

Performance as Part of the Therapeutic Process and the
Mirrored Experience of the Therapist:
A Self-Study
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Abstract

Through literature review and self-analysis, the article extends the discourse of performance as a valuable component of dance/movement therapy and its impact on the therapist/facilitator. The article presents a comprehensive overview of dance/movement therapy philosophies and principles as it applies to individuals with developmental and intellectual disabilities. Implications of such philosophies and principles comprise the disability experience, creative arts therapies as support, dance/movement therapy applications, performance-like elements in dance/movement therapy contexts, Authentic Movement, therapeutic aspects, settings, and goals of performance, and witnessing and mirroring the experience through the therapist's lens. Based on a qualitative self-study the researcher examines how performance development impacts the personal practice of the therapist/facilitator. Through movement and visual art assessments, the author parallels the therapist's and participants' experiences. The article aims to provide informed and experiential evidence of the relevance of performance in dance/movement therapy settings and offers recommendations for its practical applications and further research. The article concludes with the researcher's critical discussion on findings of the self-study.

Keywords: creative arts therapies; dance/movement therapy; Authentic Movement; performance; intellectual disability; developmental disability; exclusion

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Introduction

The inspiration for this study comes from the researcher's experience working closely with individuals with developmental disabilities as a dance instructor. Dance classes took different forms and were taught in a variety of settings in Mexico, Texas and New York City with clients ranging from children to adults. Many of these clients were diagnosed with Autism Spectrum Disorder, Down's syndrome, cerebral palsy, etc. Although in different circumstances, individuals in each setting expressed their interest in creating and performing dances in front of an audience. The dances presented were based on choreographic pieces taught to the participants in a traditional dance class format.

The most compelling occurrence took place at a New York City agency, where, in preparation for a showcase, a young male with mild intellectual disability requested to choreograph his own dance based on his lived experiences of disability, love, and relationships. He asked a female participant to dance with him, and acting as choreographer, chose the music, created movement phrases, and led his partner and the rest of the group in an emotional journey. At this point, the researcher had already been exposed to the world of dance/movement therapy, and through this lens, supported the therapeutic-like process as witness. Situated in this new perspective, she attempted to make use of this performance not as an artistic show, but as an opportunity for these individuals to take ownership of their bodies, develop confidence and self-esteem, and to challenge societal views of people with intellectual and developmental disabilities.

As facilitator and witness of this choreographic process, the researcher became more interested in the impact performance has, not only on the performers, but on the audience and the facilitator, specifically, the dance/movement therapist. Based on the experience

mentioned above, the researcher stated that her role as facilitator had a great, positive impact on the therapeutic relationship, through enhanced feelings of empathy and empowerment, mirroring those of the dancers on stage. Although current dance/movement therapy literature explores the use of performance as part of the therapeutic process, all the attention has been on the clients' processes and outcomes. This study intends to fill a gap in the literature by focusing on the therapist's process while facilitating a performance work with dance/movement therapy clients.

This study will explore the experiences of people with developmental and intellectual disabilities who have particularly suffered from society's stigmatization and rejection. Witnessing clients, also referred to as participants, taking the stage may be considered a milestone, as it is testament of acceptance and self-celebration; it inspires them to take their place in society as a valuable member while promoting social justice. Moreover, the researcher explores the ways in which dance/movement therapy based performances may impact the dance/movement therapist by mirroring the performers' experience throughout the process.

Through a self-study format, this project consisted of supporting a group of five women who participated in a weekly dance/movement therapy group, to prepare a performance showcase to present in front of an audience. Data was gathered throughout the process via the use of Authentic Movement practices and art responses corresponding to each Authentic Movement session. The data analysis was completed utilizing the Kestenberg Movement Profile (KMP) perspectives to describe and discuss Authentic Movement sessions, and Mandala Assessment Research Instrument (MARI) and its Archetypal Stages of the Great Round of Mandala principles to analyze and discuss the art responses.

The KMP was created by Dr. Judith Kestenberg and was further developed by some of her colleagues (Amighi, 1999). The KMP is a movement assessment tool that combines Laban Movement Analysis' methods to identify and document movement qualities. The KMP is used to analyze movement psychologically, via a developmental framework, in order to prevent and treat an array of cognitive, psychological, and physical impairments (Amighi, 1999). The KMP allows movement observers to understand the movers'/clients' nonverbal states, feelings, and emotions, providing a more holistic approach to treatment.

The MARI assessment is a tool used in art therapy developed by Joan Kellogg. Kellogg based her work on Carl Jung, who was one of the pioneers in the use of mandalas to do psychological diagnosis (Cox, 2003). According to Jung, "the mandala is an archetypal symbol representing the self, the center of personality striving for wholeness in the individuation process" (Cox, 2003, p. 428). After many years of collecting mandalas from patients, Kellogg designed a system based on form, movement, and color to understand patterns and shapes in a circular design. The art responses are categorized into archetypal stages that symbolize stages of life and "states of consciousness" (Potash, 2015, p.140). The MARI system then analyses the art works by utilizing psychological, psychosocial, and spiritual aspects of the human experience (Cox, 2003). Kellogg's life-cycle theory goes beyond art therapy and can be applied to enhance the understanding of any change processes and its relationship to the human experience. Moreover, the MARI assessment has been utilized to analyze not only mandalas, but many different types of art work. It is important to consider that this study utilized the most basic elements of the MARI system.

Review of the Literature

The Disability Experience

American society values individualism and measures success based on independence; people who are perceived as non-self-sufficient are often stigmatized. For many years, individuals with developmental disabilities have been among the most vulnerable communities to be excluded (Harold, 1999); they have been discriminated against due to the assumption that they are “not whole,” incapable of caring for themselves, making decisions, or being productive contributors to society. Many attempts to segregate these persons include institutionalization, forced sterilization, medical experimentation aimed to fix impairments, and lack of appropriate basic services, such as transportation and education (Megson, 2011). It is only in recent years that advocacy movements and organizations, such as Disability Rights Education and Fund and The National Center on Disability and Journalism, have given individuals with disabilities the opportunity to have a voice and claim their place in society. Although still a challenge, these efforts have brought awareness about the issue of stigmatization and exclusion, as well as an array of services and supports for people to be included in all aspects of society, to have goals and dreams, and to live meaningfully.

