how culture is knowledge and has based this study on the tacit transfer of ideas. As Thomas and Blanc (2021) argued, "our communities of origin directly inform our identities and individual perceptions of validity and value" (p. 1). While the researcher used member checking, peer review, and advisement with her doctoral committee to help assure ethically responsive research, her personal implicit biases may be present in the current study.

She acknowledges that her cultural background as an urban, white identifying, cisgender, middle-aged, female, dancing dance/movement therapist, may impact the findings in the current study as she, her body, and movement were sites of analysis in this ABR. Her personal experience, tacit knowledge, of dance and her professional experience of working in a large urban hospital cross-culturally, was present in this analysis. It undergirds her belief in the healing power of DMT and is discussed briefly next for fuller reflexivity regarding her personal bias.

In preparation for the focus groups, the researcher did her own movement to the prompts she asked the co-researchers to do between the first and second focus groups. In doing so she found herself standing on a chair, to be in the computer camera's viewfinder, then bending her knees, bringing her head to her feet and then wrapping her arms around her legs to curl into a ball. Thinking about healing she then unfurled and expanded her limbs into the space around her. She then stopped abruptly. She realized she was tapping into her own felt experience of healing via dance and not from her experience of group. She then stopped and contemplated if it was possible to separate one's personal felt experience of healing, one's bias, from the healing one's experiences as a leader in a DMT group.

This also highlighted the difference between healing factors in individual work vs group work in DMT. While the literature reviewed found no difference between individual and group healing factors in verbal psychotherapy, this experience made the researcher feel there is. While the focus of this study was not individual healing factors, the researcher's individual, personal, healing via the "combined modality" (J. Climenko, personal communication, 1998) of Reichian-DMT may be a bias. Furthermore, she uses

this modality in her private practice with individuals, outside the hospital setting. While she kept group and individual processes separate in her writing and critical analysis of the literature it may have been blurred in the ABR.

How dance/movement therapists' dance training, technique, and movement preferences impacts their professional practice, ability to provide kinesthetic empathy, or therapeutic outcomes has not yet been investigated. How one's preferred dance form impacts one's ability to communicate aesthetic findings in ABR also has not been investigated. These are questions that result from this ABR.

In summary, social dance, modern dance, butoh, and improvisation are part of the researcher's personal movement biases. Additionally, her embodied knowledge of dance's healing power from her own use of it to survive childhood and to heal via Reichian DMT is a bias that may have impacted the current findings. The co-researchers verified the results of the study but the ultimate judge of this will be the reader. While the researcher feels she has been faithful to the representation of the data gathered in this study and to the unfoldment of the creative process of this ABR she admits her biases and similar ones of the co-researchers may have limited the findings. Some readers will resonate with the movements and words herein and some will not. The researcher invites dialogue with the reader and hopes future research can elucidate these experiences.

If the field is to continue to grow, to increase its diversity and inclusion efforts, to rectify past privileging of white voices, it needs to include people of color in its research practices. Diversity of ideas and honoring multiplicity can expand DMT research. DMT epistemology will not grow or change if we researchers continue to privilege the same voices repeatedly. The findings from this study may have been different if the

participants were more diverse, if the researcher and participants had different dance upbringings. Again, dialogue and future research is invited here.

The final limitation is the interference of the COVID-19 pandemic in the life of the researcher, in the world around her, in terms of access to studio space, the resources to conduct the study, and to draft this final report. It has also taken valuable time, mental space, and energy from the researcher as she has continued to work in one of the oldest and the largest public hospital systems in the country over the course of the pandemic.

Suggestions for future research were discussed in the deliberations above. Most important amongst these is the need to validate the current study's findings by observing and recording in-vivo Chacian groups with actual patients to see if the healing factors named here are found. Another option for validation of the current study would be to take the findings and present them to other dance therapists, especially dance therapists of color and their patients for feedback.

Validation of these healing factors can fulfill an ancillary goal of this study. These constructs can then be used in the development of a DMT group evaluation that could be more useful to clients, practitioners, and researchers alike by more accurately capturing the transient processes at work in this form of healing. It is the researchers hope that the results here have increased the reader's understanding of the transfer of knowledge (Nonaka & Takeuchi, 1995) from feeling to movement, from movement to dance, from dance to image, from images to words, from client to group, from therapist to group. Hopefully, insights here can be also applied to understanding this transfer from group to individuals, from the group to the therapist, from the individual to the family, from the setting to the culture, from the culture to the institution, from the institution to society.

