

# E~MOTION



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**E~motion:** is a triannual publication. Its purpose is to discuss, debate and highlight the developing field of Dance Movement Psychotherapy. In doing so, E~motion anticipates dialogue with the wider community of Creative Arts Therapies in the UK and abroad. It is the online journal of the Association of Dance Movement Psychotherapy (ADMP UK). However, the views expressed in this publication are not necessarily the views of the ADMP. We welcome letters and feedback about any articles, or if you wish to make a submission please email the editor at [e-motion@admp.org.uk](mailto:e-motion@admp.org.uk). For further information please visit: [www.admp.org.uk](http://www.admp.org.uk).

# EDITORIAL

DEAR MEMBERS,

Welcome to the first of our new 'trian-nual' (apparently that's the correct term for three times a year!) E~motion e-zine.

E~motion is the professional journal for ADMP UK. As such it aims to provide a forum and a platform for the inspirational work of our membership, of their 'energy in motion'.

Dance Movement Psychotherapy takes its stand as part of the wider community of Creative Arts Therapists and this publication anticipates input and interest from that community in the UK and abroad. In the light of the comments below, E~motion aspires to broadcast articles, reflections and discussions that are stimulating and meaningful to those involved in the arts therapies and in the health professions, bringing together wisdom from practitioners at every stage of their practice journey in order to be part of the emerging dance of transformation.

A big thank you to all of you who have already sent in contributions, without these E~motion would not exist.

I write this at a time of seasonal transition; Spring's yearly battle to overcome Winter is almost over. There are signs of victory: snowdrops, frogspawn and the sounds of birdsong.

The editorial team would like to sincerely offer **Robina Wilson**, a 2017 DMP graduate from Goldsmiths an unreserved apology for printing her name incorrectly in our last E~motion publication: Vol XXVII No.1, Winter 2017, pp17. Robina's name was printed in error as Robina Kelly.

There are other battles that I am aware of that are more disturbing. To mention just one, and to quote his blog of 29 January 2018, Martin Pollecoff, UKCP Chair:

*"Mental health is a battle we are not winning ... NHS Digital data shows that in 2016, an all-time high of 64.7m prescriptions for items of antidepressants were dispensed in England ..."*

In the same discussion, Professor Sarah Niblock, the Chief Executive of UKCP identified further statistics "50% of mental health problems in adults are established by the age of 14, and 75% by the age of 24 ..."

Professor Niblock goes onto say:

*"Mental health ... the one area where people dare to dream that we can make a profound change, given their loss of faith in business and politics. We cannot change the world overnight, but there is no reason why psychotherapy should not try to ..."*

This hints at the possibility for revolution and reformation!

Whatever stage you may have reached in the transformational journey of becoming a dance movement psychotherapist allow yourself to reflect on the challenges we all face as DMPs, as creative arts psychotherapists of the 21st century. The statistics show that the map of mental health and wellbeing is not static. The culture of psychiatric diagnosis is being challenged by fresh discourse. Do we 'dare to dream' that we can 'make a profound change'?

This issue of E~motion offers you some examples from the experiences of individuals within our DMP community who have engaged with the challenge of changing our world. I hope you will savour the stories in this issue, and I encourage you to write in with comments or questions to stimulate dance, debate and discussion... and, dare I say it ... some dreams about the future impact of DMP in our communities both local and global.

Yours in the dreaming,

Ruth Price

E~motion Editor

RDMP, ADMP UK

[on behalf of the E~motion editorial team]

# EMBODIMENT OF ADDICTION THROUGH DANCE MOVEMENT PSYCHOTHERAPY

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29 JULY 2017

The field of addictions have been the source of fruitful scientific investigation with increasing attention drawn to it from several disciplines for the past 50 years. Neurological and medical approaches, social learning theory, symbolic interactionism, psychodynamic and psychoanalytic approaches all created important frameworks to conceptualize the phenomena however most of these theories have also shown limitations in providing consistent explanations to the process of relapse and treatment resistant addiction. Darin Weinberg (2002) provides an absolutely remarkable and inspiring critical survey on dominant addiction theories and their limitations, continuing his argument towards a concept informed by social phenomenology attempting to overcome the biological reductionism of medical approaches and the disembodied cognitive rationalism of social learning theories and symbolic interactionism. (Weinberg, 2002) His article introduces a revolutionary view on addictions that emphasises the pre-symbolic and pre-interpretative nature of meaningful experience that is indispensable to be taken into account in order to build a comprehensive understanding to such complex phenomena as substance addictions.

Wienberg critically assesses Lindsmith's theory that derives from a mainly biological approach reasoning relapse is a subconscious generalization of any stress response as withdrawal distress but doesn't offer explanation on resumption of using substances like nicotine or cocaine that do not produce severe physical withdrawal symptoms. The neurological approach to addictions focuses on the euphoria produced by psychoactive chemicals that interfere with the pleasure/reward circuits in the brain by changing the brain's routine functioning. Neuroscientific studies show that psychoactive substance use generates neurological adaptation, which manifests in building up tolerance to the substance used for. Due to the physical tolerance of the nervous system to the substance, severe withdrawal symptoms or anhedonia would occur upon removal of the drug. Wienberg's critique to this approach is the problem arising from most of the neurological studies being conducted on non-human animals which does not allow the factors

of social setting, meaning of drug and drug use to the people who use them to be activated and taken into account which are proven important factors of how people construct their sense of self, the reality around them which would inform and influence their behaviours. Social learning theorists use operant and classical conditioning training with addicts to associate negative experiences with drug use or diffuse the positive experiences of the same to support cessation through these behavioural programming techniques. Weinberg's (2002) comment on these studies is that being conducted mainly in a laboratory environment, the behaviours are far removed from life like situations, which inevitably compromises long-term success of such practices. Stimuli tend to acquire special characteristics and role in a social situation based on the subjects, social setting and practical action through which they are encountered, therefore the meanings of behavioural cues have an ever-changing nature as they are socially constructed and embedded in the social setting.

The last theory that Weinberg (2002) reviews is symbolic interactionism that places the relevance of meaning into the centre of scientific investigation. According to a symbolic interactionist viewpoint, abstinence and relapse is a cycle to be understood as the drug user's commitment oscillating between the using and non-using self-concepts. Weinberg (2002) criticises Ray's theory by stating that this process necessitates a conscious deliberate decision towards the using or non-using self-concept, and dismisses the visceral nature of relapse and many addicts' accounts on embodied compulsions and urges. Denzin's explanation of relapse according to Weinberg (2002) implements the importance of emotional compulsion which is a step towards a more comprehensive framework but fails to offer adequate complexity of approach when differentiating between physical and psychological, phenomenological craving that he identifies as a learnt emotional response rather than an intrinsic urge. Weinberg (2002) asserts that the same concept also is inconsistent with addicts' report on loss of control and power over urges. Darin Weinberg (2002) in his article in the *Journal of Body and Society*



argues following many phenomenologically informed social theorists that craving and the culturally transmitted meanings of drug use are to be interpreted as non-symbolic, pre-interpretative. He asserts that culturally transmitted meaning may not only be acquired through processes of symbolically mediated interpretation but through a form of embodied collaborative practice. His approach suggests that people come to understand their realities through a habitual level way of being.

*“The meaningful world we inhabit is comprised of our actual practical involvements in that world.”(Weinberg, 2002)*

The author concludes that to maintain recovery creating the perception of the negative effects that drug use has on the addicts and their families lives, attempting to change behaviours cognitively to cease the struggle are not the only factors to consider when conceptualizing the phenomena of relapse and addictions. Instead he contends that urges to use substances do not manifest in lived experience but they derive from beyond the self and happen uncalculatedly and involuntarily. (Weinberg, 2002) His embodied approach provides a comprehensive and integrated view on the complexity of the phenomena and offers an almost inexhaustible source of inspiration for theorists and professionals like myself, on the frontiers of dance movement psychotherapy and substance addictions. In this paper I attempt to ascertain the relevance of dance movement psychotherapy and therapeutic body work in the treatment of addictive behaviours, exclusively focusing on substance misuse through Darin Weinberg’s embodied approach. (Weinberg, 2002).

