

# Dance movement therapy in the UK: a field emerging from dance education

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## Abstract

Dance Movement Therapy (DMT) in the UK is derived from dance education, as well as other associated fields. Although DMT is growing in terms of numbers of practitioners and client populations, only very limited information is available concerning the theoretical bases and principles underlying the practice of DMT, as well as the backgrounds of therapists. A nationwide study was therefore undertaken at the University of Manchester, UK (1994–8), which aimed at describing the field of DMT, as well as other Arts Therapies (ATS), as fully as possible. A questionnaire was constructed, based on preliminary ‘in-depth’ interviews with leading arts therapists, five of whom were dance movement therapists, and distributed to all registered members of the ATS associations: 41 dance movement therapists returned completed questionnaires. Results showed the occurrence of high professional qualifications among practitioners as well as a range of backgrounds, including education. A number of theoretical influences and principles was also revealed, deriving from psychoanalytic and developmental theories as well as from DMT traditions, reflecting an overall eclectic approach to movement and therapy. The article also discusses the relevance of DMT to education, teachers and children.

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**Key-words:** arts therapies • dance education • dance movement therapy • modern educational dance

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## Introduction

Dance Movement Therapy (DMT) is a rapidly growing field throughout Europe; Macdonald (1999) for instance, reports that there are now professional DMT associations in Holland, Germany, Italy, Sweden and Finland. In some countries, DMT is a development from dance education and is also closely connected with physical education. For example, in at least two of the four recognized physical education (PE) courses in Greece, DMT has recently appeared as a selective subject, an indication of the growing interest in the area among PE and dance teachers.

This link is particularly evident in the UK, as DMT is partly derived from dance education with a modern educational dance orientation (Laban, 1975). Studies in the past (e.g. Jordan, 1988) have shown that the differences between dance therapy and dance education have been blurred, especially in relation to pupils with special educational needs. Furthermore, pioneers of DMT in the UK such as Payne (1987) and others, were originally PE teachers with a strong interest in modern educational dance and special educational needs. As DMT begins to mature however, it is inevitable that a more separate identity should emerge. Similarly, dance education in the UK has begun to move away from a modern educational dance perspective where dance was sometimes regarded as 'free' movement associated predominantly with personal satisfaction and self-expression, towards the concept of a dance curriculum as part of arts education (Sanderson, 1996). The interest generated among dance teachers, particularly at high school level, in regarding dance primarily (although not exclusively) as an art form which can be taught and eventually assessed according to artistic criteria has inevitably had an impact on the strength of some of the similarities between dance teaching and DMT. At the same time, DMT has begun to draw on an expanded body of knowledge for its practice and has now developed more distinctive approaches, some of which are particularly applicable to children with special educational needs (Karkou and Sanderson, 1997). Artistic trends, psychotherapy and body–mind therapies, in addition to dance education, now appear to be significant influences on DMT, although to what extent has not been clear. As a consequence of the increasing divergence of developments in dance teaching on the one hand and DMT on the other, a number of fundamental differences are likely to emerge; nevertheless, the conviction of the value of movement and dance experiences to the all-round development of the individual person will remain common to practitioners in both areas.

DMT now claims to be a type of *therapy* (rather than an approach with therapeutic/ educational aims) with distinctive characteristics. Within the DMT literature, there are a number of theoretical principles underlying the therapeutic character of the modality. Stanton-Jones (1992) possibly offers the most coherent description of such principles. According to her these comprise: the mind–body relationship; movement reflective of aspects of personality; the centrality of the client–therapist relationship to the DMT process; the ability of movement to provide evidence of unconscious processes; the inherently therapeutic value of creativity. However, the literature Stanton-Jones (1992) draws upon is mainly from the USA and her specific interest is in DMT in psychiatry. Furthermore, her study is not empirically based and it does not necessarily represent the opinions of all dance movement therapists practising in the UK. Although DMT is a developing area, no empirical study has been published which describes the field in terms of the main theoretical influences and important principles held by practitioners. One of the first studies in the field – and the first MPhil in DMT in the UK – (Payne, 1987), for instance, dealt with adolescents in schools labelled 'delinquent'. While a detailed description of the intervention was provided and a number of clinical guidelines were proposed, this study remained the testimony of a single practitioner. More recent

studies in DMT have a similar character, in that they deal with a specific client group within a specific theoretical orientation: Meekums (1990, 1998) for instance.

In order to fill this gap in the literature, a research project began in 1994 at the University of Manchester (Karkou, 1995), aiming to describe as fully as possible the practice of DMT, as well as the practice of the other arts therapies (ATS). The focus of the study was to collect information about arts therapists' background, client groups and working environments, on the one hand, and on the other to find out about common theoretical bases, methods and assessment/evaluation procedures followed by practitioners in the UK. These constituted the research objectives. This article reports only the descriptive information collected in relation to DMT theory in order to give an overview of this fundamental aspect of practice; the project mapping out all arts therapies practices was completed in 1998 (Karkou, 1998).

