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## THEORETICAL ARTICLE

### Creating dances to transform inner states: A choreographic model in Dance/Movement Therapy

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This article proposes a choreographic model for Dance/Movement Therapy as it relates to the transformation of psychological material through the medium of dance choreography and performance. The choreo-therapeutic model uses Dance/Movement Therapy and general psychotherapy techniques to support clients to work with their psychological material, externalise it into dance choreography, make meaning of and transform the material, and integrate it through performance. Creating and performing dances in the context of a therapeutic goal will likely facilitate clients to understand their relationship to themselves and others, gain insight into their own unique process of expression, learn their associations with being seen, and utilise the witness function of an audience (Caldwell, 1996; Levy, 1988; Pallaro, 2007). This writer proposes that the creative process of dance choreography and performance brings greater organisation and clarification to the experience of internal states.

**Keywords:** Dance/Movement Therapy; DMT; dance; choreography; psychotherapy

#### Introduction

As a dancer, performer, and choreographer, I have a deep need to share my human experience through choreography that is crafted from an emotionally motivated perspective because it communicates a unique message unlike any that can be stated in words. This has been a healing experience for me and has given me the opportunity to understand and transform my own inner state in unexpected and original ways. I have studied modern dance and ballet extensively throughout my youth and undergraduate education, choreographing and performing multiple works mainly in the contemporary modern dance field. Throughout this time, I have cultivated a great appreciation for choreography and performance as a way to communicate, organise, and work with my own psychological material. The modern dance world holds an assumption that choreography and performance are valuable in that the

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performer gains “a transcendent or rewarding sense of communion or new insight” (Bales, 2008, p. 33).

The field of Dance/Movement Therapy (DMT) is based on the assumption that there exists a fundamental link between body and mind, and maintains that we heal psychological pain through expressing a full realisation of our inner life through movement and dance (Leventhal, 2008; Schoop, 2000). DMT as defined by Helen Payne (1992) ‘is the use of creative movement and dance in a therapeutic alliance. It uses the relationship between motion and emotion as a vehicle through which an individual can engage in personal integration towards a clearer definition of self’ (p. v). Clients gain insight, integration, organisation, and expression through moving their psychological material and expressing their inner experiences via spontaneous and improvisational dance in DMT sessions (Levy, 1988). Although many dance/movement therapists work with clients to generate movement, express emotions, and process psychological material using movement and dance, few dance/movement therapists publicly write about assisting clients in the intimate process of creating dances with the intention of eventual performance (Meekums, 2002; Payne, 1992). The aspect of performance is seldom addressed in the DMT literature, and Meekums (2002) directly states that DMT work rarely involves performing for an outside audience.

Therefore, DMT tends to assert that movement and dance, usually spontaneous in nature, are part of the healing process and support integration of the individual, and it does not typically consider choreography and performance as part of this practice. In the process of my graduate education in DMT, I have wondered about the division between the modern dance world and the DMT world regarding the value of choreography and performance. I raise this question: How can DMT offer structures for choreography and performance that have a therapeutic function? This article will attempt to answer that question by introducing a model for creating dance choreography out of psychological material for performance on the stage inside of a therapeutic setting. This is an insight and process oriented choreo-therapeutic model wherein the psychodynamic principles of externalisation, transformation, and re-internalisation are used as a means of generating movement material, setting choreography, transforming that material in order to make meaning, and re-internalising the psychological material through performing for an audience.

Because the choreo-therapeutic model draws on DMT, psychodynamic, psychological, and choreographic terms and techniques, it may be useful to understand the terminology that will be utilised throughout this paper. This article will begin by defining these relevant terms and techniques, which will support the subsequent sections introducing DMT pioneers, current literature on making dances with clients, and ideas around emotionally motivated dance choreography. This will set the stage for describing the phases of the choreo-therapeutic model and looking closer at the creative process of making emotionally motivated choreographed dances. In conclusion this article will further explore why creating choreography formed through deep psychological

processing and internal work might be beneficial as a supplement to current methods of DMT, and discuss the applications and limitations of the model.

### **Relevant techniques and terminology**

In Creative Arts Therapy, clients use art medium, music, drama, and play to support the working through of psychological material in externalisation, transformation, and re-internalisation (Johnson, 1998). David Read Johnson (1998) clarifies this model regarding Creative Arts Therapy in an effort to solidify its structure for the field:

Thus, the psychodynamic model suggests that psychotherapeutic change occurs, first, through projection or externalization of unwanted or unknown parts of the self onto play objects and behaviors; second, through the client's rearrangement or transformation of these parts during the play within the imaginal space and in the presence of the therapist; and finally, through an acceptance or re-internalization of these parts back into the self (Johnson, 1998, p. 86).