Labeling a person as intellectually or developmentally disabled not only reflects a physiological condition, but also a socially constructed perspective. Lovgren, Kalman, and Sauer (2016) state, “intellectual disability is a medical diagnosis that at the same time implies a social categorization with extensive structural and social implications for the individual” (p. 64). Moreover, the American Association of Intellectual and Developmental Disabilities (2017), further explains that an intellectual disability diagnosis is accompanied by significant cognitive limitations, impacting everyday social and practical skills. A person with such a

diagnosis not only has to navigate a world created for his/her non-disabled counterparts, but also must confront the cruelty of a society that rejects and stigmatizes them. For many people with disabilities, society is what makes them disabled, not the impairment itself. “Having ID [intellectual disability] is a powerful stigmatizing social identity” (Beart, Hardy & Buchan, 2005, as cited in Lovgren, Kalman & Lennart, 2016 p. 66).

Despite the efforts of disability rights advocacy groups, including self-advocates, individuals with developmental and intellectual disabilities continue to suffer from social segregation in a variety of settings, including educational, medical, and community. Many acts of discrimination relate to abled-bodied people’s inability to understand the disability experience, and to limited opportunities to interact and accept people with disabilities as valuable members of society (Megson, 2011; Simplican, Leader, Kosciulek & Leahy, 2015). Exclusion may be defined as “a dynamic, complex social process entailing the negation of fundamental rights, economic, social, political and educational, among others” (Moriña, 2009, p. 163). The experience of exclusion or disrespectful treatment may leave disabled people with an injured sense of worth, low self-esteem, and feelings of inferiority and not belonging.

Even in settings that are intended to be inclusive, people with intellectual and developmental disabilities continue to experience the pain of discrimination. In a study on inclusive educational settings, Moriña (2009), described the experience of a young student with intellectual disabilities who was placed in an “integrated” school environment where he was highly segregated and rejected by his peers. The student described how her classmates never wanted to sit next to her: “they probably thought I looked like a retard or something and did not want to be seen next to me...they used to make faces at me” (p. 169).

All of these negative assumptions and social attitudes have resulted in people with developmental and intellectual disabilities becoming voiceless and invisible, even in issues related to their own lives and care. Important decisions, such as medical care and housing, are often handled by caregivers or other non-disabled authority figures who deem themselves as better capable of understanding the disability experience, rather than the individual him/herself. Even state and federal policies affecting people with disabilities are implemented without the input of the community, as the assumption continues to be that they are not reliable sources to describe their own experiences and express their needs and concerns. (Megson, 2011)

Creative arts therapies as support for people with disabilities

People with developmental disabilities have used different interventions, including creative arts therapies, as a way to alleviate the negative feelings that stem from being treated unfairly. Creative arts therapies have been shown to support the development of self-esteem and improve a sense of belonging (Lister, Tanguay, Snow & D'Arnico, 2009). Creative arts therapists work from a strengths-based perspective, allowing clients to use their natural abilities in a non-threatening way, giving opportunities for safe expression by exploring the uniqueness of their individuality and focusing on the healthy parts of the person (Levy, 2005).

The different disciplines that form the Creative Arts therapies, including, art, drama, music, and dance/movement therapy, may be utilized as an instrument for communication and expression of emotions, feelings, and experiences (Barnel-Lopez et. al, 2016). People with developmental disabilities are often not able to verbally communicate their feelings and needs, making them unable to participate in conventional talk therapy services. Developing

other creative ways to do so will have a positive impact on their sense of self and their overall well-being. Dance/movement therapy may provide a safe space in which people with disabilities may convey these feelings as well as practice autonomy and have an opportunity to be seen as valuable members of the community.

Dance/movement therapy applications

Dance/movement therapy is a branch of the Creative Arts therapies that focuses on the connection between body and mind. It is a form of psychotherapy that utilizes the body as the main medium of expression; it attempts to support clients' holistic being, hence, it can be used to achieve a myriad of goals, depending on each individual's needs. For this reason, dance/movement therapy sessions can take place at various settings and take many different forms. Fishman (2010) states, "dance/movement therapy focuses on the experience of movement sensing and how movement makes sense" (p. 1). Thus, dance/movement therapy is the medium in which clients are able to process thoughts, emotions, and feelings at a body level.

People with developmental and intellectual disabilities can greatly benefit from dance/movement therapy. The disability experience is lived through both a body and an emotional level, it is important that the mind-body connection is repatterned to achieve overall well-being. Levy (1989), stated that dance/movement therapy could assist people with intellectual disabilities to improve their body image, coordination, physical skills, emotions, confidence, awareness, and communication skills. Hoban (2000, as cited in Barner-Lopez, 2016), reported that several studies have concluded that people with intellectual disabilities involved in dance and movement groups experienced an increase in joy, self-esteem, expression, security, body awareness, communication skills, and decreased

depression. Although other creative arts therapies have been successfully utilized with the disabled population, only dance/movement therapy gives clients the freedom of communicating verbally or nonverbally, of movement or stillness, hence creating a safe space that reaches many levels of cognitive and physical abilities related to developmental disabilities. (Levy, 2005).

The dance/movement therapist may also give clients the opportunity to be seen, especially when working with oppressed populations. One of the foundational premises of dance/movement therapy is that the therapist always meets clients where they are at the present moment. In a typical dance/movement therapy group, and aided by kinesthetic empathy and mirroring, the therapist is able to see and connect with each client at different levels, letting the client know that he/she is being seen, valued, and celebrated. It is based on this premise that the therapeutic relationship may begin. Dance/movement therapy may be one of the only modalities that recognize that individuals with disabilities are the experts on their own body and life experiences (Megson, 2011).