### Literature review

Levy (1992) describes the work of the DMT pioneers including Chace (Chaiklin, 1975), Whitehouse (1979) and Laban (1975), but there is virtually no other information of this nature available. According to Levy's study these pioneers appear to have been influenced in varying degrees by theories and practices already existing in the arts, education and/or psychotherapy. For example, Chace (Chaiklin, 1975) was trained as a dancer at the Denishawn School of Dance and was deeply influenced by Sullivanian theories.<sup>1</sup> According to Levy (1992), one of the underlying assumptions of Chace was that improvised dance has communicative potential which may fulfil basic human needs. Whitehouse (1979) drew on her training with Mary Wigman which emphasized expressive movement and dance, and also her own experiences of Jungian psychoanalysis. Through the integration of these two influences she developed a model for DMT called 'movement-in-depth'. Laban's (1975) views on movement and dance and the development of his ideas by his disciples (e.g. Preston-Dunlop, 1977) have influenced dance in education, particularly within the British context. The development of his movement analysis and studies on the relationship between the quality of movement ('efforts') and personality traits (e.g. by North, 1972) seem very relevant to the work of dance movement therapists. Laban's ideas are considered by Levy (1992) as a significant influence upon DMT in Britain.

However, Payne (1992a) claims that Laban is not the only influence upon the current DMT practice in the UK. She refers to classical and modern dance, Gestalt, group analysis, Reich therapy, object relations theory, Jung and to some degree behavioural and cognitive therapies as additional influences. A report on preliminary results from the current study also suggests wide variation in theoretical bases and practices (Karkou and Sanderson, 1997). Developments in the arts, such as the contributions of Isadora Duncan and Mary Wigman to modern dance, the work of artists in hospitals who support the idea of 'the arts for all' (Waller, 1991), the child-centred approach widely accepted by teachers including dance teachers (Sanderson, 1996) and

the contribution of psychotherapy to the understanding of personality and therapeutic frameworks are some areas which are probably continuing to influence DMT in the UK. Within psychotherapy there are two areas which are regarded as relevant to the development of DMT theory: psychoanalytic or psychodynamic thought and humanistic approaches. References to Winnicott (1965, 1971), Klein (1975), Jung (1964) and Bowlby (1969), as well as Rogers (1951) and Perls et al. (1969) are found in a number of publications describing DMT practices. However, behavioural approaches which constitute the third main school of thought within psychotherapy do not seem to be mentioned often by DMT practitioners. Payne (1992a) argues that these approaches aim to teach techniques and therefore their therapeutic classification is questionable. The only dance movement therapist who claims to use an approach affiliated to behaviourism is Meekums (1992).<sup>2</sup>

Nevertheless, it is fairly clear that, as a result of influences such as those listed above, DMT and ATS in general seem to share a number of common assumptions about their practice. The term 'arts' for instance is often given a rather wide interpretation. Movement in the case of DMT, and sounds or images in the case of the other ATS, are often considered as 'art', even if they do not have apparent 'artistic' or 'aesthetic' qualities. Furthermore, some arts therapists believe that the artistic expression (in the form of movement, sound or image) begins to develop before verbal skills. According to Payne (1990), these experiences are stored as pre-verbal memories, are carried throughout adult life and may be re-experienced during therapy. Theories about movement and/or psychological development are therefore often very relevant to DMT (e.g. Kestenbergh, 1975; Sherborne, 1990). Due to this alleged pre-verbal character, the arts are often regarded as 'universal' and 'intrinsic' to human beings (e.g. Bruscia, 1988). Bruscia (1988) claims that the ability to appreciate works of art is also intrinsic to human nature and consequently, despite differences in development, talent and training, these two capacities – appreciating and creating works of art – are features of all human beings. Many arts therapists also suggest that the arts have the potential to refer to the person as a whole including sensori-motor, perceptual, cognitive, emotional, social and spiritual aspects (e.g. Bruscia, 1988; North, 1972). Therefore, the arts appear to reflect 'multifaceted dimensions of human experience' and, as such, growing in the arts is a sign of growth in other aspects of the person.

The healing potential of arts making was a strongly held tenet of many practitioners during the early days of the ATS history (e.g. see Waller, 1991, on the history of visual art therapy) and was also widely held among dance teachers who found their work having a therapeutic impact (Sanderson and Meakin, 1983). The extent to which this view is held by ATS and DMT practitioners today is questionable. Nevertheless, closely associated with the idea of the healing potential of arts making is creativity, which according to Stanton-Jones (1992) remains a central idea for all ATS. Creativity is often understood as the capacity to find new connections and meanings and therefore to discover new solutions to old problems (e.g. Smit-skamp, 1995; Stanton-Jones, 1992). It has also been an idea extensively discussed