This is a useful structure for transforming psychological material and will consequently serve as the overarching organisation for the choreo-therapeutic model of creating and performing dances with therapeutic intention. In this process, the client becomes both the choreographer and client and will be henceforth referred to as the choreo-client. In order to generate movement material, set choreography, find meaning, transform the inner state, and integrate psychological work, the choreo-client moves through the three phases of the choreo-therapeutic model: Externalisation, Transformation, and Re-internalisation.

The concept of externalisation is the projection of one's inner state into the therapeutic environment. This inner state can include emotions, inner narratives, body sensations, images, and metaphors represented through movement and symbolism: 'Projection reassigns a quality of the self to another person or object, usually in the service of protecting the ego from anxiety or pain' (Johnson, 1998, p. 87). In the choreo-therapeutic model, projection serves to represent the inner state externally for the purpose of gaining insight about its qualities, and is not used in the traditional psychotherapeutic context in which the client uses projection as an unconscious defence mechanism. In this model, the choreo-client projects psychological material onto people in the therapeutic space in the same way that Psychodrama (Moreno, 1946) uses auxiliary egos. According to Moreno (1946), 'auxiliary egos,' the objects of projection (in this model, the dancers) are considered therapeutic actors, who hold the moving roles of the choreo-client's inner state, memory, imagined personae, and psychological material. So, in other words, the dancers become moving metaphors for the client's inner self.

Movement metaphor is the communication of one's inner state through embodied movement symbolism. In this case, psychological material is represented through gestures, postures, or movement phrases and set onto other group members. Twyla Tharp (2003) writes about dance as metaphor stating, 'Everything you create is a representation of something else; in this

sense, everything you create is enriched by metaphor' (p. 157). DMT tends to lean heavily on the therapeutic value of metaphor and its place in movement expression as a nonverbal communication of psychological material.

During the externalisation of psychological material, emotionally motivated movement material has the opportunity to arise. Emotionally motivated movement material is a movement sequence or series of sequences, also called movement phrases, which are generated from inner sensing, movement metaphor, and expression of emotion that can be solidified into choreography. Choreography is a huge term that can encompass many different ways of generating and piecing movement together. For the sake of this paper, it is broadly defined as the organisation of planned movement sequences in the body and through space that are repeatable and communicate aspects of one's inner experience. Inner sensing is what Gendlin and Olsen (1972) call opening awareness to the felt sense, or the focusing of attention on internal body sensation and emotional state.

Transformation happens when the choreo-client develops awareness of meaning, and the unconscious psychological material becomes conscious. In the context of the choreo-therapeutic model, so as to transform and further understand the material that has been externalised, the Transformation Phase utilises two main therapeutic techniques: figure formation and enactment. Figure formation, drawn from Gestalt Therapy, is the process of bringing the most salient, relevant information to the forefront of attention (Clarkson, 2004). Enactment, a technique pulled from Psychodrama, entails setting up the scene of an externalised state by identifying space, time, and location, then placing dancers/auxiliary egos in the space to take on the moving roles of the choreo-client's inner state (Johnson & Emunah, 2009).

Re-internalisation occurs when one integrates the new conscious awareness by incorporating fragmented parts of experience back into the self (Johnson, 1998). For the purpose of the choreo-therapeutic model, re-internalisation occurs throughout the phases of choreographing and performing wherein the choreo-client is able to understand, normalise, and accept parts of herself that may have been previously unknown or unwanted. Throughout the model the therapist, group members, and the audience serve as witnesses, or reflective mirrors, for the choreo-client's therapeutic communication; allowing the choreo-client to feel understood and eventually re-internalise her experience.

### **Making dances with clients: DMT pioneers**

The field of DMT evolved out of the modern dance movement and embraces the idea that the creative process is fundamentally healing and transformational (Leventhal, 2008). DMT pioneers Marian Chace, Blanche Evan, Mary Whitehouse, Trudi Schoop, and Alma Hawkins were dancers, performers, choreographers, and teachers before trailblazing the field of DMT. These dance/movement therapists studied dance technique and several of them performed with professional dance companies (Levy, 1988). They understood a

fundamental human need to communicate symbolically through nonverbal body language and movement. They believed that healing came from being seen, understood, and accepted in that communication.