Due to the uniqueness of each client's experience, dance/movement therapists may utilize different strategies to enrich the therapeutic process and create more opportunities for clients to be seen. Working with emotions and creating different ways to communicate them via embodiment promotes the mind-body connection and supports the development of movement repertoire that can be directly linked to psychological changes (Fishman, 2001). These processes may be deepened when clients develop movement phrases or small dances that may reflect their feelings and emotions (Levy, 2005). It is through the creation of movement phrases that the therapists might facilitate the presentation of these choreographic works to other members of the group.

Dance/movement therapy groups that have established a cohesive relationship may provide the best support structure to explore presentation and performance like elements. For example, in a cohesive group, clients are able to take leadership roles and lead the group through a movement phrase (Malling, 2014). In other groups, clients might feel appealed to stand in the middle of the circle for a few moments and do a solo dance. In both of these circumstances, the client who is taking the leadership role, and the one dancing in the middle of the circle are performing for their peers. By doing so, said clients present their authentic selves, embracing the experience of being seen.

It is important to consider that the purpose of clients performing their movement pieces is not to present a memorized routine or an aesthetic final product. Presenting oneself to the world, especially for those who have a history of being stigmatized, involves the strengthening of different emotional layers such as development of self-worth, self-acceptance, and willingness to explore relationships with others and the environment. These layers are of crucial importance because presenting oneself to others implies a risk, as the person performing becomes vulnerable and may be subject to rejection. This underscores the importance of knowing the audience for whom one is performing. The therapy group is a safe space in which clients can present themselves; perhaps the larger organization to where the clients belong may also be a safe space. Public places, however, can be risky, and even if clients agree to perform at a public place, there are many factors that should be considered.

Performance-like elements of dance/movement therapy

When talking about performance in a dance/movement therapy context, one does not necessarily refer to performing outside of the therapeutic space. There are several performance-like elements that occur as part of both traditional and non-traditional

dance/movement therapy groups. The use of these interventions will give the client emotional experiences similar to the ones they may feel if performing outside of the therapeutic space but at a smaller level. Mirroring is perhaps one of the most used dance/movement therapy interventions that is not always associated with presenting or performing. In a study by Koch, Mehl, Sobanski, Sieber, & Fuchs (2015), it is suggested that the use of mirroring in the treatment of young adults with autism has a positive impact on the clients' social skills and enhances a sense of well-being. Mirroring, which includes the use of kinesthetic empathy, is directly related to feelings of being seen. For mirroring to successfully occur, there must be recognition of oneself and others. Fishman (2010) states that it is through kinesthetic empathy that self-development of clients is facilitated.

Authentic Movement

Authentic Movement is another traditional intervention used in many therapeutic settings. The practice of Authentic Movement was developed by Janet Adler based on the work of Mary Starks Whitehouse, who used active imagination to teach her dance classes (Meehan, 2015). According to Whitehouse, her work was founded and supported by Carl Jung's theory of individuation (Wasson, 2002). In this practice, clients wait for an impulse to take physical form and then create movement phrases. These impulses, Meehan (2015) states, can be "repressed by the individual, influenced by personal, social and cultural constraints, and become part of the unconscious material that appears in the body" (p. 315).

Although the Authentic Movement practice has evolved, there are some aspects from the original structure that have remained (Lowell, 2002). One of these constant elements has been the role of the witness. Wasson (2002), states that both moving and witnessing are forms of active imagination. "which enriches our awareness and aids us in the discovery of

significant insights” (p. 70). Hence, the witness, by experiencing the mover, responds not only to what he/she is seeing externally (the mover), but also to the feelings that are happening internally. The witness responses vary, depending on the structure of the session. Some only observe and hold the space, others may join the mover, or create free art pieces.

Because of the lived experience of disability and the stigma that is imposed to individuals with developmental impairments, the practice of Authentic Movement has the potential to support clients’ recognition of self and others, by embodying feelings and emotions that might be otherwise repressed. Moreover, the interaction of the mover and witness in a session might reflect the interactions that a performer has with the audience and vice versa. In this sense, then, people with intellectual disabilities who present themselves in front of an audience could impact the stereotypes and challenge societal norms. “Inherent in being a person in the cultures of the West, is longing for a witness. We seem to want, deeply want, to be seen as we are by another (Adler, 1987, p. 158).

Therapeutic aspects of performance

Performance is an aspect of dance/movement therapy that has limited exploration in the literature. The Merriam Webster dictionary (2017) defines performance as, “something accomplished, the execution of an action, a public presentation or exhibition.” Although Marian Chace, the mother of dance/movement therapy, utilized performance-like events at the psychiatric ward of Saint Elizabeth’s Hospital in the 1960s (Levy, 2005), many dance/movement therapy practitioners have opted to keep the therapeutic processes within the therapy space. In these cases, clients may have opportunities to present themselves, that is, perform, for their peers and the therapist in the therapy session.

On the other side, those who may have a dance performance background might be more inclined to explore the possibilities of including performance as part of the therapeutic process. Victoria (2012) is a dance/movement therapist who has utilized her artistic expertise with the intention to support clients in the creation of dances to present them to an audience. Furthermore, she proposes a chore-therapeutic model and states, “[t]hrough 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” (p. 174).

Parallel to the choreo-therapeutic model is the more widely known concept of performance as therapy. Gates (as cited by Malling, 2013), defines performance as therapy “as dance creation for the purposes of performance involving dance/movement therapy techniques within a therapeutic environment” (p. 126). Utilizing the framework offered by this approach, Mulling (2013) lead a study involving deaf adults with mental illness. Because of the oppression Malling participants’ experienced due to their disabilities, the study intended to find if performance would positively impact feelings related to oppression. The study found that participants experienced a sense of empowerment, increased self-esteem, and development of social skills.

