Dance Movement Psychotherapy (DMP) in Acute Adult Psychiatry: A Mixed Methods study

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Abstract

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This study explores the therapeutic mechanisms of Dance Movement Psychotherapy (DMP) in an in-patient setting for acute adult psychiatry through the qualitative dynamics of movement and the symbolic and metaphoric processes expressed during DMP sessions. Previous research has focussed on efficacy of DMP in relation to psychosis spectrum disorders, but there is little research on the mechanisms of DMP or the specific role of the moving body.

The practitioner-researcher delivered weekly group DMP sessions of 90 minutes over ten weeks on two single gender in-patient wards in an NHS hospital. The dynamics of movement were evaluated using two aspects of Kestenberg Movement Profile (KMP), a movement notation instrument, related to complexity of relationships and ability to cope with the environment. The exploration of symbolic and metaphoric processes drew on self-reported questionnaires, case vignettes and psychotherapy process notes.

Participants in the sessions echoed previous work in demonstrating an altered sense of space and time. Movement analysis, however, complemented previous work by indicating a specific imbalance in engaging with the future and the past. The study revealed several gender differences in the use of space and sense of self. Both men and women's movement in the space lacked structure, a lack compensated through the movements of the practitioner-researcher. Participants expressed their sense of self differently by gender, such that men engaged more with one another as a group and women focussed more on the individual bodily self. Symbolic and metaphoric communications indicated a relationship between an altered sense of space and time, and the movement dynamics present that acted in synchronicity with the symbols and metaphors.

The study draws out several implications for practice and practitioners of DMP including how to tailor intervention to help re-balance the altered sense of space and time with potential impacts on improved sense of agency.

Keywords; Dance Movement Psychotherapy, Kestenberg Movement Profile, Symbol and Metaphor, Acute Adult Psychiatry, Phenomenology, Jungian Psychotherapy.

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Declarations

The material contained in this thesis has not previously been submitted for a degree in this or any other institution. It is the sole work of the author, who takes full responsibility for any errors contained.

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GLOSSARY OF TERMS

Archetype: The inherited part of the psyche which is linked to instinct. A psychosomatic concept, linking body and psyche, instinct and image. (Samuels et al. 1986: 26)

Collective Unconscious: The collective unconscious rests upon the personal unconscious and reflect archetypal processes. Its manifestations appear in culture as universal motifs, such as images symbols and fantasies. (op cit: 155)

DMP/DMT: Dance Movement Psychotherapy is the term used in the UK whereas outside of the UK it is referred to as Dance Movement Therapy, both terms are synonymous.

Ego: Perceived by Jung to be the centre of "consciousness" and, 'concerned with personal identity, maintenance of the personality, continuity over time, mediation between conscious and unconscious realms' (Samuels et al. 1986: 50)

Force and Weight: Throughout the study where reference is made to Force and Weight, they are synonymous.

Personal Unconscious: The personal unconscious describes mental contents which are inaccessible to the ego. It is a centre of psychic activity. Unlike Jung, Freud did not regard the unconscious solely as a repository of repressed infantile personal experience but 'as a locus of psychological activity, which differed from and was more objective than personal experience' (op.cit: 155).

Psyche: Jung's basic definition of psyche was 'the totality of all psychic processes, conscious as well as unconscious' (CW 6, para 797, cited in Samuels et al. 1986:115). Note here that both psyche, soul and spirit are all interconnected.

Songs: There are a number of song tracks referred to in the case vignettes and would recommend the reader to listen to these, to grasp a sense of how important the music was for the participant. Access can easily be made through Spotify or other Social Media.

Soul: '(t)he totality of all psychological processes, both conscious and unconscious' (Samuels et al, 1986:140).

Spirit: Spirit is defined as a sense of aliveness, of being energised, and experienced as enlivening with links also to soul and psyche in Jung's epistemology.

Temenos: A word used by the early Greeks to define a sacred precinct (i.e. a temple), which also acted as a 'container' or vessel in a psychological holding sense (op.cit:148).

Chapter 1

Introduction

1.1 What got me interested?

I first came to this type of work having practised as a mental health physiotherapist in one of the large old asylum hospitals in the North of England, in the last few years of its existence 19 years ago. It was a desperate, bleak place with the fabric of the building in disrepair and quietly fading into decay. The inpatient wards were chaotic with a member of staff sitting at the entrance to the ward door as they would monitor who was coming and going. These were the roots of my journey that led eventually to the creation of the questions at the heart of this study.

I returned to this work six years later, gradually re-training as a dance movement psychotherapist, when all the asylums had been closed and moved into NHS Private Funded Initiative (PFI) buildings, with shiny new wards and controlled entry doors. I volunteered initially on these wards and began to run mixed gender dance movement psychotherapy (DMP) groups.

I was fascinated by what was going on in these groups and the environment or landscape within which they took place. Investigating the landscape of the ward became an important part of this study, as it was in such contrast to what I did in the sessions. I noticed how people would suddenly come to life in response to what I was doing, but I was also interested in the impact it had on me. In the midst of all this chaos, I felt I was being asked to remain centred, calm, attentive, listening to what my body was telling me, attuning on a very deep level, being aware of fear but not reacting, just letting it come and go and inform my movement. This form of listening and paying attention told me what to do next, where to go, where to take the movement. Breathing into the space. There was a lot going on in those spaces and a terrific tension at all times. There was a mixture of people who were depressed, manic, psychotic and hearing voices, seeing things, hallucinating, anxious, crying, laughing, shouting, running,

crawling, angry, sad and despairing. This could all take place at the same time during the session. Often someone would stand at the door and look in wondering whether it was 'safe' to cross the threshold. What could I bring to this situation through the dance?

I was aware that the roots of dance therapy had begun with Marian Chace (Chaiklin and Schmais, 1986, Sandel et al., 1993) in the locked wards of a psychiatric hospital with a similar population. Nonetheless, it felt like pioneering work even by 2006. I was aware of the terrible traumas that some had endured in their lives and that had precipitated their admission. Over the years, I would get to know some of the people who would have repeat admissions and they would come to my group with a real sense of familiarity and an awareness of their movement journey over the years. Amazing things began to happen. I learned how to be in this space and to grow a sense of the creative and a sense of life into the apparent chaos, dis-organisation and lack of coherence. I learned to observe and wait rather than trying to understand what was going on. Waiting and sitting with the not-knowing and trying to make sense through my own bodily responses. I would learn how to use the music, what kind of music and when and how to use the props, including the movements, alongside the timing, and how to respond and not to respond. There would be moments of great joy, excitement but also moments of great sadness. Sometimes in this place of sadness, there would be intense moments of feeling joy and excitement and as Sheets-Johnstone (2009) says, emotions are dynamic moments of interaction. It certainly felt like this.

It also seemed like a modified form of 'authentic movement', (Starks-Whitehouse, cited in Chodorow, 1991) where I was the moving witness to what was going on, but it was coming from a place of instinct or impulse. People did not move with eyes closed but moved from impulse, through active imagination, making contact with psyche. It did feel like I was moving in an altered space and time, a very unusual space and in stark contrast to the ward landscape outside. I was curious to know how such a potent space could be

created in otherwise such a sterile place, but perhaps it was the contrast which somehow allowed this to happen. The movement would sometimes feel intense and sometimes very simple and small, but there would also be intense moments of connection. People would often cry as they moved and sometimes someone would be repeating, repeating over and over again the same phrase which might be about how scared they were. I would just keep moving, moving, to the rhythm of these words and gradually they would quiet for a moment.

In the groups, there seemed to be an invitation to step into another realm, or imaginal world but without losing myself. I intuitively did this, and then, on reflecting what my body would do, I would ground myself through my feet being aware of my connection with the earth and with the surroundings. I would also ground myself through my breath, keeping open and creatively alert to what was taking place, ready to pick up the threads and weave them into the whole picture. I developed a sense that even fragments could go somewhere. I sensed the value of enabling the person to feel that I was present with them, and crucially not be overwhelmed by the distress that was being expressed. The distress could be overwhelming, but I learned that it was possible to mediate the effects by moving it through the body.

At this time and to this day, I have clinical supervision from a Jungian art psychotherapist who would help me to reflect on the details of what took place, including the nature of the symbolic and metaphoric images that arose. The process often involved looking up the alchemical meanings of these archaic communications in a book of symbols (Ronnberg et al., 2010) or drawing on other texts connected with mythology and fairy tales (March, 1999). I was fascinated by what would be revealed, and the significance of how what took place had been informed by the imagery and vice versa.

There was often a lot of resistance from the nursing staff, as the group was noisy and energetic and created a ‘disturbance’ in their minds. They also were anxious as to whether or not this commotion would be all too much for other

people on the ward. The ‘too much’ was often the volume and intensity of the music. I would often use music that had a strong, loud rhythmic beat as opposed to floaty more ambient music. The strong beat acted as an external organiser of the body, uniting people together through the strong rhythm and strong lyrics. It would often act as a focus or centerpiece around which people could gather. I would often use heavy metal music, rhythmic African music or rap. The multi-cultural nature of the music helped people to connect with each other.

Over the years the staff came to see and value the work. One of the ward managers told me that she once watched with incredulity as I worked with one of the women on the ward who was severely distressed and non-verbal, who spent most of the time pacing up and down the corridor literally ‘climbing the walls’, unable to express verbally or self-soothe. I worked through attuning and mirroring her movements and conveying a sense of holding. This gradually transformed her distress to a place where she could communicate. The manager also told me that she witnessed those who would be internally locked into their distress come to my group. It was the only group or activity that they would join in with and through this, she realised the power of the work.

In the Winter days I would run the group in the evening in the dark, no lights on except those shining in from the ward corridor or outside the window. This would create a womb like atmosphere and enhance the preciousness and intensity of the space highlighting the liminality or numinousness. It often felt somewhat shamanic and it was in this darkness, that the inner darkness or what Jung calls the ‘prima materia’ (Jung, (CW5) 1956:189) or the inexpressible could be expressed. The groups in these days were mixed, men and women and this added a dynamic balance. The men would dance with the women and often people would comfort each other and hug. There would also be individual performances or solos and the others would watch in amazement. I would be amazed and deeply moved by what I saw and felt. I would often look for the right moment to bring the group together. This did not always happen as

people were so fragmented and distressed. The dance would build and build and then I would look for the moment to change the pace and bring things down into a slower more reflective place, gradually coming to a stop. There would always be such a sense of contrast between the stop or end and a move into reflecting. This reflection period would often just involve me sitting on my own thinking about what had taken place, but sometimes a group would stay behind and talk. We did not always talk in an obvious coherent way but what seemed to continue was this 'strange' way of communicating through the mytho-poetic. This would be expressed whilst sitting around together and the sense and feeling of it would continue.

At the very beginning of the study, the wards were changed from mixed to single sex and I was able for the first time, to observe my response and what it felt like to dance only with men or dance only with women. At the same time, this change caused difficulties on the ward culture and atmosphere outwith the sessions. There was an increase in the number of incidents that required staff involvement. On the women's ward the staff perception was that there was an abundance of people diagnosed with Borderline personality disorder, and that this increased what they described as 'acting out behaviour'.

For me, only dancing with men, felt like I was an invited visitor or member of the group or honorary member. There was playfulness, a camaraderie, falling back on each other for support, free to express themselves in a way that had not been there before. I could not quite believe this. I had anticipated that it may have been the other way around. The women, on the other hand, appeared collectively to be more depressed and less inclined to play together and support each other, more introverted and more individual. This proved more difficult, as it was harder to get things going as there was less enthusiasm in contrast with the men. The women's group room looked out on to the communal garden, and they would often shout down to the men walking around the garden as if this was the only way to make contact again. It felt like

two different cultures, with a different 'feel' to the wards in a way that had not been there before. And so the study began…

1.2 The nature of the problem and scope of the research.

I will now discuss the nature of the problem as I see it, drawing attention briefly to the literature in the field, before going on to discuss the scope of the research, the contribution it makes to the field and the layout of the thesis.

Whilst there has been an increase in the area of embodiment and psychopathology research over the past decade, with a number of randomised controlled trials (RCTs) investigating the impact of Dance Movement Psychotherapy (DMP) in schizophrenia (Röhricht and Priebe, 2006, Martin et al. 2016, Priebe et al., 2016); there has been lack of research into the therapeutic mechanisms at work. Martin et al. (2016) have reported that investigating the therapeutic mechanisms was necessary, but was outwith the scope of an RCT. There has also been considerable work done in the area of phenomenological approaches to psychopathology (Fuchs et al. 2009, Stanghellini, 2004, Stanghellini et al., 2015, Sass et al., 1990, Ratcliffe, 2017, Maiese, 2016) and I have positioned this study in part within this body of knowledge, as it attends to lived body experience. Within this body of knowledge, I also draw attention to current debates and mainstream thinking. I then use this as a springboard for setting up a new line of action and enquiry concerning the moving body, which has arisen from the results of this study and can inform future DMP practice.

This study took place in an acute adult inpatient mental health setting in an NHS hospital in the UK, involving people who were admitted primarily due to an acute psychotic episode. This can also be termed severe mental distress. It is widely documented that the in-patient population in adult general psychiatry exhibit a high prevalence of trauma in their history (Shevlin et al., 2007). These include high levels of emotional, physical, psychological and sexual abuse. The

traumagenic model of psychosis (Kalsched, 2013, Read et al., 2005, 2014, Van der Kolk, 2015, Varese et al., 2012) also highlights the high levels of adverse childhood events (ACEs), which often impact on primary care-givers, child attunements and the ability to relate. In this study therefore, relatedness is key and is played out intersubjectively through the moving body and as Sheets-Johnstone (2009) says, 'Movement is indeed our mother-tongue' (p.225), and that we learn to language our experience through movement. So, it makes sense therefore when working with this population to look at relational aspects via the moving body, which will bring to light or inform what is going on in detail in these mis-attunements, whilst the person is experiencing severe mental distress.

The key problem emerging out of this description, as I see it, is the relationship with 'other' and this is played out through and in movement. It makes sense therefore to look at the movement patterns, and therefore the mechanisms in detail, in order to establish what specifically is happening. This has not been done previously in any of the RCTs on the subject, and therefore helps to fill a gap in the knowledge base. It should enable us to work more effectively and psychotherapeutically in future, in relation to that new and more embodied understanding, together with its implications for practice.

Because I am interested in the relational 'other', and 'being-in-the-world' (Heidegger, 1953) with the 'other', I considered it especially important to look at that part of the movement notation analysis concerned with complexity of relationships and coping with challenges in the environment. These two aspects are inextricably linked together through consciousness as Maiese, (2016) says, '(C)onsciousness is subjective insofar as it necessarily involves an egocentrically centred, single point of view that is spatio-temporally located wherever and whenever one's body is located' (p.1x). I looked to various forms of notation analysis in order to help me investigate these two aspects. There are not many of them, but those that there are include Benesh Movement Notation (BMN), Labannotation, and Kestenberg Movement Profiling (KMP). I

had always been interested in KMP as it drew together psychoanalytic approaches, and the opportunity to gather both quantitative and qualitative data simultaneously and I chose to use it as it dealt with space, weight and time which are Shaping in Planes and Efforts. This is also why I drew heavily on the work of Ratcliffe, (2017), Krueger (2018), and Gallagher (2018), who also view human consciousness as essentially embodied, and not something that happens solely within our brains. They all help to re-configure the 'Ipseity Disturbance Model' (IDM) (Sass et al., 2003) emphasising the importance of the interpersonal and the intersubjective, in informing what we know about the experience of psychosis spectrum disorder. I use the term psychosis spectrum disorder throughout the study, to reflect the diverse experiences of severe mental distress, as opposed to narrow diagnostic categorisations such as schizophrenia or bi-polar disorder.

As previously described, all my previous groups had been mixed gender so my previous observations were all based around men and women dancing together, and this was my original intention in the study protocol. This changed to single gender groups the day before the fieldwork commenced, and brought a completely new dimension to the study, which I had previously not considered. On beginning it, I had no idea what was going to come to light as a result of this gender change. I did wonder however, whether or not it would influence attendance both from the men and the women? For example, would one group attend more than the other i.e. the women more than the men or vice versa. In the end it was the men's group that was by far the best attended, and this was to provide new and exciting results in terms of men's mental health.

The other key part of the problem is that the distress is not just played out verbally and non-verbally in movement terms, but also through the symbolic and metaphoric communications that the person makes during psychosis. During the DMP sessions that I had previously run, I noticed that people in the groups expressed themselves through what I describe as mytho-poetic images.

These were expressed verbally, non-verbally through the movement and through the image making process. They seemed to be a crucial element in the phenomena that I was observing, and there were several questions that arose out of observing them. Were they, for example, a separate phenomenon or were they to be seen in totality in conjunction with the movement? The other question was how to research or analyse these communications? I thought the most useful contribution would be firstly to describe them through a psychotherapeutic process, using a case study approach in the form of vignettes. Then seek to converge them with the KMP data, the questionnaires and the psychotherapy process notes, which were thematically analysed (Braun and Clarke, 2006). I was looking to see if there might be evidence in the convergence of these data sets, thereby building up a fuller picture of what was going on in the sessions, coming out of all that I had previously observed.

1.3 Study questions

The study had two principal questions, the first concerning the qualitative dynamics of movement and the mechanisms at play, the second to do with the metaphoric and symbolic processes also at play during the DMP session, both as previously introduced above;

i What do the qualitative dynamics of movement during the DMP process reveal about the mechanisms at play in DMP in acute adult mental health?

ii What do the metaphoric and symbolic processes during the dance movement psychotherapy process reveal about the mechanisms at play in DMP in acute adult mental health?

1.4 Structure of the Thesis

Here in Chapter 1, I have set the scene for the study in relation to my own personal journey in coming to the research questions, which I have laid out here

as a narrative. The narrative has given a flavour of the environment of an in-patient adult psychiatric ward, my work in relation to the importance of the topic and briefly referencing a few key studies aiming to establish the research territory. I have also referred to the gap in the knowledge base that my research seeks to fill, specifically in relation to the lack of researches relating to the moving body itself, with patients in an acute adult psychiatric ward. The two key questions presented here have come out of my own previous work, in seeking to investigate the therapeutic mechanisms at work rather than establishing efficacy per se.

In Chapter 2, I present a review of the literature in relation to the research questions. I have drawn on existing theories and methods in a variety of disciplines, that have sought to provide a clear framework within which to situate the study. There was the potential here to go in many different directions as this study encompasses many different bodies of knowledge. The task was to maintain the focus by keeping the research questions in mind. For example, I could have explored the literature concerning attachment, or neurobiology. I have referred to these areas, but not in any depth, as I felt it would have narrowed the exploration of the phenomena under investigation. Due to the study being mixed methods, this necessitated a gathering of literature from quite diverse fields and a selecting out from this canon, ideas which created a synthesis. In order to create this synthesis, I have drawn on phenomenology, phenomenological approaches to psychopathology including the 'Ipseity Disturbance Model' (IDM) (Sass and Parnas, 2003). I have also included 4E Cognition, with a notion that the mind and consciousness are essentially embodied, Dance Phenomenology, DMP, KMP, the literature on trauma, Jungian approaches to psychosis, metaphor and symbol, Spatial Bias, Conceptual Metaphor Theory and Hallucination Research.

I have attempted to critically evaluate, synthesise and converge these complex and different researches, because the research questions themselves demand a wide-ranging perspective on the field. In putting the questions into an

external context, while acknowledging the work of others, the literature review demonstrates some clear gaps which this study seeks to illuminate. There is a gap relating specifically to the lack of research into the moving body in the phenomenological literature. In the DMP literature, the gap is in relation to the therapeutic mechanisms at work, rather than the current focus which is on studies into efficacy.

In Chapter 3, I discuss the methods used to undertake the research and will explain what I did and how I did it. It will include my rationale for choosing a mixed methods approach, and how this rationale arose from the research questions and the literature review. Here, there is an exploration of the use of mixed methods approaches in arts-based research and how, when the questions are complicated, it helps to advance an integration of the quantitative and qualitative data. It also highlights the strengths and limitations of both approaches, where the deductive logic of the quantitative and inductive or exploratory logic of the qualitative, can be combined to give a more complete understanding of the phenomena in question. The methodology chapter seeks to bring out the benefits of using a mixed methods approach to answer the research questions, looking at them from different angles. In trying to establish the mechanisms at play, in relation to both movement and symbol and metaphor, providing converged quantitative and qualitative data helps to reveal the complexities of the processes at work.

This section will also include an in-depth description of the ethical considerations and the complex consent process, which was dictated by the acute presentation of the population, and the sensitive nature of the environment in an NHS hospital. The methodology chapter is split into 2 sections, one concerning the method for collecting the quantitative data (KMP), and the other for the qualitative, including the questionnaire responses and the psychotherapy process notes.

In Chapter 4, I set the scene in more detail in relation to the context of the landscape of the ward where the research is set. I note the atmosphere of what happens in the groups themselves, giving a snapshot as a way of opening up the territory. The description of the building, the layout of the rooms and the influence of the space on the people living within it, are in stark contrast to the life expressed within the group sessions. Not only is there a stark contrast between the atmosphere of the ward landscape and that within the sessions, patients have added problems in just being there. The notion of the ward as a place of safety or sanctuary is a misnomer in the sense that patients are having to negotiate the regime of the ward, the impact of other patients and their distress, mixed in with the impact of anti-psychotic medications. For some who are smokers, there is a stark reality that they will have to give up smoking in the light of a Trustwide non-smoking policy! This chapter leads us into the results from the fieldwork which are split into 2 Chapters, 5 and 6 because of the amount of rich data elicited from it.

Chapter 5 is introduced with 3 case vignettes in order to build on the work from the ward landscape chapter. Prior to presenting the results, the vignettes act to personalise and bring the results to life. They also help to introduce and accustom the reader to the presence of the symbolic and metaphoric communications as a key part of this study. The demographics of the male and female groups are then presented, including the distribution and patterns of participation, plus reasons for ward admission. It also presents the details from the KMP fieldwork, looking at the sequences from the film footage and analyses the Shaping in Planes and the Efforts. The thematic analyses of the participant questionnaires are then analysed, highlighting gender differences between the 2 groups.

In Chapter 6, I offer a selection of case vignettes, to highlight the presence of the symbols and metaphors and the individual and collective process, that also shows the variety in the patterns of interaction over the 10-week period. For example, some individuals came on numerous occasions, others more

sporadically, so the case vignettes reflect this pattern and show how individuals used the sessions. I have really used the vignettes to bring out metaphoric and symbolic communications, in the context of the sessions themselves as they have emerged out of them, rather than present as stand-alone objects taken out of context. To have done this, would have diminished the power and vitality conveyed by the metaphors and symbols themselves in reflecting on how they emerge and the function they provide. In conclusion of this chapter, a brief data convergence is carried out, in order to set the scene for a more detailed discussion in the next chapter.

Chapter 7 will critically examine and discuss the findings and make some judgements about what I have learned in relation to the questions posed in the introduction. I discuss the findings and situate them in relation to current debates, demonstrating how the results add into, and at the same time diverge from, mainstream and contemporary thinking concerning psychosis spectrum disorder. The discussion has looked at the overarching aims of the study and the research questions in particular and has presented new insights and reworkings of existing theories by attending to the moving body. I have discussed questions that existing approaches have not attended to, and how I have used approaches that have investigated the relational aspects of lived body experience. I have placed the findings in the context of current debates, illustrating the contribution to new knowledge and insights that this study has provided.

In Chapter 8, which is my conclusion, I summarise the findings of this exciting study and the unique contribution made to the field. I look at the strengths and limitations, and also future research directions and implications for clinical practice, where there are exciting implications especially in the arena of men's mental health. The findings showed that there were alterations in the use of space, weight and time, that taken together with the metaphors and symbols offered insights into the individuals lived body experience of the future and the past. The findings offer ways forward to potentially tailor the intervention in

clinical settings, with the understanding of how severe mental distress impacts on one's relationship with the future and the past. Future researches in this area would be to look at extending the intervention out into the community over a much longer period, and to look at the impact on a mixed group, as well as single gender groups. Finally, does the altered sense of space and time discovered here, tell us something about the experience of psychosis itself and not just within a DMP session, but how they find themselves in the world differently now in relation to 'other'?

Chapter 2

Literature Review

2.1 Literature Review

This review of the literature will cover a wide range of different disciplines, each contributing in their own way to helping answer the two key questions that are at the heart of this study. The purpose of this chapter is to provide the background to the key questions stated here which are at its centre,

i: What do the qualitative dynamics of movement during the DMP process reveal about the mechanisms at play in DMP in acute adult mental health? And

ii: What do the metaphoric and symbolic processes during the dance movement psychotherapy process reveal about the mechanisms at play in DMP in acute adult mental health?

To begin with I will refer to the importance of Psychosis Spectrum Disorder which this study is about in acute adult in-patient mental health setting. I will then go on to discuss the other background literature in relation to DMP, KMP, phenomenology, phenomenological approaches to psychopathology and to the importance of viewing the work of Jung phenomenologically, in the context of metaphor and symbol. I then go on to discuss the work of other phenomenologists and philosophers including: Heidegger (1953), Merleau-Ponty (2014), Ratcliffe (2008), Stanghellini (2015), Brooke (2015 & 1988), Sass & Byrom (2015), Fuchs (2015), Sheets-Johnstone (2009), Cassam, cited in Gallagher, (2011) and Krueger (2018) amongst others. I shall focus on the lack of attention generally in the literature to the importance of the moving body. Some of the research in DMP does include phenomenology and it primarily concerns the work of psychiatrist and philosopher Thomas Fuchs, who as a phenomenologist in recent years, has developed a taxonomy of body memory (Fuchs, 2015). He has also collaborated in many Dance Movement Therapy researches, where he attends to the moving body and the link between the

body and consciousness in particular (Koch and Fuchs, 2007, Koch and Fuchs, 2011, Kolter et al., 2012, Koch, Caldwell and Fuchs, 2013, Fuchs and Koch, 2014).

Fuchs and Koch (2014) offer up an interesting idea regarding the development of a framework model of what they describe as, 'embodied affectivity', where embodied therapies are placed in a dynamic enactive systems approach. These help to reflect the complexity and circularity of the interplay between body, environment and the emotions. Here Fuchs and Koch reflect on this circularity by arguing that, 'one is moved by movement (perception; impression; affection)' and moved to move (action;expression;e-motion). This circularity is important. They go on to say that 'embodied affectivity', is altered in relation to psychopathology, for example, in the case of severe depression there is a loss of emotional expression through the body. The more severe the depression, the more the emotional qualities of the environment and the person's relationship to themselves and the world disappears i.e. the person is no longer able to be affected by people, places or things and becomes more and more disconnected from the world.

Of relevance to this study is the connection between body memory and the emergence of movement and metaphor in movement and speech (Kolter et al. 2012). Kolter et al. explores the role of body memory and the transition from implicit to explicit. This exploration involved movement analysis, phenomenology and the cognitive-linguistic field applied therapeutically. This transition involved the use of concepts of 'activated metaphoricity'. The study argues that body movements performed without speech may allow access to multi-modal metaphors. Following these movements in this context enables us to see how they move from implicit body memory to explicit verbalised memory. This study seeks to look at symbolic and metaphoric processes and communications i.e. implicit and explicit body memory, however as Kolter et al. states, when working with people experiencing acute psychosis the distress is primarily presented in the implicit memory and is not readily made explicit. This is of relevance to this study as it deals with explicit and implicit body memory

which relates to better understanding the mechanisms at play in relation to the symbolic and metaphoric processes.

Caldwell (2012), emphasises the role of the 'moving, sensing and feeling emotive body', in the changing of implicit memory and highlights the importance of a quality of attention in the therapists to this change. She suggests attending to the lived body experience by alternating from narrow to wide focus, and the taking in of sensations, feelings and images during the DMP process.

2.1.1 Psychosis Spectrum Disorder

Mental health in the UK is predominantly based on the medical model, and that model assumes, for example, that hearing voices result from disease within the brain. According to Cooke (2014) this model enshrines this fact in law, and that people experiencing paranoia and hearing voices are unlikely to recover without treatment, which is usually based on medication. In addition, for a person who does not want or refuses to have this treatment they are regarded as lacking in insight. If we are viewing this illness as essentially an embodied phenomenon then it would be useful to look towards body-oriented therapies.

Recent literature in the field, Guloksuz and van Os (2018), highlight the over emphasis on schizophrenia in the majority of research in investigating psychosis. They say this over emphasis has become nearly synonymous with the concept of psychosis, thereby hindering positive changes in the area of psychotic disorders, without the hindrance of the limited specificity and validity of schizophrenia. This is echoed back in the 1960s by famous psychiatrist RD Laing who said that in future years, ' …(we) will see that what we call "schizophrenia" was one of the forms in which, often through quite ordinary people, the light began to break through the cracks in our all-too-closed minds' (Laing, 1967, cited in Woods, 2011:141). Guloksuz and van Os (2018) suggests that as an initial step, there should be a reconceptualisation towards a classification

system namely psychosis spectrum disorder, which includes the following: schizophrenia, schizoaffective disorder, delusional disorder, schizotypal personality disorder, schizophreniform, brief psychotic disorder as well as psychosis associated with substance use or medical conditions. This study involved the acute adult general in-patient psychiatric population, where in my opinion this psychosis spectrum disorder, provided a more accurate description for defining the population here. In line with this, from now on I will be referring to psychosis spectrum disorder in the main, rather than schizophrenia.

Better understanding of these disorders is necessary for improving DMP clinical practice, especially in the ward-based setting. Antipsychotic drugs are the primary treatment for psychosis and schizophrenia and there is evidence for their efficacy in both treating acute psychotic episodes plus preventing relapse over time in conjunction with psychological interventions (NICE, 2015). However, despite this, considerable problems remain. For example, a significant proportion of service users (up to 40%), have a poor response to conventional antipsychotic drugs and continue to show moderate to severe psychotic symptoms (NICE, op cit.). Moreover, it remains a struggle to understand what constitutes 'recovery' outside the narrow clinical understanding of symptom-reduction.

People's experience of psychosis is poorly understood and there is, 'a debate about whether it is accurate and/or useful to think of experiences like hearing voices as symptoms of mental illness' (Cooke, 2014:17). In terms of recovery, wellbeing can be thought of as more than just the absence of mental-illness and of symptoms. A number of studies implicate different factors in recovery from severe mental distress. For example, Georgaca and Zissi (2019) cite social factors as crucial in recovery, including increased social participation by way of interpersonal and social networks. Additionally, O'Keeffe (2018) highlights the importance of viewing service-users as demonstrating 'personhood and having societal value' (op.cit:635).

Psychosis can often be a reaction to trauma, abuse or deprivation and calling them symptoms of mental illness, psychosis or schizophrenia, is only one way of thinking about them, with advantages and disadvantages (op cit. 2014). This opens up the possibility to move outside the narrow clinical understanding of these conditions, thereby allowing new more efficacious interventions, which are intimately linked with the person's narrative and experience of the distress (Parnas, 2014). Throughout the research, I have placed symbols and metaphors, and their expression during the sessions, at the heart of this study. I have described the phenomena and I have framed what I have witnessed, experienced and studied within a Jungian epistemology. I have seen this body of knowledge as a very good fit in relation to the phenomena that has emerged, and I have presented and discussed that fit in this chapter.

2.1.2 Hallucination Research

It is important, however, to locate this within the current approaches in hallucination research. To this end I shall summarise some of the directions which came out of the 2017 International Consortium for Hallucination Research (ICHR) Conference in Lille. The ICHR is a multidisciplinary initiative that brings together researchers, clinicians, voice-hearers, and decision makers to enhance understanding of hallucinations. According to Jardri et al., (2019), the ICHR over the past seven years has contributed significantly to advancing research in this area in a variety of ways.

The 2017 conference was characterised by an evident major change in hallucination research, according to Jardri et al., (2019) who reported on the conference. They argue that knowledge sharing sitting alongside the 'cross-pollination of ideas' (p.S1) promises new insights for those experiencing distressing voices and visions. Bentall (cited in Waters et al., 2014) also noted the considerable changes in hallucination research over the past 30 years. The 'medical model' which he saw as dominant in the 1980s, viewed hallucinations as symptoms of mental illness needing medical attention. That view is now

changing towards a growing focus on the role of psychological therapies, and the importance of empowerment as a recovery process in itself.

Woods (cited in Waters et al., 2014) also outlined the benefits of adopting an interdisciplinary approach to understanding the experience of auditory verbal hallucinations and illustrated this through the experiences of the 'Hearing the Voice Project' at Durham University. For the past seven years, the project has been opening up new perspectives on the phenomenology of auditory verbal hallucinations, via an interdisciplinary approach involving humanities and social sciences. The project has suggested new avenues for empirical research and therapeutic interventions.

This study clearly sits within this turn towards the 'cross-pollination of ideas' (p.S1) through its engagement of dance, psychological therapies and an inter-disciplinary mix of conceptual and methodological resources. In particular, the study has used a mix of methodological entry-points in the research process to open up new pathways for understanding and engaging the therapeutic management of people with psychosis spectrum disorder.

2.2 Filling the gap in relation to the therapeutic mechanisms of DMP in psychosis

To date there has been no research on the therapeutic mechanisms of DMP, the role of metaphor and symbol on those mechanisms, and on the influence of gender in DMP in the acute psychotic period. This study is an attempt therefore to fill those gaps, only involving people admitted to a hospital ward with acute psychosis.

I chose to fill these gaps by exploring the qualitative dynamics of movement in conjunction with the metaphoric and symbolic processes, and in terms of the literature, to cast the net wide as the subject area straddles numerous disciplines. I have chosen to position the study from a phenomenological and

psychotherapeutic viewpoint, as the study is dealing with lived body experience, the psychotherapeutic process, and how to capture it. To this end, I turned to the literature on phenomenological approaches to psychopathology, where lived body experience had been recently and extensively researched. However, it was from this research that I also discovered there was a distinct lack of reference to the moving body. This then took me to the literature that was concerned with the moving body i.e. body-oriented therapies in conjunction with movement notation analysis, which then led me to the literature on DMP and KMP.

2.3 Kestenberg Movement Profiling (KMP)

This is a system for recording and notating movement and its' meaning. These movement patterns have been developed from infant observation. The KMP was originally developed by Judith Kestenberg (1910-1999) and members of the Sands Point Movement Study Group and other associates. Kestenberg was born in Poland and trained in neurology, psychiatry and psychoanalysis in Vienna completing her psychoanalytic education in New York where she moved in 1938. She was interested in improving ways of identifying non-verbal behaviours present in mother-child interaction. It has roots in a number of different disciplines including, '…psychodynamic, theoretical perspectives including drive theory, ego-psychology, self-psychology, and object relations' (Sossin, 1990, cited in Kestenberg Amighi et al., 2018:307). The framework is essentially developmental and focuses on the way movement patterns develop throughout life. Kestenberg and Beulte (1977, cited in Kestenberg Amighi et al., 2018) described the coming together between movement and psychic structural development, which is of particular interest to this study, highlighting the role of empathy, trust and mutual holding. KMP is a complete body assessment tool of dynamic movement and meaning that describes body movement patterns across nine different categories. It is employed in clinical fields such as dance/movement and creative arts therapies in developmental, clinical, social and health psychology; also in psychiatry and embodied

cognition research. There has been research in the use of KMP for depression (Koch, 2007), autism (Hildebrandt et al., 2016), gender and leadership at work (Koch 2006), validity studies (Cruz and Koch, 2004).

KMP, '…offers a comprehensive "way of seeing" movement and of gleaning a deeper understanding of individuals through their nonverbal behavior' (Kestenberg Amighi et al., 2018:x1). It does so within a theoretical framework for the interpretation of the meaning of movement, when analysis of non-verbal information is required. It helps to see patterns of movement, defining a range of movement qualities. The first three phases of KMP relate to the development of space, weight and time and occur in the horizontal, vertical and sagittal planes. Theories of movement analysis suggest that movement qualities and movement shape are factors of equal influence in the perception and production of movement. Importantly as Sossin, one of its originators goes on to say, in relation to application in a psychotherapeutic context, '– the KMP continues to be the most theoretically articulated framework focused on nonverbal processes that addresses the breadth of individual differences regarding development and personality and is an agile enough tool to address interaction too' (op.cit:307).

2.3.1 Validity of KMP as a movement notation analysis

Reliability and validity are two important areas to consider in relation to employing the KMP as a central outcome measure as in this study. Sossin asks a very valid question in relation to this, '(D)oes the KMP measure what its users claim it measures?' (Sossin cited in Kestenberg Amighi et al., 2018:304). A number of validity studies have been carried out including, Cruz and Koch (2004) who assessed inter-rater reliability of novice KMP users and found greater consistency for System I than System 2. There are two basic parts to the profile. System I and System II. System I, reflects the developmental progression of movement qualities during the first three years of life, with the focus on space,

weight and time. The patterns are known as tension flow rhythms, tension flow attributes, pre-efforts and efforts.

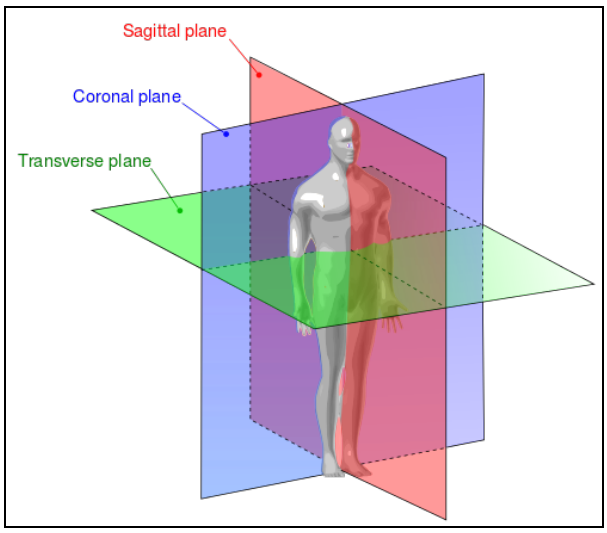
The second part of the KMP, System II, refers to shape flow which gives structure to the tension flow by providing spatial elements where the dynamic qualities conform. Growing in shape, for example widening, tends to reflect feelings of comfort. Shrinking in shape, for example, narrowing, tends to be associated with feelings of discomfort. If there is adjustment to the shape flow pattern of the other, one can create a sense of trust or relationship. There is a developmental progression of focus on the spatial dimensions of the horizontal, vertical and sagittal planes (see Diagram 1 below) during first three years of life. Additionally, there is a focus on movement of the body in space, which helps us to understand the relationship of mover to self and to others. In terms of System I, in the first year of life the child is learning to explore large and spatial areas in the horizontal plane. In the second year they use the vertical plane to climb, bend down, stand and interact more with their environment. In the third year, toddlers go off running in the sagittal plane, exploring the environment.

The first tension flow rhythm is called 'the sucking rhythm', this is the predominant pattern from 0 to 6 months. The pattern at age 18 months to 2 years is called the 'strain/release rhythm'. This involves holding on and letting go and is linked physiologically to the digestive system. On a psychological level it can be reflected in terms of one's ability to hold on to and let go of feelings, ideas and emotions. In terms of System I, in the first year of life babies are interested in the location of things. They investigate and search in space attending directly or indirectly, focussing their attention and interest in where things are. In the second year the child becomes more interested in weight, pushing, pulling and in weighing things lightly or with strength, weighing things up and developing evaluations about them. This leads the child to develop and formulate concepts of what they want. In the third year the child develops more interest in time which leads to decision-making and action either with

deceleration or acceleration. The time elements of efforts are used for making decisions and being aware of when things happen.

Additionally, in a study of gender and leadership Koch, (2006) also reported good reliability for tension flow rhythms. The validity studies have thrown up a variety of issues from inter-rater reliability to more promising findings with users with greater degrees of training, as is the case for the practitioner-researcher in this study. Finally, Sossin (2018) states that promising lines of future enquiry in this area include correlational studies which link KMP features to psychological ones, in particular in terms of the following: movement frequency, relative balance among movement patterns, intrapersonal matching/mismatching, interpersonal 'concordances/discordances, and longer chains of sequential processing' (p.308).

Diagram 1: KMP Planes



(Image c/o Thoughtco.com)

Key: **Coronal = Vertical Plane** **Transverse = Horizontal**

2.4 Phenomenology as an approach

There are a group of European researchers in psychiatry and philosophy who have been looking at severe mental distress through the lens of phenomenology. They assert that viewing severe mental distress phenomenologically has allowed for new ways of seeing and understanding this experience.