Body movement and dance phenomena are rich resources for research, clinical practice, and healing.

Conclusion

This study expands ABR usage in DMT epistemology and research paradigms which have been underutilized in DMT research (Brown, 2008; Hervey, 2000, 2012) as no other English language research has been found in CAT, EAT, or DMT utilizing this combination of methods and technology. It demonstrates the value of choreography and video editing as research tools in DMT, increasing understanding of the healing factor in Chacian DMT and capturing the tacit and ineffable process that are fundamental to DMT practice.

The researcher hopes that this study can act as a map for the transfer of tacit knowledge held in embodied practices in all forms of CAT and EAT, to aid future researchers interested in examining these practices from a purely tacit, aesthetic, or dance lens. Findings support prior research on collective cognition and innovation that tacit processes can be transferred (Leonard & Sensiper, 1998; Nonaka & Takeuchi, 1995; Seidler-de Alwis & Hartmann, 2008; Spender, 1996). Furthermore, she hopes that this ABR will aid in the examination of tacit transfer of knowledge through dance and culture which may increase the breadth of DMT praxis, epistemology, and pedagogy.

The study's articulation of the healing factors at work in DMT has set the groundwork for the formulation of DMT, EAT, and CAT group evaluations. Having identified and validated healing processes in Chacian DMT these constructs can be further tested and integrated into current group DMT theory. Specifically, it provides validation of Chace's concepts (Sandel, Chaiklin, & Lohn, 1993), Schmais' (1985)

healing factors in group DMT, Koch's (2017) meta-theory of embodied aesthetic for EAT, Lauffenburger's (2020) "unique factors," and deWitte et al.'s (2021) mechanisms of change.

Lastly it is the researcher's hope that such an evaluation will aid in developing another largely unexplored dimension in DMT research on group process- utilizing and developing client feedback (as did Erhardt, Hearn, & Novak, 1989; Hayes, 2004; MacDonald, 2008; Meekums, 2000) in understanding the therapeutic value of DMT processes. More research needs to be done to understand and measure the difference between therapist and client evaluations of DMT and other forms of CAT. Validating group processes and clarifying these concepts can be the first step in creating a comparison.

In closing the researcher shares a poem she wrote during the final focus group series after watching the final video. It distills the essence of Chacian DMT and the collaborative emergent ABR process during this study.

This is it
That moment
which cannot be named.

The place
and space
of potentiality
of becoming.

Not just me

not just you

but we.

This is us

co-created

heart pounding

sweat dripping

feet stomping

to the beat.

APPENDIX A

INFORMED CONSENT FROM

Informed Consent

You are invited to participate in the research project titled *Healing Factors in Chacian Dance Therapy*. The intent of this research is to investigate the healing factors within DMT group processes and to examine the value of ABR methods in investigating DMT.

Your participation in this study will last for approximately 3 months which entails:

1. Participating in the study as a co-researcher.
2. Attending a focus group that will meet 3 times, lasting 60-90 minutes each, which will take place over the researcher's institutional encrypted Zoom account.
3. Watching a slide presentation.
4. Discussing the value of using dance and video editing in the process of understanding DMT processes.
5. Exploring the healing factors in Chacian DMT with my own movement.
6. Creating at least one 8 count movement phrase to represent each healing factor I know.
7. Recording a video of my movement phrases, no more than 5 minutes in length.
8. Share the recording of my movement in the focus group.
9. Watch other co-researcher's videos in the focus group.
10. Use any art form (music, drama, art, poetry) to help me clarify or understand the healing factors in DMT more fully.
11. Participate in group discussions which will be recorded on the researcher's encrypted institutional Zoom teleconferencing account.
12. Discuss the results from the researcher's analysis in the final focus group meeting.

In addition

- You are free to choose not to participate in the research and to discontinue your participation in the research at any time without facing negative consequences.
- Identifying details will be kept confidential by the researcher. Participant's identity will never be revealed by the researcher, and only the researcher will have access to the data collected.

- Any and all of your questions will be answered at any time, and you are free to consult with anyone (i.e., friend, family) about your decision to participate in the research and/or to discontinue your participation.
- Participation in this research poses the same risk as participating in any task focused group and the risk of seeing oneself on video from a different perspective.
- If any problem in connection to the research arises, you can contact the researcher Corinna Brown BC-DMT, LCAT at 917 664-8230 and by email at cbrown54@lesley.edu or Lesley University sponsoring faculty Dr. Michele Forinash at 617 349-8166 Michele.forinash@lesley.edu.
- The researcher may present the outcomes of this study for academic purposes (i.e., articles, teaching, conference presentations, supervision etc.)