within psychotherapeutic circles, starting from the writings of Freud. He regarded artistic creation as a form of neurosis or obsession which attempts to compensate for inadequacies of personality (Bunt, 1994; Hershkovitz, 1989). 'Sublimation' or 'displacement' were the terms used to describe creative processes, both of which had pejorative connotations. Several theoreticians have criticized Freudian ideas about creativity and the arts, including Fromm (1959), May (1969) and Storr (1989). Freud's critics explain that the arts are not necessarily a substitute for something else as they are of value in themselves (Storr, 1989) and emphasis should be placed on the process and the 'creative attitude' rather than the end product (Fromm, 1959). For May (1969), creativity is the process of bringing something to birth and for Jung (Bunt, 1994), it is a process of change and growth. All of these theoreticians seem to highlight different aspects of the arts and the creative process. Focusing on these aspects, the ATS may find justification for regarding creativity as an expression of emotional health and maturity (Bunt, 1994) rather than as a sign of pathology or the result of unresolved conflicts.

For arts therapists who are closely linked to Freudian thought and are influenced by Klein (1975), arts making may still be understood as a defence mechanism. However, it would most likely be regarded as a defence mechanism which is essential for protecting the 'self' against overwhelming feelings. Thus, a degree of control may be reassured, while access to difficult unconscious material becomes a possibility. As a result the 'good object' externally and internally is restored and new 'objects' may be created (Hershkovitz, 1989). Objects (good or bad) may also be regarded as equivalent to the symbols and metaphors extensively discussed within the DMT literature. According to Payne (1992b) and Stanton-Jones (1992), symbols and metaphors are important characteristics of DMT whatever the prevalent theoretical framework of the practitioner. It is claimed that movement evidences unconscious processes in a symbolic way, similar to dreams or free association, which might be meaningful for both the client and the therapist (Stanton-Jones, 1992). Although not all clients are capable of understanding the meaning of symbols and metaphors and relating them to their everyday lives (e.g. long-term psychiatric patients or people with severe learning difficulties), when they *are* able to symbolize, symbolic interaction becomes an integral part of the therapeutic work. Thus, symbols may enable them to access material which is not easily accessible and in this way, eventually deal with difficult issues.

Symbols are often regarded as having multiple and often different meanings for each individual. Therefore, the client's verbal contribution to the process is essential in order to both achieve mutual understanding and enhance symbolic interaction (Schmais, 1985). According to Pavlicevic (1995), a music therapist, when such a contribution is not possible (e.g. when the client is non- or pre-verbal), understanding the meaning of the work, symbolic or not, is often based on the professional experience of the therapist and more often on intuition. Consequently, it is claimed, the training and personal qualities of the therapist as well as the client's contribution to the process, all have significance for the therapeutic process.

Research in psychotherapy (e.g. Frank, 1979; Hynan, 1981) indicates that the therapist, the client and their therapeutic relationship are more closely related to outcome than the type of psychotherapy. Others claim that the client–therapist relationship is of such importance that it becomes the therapy itself (Kahn, 1997). Different types of therapeutic relationships have been outlined in the relevant literature. For example, according to Clarkson (1994), psychoanalytic tradition seems to emphasize a transference/counter-transference relationship and humanistic tradition refers to a ‘real’ relationship in which the therapist brings to the session his/her personality and approaches the client with warmth and care.

In ATS different types of client–therapist relationships are also described. However, the most important characteristic of this relationship is the focus on a non-verbal interaction; references are made to an ‘active’ interaction from both the therapist and the clients, as well as to the lack of such ‘active’ involvement of the therapist in the art making.<sup>3</sup> ‘Active’ or not, the therapeutic interaction often takes the form of a non-verbal communication. The significance of such communication is very much supported by observations on mother–infant relationships and relevant studies from child psychotherapy and social psychology (e.g. Argyle, 1969; Stern, 1985). Pavlicevic (1995) clarifies the issue by describing parallel patterns between the client–therapist relationship and the mother–infant communication. She claims that non-verbal communication within therapy resembles the way parents adapt their ‘normal’ and ‘adult’ behaviour in order to engage in an interaction with their baby. She also comments on the attempts of parents to ‘read’ the meaning of their child’s acts in a flexible and imaginative way. Focusing on the quality of one’s actions – rather than what the action itself is – often holds true for non-verbal communication within ATS including DMT.

### Research design and methods

A survey employing a questionnaire was considered to be the most appropriate way of achieving the objectives of the study. The questionnaire was ‘grounded’ in a number of semi-structured interviews conducted with leading arts therapists in the UK who acted as key informants; five of them were dance movement therapists who were either lecturing or had experience of lecturing at the DMT training courses in the UK. The acquisition of this qualitative material was an important first stage in the development of the questionnaire. A major part of the latter was comprised of statements collected from the transcribed interviews and, as far as possible, the actual wording used by the interviewees was retained. The questionnaire was fairly comprehensive, related to all types of creative arts therapies including DMT, and comprised five major sections: general information on personal CAT practice (e.g. DMT); theoretical bases and principles; methodology; assessment and evaluation; biographical information. Open-ended questions were also included in some sections to enable respondents to add any further comments. A copy of the questionnaire may be obtained upon request from the first-named author.