Phenomenology as a method arose from the work of Husserl, Heidegger, Sartre and Merleau-Ponty in the early twentieth century. It is the study of the way we experience things from the first-person perspective and literally means, '…a science of essential being (as "eidetic" Science) a science which aims exclusively at establishing, "knowledge of essences…" (Husserl,1989:3). The phenomenological approach involves identifying and putting aside pre-conceived assumptions about the cause of what is experienced. Within the clinical context, this means that the clinician puts diagnostic classifications aside, and instead focuses on the meaning of the patient's experience from their perspective. In the clinical context, analysing the patient's lived experience provides not only an intimate look at the person's own subjective, embodied experience, but also a closer look at how the basic structures of consciousness become disrupted during the experience of psychosis.

These basic yet complex structures of consciousness include intentionality, self-awareness, temporality, embodiment, spatiality, agency, and intersubjectivity. They collectively manifest in a sense of what Heidegger (1953) calls 'being-in-the world', a mode of being which involves practical actions, relating to others and 'being-with-other' (1953:175). Others such as Merleau-Ponty (2014) emphasize the role of the experience of our body and its significance in our actions. His work highlights the role of attention, spatiality and temporality of the body and other selves. He emphasizes, the 'body' as the primary site of knowing the world, arguing that the 'body', and our being 'in' the world, is inseparable from our being present to ourselves. Implicit body awareness

involves lived-body experience which conveys practical knowledge of how to interact with others, and how to understand the expressions and actions against a background of what is happening at the time.

2.4.1 The phenomenology of Heidegger and Merleau-Ponty

At this point, it is important to refer to how we move in space and time, and how the work of the early phenomenologists, in particular Heidegger and Merleau-Ponty, provide the roots for looking at how spatiality, temporality and embodiment all link together here. I shall briefly consider Heidegger's concept of 'Dasein in' (Heidegger, 1953:102), in terms of spatiality, which is translated as presence or a sense of aliveness, existence and 'being there'. Dasein is defined as 'being in space' and,

> …'in' the world in the sense of a familiar and heedful dealing with the beings encountered within the world…spatiality is attributed to it only on the basis of this being-in. But the spatiality of being-in shows the character of *de-distancing* and *directionality* (op.cit:102).

Heidegger is saying here that this sense of aliveness he attributes to 'Dasein in', is inextricably linked to being in space, and this study is concerned with participants' experience of psychosis having links with an altered sense of space and time.

This 'being-in' space also involves what Heidegger describes above as "de-distancing" and "directionality". De-distancing is about the sense of something being near or remote, and not to be understood as specific measurable distance, rather for example as, 'a stone's throw away' or, 'taking the long view' or, 'the shortest distance between two points'. It is important to note here, that the spatiality of 'Dasein', is not 'determined by citing the position where a corporeal thing is objectively present' (op.cit: 105), rather it is about one's own

inner internal sense of being in space, which I would argue is also linked to one's inner internal states i.e. emotions and feelings.

In so much that occupying a place can be understood as de-distancing and not relating to something objectively present, 'being with Dasein', also has a characteristic of directionality. Here Heidegger brings in another aspect to consider, connected with spatiality. The existential constitution of 'being in the world' has a directedness, for example, the right or the left, the forward or the back, which is the essential directionality of 'Dasein'. This is determined by being in the world and also emerges from one's innerworldly space. This innerworldly space is 'being in', which consists of de-distancing and directionality (op.cit:107). Heidegger describes encounters with the other, not as meeting with an objectively presenting person, but rather as meeting the other 'at work' primarily in their being-in-the world. The 'Dasein-with' others is frequently encountered from an innerworldly space (op.cit:117).

Why is it important to discuss Heidegger's notion of 'Dasein-in', in relation to psychosis spectrum disorder? We know, that during periods of severe mental distress people are having abnormal timing experiences, with time speeded-up, slowed down and a sense of déjà-vu (Stanghellini, 2015). Discussed in more detail below. If we accept Heidegger's view of spatiality, then it would appear crucial to consider the interpersonal as being central to the experience of severe mental distress i.e. there is a 'de-distancing' and a 'directionality' to the experience, which can give us an idea of how the person is finding themselves in the world. For example, what the person decides to bring close consciously or unconsciously, and what they choose to push away. Merleau-Ponty also agrees with Heidegger that space is related to existential existence. Namely, "…spatiality exists through an inner necessity, it opens to an 'outside' such that one can speak of a mental space and of a world of significations and objects, and of thought" (Merleau-Ponty, 2014:307). Both Heidegger and Merleau-Ponty highlight the centrality of being in the world with other, and that it comes from an innerworldliness.

During psychosis people's experiences are often expressed through symbolism, metaphor, image and myth. For example, people sometimes talk about space-ships, cosmic-eggs and mythical figures such as dragons. I was interested in what I describe here as mytho-poetic images, and curious to know in what way they fitted in with the movement aspects. For example, were they coming out of this altered sense of space and time and if they were related to the movement aspects or not? I also found how Merleau-Ponty extends Heidegger's notion of spatiality by looking at what he describes as 'mythical space' (op.cit:298) useful here. In describing mythical space, he refers to 'primitive persons' where,

> …directions and positions are determined by the placement of great affective entities. The whereabouts of the clan does not involve locating a landmark but to 'know' the location is to tend toward the natural place of a certain peace or a certain joy (Merleau-Ponty 2014:299).

Here affect is being implicated in the sensing of a place from an inner knowing and if we remember that Heidegger states that occupying a place is not to do with something being objectively present, but to do with knowing from an innerworldly place, the locating of oneself in space is thus intimately linked to the proprioceptive system. Thus, we can assume that both Heidegger and Merleau-Ponty's notion of spatiality is intimately linked with the proprioceptive system and comes from an inner sense of knowing. Proprioception is also about locating oneself in space from an inner sense of knowing.

It is difficult to talk about space without talking about time. Space and time are inextricably linked. For Merleau-Ponty time is, 'neither a real process nor an actual succession, it is born of my relation with things' (op cit:434). In describing time, he gives the example of water flowing, '…the water that will pass by tomorrow is currently at the source, the water that has just passed by is now a bit further down into the valley' (op.cit:434). It is shaped out of the spatio-

temporal whole of the objective world by an observer i.e. the observer is the witness on the river bank. We think of expressions such as time passing, the flow of time. In other words, two different individuals sitting on the riverbank, both located in this space from an innerworldliness ('being in time'), each experiencing the water flowing past. Each will inevitably have a different sense of that time passing.

> …Change presupposes a certain observation post where I place myself and from where I can see things go by; there are no events without someone to whom they happen and whose finite perspective grounds their individuality. Time presupposes a view upon time (op.cit:433).

Space in terms of 'dasein-in' and being-with-other is constituted by this 'de-distancing' and 'directionality', the nearness and remoteness. It is by being in this space we encounter the other who is also from their perspective being-in-the-world. This is not to be thought of objectively but rather in existential terms.

Merleau-Ponty tells us here that space-time is contingent on the presence of a finite observer. This finite observer has a view on time. The observer is experiencing time within Heidegger's notion of 'dasein-in', bringing things close or making things go away. The relevance of this in terms of the experience of psychosis, is that in order to understand it we must look at how individuals find themselves in space and time, and how they encounter the other in space and time.

I hypothesise that the generation of delusions and auditory and visual hallucinations that produce these mytho-poetic images can be scrutinised in terms of 'dasein-in', and Merleau-Ponty's ideas of a spatiotemporal framework which is contingent upon a finite observer. This is because people with psychosis generate their auditory and visual hallucinations in an altered sense of space and time. This study seeks therefore to investigate these phenomena

in particular. If it can be found that there is a correlation between directionality and space and time, through specific movements such as forwards and backwards; then the understanding of the experience of psychosis in terms of the moving body, may advance our knowledge. It may allow us to tailor movement-based interventions more effectively, which could therefore be an important new contribution to knowledge.

2.4.2 Jung's work as phenomenologist and analytical psychologist

My DMP practice is greatly influenced by and rooted in the Jungian tradition of psychotherapy. I consider that it is possible to look at the work of CG Jung from a phenomenological perspective, and of particular interest, as I have chosen to partly frame this study within a phenomenological framework. Drawing parallels between some of the main theorists such as Heidegger and Merleau-Ponty discussed above, I demonstrate why it is also useful at this point to bring Jung in phenomenological terms into the frame, in trying to understand the mechanisms at play.

My practice is expressed through the use of 'active imagination' (Starks-Whitehouse, 1999). As a Jungian psychotherapeutic technique, movement/dance as 'active imagination' involves the recognition of the intrinsic link between body and psyche, where psyche is defined as the totality of the unconscious and conscious processes. This link is played out in the dance/movement and the imagination where the unconscious material is translated into images, symbol, metaphors and dreams. In describing a Jungian DMP approach, I shall refer to terms such as soul, spirit, archetype, temenos, liminality, collective unconscious, individuation and the numinous (see glossary of terms p.14). In my opinion, the Jungian tradition and how an understanding of the function of metaphor and symbol offers the best fit psychotherapeutically, for looking at the symbolic and metaphoric processes taking place during the session in this study.

In terms of research into the efficacy of Jungian Psychotherapy, Roesler, (2013) carried out a review of empirical studies assessing the effectiveness of Jungian Psychotherapy. The review concluded that in several studies where patients received this therapy (90 sessions), symptoms improved significantly, and the improvement was maintained for a period of up to six years.

I shall now offer a description of dance movement therapy in Jungian terms aiming to lay a basic foundation for understanding this approach in the context of this study. I have drawn on the work of Jill Hayes (2013), a DMP who used a Jungian approach and will offer a description in her terms of this work. Hayes has described the DMP process in Jungian terms which may be seen to be rather prosaic but nevertheless, in my opinion, accurately reflects the principles I use in my work. She describes the dancing body as the place that, '…holds the experience of the soul. In its creative emotive being it can deeply represent the experience of the soul, where words fail to convey soul subtleties of feeling' (Hayes,2013:26).

During the DMP process, there is movement towards a spiritual centre with metaphoric movement downwards into the soul or core self. In psychosis, Hayes states, things are undefined, there is a mysterious lack of definition and this creates the opportunity for change. Liminality is key here, as the DMP space operates as a transitional or in-between place, where the DMP session takes place. This is a very fertile and creative place where all things have potential which is both powerfully present and an unformed state. Working with these unknown forms in the psyche by dancing them, drawing them and writing about them allows a transition to new ways of being which effectively are about, '(R)estoring the bridges to soul and spirit in the lives of people who feel broken, unwoven, lost, rootless and torn into pieces' (op.cit:39). Also, that this process takes place through the, '…sustained witnessing of sensation, emotion and image, the therapist inspires and creates trust in them within the client as resources for return and reconnection to organic creative life inside the body' (op.cit.39). I have also described this experience at other points in this study

from my own experience in several places in this study. For example, in the opening of the introduction chapter, the ward landscape chapter and in the case vignettes.

I will now briefly refer to the work of Brooke who makes strong links between Heidegger and Jung as phenomenologists. There are parallels between both which are worth flagging up in the context of spatiality, temporality, metaphor and symbol.

Roger Brooke is a Professor of Psychology at Duquesne University and both a Jungian Analyst and phenomenologist having written a classic text on the links between Jung and Phenomenology (Brooke, 2015) with a particular interest in what is called 'Daseinanalysis'. He brings together the use of phenomenology and Jungian theory by considering them both to be phenomenological approaches. This is useful when considering them both in this study as I can see how they fit together.

According to Brooke, both Psyche and Dasein are embodied (1988:157), in that the body in terms of psyche for Jung is as a 'subtle body', and for Heidegger the body is the 'bodying' forth of human existence and understood only in these existential terms. Heidegger refers not to the body (Körper) per se but the bodying forth i.e. the experience of the body being-in-the world. Brooke argues that Jung's concept of psyche was an attempt to speak of that 'world-disclosive openness', Heidegger called Dasein.

Psyche is a key concept in Jungian psychotherapy which put simply represents as Jung himself said was the, '…totality of all psychic processes, conscious as well as unconscious (Jung (CW6 para 797) cited in Samuels et al., (1986:115) that are central to DMP practice, and the mechanisms at play, in relation to both movement and the metaphoric and symbolic processes. It is important to unpick the fact that Brooke (1988) in his doctoral thesis, describes Psyche as

Dasein and what he means by this, as the study is positioned philosophically as well as psychotherapeutically in relation to both Dasein and Psyche.

The connections Brooke makes between Psyche and Dasein lend weight to the existential phenomenological interpretation of Jung's thought and its inclusion methodologically in this study. Brooke argues that some of these points of connection are spatiality, pre-reflective understanding of the world and imagination, which he articulates well in this quotation from his doctoral thesis on the subject:

> Thus: Jung's method is primarily hermeneutic-phenomenological; the psyche is not "mind" or an inner realm more or less linked to the body, but is the embodied life world, and Jung's descriptions of it - of its autonomy, spatiality and bodiliness, for instance – achieve ontological clarity when it is articulated as *Dasein* (Brooke, 1988:ii).

According to Brooke, both Jung and Heidegger understood the body as the incarnation of psychological life and not as the meaning-less body of anatomy. And that they saw psyche and dasein as spatial, viewing distance and closeness as lived realities, and not merely in relative time which they both argue is a limited abstraction from lived reality. Jung, in particular, refers to the limits of understanding phenomena in absolute time through his exploration of synchronistic occurrences.

Without going into too much detail, in what is a very complex subject, Jung described synchronicity as the, '…simultaneous occurrence of a certain psychic state with one or more external events which appear as meaningful parallels to the momentary subjective state - and in certain cases, vice versa' (Jung, 1952, para 850, cited in Yiassemides, 2014:53). This is relevant here because Jung in referring to synchronicity is also referring to a psychically linked space/time continuum, which could, in my opinion, be equated with 'abnormal timing experiences' (Stanghellini, 2015) and help also to re-define this phenomenon.

If we are thinking about 'abnormal timing experiences' in terms of this psychically linked space/time continuum, perhaps we need to be drawn to use the language of the mytho-poetic in the light of Jung's work on altered space and time? We ought to think of a closer and more informed relationship between the two, which in itself would be yet another contribution to knowledge and a future direction for research in this area.

In addition, Jung's work in this area can also be historically linked to the development of Einstein's Theory of Relativity, and the fact that Jung had a special interest in the work of the physicist Wolfgang Pauli. Pauli was one of the pioneers of Quantum Physics in the 1930s and 40s.

This is also of relevance when considering the emergence of symbols and metaphors, through an altered sense of space and time during the DMP session. It also highlights Heidegger and Merleau-Ponty's ideas concerning temporality and spatiality being connected with affect.

2.4.3 Framing Symbol and Metaphor

Brooke continues his comparison of Jung and Heidegger by outlining Jung's use of symbol and metaphor. In the light of question ii. I shall refer to his conclusions regarding the subject as my thesis is positioned phenomenologically and psychotherapeutically from a Jungian perspective. 'Jung defines the symbol as "the best possible formulation of a relatively unknown thing" (Jung, 1921 cited in Brooke,1988:196). He suggests that it is the symbolic life which helps us to inhabit the world. There is a tension between what Brooke describes as, 'the empty literalism of contemporary social life and the pre-personal world of archaic man.' (Brooke, 1988:195) which is maintained through the metaphorical, and these metaphors are part of our cultural identity. He suggests children develop a 'symbolic' and metaphorical sense, in order to find a way between these opposites. Phenomenology does not disagree with this argument. Brooke suggests that in order to recover

Jung's emphasis on what he calls 'concrete immanence' (op.cit.197) one should speak of image instead of symbol. The symbol is always drawn-in consciously as an image of personal significance and in this respect the symbols and metaphors expressed during severe mental distress relate to those individuals in the DMP session. I shall conclude with this quote which sums up the Jungian and phenomenological view concerning metaphor and spatiality,

> It is metaphor not as a linguistic device but as a structure of experience that maintains the link between the proximate and the remote, the actual and the dreamed, the profane and the sacred (Brooke, 1988:195).

This reflects the positioning of this study in phenomenological and psychotherapeutic terms and points towards a further link between Heidegger's view of spatiality and Jung's. Symbol and metaphor are discussed in greater depth in subsequent chapters.

2.4.4 Embodiment and Psychopathology from a phenomenological perspective

Over the last decade, a field of philosophically-led research into embodiment has emerged highlighting the importance of better understanding severe mental distress, for example schizophrenia, psychosis and bi-polar disorder, in terms of 'lived-body' experience (Fuchs, 2015, Hye-Lin, 2015, Ratcliffe et al., 2014, Sass and Byrom, 2015). This conceptualisation, identifies how psychological phenomena ground themselves in the body, especially within the context of sensory-motor experience (Glenberg, 2010) and our ability to make sense of the world is mediated through these processes.

The concept of embodiment is a focus of interdisciplinary approaches from philosophy, psychology, psychiatry and neuroscience. Embodiment refers in a holistic sense to an inter-relationship between brain structures, whole body

functions and aspects of mind such as consciousness, cognition, emotion and self-awareness. As embodiment is at the heart of DMP it is important in this study to give an overview of the role of embodiment in psychopathology.

Some neuropsychiatric theories attribute disturbances in schizophrenia to higher order cognitive processes such as 'theory of mind' (Frith C, 2004), referring to the ability of a person to be able to attribute mental states such as beliefs, intents, desires and knowledge to oneself and to others. Also, that others have beliefs, desires and perspectives that are different to one's own. Compare this with recent phenomenological approaches that place the main disorder in schizophrenia on a lower level as a disturbance of the embodied self or even a disembodiment. These disturbances relate to changes in the body-schema. The body-schema is a complex interplay of sensory-motor systems which include, visual, vestibular, proprioceptive and kinaesthetic processes, that unconsciously regulate body posture and movement in relation to the environment. Disturbances of body-schema may be seen as affecting the 'subject-body', or the pre-reflective embodied sense of self. Phenomenologically, there is a distinction between the body that 'I' pre-reflectively live, that is the 'lived-body' or subject body, and the physical body that is perceived by others, or what can be described as the 'object-body'.

The subject body gives us our background of experience, in Heidegger's words 'the experience of being in the world' (Heidegger cited in Fuch's, 2009). This experience Ratcliffe (2008) argues is a bodily feeling and a sense of reality and belonging. These bodily feelings are ways of experiencing the world and apply in particular to existential feelings, such as feeling distant from others, and feeling alienated from the world. These feelings influence and structure our experience. Alternatively, the 'object body' is explicit and is brought to conscious attention when one struggles to carry out a task or lacks capacity to carry it out. There is an on-going inter-relationship between the 'subject-body' and the 'object body', which is both unapparent yet at the foundation of all our experiencing. Merleau-Ponty in his seminal work powerfully describes the

centrality of perception in the interplay between the systems in the body-schema:

> My body is geared into the world when my perception provides me with the most varied and the most clearly articulated spectacle possible and when my motor intentions, as they unfold, receive the responses they anticipate from the world. This maximum of clarity in perception and action specifies a perceptual ground, a background for my life, a general milieu for the coexistence of my body and the world (op.cit: 261).

Here, Merleau-Ponty clearly connects perception, action and the body, describing them as a background for his life. This connection is further amplified by Cassam (cited in Gallagher, 2011) who also provides us with an elegant line of argument linking body, perception, acting and cognition. Perception, he argues, is the most basic form of cognition and perception can be considered embodied if we take an 'enactive' approach to it. By this he means that perception is something we do rather than something that happens to us, '…the world makes itself available to the perceiver through physical movement and interaction' (Cassam, cited in Gallagher, 2011:1). In order to perceive you must have a body that can take in, sustain or use the bodily skills needed to perceive. Therefore, perception and action can be said to require embodiment. Furthermore, if the self perceives, thinks and acts, then the self must be seen as an embodied self. Body, perception, acting and cognition are also intertwined. Again, if perception is made available to the perceiver through movement, then changes in perception experienced during psychosis must necessarily involve changes in movement and interaction. This is therefore of particular relevance to this study, because when people are experiencing psychosis, they are also experiencing altered perceptions and changes in movement as outlined above, which this study also aims to explore.

Another important question asked by Cassam (cited in Gallagher, 2011) is how do we know how to move our bodies within space and time? It is he says partly through the proprioceptive system: 'People are normally aware of their own bodies 'from the inside', in such a way that they are not aware of any other person's body' (p.14). This, he argues, could be said to be a criterion for embodiment. However, what is the nature of the awareness that each of us has of his/her own body from the inside?

An awareness of the body from the inside, in part, comes through what is called the proprioceptive system which is non-visual. This system involves a network of receptors located within the body which register subtle changes in position and joint sense. The proprioceptive system acts at a sub-personal level which then registers changes in the motor system. This gives us a sense of where we are in space. Proprioceptive awareness is also pre-reflective, for example, when your arms are folded you are aware of this sense, and do not have to look to see where they are. Part of this awareness is based on the fact that we are three-dimensional beings and occupy space. For example, we are intensely aware of this when in everyday life we bump into someone. This awareness also comes through the sensory system where we are made aware of bodily sensations, for example having a pain in the leg.

Dance phenomenologist Maxine Sheets-Johnstone (2009) agrees with Cassam (2011) that the proprioceptive system is at the heart of self-awareness. She describes the development of an internalised proprioceptive system, through evolutionary processes as a, 'corporeal consciousness'. External proprioception was modified and internalised over time, primarily because external proprioceptors were too easily damaged by environmental influences. The phylogenetic development of this internal proprioception has led incrementally to a system that senses through changes in movement patterns adjusting and responding accordingly. Sheets-Johnstone describes this internally-mediated proprioception as a directly movement-sensitive corporeal consciousness (Sheets-Johnstone, 2009), which is kinaesthetically, rather than tactiley rooted.

From this perspective, 'knowing oneself from the inside, can be said to be rooted in a 'biological built-in kinetic corporeal consciousness' (Sheets-Johnstone, 2009:221).

2.5 Embodiment in Psychopathology and Disembodiment by contrast

By contrast severe mental distress with its disturbances of basic self-awareness, can be viewed as a disembodiment of both perception and action. For example, Fuchs (2009), describes a disembodiment of perception and action with regard to schizophrenia, as a loss of automatic processing leading to a fragmentation of perceptual and motor schemas. The disembodiment presents an impairment in the ability to notice familiar patterns of perceived objects. This brings an alienation and a sense of watching one's own experience. Objects take on a surreal and hyper significance. In effect, they stand out and take the foreground from a disordered background. In terms of action, he also describes a similar alienation concerning bodily functioning in movement. For example, everyday meaningful actions such as getting dressed, driving and walking become fractured with a hyper-reflexive awareness. Each single action is produced deliberately. Sometimes a sense of agency may be disrupted with the emergence of a delusion of alien control.

However, Cassam states that the perceiver perceives through action/movement i.e. that they are inextricably linked.

As perception has clearly been shown to be inextricably linked to movement and to a 'corporeal consciousness' (Sheets-Johnstone, 2014), one can argue that disembodiment of perception can be viewed in terms of changes in movement in space and time, and by extrapolation in changes to how one relates to others.

A phenomenological approach to psychopathology provides a way to systematically analyse what people are experiencing, without focusing on pre-

conceived ideas concerning symptoms, and what may or may not be considered to be 'pathological'. Insights gained from phenomenological analysis into what might be underlying the experience of psychosis, may also combine with psychotherapeutic and neurophysiological models to take forward an understanding of the psychosis spectrum disorder.

However, phenomenological approaches to psychopathology have yet to be established in mainstream clinical practice. The current Diagnostic Statistical Manual (DSM 5) and International Classification of Diseases (ICD-11) both express part of Jasper's view that:

> …psychopathology has been gradually transformed into a caricature which has substituted authority for enquiry and simplification for subtlety. We have unfortunately been left with classificatory systems which impose reified categories, increasingly at variance with clinical reality and increasingly divorced from the data generated by scientific enquiry. Returning to the phenomenological method, despite its contradictions, may open the way to clinical and research approaches which free us from the current straightjacket of orthodoxy which is impending our progress. Mullen (2007:13).

Phenomenological approaches to psychopathology clearly have a role to play in creating a better understanding of the psychosis spectrum and in looking at therapeutic mechanisms in embodied approaches such as DMP.

2.5.1 Dissociation in Psychopathology

There a number of features in psychopathology related to trauma which it is necessary to refer to. The first is Dissociation, which impairs the capacity for present-oriented and adaptive functioning and which has strong links to trauma. According to Levine (1997), dissociation, '…manifests as a kind of spaciness. At the other end of the spectrum, it can develop into so-called

multiple personality syndrome' (p.137). Of particular interest, he too refers to it as, '…a breakdown in the continuity of a person's felt sense, it almost always includes distortions of time and perception' (op.cit:137). I link this back to Cassam (cited in Gallagher, 2011), who talks about perception as being 'enactive' and something that we do involving action and a sense of knowing partly through the proprioceptive system; locating ourselves in space. Therefore, if perception being 'enactive' is altered through dissociation, it will be influenced in turn by movement as perception involves action. This is an important justification for the use of movement in dissociative states, and one which Maiese (2016) also shares, and refers to in her chapter on Dissociative Identity Disorder (DID) especially in relation to DMT(P). In DID, 'DMT offers a way for subjects to re-inhabit their bodies and remain present in a bodily way (rather than dissociating), which helps to reinstate a robust sense of bodily integration and ownership' (p.251). These distortions in perception which take place within an altered sense of space and time, as Heidegger says, will also involve a 'De-distancing' and 'Directionality'. This is played out relationally and would manifest in the remoteness and the nearness, in terms of objects or in perceiving 'other', which would also be seen in the DMP session.

2.5.2 Lack of Trust in Childhood

The child develops trust from within. This growing trust is underpinned by the interpersonal environment but can be thwarted at various stages by traumatic events during the lifespan. These derailments are indicated in many cases of schizophrenia but not all (Read et al 2014, Varese et al., 2012). The integrity of intentionality, i.e. the sense of being in one kind of intentional state rather than another, depends according to Ratcliffe (2017), upon a certain way of experiencing and relating to others both developmentally and constitutively. He considers this view to be consistent with the association between interpersonal induced trauma and psychosis, where certain events that disrupt intersubjective development and/or interpersonal experience in adulthood, can also impact upon the structure of intentionality. Traumatic events alter the

overall structure of interpersonal experience including a decrease in the ability to trust.

Trust is developed in childhood through bodily attunements and mutual affective interpersonal relations, including interactions with caregivers. These come to influence our encounters with people throughout life. 4E Cognition literature highlights the fundamental importance of the infant-parent interaction to the developmental process through which a sense of self arises (Gallagher, 2018). Infant researches (Stern, 2010, Trevarthen, 2017, Koch, 2017) have demonstrated that rhythm, synchronicity and asynchronous engagements systematically experienced in early development, are the start of intersubjectivity. This theme will be explored in more depth in the section on DMP below.

Through relational traumas there is a disruption of normal neurobiological development from chronic childhood physical, emotional and sexual abuse, neglect, mistreatment and bullying. Also, in relation to chronic childhood trauma there is an increased incidence of post-traumatic stress symptoms, depression, dissociation and disruptions in self -perception, identity, impulse control and affect dysregulation (Schore, 2012, Van der Kolk, 2006).

2.6 The Ipseity Disturbance Model (IDM)

The dominant model within phenomenological approaches to psychopathology is the IDM developed by Sass and Parnas (2003). This model involves a phenomenological analysis of the everyday experience of those people experiencing psychosis. The Sass and Parnas approach is derived from an analysis of what they describe as a pre-reflective self-awareness or 'ipseity'. According to them, the basic sense of 'ipseity' in consciousness involves the experiential sense of being a subject of one's own experience from a first-person perspective. Sass and Parnas (2003) argue that in schizophrenia, this basic sense of self or ipseity becomes fragmented or disturbed. In the case of

schizophrenia, disturbed ipseity exhibits two main features. The first is hyper-reflexivity, a form of exaggerated self-consciousness in, "…which something normally tacit becomes focal and explicit" (op.cit;430). Everyday tasks such as eating and dressing, for example, lose their automatic sense of being carried easily. They become hyper-aware of the amount of effort involved in these automatic processes. Instead, the proprioceptive and kinaesthetic processes needed for these tasks, move to the forefront of the person's attention. This reflects an experience of disembodiment. This hyper-reflexivity, usually tacit, objectifies pre-reflective processes of agency and perception, which are normally carried out with little conscious thought or effort.

The second is a diminishment of self-affection, which Sass and Parnas (op.cit:429) define as a reduction in the sense of basic self-presence; "…the implicit sense of existing as a vital and self-possessed subject of awareness". For example, patients may report feeling an inner distance from their stream of consciousness: "I saw everything I did like a film-cameraman?" (Sass, 1992:132), or "an inner void" or "lack of inner nucleus", where the self would normally be (Parnas and Handest, 2003). Ipseity disturbances, hyper-reflexivity and diminished self-affection taken all together, wear away the basic sense of self-presence and perspective, that enables us to keep experiencing the world with ourselves embedded in it.

A number of reasons for psychosis spectrum disorder have been suggested e.g. periods of extreme stress, trauma, developmental trauma, or drug-induced via recreational drug use. In terms of therapeutic interventions, it is important to link the information from the first-person perspective with, for example, the therapeutic mechanisms as in DMP, so that each can learn from the other. This will be discussed in more detail below.

2.7 Ratcliffe's Interpersonally Constituted Sense of Self

More recently, there has been a move towards bridging this distinction through viewing schizophrenia as an interpersonally constituted phenomenon rather than just a disorder of self (Ratcliffe, 2017, Krueger, 2018, Gallagher, 2018). Ratcliffe (2017) challenges the IDM where a distinction is made between the minimal self and an interpersonally constituted sense of self. He does this through a consideration of the relationship between psychosis and interpersonally induced trauma, seeing schizophrenia/psychosis in relational terms rather than as a disorder of the individual. He argues that minimal self-experience must include a pre-reflective sense of what kind of intentional state one is in and that the integrity of intentionality depends on trust. Intentionality, in philosophical terms, involves a consciousness about something or directed towards something, separate from its meaning, i.e. the 'aboutness' of something. Thus, trust in other people can be eroded through experiencing traumatic events in childhood or adulthood i.e. traumatic experiences are interpersonally regulated. There is strong empirical evidence linking trauma and the experience of psychosis (Read et al., 2005, 2014, Varese et al., 2012). Ratcliffe sees schizophrenia as a disruption of the minimal self, dependent on relationships and interactions with other people. He describes this minimal experience of selfhood as including being in an intentional state of one or another kind such as perceiving or remembering. These types of intentionality rely upon a certain way of experiencing and relating to other people. This involves a basic level of trust.

2.7.1 The Minimal or Pre-reflective Self (Sass) versus The Interpersonally Constituted Sense of Self (Ratcliffe)

Sass and Parnas, (2003) and Zahavi (2014) who subscribe to the IDM, view schizophrenia as a disturbance of the minimal self, which they describe as a subjective experience, not intrinsically connected to social interaction. Researchers such as Stanghellini (2015, 2004) do begin to extend the lived body

experience within the IDM, into the realm of the interpersonal, through a consideration of temporality and spatiality. He states also that a significant feature of these disorders of embodiment or body-schema, are the experiencing of time speeded up or slowed down or having a sense of déjà-vu. These also include premonitions about self, and a loss of the ability to be in the present moment. Fundamental to this, as referred to previously in the work of Heidegger and Merleau-Ponty, is temporality, which Stanghellini also argues, is the bedrock of any experience, and that its integrity is fundamental for the sense of coherence, continuity of selfhood and personal identity (Stanghellini, 2015). He describes these disorders of embodiment in terms of the 'de-animated body' (2015:24), where the person experiences 'living at a distance from themselves', where other people's bodies are experienced as lifeless too, arguing that a 'de-animated body' is also a de-temporalised one with the possibility for spontaneous movement diminished, and the sequencing of events in everyday life disrupted. This lack of spontaneous movement and a disintegration of sensory awareness are the major features of the de-animated state, where interaction with others becomes distanced and non-spontaneous in manner.

Stanghellini does not explicitly make a link between de-animation and de-temporalisation arising from the interpersonal, but implicitly links abnormal timing experiences to disruptions in the interpersonal. He describes these changes as stemming from a disruption of the minimal self and impacting on the person's ability to relate to others. Crucially, he does not define it as stemming from an interpersonally constituted self.

Stanghellini (2015), is describing changes in movement in regard to psychopathology and he is arguing that there is a change in space and time which he calls, de-animation and de-temporalisation. He has gathered this evidence from phenomenological interviews with people who have experienced severe mental distress. Additionally, Sass et al., (2003), have also gathered similar information from EAWE in terms of space and time, where

they highlighted difficulties with anticipating the future and with recollection of the past. It is interesting to review Stanghellini and Sass's descriptions of distortions of movement, space and time with regards to Heidegger's 'Dasein-in', where de-distancing, directionality and innerworldliness are clearly at play here. These contemporary researchers arguably give further support to the earlier phenomenological understandings as previously discussed.

Fuchs (2015), places intersubjective disturbances in schizophrenia secondary to disorders of the minimal self and not as primary disorders. He says, 'Disturbance of the pre-reflective embodied self must necessarily impair the patient's social relationships and self-disturbances of minimal self can be exacerbated by subsequent social problems' (op cit:573). Here Fuchs places the social disturbance as arising from the 'minimal self'.

Fuchs continues, stating our experience of the world is based on a continuous intersubjective co-creation of meaning, and that we live in a shared life-world where we continuously create and "enact" it, through 'participatory sense-making' (op.cit:573). Other researchers use the terms: circular processes of mutual understanding, negotiation of intentions, reciprocal correction of perceptions, capacity for shared intentionality, perspective taking with regard to interaction and communication with others (Sass and Byrom, 2015, Fuchs, 2009, Zahavi, 2015).

My argument here is that all these terms strongly point towards the interpersonal, yet this is not explicitly stated by these researchers, and I consider it important in this study to draw this connection out. The question, as I see it, is whether or not we are talking about problems with the pre-reflective self, or problems with the interpersonal. Here I am building a case for the interpersonal by highlighting the language used by these theorists when they begin to discuss social interactions. More confusingly, others continue to cite the interpersonal in this indirect way. For example, Sass and Byrom (2015), acknowledge that the lived subjective experience of schizophrenic delusions is

essentially an inter-subjective phenomenon which threatens to be overlooked in research in this area, and that psychosis often involves a breakdown in communication, an inability to take the other's perspective, and an inability to attune with others. Also, that embodied concepts of illness emphasise this circular interaction of altered subjective experience. Is circular interaction not also an interpersonal interaction?

Zahavi (2014) continues this line of argument by stating that minimal selfhood does not depend upon social interaction for its development and is not a product of social interaction, but a basic and indispensable experiential feature. He defines it as, '…concerning the distinct manner or how of experiencing' (op.cit:22). But how can this experiencing be done without coming into contact with the other? This group of researchers clearly emphasise the significance of the intersubjective, but do not go so far as to say that self-disturbance and the interpersonal experience are definitively linked. It would appear that the interpersonal is of the utmost importance here, but there is no step forward definitively linking disorders of self with the interpersonal. There is however a continuance of the distinction made between the minimal self and the relational self.

2.7.2 The Scaffolded Self

Krueger (2018) continues the argument for an interpersonally constituted sense of self by offering a reconfiguration of the self-disturbance model. He does this in the form of the 'Scaffolded Self'. The 'Scaffolded Self' refers to a debate that psychologically we are scaffolded by external, beyond-the-brain resources. This is based on an externalist approach to philosophy of mind/4E cognition.

4E Cognition is an Enactivist approach in relation to cognitive processes (Gallagher, 2018). Shaun Gallagher is a contemporary American philosopher who explores the complex relationship between embodied action and

cognition which offers insight into the symptoms experienced in psychosis spectrum disorder. He argues that what constitutes an active cognitive system involves both non-casual and causal relations. These cognitive processes occur on different timescales, meaning that life's constitution is diachronic and non-linearly dynamic. This is a further reference to Jung's Theory of Time i.e. relativity and synchronicity.

The 'scaffolded self', is interpersonal and 'regulated via ongoing engagement in the world with others.' (which is based on a certain level of trust). Krueger coins the term 'affective scaffolding' (Krueger,2018) where opportunities are created in the form of affordances which impact on interpersonal relations. There are three forms of affective scaffolding: embodied, social and material. Embodied scaffolding involves our body and its expressive abilities which are experientially present as scaffolding immediately available to us. According to Krueger, (2018) people experiencing psychosis lack reliable access to this embodied scaffolding. Affective states are scaffolded by neural and physical processes which are integrated and spatially distributed throughout the extra-neural system. Different systems communicate and regulate by looping through the brain and extra-neural body. Our experience is influenced via this 'affective scaffolding'.

This embodied scaffolding can also be described in terms of proprioception as it plays an important role in considerations about consciousness, embodiment and self (Gallagher,2005:8). Movement is regularly implicated in perception but has received scant attention in philosophical investigations. Bodily movement is closely aligned with perception and other forms of cognition and emotion.

The way an affective experience feels is often a function of how it is regulated. The second aspect is social scaffolding. This continues throughout life and involves interactions with others' expressive actions through postural adjustments, movement and manipulations of shared space. Gallagher (2005), argues that our understanding of other persons is based on a form of

interaction with ‘other’, the characteristic of ‘primary intersubjectivity’ (Trevarthen, 1979) and that this is an alternative approach to the standard views of theory of mind. He too is also describing social scaffolding which directly impacts on our bodily responses and regulates affective dynamics of group engagements; it is referred to as ‘we’ space, which is relational. Young infants rely on caregiving attunements which enhance feelings of connectedness and movement synchrony. The third aspect is material scaffolding. This involves an integration with material culture, things, space and places. Access to this material scaffolding enables us to stabilise and regulate our affective life. Additionally, individuals who do not have consistent reliable access to ‘affective scaffolding’ through trauma and eroded trust, also lack access to the benefits that these external resources provide.

An important aspect of the ‘scaffolded self‘ (Krueger,2018) is the notion of ‘unworlding’, originally coined by Heidegger. Sass (1992) describes schizophrenia as a kind of ‘unworlding’ being experientially unmoored from the lived spaces of their environment. In this experience of ‘unworlding’ in schizophrenia the individual becomes detached from these forms of ‘affective scaffolding’. According to Krueger, things ‘unworlding' is not just disturbance of ipseity but of the scaffolded self. He challenges the assumption that mechanisms of unworlding and affective disorders in psychopathology can be explained purely by internal features of the individual. Ratcliffe’s view of the interpersonally constituted self supports this and others in the developmental field.

Affective trust is lacking in the ‘unworlding’ experience as perceptual and organisational difficulties lead to a loss of a grip on things in the environment. Therefore ‘unworlding’ is not just connected to a disturbance of the minimal self but also to the loss of affective trust in the world. It is also linked to a breakdown in trust of a reliable and consistent presence of networks of ‘affective scaffolding’. Krueger asserts that the notion of ‘affective scaffolding’ has practical consequences for how we approach intervention and treatment.

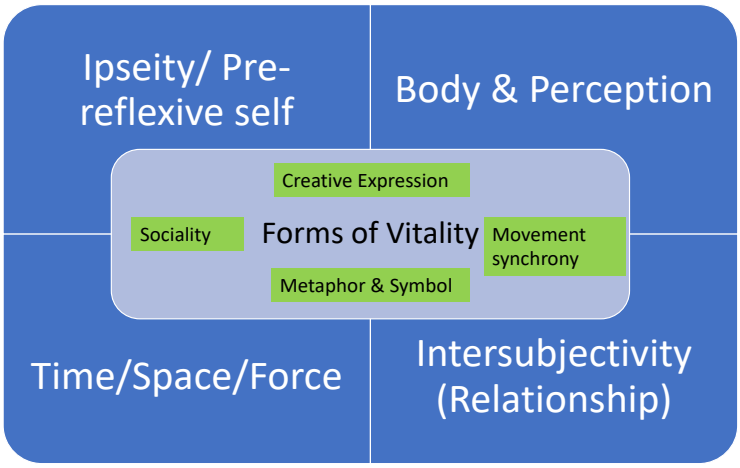
If it is argued that schizophrenia arises from a general disturbance of larger brain body environment systems, it is important to develop embodied strategies which work with affective states.

Schizophrenia and affective disturbances are existential, not exclusively neural, they are subjectively experiential, situated and agential (Ratcliffe, 2017). Krueger (2018) suggests the need to consider new interventions and treatment which work with the relational and change bodily dynamics i.e. movement-based therapies.