Settings and goals supported by performance

Therapeutic groups have been implemented in school settings to support disabled adolescents. Duggan (1995), created a dance/movement therapy group at a public high school for special education students. The need for this program laid on the low self-esteem present in many of the students, as well as their lack of adequate social skills. With the support of traditional dance/movement interventions, the group began to address issues of self-worth

and the need to develop a sense of belonging to the school and the greater community. Supported by the dance/movement therapist, the group decided to develop a public performance as part of the therapeutic process. Duggan (1995) reports that the act of performing gave students a sense of ownership, increased self-esteem and recognition from administrators and the rest of the student body. She specifically noticed that this experience “affected their lives positively, enhancing their sense of competence and self-esteem, developing their ability to relate meaningfully and cooperatively with others” (p. 240).

Similarly, Cook (as cited by Malling, 2013) shares her findings working with a group of nine adolescents with intellectual disabilities at a school setting. Using choreography and performance as part of the therapeutic process, the students created a piece and performed for their teachers and peers, as well as for an unfamiliar audience. Cook reports positive findings derived from the process of learning a dance and performing it in front of an audience. Participants in her group demonstrated an improvement in the use of verbal and nonverbal communication, especially in relation to their emotional state. In addition, after the performances, some of the students were seen establishing relationships with their peers, and demonstrated an increased focus, attention span, and memory abilities. Although challenging to measure, Cook argues that the process allowed participants to reduce feelings of shame related to their disability (p. 127).

Dance/movement therapy, supported by the use of choreographic processes and performance, has the potential to benefit individuals with developmental disabilities, by directly impacting their well-being, and facilitating emotional expression (Malling, 2013). Moreover, the performance component does not only enhance the therapeutic outcome, but,

if experienced outside of the therapeutic space, aids to promote social justice and awareness of the need for society to be accepting and inclusive of this oppressed population.

Performance in other Contexts

Other non-disabled oppressed populations have also explored the therapeutic aspects of performance with the goals of embracing personal identity and promoting social justice. Karcher and Caldwell (2014) recognized the need for transgender individuals to address issues of discrimination and its impact on the victims by incorporating distinct creative arts and performances in the therapeutic process. A case study of a transgender man who transitioned prior to performing, demonstrates the influence of creating artistic pieces based on psychological material and its relation to feelings of empowerment, acceptance, development of interpersonal skills, and social justice promotion. In this case study, the performances included dances created through dance/movement therapy sessions, drawing, drama and multimedia (Karcher and Caldwell, 2014).

The emotional impact of stigma on oppressed populations may be alleviated by the use of performance using different types of creative arts. It has been suggested that in the case of individuals with HIV, the oppression, and not the diagnosis, is what causes the most psychological distress (Machtinger et al, 2015). For this reason, many individuals with this diagnosis do not often disclose their status, which can contribute to feelings of low self-esteem and helplessness. In a study by Machtinger et al, (2014), women diagnosed with HIV participated in a creative therapeutic processes using theater and performance to publicly disclose their HIV status. Results suggest that disclosure alone has multiple health and psychological benefits. The opportunity to do this disclosure in a performance-like situation as part of a therapeutic process enhanced the overall experience. Participants reported the

benefits gained from this performance, some of them include increased feelings of sisterhood (among participants), catharsis, self-acceptance, healthier and safer relationships, and gaining a voice (Machtinger et al, 2014).

Eales and Goodwin (2015), developed an ethnographic performance study with the goal of utilizing dance to “demonstrate and articulate the everyday practices of social justice” (p.285). The process of creating dances reflects the previously mentioned choreo-therapeutic approach, which allows participants to embody their feelings. Participants in this study were from different backgrounds and abilities and created two dance pieces in which they explored their experiences of marginalization, the impact of disability, and expressed the desire to use their performance as a way to be recognized, accepted, and fully included by society (Eales and Goodwin, 2015).

Feminist views have also been explored in the use of performance. In her roles as dance/movement therapist, dancer, choreographer, and feminist, Allegranti (2009) embarked in an exploration of the construction and de-construction of sexuality and gender. Participants were invited to explore their relationship to these concepts with the purpose of creating a performance. She calls this model “Embodied Performances” (p. 28), and encourages dance/movement therapists to consider implementing this view in their practices, as it may allow clients to develop a deeper understanding of themselves and the role their gender and sexuality plays in defining them. Similarly, people with developmental disabilities are constantly being defined by their diagnosis. Allegranti’s approach might bring a unique view to individuals with developmental disabilities, as it may provide them with a more global understanding of themselves, including aspects of their person, like sexuality and gender that may not be traditionally explored within the therapeutic framework.

As previously mentioned, the practice of Authentic Movement in a therapeutic setting requires the presence of a witness. In traditional dance/movement therapy sessions, the witness role could be taken by the therapist or the clients. In all the performances that have been described, the audience is actively acting as witnesses, holding the space and reacting to the movement presented. In the context of performing with the goal of creating social awareness about the oppression suffered by people with disabilities, the role of the audience as witness goes far beyond the threshold of the present moment; it aims instead to bring to their conscious self the impact of stigma and provide an opportunity for reflection and to change mindsets (Malling, 2013).

Witnessing a performance

Being part of a performance as an audience member can have a significant effect. In a qualitative study by Ravelin, Isola, and Kylma (2011), older people with dementia were exposed to dance performances at the nursing home where they resided. The study found that those who witnessed the dance presentations experienced both kinesthetic and emotional responses. Participants reported welling up in the chest and an increased heart rate. Emotional responses included a sense of calmness, joy, contentment, as well as the evoking of memories of their histories, personal experiences, and happiness. Although the performers on this study were able-bodied dancers, one could argue that the impact of witnessing a performance, especially one by people with disabilities, can transcend the present experience and perhaps serve as the beginning of an understanding and acceptance of those who are marginalized.

The therapist's mirroring experience

When providing clinical services, therapists go through a process that may mirror that of clients. With every achieved milestone, the therapist might gain a sense of accomplishment, similar to the clients' feelings. Moreover, when clients decompensate, the therapist might echo feelings of sadness or hopefulness. These premises were explored by Timulak (2014) through a self-analysis of the impact that the therapist has when witnessing a client's treatment process. Timulak's work comes from his experience as an emotion-focused therapist and the curiosity derived from poignant experiences of witnessing clients' successes and setbacks. He states:

Witnessing the client's struggles and accomplishments in being caring, loving, validating, or protective toward the self is a very moving experience for me as a therapist [...] It is also inspirational to witness the client being empowered as fear is replaced by determination and a healthy assertive resolve. Such inspiration then spurs me to consider how I, too, can address stressful things in my life with resolve and determination (p. 747).