I have been working in the field of addictions for the past five years as a social worker in several services such as drug crisis residential unit, specialist family rehabilitation unit, and therapeutic community, alcohol crisis unit, needle exchange and low threshold services. I have taken part in developing psychoeducational and therapeutic group work programmes to support people to overcome substance addictions. For my social work master’s degree with my contemporary dancer background and an ever-present interest in the use of creativity and artistic expression in supporting personal empowerment, I conducted my dissertation project in an addiction unit, integrating creative expressive movement sessions into the group work. These sessions mainly focused on symbols and metaphors of lives lived through misuse of substances. The topics, struggles, aspirations, relations, life events and memories of participating clients informed the process. This work wasn’t aimed at a psychotherapeutic process rather it was to complement the crisis unit’s already existing psychoeducational group work programme. Even before this project of mine but definitely increasing after, I started

to be more and more convinced that the experience of the body, realization of bodily experiences and many times problematic and ambivalent relation to the body is a particularly relevant issue to investigate and to draw upon in treating substance addictions. I decided to continue my professional development on a dance movement psychotherapy master’s course at University of Derby last year to pursue my long planned desire to use bodywork as a psychotherapeutic intervention with addicts. Besides my intrinsic passion for this and a gut feeling that there might be something inherently interconnected between dance movement psychotherapy and substance addictions, my professional approach was informed by psychodynamic and psychoanalytic approaches. These suggested that behind the devastating struggle of substance addictions there is a likelihood of discovering a difficulty in detecting or articulating emotions, problems of affect regulation and misinterpretation of one’s own emotional cues. (Khantzian, Halliday, and McAuliffe, 1990) Based on my experience working with addicts I have always had a feeling that the mainly cognitive and psycho-educational approaches which are widely utilized in services only seemed to foster an outward focused transformation of self that were able to give a different, more hopeful and empowering perspective on life in recovery to addicts but at the same time failed to promote a real integration of all personal experience which would allow for a deeper and more interconnected understanding of the self. I believe, at this time of my professional development, without intending to impose an omnipotent theory onto the complexity of addictions and possible ways of successful treatment, that the shortfalls of understanding substance addictions and relapse from a primarily psychoeducational, psychodynamic focus offered by most of the social care services and therapeutic communities cannot be overcome without placing high emphasis on the body itself and integration of bodily experiences. As it is probably obvious to the reader now, the embodied approach calls for an embodied understanding of the social phenomena embedded in social and cultural landscapes, created by various cultural habits and lived through by our habitual, physical, emotional, cognitive and spiritual participation in these activities.

Dance movement psychotherapy has the profound ability to highlight social and cultural meaning of certain sequences of movements, can tap into the subconscious levels of bodily experience, and allows meaningful experience to be lived through and the body to be emphasized as a “materially incarnate social force” (Weinberg, 2002, p.1) with its interwoven individuality and socially embedded aspects. Through the process of dance movement psychotherapy one create a bodily perception on their own self, their experiences, movement and cognitive or emotional habits as well as reaching the non-symbolic and pre-interpretative layers of experience where subconscious drives and urges are

enclosed and originate from. Adding my thoughts to the relevance of dance and movement psychotherapy in treatment of addictions, most approaches and practical programmes seem to fail in placing adequate emphasis on the body and physicality in the nature of substance addictions. This would be especially important as one who uses substances may have various reasons behind his activity but one factor is constant which is that the experience of the substance is created by its contact with one's physical organism, the body and mind. Based on the pattern of use of the substance and the biochemical propensity of the drug it intensifies and/or alleviates certain type of bodily, physical sensations and emotions. The complex constellation of the drug experience is not merely dependant on the biochemical factors and the pattern of using the drug as many theories suggest along with Weinberg's (2002) approach, which extensively explains the number of factors such as social setting, personal attitude, social meaning attached to the activity etc. that create the drug experience.

The importance of the embodied approach contrasts with the dismissive attitude towards the physical aspects of the drug experience, which is a dominant concept in the field. The number of different bodily sensations created by the substance coming into contact with the human body and one's emotional and physical attitude towards these sensations cannot be dismissed when conceptualizing nor can it be when designing treatment. The relevance of the embodied approach of substance addictions can also be validated by the fact that ceasing drug use has many concomitant factors regarding problematic or less than ideal functioning of the body, which could be physical impairment, health issues besides the severe physical discomfort generated by detoxification process, substitute prescription programmes, changing to different substances in order to reduce health risk etc. which are usual events in lives of addicts. Difficulty sleeping, hot and cold shivers, vivid dreams, nausea, itching, involuntary muscle movements and spasmodic pain are just some of the physical symptoms that one can experience upon the cessation of substance use.

Dance movement psychotherapy sessions can also allow for these physical experiences and emotional attitudes towards these to be worked through and worked with creating a personal relation to the whole process of "coming clean" through symbolic movement, which may lead to a deeper connection of the self and a more embedded level of being in the process of recovery. If the goal of treatment is to empower people who struggle with substance misuse to overcome the disabling nature of addiction and manage their recovery towards an integrated way of being where they have a sense of control and understanding about themselves and the world in order to lead a more independent life, it is indispensable to realize the interconnections between body and mind.

In conclusion my assertion is that the recovery is more likely to be achieved with an approach and practice that focuses

on reconnection and integration of all physical, spiritual, emotional, social aspects of self. This process can be widely supported by utilizing dance movement psychotherapy to live through the sometimes problematic, at times ambivalent and unique relation to the body in substance misuse to allow mourning for the psychological and physical destruction of the bodily self and to foster recreation and reconnection with a slightly new or differently built sense of self.

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# SHORT-TERM DANCE MOVEMENT PSYCHOTHERAPY FOR HIKIKOMORI WOMEN— CHALLENGES FOR AN EARLY PRACTITIONER

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This article will describe a journey with socially isolated young 'Hikikomori' women by offering twelve weeks of dance movement psychotherapy (DMP) at a non-profitable organisation in Japan. I am a newly qualified therapist and was trained as a DMP in the United Kingdom. This project was launched two months after my return to Japan. The issue of Hikikomori interested me as they are one of the most socially and economically vulnerable young people as well as in my generation.

I will describe how each woman had their stories revealed and discovered the joy of forming relationships. I will also reflect cultural dimensions and challenges that I faced as a newly qualified DMP. For confidentiality, all names of individuals and institution have been changed.

## HIKIKOMORI

The organisation works mainly with young people who are suffering from mental health issues and socially categorised as 'Hikikomori', or *withdrawn*. Hikikomori became a social phenomenon in the 1990's when Japan was faced with economic recession. Hikikomori is defined by the Japanese Ministry of Health, Labour and Welfare as: a person (Age: 15-34) who does not go to school or work; does not leave home for more than 6 months; and has no social communications and interactions except with family members. There is an estimated 696,000 Hikikomoris in Japan (the Ministry of Health, Labour and Welfare, 2015). This indicates one out of ten people is being withdrawn. Many Hikikomoris stop going to school mainly as a result of bullying and/or family issues.

The organisation has 1 full-time and 4 part-time staff, as well as 1 full-time psychologist. Verbal counselling is available for the members and their parents. There are about 30 people aged between 20 and 40 years, coming to the day centre to work on making jewellery and crafts or do simple tasks such as packing. By doing so, they usually earn around 100 Yen per day (less than £0.7), which is far lower than a minimum wage (£6 per hour). Some of them are on social benefits but others aren't as they feel ashamed to receive the money. Therefore, their financial dependency on their families is so tremendous that some of them are urged to leave home by their parent(s) to become financially independent.

Yoga and improvisational sessions have occasionally been arranged at the organisation. However, no art psychotherapies sessions have been held until my

dance movement psychotherapy (DMP) sessions started. My sessions were called 'Movement Therapy' suggested by the executive manager as there might be resistance towards the term of 'dance'. She was very cooperative and supportive throughout and made the best environment for DMP by making sure all staff would leave the office during sessions.

## A NEW GROUP

I conducted a taster session before launching the project. It was a slow open group and later became a women-only closed group. I met each one of them before the first session and gathered information about their backgrounds and goals for the therapy.

This group was consisted of five women: Kei is 21, talkative and affectionate to those whom she trusts. She had been on and off being a Hikikomori since the age of 14. Yoko is 23 years old, very quiet and experienced being a Hikikomori for four years. Yuri, 27, who is always accompanied by her mother, finds walking difficult: she worked at a supermarket, but later she was admitted to a psychiatric ward. Sachi, 31, is very expressive, has a huge conflict with her mother for many years, being a Hikikomori for 18 years. Mai, 35, has been suffering from depression for 15 years, which led her to be a Hikikomori for 10 years. They all were born and raised in the same city as I was. All of them felt quite bad about their financial dependency on their parents, who are mostly divorced. They have experienced being inpatients at the mental health clinics, suffering from constant anxiety and tension. Most of them were bullied and stopped schooling while they were adolescents. Their goals included: becoming less anxious, making friends, having a normal life and going back to work.

## CHALLENGES

As I lived abroad for the last 15 years, in my first few sessions, I was very nervous and worried if I would be able to speak smoothly. I struggled a lot simply to express the words in my mother tongue that we use in sessions. It was a completely new challenge for me. I was aware that my clients saw me as a foreign traveller who is free, adventurous and courageous. I was also called a sensei (teacher) which meant they were placing me above them in the social hierarchy, something very significant in Japanese culture. Unlike English, Japanese people distinctly speak with various honorific terms to persons whom they think are older or superior. This fact seemed to me a barrier to build a therapeutic relationship even before we started the sessions. As the weeks past, I asked them to call me by name, instead of allowing them to call me sensei and explore the reason. However, I must admit myself that I didn't have room to pay attention to such a detail at this point.