Hawkins (1988) worked with dancers to find emotionally motivated movement material out of inner sensing. Her idea is that choreographers pursue an unknown or unformed inner experience that pulls them toward an expression or end product: 'We know that the creative process involves a taking in of the sensory data, a feeling about that which is perceived, an exploration of percepts and feelings, an imaginative relating of present and stored experiences, feelings, and meanings, and finally the forming of a new product' (Hawkins, 1988, p. 12). Hawkins advocated for bringing the unconscious, the unknown, into a conscious form to be known through movement exploration and expression.

Chace, Evan, and Whitehouse facilitated unconscious emotional potential to come forward in clients through improvisational movement techniques (Levy, 1988). These dance/movement therapists recognised that the body expresses nuances of the psyche through movement metaphor, or the embodiment of images and symbolism within movement expression. They utilised the process of movement mirroring, the reflection of the client's movement essence, to convey empathy and understanding of the client's expression and experience. In the choreo-therapeutic model presented in this paper, movement metaphor and movement mirroring support choreo-clients to express their inner states and see that expression reflected back by the dance/movement therapist and other group members. This process deepens self awareness and allows for further exploration of psychological material through movement.

Schoop maintained that the mental state reflects itself physically in the body posture, gesture, and movement and is healed in expressing internal conflicts through dance and performance. She gave clients opportunities to create movement sequences called planned movement formulation in which they choreographed their conflicts through 'objectifying' psychological challenges in performance. Clients would dance their discord to gain mastery over problems and control over emotions (Levy, 1988). This idea is a key component particularly in the Externalisation Phase of the choreo-therapeutic model to encourage choreo-clients to give voice to their inner states. They create movement phrases in order to organise, clarify, and practice self regulation with material which was once internal and possibly threatening. Through this process, their psychological material becomes externalised and safer to work with in the presence of the dance/movement therapist and other group members.

### **Making dances with clients: current literature**

In the current literature there is little written about dance/movement therapists supporting clients to choreograph and perform within the context of therapy. Alternatively, many scholars and therapists write about the creative process and the healing that takes place in individual and group therapy utilising DMT

(Adler, 1999; Johnson, 1998; Leventhal, 2008; Levy, 1988; Meekums, 2002; Pallaro, 2007; Payne, 1992; Samaritter, 2009; Whitehouse, 1999). The following is concerning practitioners in the field who are working to develop therapeutic approaches in creating emotionally motivated movement for performance.

In the United States, Daria Halprin (2003) created Tamalpa Institute with her mother Anna Halprin to support artists in exploring the healing aspects of performance through the medium of dance in her model called the Life/Art Process. Artists are encouraged to work with their personal material and make their inner experience visible in the performances which range from theatre stages, to city streets, to nature scenes.

Linda Lack (2006) uses arts-based research to understand the phenomenological occurrence of generating performance material out of the lived moving experience. She created a therapeutic technique called The Thinking Body, The Feeling Mind™ SM in which participants enhance their creative possibilities through a movement and breath based method that supports them to understand the functional technique of the body while simultaneously exploring the emotional and spiritual aspects of movement performance.

In the United Kingdom, Jane Bacon (2007) works with performers using psychotherapeutic techniques influenced by Gendlin's Focusing technique and Jung's Active Imagination to explore dream imagery or bodily sensation and bring forth material in which a vocal, drama, or movement performance can be built. She is interested in using psychological material that arises out of the unconscious to further the creative process and understanding of the self through creating dance therapeutically for performance. She states that there is an 'interplay between the creative process of movement-based performance-making and the creative processes of analysis within psychotherapy' (Bacon, 2007, pp. 17–18). In other words, she understands that the creative process of dance making and the creative process of therapy are fundamentally intertwined and uses this connection to elicit internally motivated performances with clients.

Beatrice Allegranti (2009) is supporting participants in performance of their psychotherapeutic material regarding gender identity and sexuality in her *Personal Text Public Body Lab*. She provides a 'holding environment' that she refers to as the Lab or performance space. '[T]he Lab is a construct that was designed in order to reveal the therapeutic "process" as well as constructing an artefact or performance "product" ... As such, the Lab is an ongoing interdisciplinary space that investigates and develops "Embodied Performances"' (Allegranti, 2009, p. 20). She finds her interest in transforming participants' stories of gender roles and empowering participants to break through dominant cultural discourses regarding gender identity and appropriateness through filming public performances and showing the films internationally.