Timulak (2014) also acknowledged when the opposite happens; when clients are not able to access feelings of empowerment, the therapist experiences feelings of being stuck and helpless. Although Timulak's work is one of its kind, other therapy disciplines may resonate with the personal reflections of his work. The therapist's acknowledgement of personal responses to the client's processes may not only influence the therapeutic relationship, but may also inform future practice, or like in Timulak's case, have an impact on their personal lives.

Purpose of the Study

The existing literature presents an extended review of the beneficial aspects of performance works as part of therapeutic processes as experienced by people with intellectual and developmental disabilities. While it provides ample background about the general foundations and philosophies of dance/movement therapy, most studies are based on the performers' experience. Furthermore, there is scarcity of research-based studies that centralize the therapist's progress, the impact of the clients' development, and the implications this may have in his/her current and future practices.

The aim of the study is to explore a personal process that could inform about the therapeutic relationships and the effects of witnessing clients achieving treatment milestones through the inclusion of performance elements as a final outcome to their individual goals. The study does not intend to claim definite statements about the relevance and/or absolute requirement of performance; it does not attempt to suggest that it is suitable for all populations and/or contexts. Through this self-study, the article aims to bridge the clients' and therapists' shared experiences to bring attention to the importance of the therapists' self-awareness as a service provider.

Methodology

This qualitative research project took the form of a self-study. The study was completed in approximately four months. The researcher worked with a group of five women with developmental and intellectual disabilities to develop and present a performance work in front of an audience. During this time, the researcher engaged in Authentic Movement sessions as a means to gather data. As part of the Authentic Movement sessions, the researcher and the witness responded to the experiences by creating visual art immediately

after the session, without engaging in any form of verbal communication. The data gathered was codified and analyzed using KMP perspectives to find common themes in each of the sessions, and making connections to what was happening in the preparation of the performance project. The artwork responses were analyzed using the MARI system, comparing and contrasting the art pieces and connecting it to the overall process.

Participants and recruitment

The researcher has been an employee of a non-for profit agency in New York City that provides services to people with developmental disabilities for approximately four years. The researcher began working in the residential program of this agency approximately three years ago, where she provided direct support services as well as medical coordination to a group of five women with intellectual disabilities. Additionally, since enrolling in the dance/movement therapy graduate program, the researcher led a weekly dance/movement group with these women. The women brought up the topic of performing in front of an audience several times during group sessions. They all had been part of performances in the past, some led by the researcher. After discussing the possibility of performing as part of this self-study, clients and residential administration agreed. A written consent with the information about the self study was obtained from individuals and their guardians.

Data collection and analysis

The researcher participated in three Authentic Movement sessions as a mover; two prior to the performance and one a few days after. After each session, the researcher and the witness responded to the experience by creating art pieces (See Appendix 1, 2 and 3). The art pieces were analyzed using the MARI system, The Authentic Movement sessions took place on the following dates: Saturday, March 4th, Saturday, April 1st, and Saturday, April 15th,

2017. All of the Authentic Movement sessions were recorded and later coded and analyzed by identifying movement patterns and qualities. The purpose of having the three Authentic Movement sessions was to be able to obtain data throughout the process of preparing the performance.

The performance took place on Tuesday, April 11th, 2017 at 5 pm. Outside Voices Theater company, a theater company for people with developmental and intellectual disabilities provided the space to perform during one of their rehearsals at The Church of the Living Hope, located in New York City. The invitation to attend the performance was open to people affiliated with the agency from the residential program the performers are part of. There were approximately 30 people in the audience, including members of the theater company, performers' family and guardians, and support staff. The performance was fully videotaped.

The Authentic Movement sessions took place at New York University's Steinhardt School of Education dance studio and lasted approximately 30 minutes. The researcher, referred to as the mover during sessions, and the witness met on the dates mentioned above at 7 pm. A camera was placed in front of the dance studio ensuring that only the mover will be videotaped. The witness is the researcher's sister, who is a dance educator with some experience in dance/movement therapy. The witness sat next to the video camera and set up her cellular phone with a timer set to 15 minutes. The time would start running as soon as the mover walked to the center of the studio. An alarm would sound at the end of the 15 minutes. At this time, the mover and the witness utilized arts supplies, mainly markers, crayons, and construction paper to respond to the experience. The sessions were not verbally processed.

Results

Session one – March 4th, 2017

The first Authentic Movement session took place four weeks after participants had decided they wanted to do a performance as part of their dance/movement group. Although the decision to perform had been made, there was still a sense of uncertainty and a few challenges to overcome, such as obtaining written consent from the participants' parents and guardians, as well as finding a performance venue.

Movement data. The mover kept her eyes closed throughout the session. The mover began on the floor in a supine position. There were two minutes of stillness, then micro movements could be observed on her feet and hands. The mover turned her body to a prone position and began exploring her chest, head, and covering her face with her hands. Suddenly, the mover sat up, but remains in a hollowed, narrowed shape, noticeably mainly in the upper torso, by the presence of rounded shoulders and closed chest. The mover is observed in a crawling position, slowly moving forward in the sagittal plane. The mover kneeled with the hollowed posture still present, and began a hand exploration of the face again. Slowly, she opened her arms to the horizontal and moved her torso twist-like movements, exploring the space around her. The mover crossed her arms in front of her chest and slowly returned to the floor in a supine position.

Art response. The art responses from both the mover and the witness had very similar elements. Both pictures showed a large cluster of unorganized circular lines occupying most of the space in the center of the paper. On opposite upper corners, both responses featured a diagonal, linear design, separating that specific corner from the rest of the drawing. (see Appendix 1, Figures 1 and 2).