It is important to promote interventions which help the individual to re-inhabit the 'we' space and grow a sense of ownership and agency. These interventions can help develop avenues for exploring and regulating emotions and sharing emotions with others. Krueger (2018) also states that it is important to reconceptualise self-disturbance in schizophrenia as an experiential disorder of the scaffolded self, and by inference an interpersonally constituted one. The scaffolded self can also be seen as interpersonally constituted (Gallagher, 2018).

Diagram 2: illustrates the interrelatedness of the themes outlined in this literature review:

Emerging Phenomenological Framework for Thesis



N.B: Force in the diagram above is also interchangeable with weight.

2.8 Lived-body experience and the body in movement

So far this literature review has demonstrated that the interpersonally constituted self involves the moving body or moving bodies in relation to self and others. It highlights the importance of social interaction and relationship, of movement in time and space in relation to the early phenomenologists, of the importance of metaphor and symbol, and of the necessity for affective attunement in the parent-child interaction. This is clearly expressed through the moving body. However, these researches as described above have not specifically looked at the moving body itself, with the exception of the work of Fuchs in collaboration with DMT (see glossary of terms p.14) researches (Fuchs and Koch, 2014, Koch and Fuchs, 2011, Caldwell, 2012, Kolter et al., 2012). Thus, the need for clinical interventions which are movement-based has been brought to the fore, indicating a recognition of the importance of considering the moving body in an interpersonally constituted self. Live exploration has not yet been explored to any great extent, particularly in relation to the mechanisms that are at play in the process. This is clearly a gap in the knowledge base which this study seeks to fill. What might it look like in action?

The moving body is central to the development of the interpersonally constituted self. The dynamic nature and experience of our moving bodies is important as it allows us not only to recognise how we anticipate events, but also how we interact with others (Cipolletta, 2013) and how we are changed as a result. This practical immersion in the world develops from birth through interaction and relationship with others and is in effect what has been described as 'participatory sense-making' (Sheets-Johnstone, 2009 & Sass & Byrom, 2015). There is therefore an awareness of our body as a bounded spatial object and the moving body is at the centre of this practical immersion in the world. Sheets-Johnstone (2009) supports this notion by suggesting that "Movement is indeed our mother tongue" (p.225), where the emergence of verbal language develops out of movement and we learn to language our experience. Movement is fundamental to the acquisition of language.

In discussing the moving body, the dance phenomenologist Sheets-Johnstone (2009) supports Stanghellini's notion of a 'de-animated', 'de-temporalised' body. She acknowledges the basic fact that humans, like other forms of animate life, come into the world moving and that we are not stillborn. Animation and dynamics are the basic defining features of life in all its forms and are expressed as a 'space-force-time' (2009:32) dynamic. She agrees with Stanghellini, (2004) that where the flow of movement and sense of aliveness is diminished there is an impact on the temporal and spatial aspects. This is particularly poignant in dance improvisation, where there is the ability to create what she describes as, "…an unbroken now", (Sheets-Johnstone, 2009:23). This 'unbroken now', involves an on-going flow of uninterrupted movement, created in space and time. Stanghellini's view is that in schizophrenia, there seems to be a difficulty in sustaining an ongoing dynamic continuum or sense of flow. This could, in part, be due to an impairment of pre-reflexive self-awareness, a loss of implicit awareness, which in turn leads to a dis-articulation of being able to sequence events. This sequencing has been described as 'protention-primal impression-retention', where an initial impression is made and the information from this retained with a sense of how this information may be used to sequence a future event (op.cit.). Sheets-Johnstone (2009) adds weight to this, advising that serious attention ought to be turned to kinetic form and to the qualitative complexities of movement, in order for emotions to be properly recognised as dynamic forms of interaction. There is, she argues, a movement–deficient understanding of emotion and, 'how movement is at the root of our sense of agency and how it is the generative source of our notions of space and time' (Sheets-Johnstone, 1999: xv11) which requires a methodology such as movement notation or movement analysis which is capable of capturing kinetic form.

Researchers as discussed here have identified the importance of intercorporeality and intersubjectivity as key elements in the development of an interpersonally constituted sense of self. Action/interaction are fundamental to this development and are guided by the body. What seems to

be lacking is research demonstrating the significance of how people move both individually and with others, while they are experiencing severe mental distress. This study attempts to fill this gap.

The research has so far alluded to the importance of the interpersonal in schizophrenia/psychosis and hence on the moving body. Some researchers have explicitly stated that it may be clinically advantageous to consider body-based interventions (Ratcliffe, 2017, Krueger, 2018, Stern, 2010, Sheets-Johnstone, 2009) however, there is a dearth of research studies on schizophrenia/psychosis focusing on the moving body. One area of research which does include the moving body is DMP. I shall now go on to discuss the importance of DMP as a way of engaging with lived-body experience.

2.8.1 Dance Movement Psychotherapy as a clinical intervention

I shall now outline the most recent studies in the field of DMP and the field of psychosis spectrum disorder. Dance Movement Psychotherapy in the UK is governed by its professional organisation the Association for Dance Movement Psychotherapy ADMP(UK). Founded in 1982 its current definition is as follows;

> DMP recognises body movement as an implicit and expressive instrument of communication and expression. DMP is a relational process in which client/s and therapist engage in an empathic creative process using body movement and dance to assist integration of emotional, cognitive, physical, social and spiritual aspects of self (ADMP UK: admp.org.uk).

DMP has been cited in numerous clinical areas as being efficacious such as, depression (Jeong et al., 2006). The use of DMP as a psychotherapy is carried out in both group and individual sessions and is based on the premise that body and mind interact, so that a change in one will influence the other having an effect on overall body-mind functioning (Berrol,1992, Stanton-Jones,1991).

According to Brauninger (2014), DMP is rooted in dance, dance techniques and movement improvisation, all of which are crucial in the DMP process as they allow for the person to experience new ways of being with both self and other. These techniques also include creative expression, synchrony and metaphor. Movement metaphors are central to dance movement psychotherapy praxis (Meekums 2002:19-20). A movement metaphor is a symbol contained in a movement or a posture and can be seen as a form of non-verbal communication between client and therapist. Movement metaphor is also rooted in the English language, for example going out on a limb, elbow room, jumping out of one's skin or falling to pieces. These may be represented in movement and posture and are a way to facilitate therapeutic change via movement, non-verbal or verbal processing which may contain complex layers of meaning.

DMP uses various models and approaches, all of which have been created by different pioneers over the years, some of them in the USA where DMT has been practiced since the 1940's, although there it is known as DMT or Dance Movement Therapy.

Marion Chace was a key figure in the field and pioneered DMT in the U.S.A. Working in a psychiatric hospital in Washington D.C. for many years, beginning in the 1940s, she made some important discoveries about how split-off from their 'embodied' selves people in psychiatric institutions had become. She tested and developed her ideas and theories, essentially through a process of trial and error, and was able to work with patients who were experiencing severe mental distress (Chaiklin and Schmais, 1986). By using music, movement and dance, Chace was able to re-connect patients with their own sense of themselves as people with an 'embodied' and 'embodying' nature. In the process, she returned to them a sense of relationship and connection with their bodies, and also with the resources and unused potential that she believed each person possessed in order for them to get better (Chaiklin and Schmais, 1986).

Central to her approach were the four key concepts which she described as; "Body Action, Symbolism, Therapeutic Movement Relationship and Rhythmic Group Activity" (Chaiklin and Schmais, 1986). Taken together this approach is now commonly known as the Chacian model and has been central to the development of my own approach to DMP, in the clinical context of my practice and also in relation to this study.

The fundamental premise of DMP is that the unconscious is reflected in and through movement. Dance improvisation facilitates the expression of unconscious feelings and emotional states. It is comparable to psychoanalytic free association and in Jungian terms what is described as, 'active imagination' (Starks-Whitehouse, 1999). In 'active imagination' internal representations and images are perceived and find expression through movement, thus enabling access to the minimal self and to the self and other. Dance phenomenologist Sheets-Johnstone (1999) describes dance improvisation as 'creating the dance out of the possibilities…exploring the world in movement and taking into account the world as it exists for here and now in this on-going ever-expanding present' (p.30). I am actively exploring its possibilities and what I perceive in the course of that exploration is enfolded in the very process of my moving. In dance we enter into the act of creation and where it will go at any moment, what will happen next no one knows.

Dance improvisation is therefore a flow, effectively experienced as an ongoing present. This ongoing flow of movement comes from an '…ever-changing kinetic world of possibilities which requires no separation between the acts of thinking and doing' (op.cit:30). Thinking is itself kinetic in nature, flowing forwards and backwards, rising up and down. Thinking in movement is thus motional, spatial and temporal with dynamic qualities and ongoing presence. During this dance improvisation, the dance movement psychotherapist may choose to focus on specific themes, emotions or associations triggered by the client or the therapist's response to their interaction. What may have been unconscious can be brought into awareness in a safe, contained way, giving

form perhaps through words or an image, or a movement to what previously was not known to the person. The DMP process can be viewed both psychotherapeutically and phenomenologically. The preverbal self is constituted in perception, (Teglbjaerg, 2017, Cassam, cited in Gallagher, 2011) and a sense of self comes through our perception of the world.

We can consider therefore, that the minimal self is not a verbal construction but is mainly based on experiences of body and perception. The experiences of DMP can be understood in terms of engaging with the body and perception. It is a way to sense connections with the outer and the inner world. Through moving, the individual becomes engaged with creating something that holds meaning. The dance can be seen as a product of one's own creativity. In dance we enter into an act of creation with other human beings.

Moving together we experience not only our own dance but simultaneously that of the other, joined with us in the dance. This brings about an intersubjective experience in the recognition of me being a person beside the other person. These experiences are natural in the process of the constitution of the self. When I am seen by another person I see both the other and 'my' self, and I thereby experience 'my' self as a person seen by the other. Being more present as a sensing being through the very process of dancing, strengthens the pre-reflective self. The process of dancing demands awareness in terms of selecting moves and creating dance improvisation. The shaping of feelings through movement also provides an experience of distance from the distressing feelings. This in turn opens up the possibility for aesthetic reflection, allowing for effective ways of creating reflective distance from feelings, fantasies, emotions. In terms of group interaction, being part of a group, promotes social cohesion and a collective body response. Husserl asserts that intersubjectivity is one of the most important factors for constitution of the primary self (Zahavi, 2003).

In summary, the recognition that body and mind interact through the process of moving and dancing, makes DMP as a clinical intervention central to working with self-disturbances and a disembodiment of perception. We have seen embodiment and its importance presented in a number of different ways referenced earlier through the work of Merleau-Ponty, Heidegger, Zahavi, Read et al., Stanghellini and others. DMP however gives a creative, lived body experience, which can help bridge the gap between embodied approaches to psychopathology as distinct from its live and creative application in the moving body.

2.8.2 Research papers in the field

Currently there are four key studies of Dance Movement Psychotherapy (DMP) and psychosis.These are, Röhricht and Priebe (2006), Martin et al., (2016), Priebe et al., (2016) and Savill et al., (2017). These papers have looked at DMP's efficacy as an intervention, for which there are varied findings, arguably accounted for by methodological flaws. As I will show, however, there has been no investigation (empirical or theoretical) of the therapeutic mechanisms in terms of, what might be happening. From the Cochrane review of dance therapy and schizophrenia, Ren, J. and Xia, J., (2013) found only one study of reasonable quality, Röhricht et al., (2006). This initial study arose from an interest in the prevalence of somatic features in schizophrenia, and an inability of clinical interventions to address negative symptoms in schizophrenia. There have been a further three studies since the Cochrane review in 2013, including a secondary analysis of one of the studies. I shall analyse each study in some detail.

The first study by Röhricht and Priebe (2006) included 45 participants who were randomly allocated to a DMP group and standard care or standard care plus supportive counselling. 24 participants received the intervention and 21 were in the control group. The study involved outpatients and took place in a community setting. Antipsychotic medication remained stable throughout the

study. The intervention was delivered by a single dance movement psychotherapist using manualised body psychotherapy and took place over ten weekly sessions. Each session lasted 90 minutes. The manualised body psychotherapy was used in the subsequent studies. The manual was specifically designed for patients with schizophrenia and aimed to increase body awareness, decrease dysfunctional self-perception, thereby promoting affect expression and interpersonal responsiveness. A detailed description of the parts of the manual are outlined by Röhricht and Papadopoulos (2010). The intervention involved five stages:

1. Opening circle to describe feelings and energy.
2. Warm-up section standing in a circle warming up body parts.
3. Structured task section mirroring each other's movements including body image sculpture with partners.
4. Creative movement section group involving mirroring, creating group sculptures and reflecting on how this feels.
5. Closing circle reflecting on group experience, re-focusing on self with body-oriented exercises such as self-touch and verbal integration.

Röhricht and Papadopoulos (2010)

Changes in negative symptom scores on the Positive and Negative Symptom Scale (PANSS) between baseline, post-treatment and 4-month follow-up were taken as a primary outcome in an intention-to-treat-analysis. The results showed a significant improvement in negative symptoms for the intervention group as outcomed in PANSS, e.g. a reduction in blunted affect and motor retardation. Other aspects of psychopathology and subjective quality of life did not change. In addition, treatment satisfaction and ratings of the therapeutic relationship were the same for both groups and the results held true at 4month follow up. The initial study showed exceptionally promising results and pointed towards the need for a larger scale study.

Two studies followed, Martin et al., (2016), and Priebe et al., (2016). Both studies were multi-centred, randomised controlled trials with mixed gender

groups. The Martin et al., (2016) study involved a total of 68 outpatients with a diagnosis of a schizophrenia spectrum disorder. They were randomly allocated to either the treatment (n=44, 20 sessions of BPT/DMT) or the control group (n=24, treatment as usual, (TAU)). The study duration was 10 weeks (20 sessions). The primary outcome used was the Scale for the Assessment of Negative Symptoms (SANS) with Simpson-Angus Scale (SAS), used to control for side effects of antipsychotic medication. Antipsychotic medication again remained stable throughout the study. The primary outcome measure SANS was concerned with the global level of negative symptoms, and looked at five categories, blunted affect, alogia, abulia/avolition, anhedonia and diminished attention. The scale centred on non-cognitive negative symptoms associated with a loss of embodied awareness. Specific attention was paid to blunted affect which showed a significant improvement in the intervention group. Again, negative symptoms which can be enhanced by antipsychotic medication, were recorded as extrapyramidal side effects using the SAS scale. This scale provided a global evaluation of the extrapyramidal syndrome. The results showed that BPT/DMP significantly reduced overall negative symptom severity. The result was independent of any change in positive symptoms or side effects as antipsychotic medication remained stable and extrapyramidal symptoms were controlled for meaning. Moderate effect sizes as well as the mean symptom reduction of 20-25% were the same as previous empirical findings of Röhricht and Priebe, (2006). These symptom changes were clinically significant.

The authors reported that compared to results from studies on the efficacy of atypical antipsychotics, the effect sizes and symptom reduction scores of the study were encouragingly high. BPT/DMP had an effect of reducing the severity of blunted affect and the severity of deficits in attention. The authors stated that the findings support movement-based therapies as clinical interventions for schizophrenia, understood phenomenologically to be a state of disembodiment. Blunted affect and attention deficit can be ascribed to an initial loss of embodied self-awareness. Blunted affect according to Martin,

might arise from an alienation of somatosensory perception and its link to emotional and motivational context.

It is interesting to look at these results in the light of Krueger (2018) and Ratcliffe's (2017) proposals. Those receiving the intervention had significantly lower negative symptom scores (SANS total score, blunted affect, attention). Effect sizes were moderate and mean symptom reduction in the treatment group was 20.65%. The conclusion of the authors was that the embodied therapies such as BPT/DMP are highly effective in the treatment of patients with schizophrenia and should be embedded in the daily clinical routine.

The third study by Priebe et al., 2016, involved the same intervention, group body psychotherapy for negative symptoms of schizophrenia. It was a multi-centre randomised controlled trial with schizophrenia out-patients randomised into a 20-session body psychotherapy or Pilates group. The sessions were again twice weekly over a ten-week period. The primary outcome was negative symptoms at the end of treatment. Secondary outcomes included psychopathology, functional, social and treatment satisfaction outcomes at treatment end and follow-up 6 months later. The treatment intervention was delivered as outlined in the manual (Röhricht and Papadopoulos, 2010). A small improvement was found in expressive symptoms at the end of treatment measured by the Clinical Assessment Interview for Negative Symptoms (CAINS) (Kring et. al., 2013) and in movement disorder symptoms was found both at the end of treatment and 6 months later. The authors suggested that this finding may provide further evidence for the importance of measuring expressive experiential features of negative symptoms separately, given that they represent separate constructs. 275 participants were randomized, 266 were assessed at the end of treatment and 255 went on to complete the 6month follow-up. Participants attended significantly more body psychotherapy sessions than the Pilates group.

There was no significant difference between the experimental group and control group for the primary outcome, PANSS negative symptoms. In terms of secondary outcomes there was a significant mean difference reduction in the SAS which measures extrapyramidal symptoms. The CAINS expression sub-scale which measures sociality, anhedonia, avolition showed a significant mean difference in the body psychotherapy group in comparison with the Pilates group at the end of treatment. At 6month follow-up, there was only a significant difference in the SAS detected for body psychotherapy. No significant differences between body psychotherapy and Pilates were detected in the PANSS negative symptom subscale. A statistically significant improvement in the body psychotherapy arm was detected in the CAINS expression subscale and movement disorders symptoms. However, the authors stated that the small effect sizes meant these improvements were unlikely to reflect relevant clinical benefits. The authors went on to say that the secondary outcomes had small significant improvement in the body psychotherapy group, detected in expressive symptoms at the end of treatment, measured by CAINS and in movement disorder symptoms both at the end of treatment and 6months later. For both findings it is important that a difference was detected in this scale in contrast with the PANSS, as one of the main aims of the study was to develop new scales that would be sufficiently sensitive to detect negative symptom change in clinical trials. This finding may provide further evidence for the importance of measuring expressive and experiential features of negative symptoms separately, given they represent separate constructs. The change in movement should be considered as it concerned a treatment that focuses specifically on the body alleviating movement-related symptoms. This finding should be re-examined in a trial focused on such outcomes before drawing firm conclusions.

One limitation described is that in the Pilates group, emotional group interactions although discouraged may have occurred. In addition, the focus on body experience at a cognitive and emotional level may not be explicitly addressed in Pilates but an emphasis on centering, concentration and breathing

may have implicitly fostered such links. The authors justified Pilates as an effective control group by pointing out that the reduction is consistent with changes in TAU study arms in a recent meta-analysis that examined the within group changes of negative symptoms over time; suggesting the improvements observed were spontaneous and did not reflect any therapeutic effect. Additionally, symptom change was similar to control conditions from other trials that aimed to treat negative symptoms. They suggested caution in interpreting the positive SAS result as an incomplete scale was used to measure change in movement disorder symptoms.

Six months later, Savill et al., (2017) deemed it necessary to look at the impact of gender within the outcomes of this study. Of the 275 participants there were 72 women and 203 men. The secondary analysis showed that there was a significant improvement in expressive deficits for the women but not for the men. They suggested that body psychotherapy may therefore be an effective treatment for negative symptoms in women. Separating the results by gender I would suggest is problematic as the intervention took place within mixed gender groups. The influence of gender therefore happened within the group. It may be rather artificial to look at the results based on gender after the intervention has been delivered to a mixed group.

In terms of methodological flaws here, one could argue that the use of Pilates as a control is also problematic. In comparing body psychotherapy with Pilates one has to take into account the nature of Pilates. Pilates is also a movement-based therapeutic intervention which can elicit somatic changes including facial expression. This is one of the measures cited in the primary outcomes. When measuring the impact of any, body-based psychotherapy it is important not to select another body therapy as the control, as this may well overlap the results and effectively discount the changes that might have been seen in the other. Also, body psychotherapy is not dance movement psychotherapy. There are differences between the two disciplines.

What do the studies tell us about their impact on negative symptoms? The initial study with Röhricht et al., (2006) had a small number of participants and the control did not involve a movement therapy. The results were positive and showed a significant impact. The second study, Martin et al., (2016) with a greater sample size also showed a positive result. The control group did not involve a movement-based therapy but treatment as usual. The third study, Priebe et al., (2016) had a significantly greater sample size and did not show a significant effect for the primary outcome. However, here, a control group based on a movement intervention was used. This, I would argue, clearly had an impact. The study highlighted the primary outcomes but did not highlight the significant effects in the secondary outcomes. The secondary outcomes were related to expressive and experiential deficits which were of great significance in negative symptoms. These expressive deficits included anhedonia, asociality and avolition. The authors did concede that other methodologies are required to examine these features.

Koch et al., (2018 in press), have provided a strong rebuttal of the findings and recommendations from the Priebe et al., 2016, study. Their reappraisal /rebuttal addresses several points.

There is a current focus within DMP research on the therapeutic mechanisms employed in this intervention. Pilates is not a proper control group to BP/DMT interventions. Both interventions use methods that are suited to increase emotional expression, working on many muscle groups also of the face hence the resulting null-findings on the PANSS were not unexpected. In general, very little is known about the mechanisms of BP/DMTs, and even less of the mechanisms of Pilates and other body work techniques. The authors suggest that it is unadvisable to select suitable active control groups without any knowledge of their mechanisms. Koch et al., (2018) states that good outcome research needs good mechanisms research, not the other way around. The rebuttal also challenges the limitations of evidence-based medicine which in this case prevented all the results being discussed with equanimity i.e. primary

and secondary outcomes. According to the descriptive statistics in the study the BP/DMT group showed a significant decrease of negative affect compared to the control group on the CAINS. This second measure of negative affect which is a more appropriate measure was not declared as a primary outcome and was basically ignored as a result. Both measures, were actually suited to be the primary measure.

The issue here concerns evidence-based medicine which ought to demand a unitary interpretation of study results. Additionally, the authors point out two important facts. The study found no advantage of body psychotherapy over Pilates in decreasing negative affect in patients with schizophrenia as measured with the PANSS. In fact, both forms of therapy decreased negative affect significantly over time; this fact may be due to the generally positive effect of movement (used psychotherapeutically) and expressive movement on negative symptoms in schizophrenia (see Lee et al., 2015; Martin et al., 2016; Röhricht and Priebe, 2006). The secondary measure of negative affect CAINS suggested a significant difference favouring body psychotherapy (BP) over Pilates. Since mechanisms of BP are not well researched, and even less so mechanisms of Pilates, both the experimental group and the control group may have similar working mechanisms and may have prevented the assumed effect to emerge. Koch et al., (2018) state that fundamentally no conclusions can be drawn on this data. The effect of body psychotherapy on the reduction of negative symptoms needs to be further investigated with a range of control groups, which is necessary as long as mechanisms (of these therapies workings) remain unclear. Koch et al., (op.cit.) have clearly highlighted the importance of investigating therapeutic mechanisms if seeking to understand the impact of movement-based therapies in schizophrenia/psychosis.

In a very recent study Bryl (2018), delivered an RCT looking at the treatment effects of a 10-week (20 sessions) group DMT treatment program on negative symptoms and psychosocial functioning in schizophrenia. Using a two-arm parallel design to assess the difference between patients receiving standard

care and those receiving standard care plus DMT on negative symptoms, PANSS and BNSS were used as primary outcomes. The quantitative results suggested DMT and standard care were not equally effective in terms of enhancing primary outcomes. However, DMT participants reported a reduction in distress, antisocial activity, avolition and verbal expression. Additionally, there was a reported improvement in the qualitative findings, such as, enhanced activation, motivation, socialisation and self-awareness. Again, we see an improvement in the expressive deficits as in the other studies.

More recently Biondo (2019) in another RCT, with 32 participants. but this time in an in-patient setting with people with acute schizophrenia single-session dance/movement therapy intervention for thought and behavioural dysfunction in a mixed methods feasibility study. This study examined whether people in the acute phase of schizophrenia were able to complete the research protocol i.e. concerned with capacity and looked at the effects of a single session versus verbal treatment as usual. Outcome measures used were the Brief Psychiatric Rating scale and semi-structured interviews. The results indicated that participants in the DMT intervention group had a statistically significant symptom reduction as compared to those in the TAU group overall in BPRS scores. Qualitative findings substantiated the quantitative findings. In the DMT group people expressed feeling more in control, less angry and motivated for continued treatment. Again, expressive deficits improved alongside affect. Similar population but classed as having acute schizophrenia whereas the groups in this study had mixed diagnosis but primarily psychotic episode as reason for admission.

2.9 Concluding thoughts

In concluding this chapter and in relation to the questions asked, I have discussed the nature of psychosis spectrum disorder, and contemporary debates concerning this area. Between. How early childhood trauma and abuse of various kinds impacts on embodiment and psychopathology. To the

importance of KMP as a movement notation analysis, that is well suited to capturing the movement processes and linking those processes to emotional affects and to meaning. Also, to its validity as a capable instrument for doing so. I have situated the study within the important historical and contemporary phenomenological work of Heidegger, Merleau-Ponty, Jung, Brooke and others. I have done so with particular reference to space, weight and time and to the importance of 'abnormal timing experiences', and their potential effects in psychosis spectrum disorder. I have also managed to establish a link between phenomenology in relation to the psychotherapeutic work of Jung, his pioneering ideas on psyche and their relationship to metaphor and symbol. The significance of this, is that by making a synthesis here, I have been able to theoretically at least, tie the two important questions together. In connection with Brooke's work, I argued for Jung's psychotherapeutic work on metaphor and symbol to be seen as fundamentally embodied, phenomenological and emerging as natural imagistic responses to severe mental distress.

I have referred to the importance of the IDM in this field (Ratcliffe, 2017) to Krueger's (2018) work on the 'Scaffolded Self', and briefly to 4E Cognition. I have considered the 'relational' aspects, with regard to schizophrenia and psychosis spectrum disorder, and the importance of looking at the relationships in real time via the moving body and how this aspect has been under attended in the field of embodiment and psychopathology (Ratcliffe, Krueger, Parnas et al., Gallagher, Stanghellini). Clearly there is an important gap in the research between the phenomenological approach to psychopathology and its live application in relation to the moving body. What is required therefore is a piece of empirical research which examines these theoretical considerations in practice, looking in close-up detail at what is taking place. The next chapter will go on to discuss the methodology and how I look in detail at answering these two questions and contributing to new knowledge in the process.

Chapter 3

Methodology

3.1 Methodology

This chapter describes and justifies the methods I have used throughout my doctoral research. In particular I chose to use a convergent mixed-methods design to address the research questions with a particular focus on the moving body. This research was not concerned with efficacy but with the mechanisms at play in the DMP process. To this end I looked at the qualitative dynamics of movement, the symbolic and metaphoric communications involved and the therapeutic mechanisms. This chapter outlines the reasons for this particular research design given the complexity of the setting and the participants within in it i.e. experiencing an acute psychotic episode within an adult mental health in-patient setting. In order to address these mechanisms of change which concerned the dynamic, the aesthetic and the intersubjective, a convergent approach was used involving a comparison of the findings from different types of data all collected at roughly the same time.

A mixed methods approach makes it possible to look at the phenomenon of the lived experience of psychosis in closer detail. Gerber et al., (2018) suggest that there is a good fit between the epistemological and ontological foundations of the creative arts therapies and the dynamics of change as opposed to more linear, causal and mechanistic approaches. Implicit in the creative arts therapy worldview are aesthetic intersubjective ways of being and knowing which exist on the periphery of consciousness. A mixed methods approach helps to illuminate a path forward in considering the most appropriate ways to explore these processes and mechanisms of dynamic change. Archibald and Gerber, (2018) also suggest a way to look at dynamic change is via a mixed methods research approach. In terms of the arts they assert that mixed methods research (MMR) presents 'untapped potential for innovative methodological approaches' (p.956). The context for this research, given its complexity, requires just such an innovative methodological approach as it seeks to explore

and to better understand the complex social and embodied world of a ward setting.

Cresswell (2014) defines the mixed methods design as an emergent methodology of research enabling both quantitative and qualitative data to be mixed within a single study, allowing for a more, '…complex and synergistic utilisation of data', than the separate analysis of quantitative and qualitative data. He also argues, as in this study, that research questions involving complex interventions benefit from a mixed-methods approach. It allows for a closer examination of the phenomena, which is particularly beneficial when multiple perspectives are needed for a complex subject such as DMP in psychosis. The quantitative data consisted of a movement notation analysis tool called the Kestenberg Movement Profile (KMP). The qualitative data consisted of a thematic analysis of responses from a short questionnaire and narrative accounts of individual case studies. This study was designed to explore questions relating to the nature of therapeutic processes, the mechanisms at play and the phenomena of change in DMP.

Previous studies in DMP in relation to psychosis spectrum disorder, of which there were only five, were all randomised controlled trials (Röhricht and Priebe, 2006, Priebe et al., 2016, Martin et al., 2016, Savill et al., 2017, Bryl, 2018), which Gerber et al., (2018) describe as having, "…linear, causal and measurable mechanistic approaches"(p.10), that use essentially linear models of change evaluation to assess and understand the nature and process of change in the creative arts therapies. Within these RCT's, positive changes in expressive deficits were recorded but interestingly not listed as primary outcomes. Priebe et al. (2016) did however highlight the need for appropriate methodologies sensitive enough to elicit information regarding the mechanisms involved in this creative expression. In terms of researching the creative arts therapies, Archibald and Gerber et al., (2018) argue that what they call, '…arts MMR integration has potential to enable insights not possible through the use of

either approach in isolation, and to present new opportunities for transformative social change' (p.956).

Also, if as Ratcliffe (2017) suggests, a sense of self is an interpersonally constituted one based on trust in relationship, and we know that sense of self is altered during psychosis then it would make sense to look at interpersonal interactions i.e. the moving body, in order to understand the problem. The interpersonal means to interact with another which implies moving with another through non-verbal communications not just the verbal. The interpersonal impacts on intersubjectivity and intersubjectivity comes out of the interpersonal.

The questions in this study were as follows:

i. **What do the qualitative dynamics of movement during the dance movement psychotherapy process reveal about the mechanisms at play in DMP in acute adult mental health?**
ii. **What do the metaphoric and symbolic processes during the dance movement psychotherapy process reveal about the mechanisms at play in DMP in acute adult mental health?**

3.2 Rationale and Knowledge

The rationale and knowledge needed to address these questions had to be sophisticated and sensitive enough to look at the moving body in real time, looking at how the intersubjective presented itself in the DMP session through the intra and interpersonal elements. This entailed being able to capture the moving body in space and time and drawing conclusions which had relevance to the experience of psychosis. The most powerful way to capture the moving body was through the use of movement notation analysis. Sheets-Johnstone (2009) argues how important this is:

> (m)ovement notation systems allow empirical study of a whole-body kinetic process in ways that would provide insight into the differential dynamics of emotions… (i)n effect, one could specify both the qualitative dynamics of movement and the formal dynamics of emotion as they are simultaneously played out (p.213).

In this study, looking at the moving body in real time or as Sheets-Johnstone says as a, 'whole-body kinetic process', was carried out by using Kestenberg Movement Profiling (KMP) Kestenberg Amighi et al., (2018) as the primary movement system in order to help answer the questions above. The movement analysis focused specifically on the use of weight, space and time. The KMP data was gained from film footage taken during the sessions and the information and knowledge gained would help answer all the questions above except Qi. As a trained KMP analyst it was possible for me to analyse the data, which was subsequently externally validated which will be discussed in detail in a later chapter.

Closely linked to the moving body experience were the ways in which people expressed themselves symbolically, metaphorically and concurrently during the DMP process. Kalsched, (2013) and Koch (cited in Tschacher et al., 2011) argue that trauma is often expressed through symbol and metaphor. The link between trauma and psychosis has been previously highlighted in the literature review. It was, therefore important to be able to record if the symbolic and metaphoric communications were present in the psychotherapeutic process notes and responses to the questionnaires. The knowledge needed for this involved being able to perceive and understand how and where symbol and metaphor was used. To this end, I considered a Jungian psychotherapeutic framework to be most appropriate within which to interpret the findings and a framework I am familiar with. Use of a Jungian framework is important methodologically, as it is fundamentally a phenomenological approach, one well suited to looking at the lived body experience, at the mechanisms involved

in the use of DMP in psychotic spectrum disorder, and also at phenomenology which is at its centre.

Knowledge of the psychotherapeutic process included recording, interpreting and understanding symbol and metaphor, (movement metaphor in particular which is central to DMP praxis), individual and collective responses and my auto-ethnographic field notes, reflections and impressions. I linked all these findings back to the therapeutic mechanisms which gave a better understanding of the experience of psychosis in the ward setting. I shall expand on symbol and metaphor in a later chapter.

Knowledge concerning the affective atmosphere of the DMP group set against the ward landscape was also important because it enabled the group session to be put in the context of an acute in-patient setting. However, as this aspect requires in-depth analysis it will also be discussed in a later chapter. The knowledge needed to understand this aspect was based on considerable previous empirical clinical experience of the ward setting, the application of DMP and experience in groupwork.

A previously piloted questionnaire which consisted of five open-ended questions added another layer of rich data with which to look at the complex phenomena of the therapeutic mechanisms and symbolic and metaphoric communications. These questions concerned usefulness, self-expression, and self-awareness including awareness of atmosphere/environment. This data provided an opportunity to triangulate the overall findings.

The questionnaires elicit information which Shean (2014), argues, validate observations through the narrative and engagement of the participants, providing sensitive attention as to what the person cares about, how it distresses them and how these aspects intertwine in their lives. The questions specifically refer to forms of vitality as defined by Stern (2010), in terms of

expression, usefulness, what one feels and in relation to atmosphere and intersubjectivity.

3.3 Intervention site

The fieldwork took place on the in-patient services, which were a part of a large NHS Trust, in the North of England, on two acute adult psychiatric wards, (male) and (female). Prior to commencing the fieldwork phase both wards were mixed gender. However, immediately before starting the fieldwork the Trust changed its policy on mixed gender wards and made each ward single sex. Each had 22 beds and was run by a multi-disciplinary team (MDT) including consultant psychiatrist, junior doctors, nursing staff, occupational therapists and clinical psychologist. On the male ward the DMP intervention took place in the dining room, while on the female ward it took place in the activity room. On the male ward the dining room was situated off the central corridor close to the bedroom area and nursing office. Both wards were designed around a long curving corridor which made it difficult to see directly up and down it. There was also a window seat in the corridor near the dining room where patients would sit and congregate before, during or after the session. The music from the DMP group could be heard up and down the corridor. The dining room usually contained tables and chairs which I would push back in order to free up as much space as possible for movement. The dancing would take place here and some would sit at the tables watching and drawing whilst the session was in progress. Some would intermittently join in and some would come and go which is the nature of an open group. The windows of the room looked out on to the central car park with a view over to the surrounding hills and there were windows at the door which looked out on to the corridor and those passing could look in.

The women's group also took place in a similar configuration to the men's, in a room off the corridor, the activity room. The difference was that this room was immediately adjacent to the nursing office. This meant that the music and

sound would filter through into the office, however the nursing staff were able to tolerate the loud music and sounds from the group.

The activity room contained tables, chairs and a bookcase. I would move the tables and chairs to the back and leave a space for movement. The room looked out onto a central internal recreation area where all patients would congregate. The door also contained windows with which you could view the group. The music could also be heard out in the corridor, and some would sit on the window seat as with the men's group. Both rooms contained windows with limited openings/slits.

Due to the acute nature of the setting sometimes there was a great amount of activity, including walking, shouting, screaming. Various personnel on the ward, nursing, medical relatives, police, social workers would walk along the corridors. Sometimes an alarm would sound, and the staff would run fast together down the corridor in response to a possible incident. All this activity could take place whilst the group was in progress. Intermittently a member of staff would look in or come in with a clipboard ticking people's names off as part of the observation system in place for surveillance and monitoring.

3.3.1 Participants:

All patients on each ward were invited to take part in the study. The nature of the intervention i.e. an open DMP group was very inclusive. (See description below of open DMP group.)

The ages of the participants ranged from 18 to 65 years and they were admitted on to the ward for a variety of reasons. These included an acute psychotic episode, drug induced psychosis, a suicide attempt, depressive episode, a manic phase of bipolar disorder and eating disorders. Patients were experiencing symptoms such as, anxiety, depression, auditory and visual hallucinations, delusions or continuing suicidal feelings. They were either

admitted under a Section of the Mental Health Act (2007) or on a voluntary basis. The length of stay varied from one week to one year.

3.3.2 Inclusion Criteria: All patients aged 18-65 who had been admitted on to the ward.

3.3.3 Exclusion Criteria:

Patients with the inability to comprehend the nature of the research study due to severe mental distress, and be able to, '...rationally, knowingly and freely give informed consent' (Robson, 1993:32), as identified by the practitioner-researcher and their clinical judgement. In addition, any physical condition identified by the medical staff, that would prevent the patient taking part.

3.3.4 Procedure

Preliminary meetings took place with the consultant psychiatrist(s) and ward managers on both wards at least six months before the study commenced. All expressed their support for the research study. Valuable feedback was given and incorporated into the protocol. The practitioner-researcher also attended the Trust's Research Involvement Group (RIG) (service-user led) where the proposal was presented with opportunities for feedback and questions. The members of the RIG asked for more information in terms of dance movement psychotherapy as an intervention and its benefits for severe mental distress. This provided an opportunity to reflect on the presentation of technical language within the participant information sheet. The feedback was incorporated into the participant information sheet. The participant information sheet, consent form and poster were piloted on a similar ward to ensure they were comprehensive and easy to understand.

The procedure began with the placing of posters on the ward three weeks prior to the commencement of the study. The posters were displayed on the ward corridor, at the entrance to the TV lounge and in the activity room. The Participant Information Sheet (PIF.v2) and Consent form (CFv.3) were placed in

a folder beside the posters which potential participants could take away and read at leisure. The Participant Information Sheet outlining the project was given to all patients on the wards either by the practitioner-researcher or by a member of staff. All patients were able to self-refer on to the project. One week before commencement of the fieldwork phase, I visited each ward daily and made myself available for question or informal discussion regarding the study. This involved sitting and talking to people in the TV lounge or talking to those people simply walking up and down the corridor. In addition, I alerted staff to the fact that I would be starting the study and answered any questions raised by them.

The issue of withdrawal from the study meant that no more data would be collected. However, for the participant to withdraw having first consented meant that it was practically impossible to remove the data from the questionnaire, as the information was anonymised and practically impossible to withdraw individual participant data from the film footage. The film footage taken by the single camera in a fixed position captured the group participation and data regarding each individual was taken from this collective group footage. This aspect was made explicit in the Patient Information Sheet and the Consent Form.

3.4 Fieldwork phase

The fieldwork phase involved 10 weeks of weekly DMP sessions of 90 minutes duration on the Men's and Women's ward respectively. Each group took place on a different day; the Men's group on Sundays and the Women's on Mondays. The groups began at 6pm and ended at 7.30pm. In addition to these groups, it was necessary to offer practice as usual for consent purposes. I therefore continued to offer and run the DMP group that I had been running for the past 10 years. These groups were run on a Wednesday and Thursday evening at 6pm. Participants of the research group could also attend these usual weekly groups but those not consenting could not join the research group. I continued to visit

the ward on a regular basis after the start of the research group in order to recruit during the 10-week period, due to the fluctuating nature of the ward population.

At the end of each session a questionnaire was given out and those taking part were invited to respond. Following this, clinical notes were recorded on the NHS electronic patient record system. Psychotherapeutic process notes were also recorded and stored separately in the manager's office, as part of the study. These notes were reflections and impressions of the session and included thematic shifts, symbolic images and movement metaphors. These changes were then linked with the use of movement, space, time and weight in KMP terms and the themes from the questionnaire responses.

3.4.1 Filming

The presence of a camera was highlighted in all written information regarding the study. Additionally, the practitioner-researcher verbally highlighted this fact to potential participants. Filming of the therapy sessions was used as a route to capture movement and to analyse the qualitative dynamics of the spatial relationships. There were specific challenges in using film especially in the acute mental health setting. There had to be a high degree of sensitivity to the presence of a camera on the ward given the nature of the presentation of some of the participants. It was extremely important to address any concerns or distress expressed by the participants. Also, where to place the camera in the room in order to best capture the movement material was also given careful consideration. The film footage was kept in a secure locked cabinet in the senior management team office on the ward. Only the researcher was able to access the footage. The footage was only viewed by the researcher and the viewing took place in a private office on the ward with only the researcher present. The results of the data were stored in a secure locked cabinet. During the data analysis stage, it was necessary for a validation process of the KMP material to take place. This was carried out by an experienced KMP practitioner

who viewed a random selection of the material while on the ward (see validation letter in appendix).