### **Emotionally motivated choreography**

Artists often create work with the intention of communicating some message about the human experience. This is the essential nature of the creative process,

and its product is meant to elicit some kind of connection, feeling, or sensation in the viewer because of the depth of illumination the artist has touched into inside herself or himself. Many choreographers uphold that creating dance art is dependent on inner attention and is motivated out of movement impulses that arise from deeply listening to inner sensation and emotion (Bacon, 2007; Halprin, 1998, 2003; Hawkins, 1988; Holm, 1998; Turner, Grauert, & Zallman, 1971). Turner et al. (1971) point out that dances ‘communicate directly through the senses; they are perceived experiences’ (p. 14) not only for the choreographers and performers, but also for the audience. According to Hanya Holm (1998), dance must come from an inner focus as a product of the search within the self for originality. She also believes that movement and dance are motivated but not controlled by emotion:

The line between emoting and emotion is different with each person. You have to discover within yourself when your technique arrives at a point where your movement becomes an experience as such. You must master the physical experience so that it becomes a kinesthetic experience. You will discover through this kinesthetic experience that a relationship is established within the body which coordinates the flow of movement and the flow of animation. You will find out that movement can contain only a certain amount of emotion before the emotion outdoes the physical experience. When this overtaxation happens, you have overdrawn. Emotion is a stimulus, not an end result. It is arrived at but not emphasized. Emotion is the stimulus which gives the movement its coloring, its reason for being. Since the emotion is the stimulus for the movement, it is, therefore, both the stimulus and a part of the end result (Holm, 1998, pp. 80–81).

Practicing and performing emotionally motivated material supports one to practice and gain mastery over the emotion and to understand the psychological and somatic nuances of that emotion through sharing it in performance with others (Bacon, 2007; Maddalena, 2009).

Anna Halprin (1998) speaks about performing in the process of using emotionally motivated dance to bring movement material to its essence and form:

To me, a performer is simply a vehicle, a submergence of the ego. Otherwise, you may as well stay in your studio. But when you take the responsibility for performing for an audience, you are then accepting the fact that you must go through some sort of distilling process in which the personal experience has become so zeroed and so heightened by a clarity that you know exactly what you’re dealing with. You have so much skill that you can get right down to the essence. Then you find the movement-spatial, dynamic-essence that idea inherent not only in how your body moves, but in an awareness of where you are in space, an awareness of the total thing. That has therapeutic value (pp. 144–145).

It is beyond the scope of this article to name all choreographers and dancers who create dances from a therapeutic standpoint or to investigate all the techniques they use in their work. Choreographers such as Bill T. Jones, Twyla Tharp, Mark Morris, Jawole Willa Jo Zollar, Tere O’Connor, other professionals, independent choreographers, and student choreographers create dances from an eclectic perspective producing art from emotionally motivated material (Monten, 2008). Many choreographers use techniques such as rhythm, meter, dynamic variation, transition, theme and variation, motif, gesturing,



spatial design, floor patterning, momentum, partnering, movement sequencing, form, and abstraction, to name a few, in creating dances that have artistic integrity. Yet, these choreographic devices alone do not always result in emotionally motivated material. The motivation of the inner life that is seen through the metaphor of dance, and possibly utilising the above named techniques, may support change on an individual or group level. On the way that Bill T. Jones works, Hutera (2011) writes, 'Whatever the scale or subject matter, Jones tries to use his dances as a springboard from which we might begin to understand how people exist within themselves and alongside each other' (p. 191). Through creating, performing, or witnessing movement works that are emotionally motivated, one may find unexpected inner states longing to be expressed or learn insights about oneself and one's experience of the world.

### **The choreo-therapeutic model: externalisation, transformation, and reinternalisation**

The choreo-therapeutic model is a system for engaging in a creative process with groups and/or individuals toward creating emotionally motivated dance choreography in the therapeutic setting for performance either within the group or for the public. There are many techniques to creating dances, and the choreo-therapeutic model is designed to be a structure that contains and supports flexibility in the methods used within it to craft choreography therapeutically. For the purposes of this article, the model will be introduced as if the dance/movement therapist is working in a group setting with one choreo-client chosen to create the choreography and the other group members serving as dancers/auxiliary egos. In the initial meeting of the group, group members are oriented to the model, and the primary choreo-client is chosen. Ideally, each group member will be the primary choreo-client and will create a dance at some point in the course of the therapy group. The model has three phases: Externalisation, Transformation, and Re-internalisation. The Transformation Phase has three subphases: constructing the configuration, dialoguing with the piece, and transitioning the arrangement.