I am 18 years of age or older.

My consent to participate has been given of my own free will and that I understand all that is stated above. I will receive a copy of this consent form.

Participant's signature

Date

Researcher's signature

Date

There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning any research project may, and should, be reported if they arise. Contact the Committee Chairpersons at irb@lesley.edu

APPENDIX B**TEXTUAL DESCRIPTION OF CHOREOGRAPHY/VIDEO**

Textual Description of Choreography/Video

The researcher describes the dance video in a discursive text here for further explication. In addition to the video itself this written description of the dance will be a helpful tool when the researcher teaches other dancers the choreography to produce a live performance of it when she shares her findings at conferences and other venues.

Phase I-Entrances & Exits

The video begins with the music stopping and starting as the dancer puts her right hand, then arm, into the frame then out. She moves her fingers into the center of the frame then out. Then repeats this but as the hand reaches with fingers outstretched in the center of the frame a third time, the entire body of the dancer, dressed all in black, slowly enters the frame as if the whole body is pulled into the middle and the open hand closes into a fist. The dancer slowly moves across the frame, entering stage left and exiting stage right slowly against a white background and wooden dance studio floor. Her left hand is the last body part to be dragged out of the frame stage left.

The dancer then skitters slowly back across the frame, her body facing front and exits stage left with her arm lagging behind the path, reaching sideways stage right. After she exits the frame, she then jumps back into the frame, this time with her left side facing the camera, her body facing stage right. She turns her head to look behind her then pushes herself away from the middle and back out of the frame. She then jumps back in forward facing and immediately bends over bringing her head to the ground and quickly stands up reaching both arms out to the side of her body with elbows bent close into the torso. She turns her head to her left then right then shakes it as if saying no, then jumps back out of the frame altogether and then jumps back in again facing forward to the camera, bending her knees and lowering her torso almost to a flat back extending forward.

The image blurs and the dancer is now standing with elbows together in front of her face. Her elbows move in and out in of a diamond shape. One arm extends straight out to stage left and she then exits the stage only to jump back in. The dancer slows walks backwards, upstage away from the camera nodding her head left and right. She looks straight forward then turns towards stage right then spins out of the frame.

The dancer then enters the frame from down stage left, this time with her back to the audience and arms bent at the elbow, out to each side. She then stands in the center of

the fame. The video screen splits into two and transitions to reveal the dancer turned to face forward, standing all the way upstage, toward the back of the studio space by the wall. This time her hands are flat, facing up and out at shoulder level as if they are being pressed toward her mid-line. she then stretches them straight out to each side to form a straight line with her hands still flat and flexed at the wrists. She then walks down stage toward the camera with arms remaining outstretched. She stops in the center and bends her arms as if her hands are being pressed in again. She again presses them back out this time taking a wide stance with her feet. The arms then rotate so the hands unflex, palms face forward and begin to point. The dancer then brings each index finger, in a horizontal pathway to the center of her chest. Once they reach near her sternum the fingers move down towards her pelvis then the elbows and forearms join together, as do her legs as her hand move up the midline overhead so her head arches back in the process and her hands reach up towards the ceiling, opening. The dancer turns her body so one side faces the camera, then the other, then her back. She turns her head to look at the camera as her back faces forward, still with her arms reaching up. She turns to the side again, then back to the front as her arms come down to shoulder level and she joins her elbows and forearms in front of her face, hands still raised up. She opens the elbows out the side of her body as her hands rest along her forehead. One elbow moves towards her midline then out to the side as she steps off stage left, straightening her right arm so it is the last thing to be seen as she steps out of the frame altogether.

Phase II: Circling

The dancer again enters the empty frame, her back to the camera, walking in a circular path from downstage right to stage left, to upstage, to stage right, reaching her hand out to the camera on her first completion of her 360 degree trip around the stage. On her second circle her inner hand reaches into the center of the circle. Upon completion of the second circle the dancer extends her hand closer to the camera and presents it to the viewer as if to say, come grab my hand. She closes her hand as if grabbing something bringing it over her shoulder to her front and turns away from the camera. As she walks away towards upstage, the video screen transitions.

A new video frame enters, featuring the dancer now advancing and retreating, moving towards and away from the camera, reaching her hand down towards the floor

where the camera is. The video transitions back to the prior scene with the dancer moving away and toward the camera with her left hand again outstretched, coming close up, grabbing something imaginary and turning away.