3.4.2 Pros and Cons of the practitioner-researcher role

As a qualified Dance Movement Psychotherapist, I had been offering the intervention for the past 10 years on these wards with the full approval of the South West Yorkshire Partnership NHS Foundation Trust who additionally supported this research. It was important to be aware of the possible difficulties and opportunities within the practitioner-researcher role. The dual role of practitioner-researcher could have posed a problem to the integrity of the study in terms of role confusion for practitioner and service user and in terms of bias re data collection and analysis. However, according to Lanza (2015), this may be addressed by developing a clear and detailed research protocol here while exerting self-discipline with regard to this during the fieldwork period. The pre-existing knowledge and experience about the setting and patients involved is a major advantage that can, lessen implementation problem. (Robson, 1993:447). For example, when administering the questionnaires to patients while in researcher role, they must be aware that having already taken part in the group, there may be reluctance or irritation by patients at being asked to fill out a questionnaire albeit a short one. Regarding data collection, the practitioner-researcher had already successfully piloted a very similar questionnaire and was aware of these issues. Other advantages included the previous clinical experience of the practitioner-researcher in this setting, which had influenced considerably the design and delivery of the study.

The practitioner-researcher was also aware of the possibility of participants experiencing distress within the session and had expertise in containment within a psychotherapeutic framework. This included giving verbal and written information to the participant regarding the possibility of experiencing feelings during the session, which they may find difficult. At the same time, it was important to point out that it was a safe contained space where there was the

opportunity to express these feelings, if they so wished, in a supported way. Due to the nature of the setting there was also additional support available from the ward staff for the participants. The participants were made aware of this in the information leaflet. The practitioner-researcher also liaised with the ward staff after each session in relation to any issues of concern, and if necessary these were logged on RIO the electronic records system for awareness by other members of the Multi-Disciplinary Team (MDT).

Through my experience on the ward I had achieved a certain familiarity with the setting and gained experience in working with the ins and outs of the ward community including the culture and the environment. This was advantageous when having to negotiate and navigate my way through the setting up of the research study. The practitioner-researcher role has been described by Amer, (2013) as 'insider' research. This position can bring both advantages and disadvantages. 'Insider' prior knowledge of the system comes with a certain amount of responsibility and used without awareness can result in a bias (Amer, 2013). This challenge may be addressed by developing a strong reflective practitioner position as illuminated by Schon, (1984), who advises adopting a stance of constant inquiry.

As practitioner-researcher, a closeness to practice helped to forge a sense of ownership of the research. However, it was important to have a self-awareness of one's position as practitioner-researcher and to reflect on this position in relation to bias. Additionally, an awareness that participants may feel pressurised to take part because of the familiarity of the practitioner, especially if there have been multiple previous admissions with many opportunities to build relationship. This could have potentially led to a reluctance to comment negatively through the questionnaire responses or to express views that they perceived could upset the practitioner-researcher, or that could go against them in openly criticising the service. In conclusion the practitioner-researcher position offered both advantages and disadvantages as outlined above. These

different viewpoints were taken into consideration when constructing the methodology.

3.5 Consent Process

One of the difficulties working on the acute ward setting is informed consent given the fact that clients may be experiencing an acute psychotic episode. The necessary conditions for informed consent were therefore carefully researched in line with the Mental Capacity Act (2005) and in consultation with other professionals following the guidance together with Trust policies and procedures.

Of paramount importance was the issue of informed consent in the acute in-patient setting. The vulnerability of some of the possible participants needed to be accounted for and careful consideration given to the issue of informed consent. The consent phase was ongoing, and the researcher continued to consult the participants regarding their consent, in the light of changes in mental state. Patients were encouraged by the practitioner-researcher to discuss the study with ward staff before deciding whether or not to take part. This was also highlighted in the participant information sheet PIF.v.2 (see appendix). Each participant was made aware that withdrawal from the study would be possible at any time, however it was not practically possible to remove individual participant data from the film footage. This was made clear in the participant information sheet and consent form CF.v.3 (see appendix). This study followed the Dept of Health Governance Framework that; 'the dignity, rights, safety and well-being of participants must be the primary consideration in any research study' (Dept of Health, 1999:116).

The issue of informed consent or the capacity to consent in acute adult psychiatry has been the subject of medical ethics and is cited in numerous studies. (Amer, 2013, Van Staden, 2010, Beckett and Chaplin 2006, Hategan et al., 2014). It is widely known that this particular population do not have access

to high quality research especially during the acute psychotic phase and the unpredictable nature of the environment makes researchers wary of running studies in these settings. However, it was important to overcome these challenges in order to advance our understanding of severe mental distress and what may or may not help.

The consent process in this study was governed by a University Ethics procedure and then, as it was situated on hospital wards within the NHS, a lengthy and complex clinically oriented process with clearly defined protocols that were scrutinized by the NHS IRAS ethics panel.

Running a research study on an acute adult in-patient setting throws up many challenges. For example, the question of whether or not people experiencing schizophrenia are able to consent due to delusions and hallucinations, has been posed by Amer et al., (2013), and discerning capacity to consent has been cited as one of the difficulties in delivering research in this particular area. The consent process, therefore, had to offer flexibility which allowed participants to withdraw at any point even after having given consent. The wording of the consent form had to reflect this flexibility.

Implementing this NHS based ethics approved protocol involved carefully constructing a consent process which would allow for change. The process needed to be on-going throughout the fieldwork phase. During it, concerns were raised regarding the use of filming within the session and how the presence of a camera may or may not create distress for those taking part? This issue was addressed explicitly in the consent form and additionally a large poster was placed at the entrance to the research group stating that filming was taking place. My clinical experience was very important here, in discerning difficulties, anticipating problems and responding often in the moments immediately preceding a session. For example, with potential participants wanting to consent at short notice before the session began, or others withdrawing their consent having given it previously.

3.5.1 Implementing the consent process

The consent process was potentially fraught with difficulties due to the acute nature of the setting. For example, factors included the rapidly changing population of the ward, the issue of capacity to consent whilst experiencing severe mental distress and often a heightened emotional atmosphere on the ward. To that end I adapted the protocol suggested by (Hategan et al., 2014) where they proposed the acronym **CHECK,** which stood for Capacity, Hereditary, Ethics, Coercion-free, and Knowledge.

The consent process began one week prior to the commencement of the study and continued throughout the fieldwork phase. I shall outline the consent process in terms of the acronym CHECK as detailed above:

3.5.2 Capacity to understand information

Ensuring decisional capacity to understand the information about the proposed research required the application of my clinical judgement in collaboration with the nursing staff and the multi-disciplinary team. My clinical judgement was based on 12 years, experience as a clinician in this setting, affording me a firm foundation on which to assess capacity. The process needed to be ongoing as capacity could vary over time. I arranged to visit the ward frequently in order to have discussions with the ward staff regarding capacity. These discussions took place in the ward office and generally involved the service user's named nurse. During the course of this study, the capacity to consent only came into question on one occasion. In this instance using my clinical judgement I deemed that the potential participant was not comprehending the nature of what she was signing with regard to the consent form; this was on the basis that the potential participant ticked and crossed the consent boxes simultaneously. When I pointed this out to her she continued to do this. Based on this experience, I made the decision not to include her in the study. On another

occasion one participant consented and then ripped the consent form up and put it in the bin and then returned to the project at a later date and re-signed.

3.6 Ethics

With regard to the ethical implementation of DMP praxis, the psychotherapist was bound by a Code of Ethics and Professional Practice developed by the Association for Dance Movement Psychotherapy (ADMP, 2013) to which all DMP's must adhere. This ethical requirement was also contained within NHS Trust policies regarding Psychotherapy practice in the Trust especially in relation to Clinical Supervision and its importance. As a Dance Movement Psychotherapist the practitioner-researcher had weekly clinical supervision from a senior Art Psychotherapist employed by the same NHS Trust.

As practitioner-researcher I had an established professional relationship with both wards and the multi-disciplinary team as a Dance Movement Psychotherapist with experience of running ongoing groups on both for the past 10 years. As this intervention had been running for a number of years, established risk assessment procedures were in place and I followed all NHS policies and procedures regarding confidentiality, data protection and safeguarding. Some have posited that research in this setting raises possible ethical issues such as the ability to give informed consent due to disorganised thinking or delusions; perceptual difficulties have also been cited as a potential barrier to gaining consent (Grisso et al., 1995). However, Amer et al., (2013), state that there is no robust evidence for this view and that this population are as able as any other with regard to capacity to consent. Re-approaching the patient to discuss consent or revisiting the issue as needed was essential in assisting the process. A consent process that encouraged questions and not simply one that left a person alone with the information was important. This was ensured by my frequent visits and ongoing presence on the ward.

Even with this ongoing presence however, the consent process often took place on the day of the session. This added a dynamic 'responding in the present moment', dimension to it. I made the clinical decision to respond to potential participants in the way that was being presented to me. Responding to the present moment, created a sense of immediacy which evolved into discussions outside in the corridor prior to a group starting. Potential participants would often come into the room as the session began asking for information. As I was engaged in setting up the group at this point, I would ask the staff to talk through the details with the person involved. The consent process was clearly not straightforward as people tended not to want to consent a week prior to the group. Reflecting on this, I considered that it may be due to the person being immersed in the present moment and more concerned with what was happening in the here and now. The fact that something may be happening next week or in a few days did not seem to be important. Perhaps this may have been due to the acute nature of the distress that people were experiencing or the impact of antipsychotic medication? I quickly realised that the consent process was going its own way and I adapted accordingly. The ethics committee had agreed that the consent process had to be on-going and flexible. The process developed its own rhythm, reflecting the fluctuating nature of the environment. I did, however, continue to visit the ward on different days, outwith the sessions; as a part of the consent process in order for people to feel familiar with the project, while at the same time becoming aware of my own rhythm for coming on and off the ward. In addition, the process seemed to become an embodied one.

3.6.1 Coercion-Free

Hategan et al., (2014) state that there has to be the right to decline participation in research and to withdraw at any stage without prejudice. The ability to withdraw from the study at any point would have to be possible. This was somewhat problematic as it was not practicable to take participants out of the film footage after they had consented, nor to withdraw the questionnaire

response due to anonymity. This aspect had to be clearly emphasized on the consent form. In practice, this issue was re-iterated to potential participants multiple times in order to ensure understanding. There was only one participant who initially consented and joined a number of the research sessions but withdrew consent at a later stage. She had continued to express ambivalence towards being included in the research but wanted nevertheless to come to a number of the groups. I re-visited the consent process with her many times as she appeared to gain benefit from attending but eventually she decided to withdraw her consent.

3.6.2 Knowledge

It is advised that adequate information about the project with an explanation regarding risks and benefits should be given, Hategan et al., (2014). The reasons about risks and benefits should also be clearly outlined. The participant information leaflet PIF.v.2 and the consent form CF.v.3 described the aforementioned in detail. In terms of providing adequate information, I would often sit in the corridor and talk to groups of people about the study. There was considerable interest in the project and in the possibility of taking part. The participant information leaflet was left in a plastic wallet on the wall on the ward corridor and was accessible for those who wanted to take the information away to read. The consent form was attached to the back of the participant information leaflet and significantly the number of leaflets were often reduced on my return to the ward. We would sit together and there would be an opportunity perhaps for the first time to talk to someone about the experience of psychosis/distress and the influence of movement on the distress. This part of the consent process was unexpected and opened up other possibilities for meeting together and discussion.

Also, opportunities to start to describe the use of DMP as an intervention provided the starting point for the study. The staff would also ask questions about it thus enabling them to assimilate information and answer any

questions from potential participants at a later date. The process of sharing of information regarding the study was again on-going and took place in different locations on the ward. For example, on the corridor, the TV lounge, the dining room and outside the staff office.

The consent process was somewhat surprising as it threw up many anomalies which required working with. This continued to happen in the study and being an experienced practitioner very much assisted with my ability to be able to see beyond these difficulties and to find innovative ways to move forward. This enabled the project to flow and as I commented on before it became an embodied consent process.

3.7 Data Analysis

Primary data collection was carried out using three methods within the overall anthropological framework of participant observation, (Kawulich, 2005). DeWalt and DeWalt (2002, cited in Kawulich, 2005) suggested that participant observation be used as a way to increase the validity of a study. These observations, they argue, may help the researcher gain a better understanding of the context and phenomena. They also suggest that, "the goal for design of research using participant observation as a method is to develop a holistic understanding of the phenomena under study that is as objective and accurate as possible given the limitations of the method" (p.92).

The three methods in this study were: KMP movement profiling from the film footage, questionnaire responses from the participants and auto-ethnographic notes of the psychotherapeutic process. Secondary data included a descriptive narrative of the ward landscape via auto-ethnographic field notes and individual case studies.

The data sets were analysed using a combination of qualitative and quantitative methods. Furthermore, in order to have valid and well-substantiated conclusions about the phenomena, data set convergence was used via a mixed-

methods model design (Cresswell and Clark, 2007). The data sets from the movement analysis (KMP), the participant questionnaires and the psychotherapeutic notes were all converged. The section below details the three methods:

3.7.1 Method 1: Kestenberg Movement Profiling (KMP)

The footage was analysed using Kestenberg Movement Profiling (KMP) (Kestenberg Amighi et al., 2018), a movement notation system commonly used in dance movement psychotherapy, in order to illuminate the qualitative dynamics of the movement in particular the 'spaceforcetime' dynamic (Sheets-Johnstone, 2009:317). KMP developed by the Child Psychoanalyst Judith Kestenberg and colleagues, provides a formal system of observation, notation and analysis of movement with a theoretical framework for interpretation of the meaning of movement when analysis of non-verbal information is required. The framework is developmental and focuses on the way movement patterns develop throughout life. It helps to see patterns of movement, defining a range of movement qualities. The first three phases of KMP relate to the development of space, weight and time and occur in the horizontal, vertical and sagittal planes. Theories of movement analysis suggest that movement qualities and movement shape are factors of equal influence in the perception and production of movement.

Kestenberg defined 10 basic movement rhythms that correspond to the physiological and psychological needs of a person. These rhythms refer to the constant changes of tension and relaxation in our bodies and tension-flow rhythms can be observed in-utero and throughout our lives, whose function is the expression of needs and affect. The inter-rater reliability of the Kestenberg rhythms has been demonstrated in several studies (Koch et al., 2002; Koch, 2006). Tension flow rhythms relate to one's inner states and feelings, and tension flow attributes pertain to temperament and inner psychological needs.

Within the KMP I decided to focus on Efforts and Shaping in Planes. I chose to do this as these aspects pertain to the use of space, weight and time, and as I have previously highlighted in the literature review these aspects are often disrupted during the experience of psychosis. By understanding how these elements are used in the moving body, we can, by extrapolation understand more about the mechanisms at play in the experience of psychosis which is central to this thesis.

In KMP there are six different yet related effort elements: strong, light, (Weight), direct, indirect (Space), accelerating, decelerating (Time). Taken together they reflect how the individual copes with space, weight and time. The efforts represent a developmental progression of increasing control over movement which leads to the ability to focus on and cope with the outside environment. This develops during early childhood. For example, when learning to walk across a space in a straight line the child initially uses movements which are tentative and hesitant. However, as he/she develops mastery of the skill over time they will employ efforts such as strong and direct to execute the movement.

Shaping in planes, according to Kestenberg Amighi et al., (2018) creates the structure for complex relationships and meanings. Shaping is about relationships and about how parts are interconnected. Shaping in Planes are, spreading, enclosing (Space) ascending, descending (Weight) and advancing, retreating. (Time). For example, when a parent meets their child they may stretch out their arms (spreading) and then wrap them around the child (enclosing).

It is important to understand that Efforts and Shaping in Planes go together. Efforts and shaping in planes together reflect a balance between ways of coping with space, weight and time. This is described as matching and mismatching and reflects the specific qualities of relationships. For example, enclosing matches with direct and mismatches with indirect. The act of enclosing requires

one to give direct, focused attention to the person you are with. If enclosing is used with indirect a sense of not paying attention or a certain lack of authenticity is conveyed in the movement. During the KMP analysis matches and mismatches were noted and recorded numerically.

The Kestenberg Movement Profile Analysis Tool was used to capture specific aspects of movement on film during the session, connecting with the themes of space, force and time.

The KMP analysis consisted of viewing the film footage of each session in entirety, on multiple occasions in order to ascertain which sections to analyse. A selection was made on the basis of sessions that involved substantial amounts of movement and interactions, which therefore lent themselves to closer inspection. According to KMP protocol, in order to analyse shaping in planes and efforts, there has to be more than 20 elements of each category in the sequence of movement. In some sessions there was insufficient elements to make the analysis. In those sessions where there were multiple bodies moving in the environment simultaneously an analysis of all those taking part in the sequence was undertaken. This involved looking at the movement sequences and ascertaining whether or not these movements could be linked to the KMP categories. This data was recorded and counted providing a quantitative numerical analysis which was then interpreted.

3.7.2 Method 2: Notes of the psychotherapeutic process (process notes)

The process notes contain reflections and impressions of the sessions from a psychotherapeutic viewpoint. They were made immediately after the group finished so are as close as possible in time to the event itself. These may be presented as individual case studies in detail or as overall collective group responses. They can be technically classed as participant observations but are clearly observations from the practitioner who in this case is a dance movement psychotherapist. They are therefore a reflection of the DMP process in action

and contribute significantly to the data. Importantly they include symbolic and metaphoric communications expressed during the sessions by participants and possible interpretation and reflections on the meaning of these communications. A thematic analysis was performed on this data that generated specific themes and meta-themes which contributed to the convergence of the data (Braun and Clarke, 2006).

3.7.3 Method 3: Participant Questionnaire

The aim of the self-completed questionnaire PQv.3 (see appendix), which was implemented on the ward but outwith the DMP sessions, was to extract examples of participants experiences, particularly with regard to space, force, time, body and self and the presence of symbolic and metaphoric communications. The questions were open and closed-ended. All questions were optional and no word limit was placed on responses.

They were as follows:

1. Can you describe what you found useful about the group?
2. In what way were you able to express yourself?
3.Can you describe what you feel now?
4.Can you describe the atmosphere in the group?
5. Any other comments?

Questionnaires sought to uncover the qualitative features of the participant's's experience with particular reference to movement. This questionnaire had previously been piloted on the ward and proved to be easy to complete with the minimum of disruption. It had also elicited rich and concrete information previously. There were only 5 questions which aimed to elicit information regarding the lived body experience of the group. The fact that these questionnaires had been used before reduced the problematic distinction of practitioner-researcher in terms of not being too intrusive. Due to the possibility of distress experienced by the patients it was important to use questionnaires which were simple and straightforward. The questionnaires

were analysed using manually coded thematic analysis (Braun and Clarke, 2006).

3.7.4 Secondary Data: Descriptive narrative of the ward environment/landscape via field notes.

A descriptive narrative was used to describe the landscape of the ward, most importantly the atmosphere created and its impact on the group and vice-versa. Forms of narrative and descriptive writing were used as a creative and critical means of discussing the affective and performative atmosphere of the ward landscape. This descriptive narrative was also used to elicit information regarding ward 'habitus'. The idea of 'Habitus', although originally conceived by Aristotle (Hexis) was developed by Bourdieu (1984) and used here, in relation to the socialised norms and tendencies that tend to guide thinking and behaviour on the ward, which are important in being able to place this therapeutic activity: not only in space and time but also in the context of the 'Habitus' of the ward environment. In this context a descriptive narrative via auto-ethnographic field notes was kept by the practitioner-researcher that focused on this important aspect of ward landscape.

Descriptive narratives of a selection of the sessions from a psychotherapeutic perspective. Practitioner-researcher session notes in order to gather information about the metaphoric and symbolic process taking place and to 'elicit rich descriptions of inner experiences' (Stanghellini et al., 2016) and responses connected with psyche (see glossary).

3.8 Limitations of this study

There has been little research carried out on the acute psychotic episode, let alone any researches into the moving-body during this acute period. For example, one of my Durham University reviewers and the IRAS review board highlighted the importance of providing this particular population with access

to high quality research, and not to discriminate against this population because of the perceived difficulty of research delivery. This meant that maximising ease of participation for all involved within this vulnerable population was central to research design, with much thought given to how best to effect this.

The main limitations of this study concern the nature of the setting given the acute presentation of the participants on the ward. It would not, for example, in relation to questionnaire design, have been possible to conduct lengthy interviews with lengthy questions, hence the simple open-ended questionnaire with only a few questions. Certainly, in-depth interviews would have elicited more data and information concerning the lived experience of psychosis, however this was outweighed by the benefits of being able to gain at least some data that was easy to gather without causing any further frustration or distress to participants. Also, as the questionnaires were anonymised to protect this vulnerable group, it was not possible to link the questionnaire responses with other data relating to that individual, which would have built a fuller picture of individual response to the sessions and their impact. A further result of this was that while case studies were possible in some cases, data convergence was not possible for individuals but only in a collective and generalised way. However, the study was very much focusing on capturing a picture of the lived-body experience of psychosis and this was still possible to do with this design and in spite of the limitations contained within it.

Also, as part of the consent process it was agreed that consent could be withdrawn having taken part in the sessions. This resulted in a loss of some of the data due to participants withdrawing having previously consented.

It was also not possible to gain normative data due to the open nature of the group and the high turnover of the population on the ward. Normative data would have provided a closer look at the phenomena over time. The study is very much a snapshot of moments in time.

3.8.1 Dance Movement Psychotherapy Intervention

Why use the Dance Movement Psychotherapy intervention in order to test movement quality as a source of influence in acute adult psychiatry/ psychosis? It is important to look at the theoretical principles underpinning dance movement psychotherapy in order to answer this question. The key principles are as follows:

1. Body and mind interact so that a change in movement will affect total functioning (Berrol, 1992).
2. Movement contains a symbolic function and as such can be evidence of unconscious processes (Stanton-Jones, 1992).
3. Dance Movement Psychotherapy allows for the reconnecting of early object relationships by virtue of the largely non-verbal mediation of the latter (Meekums, 1990).
4. Movement improvisation allows the client to experiment with new ways of being (Stanton-Jones, 1992).

These principles clearly outline the response to the question. The relational aspect of the intervention is central to its delivery and seeks to look at the possible mechanisms at play in the psychotic episode via an embodied perspective. Given the theoretical principles outlined above, the DMP intervention is very well placed to investigate the influence of movement on the acute psychotic episode.

3.9 The session itself

An open group DMP session took place at a frequency of 1 per week for 10 weeks on 2 wards (20 sessions in total). Each session lasted 90mins including 20mins for self-reflection. The structure of the DMP group session involved an Opening, a Development and Closure (Chace, 1975). The DMP group was based on a modified Chacian model. The traditional Chacian model involved the

formation of a circle, however due to the open nature of the group and the acute presentation of the participants a circle rarely formed.

The session took place on two wards, male and female and involved music playing and an, 'invitation' to take part in whatever way participants chose. I moved/danced in the space but did not specifically ask participants to dance. There was no choreographed dance or taught dance sequences, just an opportunity to freely express oneself through the dance. Throughout the session dances emerged, and I responded, to whatever was expressed by the participants. This involved dancing individually, in small groups or sometimes forming one large group. There was also access to art materials for anyone who wished to express the dance through visual art. At the end of the session there was an opportunity to reflect, for those who wished to participate. Chairs were placed in a circle at the end of the session and participants were invited to take part in the reflective process.

The session really began as I entered the ward. There were usually patients milling about the corridor and they made connections with me, asking why I was there. This gave me an opportunity to talk and discuss the group with them. I would then place the sign outside the door indicating this was a research group and that filming would be taking place. On entering, I would set up in preparation for the group. This would involve pushing the tables back and setting the camera up in the corner of the room to test the view and to ensure it covered the space. Art materials were placed on the tables including paper, oil pastels and pens. Scarves and cloths were distributed in different places on the floor. I set the music up using a small portable Bose speaker linked to my smartphone and accessed the music via Spotify. This allowed for a wide selection of music that created a rich soundscape which was crucial to the delivery of the group. The music offered the experience of different rhythms, different songs, lyrics, moods and culturally diverse music i.e. Bhangra, Eastern European music. Participants made personal connections with the music which they also had an opportunity to choose. The music triggered memories of past

events with the lyrics providing a link to past painful experiences. This would stimulate a thought, or reflection which influenced the mood or atmosphere. There was often a collective response to the music which created a very powerful change in the atmosphere and brought out a particular theme that the group seemed to want to work with. These themes connected to universal feelings of love, loss, longing, anger and joy. I would put the music on at quite a loud volume and begin to dance. Strong loud rhythms are external organizers of the body. This is important to bear in mind during severe mental distress. The participants would come in and out of the session. There would be an 'invitation' to take part in whatever way they chose. I moved/danced in the space but did not specifically ask participants to dance. There was no choreographed dance or taught dance sequences, just an opportunity to freely express oneself through the dance. Throughout the session dances emerged, and I responded to whatever was expressed by the participants. Some danced individually, in small groups or sometimes formed one large group. As the session progressed I would become aware of or notice opportunities to connect with the participants. This would involve using DMP techniques such as 'mirroring', interactional synchrony and rhythmic movement. These techniques will be discussed in greater detail in a later chapter on DMP.

During the session participants would either dance or sit drawing and chatting to each other. Some would talk to me as they dance or would clearly be experiencing auditory or visual hallucinations. These would be expressed in movement form and simultaneously verbally in symbols such as snakes, spaceships, the devil, God and aliens. Participants would talk and dance at the same time and I would notice and blend these communications into the movement relationship. Participants would change and transform individually and collectively, over the course of the session as a result of these interactions. They would sometimes begin to express themselves in the session and then leave the room only to come back later and pick the thread up again. There would be many happenings at the same time which required what I would describe as a 'creative alertness' and a widening of my field of consciousness.

In DMP terms I would also be aware of the somatic countertransference. This refers to the bodily sensations and feelings that I would personally be conscious of as the group was taking place e.g feeling sad or joyful or perhaps an image or a visceral sensation. This is an important aspect of the psychotherapeutic process and is important in addressing these communications in order to better understand what may be going on under the surface. At the end of the session there was an opportunity to reflect, for those who wished to participate. Chairs were placed in a circle at the end of the session and participants were invited to take part in the reflective discussion with me.

3.9.1 Psychological Containment in the open session.

It was important to have the session start and finish at the same time and to keep to the same day of the week. This provided constancy in a fluctuating environment. It was important to bear in mind the heterogeneity of the ward population and therefore to deliver an intervention which accommodated this. Part of this is the 'open door' which gives a clear sign of freedom to move in and out of the room and as such it has a positive symbolic significance. It respects the needs of patients to be able to drop in and out of the room and to be present without moving/dancing. Non-verbal interactions through the DMP approach also open the way to symbolic communication, allowing for the presentation of material in new ways.

3.9.2 Rationale for an Open DMP Group

The DMP groups that ran at this study site continued to run as normal on both wards. In addition, sessions were set up that were specifically for the research project. It was important to have the session start and finish at the same time and to keep to the same day of the week. This provided constancy in the fluctuating environment of the acute adult mental health setting (Luzzatto, 1997). The open aspect of the group respected the needs of participants to be able to drop in and out of the session. The possible short length of stay on the ward and the unpredictability of the day of patient discharge made it more

appropriate to offer a session open to all patients admitted to the wards on the day of the session. This study followed the Dept of Health Governance Framework that; 'the dignity, rights, safety and well-being of participants must be the primary consideration in any research study' (Dept of Health, 1999:116).

3.10 Study Conduct

The practitioner-researcher had an established clinical relationship with both wards and the multi-disciplinary team as a Dance Movement Psychotherapist with experience of running ongoing groups on both for the past 10 years. As this intervention had been running for that time, established risk assessment procedures were in place (SWYPFT, Risk Management Procedure, Dec 2015) including reporting of risks using Datixweb (op.cit) while the practitioner-researcher also follows all NHS policies and procedures regarding confidentiality, data protection and safeguarding.

3.11 Research Procedures and Protocols

All procedures were approved by Durham University and NHS IRAS (Integrated Research Application System – IRAS ID: 206407).

3.12 Data Management

All data was anonymised and coded. The data including the film footage was stored electronically on an NHS password-protected computer as per NHS protocol. The password was known only by the practitioner-researcher. The results of the data were analysed by the practitioner-researcher in the senior management team office. The practitioner-researcher was the only person with access to the data. All questionnaires and paper forms i.e. session notes, descriptive narratives, were kept securely in a locked filing cabinet in the ward office. All participant data was anonymised and coded. All session content was confidential except for any issues concerning risk expressed directly by the

participants. As per NHS risk policies any risk would be passed on to the relevant professional. All data stayed within the hospital site and followed the Data Protection Act 1998 (HM Govt, Norwich). Durham University, as the research sponsor, will store the data securely for 5 years after the completion of the study and destroyed it at the end of this period.

Chapter 4

Ward Landscape

4.1 Ward landscape – outside

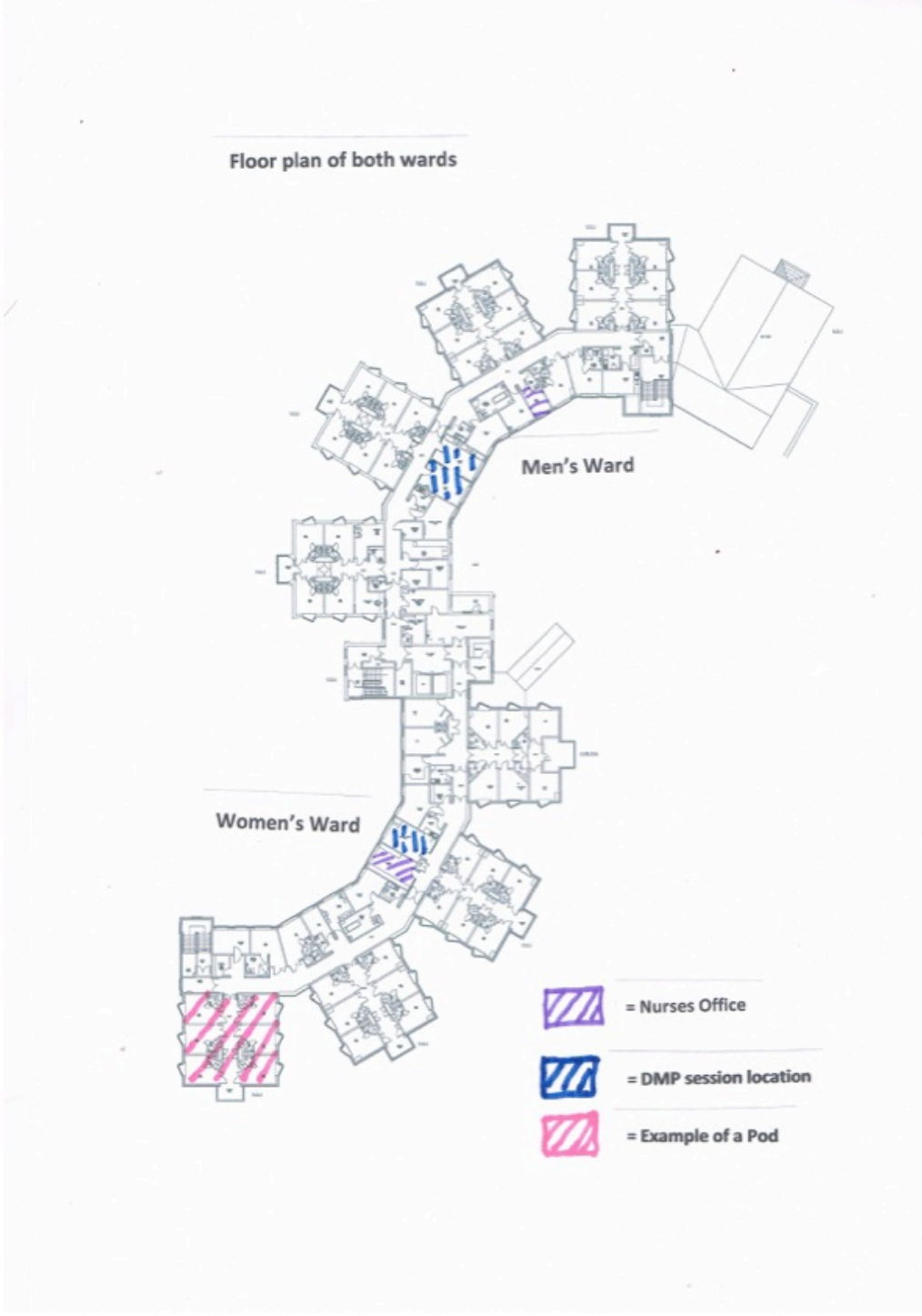
Here I present a rich description of the ward landscape setting both inside and outside, which clearly sets the context in which the fieldwork took place. This also aims to give a flavour of the atmosphere present in the ward setting during day-to-day activities, pre DMP session, during and post-session and also including the atmosphere in the ward office. The ward culture creates a very particular type of environment which requires elaboration, in order to contextualise the sessions and understand the results in that regard.

This section on the Ward Landscape relates specifically to the context within which the study took place. It gives a flavour of the setting, the culture and atmosphere of the ward in contrast to the atmosphere of the DMP sessions. It also aims to give a snapshot of the daily life for service-users staying there.

Following on from Krueger's (2018) notion of the 'scaffolded self', I shall describe the ward landscape, illuminating the possible affordances available to the individual in terms of affective scaffolding.

I shall take the reader on my journey on to the ward beginning with the outside of the building. As I stand outside I see the building which is brown, clad in wooden-like material and built in early 2000 as part of a Privately Funded Initiative (PFI) agreed contractually with the Department of Health. It is difficult to imagine that the architectural brief for a mental health facility would have been to create a circular building with limited sight lines. The DMP sessions take place on two acute adult psychiatric inpatient wards on the first floor of this building. (See plan below):

Diagram 3: Floor plan of both wards



The ground floor of the building consists of a reception area, an occupational therapy department, an Older Peoples' ward, outpatient consulting rooms and staff offices. On entering the building, I often meet service users milling about outside the building, sometimes smoking in the smoking shelter or chatting to others. At that time there had been a 'No smoking' policy introduced on to the wards, and this was creating huge tension for those people who would very

often be heavily addicted to smoking. If the person was on a voluntary admission they were able to come and go and smoke outside. For those on a section of the Mental Health Act (1983) (MHA), it was much more problematic, as they would have to wait until a member of staff could escort them off the premises to smoke. This created tension between staff and service-users as often staff were too busy with other duties to escort them outside. People were however, supported to stop smoking and given nicotine substitutes to help with the withdrawal. I do not think it is hard to imagine that finding yourself sectioned on a mental health ward, is not perhaps the best time to consider giving up a lifetime of smoking!!

On approaching the building, those outside would stop and talk to me and ask if I was coming to run the group. I would always chat and ask how they were doing. There was a sense of the group beginning from the outside.

4.1.1 Ward Landscape-inside

Passing through the reception area, the wards were accessed via a lift to the first floor. When the doors of the lift opened the first image that I would see was a large mosaic with the words 'HOPE' in bright colours. This always seemed rather incongruous to me as the atmosphere did not feel very hopeful. On leaving the lift I would turn left towards the Men's ward and right towards the Women's ward. The hospital building is based on a curved design which means that when entering the ward, one cannot see ahead (See Diagram 3). You can only catch a glimpse of sections of the ward, as the walls curve around the space. This adds to the sense of isolation, disconnectedness and fragmentation. On entry I have to use a pass to enter the ward via what is called an airlock. It is necessary to close one door and remain in the airlock only able to open the second door once the first one has closed. Access can only be gained through these doors using an electronic pass. On entering in this way there is a feeling of entering a locked, controlled, enclosed and cut-off zone from the rest of the world. There is a feeling of keeping the world out.

This in a way heightens the tension created by people on the ward, admitted voluntarily or on MHA (1983) section. There are differing levels of section with varying degrees of restriction for example under Sections 2(a) and 2(b) and 3 which are commonly used, however, to be sectioned means that 2 registered medical practitioners must write a report jointly recommending hospital admission. Restrictions can range from being on an intensive level or observation, which means a member of staff being with you at all times, to having limited time off the ward on your own. The MHA sections last for a period of time, usually 28 days, and the person is entitled to challenge them through a tribunal system.

As I enter the ward corridor through this airlock, there is an immediate sense of being somewhere very different, a sense of emptiness, heightened by this restricted access through it. It is as if there is nothing going on and no-one there. There are usually very few people in the corridor. Sometimes there are individuals peering through the glass in the door hoping to get out, especially if they are on an MHA section. At times there will be some pacing up and down the corridor while others are free to come and go. As I move up the corridor I see some people sitting on the window-seat huddled together, or just individuals sitting alone. Off the corridor there are individual pods where the bedrooms are located. There are seating areas with couches at the end of the pod areas, where in the distance you can see people sitting alone looking out of windows. Occasionally, you see a staff member walking up the corridor with a clipboard ticking off individuals that they have seen on their observation sheets at various time intervals, according to the category of their section. You may also see support staff on the corridor chatting. There is sometimes the sound of someone crying or screaming out. This may come from a room with the door wedged open, and a member of staff sitting watching them or reading the paper.

From time to time there is a sudden explosion of activity, when a very loud alarm goes off due to an incident with one of the service users. If this happens

there is a sudden rush of staff running at speed down the corridor. Staff from the other wards also rush on to the ward. There is a heightened tension and I often jump into a safe space to make sure I'm not in the way; or simply stand with others on the ward and wait until the crisis passes. Sounds of individuals shouting can sometimes reverberate around the corridor.

As I enter the corridor I talk to whoever is there, introducing myself and I listen to what they want to say. I often see people that I have known for many years and they greet me as I come up the corridor. The staff office is in a room off the corridor. There is a window into the office and individuals often peer in and knock on the door asking for various things. The session takes place in the dining room which is halfway down the corridor. In the Men's ward it is a bright room with tables, a sink with no taps (safety precaution) in case someone pulls them off the wall and uses them in a threatening way and a water cooler. The windows look out on to the central courtyard where the cars are parked. In the Women's ward the session takes place in the activity room which is immediately adjacent to the nursing office.

In both rooms the windows are constructed with slits that only open enough for you to slide your hand through, somewhat like a fortified medieval castle. They allow some air in. The view from the Men's room, is of a beautiful silver-birch tree outside in the car-park area, and a view to the hills around the town. The view from the Women's room is on to the central enclosed internal garden where service users are let out into, especially if they are on MHA section.

Each ward is identical with 22 beds available. Immediately prior to beginning my fieldwork, the Trust decided to implement a single sex policy for the wards. I was taken aback by this, as for the past 12 years I had run mixed DMP groups on the wards. Furthermore, my research protocol was based on mixed groups. To be presented suddenly with single sex groups felt potentially challenging. This change created a very different ward landscape and I was acutely aware of the change. The mixed wards were livelier as men and women would meet

together and form friendships. There was more of a sense of balance and community. The change to single sex wards increased the intensity in the groups in a way that I had not expected. On the Women's ward it had the effect of creating a sense of isolation and depression and on the Men's ward there was less of this sense. In a way the it brought the Men together they could gather together in a Men's space possibly in a way that was not afforded to them in the community. They were brought together through adversity and this seemed to help the Men. In contrast, I noticed the biggest change in the Women's ward. The Women seemed to self-isolate more and the atmosphere felt more oppressive or oppressed. I'm not sure which. This change fed into the fieldwork in a way that I could not have anticipated.

Both wards are virtually identical except that the Men's wards ward was much brighter and newer with freshly painted walls and furnishings. The Women's ward in comparison appeared dingy and tired and had a 'brown', darker feeling to it. The activity room where the Women's group took place was a single room as opposed to the Men's which was a double room, with much more space.

4.2 Day to Day Activities

The day to day activities on each ward are much the same. Each day is interspersed with meal times. Each person is seen on a weekly basis at the ward round meeting by the psychiatrist. There is an increase in the tension on the ward when this takes place as each person waits to hear whether they will be discharged. There is an additional schedule of activities from the occupational therapy department, with each individual assessed as to whether they are able to access them based on their mental health status. Often the OT activities may not take place due to lack of staff or staff sickness. Occasionally the support nursing staff will run an activity session on the ward. Each person has a named nurse who is required to make one contact with them each day. This may or may not happen depending on the demands on the staff. The nursing staff work on 12 hour shifts 7am to 7pm and vice versa. The other staff work 9am to 5pm.

The DMP group has been running for the past 12 years on a weekly basis, providing a consistent presence over the years. Over the course of these years I have come to know many of the service users who have had frequent admissions and each time have attended my group. Part of the agreement for the study was that I would continue to provide the regular group in addition to the research group. This increased my presence on the ward and allowed me to observe the ward culture at closer quarters.