## GETTING CREATIVE

Reflecting on my feelings before I started this group, I was unenthusiastic about having to return to my country, and home-town. Contrarily, I was so keen and ambitious that I wanted to build my new career as a DMP and quickly fixed the group and met each woman for the assessments. After the taster session my supervisor, who is 10,000kms away, simply asked me, “So... now what image do you have at this moment?”

“.....” I went blank. I was reminded to become curious and creative, to allow myself to build a picture as the group was forming at the beginning of the sessions.

My initial image about this group was of “white clouds floating in the sky but having no forms”. I started to watch clouds, sometimes drew images of the group, or moved on my own. These creative processes were helpful for me to ground myself more during these busy days.

## LESS IS MORE—BEGINNING SESSION 1–3

“*Less is more. Slow down*” was the key for me to run this group. Indeed, these women found it difficult to come to the organisation, and be away from home. My first three sessions were focused on providing a space with the women to get used to moving by mirroring others and repeating movements they liked. I was very alert to a need of taking a good enough length of time for the warm-up while wondering aloud if some repetitions might bore them. However, they all seemed to have discovered enjoyment in the act of just moving together and exploring various movements.

Sachi moved her arms in criss-crossed motions, which she said, “I am sorry for what I am.” I was struck by her comment and remembered a description of herself being a burden for others. As I received her movement and we mirrored each other, I opened my arms wide as I felt a need to express the importance of accepting the way she was. Interestingly, Mai changed my movement into a cheer-leading gesture as if we were all cheering for Sachi. At the end, Sachi said, “I thought nobody else would do my movement, but saw others doing mine! I felt they were so adorable.” Mirroring movements, assisted by sounds and rhythms, was so powerful that these young women started to find a connection with others.

## SPACE AND SPEED—SESSION 3–6

The slow introduction to a sense of space and speed was so critical because it led the group to create more varied movements and interact with one another and, in the end, move as a whole. The group was given an opportunity to move either directed or non-directed, change speed of movements and pass the leadership of directions to others. Our exploration in relation to the space and speed was rich; moving towards the centre, side, walking backwards, and opposite directions;

changing speed of walking, moving with somebody else’s movements etc. We also tried to walk alone or together or at a different speed. This made me realise that, for example, I was walking much faster than Yoko and needed to really slow down to walk with her. Using space and speed created laughter, rhythms and sounds among us.

This experience was new and another huge finding for the women. I also noticed that when using space, the group met more at the centre point. Kei mentioned that she felt happy when she found that some people wanted to go to the same points as her. Yoko said, “I found it more interesting to move with people rather than moving alone.” Yuri stood up and walked a lot in the space on her own for the first time. “What progress she made!” I thought. She always comes to the organisation with her mother who publicly describes her daughter as a slow person with a learning disability. She suffers from a medically unexplained symptom and needs a support to stand. Her wish in this therapy is to be able to walk. Yuri seemed to be relieved to be present in the group as I reassured everyone that they were welcome to sit or stand without asking permission. Her gaze was often in my direction and she spent most of the time following my movements.

## FORGOTTEN—SESSION 6–7

Sachi surprised everyone with her movements and words. While checking in, she suddenly said, “I forgot my name for a moment.” I invited these women to reflect about what it is like to forget yourself or what it means to them. However, in the end, I think I hardly utilised her poignant statement through movement, as I was relatively preoccupied with introducing props to them and felt that the process wasn’t happening organically. Although everyone looked interested in the new stuff, I suddenly got so anxious that my brain went blank—what am I going to do with the props? My anxiety may have been revealed to the group when we passed the movement leadership – I passed my movement to others too quickly. I also noticed that I was stuck physically, staying in the same place. It was me who forgot myself – I lost myself while being the therapist.

In supervision, we had to think deeply about this. I realised that I tried to bring changes quickly to the group, unconsciously fitting them into my way or my needs and not simply listening to their needs. There seemed to be a parallel process: while I was feeling anxious and eager for the participants to quickly change, their parents were urging them to move on and progress with their lives swiftly. The fact that these women started to giggle a little bit, talk to each other, notice others’ movements and offer positive feedback about others, was a significant shift for them. They had just begun to create new connection with others. I was again reminded that I was going to form something secure for this group. As an early practitioner, I had to remember my role to



actively support their body movements and develop the group. Simultaneously, I was assured by my supervisor that changes had been happening and I did need to value myself and these small detailed changes. From the next session, I realised that I stopped worrying so much and concentrated on noticing what was happening, which enabled me to make use of and develop what was emerging from the group.

## UNFOLDING STORIES—SESSION 7–10

The more bodily communications the women created, the more stories they began to unfold in the sessions. Mai shook the rain-stick near me, which made me move to the ground. The women who formed the circle started to cover my body, apart from my head, with colourful cloths and white feathers. Mai and Kei later said there seemed a story where “sensei” was buried. I was left with the feeling that this might be the beginning of the ending.

It was memorable for me that Yuri swung her cloth so close it nearly touched my cloth. I was really touched that she communicated her sincere wish to move and get connected with me through the cloth. I understood she had cherished this group and gained the joy of movement. She told the group that she felt her achievement was being able to stand and move with others.

Yoko wore a golden mantle with white feathers around her neck and slowly started to walk in the room; she later described herself as a traditional Japanese singer. Normally traditional Japanese singers wear shiny costumes, have a rich octave and sing with an enormous sense of grounding. When Yoko reflected that she realised it was OK to bring herself forward after having moved with others, I understood she had started discovering a new self within her – talking to a new person, sharing space with someone and in her words “revealing” what she was. In Sachi’s eyes, Yoko was a queen. Kei also appreciated that Yoko had “opened her heart to the group.” I felt this might have been the first time ever that Yoko had been so appreciated and received such positive attention from others. Having listened to what these women were saying about others, it hit me that, they were just seeking deep connection with others. At the end of the therapy, Yoko described her achievement as being able to speak to and with others.

## STAYING PRESENT FOR THE ENDING—SESSION 10–11

The women started dancing in a circle like Native Americans as if they were celebrating a new friendship. It was so unconscious that I promptly went into the circle and lay down to watch their moves, laughter and energy. Later at one point I noticed myself drifting away from the circle, watching their moves and also running away from Kei who was playing with ribbons and cloths like a child. It wasn’t until I had my own supervision and reflected on my thoughts about the ending of the group

that I realised that I wasn’t really aware of how I felt about it. I realised that I was AVOIDING the ending of this beautiful group. Again, I remembered that I generally find it difficult to face endings. I knew I was going to leave the city again and miss the group and each one of them. In my mind, it felt that the clouds that had gradually formed would be disappearing slowly. However, I was assured by my supervisor, that my clients would take something with them, and the image of the group would be left with me. I, as a therapist, would have to allow the group to celebrate, to enjoy, to feel sad etcetera, as they began to close the chapters of their twelve individual stories. They are the ones who write the stories and I am the one who witnesses the moments. I had to be present. I needed to think about what I had to do to bring myself back to the present moment. I think this was a crucial point to remember for myself, and indeed a challenge as an early practitioner.

Nonetheless, towards the end, I felt I almost abandoned my clients; the warm-up was much shorter and I did not do any mirroring, having had a shallow assumption that they could move on their own ... I completely skipped the established structure! Again, I felt I lost my therapeutic stance. Mai’s comment that she felt that she could not create more new movements was mirrored in a way that I had created a situation where they might have felt “not good enough” (Casement, 1985). Perhaps to keep this fragile group, I should have kept the structure they got used to where they could feel it was ok to “be by themselves”. Reflecting on this mistake, I am now aware that I did unconsciously avoid the process of being with my clients towards the end. The ending with my clients was indeed terrifying for me.

On the other hand, I was conscious that many things were happening in my life and my mind was so much preoccupied with unknown things at the same time. I felt the status of my mind also impacted on the sessions.

## LAST JOURNEY

Sachi, who had had a long absence, made it to the last session. At the beginning, she said, “I am hesitant, but because we are gathering here for the last time, I want to say that this (therapy) was my first place to be heard.” Although she normally has a horizontally expanding movement, she stayed still for the first time, which was well received by Yoko who kept a posture of holding her palms facing the sky. Kei made a flower bud with her hands and made it bloom by opening upwards. I strongly felt that these women were not moving just for the sake of moving, but enjoying every moment of moving together. The movements had come to own its meanings, liveliness and emotions.