The video screen switches back to the floor view, repeating the sequence of advancing, retreating, and reaching movements, adding a slight hop to the feet a few times with a rock step back onto the right foot pausing with the left foot extend slightly off the floor in front of her. Again, the dancer grabs, turns, then retreats. The video transitions again switching to the first setting to find the dancer traveling upstage, reaching stage left, stage right, stage left, stage right. The video transitions again and we see the dancer moving in a circle in the second setting. She is traveling from upstage center to stage left, to down stage center, to stage right, to circle in on herself to face forward again, finishing standing upstage center. She reaches stage left with her left hand, stage right with her right hand, then reaches both hands out to their respective sides while leaning forward then back.

Phase III: Reaching, Pushing, Tension, Release

Next, she takes a ballet port -de-bra with her arms, as her right leg is pointed on the right diagonal to stage right, then does the same on the other side towards stage left. She then turns her back to the camera and steps upstage and takes two curtsies to the back wall with either leg extended behind her.

She does two chainne turns out of it, towards center, middle stage, where she walks and takes little steps as she rhythmically circles her hips and snaps her fingers to the beat until she is again facing up stage. She looks at her watch. She snaps her finger with both hands, up towards the right high diagonal towards stage left, then repeats the same towards stage right on the high left diagonal, then crossing on a diagonal pathway to snap on the right low diagonal towards stage left. She then snaps fingers on both hands by her hips towards stage right. She snaps one more time with the only her left hand before doing a turn back down stage finishing with one more double snap to her left front diagonal.

She then opens her hands extended from bent elbows close to her hips while looking over her left shoulder, as if looking at someone, inviting them in to see what she has there while pointing her left foot forward. She steps forward opening her hands to the

other side of her body pointing her left foot to the left side. She steps forward again reaching both hands out, still with bent elbows, towards their respective side while her shoulders rise up towards her ears. She then takes tiny steps backwards with a bouncy rhythm in her shoulders. She then pulses her right hand out to the side like in African dance with the palm facing up as if making an offering, two times to the right, two times to the left, then one time to each side then right again before reaching both hands palms up straight down in front of her.

She steps her left foot forward which taps to the rhythm as she switches her palms to face down as she raises her straight arms up to shoulder level before she starts pushing movements forward and back with both hands, palms forward, still with her left foot tapping. She lowers her head and torso down while still pulsing her hands pushing them toward and away from the camera while moving closer to it. She then starts to retreat away from the camera with the same pulsing -pushing movement.

The video screen switches to a different scene featuring the dancer extending her arms out forward right to the camera, her hands flexed at the wrists, as if to emphasize STOP! She holds them there for 2 seconds then repeats the movement and retreats upstage until the video screen switches again to the other view showing the dancer retreating from the camera with the repetitive pushing movement back and forth with her hands. When she retreats fully upstage, she rhythmically extends both arms gradually until they are straight, out to the sides as if pushing something away on both sides and then starts a vibratory movement throughout her entire body. The video switches again showing the dancer doing the same movement in the other setting this time with more effort and fuller expression. The video is sped up here to increase the intensity as the dancer yells, grits her teeth showing struggle, moving both arms pushing to one side to maintain a boundary and holding it there with some variation in the arms. She then releases the strain and the flexed hand and flips them as if to reach out in a pleading motion. She brings her arms into her center, switches her facing to stage right and reaches her arms out again in another pleading motion, pulling her hands and arms into herself then pushing them back out against the boundary on the front middle right diagonal. She then moves the flexed hands to the front of her keeping them still and extended, as she moves towards the camera. The scene switches back and forth with this

same theme until the dancer is seen releasing the tension and her whole body is shaking. Her arms rise over her head and she steps in place to the beat.

Phase IV: Everyday movements

Next the video transitions to show a series of hammering movements, first large like with a sledgehammer, then small as if to put a nail into a wall. The dancer picks off a tiny imaginary object from her hammering place and looks at it. She then looks and finds another imaginary object which she picks up from the floor, then another, and another from midair. She then picks something off her left shoulder then her right as her body responds to being pricked and retreats. Her body responds at first in a startle, as she pricks imaginary things from her body- her belly button, her chest. It then begins to relax and loosen as she taps her elbow, her wrist and finds joy in this discovery. She does 8 petite jumps with her back leg in attitude. The first in place, her arms bent and hands in fists, then two moving backwards with hands and arms the same, then two while traveling forward downstage with her arms extended and hands reaching upward. When she gets down stage, she does one jump with a half turn to face back upstage. She does two more to travel upstage ending with a turn, her arms swiveling overhead then stretching straight out to each side pushing out, which is now a motif.