#### ***Externalisation***

In the initial period of the Externalisation Phase, the dance/movement therapist works with the choreo-client independent of the group to begin to open up and explore inner experiences, subjective material, body sensations through movement, or current awareness; suspending meaning making for later in the process. This is a place of listening. The dance/movement therapist supports the choreo-client to find her unique movement voice by allowing the client to sink into movement improvisation while the dance/movement therapist becomes the witness for the choreo-client. As the witness, the therapist works as an external reflector and mirrors the mover by reflecting the essence of what has been moved either verbally or physically depending on

the choreo-client's request (Whitehouse, 1999). The mover has the opportunity to be seen for who she is in her movement expression without interference or judgment (Adler, 1999).

The improvisation may be as simple as the choreo-client moving spontaneously without any preplanned sequence or theme. Improvisation allows the choreo-client a chance to find the salient movement or relevant emotion while being unbounded by structure. This is a time for the choreo-client to touch into her inner state and tap into her imagination, memories, emotions, and sensations through movement. The dance/movement therapist then assists the choreo-client to form movement sequences out of her improvisational movement material that are unique, authentic, and internally motivated as well as movement sequences that are in line with therapeutic goals and psychological needs. For example, say the client is using particular movement qualities during improvisation, the dance/movement therapist may ask the client to identify the emotion that she is experiencing while moving and direct her to intensify that movement encouraging her to further express it or ask her to generalise the emotion throughout the body. In working the salient emotion through movement improvisation, it can then be distilled into a movement phrase or series of phrases.

The dance/movement therapist helps the choreo-client to hone her movement phrases by mirroring those phrases; working with the choreo-client in coordinating the rhythm, tempo, space, weight, and movement vocabulary that fits her felt sense of the movement communication's 'rightness'; and by supporting the choreo-client to organise her movement to express the inner state, emotion, or psychological material. Supporting the choreo-client to create her movement phrases and choreography is open ended, and is up to the discretion of the dance/movement therapist. It is the dance/movement therapist's freedom to decide what approach she will take with clients in aiding them to create movement phrases, ensuring that clients' therapeutic needs are privileged rather than the dance/movement therapist's choreographic tastes.

When the choreo-client meets with the rest of the group, she shares the psychological themes she is working with in her externalisation, either by showing the movement that she has created thus far, or simply stating overarching themes she is working with. She then identifies group members to take on auxiliary ego roles to become dancers in her work. Essentially, she projects her inner state and psychological material onto the group by placing dancers/auxiliary egos in the space and teaching her movement sequences to the group. She may teach the dancers/auxiliary egos the movement exactly as it arrived in the individual session, or she may change the movement to reflect the essence of her inner experience as it is in that moment. This will eventually become solidified choreography.

Through setting movement into choreography, the expression becomes clarified and the choreo-client has opportunity to organise the emotion or the communication further. This process happens until most of the movement material is refined into repeatable choreography. This may take a few sessions depending on the process of the choreo-client and her therapeutic needs.

For instance, if the choreo-client is working with intense emotion, grief for example, she may need to generate many different movement sequences and many configurations of dancers before she feels her expression has come to a completion for the Externalisation Phase. She may work with the dance/movement therapist individually many times to generate movement material. Once the choreo-client feels that the expression has been externalised, then the choreography can be worked with for deepening into meaning making; refining and expanding the material within herself and within the group in the next phase, the Transformation Phase.

The needs of the group must also be addressed in the Externalisation Phase. In order to create safety and containment, the dance/movement therapist must facilitate group cohesion before launching into teaching and learning choreography. Depending on the clients that are participating, members may need a brief warmup, or they may need a more extensive set of structured movement activities to feel comfortable learning movement sequences. Additionally, members of the group may be influenced by being dancers/auxiliary egos in a choreo-client's work. They may have their own associations, memories, reactions, and experiences regarding the psychological material or the movement material they are being asked to move. They may need the support of the dance/movement therapist to process these reactions or experiences. While movement is being set onto the dancers, the dance/movement therapist may choose to process both experiences of the choreo-client and group members during sessions and/or at the closing of sessions. This processing allows for an unfolding of group dynamics, process, cohesion, and interpersonal connections regarding the experiences of the dancers and the choreo-client.