All of sudden, Sachi came to hug me from behind. My bodily response was that I maintained contact with her hands and gently led her towards movement. Reflecting in supervision, my supervisor suggested that I could have just received her hug as an acknowledgement of

a “thank you” and hung onto the ending with her. I also realised that hugging isn’t a typical Japanese gesture in Japan, so it was an extraordinary way for her to show affection. Sachi later reflected that she felt allowed to be as she was and was able to relate to others. She has been seeing herself as a burden for others and blaming herself. However, in the sessions she had been an inspiration and surprise for the other women. Movements were somewhat “original and unique” and her verbal expressions were honest and sincere for others.

Everyone was moving freely throughout the last session. Kei was actively playing with everyone. Mai seemed more actively moving with the others. Towards the end, I noticed that everyone was moving in the circle in the same direction. It also looked like Yoko was leading and the rest of the women followed her, although she reflected it was a pity that she didn’t move more actively. I personally celebrated every minute of moving with each one of them and feeling liberated about doing my own movements.

## CONCLUSION

Twelve weeks flew by quickly. These women discovered the joy of getting to know and relating to each

other and sharing movements. I am sure they are going to take this bodily-lived experience with them.

My wish that I had wanted to work for my own people came true because of them. I am left with huge gratitude for every woman whom I met and learnt from immensely. I will remember every moment we danced and talked. My journey as a DMP has just begun and I am still learning how to slow down and listen to clients. I became more aware of cultural aspects that had appeared in the sessions. I would like to take my experiences with these women forward to a next DMP journey.

I noticed that the clouds developed by themselves at their own pace and in their own way, and then moved on. They are still up in the sky, forming different shapes every day and always reminding me that they are there.

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# AN OLD-TIMER LOOKING BACK

AUTHOR: RIITTA PARVIA, RDMP, ADMP UK

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**T**he way to dance therapy was not easy during the late 1960s when I wished to study DMT. This is a story of a Nordic DMT pioneer’s way to the profession.

My dance therapy grew out of dance as education. My American modern dance teacher, Joel Schnee, strongly recommended me to start to teach the Graham technique in Oslo; there is nothing like modern dance in Norway, he said. Moving to Norway it thus happened that I brought modern dance to Norway, the Graham and Chilkovsky techniques, and jazzdance in 1964.

When starting to teach I had many questions; how to teach not just technique, but my students, why

this is right or that, why something that feels right is not so, or why a dance problem may need to be approached, not directly but indirectly. After six years of studying movements on my own, I had answers to my how and why questions. A psychiatric nurse taking my classes invited me to dance with patients at the local mental hospital. I worked almost two years there with patients, individuals and groups as a part of the hospital’s therapeutic milieu and its schooling.

It was an intensive schooling including things like Norwegian social psychiatry, encounter and sensitivity groups and American bodywork methods.

Psychiatrists were acquainted with the Middle-European therapeutic traditions and Wilhelm Reich's ideas. The Reichs lived in Norway a few years. When Wilhelm Reich left Norway, his wife Elsa stayed and continued their work until she was 90 or more. Reich's body armour theories were known. His muscle tone scales, a method which required extreme sensitivity of hands, were learned by some physical therapists. I learned the method. What was tested was the palpable musculature. I was interested also in the inner, not palpable muscles that need a different kind of sensitivity to be known and made conscious.

The hospital pushed me to study DMT, but no DMT education existed in Europe. I attended Liljan Espenak's DMT education in New York to study group therapy. The study appeared focused on individual therapy. It was individual in all ways; when I suggested student cooperation, it was interpreted in Adlerian terms so as I was aggressively driving for power in the group. Based on this interpretation, I was ostracized from the group. DMT literature of the time consisted of a few DMT books, Lefcoe, Rosen, Boas, and also a dozen papers written by Francisca Boas, a dancer, and a dozen papers were written by Loretta Bender, a psychiatrist, who worked together with Francisca. Loretta was married to Paul Schilder, also a psychiatrist, the author of *The Image and Appearance of the Human Body*. None of these writings were on our syllabus, not even "The Thinking Body" of Mabel Todd from 1937 was on it. Liljan's papers were to be read. Liljan presented her work without reference to anything other than a three weeks' DMT course with Marion Chase. Liljan's concept of Psychomotor Therapy marked the difference between the two approaches. Liljan was a follower of Reichian ideas as a keen associate with Alexander Lowen. When writing my exam papers, I placed Liljan's work into a wider therapeutic context. Liljan's reaction was: "I did not know you have so much experience, knowledge and insights. But, gifted as you are, you have no hope since you so totally lack aggression." When Liljan published her book I found my work method in it with no reference to my work. I had developed the method before entering her study.

When not learning what I came to learn, I started to find out what else one could do in NYC.

The 8<sup>th</sup> Street Book Store appeared as an oasis for extremely interesting therapy books. I bought bagfuls to take home. New York was the center of the world's modern dance; I started to train dance. Some of my important teachers were Syvilla Fort, "the mother of all black dancers," a former Dunham dancer with her method based on Dunham's. Syvilla's studio was on Time Square, narrow stairs lead to the space above the street level. On the stairs junkies were sitting with their bottles inside brown paper bags. They gave room for us to pass. The studio floor was an old unpainted wooden floor full of cracks and holes, roaches and mice. In the

corner there was a piano out of tune. Syvilla's brother and his musician friends came some times to play for our training. We danced in orgy. "You have got the dancer's spirit," Syvilla said to me, "I wish I could do more for my very gifted students". She gave me opportunities to train free with Haitian Louines Louinis, a ballet teacher and an African dance teacher, and she created a workshop group to develop a professional company. Syvilla created a social spirit in a community full of racial tensions. Mercedes Babtista, a Brazilian folklore teacher worked with her drummer creating ongoing rhythm improvisations. This reminded me of old Finnish folk singing with endless, complex, ongoing rhythm variations. Eleo Pomare invited me to train with his dance company. The training was all too demanding to me; near a collapse it happened that the dance took over, no longer knowing what I did, I did it. I gained much from Alwin Nicolais' sound/movement work.

After a performance in Syvilla's group I was invited to join the Haitian dance theatre, Theatre Choucounne in Brooklyn, led by a Voodoo priest. He brought me to his Voodoo society to attend unforgettable rituals. Finally, I was employed as a dance teacher at the Haitian Academy of Classical Ballet, Folklore and Voodoo in Port au Prince, Haiti. Seeing people from the mountains dance, I realized how far removed the Dunham theatre dance was from Haitian dancing, and how authentic the dance of Louines Louinis was. From the Haitians I learned something of human dignity and integrity. My Haitian life changed me as a person, while it also opened up insights into my own culture.

I visited mental hospitals in Haiti, Jamaica, Trinidad, and St. Lucia. The Caribbean islands are all different regarding their cultures, problems and mental hospitals. A mental hospital can be seen as a micro society reflecting the macro society. On the islands I lectured about dance therapy, made radio programs. In St. Lucia I talked in community houses about general health issues, prevention and parasites, was a part of a carnival committee, and partook in several carnivals on the islands.

Returning to Norway, my home country at that time, I experienced a culture shock; as a marginal person in the Norwegian society, my feeling of alienation was strengthened, yet I felt I had gained an inner ballast, and luckily had my associates out in the world. The North Norwegian mental hospital wanted to engage me again, but the salary offered was too low this new profession being placed at the bottom of the hospital hierarchy. I started to study medicine, and wrote my thesis about dance as therapy in 1975, the first thing written about DMT in Norway. After this I was invited to work as a dance therapist at the Mid-Norwegian mental hospitals in Trondheim. My task was to cooperate with the staff, lead patient groups, educate my co-workers and supervise their work. The chief psychologist of the hospitals, Bjarne Aasum, was my supervisor. When I was going to meet



my first group of insane criminals I did not know what to do. "You know what to do," Bjarne said. (These words have guided me since.) A paper written about this work (Parvia 1994) became a classic; it shows how a dance therapist worked with groups in the so-called 'heavy psychiatry', and how the theory created was based on the practice. Originally a conference paper, it was published in the conference proceedings, in the German *Zeitschrift für Tanztherapie*, and in a Finnish textbook. Goldsmiths College was happy to get it. It is also published on my home page for anyone to read. I never had a permanent post as a DMT. The hospital applied for a DMT post, but the Norwegian Ministry of Health refused to establish one, and also refused dance therapy education in Norway.

My work in Norwegian psychiatry ended in 1982. I had DMT engagements together with two psychologists in private practices. I worked freelance giving lecture-demos in most health institutions throughout Norway and Finland, and in a few other European countries. The first International DMT conference was held in Ontario in 1977. I represented Norway and Finland in the round table of the conference. I was the only educated dance therapist from Europe at this event.

Liljan has had to give up her DMT education. She visited me twice in Norway hoping to get work and to make sure that I follow her theory in my work. She was disappointed when I was not able to employ her or use her theory in my

work. With all respect for her life work I saw her theory as a product of its time and culture. I had my path to trace.