Phase V: Chaos

The video transitions back to the other scene with the dancer doing a similar series swivel and circular arm movements while turning. The video cuts back and forth until we see the dancer all in black again flailing her limbs, spinning, giggling, exhaling, jumping in an unpredictable pattern. The video is sped up to accentuate the chaotic feeling. Finally, a wave type movement emerges from the chaos and order is restored. The hammering movement returns first against the back wall then against the 4th wall between the performer and audience. Then the sledgehammer movement returns. Then it looks like the dancer is lifting or pulling something over her shoulder then bringing it back to the ground with both hands. This transitions to the dancer coming down the center of the frame in releve with a wave like undulating movement in her left hand that touches her sternum then comes forward repeatedly as the right hand dangles along the right side of her body and she advances towards the camera. She then retreats and brings her hands into her armpits and the video returns to the hammering. It then switches

scenes again.

Phase VI: Pointing

The dancer points both fingers in a playful manner as if pointing to someone to say - “hey you” then swivels her hips lifting her right knee and points to the opposite side towards someone else. She circles her forearms and points again to an imaginary someone on her right side, smiling. The video cuts abruptly to the dancer down stage with her arms and legs extended out, her torso moving slightly to the right and left. Her legs move closer in and her arms bend to come in close to her body as she walks backwards and begins to hop backwards with both feet together.

Phase VII: Emptiness and Rhythm

She then hops side to side, then down stage until her whole body no longer fits in the frame and the camera can only see from her chest down, then her hips down, then her legs, her knees, inner thighs, and buttocks as her body moves over and beyond the camera until the frame only shows the empty studio space. Despite being unseen the dancer’s rhythm is heard as she continues to pound her feet into the wood floor with strong force for several seconds until she reverses her steps and reenters the frame as she left it.

She stands with her left foot in front of the camera which continues to pound the floor. She then adds a single clap of her hands. She pounds her feet into the floor 4 more times and makes another clap with her hands. She takes two steps back upstage, turning so now her back faces the camera and she claps her hands again after 4 beats. In the next 4 counts she extends her left arm out to her left side then bends it at the elbow to a right upward facing angle. She then bends her right arm at the elbow to face down, then up as the left arm faces the opposite direction. Next both arms bend at 90-degree angles so both hands are extended upward slightly above her head. The arms then extend out to their sides, and she takes a diving type step towards upstage which results in her torso pitching forward. Her arms circle in the sagittal plane. Her torso undulates and her head comes towards the floor until her hands reach the ground. Both hands and feet are now close together on the ground and she begins to kneel, so she come to all fours on the floor.

Phase VIII: The Big Transition

The video transitions here. A black and white, sepia tone with a dreamy effect is

used as the dancer slowly rises back up in reverse. The video transitions to a new scene with another dreamy effect but in color. The music transitions here as well. It switches from the strong guitar-based rhythm, to an ahhhhhhhhhhhhh, atmospheric sound, with a twinkle sound, keyboard effects. The dancer starts here so close to the camera you can't see the bottom of her legs. She retreats quickly from the camera as her left arm raises up, so her left ear is resting on her left arm triceps and the other arm rises thereafter. The dancer's upper body and arms sways gently as she slowly walks forward. An undulation begins to ripple throughout the body and hands. A small circular movement is added to the torso as the hands come close into the chest and she undulates towards the camera. The circular movement continues through the neck and head for one rotation until the dancer's left arm rises to the sky as she bends her wrist, and her body pulses up and down and a guitar riff comes in as she moves away from the camera.

Phase IX: Intimate Seeing

The video transitions again to the initial scene. The dancer is so close to the camera you can only see one eye, her nose, mouth, and chin until it freezes to emphasize the eye, the "being seen". The dancer then whips her head away from the camera to the opposite direction, first in a clip from the initial scene then with a clip from the new scene, so the dancer's back is now to the camera. Her left arm is raised to the ceiling while her right arm is dangling by her other side and she is slightly tilted to one side.

She then steps to reach her left arm out to the left side with a swaying motion to return to the center to then sway forward, this time reaching with both arms, then swinging them back behind her. She pauses them briefly behind her before she steps forward on her right foot to bring both arms forward and over her head to circle behind again her to then reach forward away from the camera, while standing her front, left, leg.