Both wards are similar but different. The interior of the men's ward is made up of neutral colours, orange, cream and beige, with patterned curtains at the window. The windows are wooden and there is a noticeboard where information is displayed behind a piece of perspex. There are also some pictures on the walls but fixed in a specific way so they cannot be pulled off. The wards are designed to be ligature free and have been risk assessed with this in mind. Hence the unusual features on the ward. As you move along the main corridor there are pods leading off it, where some bedrooms are located, with the other rooms placed along the main corridor. The main exits are usually closed as the Trust maintains a locked door policy. There are 22 individuals on the wards and a team of about 24 people including nursing, occupational and auxiliary staff and domestics who run the wards on a 24hour basis. Some work 12hour shifts, 7am to 7pm and others come in from 9am to 5pm on a Monday to Friday basis.

The lack of open spaces makes interaction difficult and the small locked staff office further contributes to the lack of interaction. The dining room where the session takes place has a door that has a window in and another two windows on the other side. There is a picture of a still-life attached to the wall and a water cooler on the right with a sink with no taps beside it.

There is a square archway under which there are two tables and some chairs, while through the arch there are some more tables and cupboards at the back with windows, that also look out to the courtyard. Some people sit in this back

corner during the session drawing or placing a chair there, so they can sit and look out onto the courtyard. There is an electronic keyboard which does not work very well and also a large fridge from which people come in and out taking food.

Within the ward there are seating areas called pods. In each pod there are areas at the windows, which look out on to the street. These areas allow people to sit together, affording some privacy or quiet spaces away from the corridor. People do not often sit there except perhaps with visitors. My groups run in the evening and during the day there may be more activity or staff around. Evenings do tend to be quieter. There are two lounges one for watching television and another one which can sometimes be used by staff to interview people when they come in. The opportunities to meet together seem to happen on the windowsill on the main corridor, where people can watch what may be going on.

People tend to stay in their rooms alone and those that can go out. Also, some wait for the staff to let them go out to have some time in the garden, or to go downstairs to the Occupational Therapy room and these outings or 'leave to walk in the grounds', only happen on a timed basis. The staff have a requirement to have spoken to each individual at least once a day and they have to record this. There are also occupational therapy staff who occasionally run evening groups.

Overall, the ward landscape is not set up for interaction; perhaps the idea is to keep it quiet and to have your own space, but what seems to happen, is as one person described it the, 'mind-numbing boredom of the ward'. The dining room is probably the place where most interaction takes place, or in the garden or sitting out on the bench in the courtyard. From the dining room windows, you can often see an ambulance bringing someone on to the ward, or you can see relatives arriving. Sometimes the police bring someone on to the ward, and their presence is quite alarming, especially if we are in the process of dancing

which feels quite incongruous. There may also be a paramedic escorting someone on to the ward.

The women's ward is brown, beige and dark, darker than the men's ward. It has not been decorated or renovated as much as the men's ward. Both wards are similar configurations in terms of the curved sight-lines but the women's ward is visually darker and more dingy. The dining room is located off the ward and the dance takes place in the activity room which is immediately adjacent to the staff office. The activity room is half the size of the men's space. The women also huddle on the windowsill and talk, but I have noticed that there are more women walking up and down in a distressed manner. There are for example, less groupings on the windowsill and more sitting in an isolated way or crying; with less pacing up and down but more at the staff door knocking, needing attention.

The activity room is often very untidy. It has a table in the centre which I have to push back as there is hardly any space to dance. There is also a sink which does have taps. On the wall someone has placed a wall print that says, 'dancing in the rain'. I always wondered if they deliberately picked this saying for me, or because of what has taken place in this room for the past 10 years. There are magazines, pencil colouring pens on the table, newspapers and a bookcase with some books. On the wall there is a noticeboard, again behind perspex, with information about activity on the ward. The windows of this room look out on to the courtyard garden where the men and the women can congregate. The windows also open as slits, but you can look down on to the garden and see people sitting, lying, walking around and they can look up and hear the music wafting out. Sometimes the men wave up to the women, and sometimes the women shout out of the windows to the men below. It gives the impression of a women's prison and looking out on to a prison exercise yard. A communication, an interaction is trying to be made through these small and very narrow windows. There are seats around the room and people will come in and sit on them. Due to the lack of space it feels like I am in the centre dancing

with a circle of women on chairs around me. Some will dance together or individually.

4.3 Pre-DMP session landscape – setting up the group

On entering the room, I rush to set up. There is I feel a sense of urgency to bring something else to this bleak atmosphere. I quickly set the camera up, put out the art materials, take my badge off, take my shoes off, switch the speaker and music on, set the volume to maximum and so the music permeates the room and out into the corridor.

As the session begins some enter by bursting into the room, or some stay tentatively at the door, as if on a threshold waiting for the moment to cross. Others may look through the glass window in the door where you can see what is going on. Some dance alone, others join together. I become acutely sensitive to the atmosphere and on the lookout for possible opportunities/affordances to make connections, as if looking for threads to weave a tapestry. I remain, what I would describe as, open and creatively alert.

From time to time, a staff member may enter with a clipboard and observe someone and then tick them off the list. They do not make any other communication other than this. I have always been struck by the absurdity of this procedure. It seems like an acknowledgement of the person but not in any meaningful or connected way. There is an acceptance of this procedure by the group. I continue to dance when this happens.

4.4 Atmosphere of the DMP session itself

Sometimes someone enters with extreme energy, bursting through the door and they will begin to dance in a very joyous excited way; while others will come in, sit down, and simply start to draw. The drawings are often full of symbols.

After drawing an intense image, the person may stand up and dance alone or with others. A person can also appear to be isolated, lost in their own world.

Also, in the session a person may dance alone for some time giving the impression they are not aware of me, then suddenly they will reach forward with their hands outstretched and seek to connect and communicate. I reach forward, and we dance together. These moments of communication are interspersed throughout the session.

Sass and Parnas (2003) describe schizophrenia/psychosis as a self-disturbance. This self-disturbance during the session, appears to change from a disturbance to a connectedness that is both animated and temporalized. Connections arise in groups too, where there is a coming together creating cohesion and meaning. I remain acutely sensitive to the subtle changes in the environment. Often a story or theme begins to emerge, and the music and lyrics connect with it and movements reflect the narrative. Someone will reach out to another or begin to dance together or watch one individual perform. I respond to the movements whether they are of high or low intensity with different rhythms using space, force and time constantly changing. Something will begin to be brought to mind, brought into the space, something that previously could not be brought to mind. These connections manifest in the dance. For example, an individual may suddenly leap up and make a dramatic gesture and I will respond by 'mirroring' that movement. The person perceives that they have been seen by another and I will continue to stay with this sequence of movement. I will receive the material that is presented in the form that it is presented, whether it be physically through the movement metaphor, the verbal metaphor and / or a symbolic image. The images presented are often archetypal. Jung defined archetypes as primordial images with a uniquely special relationship to everyday life. Archetypal images cluster around, for example, the key aspects of life including birth, death and marriage. Archetypal behaviours are most evident at times of crisis and archetypal qualities are found in symbols such as

God, the ocean, forests, dragons, kings, queens and hero figures (Samuels et al., 1986).

In addition to providing affordances which engage the 'scaffolded self' (Krueger, 2018), it is also important to perceive the presentation of symbol and metaphor. This is an important part of creating the scaffolding around which the self can be supported. How do these communications fit into the sense of self? The ubiquitous nature of these communications within the ward seem to point to something crucially important in better understanding or unlocking the self-disturbance. They are often religious images of God, hell, heaven, aliens, outer space and pregnancy to name a few. These images become part of the dance and sound environment. In addition, there are quiet moments and moments of great intensity and excitement, while there can be a group of ten in the room one moment, and then just one person the next, followed by a rush in again. There can be some rushing across the room to the window slits and some who will shout out of the window. When dancing, I sense when to move away, when to connect and move towards, also when to speak and when to remain silent. How do I as therapist judge this? I sense it within my own body and notice what I am feeling. I use the group atmosphere to make changes and move through it in as open a way as possible. I try not to know and not shut down any possible avenues for sensing, feeling and intuiting. I listen with my body and my senses to what is being presented, often in all its chaotic forms and allow myself not to know but simply to be curious; sometimes confused, sometimes frightened and at times simply waiting. I notice tiny movements, tiny fragments of movement; a twist here, a lift of the shoulders there, a jump or a slow movement backwards.

There are cloths and scarves which I have placed on the floor. I may see the opportunity to connect with someone, using them as a bridge between us moving in and out together. Looking, laughing, making eye contact, others may join in running underneath the cloth. There is laughter and singing and connecting through the music and dance. I change the music if asked to,

responding to requests. The music and lyrics are essential in terms of creating atmosphere while the rhythm and the images constellated within it, evoke memories.

There will often be singing, sometimes very loud singing. I use music from different parts of the world, in particular Bhangra or Bollywood and Eastern European music each of which have different rhythms and tempos. During the session I am very conscious of the movements I am making, in response to the evolving process, which in psychotherapeutic terms is described as the somatic 'counter-transference'. This may be felt as sensations, feelings located in the body which seem to arise from events happening within the group process (Meekums, 2002). For example, I may suddenly become aware of sadness or anger which seems to come out of nowhere. These feelings may arise from those in the group but are not necessarily expressed directly by them.

As the session proceeds, moments of individual and group connectedness start to emerge. The feeling content intensifies, and the session becomes a place where something special can happen. Jung calls this the, 'Temenos' and likens the space in an alchemical sense to a crucible, where the essential elements contained within it are heated up, or in group terms where there is an emergence of prescience that something special is taking place.

Referring back to Krueger's idea of the scaffolded self, the 'who we are' starts to emerge in response to 'where we are', and the where we are is in a liminal space, a space where I as therapist 'make myself available', to respond to the communication non-verbally through the dance. The person begins to realise that they can express who they are via the dance, the music and the art. Towards the end of the session the music starts to slow and there is a sense of closure. This happens gradually and sometimes the slower tempo of the music reflects this moving into a different phase.

When we come to the end I sit and reflect with whoever is left on the subject of whatever is brought to mind. There can be a change in the atmosphere and I notice the changes in myself and in others. There is a deep quiet, a sense of coming into the body and a connectedness with each other, plus a respect for the depth and intensity of what has taken place. I may reflect back to the group what I have noticed or what I have been struck by.

Some will talk in terms of images, metaphors or symbols; some may cry, reflecting on what the situation is that brings them there. Some laugh and talk about family, friends or the ward atmosphere. I signal the end of this reflective period and say that I will come again next week at the same time. Participants thank me and begin to leave the room, as I put my shoes on and start to pack up, gathering the art materials and the scarves and the music.

4.5 Post-session Landscape

Some often linger as I pack up and others leave quickly. When I finish I carry all my things in a bag and go out into the ward corridor, the curved corridor. Sometimes people sit together on the windowsill afterwards and seem to be different, more alive with more of a sense of togetherness. They might talk together and sometimes the corridor is deserted as if they have hurried back into their rooms. The ward landscape still seems bleak and the contrast even more stark. I walk up the corridor towards the nursing office and sometimes I sing as I go remembering the music from the session. Perhaps it is a way of trying to keep this atmosphere going as I often feel lighter and energised following the session.

4.6 The nurses' office: an unusual landscape

I enter the staff office where I have to write brief electronic notes stating who joined the group. Here is another landscape, different from the ward and the dance session. It is an unusual landscape and I will try to convey the

atmosphere. The staff are often sitting at computers typing furiously trying to keep up with the requirements to document everything. It is difficult for them to stop and look up. There is a pressure to do this and no time to do much else. It requires all their concentration and above all it must be completed. People interrupt, knocking at the door and this interrupts the flow. The staff have to break off from the typing to answer.

When I enter they may not speak as they are too busy. This creates a specific atmosphere, a particular type of disconnectedness of its own, almost a reflection of the isolation in the ward corridor. There are some moments of chatting but in the main it is a very task focussed environment. I do try to convey the sense of the group and its impact but there seems to be little response from staff, not because of a lack of interest, but due to the pressing tasks at hand. I then sit like them writing my notes as there seems little opportunity to connect or share what has happened. This is isolating in itself and makes me feel as if I am operating within a cut-off space. As I finish my notes I stand up and leave saying goodbye and that I will see them next week. They briefly glance up from the computers and acknowledge that I am leaving.

Stepping back out into the ward corridor, I begin the long walk down towards the exit door. As I pass, some huddled on the windowsill, who thank me for coming, I say 'see you next week', but that is not what someone wants to hear, as no one wants to be on the ward next week, so I quickly change it to, 'I'll be here next week'. Sometimes someone is hovering at the door hoping to leave and I have to wait until they have moved away from the door, or others are waiting to go out to the garden or out of the hospital to smoke. I pass through into the airlock between both security doors and leave the ward. This takes me to the lifts which go down to the reception area and out of the building. The area at the lift and reception have a sense of neutrality about them and usually there is no one present in these spaces. Empty, with no atmosphere.

Chapter 5

Results presentation and analysis of findings.

5.1 Introduction

The purpose of this chapter is to present the findings of this mixed methods study, including the quantitative data found in the KMP results, qualitative data in relation to the questionnaires, the process notes and the case vignettes. Before presenting the KMP data, I shall offer 5 case vignettes (Martin) (Mahad, Daniel and Martin) (Hannah) (Alan), in order to bring the numbers to life, through a rich description of the moving bodies and how the participants responded to the sessions.

Then I present a demographic breakdown in tabular format of who participated in this study for both men and women, their names (anonymised), diagnoses, including a graph of patterns of participation over the 10 weeks. The overview includes an outline of each session with respect to the number of participants attending, the number of questionnaires completed, movement sequences analysed and the presence or otherwise of the camera. This sets the context for the fieldwork phase and will enable the reader to clearly see the pattern of participation and data collection from each session.

Following this, I present the movement findings in detail, beginning with a recap of the chosen KMP elements for analysis. As has been previously explained, my focus was not on capturing all the KMP elements in combination, rather I chose to narrow down to the two elements (Efforts and Shaping in Planes) which I considered most helpful to better understanding the mechanisms at play. The outcomes from the KMP data sets are presented in tabular format, including individual movement sequences with particular reference to Efforts and Shaping in Planes, including a focus on the most prominent elements and matches that can be identified.

Then I present the participant questionnaire responses for the men and women, together with their coding and thematic analyses. The psychotherapy process notes, their coding and thematic analyses are then set out in the next section. As a bridge into the discussion chapter, in the last part I shall also include a further selection of case vignettes which assist in bringing out some of the key themes already identified. This contributes to better understanding what movement potentials were possible in this environment. Taken all together, a picture emerges that sheds light on the mechanisms at play during the DMP session that is strikingly different for the men and the women; time and space appear to be key in understanding these processes in acute adult psychiatry.

5.2 Case vignette 1. Martin (men)

This vignette highlights the links between movement and dance, symbol and metaphor, the group response and sociality. Martin enters the room, he is a disc jockey who likes music from the 1980/90s. He loves to dance, and his movements are predominantly ascending and descending. He appears to struggle to keep his legs still and wants to dance with me. As we dance he comments on my dancing and says it's good, 'especially for my age'. He is in his mid-forties and I am 55. He sits and draws a 'Smiley acid house image' (See Fig 10 below) and tells me it's a very important symbol for him that reflects his disc jockey status. The smiley image has its origins in the 1960s, '… changing like a constantly mutating virus: from early 70s fad to late-80s acid house culture from millennial txt option to serial killer signature to ubiquitous emoticon.' (Savage, 2009; 102).

This symbol can clearly have many meanings, some benign, some more sinister, anarchic. All is not well beneath the idealised image. In the group, the image came to represent both a feelgood symbol from the 60s and a rather anarchic, anti-establishment one from the 1980s. It became a very powerful collective symbol which the group wanted me to embrace and be a part of or 'try on'.

Diagram 4: Smiley Acid House Face image

I notice that he jumps up again to dance very energetically, this time jumping with high intensity, strong movements. I match his movements. In terms of the movement metaphor the phrase 'running to keep up', came to mind. It was as if he was running and running on the spot but could not stop; as if his body was being run by a motor. He quickly tires and has to sit down; continuing to draw the image and writing on it too. 'DJ twix is in the mix.' He colours the face yellow and continues to talk about his talent as a DJ and describes himself as a 'protégé'. His legs are restless continuously, and I wonder if this is a side-effect related to the medication or long-term use of amphetamines? Martin continues in this way with bursts of dancing followed by drawing. He then proceeds to talk about aliens and he draws a psychedelic flying saucer.

The link between the movement and the symbolic/metaphoric can be clearly seen here. Martin moves from dancing to symbolising through image-making, back to movement and then a return to image-making. Ultimately, the image becomes the emblem for the group. Here we have an example of the collective or group response through a 'thematic imaginal improvisation' (Lewis cited in Sandel et al.:167). It is an example of what Kalsched (2013) refers to as the, 'mytho-poetic' (p.06). He notes that in the case of trauma and dissociation, symbols and metaphors are used to bridge the gap between the non-real and real world.

Jung wrote about the prevalence of UFO sightings in the 1950s during the Cold War, in an essay entitled: 'Flying saucers: A Modern Myth of Things Seen in the Skies' (1958). It examines the psychic aspects of UFOs and what they may signify:

> In the threatening situation of the world today, when people are beginning to see that everything is at stake, the projection-creating fantasy soars beyond the realm of earthly organizations and powers into the heavens, into interstellar space, where the rulers of human fate, the gods, once had their abode in the planets…(p.9)

In 1958, during the Cold War there was an abundance of sightings of UFOs. Jung saw this as a disturbing influence on the collective unconscious. Notably, as in the 1950s, there were many political, social contemporary challenges taking place during the research study e.g. post Brexit, changes in the benefits system, austerity measures etc.

Jung saw these aliens and spaceships, not like bodies but like weightless thoughts and connected to an unusual emotion and that UFOs as a rule were mainly lens-shaped /oblong or shaped like cigars and that they shine in various colours or have metallic glitter. This was exactly the case in Martin's drawing. The image below (Diagram 5) is used as an example of his drawing:

Diagram 5: Image of Spaceship

Accessed online: 11/11/19 & Ref: shutterstock.com (77932855)

UFOs can suddenly hover over an interesting object for quite a time, or circle round it inquisitively, then just as suddenly to dart off again and discover new objects in its zigzag flight. This reminds me of Martin's movements darting up and down, hovering, inquisitive, where his movements connected with the image.

If it can be considered as a psychological projection then it is linked to a psychic cause. I did not specifically look in any detail at the trauma history of the participants. In general, in ward populations there are high incidences of childhood trauma, abuse and bullying (Shevlin et al., 2007). The prevalence of images connected with aliens and spaceships generated in the group, not only had their basis in a collective distress, but also manifested in the individual. In the individual, these phenomena i.e. visions and illusions, also occur when the person is experiencing dissociation. In this case there is an opposition between conscious and unconscious contents. As the conscious mind does not know or is not aware of them, it is therefore confronted with a situation from which there seems to be no way out, or these illusions cannot be understood. These strange contents thus cannot be integrated directly and seek expression indirectly, giving rise to unexpected and apparently inexplicable beliefs, illusions, visions, opinions and so forth.

The fact that this image was taken up by the group also echoes Jung's idea that things can be seen by many people simultaneously. This points to a collective association-process which was very strong in the men's group. Association-processes of many people often have parallels in time and space with the result that different people simultaneously and independently of one another can produce the same new ideas, as has happened numerous times in history (Jung, C.W. Vol.10.p.13).

5.3 Case Vignette 2. Mahad & Daniel & Martin (men)

This vignette continues the theme of symbol and metaphor, illustrating the collective use of the symbol and a continuation of the previous session, now involving others (Daniel). It also introduces the use of interactional synchrony and the importance of music. Mahad enters who is an older man and begins to dance to Bhangra music. He claps without stopping and moves with an ascending and descending movement. I notice that his movements are not synchronised with his clapping and they are exuberant and playful. I try to connect and mirror his movements, aiming to establish some interactional synchrony with him. This is difficult for me to achieve, and I have to remain sensitive and present to this mismatched rhythm. This continues throughout the entire session, however, just towards the end of the music, there is a moment of interactional synchrony where both our movements match at the same time. It is as if we have finally arrived at this moment together and in recognition of this, he smiles. As pioneering American Dance Movement Therapist Penny Lewis says in her summary of Chace's influence on her work, 'Chace's use of synchronistic group postural rhythmic body action provided access to the transformative power of ritual in higher stages of individuation and spiritual Consciousness' (Sandel et al.1993:166). As this movement plays out, Martin continues to sit drawing and creating the psychedelic spaceships.

Daniel enters the room, he is full of life and energy. He loves heavy metal music and brings something quite different into the atmosphere of the group, notably a sense of fun and mischief. He draws a spaceship on Martin's Smiley face image and makes it more psychedelic. There is lots of talk about aliens and outer space and the ability to become younger by travelling through space, faster than the speed of light. The metaphor expressed here was the sense of being able to transcend, to move about or away from something at great speed.

The sense of fun and play involving active imagination increases as Daniel and Martin collaborate on the images and dance. I experience this as being very

funny. I find myself laughing at the whole scene. Daniel grabs the image from Martin and brings it towards the camera. He begins to dance around holding the image, laughing and moving in and out towards the camera. It is very funny. Collectively the group begin to dance with the Smiley image. They place it over their faces and move in and out close to the camera, bringing the image towards and then away from the camera. They are laughing and running and jumping. They ask me to put it on, and dance with it, and then they go behind the camera to have a look. It makes me feel as if they want me to 'try on' what they are feeling. I notice that it makes me feel like a part of the group, and they the participants get a chance to look at me and the group in action, literally through a different lens. The theme of looking at the work through different lenses and being in the world with 'other', links to the identified themes in the analysis of 'Forms of Vitality' and 'Intersubjectivity'. Here we have a link again between image and movement, direct movements with spreading. A sense of group of sociality.

From a DMP perspective, Chaiklin and Schmais (1993) discuss the psychotic patient's use, of 'symbolic body action to communicate emotions and ideas' (p.78) and giving expression to feelings, conveying in a single moment the complexity and depth of feelings that cannot be put into words. In other words, expressing that which can only be shared through symbolic body action. This 'Smiley' face symbol became central to the group and the expression of their emotions, which also happened to be an expression of chaos and anti-establishment. Together we reacted to the symbolic expressions of the person or group and also introduced new content, thus creating together new symbolic interactions. Literally, their expressing a sense of, "I know how you feel" in movement terms, establishing affective empathic interactions; visually and kinaesthetically perceiving the person's movement expressions. Here in the session it seemed like there was a universality of non-verbal symbols, cutting across both age and culture, together with the fact that the 'Smiley' face image as symbol, becomes an important providing expression when word finding is difficult and cannot be minded. Needs, feelings and desires are expressed via

the symbol, beginning with the individual, and then being taken and responded to by the group. By way of the group I, as psychotherapist, had the possibility of establishing a therapeutic relationship with them on a movement level.

Symbolism in DMP provides a medium by which a patient can recall, re-enact and re-experience personal problems or concerns being worked through on a symbolic level, with an acceptance by the psychotherapist of the importance of symbolic meanings for the person. Feeling that they are tacitly understood leads the person to continue to use symbolic expressions. There is a sense of togetherness within the group, of social cohesion creating a feeling of solidarity through the use of rhythm and symbol, which in DMP we understand as an organising principle with the power to transform, '…that synchronistic group rhythmic movement - a key in Chace's technique - has the power to transform' (Lewis cited in Sandel et al., 1993:166). As feelings are expressed in a shared rhythm, a heightened sense of confidence, strength and security emerges as expressed in the vignettes for the men above. This was reflected in the questionnaire responses, the images and the movement.

The change seems to occur when the person is ready to allow him or herself to experience the action in their body. Some participants can bind the expression of their energy, they can limit the amount of space they take up in the room, their body parts may feel disconnected to them. Also, they can hold their breath to guard against their feelings, perhaps to others they can become hyperactive; or they can vigorously and highly energetically express themselves in time and space, in response to real or imagined fears.

Dance can help the person feel both relaxed and stimulated, preparing them to be able to express their emotions. Dance is a communication and thus fulfils a basic human need. Being able to sense, feel and recognise the body parts, breathing patterns or tension levels which block emotional expression, in my role as a DMP, provides me with the clues to the sequence of physical actions that can develop an enhanced readiness for emotional responsiveness. This can

also involve the creation of a close relationship between the integration of posture and gesture and the possible shift of psychic attitudes. Also, as Chaiklin and Schmais have noted, 'Chace's major contributions lay in the recognition and specification of those elements of dance which serve a therapeutic function, and in the development of the interpersonal role of the therapist on a movement level' (Chaiklin and Schmais cited in Sandel et al., 1993:77).

With Martin, I was able to listen to his story and was responsive to his need to dance exuberantly to DJ music, which was an important part of his identity. What does it mean to be a protégé? Elite, special. In my process notes I wrote 'Aliens spaceships, protégé, being different, kidnapped by aliens. We are aliens, Smiley message about me.' It was also an expression of self and others joining with that self-expression through the Smiley face, that led to great joy and playfulness for him. The group also saw Mahad and I developing an interactional synchrony.

The specification of the elements of the Chacian approach, as previously described, are all present in this session, synchronistic rhythmic group activity, body action, symbolism and the therapeutic movement relationship. The movement tended to go forward, to advance in conjunction with ascending and descending movements. How would it be to go back, to retreat with it and create some form, some structure to it?

5.4 Case Vignette 3 Hannah (women)

This vignette stands out for a number of reasons. It beautifully shows the connection between the symbolic, the metaphoric and the dance.

Hannah joined the session. I had met her on the corridor as I entered the ward. She was distressed and crying and talking about an elephant burial ground. I wondered about the symbolism of the elephant burial ground. Elephant graveyards are mythical places where, according to legend, older elephants

instinctively direct themselves when they reach a certain age. There they die alone far from the group. They intuitively lead themselves there when they sense that they are near death. In alchemical terms, the imagery of the burial belongs to the dark melancholy of what is called the 'nigredo.' (Wikman, 2004: p.xix).

Psychologically, 'nigredo' is a process of directing oneself towards greater self-knowledge. The problem encountered is considered not so much in an intellectual way, rather through feeling the emotions that are connected to the problem or problems. This confrontation with one's inner reality can be painful and lead to depression. However, by 'placing' oneself in the depth of the difficulty, insight into the problem can often be gained and worked out emotionally, with the possibility of a way forward emerging. Was Hannah, in placing herself in the territory of the elephant burial ground, working through feelings?

When Hannah came into the room she was immediately fascinated by the camera. She went behind it and began filming me as I danced. I performed to the camera and she choreographed my moves, asking me to dance this way and that. I reflected on this change in perception. In Heideggerean terms, 'de-distancing' through the lens of the camera, bringing it close to her and putting it away. Heidegger describes spatiality in terms what we choose to bring close to ourselves and what we choose to move away from. She seemed to be testing out her change in position and how it impacted on the relationship. This went on for some time. She also wanted to film me as if to see what I looked like through the lens of the camera. This seemed important to her. If I was using the camera to capture her movements then it had to capture mine too. I was in the relationship too, a 'being-in-the world' with other. We laughed and enjoyed the way in which she could use the camera to bring me into focus, essentially into her focus. Interestingly, after a while she moved back into the space and picked up the light veil-like scarves that I had brought for the session. She placed one around her shoulders and began to move around the room.

Moving like a bird with outstretched wings, with the cloth acting like wings. I imagined the movement metaphor being conjured up, 'as light as a feather.' She floated around the room singing, dancing. I joined her, picking up the other scarf. I danced my own dance, also using the scarves in a similar way, while matching her light ascending movements, engaging in an interactional synchrony. I kept her in my sphere of awareness throughout. We used the scarves for most of the time. The scarves were thin and transparent. She placed the scarf over her head. It gave the effect of a ghost-like, ethereal spirit. Prior to the session, she had been talking about her father's death. She described her father's head as having cracked open his Third Eye, causing a massive breakdown and his death. She then said that at the time of his death, she had, 'wrapped a scarf around my head and was therefore okay.' This paralleled with the use of the scarf in the session. I recorded in my process notes the following, 'Green line…and…my father is beside me on the ward, sitting beside me…tic tac. Leylines and an elephant burial mound.'

Numbers also featured in the session, "(A) clock with numbers of when you will die, four numbers. In many traditions Hindu, Pythagorean, Babylonian, number is seen as a fundamental principle from which the objective world emerges. (Cooper, 1993). In fact, numbers are not only seen as merely quantitative but also as being symbolic. The number four is also an emblematic number in the Old Testament.

There is a different atmosphere when dancing with only one other person, there is an intensity which does not happen in groups. There is a greater opportunity to refer to the symbols and to ask questions about them.

With Hannah there was a connectedness, a rhythmic interactional synchrony which was joyous. She laughed arms outstretched, moving about the room as if she was flying, but also like a ghost. I joined with her, dancing with a scarf over my head. In my notes after the session I wrote: 'Ecstatic, connected, opening up, needing rhythm and action.' Hannah's movements were light,

ascending and indirect. She used space in an indirect way. An indirect approach to space involves paying attention in a multi-focused manner. It means being able to take in new ideas with one leading to another. Also, indirect thinking makes it easier to find associations and metaphors while wandering creatively to new imaginations. Hannah also presented herself through light ascending movements which indicated an integration of the sense of self. She weaved in and out around the room and we passed each other like passing ghosts; light, sensitive and airy. I responded by mirroring her movements, meeting the movement metaphor 'light as a feather', with my own sense of being in relationship with Hannah's metaphor.

There was a gentle and light quality to the movement. We moved together but at times Hannah would move on her own with arms moving around and with the light veil covering her head. I did not leave her but was aware of taking her in nevertheless, looking but not looking directly, having an awareness of her presence and yet at the same time dancing my own dance. My field of perception took her in but not with a direct gaze. The effect of the veil allowed me to look inwards to take my attention inward and I wondered whether this was the case for Hannah; a sort of reverie developing. I thought about the significance of symbolism in the dance and the ability to re-call, to re-enact and to re-experience the symbol of the ghost.

Ghosts are ubiquitous symbols in the world, with stories of ghosts and spirits that return to haunt the living. Ghosts make themselves known as shrouded apparitions or disembodied heads or through our sensory experiences of sudden chills and strange knockings. Ghosts can link us to our feelings regarding the death of a relative or loved one.

Hannah's reference to her father's death and her narrative was packed with symbols, images and metaphor, each one seemed to relate to the theme of death. For example, seeing through the message of this death whilst looking with the third eye; seeing in another way, cracking the head open and using the

veil. One thinks of All Hallow's Eve the All Soul's day or the Celtic festival of Samhain where the veil between the worlds is at its thinnest.

There was import here for Hannah with me seeing her through the dance. It took the form of a ghost dance through play. Symbolically, the veil means anything that conceals, disguises and separates. The symbolism of the veil fabric may be used to hide or protect an object. In Hinduism and Sufism, the truth or divine reality is hidden by the veil. On the other hand, the veil may protect from what is felt to be too psychically overwhelming. This was a powerfully strong symbol for Hannah and she used it to play with her ideas throughout the session. It is Interesting to look at Hannah's responses in the questionnaire and her movement and the symbol and Hannah's use of space and time. At the end of the session there was a real sense of completion and something having happened shifted through the process.

In this case vignette there was an abundance of symbols and metaphor. Her movement patterns consisted of indirect, light, ascending, advancing movement. Her questionnaire responses were 1. Yes My Life 2. Yes 3.High 4. Exstatatic ! Energized ! 5. Wicked the Jungle is massive.

Hannah appeared to be in an altered state of consciousness at the beginning of the session. During the session I witnessed a shift in this state, a move out of this state into a more conscious awareness. This links with the previous vignettes and using the knowledge of altered sates of consciousness to shift into a different state.

5.5 Case vignette 4 Alan (men)

Alan entered the room. He was a young man in his early 20s who had become psychotic. No one was quite sure why or whether this was the first presentation of an illness. His movements were very stiff, guarded, no torso movement and

eyes darting from side to side, giving the impression of a private detective or a spy casing the joint suspicious.

What was striking about his movement was that it was very limited and guarded. Alan began to dance with me. He began to make little movements with no movement in the torso, comfortable, small, twisting movements, cautious but perfectly rhythmic and interactional. We danced to 'Imagine Dragons', his favourite band. I noted the symbolism in this name as I was aware that Alan was having difficulties with his father. I reflected on the archetypal image of George and the Dragon. At one point, Alan dramatically lifted his arm up and came down in a strong descending movement as if, in my opinion, slaying the dragon. We mirrored each other's movements. We were dancing together, creating a dance. He was relatively de-animated facially, not much expression. Then, suddenly, we were side by side and he was rolling his arms around turning, moving in complete synchrony together. This movement seemed to come out of nowhere, like a sudden burst of perfect synchrony. Previously, it had felt as if he had not noticed me, but this seemed to indicate that he had completely taken everything in, waiting, watching for that moment. Here was an example of participatory sense making or what Sheets-Johnstone describes as 'corporeal consciousness', that inner proprioception which told him what, where, and when, leading to his intense moment of connection.

When these moments happen, I am amazed at the aliveness and connection that did not seem to be there before. The change in the state is dramatic, and it makes me ponder about the conditions and factors which allow this to take place. Under what conditions does a person move from complete de-animation and de-temporalisation to one of complete animation and temporalisation? Even under the influence of powerful anti-psychotic medication, which encases the body, the person is still able to respond to the dance and in fact seems to be drawn to where the life is i.e. in the DMP group. Maiese, (2016) asserts that it is the re-inhabiting of the body, through the DMP process, which leads to a

change. There is a building up of the 'who we are', culminating in a stronger sense of self.

5.5.1 Case vignette Mens' group with Alan.

Alan and I continue, tumbling arms up into the air, moving side by side. Alan sits down and sits quietly. Suddenly, Daniel enters the room and Alan immediately 'springs to life'. This contrasts with the quieter energy before. There is much more energy. They began to dance with such energy, explosive energy. They cross hands and began to spin around and around together, faster and faster. Controlled but almost spinning out of control it looked very funny, great fun between the two men. Daniel is in his 30s and Alan is in his early 20s, they come to a halt and Alan stumbles back laughing having clearly enjoyed it. Animated, temporalized. Scaffolded, self-engaged. They then began to engage in shadow boxing again great energy and hilarity. This then evolved into bouncing off each other's chests. Connecting in a very powerful way. There was an intense connection between the two. I watched as this happened, mesmerised, reminding me of two sumo wrestlers.

Alan then sat down clearly much more animated now and proceeded to draw a picture of a castle on a hill. This was particularly poignant as this was where Alan was found lost and wandering in the local community in an area with the features drawn by him. Here, again, we see the connection between the symbol, the metaphor, the movement metaphor and strong descending movement. He associates with the image of where he feels lost and springs to life. I wrote 'astonishing' in my notes with reference to the castle on the hill image. Daniel asked for very loud heavy metal music and did an intensely strong movement backwards and forwards, backwards and forwards while playing air guitar (what is colloquially known as head-banging). Arching his back and singing very loudly we all tried to join in to varying degrees, he seemed to be completely on his own with this movement. This movement was with expelling energy. This movement would be in direct opposition to the results from the Priebe et al.,

(2016) trial. There is what is known as a strong social matrix. The culture of the group is carried by myself. The matrix involves enabling the expression within the group and the expression is clearly linked to mytho-poetic images, so the expression involved the rhythm of the music, the lyrics and the moving body. These ingredients coalesce together to provide a powerful response in a group of people who are supposedly viewed as being de-animated and de-temporalised. People become animated and temporalized through working with the mytho-poetic. The 'scaffolded self' transforms into the scaffolded group. The group or matrix provides the scaffolding and adds strength to the individual expression. The expressive deficits were in contrast to the results from the Priebe et al., (2016) Randomised Controlled Trial (RCT). Interestingly, the impact of gender in this study was looked at in the secondary analysis, (Savill et al., 2017).

5.5.2 Case vignette men's group Alan

This particular case study is important because it illustrates what happens when the body is almost catatonic, where the ability to move has become so restricted, in this case most likely due to over-medication. It is interesting to note the impact on us all in the space. This also highlights the importance of movement in relationship.

It is unusual that someone with catatonic like movement would choose to join a dance movement group when they can hardly move. However, paradoxically is this exactly what one would seek out as the antidote to the lack of movement? Arguably, the DMP session was where the life was, and he was drawn to this life. As Stern (2010) argues in Forms of Vitality:

> Seeing a dead person is immediately shocking because they do not move, nothing moves. We grasp this in a glance with peripheral vision. Without motion we cannot read in or imagine mental activity

> underneath, or thoughts, emotions, or "will". That is how we know there is no vital presence… (p.10)

I noted the considerable impact of being with someone who was not dead but who had very little movement; was like a statue with no 'vital presence' as described above. Alan had attended the previous two groups, as described above, where his movements were somewhat limited and stiff but nevertheless had the ability to become fluid. On this day he entered the room in a completely different and shocking way. A's movements were stiff, so stiff. He moved very slowly as if encased in concrete with just his eyes darting from side to side. I was bewildered as the previous session he had been very animated. I had noticed that there was very little movement in his torso but this was a dramatic change. He could not speak either. He could hardly lift his arms away from his body except with great difficulty. He looked in pain but said he was not. The others in the group welcomed him, included him. No one said anything about his presentation. They just made him feel part of the group He would begin to dribble and could not even catch it as it fell down from his mouth. I gave him a tissue to catch it. I assumed that this could only be due to much antipsychotic medication, and if it was not that, then there had been some cataclysmic psychological deterioration. I made a note to speak to the nursing staff about this. It was very distressing to see. I reflected that the inability to reach out to others, almost completely cuts off one's opportunities for relating and communicating. In the previous sessions he had been fully engaged and moved in a fluid way (See previous case Vignette with reference to Alan 5.5.1). His movements had been somewhat stiff then, but this was on another level. His ability to widen and reach up was severely impaired. The impact of his presence in the group was powerful, it was an incredibly sad situation. He did not know or could not express what he was feeling. How do you relate to someone if there is no movement especially no facial movement or expression? Yet, he was still there, communicating in a powerful way. He moved his arms up stiffly above his head like someone with Parkinson's disease. He kept trying to move forward and this continued throughout the entire session. His tenacity,

perseverance and need to find the life within, or for the expression of life through the movement, that he was alive inside, even if he was literally 'petrified'. Ekram looked at him gently and with compassion. The other men carried him, they supported him, not excluding him in any way. Ekram and the others lifted the scarves up over their heads and over my head. We covered ourselves with the scarves and stood underneath the scarves. The collective response felt so important and links to Chace's use of synchronistic, group based rhythmic body action providing access to the transformative power of ritual. The act of coming together as a group is transformative and forms both social cohesion and integration. It is unifying and when it is linked with rhythm and resonance it becomes even more powerful.

The group formed together to help him. They lifted the cloth together, a scarf you could see through. He tried and kept trying. Ekram danced, connected with the scarf. Props are often used as bridges, ways to connect with the other, to make eye contact, glance over, or catch the other person's eye (Meekums, 2002). Props can be used as bridges and as transitional objects for symbolic play. They can become the focus, sometimes the only way of making any communication. I will sometimes dance with a scarf myself, put it around my shoulders or lift it up across the space. A circle formed. Ekram danced with other members of the group. A circle does not often form. It is a unifying symbol that fosters equality and enables everyone to see each other around the group. As Alan moved he would continue to dribble and seemed to have no control over it. He was flat facially but continued to move and would then suddenly stop and go into a stare, looking blank and remaining like this for a minute before starting again. He could not tell me what was going on or what he felt like. I observed my own feelings and somatic countertransference i.e. what I might feel in my body in response to the catatonic state. I felt as if I am not talking to anyone rather to myself in that there is no response, but the person is still there and does not leave the room but keeps going. I felt at a loss about what to do if there is no reaching out no smiling or expression. The person is locked inside and there is no reaching forward with his arms to respond to me

or to others. It would have been easier to give up communicating for the lack of response, but to keep going to keep trying, seemed like the right response and the continued presence of the person was testimony to this. It brought home the importance of this sustained continuous presence, when presented with absence of affect and yet the person is still there inside, trying to make a connection. It also made me consider others in varying catatonic-like states and how others often do not want to look for those subtle ways of communicating. He was like a stone statue, catatonic without affect and dancing stiffly. In contrast Ekram used lots of movement. At the end of the session there was an exchange of conversation between Alan and Sean. Sean said something about 'smash my brains' and Alan replied, 'No never harm a person in this way.' This exchange seemed strange, not flowing in contrast to Alan. Ekram increased his twisting movements and joyful dancing.