### ***Transformation***

Once the choreo-client has solidified choreography, and she feels ready to explore the unconscious elements present in the choreographed expression, the second phase of the model, the Transformation Phase, begins. During the Transformation Phase, the dance/movement therapist guides the choreo-client to begin dialoguing with her own externalised projections. Throughout this phase, the dance/movement therapist takes on a more directive role in facilitation, holds the structure firmly, and reflects the choreo-client's communications both verbally and nonverbally. During the Transformation Phase, the dance/movement therapist guides the choreo-client and the group through three sub phases: constructing the configuration, dialoguing with the piece, and transitioning the arrangement.

#### *Constructing the configuration*

In this subphase, the dance/movement therapist asks the choreo-client to choose a moment in the dance around which she would like more understanding or analysis. The key here is to support the choreo-client to take on a part of the dance that may be confusing, uncomfortable, or unclear.

This may be a transition point in the piece or a place where she is stuck. The choreo-client begins an enactment and directs the dancers to take places in the space of one particular scene; usually the dancers take on the configuration standing in stillness. The dance/movement therapist then elicits more information about the configuration and its unconscious elements, roles, and associations through asking the choreo-client direct questions regarding her experience of this scene. Again, the purpose is to understand underlying meaning, gain information, and bring the unconscious into consciousness.

Using the physical senses, the dance/movement therapist begins to ask the choreo-client to bring forward any associations that she may be having. This is when the dance/movement therapist develops what Gendlin and Olsen (1970) call going into the felt sense of the experience, or the 'globally felt body sense of the problem' (p. 221). The dance/movement therapist asks the choreo-client for visual associations, colours, shapes, images, people, etc, and then directs her to represent those visions in the stage space. For instance, the dance/movement therapist might ask, 'What images and colours do you see in your mind regarding this particular scene?' Then the choreo-client chooses particular group members or props to embody and represent those colours, images, and associations in the stage space. Next, the dance/movement therapist supports this process further by calling on the rest of the choreo-client's senses (sound, smell, taste, and texture) and directs the choreo-client to represent those in the space also. Once all the physical sense elements have been explored and are symbolised in the stage space using dancers or props, the dialogue subphase begins.

### *Dialoguing with the piece*

During the dialogue, the dance/movement therapist guides the choreo-client to deepen understanding of the unconscious elements that the dancers/auxiliary egos are holding and the sensory information gained in the previous subphase. This subphase, similar to Gestalt Therapy work (Corey, 2009), utilises the figure formation process of bringing background information into focus so that the unconscious elements of the choreo-client's externalised state can rise into conscious awareness. This process allows meaning making to occur, promoting clients to understand themselves by dialoguing with marginalised inner voices and then reintegrating disowned parts of the self. Corey (2009) gives an example of figure formation through consulting body parts directly and letting them speak about the client's current experience. For example, 'What would your throat say to you right now?' or 'What do your hands want to say to each other?'

In the context of this subphase, the questions morph into asking the dancers/auxiliary egos that are personifying objects and characters to speak from their experience of being in the scene. The questions begin with asking dancers their experience of each other and of this scene. Examples of the questions might be: 'What does this character have to say to this other character?' or 'Who can you see from this position?' and 'What do you feel about your own character, or another character?' The dance/movement

therapist facilitates the choreo-client to come up with the questions that she wants to ask among these dancers/auxiliary egos in order to see these parts of herself more clearly.

Once the dancers/auxiliary egos have described their experiences, the dance/movement therapist supports the choreo-client to ask questions of the dancers such as, 'Why are you standing with your back to me?' or 'What is your relationship to me?' Following this, the dancers/auxiliary egos are given the opportunity to question the choreo-client. These questions may be, 'Why did you create me?', 'Who do I represent?', or 'What is my name?'

Holding the client and the group with gentleness and allowing the material to surface in a relational process, witnessing this material, and supporting the connection of the group within the client's material is important for the dance/movement therapist in this subphase. Group members are encouraged to share honestly what their own feelings, reactions, and experiences are regarding the material they are embodying and the configuration with the acknowledgement from the dance/movement therapist that all experiences are relevant to not only the choreo-client's therapeutic work, but also to their psychological material and work.