Phase X: In the Flow-Theme & Variation

She then turns back towards the camera, spinning into a twist around herself to then unwind and reach towards her front high right diagonal with her left arm while standing on her right leg. She then sways to her left on her bended left leg. Her arms sway back to the right to make a full circle in the front of her body and overhead, to return to sway and step side to side. Next, she steps onto her right foot, then her left, into a small jump lunging, reaching, both arms into the camera then turning away on her right

foot with her left leg in attitude in the air behind her as her hands do a gathering/grabbing motion similar to an earlier motif in the dance, as she suspends the movement through a slight arching pathway towards the end of this movement.

She bends her left arm so her elbow sticks out to the side then bends her other arm so her other elbow sticks out to the other side with short, quick, sways right and left. She unbends her right arm to circle it up then backwards, down, forward and up to pause with the arm straight up by her ear and she rises up in releve as the other arm dangles by her side. She then folds her left arm sharply down to her side, then turns back towards the camera as she slices her left arm through the space to again fold it at the elbow bringing her hand towards her chest, then does the same on the other side. She sharply brings both elbows down alongside her body as she leans her head and torso slightly back then extends both arms powerfully straight overhead as she steps forward on her left leg then takes a few steps underneath herself to extend both arms and legs out to each side one at a time to end up with both hands flexed at the wrists, repeating the earlier motif, creating tension, pressing something away on either side of the body.

The video switches again to the second scene with the dancer's back facing the camera. She turns to face the camera, down stage low to the ground. She places her left hand on her chest and her right hand on her belly simultaneously. She pulses and sways her hips, transferring weight onto the right foot then the left. She then lifts her right toes off the floor and twists towards the right as she pulses two times on the right side as she hits her left hand against her chest once, then her right hand on her belly, then untwists and hits her tummy twice more. She then pulses on the left foot two times as she hits both hands on her torso once, then again as she leans back on her right leg and immediately lifts them and her arms in the air in front of her on a high front diagonal on the second beat raising the left leg up in the air as high as her hip, in a rock back motion. Both arms release and swing back behind her as she steps to rock back forward on her left foot, her head still hanging back. Her arms make a small circle to make a straight line across the horizontal with her shoulders as she transfers her weight to her left foot to then bend both elbows to make fists in front of her chest. She then jabs the left elbow to the left side as she transfers her weight to the left foot to slightly twist to prepare to turn, slashing her right arm out then the left trailing behind as she turns on her right leg bringing the left leg

behind in attitude her body pitching forward as she completes $\frac{3}{4}$ of the turn, arms outstretched to the low diagonal, as she steps through on her left leg her head down and the right leg travels low through the space as she spins out of the turn, slicing her arms back around her to face stage right. She ends in another twist to her right side which she immediately unwinds to the opposite side. She simultaneously lifts her arms and left hip through an arching pathway over her chest as her left flexed foot makes a small circle in the air to step on to, twisting her head to look behind herself. She takes small jump, extending both arms out to the sides, to come out of the twist, to change directions back towards the right, landing slightly pitched forward with arms hanging heavy on the sides of the body her head looking over her left shoulder. Her head whips to the right to initiate the next jump on her right leg, the left in attitude behind her, arms dangle by her side. When the left foot lands she stretches her left arms down and turns backwards on it to end up facing the back wall with her back to the camera with her arms falling onto her torso, circling in on herself and turning once more. She reaches her arms and hand up again to skim the wall with them, extending her right leg then stepping backward on it as her arm comes down and the video switches back to the other scene.

The dancer's back is again to the camera. She is in a wide stance both arms are by her side, her hands are outstretched, ready for action. She places her weight on her right foot, points her left on the diagonal and raises both arms up to the high left side diagonal as if holding onto a rope which she then pulls down to the ground opening her legs do a deep bend and slapping the floor. She stands up in the same stance and repeats the movement and slapping of the ground. She does this a third time but slightly slower. She then turns to face stage left in a small lunge with her right leg forward, bringing her left hand to her chest with her left elbow high, her chin slightly raised. She steps on her left to do a quarter of a turn bringing her other elbow high in front of her chest. She steps on her right to open her legs wide as her right elbow leads her right arm to her chest then down and the front of her body opens to the camera.