## Sample

All registered members of the ATS associations were included in the initial sample of the questionnaire ( $N = 1514$ ). This sample was modified at a later stage by excluding people who said that they did not regard themselves as therapists or that they had retired. In some cases it was apparent that the addresses supplied by individual associations were not updated. The final sample surveyed was 1448 arts therapists, of which 155 were dance movement therapists.

## Administration and analysis

An initial draft of a questionnaire was tested through a small-scale pilot study. The content, structure and its efficiency in collecting information were improved according to comments made by the arts therapists involved in this stage of the study. Although the questionnaire was inevitably lengthy (8 pages), this was not regarded as inhibiting by the respondents. In October 1996, the refined, postal questionnaire was distributed to all members of the Association for DMT in the UK (ADMT UK), as well as the other ATS associations. Quantitative data collected from the returned questionnaires were analysed using SPSS 6.0; both descriptive and inferential statistical analyses were completed. This article reports only the descriptive results on DMT theoretical bases and principles, along with the major characteristics of the practitioners of this modality. Qualitative material gathered from the same questionnaire currently awaits analysis.

## Results and discussion

Of the respondents 41 were dance movement therapists (26.45 percent of the members of ADMT UK) and most of these were women (92.7 percent). The response rate from dance movement therapists was particularly low, especially when compared with that of the other ATS (at least 37 percent for each one). This low response rate may have been due to the concurrent attempts of the ADMT (Association of Dance Movement Therapists) UK, to register its qualified members. Additionally, many dance movement therapists may have been unwilling to engage in a research project which aimed at describing their practice, before their registration process was completed. Nevertheless, more dance movement therapists responded to this questionnaire than to other questionnaire attempts made in the past (e.g. through the *ADMT Newsletter*). Although most of the respondents in the study were not particularly young (mean age 31–50), more than half of them had been practising as qualified dance movement therapists for less than seven years, which may be a reflection of the relatively recent availability of university courses in DMT. Table 1 presents further details about therapists' backgrounds and qualifications.

Table 1 shows that most of the DMT practitioners of the study were very well qualified academically; the majority of the dance movement therapists who participated in

**Table 1** Dance movement therapists' backgrounds and qualifications (%)

Qualifications	%
<b>Professional</b>	
no formal qualifications	15.4
diploma	38.5
masters	41.0
MPhil/PhD	5.1
<b>Artistic</b>	
no formal qualifications	48.7
short courses	23.1
degree	25.6
postgraduate qualifications	2.6
<b>Other relevant experiences</b>	
social/community work	24.3
education	21.6
psychotherapy/counselling	18.9
neighbouring areas	18.9
artistic	10.8
nursing	5.4

*N* = 41

this study had completed postgraduate studies in DMT (almost 80 percent of the respondents), with a masters degree the most frequently reported qualification. It is worth noting that the most common qualification for all of the other types of ATS was a diploma. Therefore, it appears that, although DMT is the most recently established ATS (the Association for DMT was founded in 1982), it has grown steadily in terms of both numbers and levels of qualifications of practitioners. However, high levels of *artistic* qualifications were not found, with just 10 possessing a degree in dance, indicating that practitioners probably come from a variety of different backgrounds. Table 1 also provides information about relevant experience and qualifications frequently reported by DMT respondents: social work, education, alternative therapies and psychotherapies. The relatively high percentage with educational experience and qualifications is noteworthy.

Despite these different backgrounds, dance movement therapists seemed to share a number of common theoretical principles. The statements related to theoretical principles with which more than 80 percent of the respondents agreed are found in Table 2.

A number of fundamental theoretical principles underlying respondents' practice are evident. While references to such principles exist in the DMT literature, agreement with some of them was strikingly high (over 90 percent). The importance of the body–mind relationship (Stanton-Jones, 1992) which is also now readily accepted across many disciplines, the potential of dance/movement-making to address one's state of mind and also to give evidence of changes (North, 1972) are some such examples. A high level of agreement was also found with the view that movement

**Table 2** Theoretical principles of DMT

Statements with agreement over 80%	%
One of my fundamental hypotheses is that there is a body–mind relationship.	100.00
Changes in moving facilitate changes in the state of mind.	97.6
The arts making reflects the state of mind.	92.7
The development of relationships between the members of the group is a key factor.	92.5
The group is a container.	92.5
I use a number of different approaches for each client.	85.3
Active interaction between two people is a key element for ATS.	85.0
I am not teaching anyone how to play/act/move/paint etc.	82.9
The arts making alone is not the therapeutic process.	82.5
The arts are found at a pre-verbal level of development.	82.5
Metaphor enables profound change to take place.	80.5
It depends which population I am working with, what sort of theoretical approach I am adopting.	80.5

The questionnaire was designed for all creative arts therapists. Guidelines supplied to respondents requested completion in accordance with their own specific arts therapy. Table 3 presents responses of the DMT practitioners. This section of the questionnaire included 27 statements in total.

addressed a pre-verbal stage of development (Payne, 1990) when unconscious material is accessed, brought to the surface and worked with during the sessions, often in the form of symbols or metaphors (Payne, 1992b; Stanton-Jones, 1992).