My application for SRDMP was accepted by ADMP in the 1990s. As DMT without a future in Norway, and without its own professional identity in Finland, I studied social anthropology and visual anthropology. To get dance into anthropology in Norway did not work. I moved again to writing papers, to getting them published, and presenting them in international conferences. I was invited to present DMT in China in 2007 and 2009, and received ADTA's (American Dance Therapy Association) award for my cross-cultural DMT work in 2010.

I did what was possible in the circumstances where I lived, far from colleagues. In this situation, ADMP has been of crucial importance to me. I owe a great depth of gratitude to ADMP, and remember especially the long and rewarding cooperation with Andrew.

My hope is that some people, somewhere, have got some bits of my insights to merge with theirs, and if so, it is as it should be.

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### THE BEGINNING OF DANCE MOVEMENT THERAPY IN CYPRUS.

In July 2001, after completing my PGDip in Dance Movement Therapy (DMT) at the University of Surrey Roehampton, I returned to my home country Cyprus. Dance Movement Therapy (DMT) was at that time a mere nonentity on the island and I soon realized that the privilege of introducing its practice was crowned with very hard work for promoting the profession and laying the subsoil for future workers. The robust training which I had received at Roehampton, and the fervent support of Nina Papadopoulos (Registered DMPist, private practitioner and Clinical Supervisor with ADMP UK) galvanized my will and stamina for the professional journey I was about to initiate. This entailed introducing the profession to many different environs, delivering live presentations, working voluntarily, and persuading managers and psychologists that it was worth giving me the chance to make the case for DMT known and put to practice.

## THE CREATION OF CYPRUS DANCE THERAPY ASSOCIATION: REFLECTIONS ON DR. RICHARD COATEN'S FIRST RESIDENTIAL WORKSHOP IN CYPRUS

Throughout these years I managed to find or create work under different settings: I devoted long periods of work to groups of people having special needs, learning difficulties, and mental health problems; I worked systematically in a therapeutic community where I guided DM therapy groups of heroin addicts; I collaborated with a counselling centre where I practiced privately in sessions with children, teenagers and adults. Also, I had the opportunity to design and teach a college introductory module titled *An Introduction to Dance Movement Therapy* for the University of Nicosia, geared for undergraduate dance students. Throughout all these years I have been promoting DMT whenever given the chance in hope that one day more DM therapists would arrive and the profession would become more established.

Promoting DMT in Cyprus and creating work for myself was not an easy process. I had to follow an unwavering positive approach and always source the patience to introduce it as practiced discipline and profession to an unacquainted and often sceptical audience. Sound training and firm conviction in the values and benefits of DMT fuelled me to carry on. Employers initial reservation often gave way soon to granting me the chance to develop the context the aptitude of this novel-sounding creative therapy practice. To this end, I always kept an open and immediate approach in explaining DMT and answering all the questions prompted, and delivered introductory presentations whereby I had the opportunity to explain what DMT is, its origins and current applications in the UK where it commands high professional esteem.

In the course of my professional life I have worked so far in a variety of settings with equally wide ranging groups of clients. Of particular significance in relation to DMT's reception has been my work inside an in-patient drug rehabilitation centre. Being the first DM therapist to collaborate with them, I started working with them in 2001 initially under a short term contract, which eventually extended to almost a decade of creative collaboration concluded in 2010. I instructed therapy groups on the basis of regular weekly DMT sessions, in the course of which I developed innovative performance work with my clients which facilitated a creative enactment-performance process that enabled them to express their journey along the path of rehabilitation. This was widely recognized as an exceptional and novel contribution to their progress. Public performances were met with unprecedented success and regarded a breakthrough not only for the in-patient drug rehabilitation centre but also for rehab communities in Cyprus overall, as this creative approach had not been applied with heroin addicts in the past.

During the same period of time I had the opportunity to work as DM therapist in an institution housing people suffering with severe mental and physical forms of disability. This was the first time DMT was applied in such environment though music therapy sessions had been

previously practiced. However, DMT facilitated their first experience with group therapy including both residents and staff. Soon, the DMT therapy sessions came to be looked forward to by both staff and residents as the highlight of their week. A strong sense of trust and belonging was developed over time which bonded and strengthened the group. I believe that DMT offered them the experience of really being regarded and expressed as a whole beyond the barriers of language, and within this lies the power of our profession. Unfolding these groups necessitated work on two levels: working with clients and working with the staff. The dialogue facilitated between these two seemed to awaken a comforting dynamic interaction between them.

Throughout this journey, the support and mentoring of ADMP UK RDMPIst, private practitioner and Clinical Supervisor and Chair of Ethics Committee Nina Papadopoulos has been catalytic. Being a regular visitor since 2001, she played a central role in the establishment of DMT in Cyprus by providing multifaceted and much needed support to the ongoing work. Among others, she set up the contact and future work with the Champernowne Trust in the UK of which she has been a committee member. She also offered several inspiring DMT workshops over a number of years in Cyprus, and she liaised for many years with the ADMP UK Council, of which she was a member, with the purpose of supporting DMT practitioners in Cyprus. Among parallel activities that might be counted among the milestones of Cyprus DMT community, was a five-day residential workshop titled "Alchemy of the soul" organised by Nina Papadopoulos and a group of professionals, including myself as a DM therapist, Roula Demetriou a drama therapist, Machi Papadopoulou an arts therapist, Despina Pitsili a music therapist and Costis Kyranides a psychologist. This was one of the major projects which materialized thanks to the collaboration with Nina Papadopoulos and the Champernowne Trust for Psychotherapy and the Arts in the UK, which supported the whole project. This took place in the Troodos mountains of Cyprus at the Jubilee hotel which we booked for the whole five days. Among others, participated 30 personnel members of the psychiatric services of Cyprus. This was the first creative arts therapies conference held in Cyprus and offered the participants with a unique opportunity of becoming acquainted with DMT, Music Therapy, Art Therapy and Drama Therapy, and attend lectures related to the theme of the conference. While it took two years to organize the success of this conference stayed with us for a long time.

## **THE JOURNEY OF CREATING THE CYPRUS DANCE THERAPY ASSOCIATION.**

In 2011 the second DM therapist arrived on the island, named Mariam Mchitarian. Soon after, in 2012, two more dance therapists also returned from their studies, Andria Papanicolaou and Maria Charalambous. In 2013 another two DM therapists joined, Maria Antoniou and



Stella Eftychiou and, in 2014, Silia Rafti also arrived. It is worth noting that all of the Cyprus based DM therapists were trained in the UK: at The University of Surrey Roehampton, at the University of Derby, at Goldsmiths University and at Queen Margaret University. Mariam, Andria, Maria Ch., Maria A., Stella and Silia have all been very passionate about DMT. The sound training which they had received provided them with the necessary core material for creating work for themselves and promoting the profession. Hard work was required by all of us, in order to overcome obstacles and introduce dance movement therapy to different settings and client groups. Our DMT approach is underpinned by our strong conviction in the interconnection of mind and body. We are aware of the relationship between motion and emotion, a view supported by Marion Chase: "Expression by movement reveals a truer expression of feelings" (Chase cited in Chaiklin, 1975, p44). Movement offers another language for expressing oneself, and this non-verbal expression also offers a cathartic experience enabling the release of emotions.

The need for the creation of a national association of dance movement therapy was growing in the group, as we all aspired to the firm establishment of the profession in Cyprus. It was a need that matured within the group in a very organic way. Since 2013 we began discussing how to proceed with establishing the association. We held monthly meetings in which we elaborated on the need for the association, its aims, scope, etc. We drafted pictures, employed our creativity and kept the communication between us very honest, open and direct. We began taking minutes every time we met, so we could document this journey and keep track of how to proceed with everything. Throughout this we had the firm support and mentoring of ADMP UK RDMPist, private practitioner and Clinical Supervisor Nina Papadopoulos to whom we want to express our sincerest thanks. Also Penelope Best, MCAT, RDMP, private practitioner and clinical supervisor, Hon. Fellow of ADMP UK, has agreed to guide and support us in setting up our association and becoming gradually a member of the European association of dance movement therapy. We truly thank her.

In Summary the steps we took in creating the association were: (1) we found a lawyer who guided us along the legal implications of drafting an association of professionals; (2) we charted the Contract of the Association; (3) we hired a graphic designer to create our logo; (4) created the board of the association; (5) we identified a group of signatory members of the association; (6) we did all the necessary paper work concerning legal documents; (7) forwarded all the necessary documents to our lawyer. In the meantime, we worked on creating our code of ethics. In June 2016 The Cyprus Dance Therapy Association was officially approved by the Curator of the government and granted the registration certificate number of 4508. Accordingly, the goals of the Cyprus Dance Therapy Association are: (1) to promote the profession in Cyprus; (2) to work towards establishing

the profession in Cyprus; (3) to protect the integrity of the profession, (4) to support dance movement therapists, (5) to provide the rules and regulations for working as a dance movement therapist in Cyprus. As we are all UK trained and registered members with ADMP UK, we are greatly influenced by the code of ethics and criteria of registration held by ADMP UK. Furthermore, a long term goal of the association has been to work towards joining EADMT so as to be part of a larger family and benefit from this relationship rather than remain isolated in our country. This goal was finally fulfilled in 2017.