Session two – Saturday April 1, 2017

At the time of the second Authentic Movement session, the performance project was almost ready to be presented. The venue, time, and day were confirmed. The participants had already defined the pieces of music and movement they wanted to present, and were utilizing the hour of dance/movement group to rehearse. The researcher had called all parents and guardians to explain the project in detail and to answer any questions they might have. The response was supportive and enthusiastic, and the written consents were obtained with no issues.

Movement data. The mover began on the floor by laying on her right side. There were approximately 2 minutes of stillness. There was exploration of the floor with large movements of the lower extremities. She kneeled with a narrowed and hollowed posture. The mover spent some time kneeling while her hands were placed on the floor in front of her. She then pushed the floor with her hands, flexing and extending her elbows. The mover then stood up and her posture changed momentarily to a bulging, more open one but then went back to hollowing and slowly returned to the floor by bending her knees and extending her arms to the front until she found the floor. She remained kneeling for several moments until she was completely in a prone position. She then extended her arms and pulled her body forward by using her hands against the floor. The mover rolled to her back and completely extended both arms in the sagittal plane. Although she was laying down, it was possible to observe a bulging shape on her upper torso. The session ended with the movers arms still on the sagittal plane holding her hands together.

Art response. The art responses were similar once again. Both pictures contained several arrows pointing to many different directions. The mover's picture featured a large arrow at

the bottom of the page, pointing up to a nucleus or center. Smaller arrows were observed pointing towards and away from the nucleus. The witness' picture was organized in rows and columns with layers of waved lines, arrows, and diagonal lines were observed. (see Appendix 2, Figures 1 and 2).

Session three – Saturday April 15th, 2017

The third and last Authentic Movement session took place 4 days after the performance. The researcher felt both relieved and accomplished. The performance was a great success and participants were congratulated on their presentation. Parents and guardians expressed their contentment with the experience and complemented the participants and researcher on the project. Some of them stated this was the first time they had seen a project such as this one in which people with disabilities were given the opportunity to present themselves in such a genuine manner to celebrate and highlight their strengths and abilities.

Movement data. The mover began on the floor in a prone position. There were approximately two minutes of stillness. Slowly she placed the palms of her hands on the floor for support to sit up. Once she was sitting, her body posture was bulged, her head and gaze looking up in the vertical plane. The mover placed one foot on the ground and stood up; her arms began moving up in a sustained, even flow, passing through the sagittal dimension until they reached up in the vertical plane. Her head and gaze were kept up and she showed stillness for approximately two more minutes. The mover's arms began to slowly come down on the horizontal until they reached shoulder height. Her posture continued to be bulged and her chest open. The mover returned to the floor by kneeling and then crossing her arms in front of her chest. Although this posture was narrowed, her chest remained open. The session ended with the mover in this position, after several moments in stillness.

Art response. In the mover's response, there was an arch observed in the bottom center of the page. Many lines surrounding the edge of the arch appeared to be drawn with quick and sharp strokes. A long, curvy line was drawn on top of the lines around and inside the arch. A rectangular-like shape was observed in the middle, almost reaching the top of the page. A similar shape was found in the witness' picture. Two smaller arches were observed on the witness' drawing, each one placed on opposite sides of the paper. Parallel to earlier responses, this picture was organized in horizontal columns and rows, with layered small horizontal and vertical lines drawn in different directions, but respecting the structure previously mentioned. The horizontal lines also had curved lines across them. (see Appendix 3, Figures 1 and 2).

Discussion

The literature review and the findings of this study support the premise that therapeutic processes supported by the use of performance, result in mirrored experiences between the clients and the therapist. People with developmental and intellectual disabilities who participate in performance have positive outcomes including feelings of empowerment, increased self-esteem, and sense of self (Malling, 2013).

During the first Authentic Movement session, the performance project was in a premature stage. During the weekly dance/movement group that happened around this time, clients expressed concerns about the performance space and the general outcome of the project. The data collected from this session suggests that the therapist was experiencing insecurities, similar to the ones expressed by the clients. In the role of therapist, the researcher acted as support to address the concerns of the clients. At the same time, the researcher was looking to find support from the ground, where she was unable to reach a

standing position. Accessing verticality can be representative of presentation and intentionality (Amighi, 1999), which was lacking on the mover's response.

The hollowed, narrowed, and shortened posture may be the main representation of insecurity. According to KMP body shape perspectives, shortening might be related with feelings of anger, or insecurity (Amighi, 1999), and in some cultures is recognized as the "shrugging of the shoulders which means 'I don't know'" (p. 118). Similarly, hollowing "conveys the emotion of disgust or the desire to get rid of something" (p.121). Moreover, a person with an overabundance of shortening and hollowing predicts feelings of emptiness and lack of self-confidence (Amighi, 1999). In the following group session, the researcher empathized with some of the clients' hollowed body postures.

The art responses' analysis showed parallel findings. Both mover and witness created a picture that is representative of the Fragmentation stage from the archetypal stages of the MARI system. According to Thayer (1994), individuals in the Fragmentation stage experience feelings of confusion and disorientation that can lead to loss of meaning. Moreover, Potash (2015) adds that this stage represents feelings of chaos and release. The two art responses clearly reflected the state of mind of the researcher in terms of the beginning phase of a long term project.

In the second Authentic Movement session, the researcher's movements were only slightly different compared to the first session. Although the floor was still utilized throughout, there was a noticeable sense of readiness to explore the space. Although the mover did not demonstrate verticality, she utilized her arms in the vertical and sagittal dimensions, with reaching-like gestures. There was very little hollowing, perhaps a sign of

gained confidence. Bulging, which is the opposite body shape of hollowing, “is associated with feelings of fullness, satiation, gratification, and completion” (Amighi, 1999, p. 120).

Although this newly experienced body shape was accessed only momentarily, it is evidence of the researcher’s process regarding the performance. At the time of this session, a venue had been already booked and clients had already defined what they wanted to present. Although the logistics of the presentation were organized, there was still a sense of insecurity felt during the Friday groups and reflected in the movement responses. With these aspects in place, the project could take many directions. This was clearly reflected on the art responses post Authentic Movement.