The respondents to the questionnaire were also clear about the difference between DMT and other neighbouring fields. For example, distinctions were made between DMT and dance teaching. Dance movement therapists insisted that they did not teach anyone how to dance; the dance as an end product did not have as much importance (if any importance at all) as it would have for most dance teachers. The similarities between the two modalities referred to by Jordan (1988), may have arisen from an approach to dance education based upon Laban's modern educational dance (Laban, 1975) and also a child-centred view of education (which was particularly widespread among teachers and also officially endorsed, when Jordan's research was conducted) where the *process* is considered to be of fundamental importance. Recent changes in emphases within PE may also have contributed to the divergence of DMT and dance education: for instance, the introduction of the National Curriculum in the UK which began to highlight – more so than hitherto perhaps – a competitive and skills-oriented approach to PE, and also the concurrent developments within dance education, whereby dance increasingly came to be regarded as an art form (Sanderson, 1996).

Dance movement therapists also claimed that there were differences between their practice and therapeutic dance. The belief that arts making – and involvement with dance and/or movement processes in particular – had inherent therapeutic value per se (Waller, 1991) was apparently no longer accepted by many dance movement therapists; there was strong agreement with the statement 'the arts making alone is

not the therapeutic process'. In this, therapists are distancing themselves from the work of those artists who are employed in hospitals and by social services for the therapeutic benefits to patients of artistic experience, although the major objective is the production of an artefact, and also the many teachers who value the therapeutic 'side-effects' of dance making and performance: the rise in self-esteem of participants, for example. Dance movement therapists did not see their practice as limited in enabling clients to *engage* in movement, rather than teaching them *how to move*, but it seems from the results that there was a need to distinguish between DMT and an accidental, creative intervention which might or might not have therapeutic effects on people. However, the notion of creativity, which has been extensively discussed by psychotherapists and arts therapists (e.g. Bunt, 1994; Fromm, 1959; Hershkovitz, 1989; May, 1969; Smitskamp, 1995; Stanton-Jones, 1992; Storr, 1989), was heavily endorsed; almost 78 percent of dance movement therapists agreed with the statement: 'ATS is about mobilising creativity'. This, along with the importance placed in the literature on this notion, indicates that creativity is probably regarded by many dance movement therapists – although maybe not as many as might be expected – as a cornerstone for therapeutic resolution within DMT. The fundamental importance of involvement in the creative process to overall personal growth and development is a principle shared with dance (and many PE) teachers. In recent years however, the focus within the practice of DMT has moved away from the belief in the inherent therapeutic value of arts making *on its own*, to the healing potential of creativity *within a therapeutic process*, thus distancing DMT further from dance education. Knowledge about these processes which address inner personal material are often drawn from areas such as psychotherapy. One dance movement therapist claimed: 'I think [using psychotherapeutic structures] is what makes movement therapy a form of psychotherapy. Otherwise it becomes a therapeutic, creative movement form.'

By adopting psychotherapeutic frames and psychoanalytic/psychodynamic theories in particular, the relationship between the client and the therapist usually gains in significance as an agent of therapeutic change (see psychotherapeutic references such as Frank, 1979; Kahn, 1997). However, dance movement therapists did not appear to be in favour of keeping a therapeutic distance but preferred to actively interact with the client, possibly attempting to establish what Clarkson (1994) referred to as the 'real' relationship – frequently advocated within the humanistic tradition and client-centred therapy in particular (Rogers, 1951). Ideas similar to these are also extensively supported within the educational context. Child-centred theory, for example, which has exerted a strong influence on UK education in general and dance education in particular, is still respected by many teachers despite the need to achieve specific attainment targets and good examination results. Furthermore, the importance of a positive teacher–child relationship is fundamental to successful teaching. However, Woddis (1992) claims that teachers trained in ATS are likely to be *more* aware of the extent of the potential benefits to child and teacher of a good relationship. Understanding group dynamics was another positive outcome for teachers trained in ATS and also mentioned by Woddis (1992). According to the findings of

the study, the significance of relationships for the therapeutic process was not limited to the client–therapist case but also expanded to relationships between the members of a group. DMT practitioners worked primarily with groups and so placing such importance on group relationships was understandable. Such a view will be familiar to dance teachers who have long maintained that the *process* of dance creation with others is an important constituent of personal and social development. However, dance movement therapists go further by supporting the idea that the group functioned as a ‘container’ within which clients were protected and therapeutic change (presumably in a positive direction) was possible.

All of these theoretical principles reflected an equally wide range of influences from different bodies of knowledge. Table 3 presents the influences on DMT practice reported during the study, categorized from the most to the least important.