According to our contract the board of our association must consist of seven members and these are:

President: Athena Pikis, Senior registered dance movement therapist, registered private practitioner and clinical supervisor with ADMP UK. Vice President: Mariam Mchitarian-Moutiri, RN, MSc in DMP Ministry of Health in Cyprus. Administrator: Maria Charalambous, Registered Dance Movement Psychotherapist with ADMP UK, Accountant: Andria Papanicolaou, Registered Dance Movement Psychotherapist with ADMP UK, Member: Maria Antoniou, Registered Dance Movement Psychotherapist with ADMP UK, Member: Stella Eftychiou, Registered Dance Movement Psychotherapist with ADMP UK, Member: Silia Rafti: Registered Dance Movement Psychotherapist with ADMP UK.

### **REFLECTING ON DR. COATEN'S PILOT TRAINING WORKSHOP "DANCING THROUGH DEMENTIA".**

Whilst working hard on creating our association we had the honour of coming to communication with Dr. Richard Coaten, a renowned expert therapist in the field of dementia. Dr. Coaten was introduced to us by Arianna Economou a well-known Cypriot choreographer, a pioneer in the dance scene of Cyprus, a dance artist and dance activist in the community, based in Nicosia Cyprus, and president of the Dancehouse Nicosia Cyprus. Dr. Coaten and Mrs. Economou met during their studies and Dr. Coaten contacted her while trying to establish a link with Cyprus. Soon after Mrs. Economou introduced me to Dr. Coaten and a dialogue was initiated on how to make possible for him a five day residential here in Cyprus. This materialized eventually in October 25 – 29, 2016, and it was facilitated by the Dancehouse Nicosia Cyprus. Despite our failure in securing any local funding for Dr. Coaten's residential, he still insisted on coming to share his knowledge and expertise with us. Organized by the Dance Gate Lefkosia in collaboration with The Cyprus Association of Dance Therapy and supported by the Dancehouse Nicosia, "Dancing through Dementia" led by Dr. Richard Coaten was a pilot training workshop full of extremely enriching, positive and satisfying experience shared by all involved.



Personally, I found the structure of the residential and the way it was designed very beneficial and successful. This residential had for us two main objectives: firstly, to work with a group of professionals on educating, supporting, and enriching their knowledge on dementia and, secondly, for this group of professionals to follow Dr. Coaten in the workshops he has held at three homes for the elderly, here in Nicosia Cyprus. This combination of having the chance to work as a group with Dr. Coaten and then witness him in practice, succeeded in really putting theory into practice. It was a unique opportunity for us to witness and learn in practice from a world leading expert in the field of dementia, without having to travel abroad but rather based on our country's particular environ. It's very rare to be granted the chance of experiencing hands-on work performed by a leading expert, of witnessing the immediate results on people suffering from dementia, and then reflecting in words and movement on the group's experience. It was an offering of memory embodied, which will stay with us for a long time to come. In his approach, Dr. Coaten has been so human and open in communicating and sharing his knowledge. It was truly striking to see how elderly people related to him and participated actively in his workshops, and how moving the whole experience was for them. Differences in language and culture were not a barrier, as there was, in his approach, an element of vitality and compassion that made non-articulated communication efficacious. Amazing in itself, we came to realize at the end that translating from English to Greek and back from Greek to English was unnecessary. A truly gifted musician, accompanying some workshops with live traditional Greek music, enriched the experience further.

The entire residential truly raised our awareness about dementia and inspired us on how Dance Movement Therapy can be applied in working with this client group. It is true that here in Cyprus a lot of progress is still necessary for providing elderly people with more quality at this stage of their life. We need to raise awareness on dementia on a national level and work on building an opportunity for these people to experience a different kind of communication. In Cyprus it is very common to follow the medical model which however necessary it is, it's not in itself sufficient to provide our elderly population with respectable quality of life; which entails awakening and reconnecting with forgotten parts of the self. Dr. Coaten's residential has reinforced our understanding that we dance movement therapists have the skills and the potential to offer unique support to this population, in a holistic manner which takes into account the physical, emotional, cognitive, creative and social aspects of the human persona. This has been echoed in the feedback we received by dance movement therapists who participated in this residential:

Maria Antoniou: "For me *'Dancing through Dementia'* was one of the most valuable experiences I had as a professional. Dr. Coaten is first of all an exceptional person and secondly a passionate scientist. He

has given a great boost to our newly formed Association and to us as professionals in the field. One of the most important things that he provided was the chance for people in Cyprus, both clients and staff in rehabilitation centres for the elderly, to experience the quality of services that we can offer as dance movement psychotherapists. Lastly this workshop has been an amazing first step for people in Cyprus to meet Dance Movement Psychotherapy as a profession that can change lives ...!"

Mariam Mchitarian-Moutiri: "This experience was a great introduction to Dance Movement Psychotherapy in relation to people with dementia which I wish I'd experienced earlier. Dr. Coaten made this experience clear and easy to understand. Furthermore, he was very helpful and tuned with people's own position. I liked the very easy going atmosphere in his workshop with this client group. People with dementia engaged with him and with all of us and as a result, we created a lovely dance. I guess I didn't realize how much we, as therapists, need refreshment courses every now and again. Certainly, I will do this again!"

Maria Charalambous: "It was truly an honour to have Dr. Coaten in Cyprus for a week, such an experienced and knowledgeable professional. The way in which he creates and fosters a culture of interactive learning and sharing is exceptional. The workshop was very engaging and relevant to everyday practice in therapy. I came out of it full of food for thought and with a desire to reflect on my work and try to apply Dr Coaten's interventions and the ideas he shared with us."

Andria Papanicolaou: "What an experience this whole residential with Dr. Coaten has been! I am really grateful that I had the opportunity to meet Dr. Coaten and get acquainted with his work, especially to have gone out and practiced in care centres. The work that took place throughout those five days helped to build bridges between the dance movement therapists in Cyprus and the community of our elderly population and generally people with memory problems."

On a personal level as a therapist I hold the polarity between death and life when thinking of the elderly population and people suffering from dementia. Through Dr. Coaten's residential I became more aware that working with this client group is not about death but about life, about standing up and recognizing life in it. In the aftermath of Dr. Coaten's five day residential we have held follow up meetings as an association, discussing how to apply all the knowledge received. We wish to maintain a continuity with what has been initiated and lay the foundation for this kind of work here in Cyprus. This wish emanates from the need to continue raising awareness on dementia and the drive to promote and establish dance movement therapy in Cyprus. The presence of Dr. Coaten surely makes our case much stronger!

\* Chaiklin, H. 1975. *Marion Chace: Her Papers*. American Dance Therapy Association. ■



# THERAPEUTIC ARTS EDUCATION

AUTHOR: RITTA PARVIA, RDMP, ADMP UK

## ABSTRACT:

The concept of therapeutic arts education found its form as the result of working over long periods of time with multimedia groups with children and adults. The concept is here defined as an educational field of its own between art education and expressive arts therapy. It has some features from both, but retains its own basic philosophy, attitudes and professional identity. Aspects of this multimedia work with children, changes and transformations which happened, and the task of the teacher/therapist within the changes will be discussed.

## KEY WORDS:

INDIVIDUAL, GROUP, FRAME, TEACHER, CHANGES, TRANSFORMATIONS

The multimedia art work evolved in my studio from 1973. The work used elements of colour and form, dance and music. In addition to the studio work, courses and workshops were arranged by interested cultural organizations. Kuopio International Dance and Music Festival in Finland invited the multimedia work to be presented at the festivals in 1975 and 1976. The paintings that resulted from the workshops were exhibited at the city's theatre. The work form was new, and it aroused considerable media interest. Two new ideas were introduced through this work; a widened view on dance and dance therapy. The work form influenced the development of art therapy and the early arts education of children in Finland, and caused the need to widen the existing narrow conception of dance (Wolska 1977). The need to widen the scope of dance resulted in the First Inter-Nordic Dance Seminar to be arranged at Hanasaari Cultural Center in Espoo, Finland in November 1977. I was invited to give a paper about how dance may promote personality development (Parvia 1977). The multimedia work form was presented at the Dance and Child International Conference in Kuopio 1997 (Parvia 1997 a, b), and as an exhibition, "Children's Colours Dancing,"

at the Hyvärilä Center, Nurmes, Finland, summer 2017. As the result of this long multimedia work the concept of therapeutic arts education found its form.

Visual Art Education defines the area of learning that is based on visual art forms, such as painting, drawing, sculpture and design. Formal art education commonly uses drawing as the method to learn the ability to see, to reproduce and interpret observed phenomena.