The dance/movement therapist's ability to hold the therapeutic container and allow the choreo-client and other group members to explore their own experiences of these roles is crucial in this subphase. The unconscious and possibly unbearable material will be surfacing in the group setting during this subphase. As the choreo-client experiences the depths of her own psychological material, the group members will also find that their experiences are relevant to their own individual psychological material. This is a sensitive place, and the dance/movement therapist must be willing to sit with the group in discomfort and maintain group safety. As this process yields more information for the choreo-client in relationship to her therapeutic goal or issue she is working with, she is encouraged to shift the arrangement of dancers/auxiliary egos or choreography in order to realise the transformation that has happened with the new understanding of her psychological material in the transition subphase.

#### *Transitioning the arrangement*

During the transition subphase, the choreo-client moves dancers and props in the stage space in order to resolve the exploration and exemplify the transformation that has occurred. The dance/movement therapist directs the choreo-client to move dancers in a new configuration to support integration and completion of this subphase. This can be done in various ways depending on what psychological material has arisen in the former subphases. Usually, the dance/movement therapist will ask the choreo-client, 'With the information that you have gained now regarding this scene, how would you change this configuration to support a completion that is satisfying to you? Do you want to move any of the dancers in the space in any way? Allow yourself to direct them where to go.' The group members are then given time to process the new configuration and their experiences of being in different relationships to each other in a new arrangement. In this model, the full Transformation Phase takes

one session and can happen multiple times for one choreographed work with one choreo-client until the choreographic process has been refined for performance.

### ***Re-internalisation***

The Re-internalisation Phase occurs through the process of performing or witnessing the performance. In some cases, the choreo-client will be dancing herself, and in other cases, she will be witnessing the culminating performance. Choreo-clients may experience some form of re-internalisation and integration during the former two phases of the work when generating movement, refining movement phrases, and making meaning; however, performing or witnessing one's dance being performed is an essential aspect of the therapeutic process in continuing to integrate the psychotherapeutic work accomplished in the prior phases.

By being witnessed in a safe, attentive, accepting space in the presence of the dance/movement therapist and the group throughout the first two phases of the model, clients receive support to heal their wounding around past rejections, misattunements, and unbearable experiences (Caldwell, 1996). According to Caldwell (1996), the external witness first holds the client's expressions with a nonjudgmental stance which allows her to develop her own internal witness, increasing her ability to feel and accept all aspects of awareness and experience. Thus in performing for an audience, whether it is the public or the other group members, the choreo-client practices identifying with her own internal witness, cultivates an ability to "see" herself as she is (Adler, 1999, p. 145), expresses her pain, practices emotions, and recovers the self that was pushed out of awareness.

In the case of the choreo-client witnessing her own dance, she will see her own internal experience played out on the stage while sitting among the audience and will have the opportunity to tune into her own felt sense, or visceral sensation and intuition, enabling her to re-experience the depth of her communication. As well, the audience is given the opportunity to connect with and understand deeper levels of themselves as reflected through the performance (Hayes, 2006; Moreno, 1946; Samaritter, 2009).

During the performance process, the dance/movement therapist also serves as the witness in the audience and holds the performance with a nonjudgmental attitude. Following the performance, the dance/movement therapist facilitates a processing group in which further integration happens as group members share their experiences, debrief, and report their insights regarding the therapeutic journey.

### **Possible applications of the choreo-therapeutic model**

The choreo-therapeutic model can be applied to dance companies, university choreography programs, settings where groups are interested in creating performances, or private practice settings in which the focus is Dance/Movement Therapy. Moreover, this process can be used with diverse

populations regarding gender, age, ability, sexual identity, body image, religious identity, multiculturalism, and therapeutic needs. This model was created in a university setting with students crafting emotionally motivated dances for public performance, and its function was to support students' meaning making process and to further develop and refine the creative movement repertoire of the choreography. Participants of this work are likely to be either dancers or people interested in making dances therapeutically. It is also important to note that this choreo-therapeutic model is in progress and is being designed for forming and refining dance art for public performance, however, this work can be done in a closed therapeutic setting in which the performance happens within the group if that is what is appropriate for the setting.