It is briefly worth considering the impact of antipsychotic medication on the body and the ability to move after taking it. It is well documented that the side effects of the medication are extrapyramidal symptoms i.e. stiffness, rigidity, bradykinesia, restless legs and a festinating shuffling gait. He attended the following sessions and once the medication was altered he returned to his usual self. When I asked him about it he did not seem to recall what had happened. I spoke to several clinicians about this and some thought that the medication would not cause these symptoms while others did. Interestingly, after this he only returned to the group to sit and join in the conversation with others, but not to dance.

5.6 Demographics

5.6.1 Participants

A total of 28 patients consented to participate, having met the inclusion criteria. 17 men and 11 women took part in same gender groups on separate wards. 1 woman (Nadia) withdrew from the study having participated in 4 sessions. She

participated in a number of the sessions but continued to be ambivalent about being involved in the research study. She eventually asked for me to withdraw her from the study.

Given the open nature of the intervention, some individuals attended on multiple occasions and completed multiple questionnaires. It is important to note that while most of the participants were UK citizens with 20% from Pakistani heritage families or from Eastern Europe, anonymous participation meant the details were not tracked as part of the study.

Reason for admission was primarily due to a psychotic episode and ages ranged from 20 to 58yrs in the Men's group and 28 to 49yrs in the Women's group. The average age was 33yrs for the Men and 39yrs for the Women. 37% of the Men were in their 20s and 15% of the Women in their 20s (See Tables 1 & 2). Three men as opposed to one woman, were admitted with drug-induced psychosis. The average number of sessions attended by the Men was 3 and 2 by the Women.

Table 1: Demographics - Men's Group (17) in Total

Name (Anon)	Age	Reason for admission	No. research sessions attended (Max 10)	No. weekly on-going group sessions (Max 10)
Daniel	31	Psychotic episode	3	0
Alan	20	Psychotic episode	5	4
Martin	46	Psychotic episode	3	0
Sean	58	Psychosis	7	5
Archie	38	Psychotic episode	1	2
Dara	45	Bipolar	2	1
Marius	34	Misdiagnosed schizophrenia/suicide attempt	8	9
Ekram	28	Psychotic episode	3	2
Malcolm	34	Depression	2	0
Janek	23	Drug induced psychosis	3	5
Charles	26	Drug induced psychosis	3	0
Tony	43	Drug induced psychosis	3	4
Radu	20	Psychotic episode	2	1
Jack	37	Depression	1	0
Mahad	61	Psychotic episode	3	0
Bayani	23	Psychotic episode	2	1
Aaron	20	Depression	3	0

Table 2: Demographics - Women's Group (11) in Total

Name (Anon)	Age	Reason for admission	No. of research sessions attended (Max 10)	No. weekly on-going group sessions att. (Max 10)
Sasha	47	Psychotic episode	5	1
Lilian	47	Psychotic episode	1	0
Nadia (not included in Totals)	28	Psychotic episode	4 (then consent withdrawn no movt analysis or questionnaire completed)	N/A
Michelle	29	Depression	1	1
Sally	41	Manic phase/Bipolar	3	1
Juliet	49	Psychotic episode	3	5
Hannah	42	Psychotic episode	2	1
Sheila	36	Psychotic episode Drug use	3	1
Shamira	37	Traumatic loss/Depression	1	0
Fiona	49	Psychotic episode Mania	2	0
Alison	42	Schizophrenia	2	0
Carla	30	Psychotic episode	1	0

5.6.2 Trauma history of participants

As a part of the data analysis process and because trauma is such an important part of this study, I collated the trauma history of each participant as recorded on the NHS electronic patient record system (see Table 3 below). For the men it was only possible to gather information regarding 12 out of the 17 participants. This was due to accessing the information some considerable time after the completion of the fieldwork phase. Those for whom data was missing at this point had been discharged from services and were no longer registered on the electronic system. Out of the 12 male participants or 83%, single or

multiple traumas were recorded for 10 of them. These included childhood neglect, childhood sexual or physical abuse, childhood loss of a parent and bullying. Interestingly, bullying was not recorded for any of the trauma histories of the women. For 10 out of the 11 women or 91% of the participants, single or multiple traumas were recorded. These included childhood neglect, childhood sexual or physical abuse and childhood loss of a parent.

Table 3: Demographics - Trauma History of the participants

Total Participants:	Trauma history accessed:	Numbers with single or multiple traumas	%	Reasons for the trauma
Men (17)	12	10	83	Childhood neglect, sexual and/or physical abuse, loss of a parent & bullying
Women (11)	11	10	91	Childhood neglect, sexual and/or physical abuse, loss of a parent

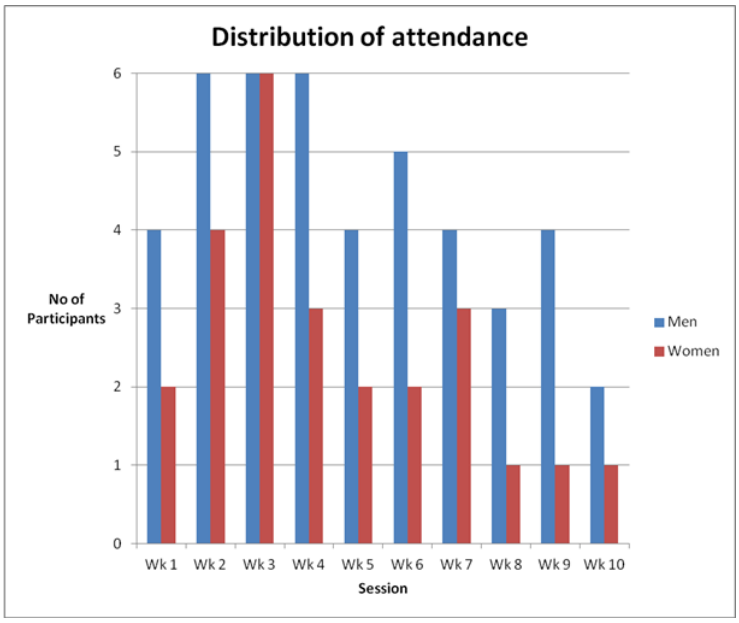
Table 4: Details of data collected from individual sessions (Men)

Session no:	**Participant numbers:**	**Completed Quest. Responses:**	**Movt. Sequences completed analysis**	**Diagnoses:**	**Participant age:**	**Camera present:**
1	4	4	3	Drug induced psychosis (DIP) + Psychosis	46 61 31 58	Yes
2	6	1	1	Depression Schizophrenia Paranoid Schizophrenia Delusional Disorder Emotionally Unstable Personality Disorder (EUPD)	58 46 31 20 48 38	Yes
3	6	2	2	Trauma Schizophrenia Delusional disorder DIP	58 28 45 34 34 20	Yes
4	6	3	0	Psychosis	20 24 58 34 34 28	No
5	4	1	2	Psychosis Psychotic Episode	20 24 34 28	Yes
6	5	3	1	Psychosis DIP	20 34 23 23 28	Yes
7	4	1	2	Psychosis	23 34 58 38	Yes
8	3	1	0	Psychotic episode	34 23 20	Yes
9	4	4	2	DIP Depression	43 37 26 34	Yes
10	2	1	0	Psychosis	34 20	Yes

Table 5: Details of data collected from individual sessions (Women)

Session no:	Participant numbers:	Completed Quest. Responses:	Movt. Sequences completed analysis	Diagnoses:	Participant age:	Camera present:
1	2	0	0	Psychotic episode	47 47	Yes
2	4	1	3	Bi-Polar Delusional Disorder (BPDD) Psychotic Episode Psychosis Schizophrenia	47 41 42 28	Yes
3	6	1	3	BPDD Psychotic episode Schizophrenia	29 49 47 33 36 30	Yes
4	3	0	0	Psychotic episode	42 28 47	No
5	2	1	1	Psychotic episode	42 41	Yes
6	2	1	2	Hypermania Schizoaffective Drug Induced Psychosis (DIP)	37 36	Yes
7	3	1	1	Manic Episode Schizophrenia	47 36 47	Yes
8	1	1	1	Trauma Psychotic Episode	49	Yes
9	1	0	0	Trauma Psychotic Episode	49	Yes
10	1	0	0	Psychotic Episode	49	Yes

Graph 1: Graph for distribution of session attendance (Men & Women)



5.7 Movement Findings - KMP Results

As a trained KMP analyst, I looked at the sequences of movement over varying periods of time. The sequences were captured by digital video recording during the sessions. It was important that the recorded movement sequences were viewed at the end of the clinical phase. Had they been viewed when the sessions were still in progress, they might have inadvertently influenced the clinical practice and thus the outcomes of the study. 2 sessions were not video recorded due to a technical problem with the camera during the sessions.

Participant movement sequences were selected for movement analysis if they met the criteria of greater than 20 movement elements in a sequence for both categories, Shaping in Planes and Efforts as per KMP protocol (Kestenberg, Amighi et.al.,: 1999). I only became aware of which sequences fitted the criteria having repeatedly viewed the video data. Following the end of the clinical phase, I viewed the digital videos of the sessions and recorded my observations of movement sequences in individuals, minute by minute. I first notated the Shaping in Planes and then viewed the same sequence notating the Efforts. In total, the KMP results involved 13 sequences from the men's group and 11 from the women's group.

I noted the most prominent movements and looked for matches and mismatches between Efforts and Shaping in Planes. These matches reflected a synergy between ways of coping with space, weight and time conveying specific qualities in relationships. Matches were considered when the number of elements matched within 2 or 3 elements.

As previously discussed, I chose two specific aspects of the KMP movement notation system, Shaping in Planes and Efforts (Kestenberg, Amighi, et.al., 1999). Shaping in Planes are connected with relationships. This is relevant when considering psychosis in terms of a disturbance of the Self, which in turn can impact on the ability to relate to others. Efforts relate to how one copes with

challenges in the environment. Self-disturbances can create difficulties in interacting in one's environment. Shaping in Planes and Efforts are therefore concerned with intersubjectivity, within the demands of the environment. Matched Efforts and Shaping in Planes reflect qualities in relationships, a harmony between ways of coping with space, weight and time. For example, a descending (Shaping in Planes) movement is matched with strength (Effort) when hitting a nail into a piece of wood. There would be a mismatch if lightness (Effort) was used with the descending movement. This combination would be less effective in carrying out the task. Efforts demonstrate that the individual is able to effectively cope with both physical and mental challenges in the environment with respect to space, weight and time. On a cognitive level, they help the individual to express inner attitudes towards space weight and time. Shaping in Planes provide the complex structures required for relationships.

5.7.1 Efforts

The Effort elements are **indirect and direct, lightness and strength and deceleration and acceleration.** The use of direct and indirect movement develops in the first year of life and relate to how one moves in space. For example, we give something our direct attention, or we move through space in an indirect way taking in different types of stimuli. In the second year, the child develops a focus on weight using lightness and strength, enjoying feeling the lightness or heaviness of objects or of their own bodies, literally 'weighing things up.' In the third year a child tends to focus on time. Having to cope with time elements, helps shape decision making qualities including indulging in the passage of time or fighting against it.

Shaping in Planes consists of **enclosing and spreading in the horizontal plane, ascending and descending in the vertical plane and advancing and retreating in the sagittal plane**. An enclosing movement takes place on the horizontal plane as you spread or enclose your arms in an embrace. This facilitates taking in the other or, bringing them close together. Using enclosing relates to a single

person or a select group. It facilitates unifying and consolidating. During the first year of life infants learn to move in all planes but become adept in the horizontal plane. It fosters communication between infant and caregiver. Horizontal is the feeding plane. It helps to form patterns on the basis of reciprocal communication. Horizontal alignment in a group of people creates a circle formation which makes it is possible to communicate in a reciprocal way.

The movement in the vertical plane is descending and ascending. Developmentally the toddler uses descending. Using descending movements as in throwing something down may express the desire to create a confrontation with others or get down to the heart of the matter. Ascending is used for presenting, inspiring, lifting a found object up to present it to an adult and presenting them with one's aspirations, think of 'rising to any occasion'.

Movement in the sagittal plane relates to the third year of life where the focus tends to be on time. Retreating from something or someone, offers time for reflection. In the process of drawing conclusions, one must first draw back in order to collect one's thoughts. Advancing, shaking hands and moving ahead with enthusiasm, the gaze is to the future in order to be able to anticipate the consequences of actions taken. Without the balance of retreating the advancer makes decisions without looking back, past experiences are not taken into consideration, and the advancer may seem to overwhelm others.

5.7.2 Matches and Mismatches

Enclosing movements are matched with direct. When you embrace someone with direct attention and an enclosing shape, this represent a match and a harmony in the movement. To enclose with indirect means to embrace but to have your attention elsewhere and not fully on the person. This is termed a mismatch. These are important because they indicate harmony or disharmony in movement terms and these movement patterns give us an insight into how the individual interacts with others. This is important in this study as psychosis

has been viewed in terms of a disturbance of self, (Sass 2015, Parnas, 2010) which in turn creates perceptual disturbances relating to the lived experience in the environment and one's ability to relate to others. By analysing the Efforts and Shaping in Planes one may be able to extrapolate how this is being expressed through the moving body.

The KMP quantitative data sets are presented here in separate tabular formats for male and female groups and for ease of reference and comparison between them. Whilst the tabular format details the response of the participants in KMP terms, it is interesting to add up the total group scores in each category that also inform and reinforce the overall impact on the group.

Table 6: KMP analysis of movement sequences (Men)

GROUP 1	Efforts								Planes								
MALE	Space		Weight / Force		Time		Total	Prominent	Horizontal		Vertical		Saggital		Total	Prominent	Matches
Participant	Direct	Indirect	Strong	Light	Acceleration	Deceleration	Total		Spreading	Enclosing	Ascending	Descending	Advancing	Retreating	Total		
Mahad 1	16	0	11	3	18	6	54	Accele(ration)	2	0	14	14	16	5	51	Advancing	Strong Descending
Daniel	11	1	12	2	7	3	36	Strong	5	1	4	11	6	6	33	Descending	Strong Descending
Mahad 2	13	3	13	2	3	1	35	Strong Direct	14	0	17	9	3	1	44	Ascending	Strong Descending
Alan 1	16	4	11	12	10	2	55	Direct	1	1	12	10	11	1	36	Ascending+Adv	Strong Descending
Alan 2	9	2	11	9	11	2	44	Strong Accele	9	1	14	14	2	2	42	Ascending Desc.	Strong Desc+Decel + Advancing
Janek 1	3	4	3	2	4	1	17	Accele Indirect	4	0	6	1	11	3	25	Advancing	Indirect Spreading + Strong Desc.
Janek 2	6	8	8	8	13	4	47	Acceleration	5	5	16	12	17	5	60	Advancing	Strong Descend+ Direct Enclosing
Janek 3	8	3	8	8	9	3	39	Acceleration	8	2	7	5	9	4	35	Advancing	Light Ascending
Ekram 1	7	0	6	4	4	1	22	Direct	3	0	11	6	4	0	24	Ascending	Strong Descending
Ekram 2	13	3	10	8	11	4	49	Direct	7	1	17	13	6	0	44	Ascending	Strong Descending
Charles 1	13	2	7	6	11	1	40	Direct	2	1	5	4	8	1	21	Advancing	Indrect Spreading + Light ascending
Charles 2	6	2	5	6	11	4	34	Acceleration	4	1	6	5	13	3	32	Advancing	Strong Descending
Sean	7	1	2	2	13	5	30	Acceleration	6	0	9	7	13	9	44	Advancing	None
Total scores	128	33	107	72	115	38			70	13	138	111	119	40			
Total= 13 seqs																	

5.7.3 Matches

From the above table (Table 6) it is clear to see that strong/descending (9/13) jumps out as the overarching match present in 9 out of the 13 sequences analysed. A match is determined by approximately equal numbers of each of the elements in categories that pair together. This is very significant and points to a strong sense of self that has expressed itself through the DMP session.

Strong/descending movement takes place in the vertical plane. Also, looking at this in the context of the men's group it can be seen as a clear sense of agency, and taken collectively gives a strong sense of group cohesion, with men supporting each other, "(D)escending gives the structure for making one's strong intentions or ideas clear" (op.cit:167). Developmentally, movement in the vertical plane comes to the fore round about age 1yrs, when the child develops the ability to stand up and present, confront and evaluate in the presence of others. It is interesting to note that verticality i.e. movement in the vertical plane, has been reliably linked to a sense of power and agency which has come from researches into 'Spatial Bias' (Koch, 2011).

5.7.4 Elements - Shaping in Planes

The most prominent element for the men is advancing (8/13), and notably without the balance of retreating which has been previously discussed. In retreating one is able to reflect on the past and in so doing can then advance forward to the future, whilst being able to apply past experience. Here we see a specific unfolding of time with a clear protentional direction. In addition, advancing without retreating can also present as an over-eagerness, or an over-exuberance in a relational sense, where the individual is advancing without giving the other a chance to respond to the approach. Developmentally, advancing movements which take place in the sagittal plane are focused around the age of 3yrs and relate to one's sense of time. Here we have strong evidence for the importance of temporality which will be discussed in more detailed in the next chapter.

Also, of significance here is that the least prominent element for the men is Enclosing (12/13). Enclosing takes place in the horizontal plane which developmentally is concentrated in ages 0-1yrs and relates to space. It is the plane associated with nurturing and food and comfort and a sense of an inner focus. This helps develop the child's interest in the environment and to move from an inner to an outer focus (op.cit:253) i.e. from the horizontal to the

vertical plane. Here for the men there is a distinct lack of movement in the horizontal plane, particularly in enclosing. An enclosing gesture creates an intimate space, it brings something close together with an 'other'. This creates a feeling of, '…possessiveness and exclusiveness' (op.cit:163). The infant encloses the care-giver bringing her or him close, and this is unifying and consolidating for both infant and care-giver. It is adaptive to enclose with direct attention, enclosing without direct attention creates a different atmosphere or 'feel' in the relationship. On viewing the video data, I also became aware of my own movements in the session, which tended to be in the horizontal plane. It was as if I was balancing out or compensating for this impaired group capacity in the horizontal plane, which also in psychotherapeutic terms acted as a 'containing' function. This aspect is particularly interesting and will be discussed in more detail in the next chapter.

5.7.5 Mismatches

A mismatch is determined by unequal numbers of each element in both the Shaping in Planes and Efforts and the categories that go together. For example, from the bottom row of collective scores, direct (20) and enclosing (6). These are important because they help to configure a more rounded picture of how the data not only points to congruence in the matches, but also in relation to disharmony in one's ability to cope in the environment. Also, across the sample there are 4 times the number of direct movements (128) with a significantly low number of enclosing (13). Having direct without enclosing points towards the men having less of a focus on 1:1, or more intimate relationship, and more on the group experience itself. In terms of the use of space overall, the men predominantly used direct (128) with spreading (70) movements. This gives the sense of participants not giving individual attention to each other but at the same time attending more to the group dynamics and their effects on sense of self.

5.7.6 Efforts

Movement in the sagittal plane relates to one's experience of time as already described above. Acceleration is matched with retreating. In the men's group the most prominent Effort was acceleration, however it was mismatched with advancing. Advancing with acceleration represents a clash which comes in the form of giving less care and attention to potential difficulties in new situations or new relationships. It is adaptive to advance with deceleration into new places or areas. If one advances without much use of acceleration which is the case here, this imbalance, "…robs the movement of an inner dynamic sense of time", (op.cit:173) which has a different quality to it. In moving towards an object, or something that is desired, deceleration or slowing down allows the passage of time such that what is desired can be achieved.

Table 7: KMP analysis of movement sequences (Women)

GROUP 2	Efforts								Planes								
FEMALE	Space		Weight/ Force		Time		Total	Prominent	Horizontal		Vertical		Saggital		Total	Prominent	Matches
Participant	Direct	Indirect	Strong	Light	Acceleration	Deceleration	Total		Spreading	Enclosing	Ascending	Descending	Advancing	Retreating	Total		
Fiona	5	5	1	7	7	1	26	Acceleration	1	0	8	8	12	3	32	Advancing	Light Ascending
Juliet	1	5	1	6	3	4	20	Light	0	0	2	2	8	4	16	Advancing	Strong Desc+Accel+Retreat
Sasha 1	3	4	0	7	4	3	21	Light	2	1	5	5	6	3	22	Advancing	Light Ascending+Acc+Retreat
Sasha 2	4	6	4	7	8	1	30	Acceleration	6	0	10	8	6	3	33	Ascending	Indirect Spread+LightAscend
Michelle	0	9	0	7	8	5	29	Acceleration	5	2	10	7	6	5	35	Ascending	Deceleration Adv+Light Ascend
Sally 1	6	1	3	4	3	0	17	Direct	3	0	4	4	5	0	16	Advancing	Light Ascending
Sally 2	0	9	0	7	8	5	29	Acceleration	4	2	6	5	6	4	27	Ascending	Light Ascending+Advanc+Decel
Hannah	5	12	5	12	5	3	42	Indirect+Light	6	12	13	10	12	5	58	Ascending+Adv	Light Ascending+Accel+Retreat
Alison	5	6	1	6	8	1	27	Acceleration	5	0	7	3	9	0	24	Advancing	Light ascending+Indirect Spreading
Sheila 1	5	3	2	5	6	1	22	Acceleration	2	0	7	4	10	2	25	Advancing	Light Ascending
Sheila 2	5	3	4	5	7	1	25	Acceleration	2	0	7	4	10	2	25	Advancing	Light Ascending
Total scores	39	63	21	73	67	25			36	17	79	60	90	31			
Movt sequences=11																	

5.7.7 Matches

The women's group was slightly smaller than the men, however looking at the data participation chart (Table 7) there were on average less women attending the sessions. Also, on average there were less movement and dance sequences to record, that is evident in Table 7 above. The one clear match was light/ascending (10/11) which, as with the men, took place in the vertical plane. This is to do with power and authority, however in this case it is expressed

through ascending and lightness. Ascending with lightness is connected to the expression of one's aspirations. One can think in metaphoric terms here such as, aspiring to lofty heights or goals, wanting something very much or hoping to achieve and be successful. The movement in the vertical plane is clearly linked to self-esteem. Where the men's strong descending movement gave a collective feel, the women's light/ascending movements felt much more individual and less collective.

5.7.8 Elements - Shaping in Planes

The most prominent element for the women was advancing (90) without the balance of retreating (31) which was the same for the men and which has been referred to above. Again, as with the men and taken collectively, there is an impairment or an imbalance that can be attached to both temporality and spatiality in the sessions, which will form part of the discussion chapter. The least prominent element for the women is enclosing (17) which is a balance to indirect.

5.7.9 Mismatches

There is a mismatch with direct (39) and spreading (36) because direct is paired with enclosing. In terms of space, the women's group predominantly used indirect (63) movement, without the match of spreading (36), and similar to the men there was very little enclosing (17). There was a mismatch between the direct and spreading.

5.7.10 Efforts

The most prominent Effort is acceleration (7/11) and the least prominent is strong (21)

5.7.11 Summary of KMP results

In relation to normative data there was very little. The majority of movement observations were taken from single sequences. There was one male with three consecutive sets of data and three males with two sets. Three females had two consecutive sequences.

Looking at the overall total of elements for all the movement sequences in all the groups and taken collectively, the women used predominantly indirect (63) movements as opposed to direct (39). Also, as with the men, there was a minimal use of enclosing (17) and the amount of direct movements (39) was almost equal to the amount of spreading movements (36). Direct with spreading is a clash and indicates that direct attention is being paid, but without the appropriate and balancing structure of enclosing. The enclosing pattern is mainly used for 1:1, while spreading includes others, so even though there is direct attention to others there are others around drawing the attention away. Whilst the total scores on the bottom row in Tables 6 and 7 can only give a sense of the trends in the groups, there are interesting movement qualities being expressed differently concerning how the men and the women take in the 'other', and they both do this differently. The men do it directly but without the balance of any structure i.e. the shaping in planes (enclosing). It is important to remember that the structure (Shaping in Planes) referred to here, is what gives the framework within which the complex relationships and multiple meanings take place. The women used indirect, but again without the balance of the shaping in planes (spreading), that relates to one's connection with space. Additionally, the women have a clash with direct and spreading. Content, without the balancing structure underlying it creates an imbalance primarily in terms of space. Men use the space directly and women indirectly. Direct is paying attention to a particular aspect and indirect is taking in multiple aspects. In addition, both groups mismatched for movements concerned with time, in the sagittal plane i.e. advancing and acceleration, retreating and deceleration.

In summary, there are issues with spatiality and temporality that need discussion in the next chapter, but not with weight/force. It is clear from both data sets that the women predominantly used light movements and the men strong.

5.8 Validating the KMP data

The KMP data, following analysis by the practitioner-researcher, was then externally validated by another certified KMP analyst. The process went as follows. Together we gave each movement sequence a number and the external validator separately for each group, randomly selected 4 out of 24 sequences for analysis (2 men and 2 women). For reasons of data protection, I had to stay in the room with the data, but sat at the opposite end of the room, and no communication was carried out between us, during the external viewing of the film footage and analysis of my movement sequences. The process took 3 hours and during it I did not influence the selection of the sequences chosen to be analysed by the external KMP analyst. Following external analysis of the data, I then presented my results to her and she viewed them comparing them with hers and validity was examined. Durham University supported this data validation process (see Tables 11 and 12 in the Appendix).

5.8.1 Inter-rater reliability

The inter-rater reliability was assessed by determining Cohen's kappa coefficient (k) (Cohen, 1960) for the two categories which were Efforts and Shaping in Planes. The purpose of using Cohen's kappa is to determine the amount of agreement between raters which is better than a chance agreement. Criteria for the interpretation of kappa values has been presented by Landis & Koch (1977) as follows:

Table 8: Criteria for the interpretation of kappa values

Kappa	Interpretation
.00 -.20	Slight
.21 -.40	Fair
.41 -.60	Moderate
.61 -.80	Substantial
> .80	Almost Perfect

The results are as follows:

Table 9: Effort (k) Values and percent agreement

Effort Categories	Kappa Co-efficient(k)	% agreement
Indirect/direct	0.6	75%
Strong/Light	-1.0	25%
Accelerating/Decelerating	-2.0	25%

Table 10: Shaping in Planes (k) Values and percent agreement

Shaping in Planes	Kappa Co-efficient(k)	% agreement
Spreading/enclosing	1.0	100%
Ascending/descend	1.0	100%
Advancing/retreating	0.6	75%

The above values in Tables 9 and 10 were calculated from 4 movement sequences out of a total of 24 (see Appendix Tables 11 and 12). Chen (2019) suggests that if the codes are less than 4 it is difficult to pick up the finer subtleties in the inter-rater reliability by using Cohen's Kappa. I have therefore included in Tables 9 and 10 a simple percentage agreement calculation in order to get a clearer sense of the agreements between raters. It can be seen from the Tables that there is a greater inter-rater reliability for the Shaping in Planes as compared with the Efforts. Through discussion with the validator concerning this, she suggested an element of observer bias, for herself, in terms of the space and weight (Efforts) category, with a bias towards indirect and light. This may account for the discrepancy found in this data.

5.8.2 Expectancy effects

In order to mitigate against the impact of subject expectancy I carried out the following procedures:

1. Issued the questionnaires to the participants at the end of the session to complete.
2. Maintained a similar session structure between the research group and the on-going weekly group.
3. Avoided analysing the data i.e the film footage and the questionnaires until after the fieldwork phase.
4. Recorded the symbols and images as they were presented by the individual participants or group. Wherever possible I recorded what the participants actually said or drew.

5.8.3 Double and Triple Counting

In the KMP data, I recorded double sequences for 7 participants (Sally, Sasha, Sheila, Mahad, Ekram, Alan & Charles) and triple for 1 participant (Janek). In my opinion, each sequence should be viewed as discrete because it took place at a separate time and involved interaction with other participants. The study was focusing on the interaction with other/s, therefore each sequence can be taken as a unique expression of that interaction. Also, interactions with other/s changed during the session depending on the context. This is important as the study sought to capture how the participants coped with challenges in the environment and in the changing relationships with others.

In my opinion, double and triple counting could also be viewed as, 'longer chains of sequential processing' Sossin (2018:308). Sossin (2018) argues, with regard to advancing research using the KMP, that it is important to be able to look at phrasing, sequences or longer chains of sequential processing, because they allow for a more careful study of movement patterns both intrapersonally and interactively.

5.9 Participant Questionnaire Responses & Thematic Analysis

5.9.1 Introduction

This section will explore and discuss how thematic analysis was used to analyse the questionnaires. This is a method for, "identifying, analysing, and reporting patterns (themes) within data" (Braun and Clarke, 2006) which also goes on to help interpret aspects of the research contributing to discussion and conclusions. The data sets in relation to the completed questionnaires were repeatedly viewed with the intention of being able to identify a theme or themes.

The questions themselves were designed to elicit phenomenologically rich data and were generated from the research questions and are open-ended. The questionnaire had been previously piloted on several occasions on the ward and had been found to be easy to deliver and easily accessible. There were 106 responses from the Men's group and 45 from the Women's group. Due to the open nature of the groups, participants may have completed questionnaires on multiple occasions. It was not possible to identify any normative data as the questionnaire responses were anonymised. The questionnaires were issued following the reflective part of the session and were completed by the participant. The questionnaires were designed for simplicity and for ease of completion. This was due to the acute nature of the presentation of some of the participants and that without this consideration it would have been harder to gain the data. All questions were optional and there was no word limit.

Some of the questions refer to lived body experience such as Question 3 and others to looking at atmosphere in the group. In Question 3, 'Can you describe what you feel now?', it is important to note the distinction here by asking 'what' rather than 'how'. The aim of this question was to, "…evoke a vitality form that will pull into consciousness some aspect of the whole lived experience" (Stern, 2010:128), and in this case the whole lived experience of the DMP session. Thus,

what did the DMP session feel like in response to having had the lived experience of the group? There are two distinctions to be made here. Stern describes the question of 'how you feel', as a 'static mental state' (p.129) and 'what you feel' as a question about vitality forms. The vitality forms open the door to therapy by enabling the person to have access to their own internal dynamic bodily states, helping elicit more visceral 'in-the-moment' body-based information. This question helps to elicit more information concerning what DMP is about, by helping pull into consciousness its 'feeling life', as experienced by those taking part. The question allows for the "lived-movement-evoked experience of the patient" (op.cit:128). This allows for a dialogue to begin and the non-verbal to become verbal. These also help reveal the subtle movement and emotional dynamics within the group and the individual, that contribute to better understanding the mechanisms at play in DMP in acute adult mental health.

Question 4 concerns the 'atmosphere'. 'Can you describe the atmosphere in the group?' The reference here is to the concept of bodies affecting one another, thereby creating an 'affective atmosphere', or a permeating presence in the space that can also be described as a '…dyadic space of resonance' (Anderson, 2009:80), in the context of the group DMP session. This is a contributing factor to the nature of how DMP is received and responded to collectively by the group. Also, atmosphere, is according to Dufrenne (cited in Anderson, 2009:79) an 'impersonal principle' that is embodied in persons and things that we feel keenly when we are in a group As previously described, I am also referring to Anderson's (2009) work on 'Affective Atmospheres', and the sense of linking affect with place, or linking mood with place is really important here, "…atmosphere's are singular affective qualities … to attend to affective atmosphere's is to learn to be affected by the ambiguities of affect/emotion…" (Anderson, 2009: 77-81). This relates to how DMP helps to create an 'Affective atmosphere' that allows for the wide-ranging ambiguities of affect/emotion that are present in the session, and that can be both expressed and allowed. Parallels can be drawn between these ambiguities of

affect/emotion, 'affective atmospheres', Merleau-Ponty's notion of 'Mythical Space' (2012:298) and Heidegger's work on space and time.

Forms of Vitality are used for coding the questionnaires capturing a heightened sense of energy, vitality and aliveness that Stern (2010) has described as, "…a Gestalt that emerges from the theoretically separate experiences of movement, force, time, space and intention" (p.5). These forms of vitality underpin the lived body experience in relation to the DMP session and how it has been expressed in the questionnaire responses. These include the dynamical lived body experiences of movement and force within time and space that took place during the sessions. Words such as, "exploding, surging, accelerating, bursting, pulsing, swinging, relaxing", are used by Stern (op.cit:p.7) to describe forms of vitality, and similar ones have been identified here. For example, 'Exstatic, Energized'(Q4g) Women.

I have chosen to use the term 'bodily self-consciousness' in this analysis. It is present in motor activity and perception, begins in infancy and is a term used by Maiese (2016:67). It describes our most basic sense of self which is a, 'sensorimotor subjectivity' (p.67). It is body centred, is always present and is where we have our first realisations about, 'the body that we are and the bodies we are not" (p.68). Bodily awareness forms our early understanding of the world about us through perception and action, together with our sense of self.

5.9.2 Coding process

Analysis of the questionnaires took place at the end of the fieldwork phase. I began by transcribing the open-ended responses to each individual question from both male and female wards and after repeated scanning and coding of the answers, themes were generated. The themes generated related to the research questions and these can be found at the end of each question in the questionnaire section (see appendix). Additionally, analysing the frequency of

the themes, allowed for a quantitative analysis which was then presented in Pie Chart format (Pie Charts 1 & 2). All responses were anonymised. Notably, there were more than double the number of responses for the Men (106) than the Women (45), and presentation of the findings in a pie chart allows for the data to be presented pictorially.

I chose to thematically analyse each question from the questionnaire responses. This was to enable a comparison between the genders for each question and to ascertain any significant differences.

5.9.3 Men & Women's Questionnaire thematic analysis & comparison (see appendix).

5.9.4 Men. Q1. Can you describe what you found useful about the group?

Themes: Sociality (Group), Bodily self-consciousness, Positive Affect, Music/Dance/Art

5.9.5 Women Q1. Can you describe what you found useful about the group?

Themes: Positive affect, Bodily self-consciousness, Movement metaphor, Music/Dance/Art

Here in this question there are clear gender differences, where for the men the importance of social interaction and the group experience stands out, in contrast to the women where positive affect is uppermost. This points to how positive affect or forms of vitality are expressed through the group and a sense of social cohesion for the men, whereas for the women positive affect is expressed more individually. This is very interesting in terms of the mechanisms at play and the influence of gender and will be discussed in the next chapter. I have below selected responses from each group which highlight these differences:

5.9.6 Men's group examples Q.1:

- 'The **group** was very useful, as it is very **sociable,** talking I would not normally talk too.' (Q1k)
- 'Yes, found the **group enjoyable and entertaining** with other patients around me, had a good laugh and joke.' (Q1d)
- 'Yeah, **I found we (as a group)** All had fun and we laughed at each other's body gestures the way we moved to the music was fun and thus we all had a good time. **The music and social event also inspired me** to draw with chalks and wax.'(Q1b)

In these examples it is clear to see that there is a strong sense of group cohesiveness and sociality. In comparison, the women's responses were different, reflecting individual presence and responsiveness:

5.9.7 Women's group examples Q.1:

- 'Just what **I needed**.' (Q1i)
- 'Yes, although it was new to me, **I did find that I began** to relax a little more.'(Q1b)
- '**Cheered me up** made me happy, felt I could be free.'(Q1d)

Here there were clear references to how they each felt and expressed themselves as individuals rather than collectively. Also, there was no reference to the group in the women's responses to this question. The word 'group' was mentioned 8 times in the men's responses and not at all in the women's responses. These results converge with the KMP data for the men which will be discussed in the section on data convergence below.

5.9.8 Men & Women's Questionnaire thematic analysis.

5.9.9 Men. Q2. In what way were you able to express yourself?

Themes: Music/Dance/Art Sociality (Group) Positive Affect Bodily self-consciousness

5.9.10 Women Q2.

Themes: Bodily self-consciousness Movement Metaphor Music/Dance/Art

As a theme that does not emerge for the women, sociality and the importance of the group remain of importance for the men, while this time bodily self-consciousness comes out as of most significance for the women. Here for the men creative expression through the art-forms of music, dance and art come out as of most significance. This is reflective of the importance of the creative process for the individual. Also, in Q2u below, there is reference to how the participant is aware of how others are feeling as an example in Heideggerian terms of 'being-in' the world (Heidegger,1953:134).

5.9.11 Men's group examples Q.2:

- 'Yes we all danced and laughed I also enjoyed drawing random drawings, we had a sense of adrenaline before and after taking part in this particular activity probably because of the camera.'(Q2b)
- 'Yes I feel more happy be with other and participating in group activities Also keep me happy and keep other Around feeling more encouraged.'(Q2u)

5.9.12 Women's group examples Q.2:

- 'Physically was able to relax my body, showing I am not as 'stone' as I appear to other.'(Q2b)
- 'Free movement and controlled thought into steps.'(Q2d)

5.9.13 Men & Womens Questionnaire thematic analysis.

5.9.14 Men. Q3. Can you describe what you feel now?

Themes: Positive Affect Relaxation Music/Dance/Art Positive atmosphere Group (Sociality)

5.9.15 Women Q.3.

Themes: Bodily self-consciousness Relaxation Positive affect

In this question on first glance it would appear there is a similarity in the answers, however on closer inspection the men have a combination of positive affects the artforms and positive atmosphere, whereas the women don't have such a variety of themes. They tend to focus more on bodily self-consciousness and themes more connected with the body. This may point to a gender difference. For example, when responding to this question the men don't necessarily refer to an individual internal state, but rather cite other influences including positive affect, the art-forms and the group.

5.9.16 Men's group examples Q.3:

- 'Good. I feel a sense of achievement After doing the drawings and having a laugh with other patients' (Q3b)
- 'More happy. More united with my family' (Q3l)
- Art Music Dance I feel safe, happy and also excited'(Q3j)

5.9.17 Women's group examples Q.3:

- 'The anxiety level has gone.' (Q3h)
- 'Chilled rather than psychotic.'(Q3i)
- 'A little weird but relaxed'(Q3b)

The questionnaires were given out at the end of the session. Each person completed the questionnaire in the room. Occasionally an individual would take the questionnaire away out of the room and return it to me after the group. Those participants that attended on multiple occasions did not always feel that they wanted to complete a questionnaire each time they attended as they felt they had already covered what they wanted to say in the previous questionnaire. The questionnaire was designed to capture a glimpse or snapshot of people's impressions right at the end of the session but following

the reflective period. **Q3 Can you describe what you feel?** Both groups indicated that they generally felt more relaxed, happy, with a sense of well-being, positive. However, the Women's responses were conveyed in a mixed way e.g. 'A little weird, but relaxed' Depressed, 'Calmer and at ease I don't think I will top myself but I still feel tottaly shit.', the anxiety level has gone, chilled rather than psychotic.'

The Men's responses Happy, Good all absolutely peaceful, relaxed chill. The responses were positive across the Men's group.

The impact of the DMP session appears to have had a positive impact on bodily self-consciousness. Does the mixed response from the women tells us that they were more depressed as a group, higher levels of depression or the intervention is less effective in a group for the women? It is difficult to categorically state this from a small sample of responses.

5.9.18 Q4. Can you describe the atmosphere in the group?

5.9.19 Men Q.4

Themes: Positive Affect Group (Sociality) Positive atmosphere Relaxation

5.9.20 Q4. Women Q.4

Themes: Positive Affect Forms of Vitality Relaxation

In this question for both the men and the women there was positive expression of emotion and feelings generated by the 'Affective atmosphere' (Anderson, 2009) in the group. As in the previous questions sociality and the group was also a theme here important for the men but not for the women. The atmosphere in the group was also reported in up-beat terms by the men (Q4u), also referring to laughter and excitement which are also forms of vitality (Stern,2010). For one woman there was also a sense of a party atmosphere

(Q4d), however, overall the atmosphere generally was expressed in terms of positive affect for both groups.

5.9.21 Q4. Men's group examples:

- 'Socialising/talking, dance movements, communicating.' (Q4s)
- 'The atmosphere was wicked and good use of laughter and excitement.'(Q4u)

5.9.22 Q4. Women's group examples:

- 'Jolly' (Q4e)
- 'Friendly.'(Q4f)
- 'Cheerful and uplifted Enjoyed the party'(Q4d)

5.9.23 Men & Women's Questionnaire thematic analysis.

5.9.24 Men Q.5 Any other comments?

Themes: Positive Affect References to Mary Music/Dance/Art

5.9.25 Women Q.5

Themes: Positive affect References to Mary Symbol

Here in 'Any other comments?' there are positive references to the practitioner-researcher and more so in the men's group (8) than the women (2). Once again, we see the importance of 'other' for the men and more individual responses from the women relating to their own personal feelings. There is an interesting reference to symbol by one woman in the group (Q5g) which is the only reference in all the questionnaire responses.