The art responses from this session exemplified two different stages in the MARI system. The mover’s picture represented the Target stage, whereas the witness’ picture represented the Squaring the Circle stage. Thayer (1994) describes the individual in the Target stage as vulnerable, anxious, and obsessive. Potash (2015) adds that the Target stage is a time of “preparation, order, routines, and boundaries, as protection or defense” (p. 143). On the other hand, the Squaring the circle stage gives an individual the autonomy to take action (Thayer, 1994). It is also the establishment of dynamic integration of opposites (Potash, 2015). These findings go hand in hand with the context surrounding the performance project, and the gained confidence and anticipation that both clients and researcher were experiencing with the upcoming event.

The last Authentic Movement session was significantly different than the previous ones. Although the mover began in a familiar place, the ground, she was able to reach verticality and her posture was bulged and open. The chest was particularly widened when the mover’s arms were placed on the horizontal at shoulder height. Kestenber, et al (1999),

states that widening “underlies good feelings about oneself, generosity, openness, and trust in the environment” (p. 114). Moreover, bulging is associated with feelings of completion, gratification and self-satisfaction (Amighi, 1999). The movement data heavily supports the feelings of accomplishment the researcher and the clients had after the performance. The researcher recognized similar body postures in the clients when they were being congratulated by the audience immediately after the presentation.

The last art responses, although contrasting, were once again an accurate representation of the current situation. The witness response was representative of the Bliss stage, which is characterized by new opportunities and possibilities when an individual loses the sense of self and becomes open to receive inspiration from the world (Thayer, 1994 and Potash, 2015). The Labyrinth stage, which was represented by the researcher’s response, “describes the focused energy associated with forward momentum that is likened to the calling to a purposeful life” (Potash, 2015, p. 145).

The process of this project culminating with the successful performance supports the literature’s premise of the benefits that people with intellectual and developmental disabilities experience when presenting in front of an audience. During the performance, the researcher noticed clients were happy and joyful throughout. The audience’s response was validating and emotional, as parents and guardians shed tears in response to the work that was being presented. Many of them commented that they would have never imagined clients would be brave enough to stand in front of an audience to showcase their work; others said they doubted clients were capable of producing a “presentable” piece. The performance ended with a collective celebration, in which clients, family, and members of the community danced together in a truly accepting and inclusive environment. Clients felt empowered and

immediately after the performance, inquired on upcoming opportunities to present their work again.

One of the most cathartic moments happened during the closing collective celebration. Witnessing clients being recognized and celebrated also validated the researcher's work during this project. Moreover, it was through this process that the researcher saw for the first time the extraordinary potential of the clients and the changes that occurred to those witnessing their work. This experience not only informs the researcher's future clinical practice, but has provided evidence of the great need to give people with intellectual and developmental disabilities opportunities to be seen.

The strengths of this study rely on the comprehensive features of the literature review which extensively supports the theoretical and philosophical foundations of dance/movement therapy and the relevance of performance components. The qualitative study is strong due to personal and deep active immersion in the movement groups, performance preparation, close relationship with clients, and the overall experiential elements of the explorations and discoveries. Through this study "I felt [feel] elated and have a distinct sense that I contributed to something profoundly healing which makes the client feel relieved and powerful enough to face the adversity in her life" (Timulak, 2014, p. 747).

At one point, the researcher considered gathering data from four Authentic Movement sessions, two prior to the performance, and two after. However, it was decided that due to time limitations, only three sessions would be completed. This was one of the major limitations of the study. With an extended period of time, the possibilities of extending the movement therapy groups, including more participants, and analyzing more Authentic

Movement sessions, the study would have had a wider myriad of data and possibly new and deeper findings.

More research through practical application of performance is suggested because of its comprehensive potential benefits as part of dance/movement therapy. Moreover, future studies, using both qualitative and quantitative data collection methods, could explore comparisons between clients who perform and clients who do not as a way of analyzing treatment and control groups to track differences and similarities. Additionally, the use of psychological perspectives, particularly the socio-ecological approach, is recommended to see how the performance impacts the community on a larger scale.

In this research project, there was no Institutional Review Board (IRB) approval to utilize data obtained from the clients' weekly sessions or the performance. If this data was included, a more detailed analysis of the mirroring experience between therapist and clients could be developed. In the present study, all the data was analyzed through the objectivity of the researcher self-reports. An additional limitation is that the witness role was played by the movers' sister. The attunement between the two siblings was evident in the art responses that came out during the Authentic Movement sessions. A different outcome might result if the witness is someone who is not familiar with the mover.

Conclusion

Through this self- study, it is possible to suggest that including a performance component as part of the dance/movement therapy treatment directly impacts the therapist. Perhaps, he/she undergoes a parallel process in which the outcomes of the performers' experiences are closely mirrored. Moreover, the findings imply that the performance has a broader effect by reaching the witnessing community, having the potential to promote social

justice and inclusion. People with intellectual and developmental disabilities can greatly benefit from performance works in a dance/movement therapy context. By performing in front of an audience, oppressed populations, such as the disabled community, are able to develop a sense of self, acceptance, and experience feelings of empowerment. When used as part of the therapeutic process, performance has the potential to enrich the therapy outcomes and positively transform the experiences of the performers, audience, community, and the therapist/facilitator. As therapist herself, the researcher reinforced the need to continue the dialogue about the impact of therapeutic process that include performance-based elements as well as deepening advocacy for the oppressed population within all realms of society.