The goal of the model is to support performance for therapeutic gain as the priority over that of entertainment. The purpose of this process is to organise and communicate inner life through movement choreography that has artistic integrity but may or may not be aesthetically beautiful. In the course of moving through the phases of the model, the dance/movement therapist must facilitate a holding environment that provides safety and containment for the choreo-client and the rest of the group. In order to facilitate containment, the dance/movement therapist holds a tight, consistent structure for group sessions using verbal direction, verbal processing, directed warmup exercises, and clear facilitation of each session that not only addresses the choreo-client's needs but also addresses the needs of the group. Additionally, the application of this model should be in line with clients' treatment goals. Ideally, clients work to form meaningful dance communications stemming from the psychological material that brought them into the therapeutic alliance.

### **Limitations and ideas for further research**

The choreo-therapeutic model proposed in this article is still in its early stages of development regarding application and efficacy in the field. It was created in the university setting and has been applied in a limited way regarding population and purpose. The model was shaped for graduate students and alumni of Naropa University's Somatic Counseling Psychology department to facilitate deepening the creative process while forming emotionally motivated choreography for performance in the 14th and 15th Annual Somatic Arts Scholarship Concerts. Despite its novelty, this model likely has therapeutic value for clinicians using creative techniques.

Moreover, logistics exist around the details of the group including group size, the time length of sessions, the process of identifying choreo-clients, and the implications of a choreo-client being a dancer in her own work. In addition, there are many different ways of creating choreography, and it would be up to the dance/movement therapist how the techniques of choreography are utilised and formed in this model particularly regarding his or her own experience of creating choreography. Ideally, the groups would be small (five to six members), with every group member having the opportunity to be both a

choreo-client and a dancer. This would be a closed group in which members create work for eight months to a year, meeting weekly, with choreo-clients having the additional requirement of meeting with the dance/movement therapist outside of group to generate movement material. Group sessions would run an hour and a half, with choreo-clients meeting individually for one hour prior. This is a big commitment and clients must be informed and willing to commit to such an obligation.

Additionally, the parameters of confidentiality must be explicitly explained to clients predominantly considering public performances. Confidentiality cannot be completely maintained, however, the therapeutic themes that arise during the creation of the work should be kept confidential. Furthermore, because this work entails exploring unconscious material, there may be times when this model is not advisable to use in therapeutic settings, particularly with clients who are struggling with fragile ego strength, clients that need concrete coping skills, or clients who may be experiencing extreme mental states such as schizophrenia, dementia, psychosis, etc. It is mainly designed for clients that have strong ego strength, and has yet to be reformed for those with more fragility and stronger therapeutic need.

As this model is new in the DMT field and has not been fully applied with clients, researching its efficacy would aid in its application. Case study as a pilot project would support clarity around the functional process of creating dances for therapeutic purposes. Following this, qualitative interviews within the group could illuminate further how the choreo-therapeutic model aids clients in achieving their treatment goals and make clear weaknesses in the application of this model in therapy.

## **Conclusion**

DMT appreciates dance movement as a creative form of expressing inner life and working through psychological issues (Bacon, 2007; Leventhal, 2008; Levy, 1988; Meekums, 2002; Pallaro, 2007; Schoop, 2000; Stromsted, 2001; Whitehouse, 1999), yet has not often focused on the therapeutic benefit of bringing those inner experiences to form through dance choreography and performance. This paper serves to build a choreo-therapeutic model using the psychodynamic concepts of externalisation, transformation, and re-internalisation in dance choreography to work through and heal inner states. This model proposes a new structure for working with clients in order to generate an understanding of internal states, organise, clarify, and re-internalise meaning through choreography and performance. The model includes the Externalisation Phase in which choreo-clients project psychological material and generate movement sequences, the Transformation Phase in which meaning is understood and choreography is refined, and the Re-internalisation Phase in which the choreography is performed and meaning is reintegrated. More research and writing will be forthcoming regarding the efficacy and application of this model in therapy with both groups and individuals.



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### Notes on contributor

Himmat Kaur Victoria received her Master of Arts degree in Somatic Counseling Psychology at Naropa University in Boulder, Colorado, in 2011. She has a Bachelors of Fine Arts in Dance Choreography with a minor in Psychology, and she is a Certified Kundalini Yoga instructor. She and her peer, Lisa Bradley, developed this choreo-therapeutic model at Naropa University for the 14th Annual Somatic Arts Scholarship Concert in order to facilitate the creative process and to support students to develop dance choreography for the stage. Himmat is interested in forming models for clients to create and perform choreography from emotionally motivated movement material.

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