5.9.26 Q5. Men's group examples:

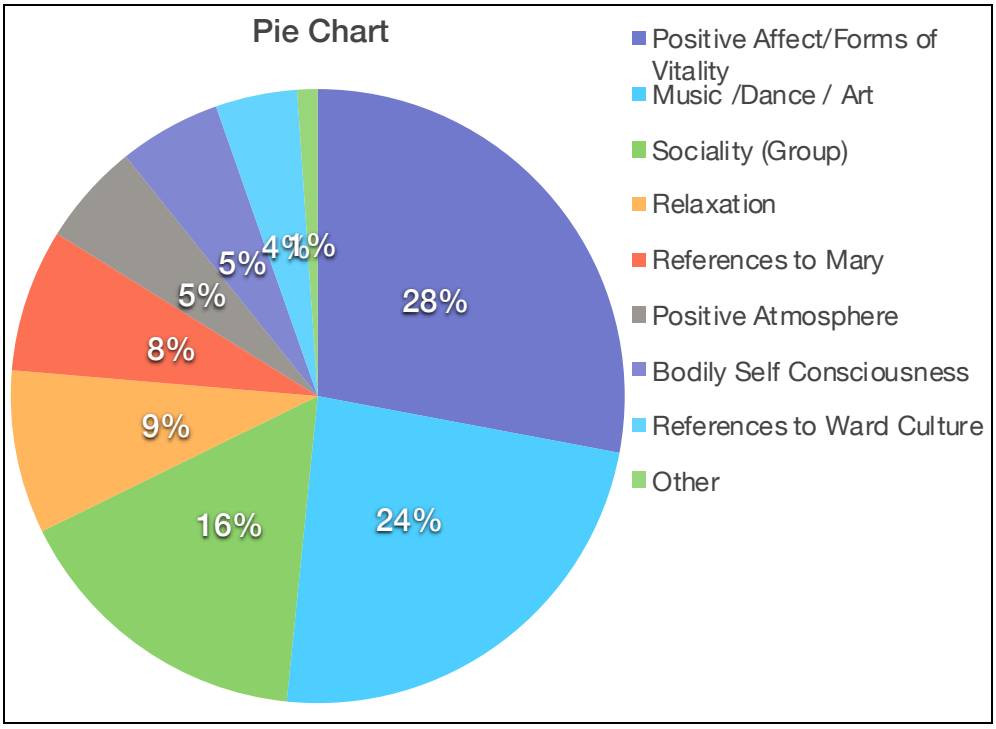
- 'Feel much happier and relaxed.' (Q5s)
- 'Mary is an amazing motivational person. thank you'(Q5d)
- 'More, more, please more Russian music & Ed Sheeran!!'(Q5f)

5.9.27 Q5. Women's group examples:

- 'I am sure sessions such as these do help mental health patients in some way, particularly – to relax & let their hair down!'(Q5b)
- 'Wish she could come every night'(Q5i)
- 'Wickid the Jungle is massive'(Q5g)

Overall, for the men in Chart 1 below, for all the responses in a collated format Positive Affect and the art-forms, music, dance and art generated the most significant responses, followed by sociality and the importance of the group. Taking all three categories together, the art forms themselves are sandwiched between positive affect and sociality in terms of importance, thus highlighting the importance of the creative nature of the intervention. The significance of these collated responses will be discussed in the next chapter.

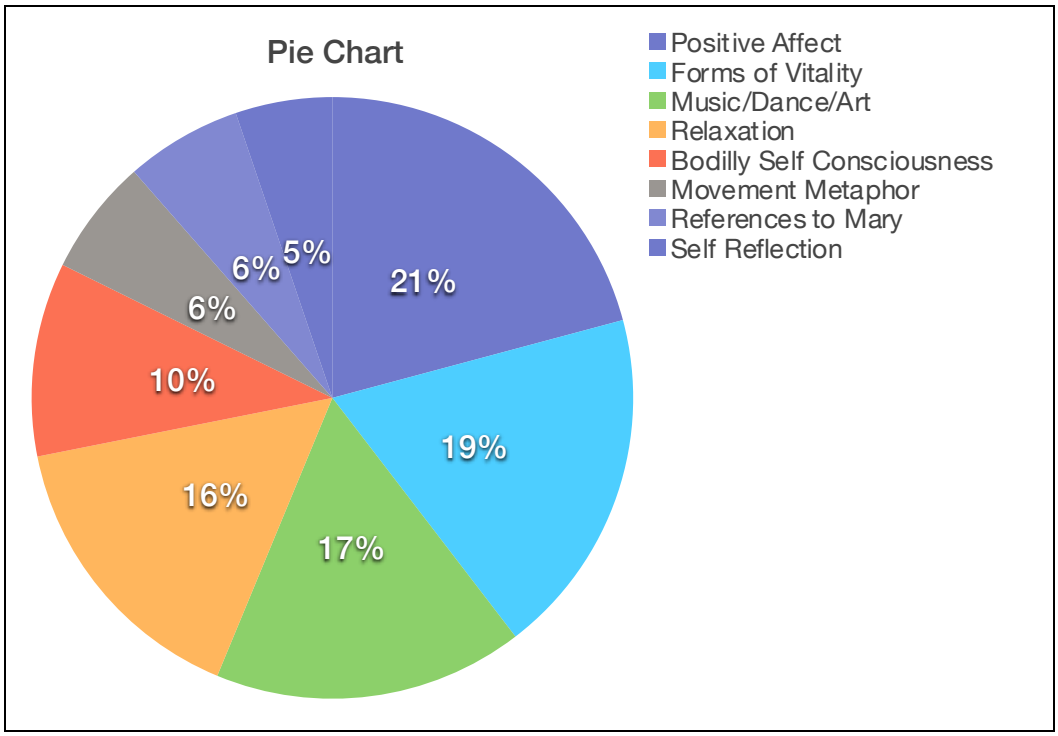
Chart 1: Men's Group Thematic Analysis Questionnaire Responses (Total responses: 106)



Overall, for the women in Chart 2 below, for all the responses in a collated format again Positive Affect, Forms of Vitality and the art-forms are most

popular, however sociality as a theme is missing in this analysis. Also, relaxation and bodily self-consciousness are revealing themselves as significant taken all together.

Chart 2: Women's Group Thematic Analysis Questionnaire Responses: (Total no. responses 45)



5.10 Practitioner-Researcher Psychotherapy Process Notes

5.10.1 Introduction

Here is a brief analysis of the psychotherapeutic process notes for the men and the women (see appendix) that are personal reflections, impressions, images, ideas, hunches, symbols and metaphors. They are not written in complete sentences and there may be words, phrases and drawings. They are recorded in a journal at the end of each session and assist in helping access the unconscious processes at play in the therapist and participants during the session. They do not form part of the online clinical note-taking system. The notes were made immediately after each of the 10 sessions for both Men and

Women's groups. This analysis represents an overview of the notes and the main themes however, an in-depth analysis of the process is written up in the case vignettes.

A thematic analysis performed on the notes and the frequency of the main themes noted. Sociality and reference to the importance of the group was referred to in 7 out of the 10 sessions. Symbol for the men's group emerged as being of importance in 6 out of the 10 sessions and metaphor in 4 out of the 10. I recorded 6 times more symbol and metaphor, sociality, for the men than the Women which was in contrast to what the men reported themselves in relation to Metaphor and Symbol. It is interesting to note what I was drawn to record or write about. Clearly many more men attended overall than women, 45 for the Men and 25 for the Women over the 10-week period. I recorded much more for the Men resulting in richer process notes. Compared with the Men's notes the Women's notes looked sparse and thin except on one or two occasions. Most of the process notes for the men are dense, rich and busy.

These notes are personal reflections, raw impressions, thoughts and feelings on the group psychotherapy process and my interpretation of the individual's experience of each session. The session dates and times have been removed and are an important part of the data sets. I was struck by the correlation between what I had written in my process notes and what was written in the questionnaire responses, and what I observed while analysing the film footage. These will be discussed further in Part 7 where the data sets are converged, and comparisons made.

For example, I use words such as uplifted, joyful, peaceful, connections, sense of connection, peaceful, ecstatic. A thematic analysis of the process notes was carried out. Similar themes to the questionnaire responses were identified and additional themes emerged too. The results are presented as follows:

5.10.2 Thematic Analysis Process Notes.

Emergent men's group Themes for each session:

1. Movement, symbol, metaphor, bodily self-consciousness
2. Music, sociality, symbol, high energy
3. Connection sociality symbol high energy
4. Metaphor Symbol connection sociality
5. Sociality (group) metaphor sense of connection /relationship
6. Sociality, sense of community, symbol
7. Symbol sociality (group) liminality
8. Movement metaphor art, dance
9. Sociality, reflexive positive affect
10. Sociality, life review, symbol affective atmosphere transformation group closure

Frequency of themes: 7/10 Sociality, 6/10 symbol, 4/10 metaphor

5.10.3 Women's group Themes

1. Affective atmosphere, rhythm, movement group
2. Group dynamics, connection
3. Emotional affect, group dynamics
4. Uplifting
5. Symbol and metaphor Props (6) Rhythm, Affective atmosphere
6. Quiet no group, light dancing
7. Light dancing vertical connecting (sociality)
8. Metaphor/symbol music performance rhythm
9. Symbol metaphor free movement
10. Light quick

Frequency of themes: 3/10 group dynamics, 2/10 symbol and metaphor, 1/10 sociality.

It is notable in the men's process notes the frequent reference to symbol and metaphor, whereas in the questionnaire responses there were very few references. In comparison, the Women's process notes had only 2/10 but in the

questionnaire responses there were more references to symbol and metaphor compared to the men. The women were writing about the symbols and I was writing what I observed about the symbols in the men's group. I noted many more symbols in the men's group compared to the women.

Most of the symbols for the women's group were noted for 1 session where there was 1 participant (session 5). Here is a selection of the symbols for the women.

5.10.4 Women's group symbol examples

'Father's head cracked open 3rd eye', 'Tic tac leylines', 'Numbers, numerology, clock with numbers of when you die 4 numbers'. These examples reflect the rhythm of the language of the participant, the speed of thought and it is interesting that I have written them in my notes as they were spoken.

5.10.5 Men's group symbol examples

'Dancing like ghosts', 'S has demons inside' aliens, 'spaceships', 'kidnapped by aliens.

I shall now finish this chapter with another case vignette and this time of Michelle.

5.11 Case vignette Michelle (women's group)

I have chosen this vignette as an example of how the women supported each other in the group in a similar way to the men. The women's sessions had a very different 'feel' to them. They were in comparison sparsely attended and it was hard to have a sense of flow i.e. there were moments of coming together but more of a stop, start feel. They were quieter, of less obvious intensity compared to the Men's group, perhaps with more focus on the individual. I

wondered whether the focus on the body and coming into the body was more difficult for the women i.e. difficulties with re-inhabiting the body? Were there more issues around body image? Was each woman in her own personal space? There seemed to be more distress present in the women. However, there was one group which was profoundly moving where a strong sense of group emerged. Michelle came into the group, she was physically very unwell with a chronic health condition. She was 29 years old and did not engage in any other activity on the ward, nevertheless she came into this group. Her body was very frail, and she sat down on a chair beside where I had set up the music, near the door. She began to ask for the music that she liked and held on to the speaker not letting anyone else select the music. This had the effect of dominating the group, as she demanded the music that she wanted. The other members of the group let her do this to a certain extent but were quite wary of her. The intensity of the group built up as she chose tracks that had meaning for her. She began to sing, looking into the camera, as if telling her story with emotional, heartfelt, despair. One of the songs reminded her of her brother whom she said had died three years ago, perhaps from the same disorder? This memory struck such a chord and she broke down, sobbing. The group and I sat quietly and held this space for her. She did not want me to do or say anything simply to witness her. The group who themselves had experienced their own trauma seemed to understand the profound nature of the experience. There was a stunned silence during the outpouring of emotion. The other women sat around the edges of the room and simply waited for her to finish. She stood up frail, fragile, weak, summoned up all of the energy available to her and looking straight into the camera, told her story through rapping. It was as if this story must be witnessed by the camera. Not expressed to another person but to the camera itself. The notion of the camera as silent witness was a common theme in the sessions. Suddenly another woman came into the room and saw that M was crying. Michelle reached out and embraced her. They collapsed into each other's arms, sobbing. The intensity of the emotion expressed in the group built up and up. There was a poignancy to this sad, and intense moment with a heavy atmosphere of sadness and loss. The group 'let' her express herself even

though it was difficult for them. No one stopped her. It was full of what she needed and had clearly expressed through the dance and the music. The lyrics seemed to provide the 'songtrack' to her life.

Michelle's movements were direct and towards the camera but with spreading movement in her arms. This represented a clash from a KMP perspective where she was paying direct attention to the camera but without the enclosing movement. This reduced the sense of intimacy as if the extent of the feeling could not be completely expressed.

This group was unusual from a number of perspectives. Firstly, the central part of the group involved someone who was very physically unwell, with a serious health condition, and with associated mental health problems. The work of the group centred around her and the expression of her feelings. Unusually, the depth of the expression of her feelings reached a level which the group could carry and facilitate in an unexpected way. The other women and I were present for her and it enabled her to have this depth of feeling held and contained. This, in itself, is quite remarkable for a group of people who were themselves experiencing severe distress. i.e. to be able to attend to the 'other' in such a fully present way. Laing describes this as a paradox, i.e. the ability to be in relatedness but also separate here, '…our relatedness to others is an essential aspect of our being, as is our separateness (Laing, 1960 cited in Killick K. (eds.) 2017:93). In addition, according to Killick, this tension can be 'violently affected by severe trauma' (relationally), 'with confusion and terror arising as a result of subject and object/inside and out, 'you' and 'me' becoming entangled and confused'(op.cit:93). The idea of duality in embodied existence is central in Laing's theories, in which an embodied self is the condition for being both a separate person and one who is related to others.

In the case of this particular group, such 'entanglement and confusion', did not seem to be present. However, I was acutely aware of the tension in this group and noticed that I was having to work very hard to contain what was being

processed. I had to work very hard to 'hold' the group as Michelle was very prickly and easily stirred up, and I appreciated how difficult this might be for the others, but at the same time they were accepting of her needs. This was all expressed non-verbally, through a collective felt sense.

Previously, I have mentioned how the women did not tend to have a sense of group but clearly in this instance a strong group cohesion was present. The difference with this group was that I had to work hard to hold it together, whereas the men tended to form a group themselves much more easily and where I needed a lighter facilitatory presence.

In the next chapter I shall continue with more case vignettes and also data convergence.

Chapter 6
Case Vignettes and Data Convergence

6.1 Case Vignettes

I shall now present a selection of case vignettes from individual sessions. All of the vignettes give an overview of the various participants who took part in a particular session, and a flavour of the group dynamics that are an expansion of my psychotherapy process notes. Also, these focus on individual participants where rich images and in-depth psychotherapeutic processes emerge, which help answer the question concerning the impact of DMP on psychosis.

As a DMP, I am naturally interested in the unconscious processes at work within the session. These manifest through the non-verbal communications i.e. the dance/movement, metaphor, symbol, image making and rhythmic body action (Chaiklin and Schmais cited in Sandel et.al.,:1993). Here below are examples of those vignettes which caught my attention as a DMP. There are also a number of participants who attended on numerous consecutive occasions where the symbols and images created, were not so evident. I shall include a description of these sessions in contrast.

6.2 Case Vignette Malcolm (men)

In a previous session Malcolm attended he was a very depressed man in his 30s. Looking gaunt and drawn in his face. He had been found living in the local woods. He did not dance but paced about the room. Eventually, he began to draw an image of trees, with three Munch-like figures sitting in them. He said his ancestors had come down into the tree. It made me think of a family tree. In taking the psychedelics, he reported that he had travelled through a tunnel and seen many archetypal figures including religious ones and his ancestors. He was also very interested in psychedelic ritual as a way of accessing other realms. In particular he referred to the Amazonian tribes hallucinogenic, ‘ayawaska’, a mixture of herbs, which you take in a ritualistic way in order to

create soul journey, (aya, soul, Waska, vine). For the sake of argument, the Jungian term 'soul' can also refer to one's core self.

Malcolm explained to me and the others that taking this drug had allowed him to see into other realms and meet other mythical figures including his ancestors. He felt comforted having seen them and was now not frightened of death. He flew over the trees and was not now afraid of dying. Others in the group listened, mesmerised. He thanked me for understanding him. After he left there was a hush over the group and one person said, 'I didn't like that scary spirit thing. There must be something going through his mind.' Alan drew an infinite void/cube drawing. This is another example of the mytho-poetic emerging within the liminal space of the group. The atmosphere created through the dance and image making, enabled him to produce these images and to then talk about what this journey had meant for him.

When I am in role as psychotherapist in this space, I am experiencing a somatic countertransference. I am attuning to sensations and feelings within my body. In order to hold this space psychotherapeutically, I have to remain very grounded, having a keen sense of where I am in space. I have to tune into my peripheral vision to notice the nuances and imperceptible changes in someone, through their movement patterns, tone, sound, look and their response to others in the group. I have to slow my breathing down and have a sense of expansiveness, an opening, a steadiness in the centre of my body. Taking in information through all my senses. When as psychotherapist you are in the presence of severe mental distress, you have to be able to connect on a deep level and tune into the fear, the despair and anguish and to be accepting of whatever is given. At times I would feel fear and I would just stay with it and wait for it to pass, or I might feel a deep connection or compassion. Also present is the willingness to not know what is happening, but through the connection with the movement a communication is made. It is meeting another through a gesture, a reaching out, a gaze or laughing, running and others crying. Giving a

sense to the person by fully inhabiting my own body, that it is acceptable to express who they are.

There has to be a very deep sense of connection between my feet, my base and the ground/earth. There are similarities with this way of being and altered states of consciousness. Woods, (2009), researched the use and function of altered states of consciousness (ASC) within DMP. Altered states of consciousness are any condition which are significantly different from a normal waking state. These include non-ordinary states, or mental states in which the mind can be aware but is not in its usual wakeful condition include hypnosis, meditation, hallucination, trance and the dream stage. She asserts that, as a DMP, an informed understanding of the altered state experience and its potential therapeutic benefit, including methods for working with altered states in the practice of DMP, is essential when working in acute adult psychiatry. When working with ASC the dance movement psychotherapist uses different themes. These can include any or all of the following: community and group healing potential, spirituality, ritual, rhythm, experience of the self, body action and rapid motion, catharsis and abreaction, energy and revitalization, recovery of play, creativity, focus, attention and absorption. Different forms of ASC therapeutically inform DMP through providing healing qualities that are similar to the therapeutic processes and goals in DMP. ASC are also an integral part of the DMP process through their shared fundamental components such as breath, body action, imagery, ritual, and rhythm. ASC can therapeutically inform DMP by providing a comprehensive multicultural lens involving ritual and spirituality, including how one may be brought out of the altered state via the grounding process. She suggests there should be further research into the physiological and neurological changes that occur during ASC. M wanted to use an altered state of consciousness to access a connection with his core self and his family. People often arrive on the ward and into my group having taken psychedelic or hallucinogenic drugs. In a way they arrive in an altered state of consciousness and it is often my task to work with this ASC. As Woods suggests, to be able to use all the techniques and skills, at one's disposal as a DMP, to

facilitate a change or a way out of this state. Working with the altered sense of time within these ASCs, in conjunction with the mytho-poetic images also helps bring about a change. The changes relating to the movement patterns with respect to time, have been highlighted above in the KMP data sets. These will be explored further in the discussion chapter.

6.3 Case Vignette Radu (men)

This vignette highlights the list of ingredients mentioned in the above paragraph. Radu joined for the last two sessions of the study. He was aged 20 and had come from an Eastern European country. His movements were very slow guarded, bound and neutral. He was wide-eyed, taking in his surroundings through his eyes with almost no torso movement. He did not have a great deal of English. I put on folkloric music from his country. It was fast, lively, intricate. On hearing this he leapt into action, his body flying across the floor as if he had taken off, quick, nimble, spritely. I joined him taking his hand and flew alongside side him in a line formation. We moved quickly across the floor. He was completely animated and full of vitality. He laughed, he came to life.

At the end of the music he sat down and like the others put this movement and feeling into an image. He drew a very detailed drawing with a very vibrant yellow thunderbolt which came down to strike the earth at the point of a deep, blue pool of water. It was like a map of his world. There was also a large egg, a Cosmic egg (Diagram 6). In Hindu philosophy, Prajapati, the 'Lord of Creation' (Rig-Veda cited in Jung CW Vol. 5: 380) is the;

> self-begotten egg, the cosmic egg from which he hatches himself. He creeps into himself, becomes his own womb, makes himself pregnant with himself in order to hatch forth the world of multiplicity. Thus Prajapati transforms himself by introversion into something new, into the multiplicity of the world'. (p.380)

Immersion in oneself is a penetration into the unconscious and at the same time asceticism. Indian philosophy also assumes that creativity as such springs from introversion. The result of this introversion is the creation of the world and in mystical terms the regeneration and spiritual rebirth of the individual who is born into the new world of the spirit. The Cosmic egg is a prominent icon throughout the world (Diagram 6). The embryonic motif emerges out of darkness It is a metaphor of potentialities. Radu's drawing contained a deep pool of water which goes alongside the cosmic egg symbol. For it is out of the chaos of the waters comes the order of the new cosmos.

Diagram 6. Cosmic Egg & Prajapati Hindu Goddess

Retrieved online :https://commons.wikimedia.org/wiki/File:An_attempt_to_depict_the_creative_activities_of_Prajapati.jpg#/media/File:An_attempt_to_depict_the_creative_activities_of_Prajapati.jpg

Radu talked about leaving Italy and being the King of Italy 'wanting to be king so I will be a good boy.' His mother died when he was 15. I felt an incredible sense of sadness about him. There are many complex fragments of images that emerge during the session and I can often only begin to sense what their meaning may be. The images seem to point towards an as yet unrealised

possibility that out of the inner chaos may come something new, something creative. Rather like giving birth to a new sense of himself. He wrote in the questionnaire, 'I was deep stressed. But she's dear, happy and friendly so its best group.'

6.4 Case vignette Marius (men)

I want to include this vignette as it demonstrates that there was so much going on in the group and that the movement/dance work took place in different ways. The moving bodies encircled those who would sit, draw and symbolise through their art, influenced by the dance taking place. This therapeutic space created inside the room, was in stark contrast to the atmosphere of the ward outside of the room as previously described above.

There was a group of participants who attended repeatedly over the 10 weeks. One such participant was Marius, from an Eastern European country who came almost every week, 8 sessions out of 10 and who sat at the back of the room in the same seat. He always asked for the Robbie Williams track, 'Love my Life'. The lyrics are very poignant and connected with what I knew of Marius's circumstances. He had left his home in Eastern Europe having been rejected by his mother for having a diagnosis of schizophrenia. He had arrived in England and found a job and had quickly become depressed and attempted suicide. He was then admitted on to the ward and it was quickly found by the medical staff that he had been misdiagnosed with schizophrenia. It was the first time I had come across a reversal of diagnosis. He was having to adjust to the fact that for the past 17 years he had considered himself to have a serious mental health condition. This had affected all areas of his life and the stigma that had come with it. It was a very powerful song full of sentiment and connection, and the lyrics resonated so clearly with his situation. It was like the soundtrack to his life. I always played it for him and it became the opening anthem of the group. When I danced to this track I would lift my arms out in spreading and upwards ascending. It felt very powerful, uplifting even transcending. He would listen,

and I would dance and sing. The verticality of my movements seemed important, and I could feel the power and the sense of agency that was being conveyed to him. The music was full of the mytho-poetic, and essential to the whole process with references to soul, battles, prayer, power, agency and powerful affirmations of selfhood (see lyrics below):

Song - Love My Life (Robbie Williams)
Tether your soul to me
I will never let go completely
One day your hands will be
Strong enough to hold me
I might not be there for all your battles
But you'll win them eventually
I'll pray that I'm giving you all that matters
So one day you'll say to me
I love my life
I am powerful
I am beautiful
I am free
I love my life
I am wonderful
I am magical
I am me
I love my life
I am not my mistakes…
…Run far, run free
I'm with you
And finally
I'm where I wanna be
Retrieved online: https://www.google.com/search?client=firefox-b-d&q=lyrics+Love+my+life+Robbie+williams

The opening lines and 'I love My life', and 'finally, I'm where I wanna be', were so powerful for him. They encapsulated where he was and where he wanted to be. He never danced but always drew and contributed to the reflective part in the group. He was taking in and giving out during the entire session, fully engaged, and was drawn in to the group. Others who continued to attend on a regular basis also tended to sit and draw. Their presence in the group was very containing and stabilising. Interestingly, the tables where they sat were behind the place where the dance happened, making it into a performance space almost like a stage. Those sitting at the tables were not quite like an audience

but were like witnesses to the process. Those sitting were very much part of the culture, landscape/group. The ability to choose what you wanted to do in the group i.e to dance, to draw, to sing was a very important aspect of the group. Those sitting would also contribute to the dance by reflecting or affirming what was taking place. The open nature of the structure of the group also allowed for this. To desire something, to move towards it, to make a choice are integral parts of the process. In developing a sense of self, knowing that you want to do or accomplish something helps give a sense of agency and power, both of which are known to be impaired during psychosis.

6.5 Case vignette Alison (women)

Alison attended the second session of the study on the women's ward. She only attended this session. She came into the group and looked at the art work on the walls of the room. She came in and out of the room and seemed preoccupied. She danced, small, rhythmic, tight, within a small kinesphere. Little segments of dance and then left and came back again. This movement in and out of the room is quite common in the sessions. Hence the open nature of the group. My interpretation of this is that people when very distressed find it difficult to tolerate being in the space, the 'temenos', the place where something happens, so they step in and out, cross over the threshold, sometimes hovering at the border and then crossing over in to the space for a moment or longer. My impression of Alison was that she had enjoyed the group and had engaged with it, had danced and discussed the images on the wall.

What she then wrote in the questionnaire response was fascinating. Alison had a diagnosis of schizophrenia. In looking at her KMP data she had predominantly direct and advancing movements. She had a match for light ascending with virtually no enclosing or spreading. Again, an imbalance with time, between the retention and protention and with more protention and imbalance in the use of space. This coupled with a mismatch between direct and enclosing and with

no structure in terms of enclosing and retreating in the use of space. There was integration in the vertical plane. Her questionnaire responses were:

> 'Q1. 'I only observed due to physical conditions, I had a couple of conversations around how under mechanics especially servo motors work and then how we humans move example if we put a new servo motor on and forget to programme the correct code to make the unit very jerky and in effective movement would take place.'
> Q2. As above discussed stress, pressure and had a little dance, who can guess act like an extruder movement
> Q3. Not able to express myself in the normal everyday world. I feel manipulated and subjected into a state of play/act!! I don't think anyone expected an incident occurred would be 50?
> Q4. Hardly any attended, I feel the group in the main has been put together to cause friction and disharmony. More thought could go into healing rather than disease.'

Alison's responses were unusual in that I had not been given any clues when I was with her, of any signs of friction or disharmony. The language in the responses was very interesting using the metaphor of a machine that can be programmed with the wrong code. Her movements were quite automated and mechanical, and when she turned, she moved her whole body around in one block turning on a small base. The imagery is dense and rich and there would seem to be a convergence between her movement and the symbolic and metaphoric language. I did not write very much in my process notes, 'sat, danced, talked about images. Almost reflective of the little movements, little bites of words.

This vignette is of particular relevance because Alison's questionnaire responses seemed typically in line with Sass's 'Ipseity disturbance model' (IDM). For example, if we consider the 'servo-motor' reference as an image of herself,

then Alison might be separating herself out in terms of subject/object, describing her movement in terms of automation, her movement controlled outwith itself. Also, an extruder is a machine used for making or extruding strips of more or less continuous plastic tubing and the like. From the KMP data there was a match in both her horizontal plane (spreading and indirect) in other words her use of space, and in the vertical (light ascending) her sense of self (power and agency), but a mismatch in her use of time which is the sagittal plane. There is also an imbalance between advancing and retreating. In that imbalance there is a sense of self but what seems to be impaired is the timing, which may be linked to the research that has been done on inductive reasoning and predictive timing. Wilquin et al., (2018) found that patients with schizophrenia were able to perceive and produce both simple and complex sequences of time intervals in a spatial tapping task with a regular metronome at isochronous intervals. However, there was an impaired ability to synchronize their actions with external events. The authors argue that these findings suggest a specific deficit in predictive timing. The synchronisation performances revealed significantly more positive asynchrony in the patient group than control group. Does this result point to a lack of ability to connect and synchronise with the outer world? This will be discussed in the next chapter.

6.6 Case Vignette Juliet (women)

This vignette shows how from the dance and coming together with others, another creative aspect emerged for this woman. Each time she was the only participant, and again it shows the individual response to the DMP session from the women. Most of the women's groups were quiet and not well attended compared with the men. They were attended by single individuals who formed connections with me, that would in DMP terms be called dyadic interactions. It was almost like a one-to-one session, with limited group interaction or sense of togetherness, like a conversation in movement.

J was a very slight women in her late 40s, very frightened and anxious. She kept repeating that she did not know what to do in her movements. She moved within a small kinesphere, held in the shoulders, hardly taking up any space. She danced with me and said how difficult it was for her to move. She said that she had felt good and 'then I went out there let the world back in vulnerable then Heart has gone out sold it.' I asked her what music she liked and she said Jazz. I put on Clare Teal's version of 'California Dreamin', and she began to sing in the most beautiful, confident contralto voice. Her body changed and she became completely centred. She had re-inhabited her body and her sense of self. Her movement had a strong connection in the vertical plane and again presenting a sense of power and agency. I was mesmerised and could sense the power within her body. She was no longer shaking and frail. She sang the words 'Feeling good'. There was no stiffness, she was relaxed. After we danced together I wrote in my process notes, 'in time, in rhythm'. This is an example of how important the music and the words can be, but also how they feed into the movement where one supports the other. J was able to make contact with her sense of self, but this developed in an unexpected way.

This vignette highlights the importance of being open and alert to what is not being expressed but can be within the DMP process. Juliet came for a second session at the beginning of which she said, 'the light has gone out'. This seemed to reflect a similar initial presentation from the first session, and I wondered whether she always felt the need to begin by letting me know how difficult this was for her and to remind me of her distress. This time she moved in a more fluid way, twisting, free and rhythmic. I mirrored her movements, as this gives a sense of being seen. I wrote in my process notes, 'lovely piece of synchronised movement.' J came to the final session of the study. She was aware of this and again she began to dance with me with light twisting ascending movements. Towards the end of the session she said, 'I can't dance'. It felt like we had gone back to the beginning again. This can happen especially during endings and I was acutely aware that this was the final session as was she.

6.7 Case Vignette Janek (men)

This vignette continues the theme of symbol, metaphor and movement. J was experiencing a drug-induced psychosis. He was 23yrs old and had come from an Eastern European country. He entered the group in a very exuberant way, very keen to dance and to engage in dancing with me in particular. J was extremely playful and enjoyed twirling me around. I was struck by the ease with which he engaged in the dance. He was also fascinated by my necklace and came very close to look at it, in a way that seemed to indicate he was quite unaware of his kinesphere or personal space. In general, he would tend to move very close to others in the group and on the ward. The staff response to this was to tell him to, 'stand up straight, don't move so close, move back'. As a psychotherapist however, I understood this closeness as a communication that he wanted to say something which he thought was important, so important that he had to express it in close proximity. In my mind, it was certainly not about over-stepping the mark or 'invading someone's personal space.'

This is an example of how non-verbal communication can be mis-read, making it even more bewildering to the person who is simply trying to communicate. If the person is only trying to communicate, and suddenly encounters a hostile response, this adds to or potentially escalates the already fragmented environment or sense of self. Simply receiving the communication for what it is meant to be i.e. a communication, leads to greater development of the self.

A number of the men taking part in the sessions were from eastern European countries. For them I always endeavoured to source Eastern European music and dance. J loved to dance, jiving, pulling me forward and back and around, laughing. His movements were full of joy, and even though he was of a large build his movements were light. He interacted with the others in the group and made jabbing movements with his hands, as if in a boxing match. After dancing he would sit and draw. He drew several images. The first image was of a girl, a simple stick-like drawing with a sad/depressed but happy expression. She had

eight fingers and a large heart in the centre of her chest. I wrote in my psychotherapy notes, 'primitive image of sad, depressed, happy girl and drew an image of his picture'. I wondered about this image. It made me think about the heart at the centre of his problems. In Jungian terms, one would consider this image in terms of 'anima' i.e. his capacity for feeling and empathy. Whatever it was, this would seem to be where he was locating the pain, in the centre of his being.

In further consideration, there was a contrast between his light, playful movements and this rather pensive sad image. I was also struck by the connection between the dance and his ability to express himself. At the same time, Janek expressed fear. He talked about attacks or potential attacks happening on the ward and seemed to be very hyper-vigilant. I wrote in my notes the words, 'safe, am I safe?'. This seemed in direct opposition to his relaxed, joyful dancing and I noted the contrast in my notes. He seemed to possess the ability to move between both worlds.

The next session with Janek involved more group interaction. The group began with one of the members saying, '…it is important to be able to express what's inside'. This seemed like an important reference point and set the tone for the session, not just for him, but for the whole group and me as well. Knowing that what's inside can come out, it is safe for it to come out and be valued when it does come out. All of which are important principles for the work.

Janek, myself and another group member, Sean, danced together under a piece of veil-like cloth. The cloth was gold in colour and made of chiffon. In moving together, we expressed a sense of connection. I wrote in my notes, 'Dancing like ghosts under the veil with Janek and Sean. Moving together collectively. Expressing senses of connection, ethereal'. This 'veil-like cloth', was used in both the Men's and Women's groups, and became a common symbol. This cloth was something that both genders seemed to use, perhaps as a means to go 'inside', to look at and feel, but at the same time able to see out of and

through it. Janek's huge frame felt quite incongruous underneath this light, ethereal, veil. We all stood underneath it and danced. At one point, Janek playfully threw it over my shoulders and I escaped from under it. It wafted up into the air and we danced and weaved the dance with the scarf. People often look for the same scarf each week, and I try to remember to bring the same ones. They are important connectors and act as bridges of communication between people. As we were dancing, Janek came up, very close again and whispered in my ear, 'Sean has demons inside'. He was referring to Sean, another member of the group. At the same time Alan, popped into the room but did not stay. He had attended over the past weeks and had changed quite significantly. I asked how he was, and he said he felt better mainly due to the medication change. He certainly looked better and was no longer catatonic. It was interesting that he only popped in as opposed to staying for the whole session, which he had been able to do over the past four weeks. I noted this and recalled how people often do not come back to the sessions once they have moved out of the acute psychotic phase or crisis. It is as if they have been drawn to a place where they could work things out, and after this has taken place there no longer exists a need to be there. This was the explanation that I gave myself, that most closely seemed to account for Alan not returning to the group.

Janek continued to move in this light, joyful manner. At the end of the session, he sat down and drew his dog running in a field of green grass. He also wrote his name in large capital letters. There was something about the dog and his memories of home, back in Eastern Europe. The dog was from his childhood and had happy memories for him. Janek did not return to any group after this session. As mentioned previously, there often seems to be a fast response, a quick processing and then they are gone. It is as if something has happened very quickly, or an issue has been touched and there is a need to move on. As a Dance Movement Psychotherapist, I experience an intensity to these sessions where opportunities arise to make connections, if you can remain creatively alert to catch and work with them.

It is interesting to note the development of intersubjectivity in these sessions, created via a build-up of trust. I noticed that J, although initially highly anxious, suspicious and fearful of the environment, developed a relationship through the dance. His movements initially took place in a small kinesphere within close proximity to the other. This closeness was responded to by me with attunement and interactional synchrony in opposition to the staff's often dismissive reactions. His movements changed over the course of the session as he developed more of a range of kinespheres e.g. near, far, thus indicating a development of an awareness of other, in relation to himself. He used the 'veil' cloth, as a link between himself and other, but also perhaps as Kalsched (2013) states, as a link between the two worlds where he found himself in, both the non-real and the real. From his movements, he created visual images, a girl with a large heart and a dog. Dogs, cats and horses are common symbols expressed in terms of trauma. The dog in his role as 'psychopomp', defined by Samuels et al (1986) as the figure which guides the soul or core-self at times of initiation and transition. In J's case the dog appears as a comfort or a guide to his external home and to an internal sense of home, a return to 'self'. His soul-dog or core-self dog, 'sensing his despair appears to guide him from his darkened state into a new path forward.' The other image of the little girl with the heart at the centre perhaps referred to in Jungian terms, the anima, the feeling aspects.

Both images seem to be leading him back to himself through communication with others. This session seemed to highlight the significance of 'repetitive, postural, rhythmic body action' (Lewis cited in Sandel et al., 1993:166) and the expression of the mytho-poetic, in terms of the intersubjective nature of his relations with self and other. The process pointing towards what Ratcliffe (2017), described as the 'interpersonally constituted sense of self', and what I am able to bring to life and illustrate through Janek's case study here. This also helps to inform the process of how DMP impacts on psychosis spectrum disorder.

Looking at the session in developmental terms, Stern (2010), argued that action, perception and multimodal processing in the brain are central for the emergence of an intersubjective mind. In the sessions all three aspects are present. The movement is created with others, an attunement shared through the use of space, force, time and intensity. Connections are made with others in the group. Janek's anxiety about the safety of the environment is heard and received, not pushed away or dismissed. Having received the non-verbal communications in this way, he can move out into the wider space and interact with others.

Here, in this one session there emerges a convergence of the data, the symbols, the movement patterns, the psychotherapeutic reflections and notes, together with the questionnaire responses, all within the context of the affective atmospheres. There is a strong fit between what has been previously discussed in relation to the theoreticians such as Stern and Ratcliffe, and the analysis of the actual case material coming out of the DMP practice.

6.8 Convergence of the data sets

The purpose of this section is briefly to note convergences which will be expanded in the next chapter, where these will be discussed in more detail and conclusions drawn.

6.9 Convergence with language (vertical plane)

Firstly, there is a convergence between the KMP notation and the language in the questionnaire responses in both groups. For example, terms such as, uplifted, upbeat, ecstatic, high, energised, calmer, relaxed were used. These words suggest movement in the vertical axis, with direct experience of physical location and orientation in space, providing the basis for an analogy through which abstract concepts such as agency and time can be understood. Spatial metaphors such as 'high flyers' or 'feeling down', are often used to represent

psychological states. Both metaphors refer to the vertical axis. Metaphors are used in our conceptual system because most abstract concepts including time, power and agency cannot be experienced directly. Bodily experiences are often conveyed through the linguistic device of metaphors. For example, 'children looking up to someone', and in the questionnaire responses and the process notes there is plenty of evidence for this.

6.10 Convergence with the symbols

Of particular interest in answering one of the research questions concerning the importance of metaphor and symbol in this study, there is a convergence between the symbolic and metaphoric communications and the KMP data. For example, reference to the use of the 'veil' in the women's group, representing connection with an internal state converging with the sense of self as expressed in the vertical axis. Other symbols such as aliens and spaceships, give a sense of ideas and feelings coming from outer space or from flying up or down. These symbols evoke a sense of the vertical and/or altered sense of space.

There is also a convergence between the themes that emerged in the process notes and the questionnaire responses, most notably around symbol and metaphor, bodily self-consciousness and sociality in relation to the more group focused experience of the men's group. For example, in the psychotherapy process notes, I recorded the following for the Men's group, 'sense of togetherness', 'good group cohesion', 'very connective cohesive group', and these were also reflected in the Men's questionnaire responses. I noted many of the symbols, metaphors and images in my process notes. For example, in describing Alan, I wrote, '(H)e was like a stone statue catatonic as if slowed down but could move'. In another process note I wrote, 'connected image of outer space, becoming younger travelling through space faster than the speed of light'. These implicit body memories were expressed through the DMP process. However, as Kolter et al., (2012) point out it is difficult during severe mental distress for body memories to become explicit. Also, as Caldwell (2012)

reported, I used intense attention to the process by remaining open and by changing my focus in and out, looking out for the symbols and metaphors that might emerge. It was here that the transition from implicit to explicit began to take form.

Participants, in general, would not specifically verbalise what was distressing them. It was however, played out through the dance/movement, the image making, the use of music and rhythm, the coming together and in the dyadic interactions. It was as if the body memories were occupying this middle space, moving from implicit on their way to becoming explicit. It is through the KMP data, the questionnaire responses and the process notes, the case vignettes that this process of moving forward from implicit to explicit can be witnessed and pieced together and is very much expressed through its own language.