It can be seen from Table 3 that psychotherapeutic influences were particularly important: the frequency with which these were reported was higher than anticipated. Despite the belief of several practitioners that DMT has developed its own theoretical framework, the work of Winnicott (1965, 1971)<sup>4</sup> and developmental theorists was clearly of much greater import than influences from DMT traditions. It seems therefore that any claims that DMT has formulated its own theory would be premature, since the field appears to be drawing heavily upon neighbouring disciplines. At the same time, psychoanalytic/psychodynamic theories (e.g. object relations theory and

**Table 3** Theoretical influences on DMT practice

Influences	%
<b>very important</b>	>70
work of Winnicott	82.9
developmental theories	75.6
<b>important</b>	50–69
specific ATS (DMT) tradition	56.1
psychoanalytic theory	53.7
object relations theory	53.7
Jungian symbol work	53.7
<b>semi-important</b>	30–49
Bowlby	48.8
humanistic approaches	46.3
client-centred therapy	41.5
play therapy	41.5
group analysis	39.0
eclectic approaches	34.1
integrative approaches	34.1
<b>less important</b>	<30
specific artistic (dance) tradition	26.8
Kleinian theory	26.8
Gestalt therapy	14.6
behavioural therapy	4.9

Jungian symbol work) were also clearly more frequently reported than humanistic approaches, client-centred therapy and play therapy. Also interesting is that, although more than half of the respondents mentioned object relations theory as an influence on their work, Kleinian theory was much lower in the list of influences.<sup>5</sup> The researchers speculated that object relations theory was possibly better represented within the DMT field by Winnicott rather than Klein (1975), despite the fact that the latter has been the founder of object relations theory. Less surprising was the low position behavioural therapy occupied in the list of reported influences, as behavioural therapy does not feature in the literature either.

The DMT literature and the preliminary interviews conducted for this study suggested that Sherborne (1990), who had a Laban and modern educational dance background, has been an important influence, particularly in promoting understanding of movement from a developmental perspective. Veronica Sherborne exerted a very considerable impact on large numbers of the PE profession through her pioneering movement approach for children with special needs, an influence which continues via her publications and videotape recordings of her practice. However, it is suspected that psychodynamic theories are now playing a more important role in informing DMT, with people like Bowlby (1969), and possibly Kestenberg (1975) and Stern (1985), making significant contributions.

Despite the wide range of influences reported by dance movement therapists (e.g. psychoanalytic/ psychodynamic, with or without a developmental character, DMT traditions and with some frequency humanistic approaches), eclectic and integrated approaches were not as frequently reported as expected (around 34 percent of dance movement therapists ticked these two categories). Yet strong agreement was found with statements on theoretical principles, such as 'I use a number of different approaches for each client' and 'It depends which population I am working with, what sort of theoretical approach I am adopting', as Table 2 illustrates. The fact that DMT respondents drew upon several bodies of knowledge and that they strongly agreed with the 'eclectic' statements is likely to be an indication of an eclectic overall character within the field. This inference is supported by the literature – for example, Payne (1992a) claims that there is a wide range of influences upon the field – and is consistent with the preliminary findings of the current study (Karkou and Sanderson, 1997).

## Conclusions

The dance movement therapists who responded to the study completed the questionnaire thoroughly. Several also remarked that the process of doing so was a valuable learning experience, as it required reflection on their practice and promoted a reassessment of what they were doing and why. Although the number of dance movement therapists who took part in this study was relatively small and therefore conclusions cannot be drawn in relation to DMT in the UK as a whole, nevertheless the descriptive information gathered is indicative of the work of many practising dance

movement therapists and provides important basic information and/or confirmation of the practice of DMT, which has hitherto not been available. From this broad base, more precise, targeted research studies can now be undertaken.

It is clear from the findings of this study that, while the therapeutic value of dance making and performance is not dismissed, neither the artistic process nor movement experiences per se can be regarded as 'therapy'. DMT is currently striving to establish an identity which is distinct from both. The therapeutic value of dance and movement has, however, been a historical starting point for DMT, as evidenced by the fact that several pioneers were originally PE and dance teachers who chose to put greater emphasis on the potential of dance to promote psychological well-being, at the expense perhaps of the artistic quality of the dance product, in their work with children in schools. As Karkou and Sanderson (2000) remark, it is unknown just how many teachers continue to have these priorities, but it is likely that while many now see their main purpose as developing aesthetic knowledge and understanding by means of dance creation, performance and appreciation (Sanderson, 1996), they also recognize the wider educational benefits of dance experiences. Nevertheless, the fundamental feature distinguishing dance education from DMT is that the purpose of the latter is *entirely* therapeutic.