Next, her left arm whips forward in the sagittal plane to circle up and back to sharply come into a bent arm, elbow out to the left side again her, hand in line with collar bone with the right arm dangling down at the side. The other elbow bends so both hands meet to clap four times in front of her chest directly in front of the camera. She then does

a half turn on her right leg the left in an attitude arabesque, turning away from the camera with arms outstretched to either side. She steps out of the turn on her left leg onto her right foot, then steps left doing saute jumps, back leg in attitude, on each side with her arms following along reaching up to each respective high diagonal. When she lands the saute on the right she brings both arms down from the diagonal to swoop to the left and overhead in a circle with her legs opened into a wide second position.

Phase XI: Opening into the Depths

When her arms complete the circle, she does a jump with all limbs extended like a star fish. Her head looks down at the floor as she reaches the apex as both arms remain wide over her head. When she lands, she lifts her chest up to the sky and her head hangs back with her arms still outstretched as if holding something above her. She does a little jump on both feet with her heels barely leaving the floor with her arms in the same position. Her body moves in pulsation as she narrows bringing her limbs into her midline and curls into herself, her back still to the camera. Her body scootches a quarter of a turn towards the camera down stage left as she furls into herself, and her head moves closer to the floor.

Phase XII: Pain and suffering

The video blurs and transitions to black and white scene with the dancer bent over against the wall with her legs wide and arms dangling to the ground her hands broken at the wrist unable to catch her but then one arm extends so her wrist-not her hand- makes contact with the floor. She bends her knees extending one leg to stretch forward to crawl forward and down to the floor haphazardly onto her knees and elbows before collapsing and dragging herself forward. She tries to get back up, but collapses, and tries again. She collapses again, struggling and suffering, dragging herself downstage, collapsing one more time before she curls into herself again. She walks her feet in a circle pattern around herself, as if her head is the center of the wheel and her legs are like the spokes.

Phase XIII: Holding & Pulsation

The video transitions back to the prior scene where the dancer is standing bent over with her arms furlled into herself again pulsing up and down as she scootches her feet to turn her body to face down stage towards the camera. She rises back up to standing, as her elbows rise out to her sides coming out of their tightly wrapped position

around her torso, her left hand holding her own cheek with tenderness in the process.

Both hands touch her heart center before her whole body grows wider and her arms and legs expands into an outstretched position, her head back and chest lifted. The video transitions to see the dancer lifting her foot high off the floor to step forward slowly as a pulsation moves up and through her body as it undulates.

Phase XIX: Ending & Integration

The video transitions back to the original scene that it started with. The dancer stands all in back in the center of the space against a white background, now spinning like a dervish with her left arm stretched out then pointing into herself, gradually curling her arm in towards her chest until the other arm joins also with a pointed finger until hands point into her midline and both arms reach up and point up to the sky then all around, in different directions, before pointing back again at herself, to her heart center. The video frame shrinks, to spin out to end.

APPENDIX C

DEFINITIONS OF THE 24 HEALING FACTORS

The following definitions clarify the concepts of each healing factor found in the present study. The source of each is identified in parentheses after the text.

1. *Accepting Chaos*: Creating an atmosphere of openness for multiple creative and sometime divergent energies to rise, fall, and transform into something of meaning. Riding the unpredictable waves of chaos gives one's sea legs- the ability to navigate change and adapt. (*current study*)
2. *Actively Using Breath*: Connecting with one's breath is an essential part of feeling one's emotions and vitality thus an essential part of DMT. Dance/movement therapists help clients connect to their breath and help them understand how breath is the generator of movement. (*see Lewis, 1979*)
3. *Allowing Full Range of Emotion in the Body & in the Dance*: The ability to let oneself feel all one's feeling and to express it through dance movement. A fundamental aspect in all the creative arts therapies and expressive therapy is that healing occurs in the expression and acceptance of emotional expression. This acceptance must be within the self and between the self and a willing other (*see Pallaro, 1993*)
4. *Building and Releasing Tension*: muscles contract and release to produce movement. Dance therapy magnifies this process by engaging the entire body in movement, providing larger scale contractions and releases for the entire organism. (*see Bartnieff & Lewis, 1980; deWitte et al., 2021*).
5. *Connecting and Being Seen*: Dance provides structures for connection. Feeling connected to others helps provide grounding in the present moment and in reality. Being Seen gives one a sense of being alive, accepted. It also provides a chance to repair injury from the primary relationship. (*see deWitte et al., 2021*)
6. *Containing*: Providing a sense of safety is a prerequisite for any therapeutic work. Dance provides containment through movement structures. Dance therapists provide containment verbally, emotionally, socially, energetically, and kinesthetically. (*see Sandel, Chaiklin, Lohn, 1993; deWitte et. al, 2021*)
7. *Creating in Collaboration*: is the improvisational process which is reciprocal between the therapist and group members and reciprocal between the individual group members in the creation of group movement phrases and dances. (*Current study*)
8. *Creating Gestures from Everyday Movements*: A basic element in post-modern dance is the use of pedestrian movement and movements done in one's daily activities. Dance therapists use these to choreograph and find meaning within a group's movement. It connects clients to beauty in everyday life. Possibly part of integration. (*See Schoop & Mitchell, 1974, 1979*)