## EXPRESSIVE ARTS THERAPY:

Expressive arts therapy refers to creative methods of expression, used in therapy as a therapeutic technique. The symbolic forms of the thoughts and emotions expressed are interpreted and analysed for the purposes of therapy. Expressive or creative arts therapy is also used in recreational and preventive activities, this giving the impression that anything goes in therapy.

## THERAPEUTIC ARTS EDUCATION:

One difference between therapeutic arts education and visual art education is that drawing was not used as the method of learning; painting was. Therapeutic arts education deviates from the expressive arts therapies by its pedagogical frame work, and by its focus on learning to express oneself, rather than on expression as such. The resulting paintings were not interpreted for diagnostic purposes. Into the work with the visual elements, also elements of music and dance were added. The basic artistic elements, creative problem solving, critical thinking, and cooperation skills were learned. The goal was to transform the experiences gained into understanding, knowing and insights. The multimedia learning process seemed to have therapeutic effects on the learners. The therapeutic dimension of this work caused the multimedia art education to get transformed into therapeutic arts education.

## THE TEACHER:

What the teacher brought into the group work was some ideas from her background in music and dance, arts and crafts, ecophilosophy and social psychiatry, milieu therapy and dance/movement psychotherapy, social anthropology and visual anthropology, Polish multimedia theatre work and Alwin Nikolais' Dance Lab in New York. Experiences and knowledge gained are a mix, assimilated deep into my mind. The specific mix is mine.

## GROUP WORK—SOME ASPECTS:

The groups consisted of normal children between 5 and 15, a few of them with some disabilities. The group was seen as a meeting place for the views of the participants and those of their teacher to meet. Everyone brought something into the group. Out of the meeting a frame for the group work was defined and certain rules were agreed on. Everyone was doing his/her own thing not copying others. Within its frame the work unfolded.

The context of the learning was the therapeutic learning relationship between the teacher and her students. Carl Rogers sees this relationship as fundamental to learning (Rogers 1959). It is the teacher's responsibility to create the therapeutic relationship. The concept therapeutic refers to two things here; to the therapeutic attitude of the teacher, and to the therapeutic changes that happened in the learners.

Teaching without many routines, programs or goals as I was, seemed to cause insecurity in those students who previously were taught through rote learning methods so as to achieve performing skills. The focus in our work was on the actual work situation rather than on some future outcome. In the beginning the children were made acquainted with the visual materials at hand, paper, paint, colours and brushes and how to handle them. The work was done for the sake of exploring, experiencing and learning. Themes were given to work on. Among the first tasks to paint was a tornado. After the tornadoes were painted the children continued to paint. When asked what they now are doing, they said they are painting the tornado gone. I realized they were restoring order in their works and worlds.

Soon the children started to invent their own themes to work on. The use of paint rather than drawing things seemed to influence the choices of their themes. Their themes expressed events and sentiments such as silence, noise, explosion, the scent of a flower, the smell of a forest, the feelings of a rabbit running away from a dog, a composition, or home. The idea of home was expressed by painting a family, a house, or just a ring for safety. In deep concentration

the children worked, and as they were lost into their inner worlds, I no longer knew their themes.

Into the visual elements the elements of music and dance were added. While colour and sound relations were danced out, dancers related also to each other. Relations were explored from various viewpoints whereby new experiences were gained. In the allowing atmosphere the children worked quite independently. I realized that within their aesthetic problems they seemed to work with some other problems too. They had learned to learn (Bateson 1985) that is, to use a method learned in one context in another context. Changes in the group's working altered also my position in the group, from teacher to a mere facilitator or catalyst. The process demanded my creativity and gave me much to think about. What problems can be worked on within our frame? How far can a frame be stretched? What problems may children have? Problems seen as individual to a child, such as a disability, hardly exist without social consequences or even social causes. Social problems cause stress to a child. Adults may cause problems to children. They may underestimate children. Parents' lack of interest in their child's activity seems to influence the child so that s/he does not stay long in the group. The parents' expectations may cause stress to a child, and while their expectations, paradoxically, seem to block the achievements demanded, they cause even additional strain. The strained child has difficulty in adjusting to the group.

Our work was an educational situation, not therapy. Therapeutic problems could not be directly worked on within our frame, yet they were indirectly approached and even solved. A therapeutic problem may show itself through its symptom, but a symptom is not always identical with the problem. To work with therapeutic problems often requires indirect means.

## THERAPEUTIC LEARNING — SOME EXAMPLES:

The little, introvert, slow learner boy in the group painted ships, big ships, bigger and bigger ships. Finally he rolled out a three metres long sheet of paper for the biggest ship ever for his journey towards self-confidence.

A painting, which depicted the meeting of two colours, was danced out by two girls representing the colours. The dance of the colours turned into a drama though which sibling rivalries were acted out. Discussing what happened, the dancers admitted that the objects really were their little sisters whom they were deeply attached to. It became clear that the rival feelings had nothing to do with the little sisters. The affections were then danced out. A series of transformations were staged here.

Little Camilla, 7, obviously had a movement problem, a notable sway back. The girls in her group were classmates. Their school invited us to perform



at a cultural event. Carnival samba dance was chosen for the occasion. Costumes for the dance were designed, and mothers' help was needed to get them sewn. Someone said that Camilla has no mother. Another then said that she has a father. Very good, I said, it is not everyone who has a father at home. A third one then said she has a grandmother. Oh, still better, I exclaimed, fantastic, grandmothers always have time. Camilla got the most beautiful samba costume, and she danced. When the spring approached her body was centred and aligned. Her back problem was gone.

One day Tina, 13, rushed in announcing: "Now I will paint the falseness of grown-ups, and then I will dance myself happy," She painted a mess of some pale yellows and dirty greys, got the grown-ups placed, and she danced herself happy. Tina had learned how to use creative work to handle her problems. At the end of the year she told me how she initially had problems adjusting to the group, but as she kept coming she gradually found her warmth, while she felt the outside world cold. When telling me this, her eyes were sparkling. When I see someone's eyes sparkling I know this person's body is centred. Tina had completed her process of centring, her movements were organized and her breathing free. She was to leave, and all I could wish for her was that she continue to trace her path, true to herself. She had become aware of her resources and how to use them.

### DISCUSSIONS:

Discussion collected the group. Discussions created understanding for what was done, experienced, and observed. Concepts are not only verbal, but for discussing things verbal concepts were needed. Concepts common in dance education were not used; such was the concept of space, space seen as a stage, the dancer occupying the space that surrounds her, and her movements seen as locomotion in space. We had no use for theatre terminology. The cultural conception of space in Finnish ideas (Parvia 1991), connotes both room, place, state or condition, for example the state of mind or condition of a person. This concept of space changed the commonly used outer concept of movement in dance as the mover's inner space too may move. An experience can be moving. The inherent inner dimensions of these concepts also changed the metric concept of rhythm; rhythms were not counted, rhythms were sequenced so as to follow the mover's breathing. The sense of rhythm was developed so as to make the dancers themselves rhythmical. Rhythms were created within the dancers' bodies. When musical rhythms were related to dancers' rhythms, new multiple rhythm relations resulted. Viewpoints related to each other caused perspectives to widen. Cognitive skills and critical thinking were developed. Problems

were solved, sometimes, by themselves. And there were other problems, which were not worked on.

### REFLECTION.

I have attempted to give an impression of my multimedia work with focus on the therapeutic learning aspects of the work, and to show how the therapeutic changes in the individuals transformed the group process. The initial aesthetic learning situation turned into a therapeutic learning situation. The teacher's task to create the therapeutic context, to use the group as a therapeutic learning device, to allow the group to find its course, to create culturally meaningful concepts and new cultural meanings is creative work. The concept creativity refers here to the concept of transformation. Magoroh Maryama sees creativity related to "idea exchanges between persons, and interactions of concepts within one person's mind: creativity concerns mutually amplifying interactive processes" (Maruyama 1974). To consider everything in relational terms creates meaningful coherence. According to my Finnish linguistic thinking pairing concrete observations with each other creates concepts; a jump from one logical level to another happens. Pairing concepts with each other yet higher levels of abstractions are created..

Concepts influence each other; the concept of space here influences the concept of movement, the concept of movement influences the concept of rhythm, and the rhythm of the dancer's breathing influences the quality of the dancer's movement. The concepts coming together create a conceptual choreography of multidimensional meanings. Meanings are not found in things, meanings are the products of mind (Bateson 1985), here as results of creative thinking.

My practical work seems guided from some deep layers of my mind, allowed events to unfold, and transformations come to their conclusions. In handling my data cognition stepped in. The initial elementary learning situation was transformed into a therapeutic learning situation. As the result of this transformation the concept of therapeutic arts education found its form. The definition is broad, multidimensional, and open-ended.