Furthermore, from the research reported here, DMT today seems to be influenced not only by Rudolf Laban's principles found originally within dance education but also, and perhaps to a greater extent, by a range of theories from neighbouring fields and adapted to DMT. The result of these influences is an alternative intervention to health and special education with clear emphasis on the therapeutic use of movement and dance but with an eclectic – and thus variable – theoretical framework. According to Karkou and Sanderson (2000), there seems to be little difference in the fundamental frameworks of those working in an educational context and in other environments. It is evident that DMT practitioners, by bringing together theories from a number of different fields, are allowing their own practice to evolve in a very flexible way. The strong eclectic character of DMT, however, signifies an additional important factor: dance movement therapists are not theory-driven, rather they decide on the theory according to the client and the client's needs. Nevertheless, further progress should be made within the DMT field towards an integrative theory which will be appropriate for different client groups with specific needs.

The dance educator will recognize many aspects of DMT which are also common to dance teaching. Nevertheless, it is apparent that DMT is now beginning to develop its own therapeutic principles and frameworks, and practitioners are showing evidence of their distinctive professional identity. For instance, within a DMT therapeutic framework, the relationship between clients and therapist as well as members of a group becomes of paramount importance for achieving *therapeutic change*. Symbols and metaphors are regarded as *therapeutic tools* and creative experiences as *agents of change*. Group work, creative experiences and symbols are employed for ultimately *artistic ends* by the teacher: as means of expression and communication within a *dance form*. Furthermore, principles such as the importance of the body–mind relationship,

movement reflecting the state of mind and changes in the one facilitate changes in the other, are not only widely held among dance movement therapists but also fundamental to their practice. Research is needed, however, in order to clarify the nature of these relationships within the DMT context and how they respond to the DMT process.

While the major aims of DMT and dance education are becoming more distinct, it should be noted that DMT shares with PE a concern for health education, albeit with very different focuses and means of achievement of objectives. It also seems that DMT may have a lot to offer children in schools, either by means of dance teachers who acquire a DMT training and use it for a sensitively informed teaching practice or through the inclusion of DMT per se in education. Dance movement therapists appear as highly qualified practitioners who have experience in dealing with learning or emotional/behavioural difficulties, as well as the temporary difficulties of many children: for instance, examination-related stress or adjustment problems. Such children may or may not have a 'statement' of a special educational need. The government policy in the UK which supports the integration and inclusion of children with special needs in mainstream schools, along with more recent changes in education which have placed pressure upon both teachers and pupils to achieve specific learning targets are, as Karkou and Sanderson (2000) argue, likely to make the need to include DMT in *all* types of schools more urgent. In this way, the work of teachers would be complemented by giving specialized attention to children's difficulties in a way which cannot be done without appropriate training, and furthermore within the school context, perhaps working in consultation with the PE and dance teacher. It is apparent from the research reported by Karkou and Sanderson (2000) that there is a percentage (albeit small) of dance movement therapists already working in some capacity within an educational environment, although to what extent they are employed specifically in *schools* is unknown. A pilot project is therefore in progress at Manchester University with the objective of clarifying the role and work of such therapists. It seems that education is regarded as an important area of work for this developing discipline (e.g. Meier, 1997; Payne, 1992b), which may encourage some dance teachers to gain DMT qualifications in order to be able to work within a *therapeutic* rather than (or perhaps in addition to) an *educational* framework.

There seems little doubt that the development of DMT in the UK owes a considerable debt to dance education and particularly modern educational dance. Rudolf Laban's movement theories continue to be significant. According to MacDonald (1999), DMT in the UK is closer to state registration than most other European countries and consequently the development of DMT practice here, and its increasing divergence from dance education, will surely be followed with interest by PE and dance colleagues throughout Europe and elsewhere. For the discipline to make significant advancements, however, and particularly if the desired foothold in educational establishments is to be realized, considerable efforts need to be made on the research front, initially in areas referred to in this article and arising from this overview. Developments in theory and practice can also be facilitated by means of

constructive dialogue between colleagues throughout Europe, in addition to that already established with professionals in the USA. The new century is likely to see further expansion in the practice of DMT. The particular interest of PE and dance educators will be its progress not only as an area of academic and professional study, but its *practice* as a mental health intervention for children and students in schools, colleges and universities.

## Notes

- 1 Sullivan (1953) was a psychiatrist working with patients with schizophrenia. He viewed his patients as individuals yearning to be understood (a need apparent in all people) and as capable of interpersonal interactions within the limitations of their illness.
- 2 Meekums herself describes her work as being 'rather cognitive'.
- 3 In *visual art* therapy, for example, the therapist seems to be fairly uninvolved with the art making. Similar examples are found within DMT such as a great part of Whitehouse's (1979) approach. Nevertheless it is not clear whether this artistic distance reflects a therapeutic distance too.
- 4 Winnicott was a paediatrician and psychoanalyst strongly influenced by Melanie Klein. He introduced amongst other things, an understanding of the child's 'transitional object', the need for a 'good enough mother' and the importance of maternal holding and mirroring of the infant's emotional states.
- 5 Object relations theory was developed principally from the work of Melanie Klein and is particularly appreciated within British psychotherapeutic circles. Klein suggested that the infant learns first to relate to part objects and later to whole objects which are conceived as either 'good' or 'bad'. With the development of the ego's functions, the individual gains the capacity to relate more fully to external objects and to hold on to them symbolically even when they are absent.