9. *Creating States of Grace*: A state of acceptance that is created in group where all movement is allowed and honored. It involves the coordination of sinew and creates a flow of movement that renders beauty. Movement in this state is satisfying to watch. (*Current study*) (*for discussions of individual grace see Caldwell, 2019; Chace, 1993*)
10. *Creating Symbolism*: The ability to create symbols and find significance in their meaning in one's life is an essential part of all creative arts therapies. Finding symbolic movement in the dance helps integrate what occurs in the session with one's internal and external life outside the session. (*see Koch, 2017; deWitte et al., 2021*)
11. *Containing*: is the process the therapist, individual or group, undergoes to create a holding environment with boundaries and limits to create interpersonal safety which allows the group work to happen. (*this factor is common to all forms of psychotherapy but is discussed in CAT literature- see deWitte et al, 2021*)
12. *Experiencing/Creating/Finding Pleasure-Joy-Ecstasy*: Joy and pleasure provide impetus for living. All forms of CAT help individuals connect to a sense of pleasure and joy. Dance does this with immediacy as the primary instrument utilized is the body and there is nothing to mediate the experience. (*see Koch, 2017*)
13. *Exploring Polarities*: Movement exploration occurs within the dynamic pull between elemental polarities for example between expansion and contraction, growing and shrinking. (*See Bartenieff & Lewis, 1980; Schoop & Mitchell, 1974, 1979*).
14. *Exploring the Self*: Essential to any therapeutic work is the willingness to look at oneself and find understanding. In group DMT this is done via movement interaction with self/other(s). (*a factor common to all forms of psychotherapy but is discussed in CAT literature-see deWitte et al, 2021*)
15. *Finding/Creating Beauty*: engaging with beauty, either in an act of creation or in passive reception/appreciation differentiates CAT from other healing modalities. (*see Koch, 2017*)
16. *Flow*: the maintenance of visual, kinesthetic, emotional, and tactile connections between bodies moving together in a group. (*pilot study for the current study*)
17. *Grounding*: The act of sensing oneself in connection to the earth and to others usually obtained through rhythm, repetition, and feeling one's weight. (*see Bartenieff & Lewis, 1980*)

18. *Making Rhythm Through Repetition*: Movement and rhythm are fundamentally entwined. Rhythm is the drive train of life and the root of dance. Rhythm creates connections and increases the sense of safety. (Sandel, Chaiklin, & Lohn, 1993; Schmais, 1985)
19. *Mastering Movement*: The act of learning how to use one's body and move it efficiently and expressively in service of oneself and finding pleasure. It is related to bodily control, a sense of agency, the ability to self-regulate, and self-satisfaction. It is related to vitalization. (see Sandel, Chaiklin, & Lohn, 1993)
20. *Effortful Searching*: The process of looking for something within oneself within a group, creates goals for the work. It is the groups' attempt to find focus with a physical and mental investment in the movement. The focus could be energetic, interactional, or symbolic. (*current study*)
21. *Sitting with Stillness/Waiting for Emergence*: The state of being able to tolerate emptiness. It is an existential demand of being in a human body that needs to create and shape the world around oneself. (*current study*)
22. *Transforming*: The individual and collective energetic changing of forms of movement and interaction within the group. As one's movement dynamics change so does one's internal state. As the movement dynamics in a group change so does the group's process. Transformation is the goal of self-exploration and/or therapeutic processes. (*current study*)
23. *Tuning to Organic Bodily Responses*: Sensing and feeling, are essential to DMT practices, and fundamentally tied to proprioception and interoception. For example, in order to execute a turn a dancer must connect to one's center and feel the ball of the foot function as an axis in solid relationship to the ground. (see deWitte et al., 2021)
24. *Vitalization*: Is the process of feeling one's aliveness - the essential ability to feel movement within oneself and outside oneself simultaneously. (see Schmais, 1985)

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