Appendix 1 – Authentic Movement Session 1

Figure 1 - Mover's response – Fragmentation stage

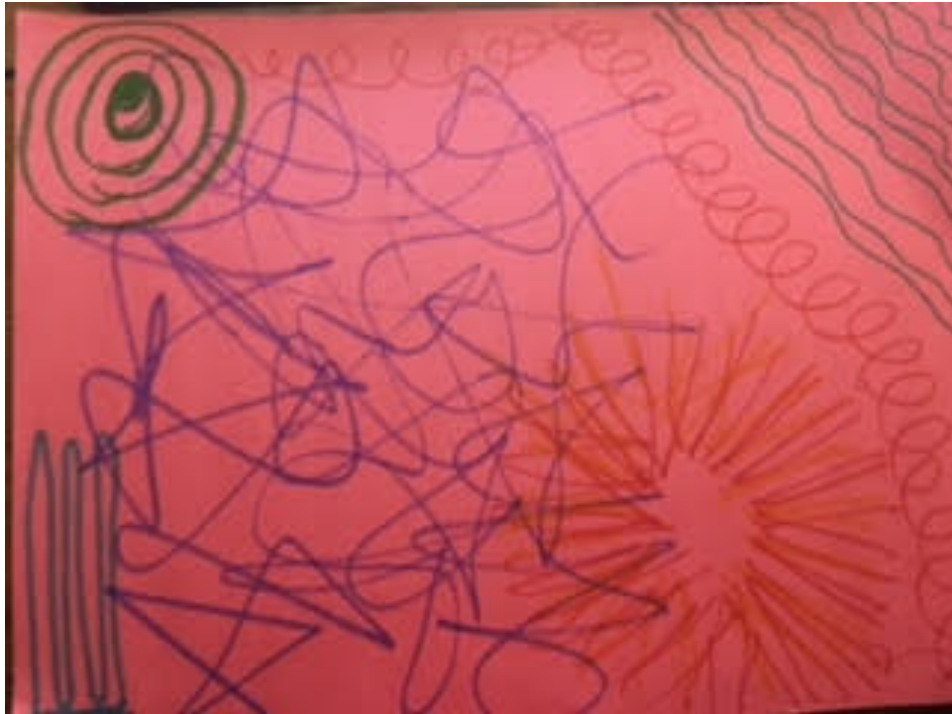


Figure 2 – Witness' response – Fragmentation stage



Appendix 1 – Authentic Movement Session 1

Figure 1 – Mover's response – Labyrinth stage

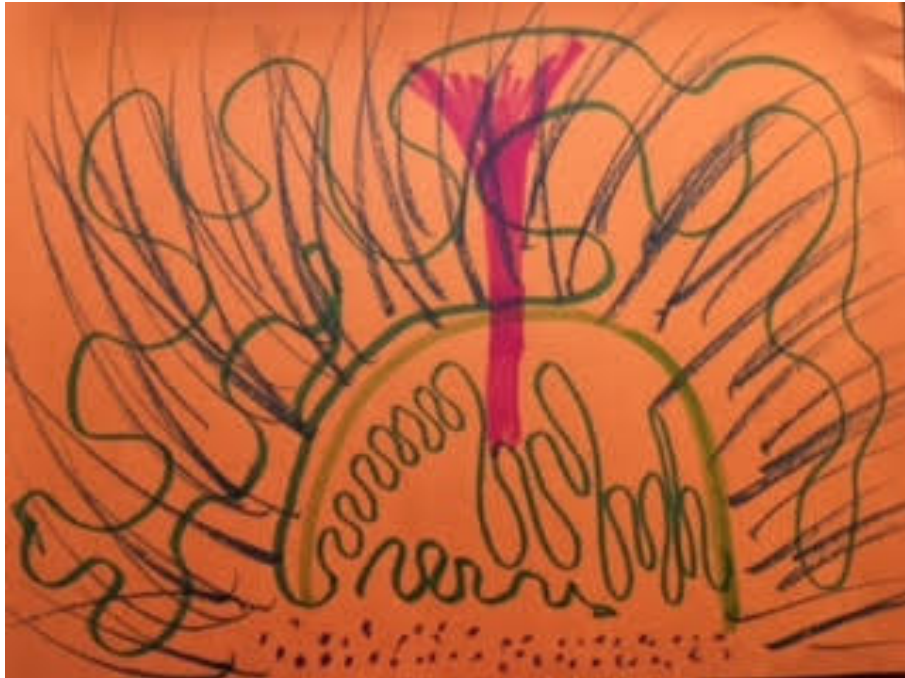
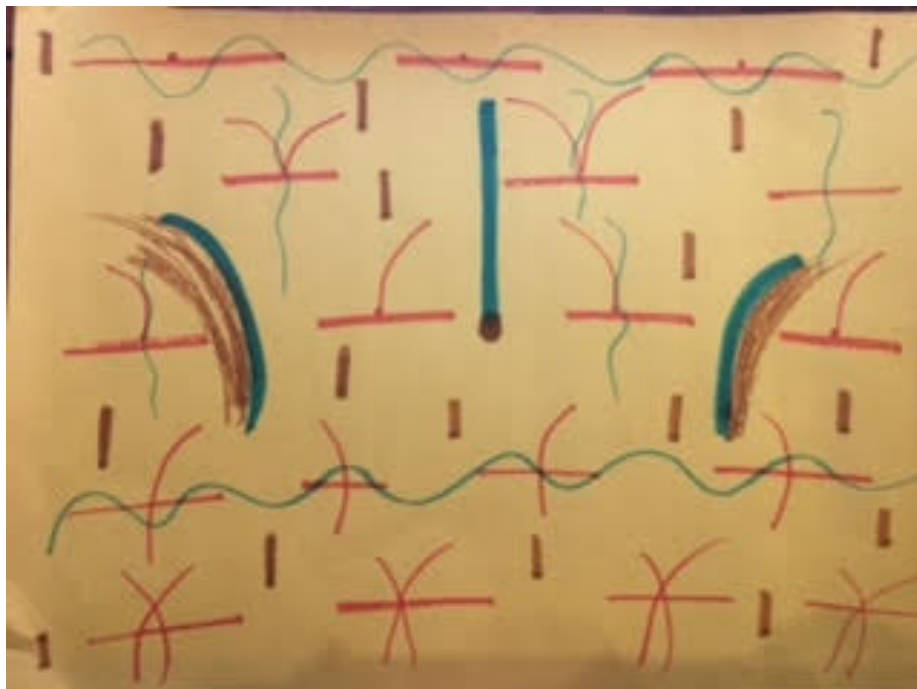


Figure 2 – Witness' response – Bliss stage



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