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## Résumé

### **La thérapie motrice par la danse au Royaume-Uni: un domaine émergent de l'éducation à la danse**

La thérapie motrice par la danse au Royaume-Uni provient de l'éducation à la danse, ainsi que d'autres domaines associés. Bien que ce mouvement croisse en termes de nombre de praticiens et de populations de clients, il n'existe qu'une information limitée concernant ses bases théoriques et les principes sous-tendant sa pratique. Il en va de même pour le vécu des thérapeutes.

L'Université de Manchester a entrepris une étude nationale dans ce domaine ainsi que dans les thérapies par les arts. Un questionnaire fut construit sur la base d'interviews préliminaires en profondeur, de thérapeutes par les arts, parmi lesquels cinq étaient des thérapeutes par la danse, inscrits dans les associations spécialisées. Quarante-et-un thérapeutes retournèrent les questionnaires. Les résultats indiquent la présence de qualifications professionnelles élevées parmi les praticiens ainsi qu'une variété de formations, y compris dans l'éducation. Plusieurs influences théoriques sont également mises en évidence. Elles proviennent de théories psychanalytiques et développementales ainsi que des traditions de la thérapie motrice par la danse, reflétant une démarche éclectique par rapport au mouvement et à la thérapie.

L'article discute également du bien-fondé de la thérapie par la danse pour l'éducation, les enseignants et les enfants.

## Zusammenfassung

### **Tänzerische Bewegungstherapie im Vereinigten Königreich: Ein Fach, das sich aus der Tanzerziehung entwickelt hat**

Tänzerische Bewegungstherapie (DMT) ist im Vereinigten Königreich aus der Tanzerziehung sowie aus anderen benachbarten Feldern entstanden. Obwohl DMT ständig an Bedeutung zunimmt, und dies drückt sich in steigenden Zahlen an Praktizierenden und Klienten aus, ist nur sehr eingeschränkte Information verfügbar hinsichtlich der theoretischen Basis und Prinzipien, die der Praxis von DMT zugrunde liegen, sowie des Werdeganges der Therapeuten. Deshalb wurde eine nationale Studie an der Universität von Manchester, Vereinigtes Königreich (1994–1998) durchgeführt, mit dem Ziel, das Fach DMT ebenso wie andere Kunsttherapien (ATS) so umfassend wie möglich zu beschreiben. Ein Fragebogen wurde entwickelt, der auf 'Tiefen'-Interviews mit führenden Kunsttherapeuten basierte, von denen 5 tänzerische Bewegungstherapeuten waren. Dieser Fragebogen wurde an alle registrierten Mitglieder der ATS-Vereinigungen verteilt. 41 tänzerische Bewegungstherapeuten schickten die ausgefüllten Fragebogen zurück. Die Ergebnisse zeigten hohe Ausbildungsqualifikationen bei den Befragten sowie unterschiedliche Werdegänge, die Ausbildung eingeschlossen. Verschiedene theoretische Einflüsse und Prinzipien wurden ermittelt, abgeleitet von psychoanalytischen und entwicklungsorientierten Theorien sowie von DMT-Traditionen, die einen eklektischen Ansatz bezogen auf Bewegung und Therapie widerspiegeln. Der Beitrag diskutiert außerdem die Relevanz von DMT für Erziehung, Lehrer und Kinder.

## Resumen

### **La Danza como movimiento terapéutico en el Reino Unido: un nuevo espacio emergente desde el campo educativo de la Danza**

La Danza como Movimiento Terapéutico (DMT) constituye una iniciativa que en el Reino Unido surge de la educación a la danza, así como de otros campos asociados. A pesar de que el número de practicantes y seguidores del DMT está creciendo, existe poca información, tanto de las bases teóricas y principios que lo sustentan, como de los antecedentes de los terapeutas. La Universidad de Manchester, UK (1994–8) desarrolló un proyecto de ámbito nacional centrado en describir el campo del DMT, así como el de otras Artes Terapéuticas (ATS), de la manera más completa posible. Para ello, se elaboró un cuestionario a partir de una serie de entrevistas en profundidad realizadas a profesionales de vanguardia en las Artes Terapéuticas distribuidos entre todos los miembros registrados en las asociaciones de ATS, cinco de los cuales eran terapeutas del DMT; Finalmente 41 terapeutas de Danza devolvieron el cuestionario cumplimentado. Los resultados demostraron la existencia de altos niveles

de cualificación profesional entre practicantes, así como de unos curriculums extensos, incluyendo la formación. Se revelaron una serie de influencias teóricas y principios derivados de teorías psicoanalíticas y de desarrollo, así como de tradiciones en DMT que reflejaban una aproximación ecléctica de conjunto al movimiento y la terapia. El artículo también discute la relevancia del DMT para la educación, los profesores y los niños.

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