To make sense of complex therapeutic interactions and to gain insights into the multidimensional transformations of this work, anthropological learning and communication theories have been helpful. For the handling of specific domains of knowledge in practice Maurice Block suggests the theory of connectionism; to access knowledge through a number of processing units which work in parallel, feed information simultaneously, and also analyse it simultaneously through already existing networks, which connect the processors. Within this multiple parallel processing complex understanding is possible. In order to get this chunked

knowledge connected he suggests the method of practical learning (Block 1994). To create knowing that is personal, but partakes in some wider knowing (Bateson 1980, Ruesh 1973, Parvia 2008).

## AFTERTHOUGHT.

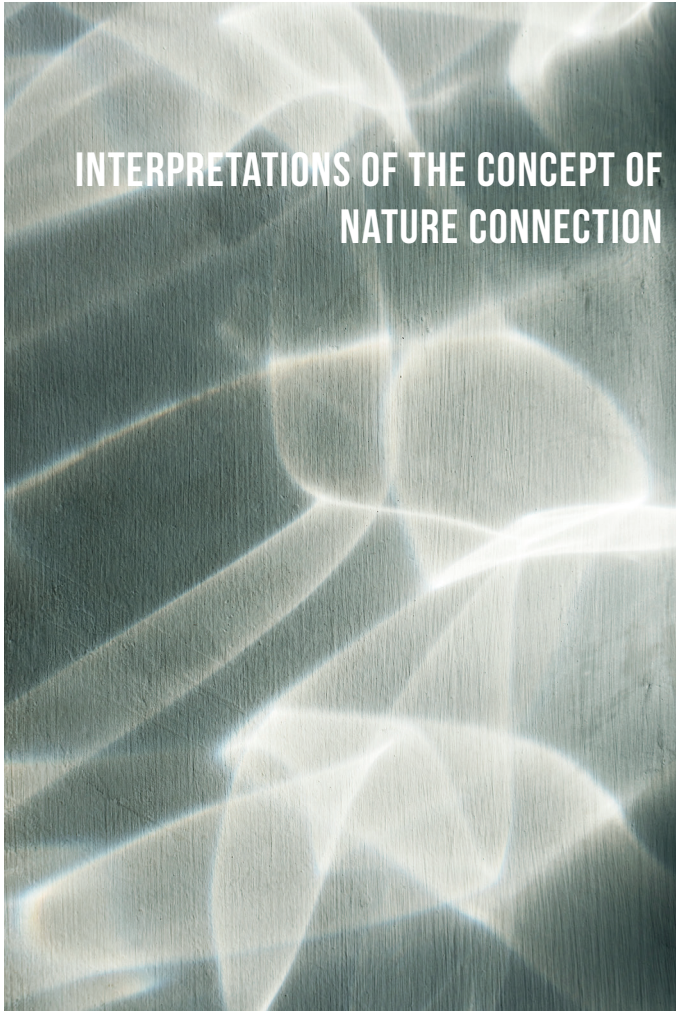
When writing this essay I realized once again that one does not know the way before it is traced. May this example inspire others to trace their own ways.

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## INTERPRETATIONS OF THE CONCEPT OF NATURE CONNECTION

The term nature connection (and related terms nature connectedness, connection to nature, connectedness to nature) is used by people from a range of academic and practitioner backgrounds. There are a range of academic perspectives working in this field from those interested in environmental / sustainability issues, and environmental education, through to those interested in health / wellbeing and psychology. We feel there is a need to develop a more nuanced understanding of how nature connection is being used and understood very differently by different communities of research and practice.

We have launched a survey in which we are asking people to answer the question “What does nature connection mean to you?”. Followed by a few questions to help us relate your responses to your background.

We’d greatly appreciate it if you could please go to the link to complete our survey.

<http://tinyurl.com/NCRN-nature-connection-survey>

Many thanks,

Dr. Frances Harrison

[ on behalf of the Nature Connection Network.]

Enquiries: email Frances Harris at [f.harris@herts.ac.uk](mailto:f.harris@herts.ac.uk)

## CALL TO CONTRIBUTE TO THE WELSH ARTS THERAPIES MAPPING EXERCISE



DEAR ARTS THERAPIES COLLEAGUES,

Hope you are well.

On behalf of the Wales Arts Therapies Advisory Forum (WATAF), I would like to invite you to kindly contribute to the Welsh arts therapies mapping exercise, which WATAF carries out to ensure good representation of the professions in Wales, a better understanding of the arts therapies population in Wales and in supporting our views and voice in responding to and dealing with professional bodies, Welsh Government and advisory fora and committees.

The last Welsh mapping took place in 2012 and since then the professional composition of arts therapies in Wales has changed extensively. The mapping is open to any arts therapist (art, music, drama, dance movement) living and/or working in Wales. WATAF would welcome your contribution to an improved understanding of the landscape of our work and presence in Wales by filling the below questionnaire on Google Docs:

Online question link

All responses will be managed according to the Data Protection Act and any findings or future use of the results will ensure anonymity of all respondents.

More information about WATAF and its work can be found here:

<http://watafonline.org/> | <https://twitter.com/watafonline>

<https://www.facebook.com/watafonline1>

Thank you very much for your time and support of this important function of WATAF.

Blanka

Secretary | (outgoing) Wales Arts Therapies Advisory Forum (WATAF)

Academic Subject Manager (Joint Head of Therapeutic Studies) | <http://www.southwales.ac.uk>



# TITLE OF BOOK: ARTS AND PLAY THERAPIES WITH SEXUAL OFFENDERS

Editors: Simon Hastilow & Dr Marian Liebmann

## THEME

Sexual offending and the means whereby sexual offending can be addressed have been in the forefront of public concerns recently with enquiries into the impact of historical sexual abuse and allegations of sexual misconduct made involving several high profile individuals including politicians and actors. There have been doubts cast over the efficacy of the SOTP and concerns about how parole boards decide whether repeat offenders are safe to return to society. People who have been charged and convicted of sexual offending can receive treatment in a range of settings including prisons, NHS secure units and outpatient settings. Years of research indicate the types of offence and the personality of the offender can vary, with some evidence that patterns of behaviour and cognitive processes can play a significant part in understanding why people commit particular offences. There are also significant correlations between the types of intervention available to people and the likelihood of them re-offending. For decades arts and play therapists have played a significant role in the treatment of sexual offending as a core element of a multidisciplinary treatment programme. Hitherto the theory and practice of these therapists' approach and their contribution to reducing re-offending has remained largely unexplored. This book seeks to highlight the contribution the arts and play therapies make in developing good clinical practice and outcomes in the context of national efforts to engage sex offenders in meaningful therapeutic engagement.

## Possible topics are (but are not limited to):

- Where the arts and play therapies sit within a multidisciplinary approach to understanding and addressing sexual offending
- The range of treatment settings and how amenable they are to the provision of arts and play therapies
- The practice of engaging offenders in therapy, exploring the particular challenges faced by clinicians from a range of clinical backgrounds
- Exploring theoretical understanding of sexual offending and how this relates to the arts and play therapies approaches
- The emotional impact on arts and play therapists engaged in this work, including secondary trauma
- How clinicians understand and work with erotic transference and countertransference
- Evaluating the impact of the arts and play therapies can have in reducing reoffending
- Highlighting current and future research into the role of the arts and play therapies in working with sexual offenders
- Highlighting examples of good clinical practice.

## TARGET AUDIENCE

The target audience includes practitioners, researchers and (Masters/ PhD) students from the full range of arts and play therapies. The book will also be of interest to other practitioners, researchers and students from other disciplines who work with sex offenders.

# CALL FOR BOOK CHAPTERS

## TYPE OF CONTRIBUTIONS AND LENGTH

— **Case studies:** Exploring clinical, practical and theoretical issues linked to both individual and group interventions.

— **Research papers:** Both quantitative and qualitative contributions that study a particular aspect of sex offender treatment. Only completed research will be considered.

— **Conceptual papers:** Contributions that synthesize existing studies.

Contributions are typically 5000–7000 words in length (excluding references). Contributions should be original and not be submitted elsewhere.

## SUBMISSION PROCESS

You are invited to submit an abstract of 500 words to us by the 31 March 2018. If you would like to discuss your ideas with us prior to submission please feel free to email. Once we have evaluated the submissions, we will submit the proposal to a publisher. Abstracts should be submitted as Word documents by e-mail to [simon.hastilow@roehampton.ac.uk](mailto:simon.hastilow@roehampton.ac.uk)

### The abstract should contain:

Title of the proposed chapter

Author(s) of the chapter (including professional role)

Abstract of 500 words describing contents of the book chapter.

### For further questions please contact:

Simon Hastilow  
[simon.hastilow@roehampton.ac.uk](mailto:simon.hastilow@roehampton.ac.uk)  
or Marian Liebmann  
([marian@liebmann.org.uk](mailto:marian@liebmann.org.uk)).