Chapter 7

Discussion

7.1 Introduction

The purpose of this chapter is to discuss the findings from the study. The overarching aims were to explore the qualitative dynamics of movement and the metaphoric and symbolic processes at play in the DMP session, in order to help better understand acute in-patient mental health (psychosis spectrum disorder). These aims were developed through my work on the wards over the past decade as a DMP. I was interested in the lived body experience and was naturally drawn to phenomenological approaches to psychopathology and embodiment. While reviewing the literature in this area, I was surprised to discover the lack of studies attending to the dynamics of movement in relation to psychosis in real time.

As a DMP, concerned with the moving body and its meaning, I became acutely aware that in searching the literature in the field, especially the phenomenological approaches to psychopathology, the body was being theorised without attention to individual dynamic movement in real time. These studies have tended to use semi-structured interviews, where individuals were asked questions about their lived body experience (Stanghellini, 2015, Sass and Parnas, 2003, Zahavi, Martin et al., 2017). Valuable information has been gleaned from these interviews, however the complexities and relational aspects of dynamic movement were lacking and unattended to. Therefore, by researching or attending to these neglected movement elements, we may expect to see some new insights or re-workings of existing theories. We may also expect to build on the information elicited from the qualitative data gathered from the semi-structured interviews in previous research.

My research in this study attended to this movement gap within the field of psychosis spectrum disorder, and two key questions emerged in relation to this:

i. What do the qualitative dynamics of movement during the DMP process reveal about the mechanisms at play in DMP in acute adult mental health?
ii. What do the metaphoric and symbolic processes during the dance movement psychotherapy process reveal about the mechanisms at play in DMP in acute adult mental health?

In order to explore movement in detail, it is necessary to analyse what is going on in the individual and what is going on with 'other'. One way is to look at the mechanisms, but in order to be able to do this, it is important to be able to look at the dynamic complexities present in real time, both in the individuals themselves and in their relationship with other people, things and settings. In order to attend to this, I used a movement notation analysis tool (KMP).

KMP as a movement notation analysis has been validated as a reliable way to capture this dynamic kinetic form and was therefore used in this study (Kestenberg Amighi et al., 2018). The use of this tool is important because, as identified by the dance phenomenologist Sheets-Johnstone (2009), there is a general deficit of understanding of movement and 'whole body phenomena' in the academic world, which she says requires a methodology capable of capturing kinetic forms. By attending to kinetic forms, Sheets-Johnstone argues that we also attend to and recognise dynamic forms of interaction as reflecting emotions through the body-mind connection. If we develop this line of this argument, then conducting semi-structured interviews in order to elicit information concerning emotions only gets us so far as they largely neglect this understanding of emotions as dynamic, inter-relational and embodied.

The second question which emerged in relation to psychosis concerned symbolic and metaphoric processes. Part of the lived body experience of psychosis are the hallucinations, both auditory and visual including delusions, which take the form of symbols and metaphors. As a DMP working in the area of psychosis, I was interested in both the meaning of movement and in the symbols and metaphors that people were expressing. I was curious to know

whether there was a connection between the movement and the symbolic and metaphoric communications taking place. In psychosis, theorists have seen these communications as meaningful and as ways of expressing distress (Raballo, 2017), however these communications are viewed in different ways by different disciplines. Within phenomenology, for example, some treat such communications as emerging from a disruption in the ability to sequence movements, coming from a disturbance of the pre-reflective self, and a breakdown in the normal background detail that embeds how we make sense of what is going on (Sass and Parnas, 2003). Others treat them as resulting from abnormal timing experiences (Stanghellini, 2015). The notation analysis in the use of KMP offers an important research tool as it attends to how individuals interact with space and time. At the same time, existing research that centres on movement within the DMP field has focussed predominantly on efficacy. As such, none has linked the dynamics of movement with symbols and metaphors, nor drawn out any lessons for practice in the field that such an attention might afford.

Psychotherapeutically, these communications are seen by Kalsched (2013) as emerging from the unconscious and are in part psychic material that are perhaps too distressing to be brought to the conscious mind. From a Jungian psychotherapeutic perspective, and put simply, they are seen as the archetypal language of the unconscious, presented both individually and collectively. From a DMP perspective they can also be represented as verbal movement metaphors, such as ‘going out on a limb’, ‘holding yourself together’, ‘falling apart’ and they can also be expressed kinetically in and through the dance movement and group process. As a DMP I was interested in the unconscious as it presented itself non-verbally and verbally, in movement and imagery and how they and the movement mechanisms jointly influenced each other.

The chapter thus discusses and offers contributions towards answering each of my research questions. In the next two sections, I revisit existing literature to set up or re-iterate existing debates, summarise what dominant/mainstream

thinking currently says and explore the implications of my results in terms of these questions. In particular, I explore the mechanisms at play during the DMP sessions, the symbolic and metaphoric communications evidenced in the sessions, and the insights from the DMP process about psychosis more generally. In the third section, I will reflect on the value of attending to movement, and KMP specifically, as a research approach in terms of what they bring to research on psychosis and on movement, and the practical and theoretical challenges in operationalising the approach. In the final section, I propose possibilities for the future directions for research in this area.

7.2 Q.i What do the qualitative dynamics of movement during the DMP process reveal about the mechanisms at play in DMP in acute adult mental health?

Viewing severe mental distress through the lens of phenomenology has enabled new ways of seeing and understanding this experience as outlined in the literature review and above. A phenomenological approach to psychopathology provides the means for a systematic analysis of what people are actually experiencing, i.e. their lived experience, which includes their subjective and embodied experience. This approach also gives access to knowledge concerning the basic structures of consciousness which become disturbed during the experience of psychosis. These basic structures include intentionality, self-awareness, temporality, embodiment, spatiality, agency and intersubjectivity. This study has primarily been interested in the lived body experience, and I have drawn from the work of Heidegger and Merleau-Ponty in particular. Just to recap on Heidegger's view of space and time. It is the 'being-in-the-world', that makes the opening up of space possible. 'This 'being' is defined as 'Dasein' (Heidegger, 1953:102), translated as presence, a sense of aliveness, existence and 'being there'. In terms of spatiality, Dasein has its own 'being in space' and, '… is possible only on the basis of being-in-the-world in general', (Heidegger, 1953:56). '(B)eing-in-the-world' is rooted in a familiarity of 'being-with-other' in a relational sense. This emerges from one's

innerworldly space. This innerworldly space is 'being in', which consists of a de-distancing and directionality (op.cit:107).

The existential constitution of being-in-the-world has a directedness, for example, the right or the left, the forward or the back, which is the essential directionality of 'Dasein'. In the results, the predominance of advancing movement would indicate a very precise way of 'being-in-the-world' with specific directedness. This directedness informs us of the way the person engages with 'other'. The directedness in this study is forward and without deceleration and the balance of retreating, thus the inner-worldly space as expressed through the KMP is being framed here through directionality. However, the predominance of advancing and accelerating also reflects an imbalance in the use of time. Arguably, these could be connected with the difficulties in reflecting on the past, particularly a traumatic one, which may be uppermost in the person's mind at this point on the ward. The high prevalence of childhood trauma for all participants has been described in Table 3. Could these also be signs of the disruption of the sequencing of events, and by way of this impacting on Heidegger's 'being with other', or Dasein-in?

Merleau-Ponty (2014) specifically emphasises the 'body' as the primary site in knowing the world, arguing that the 'body' and our being 'in' the world, are inseparable from our being present to ourselves. It is this implicit body-awareness, or lived body experience, which conveys practical knowledge of how to interact with others and how to understand the expressions and actions against a background of what is happening at the time. During psychosis there is a disruption in this implicit body awareness, also resulting in abnormal timing experiences as highlighted by Stanghellini (2015). This theoretical background has informed the exploration of the question and these insights have combined with psychotherapeutic and neurobiological models to advance understanding of the mechanisms at play. I will now discuss the mechanisms revealed in relation to the KMP results.

7.3 KMP and phenomenology

The KMP analysis looked at the complexity of the relationships between people in each group, how they each individually coped with the challenges in the environment, and the opportunities presented in the session through their use of space, weight and time. As outlined above I was concerned with the lived body experience from a phenomenological perspective and a disruption in the implicit body awareness, experienced during severe mental distress. This disruption included changes in perception and in temporality and spatiality. In order to look at these aspects I chose two specific parts of the KMP, efforts and shaping in planes which, as previously argued, have helped me to best understand the mechanisms at play. These movements took place in the horizontal, vertical and sagittal planes, respectively.

In revealing the mechanisms at play, the results concurred with other's findings in terms of abnormal timing experiences (Stanghellini, 2015, Sass et al., 2017, Moberget and Ivry, 2019, Ciullo et al., 2018), however these previous researches have not identified which specific aspects are altered and how. By observing the moving body in this study, I was able to glean new information, otherwise unavailable to a semi-structured interview.

For example, both groups showed an impairment in the individual's use of time i.e. an imbalance between advancing and retreating movement, which provided a greater detail as to the specifics of these ATE's. It is important here to unpick this finding and to look at it in terms of one's relationship with the future and the past. Considering the fact that both groups displayed this imbalance, it can be seen as of particular significance.

Here this imbalance can be found in one of the main findings in the results chapter; advancing with acceleration and without the balance of retreating in the sagittal plane. According to KMP it is adaptive to advance and to retreat. This affords the opportunity to move forward with the hindsight of past

experience. Moving forward though, without the balance of reflecting on past experience represents a distortion in time perception, which is discussed here by Kestenberg Amighi et.al., (2018):

> In social situations, those who advance more than they retreat may overwhelm others. They don't back off slightly to give the other person time to respond to the initiation… Instead they come right back with another advance, which may appear overeager or aggressive…In retreating one reviews the past and can then advance, applying past experience to the future (p.205).

This quote describes the impact of this ATE as an intersubjective disturbance. One of the current debates is whether or not psychosis fundamentally derives from a disruption in the pre-reflective self (Sass et al., 2003) or from an interpersonally constituted one (Ratcliffe, 2015). Fuchs (2015) places disorders of the pre-reflective self as primary and intersubjective disturbances in schizophrenia secondary, rather than specifically linking these to an interpersonally constituted one. As he says, '(D)isturbance of the pre-reflective embodied self must necessarily impair the patient's social relationships and self-disturbances of minimal self can be exacerbated by subsequent social problems' (op cit:573). In my opinion there is a subtle difference here, where the intersubjective disturbance is seen as emanating from the pre-reflective embodied self but influenced by the social relationships, whereas Ratcliffe (2015), locates the intersubjective disturbances within a, 'interpersonally constituted sense of self' model. This subtle difference challenges the 'Ipseity Disturbance Model' (IDM) (Sass, 2003) by making a distinction between the minimal self and an interpersonally constituted one. Ratcliffe does this through a consideration of the relationship between psychosis and interpersonally induced trauma, seeing schizophrenia/psychosis in relational terms rather than as a disorder of the individual.

Ratcliffe (2015) also argues that pre-reflective self-experience must include a pre-reflective sense of what kind of intentional state one is in, and that the integrity of intentionality depends on trust. Intentionality, in philosophical terms, involves a consciousness about something or directed towards something, separate from its meaning, i.e. the 'aboutness' of something. Interestingly, in the results we have a predominance of forward movement i.e. a reflection of the individual's intentionality or movement towards the future. Therefore, it can be argued, that the lived-body experience is explicitly moving forward or going in a future direction.

However, we also know that trust in other people can be eroded through experiencing traumatic events in childhood or adulthood i.e. traumatic experiences are interpersonally regulated. There is also compelling empirical evidence linking trauma, adverse experiences in childhood, and the experience of psychosis spectrum disorder (Read et al., 2014, 2010, 2001, Varese et al., 2012).

The aspects of the KMP which I selected i.e. Shaping in Planes and Efforts, are specifically concerned with the interpersonal, the complexity of relationships and the challenges of the environment. The results discussed here therefore, sit very well theoretically affirming Ratcliffe's (2017) interpersonally constituted sense of self rather than the IDM and Sass's (2003) model. Arguably, this represents a contribution to new knowledge. I can develop this subtle argument further by comparing my results in terms of the phenomenological outcome measure, EAWE, also developed by Sass et al., (2017), which examines the lived experience of those with psychosis spectrum disorder.

EAWE has an extensive section devoted to time. However, it is important to note that the EAWE was constructed from semi-structured interviews, and not in relation to observing the moving body. It was also underpinned theoretically by the IDM. In the next section I shall briefly compare my moving body results which used the KMP analysis, focusing on interpersonal relationships, drawing

on Ratcliffe's, 'interpersonally constituted sense of self'. I shall also add the important work of Krueger's (2018) on the 'Scaffolded Self', who offers another alternative to the IDM. These studies taken together with my results will be compared against the EAWE classifications, and in so doing clear differences identified between them.

Having discussed how the interpersonally constituted sense of self diverges from the IDM and the importance of forward movement in the results and links to the literature, including intentionality and the importance of the pre-reflective self, what could these findings mean in other contexts, such as abnormal timing experiences, or IDM, (Stanghellini, 2015, Sass et al., 2017, Moberget and Ivry, 2019, Ciullo et al., 2018,), Construal Level Theory (CLT) (Trope and Liberman, 2010) and Spatial Bias research, (Koch et al., 2011). This will be discussed below.

7.4 Abnormal Timing Experiences

Sass has been the major voice drawing attention to the significance of abnormal timing experiences in psychosis spectrum disorders and has offered the approaches of the EAWE and the IDM.

The identification by Sass et al., (2017) of the abnormal timing experiences in psychosis spectrum disorder, however, did not relate these specifically either to the future or to the moving body. An important contribution of this study is that the approach and methods I adopted have been able to do so. This in turn has generated new knowledge that both supports and challenges existing research into psychosis spectrum disorder.

7.5 Time Past

The understandings of abnormal timing experiences relating to the past in the EAWE (Sass et al., 2017) show good correspondence with the KMP results in

this study. The following excerpt from the EAWE concerning the past puts this in context:

> The subject feels dissociated from past memories, as if the past were utterly disconnected from, or unrelated to, the present moment or as if past events had never really happened to oneself (p.24).

The lack of retreating movement balancing with the advancing movement in the KMP results, would appear to support the EAWE's outcomes for the past, in that the, *'subject feels dissociated from past memories'*. This is also supported by Heidegger's, (1953), notion of temporality where the anticipation of the future is the fact of our having-been-ness (past) which connects into the present moment through action. In other words, it is the having-been-ness, that is our experience of the past which is directly perceived through the senses, which appears to be distorted. There are thus clear links between Ciullo et al., Moberget and Ivry, Sass et al., and Heidegger, concerning the importance of temporality and how it was perceived in this study, its apparent dysfunction as indicated in the KMP results through abnormal timing experiences and the past.

This difficulty in going back and examining or reflecting on the past, may be due to the presence of trauma in the person's history, and trauma was certainly present in the participants in this study (see Table 3). Wehrle (2015) discusses the meanings of being a body and having a body. This double aspect of human embodiment, and in particular the thematic experience of having a body, enables a planned future and a remembered past. There is a problem however, with having a body for those who have experienced trauma. The temporal experience of having a body in this case would indicate that the experience of the past is not remembered which in turn influences the future.

In thinking about this connection with trauma, Ratcliffe's (2017) 'interpersonally constituted sense of self' is a useful conceptualisation in which

one's experience of trust is an important element. My participants attending the sessions had a high prevalence of childhood trauma and undoubtedly a diminished sense of trust in others. The DMP intervention allows for moments of connection, which we can understanding and describe as an interactional synchrony, in which there is a sense of feeling completely enlivened together and of feeling something 'right' 'click' into place.

As some experience of trust becomes (re-)established within the sessions, the study records a forward movement, a reaching toward the future, to new possibilities and pathways ahead, although there remains a lack of reflection on the past. As this tentative sense of trust emerges and expresses itself through a sense of a future, is there potential for this at some point to be better underpinned by a tentative look at the past, at a later stage of the intervention? Thus, the results can link to the mechanisms at play, suggesting that the development of trust through the DMP leads to an emerging, albeit fragile sense of future, that might also contain a tentative look at the past. This is also of potential significance as a contribution to new knowledge and practice.

7.6 Time Future

Future directedness, according to the EAWE, collapses in psychosis and there is a sense of being stuck in the present, with issues concerning the sense of time flowing dynamically into the next instant, where it seems non-existent, *'(T)he subject is unable to think about, imagine, or otherwise conceive the possibility of a future time period*' (op.cit.25). In contrast to what Sass et al., (2017) have argued, however, the results from the KMP analysis show that there was indeed a sense of time flowing dynamically. There was a sense of a movement forward where future directedness had clearly not collapsed. There was also no avoidance of the future, nor did it appear to be threatening. Nonetheless, this forward movement did have a certain quality to it, due to the mismatch between advancing and acceleration as described in the quotation below in which 'due attention', effectively means deceleration, *'It is adaptive to march*

*forward and advance toward new ground with due attention' (Kestenberg Amighi, et al., 2018:206)***.** This conflict between advancing and acceleration is presented as maladaptive and implies, in KMP terms, a lack of taking care in new situations and new relationships. KMP posits that in most situations it is adaptive to retreat with acceleration, in other words to explore events from the past and advance with deceleration into new places or spaces. For example, the individual may go ahead into the future without feeling the passage of time and may make decisions and carry out actions with little change in pace. What we can draw out here, by observing the moving body through the lens of KMP, is the ability to look at and explore the subtleties in how the person is engaging the future. The EAWE does not afford the opportunity to observe this level of detail. It does not allow the mechanisms themselves to be revealed in the ways that this study has done.

7.7 Time Present

Martin et al., (2018) using a phenomenological approach, describe advancing as a 'manic protention' in which a specific disturbance in temporal "unfolding", leads to an impairment of inductive reasoning (p.20). It is plausible to see the predominance of advancing movements as a specific disturbance of temporal unfolding, which may account for the production of hallucinations and delusions by way of a lack of inductive reasoning. Temporal unfolding, meaning a sequential linking of events between past, present and future, is likely another mechanism at play during the DMP process. In addition, a lack of inductive reasoning may also account for, or at least have a role in, the generation of the mytho-poetic images that will be discussed in the relation to the second research question.

Time present in the following quote is described explicitly in relation to time future. Binswanger (1964) (cited in Figuera and Madeira, 2011:22) describes time present in relation to mania as:

> …these patients live almost entirely in the present and to some degree still in the past, but no longer into the future. Where everything and everyone is “handy” and “present” where distance is missing, there is no future either, but everything is played off ‘in the present’ the mere here and now…(A self)…(it) is not steadily advancing, developing or maturing, is not, to borrow a word, an existential self (p.23)

The quotation draws together distance and future. In psychosis spectrum disorder, there are difficulties representing, conceiving of, or feeling connected to one’s own past or future because one’s experience feels restricted to the present. One of the pioneers in this area was Minkowski, who was influenced by the work of the phenomenologist Husserl. Minkowski, in his role as psychiatrist, spent two months living with a person with mania (Minkowski cited in Martin et al., 2018). Each day, the person under study began the day believing he was going to be executed that evening, despite reassurances and evidence to the contrary. Having observed this behaviour, Minkowski concluded that the problem resided in:

> …a profound disorder in his general attitude toward the future… the carry-over from the past and present into the future was completely lacking… he was completely lacking in a propulsion toward the future…the future was blocked or shut off…(p.4)

In contrast with Minkowski’s conclusions, this study evidenced in movement terms that there was no blocking of the future and no lack of propulsion towards it. In fact, the KMP results are far more in line with Maiese’s (2016) view:

> Life must have a temporal orientation and be oriented forward in time beyond its present condition because its primary condition is one of concern and want which are essentially protentional. At a

> basic biological level, metabolism propels life forward beyond its present condition and toward a future time, when the organism's needs might be satisfied. (p.22)

This study, made in real time, specifically reported findings showing a predominance of advancing movement and an absence of the balance of retreating. This is an important contribution since, across the existing literature, protention is presented as problematic for people with psychosis. In the context of DMP, a further hypothesis emerges. One could hypothesise that working with protention/advancing through the DMP process may modify the experience of psychosis. If the qualitative dynamics of movement reveal that the mechanisms at play involve an altered unfolding of time in the direction of the future, then a KMP analysis gives us an opportunity to witness whether this happens through observing the body as moving and as interpersonal. This then affords us the opportunity to work with it in practice, and may hold information about predictive timing, inductive reasoning and also the generation of hallucinations.

The relationship with time played out in a very specific way which indicates that, in order to re-balance one's sense of 'being-in-the-world', it is important to work with this relationship therapeutically. The KMP analysis provides evidence of a need for retreating, and being able to move backward, to form a part of a therapeutic re-balancing. The results show that there is a sense of a future, a reaching forward. Through the DMP process of interactional synchrony, rhythm, body-action and group response/cohesion, a sense of trust emerges and this fragile emergence leads to a sense of there being a future. There is, however, no obvious re-working or reflecting on the past that parallels this movement towards a future, an absence that almost certainly reflects the past's traumatic nature.

7.8 Spatial Orientations

Developmentally, the use of space precedes time such that time is emerging out of space, as Maass and Suitner (2011) explain, '…children learn to master space, cognitively and behaviourally. They do so long before they learn to master time' (p.159). In trying to understand the results in relation to time, and the connections with the mechanisms at play, it is necessary to examine the importance of space, and to see how it can inform what the results are telling us about time.

The use of space, following Heidegger, involves a directionality and de-distancing, a bringing close or putting far away in relation to feelings or affects. Spatiality comes out of a feeling, an orientation, and here the orientation is in a forward movement, a future directedness and a protention. This is a going towards something in a very concentrated way. For Merleau-Ponty, the motor intention indicates the feeling or affect, the moving forward indicates how one feels about the future. In the next section, I describe how this orientation comes out of a particular relationship with space and one that is bi-directional.

The study explores phenomenologically about what is said about spatiality in the literature and how it helps us to understand the KMP results in terms of the mechanisms at play. Spatiality is defined by Heidegger as a, 'being in space' and, "in the world in the sense of a familiarity with the beings encountered within the world, spatiality is attributed to it only on the basis of this being-in" (Heidegger,1953:102). This 'being-in' space also involves what he describes as "de-distancing" and "directionality". De-distancing is about the sense of something being near or remote and not to be understood as specific measurable distance but for example as, 'a stone's throw away' or, taking the long view or 'the shortest distance between two points'. It is important to note that the spatiality of 'Dasein' is not, 'determined by citing the position where a corporeal thing is objectively present' (op.cit:105) but Instead comes out of an

innerworldly space which is essentially embodied. Merleau-Ponty (2014) also agrees with Heidegger that space is related to existential existence. Namely, "…spatiality exists through an inner necessity, it opens to an 'outside' such that one can speak of a mental space and of a world of significations and objects, and of thought" (p.307). Both Heidegger and Merleau-Ponty highlight the centrality of being in the world with other and that it comes from an inner-worldliness. Merleau-Ponty extends Heidegger's notion of spatiality by looking at what he describes as 'mythical space' (op.cit:298). In describing mythical space Merleau-Ponty refers to primitive persons where, '…directions and positions are determined by the placement of great affective entities. The whereabouts of the clan does not involve locating a landmark but to 'know' the location is to tend toward the natural place of a certain peace or a certain joy' (op.cit:299). If we remember that Heidegger states that occupying a place is not to do with something being objectively present but to do with knowing from an inner worldly place, the locating of oneself in space is thus intimately linked to the proprioceptive system. Thus, we can assume that both Heidegger and Merleau-Ponty's notion of spatiality is linked with the proprioceptive system and comes from an inner knowing which is connected to affect or emotions which as Sheets-Johnstone states are dynamic interactions.

7.9 Spatial Orientation: The Sagittal Plane

The KMP results showed an asymmetry in the movement in the sagittal plane and a symmetry in the vertical in both men and women. Koch (2011) states that there is much less research into movement in the sagittal plane in terms of spatial bias compared with the vertical. This study reported a predominance of advancing movement for the men and the women.

From the data for the Men's Group (see Chapter 5, Figs. 6 and 7), a sense of the future is very evident, reflecting Maiese's (2016) description of a desire to move forward. Maiese says that disclosure of the world as meaningful is evident in 'bodily-engaged dynamics of emotional experience' (p.3) and that the essential

factor in all emotion is conscious desire. She argues it is because we care that we are capable of apprehending the world as meaningful and as an arena of possible goals and desires. The primary way in which we engage with, interpret, and make sense of the world is through what she calls, 'embodied desiderative feelings of affective framing' (p.6). Maiese describes 'affective framing', as the process whereby we interpret persons, objects, facts, states of affairs, ourselves and so forth in terms of 'embodied desiderative feelings' (p.6), that is a desire or care for something, which, in turn, is registered in the body. Care, following Heidegger, is defined as concern for what is of most consequence or importance to the human (Horrigan-Kelly, 2016). From the results, the 'embodied desiderative feelings' took both the men and women in the study in a forward direction. The significance of this for practice, is that, again, it raises the question of whether tailoring the DMP intervention, by altering the abnormal timing experiences and bringing a sense of balance to the individual's experience of time, might have any beneficial impact on the symptoms i.e. the hallucinations and delusions.

This section so far has concentrated on forward movement in the sagittal plane, which has received less attention compared with the vertical plane. I will now turn to movements in the vertical plane, which have particular significance in relation to power and agency. Other researchers have examined these in terms of Spatial Bias research. This again engages the IDM thinking and its central presentation of a diminished sense of self. Movement in the vertical plane is concerned with a sense of self and is the plane where evaluation, confrontation and presentation develop from the age of one year onwards. This study, therefore, brings an important examination of whether a focus on the moving body supports or challenges this key conceptualisation of the diminished self.

7.10 Spatial Orientation: The Vertical Plane

In the results chapter, I presented the idea of a convergence between the KMP notation and the language in the questionnaire responses in both groups. For

example, terms such as, ‘uplifted, upbeat, ecxstatic, feeling high, energised, calmer, relaxed’ all were used. These words are suggestive of movement in the vertical axis, with direct experience of physical location and orientation in space and time. They also relate to the second research question and its focus on the use of metaphors and symbols that emerged in the study. Therefore, this section will combine discussion of the evidence from movement in the vertical plane and from the questionnaire responses.

This plane has been reliably linked to a sense of power and agency (Maass and Suitner, 2011, Koch et al., 2011). The men used strong descending movement and the women light ascending. These combinations of efforts and shaping in planes represent a match or a harmony and points towards a sense of self, power and agency.

An alternative framing for these strong descending movement expressed by the men could be as a ‘katabasis’ (Jung, 1956), a term taken from Greek and meaning to go down or to descend. Mythically, it is a descent into the Underworld of Hades in order to discover one’s self, as in an initiation, and described by Jung as the journey of Curtius into the Oropeian well at (op.ct:365). Examples of this in the literature can also be found in the journey of Odysseus to and from the underworld. More contemporary examples of ‘katabasis’ include Evers (2019) recent explorations of ‘masculinities’ that involved men entering polluted blue spaces for leisure activities around the industrial North East of England. These spaces included men diving and surfing into a pool created by a slag heap, a remnant from a disused petrochemical plant. Evers work evidences a desire to come together despite, or perhaps unified through, high levels of risk and threat to life that the polluted waters present through possible infections. The coming together of the men involves a katabasis, a descent into the murky waters that is both literal and metaphorical. For the women in the study, the light, ascending movements indicate the opposite, an ‘anabasis’, a going or marching up, with somewhat military overtones, that may relate to both advance and retreat. In the context of the study, ascending

movement may suggest a reciprocal approach to the self. Ascending giving a sense of climbing up a mountain, a tree, or a ladder, or ascending into outer space and suggests a, 'gradual step by step progression to the heights, a climbing to the heights or a more rocket-like "taking off". It depicts soaring thoughts and intuitions, and leaps of imagination' (Ronnberg et al., 2010: 430). There is also a sense in which Anabasis refers to an equal and opposite move away from what weighs one down and towards something lighter and higher. This ascent in a psychological sense may have been taking place during the session and expressed by the women through their light ascending movements.

The sense of self that emerged here was also supported by the data from the questionnaire responses. Words such as, 'uplifted, ecxstatic, chilled, anxiety gone, relaxed', that give a sense of vitality or vitality dynamics and link with spatial metaphor theory, in that there is a link between sensorimotor experience and abstract concepts, that are maintained through language (Maass and Suitner, 2011). The genders however are expressing themselves differently. A useful reference point for this may be taken from a Jungian psychotherapeutic perspective in relation to the concepts of 'anima' (Jung, 1959) for the men, and 'animus' (Jung, 1959) for the women. This view has subsequently been challenged by Hillman (1972), who cautioned against a simplistic notion that these concepts were gender specific in a compensatory way, where women had to find their masculine selves by way of the 'animus', and men their feminine selves by way of the 'anima'. Harwood (2004) a contemporary Jungian analyst, argues similarly. Harwood proposes that 'anima', can represent a 'Yin energy' and 'animus' a 'Yang energy'. Anima is thus about 'being receptive, the feeling and intuitive values, valuing the journey as much as the goal, developing relationships, the values of love etc.' (Harwood, 2004: 10), while animus can represent a 'Yang energy' meaning, 'being active, doing, the rational values of life, (especially thinking and logic), striving towards an objective, assertiveness etc' (Harwood 2004: 10). These aspects represent an attempt from a psychotherapeutic perspective to achieve a balance, meaning an alignment in a sense of self. For example, in terms of the women,

light/ascending movements are about being inspired and the presence of this 'Yang energy', or 'animus', can be seen here, which balances out the 'Yin energy', or 'anima'. For the men, the strong/descending movements are about a rootedness or groundedness and seeking a deeper understanding of themselves. This is a balance to the 'Yang energy', of thinking logically and rationally. Another way to describe this, is the men are becoming less 'logos' or rationally centred and moving more into the feeling realm, or 'Yin energy'.

In this section I have discussed the ways in which movement in the vertical plane for both men and women expressed a sense of power and agency. These results would seem at odds with the IDM (Sass et al., 2003) which describes the disruption of the pre-reflective or minimal self. Such disruption indicates a diminished sense of self in contrast to the findings here that point to the opposite, a continued strong sense of self. Here I hypothesise that a sense of self has emerged out of the dance movement work in conjunction with the music, interactional synchrony and the image making.

Pienkos et al., (2019) substantiates this hypothesis offering a useful comparison between the IDM and perceptual experiences in a recent conceptual review of the phenomenology of altered perception in psychosis. The review covers the various key areas of experience that contextualise hallucinations within the wider realm of mental and experiential states in psychosis, including perceptual experience and selfhood (IDM). According to Pienkos et al., (2019) research in the perceptual field suggests that sensory and perceptual anomalies including perceptual disorganisation, may be implicated in the phenomena of hallucinations, and investigations of these changes and the processes thereof may shed light on their development. According to the IDM,

> …hallucinations arise as a result of decreased indwelling (ie, tacitly inhabiting those processes as the medium of experience, rather than explicitly reflecting on them) in one's cognitive processes and other subjective experiences, as well as an exaggerated tendency

> to take up these experiences as objects of attention; thus, thought and other processes are “no longer permeated with the sense of selfhood” but take on the perceptual properties of objects in the world (Sass and Parnas 2003, cited in Pienkos et al.,2019).

Rather than the self-disturbance emanating from the pre-reflective consciousness, the perceptual anomalies approach described above finds phenomenological and experimental evidence for an alteration of low-level perceptual processing.

The authors go on to say that in contradiction to the Ipseity view, the self is mediated by an embodied, perception action cycle. This allows events to be made conscious rather than coming from a pre-reflective consciousness. The relationship between perception, action and movement has previously been outlined through the work of Cassam (2010). There is disruption of the spatial temporal and sensorimotor relationship to the hallucination with a loss of perspective, and ability to view the hallucination in different ways. Anomalies in processing and/or temporal organisation of experience may be involved via this disturbance in perception and action, or vice versa. This may directly affect the experience of the world and the self. Through the use of different approaches in this study i.e. the DMP session as a perception action cycle and an increase in perceptual estimates via the movement, rhythm, music and image making, I have been able to demonstrate the value of what Pienkos et al., (2019) were calling for. Namely joint collaboration in future between phenomenological and experimental disciplines to further differentiate the roots of altered perception in psychosis, that might allow for positive changes in selfhood.

The results in this study concerning the vertical plane, light/ascending for the women and strong/descending for the men offered insight into the relationship between the IDM and perceptual anomalies. Through the movement, in the DMP session there was the perception action cycle. I would hypothesise that

there is an increase in the perceptual estimates via the movement, rhythm, music and image making thus allowing for a positive change in selfhood or a strengthened sense of self.

In the next section I will discuss the use of space which takes place in the horizontal plane and develops from birth throughout the first year. The horizontal plane is associated with feeding and nurturing in the first year of life. It includes the taking in of nourishment, the infant caregiver bond and also attunement. It also concerns an essential sense of building trust in infancy, which links to Ratcliffe's work on the importance of trust, in what he describes as an 'interpersonally constituted sense of self' (2017).

7.11 Spatial Orientation: The Horizontal Plane

Space was experienced by the participants in a very particular way, that is without structure or horizontal shaping. The participants were moving about the space directly or indirectly in relation to other people, and this was gender specific in its expression. In KMP terms we use space either directly to focus our attention, for example, when directly attending to fixing a leaking tap, or indirectly which is a different approach to space. This involves 'carving wavy shapes in space' (Kestenberg Amighi et al., 2018:115) or moving around a room working out where to place different objects, as opposed to directing it to one thing. The men were moving directly in relation to others in the session, while the women moved indirectly. The results showed that there was a lack of structure associated with the indirect and direct movements. The structure refers to the Shaping-in-planes and the direct and indirect movements are the Efforts, and they both go together. So, we have spreading movement which is the structure that goes with indirect and enclosing which goes with direct. The practitioner-researcher compensated for this lack of structure by taking on the structure herself, mainly in a horizontal spreading shape, which is a holding and containing one. Moving about the space without structure creates a certain impact on the relations between the people in that space.

So, there was a movement dynamic but without the accompanying structure. This may have been due to the difficulty in fully attuning to the other. For example, spreading as a generalised movement and the directed movement in relation to another is in conflict such that the message conveyed by this is one of giving some attention to a specific other, but at the same time looking to the others in the group, so that the directed attention is not fully with the other person. In other words, the attention is split which impacts on the relationship. There may, in the case of these participants, be anxieties about fully attuning to the person you are with, which expresses itself by not being able to enclose without paying direct attention.

For the women's group, there was almost an equal number of movements in spreading and in direct relation to another. This also represents something of a conflict of movements and may be seen as a mismatch. Using spreading with directed movements indicates that the mover is conflicted in terms of their relationship with the group, similarly to the men but expressed differently. This is supported by the findings from the questionnaires which indicate that the women were much more individually orientated and less group focused as compared with the men.

On reflection, most of the movement in the horizontal plane, where there was a lack in both groups, was taken on by me. This is of particular importance for understanding the mechanisms at play in the use of space and became evident only as I viewed the video footage. I was not particularly aware of enacting this function during the sessions, but the findings disclose the containing, perhaps even compensatory function of the psychotherapist when this is lacking in the individuals or the group. What this means in practice is that it may be possible for the men and women, by way of the compensatory function of the psychotherapist operating in the spatial plane, to experience a containing/holding space that could directly influence their ability to function more appropriately in relation to time.

The participants in this study encountered each other in space and in time, each with their own view of time and each experiencing the space from their own sense of being-in-the-world. Viewed collectively, this presented in a very particular way. In this study there seems to be a co-relation between directionality and space and time through specific movements such as direct, indirect, advancing and retreating. The understanding of the experience of psychosis in these terms can perhaps advance our knowledge and allow us to tailor movement-based interventions more effectively.

These results connect well to Sass' EAWE. The EAWE section on space describes a disturbance of relative spatial relationships and in the estimation of distance such that the subject has difficulty determining how far away they are from an object or person. This resonates with Heidegger's de-distancing and directionality. There is a diminished perspectival orientation and disturbances of perceptual distance where objects seem closer or farther away.

During the sessions the findings disclosed how the practitioner-researcher was holding and supporting a number of functions at the same time. These comprise holding and supporting the bidirectional link between the practitioner-researcher and the participants, the 'social scaffolding' or 'we' space (Krueger,2018) and, within that holding space, taking account of any compensations needed in relation to KMP schema that were missing or reduced. In addition, the practitioner holds and supports the interactional synchrony, the rhythm, movement, music, dance and image making, which are all an established part of the DMP process. Taken together this subtle, dynamic and embodied practice constitutes a further mechanism through which participants were enabled to expand their experiences with time and space, which manifested through a forward flowing movement, and gendered differences in balancing and interpersonal movements. In the sessions, without being conscious of my own practice, I found a way through the DMP process to compensate for what was in effect a spatial asymmetry through my own body's actions and shaping across the spatial planes.

Spatial asymmetries are well documented in the literature (Casasanto and Bottini, 2010, Maass and Suitner, 2011). In this case, the practitioner-researcher worked with the spatial asymmetries that were present, although not until I viewed the film footage as a researcher, did the malleable nature of my responses in the horizontal plane as a practitioner become apparent. This is significant in relation to this study as it clearly demonstrates another mechanism in the process of DMP not previously identified. The importance of the facilitatory and relational aspects of the psychotherapist's work also go back to the importance of the 'therapeutic relationship' in the early pioneering work of Chace (Sandel et al., 1993).

This finding can be placed in relation to the work of Chiappe et al., (2015), who discuss 'situation awareness' (p.33) and relate it to the understanding of dynamic situations. They present the idea that the operator, in this case the practitioner-researcher internally stores the information or embodied knowledge from the dynamic system, i.e. the group, and then uses it to fulfil the containing function. I argue that this is not a practice carried out at a conscious level but rather at an embodied one. This relates to the relatively new area of research described as the 'situated approach' (Maass and Suitner, 2011: 160).

7.12 Mechanisms in DMP

7.12.1 The KMP Results

The findings from the KMP analyses indicates different anomalies in movement in all three planes. Taken together, a complex picture emerges which points towards a re-inhabiting of the body through the DMP process via at least four key routes:

a) via possible new relationships with and unfolding of time.
b) via the qualities of a discrete and special place that, psychotherapeutically, is known as the 'temenos' (Samuels et al., 1986).

c) via and in relationship to a developing sense of power and agency.
d) via the key role that structure plays in defining the space.

The type of 'we' space as Krueger (2018) argues, or liminal and in-between space, held by the practitioner-researcher is very important as it offers a holding or containing function for whatever movement, dance and psychic material emerges in both groups. In addition, we have in this special 'we' space (Krueger, 2018) the holding in the horizontal plane taken on by the practitioner-researcher, intact movement in the vertical plane (sense of self), although expressed differently in the genders, and an imbalance in time but in a protentional way. Through the DMP process of interactional synchrony, rhythm and body action, group response/cohesion, there emerges a sense of trust, and this fragile emergence leads to an idea of there being a future. There is no obvious re-working or reflecting on the past at this point, but we do find this unexpected movement towards a future. These are significant and exciting findings in understanding the contribution of dance psychotherapy.

7.12.2 The Questionnaires

The questionnaire responses helped reveal the subtle movement and emotional dynamics within the group and the individual, that contribute to better understanding the mechanisms at play in DMP in acute adult mental health. There were a number of striking differences between the genders in their responses. In relation to what they found useful the men overwhelmingly cited the group itself as being important in terms of sociality. One of the mechanisms highlighted is therefore the importance of group cohesion or sociality for the men. In the context of this research, sociality is understood to mean the extent to which people tend to associate in or form social groups; this understanding is mobilised in terms of asociality as an outcome measure to assess negative symptoms in schizophrenia (Priebe et al., 2016). Conversely, the women only referred to sociality in passing and, for them, the individual

therapeutic relationship with the practitioner-researcher and 'positive affect' were uppermost.

The importance of sociality for men is revealed throughout the questionnaire data, including in response to questions about feelings and the atmosphere of the group. In relation to how people feel, women expressed individual concerns more in relation to the body and relaxation, while men talked more about sociality, and a collective or group-based response. Similarly, in describing the positive atmosphere in terms of the group, again the men cite sociality and the group, whereas the women cite positive affect. The women's responses reflected a much more individual response. This may arise from a desire for the one to one interaction, or a desire to express themselves on an individual basis and from a more internalised state. The capacity for interpersonal interactions depends heavily on emotion and affect. It is desire-based and emotive and essentially involves the embodied dynamics of the second person like a shared dance. Whereas, for the men it was more like a shared group dance, for the women it was more dyadic in relation to the practitioner-researcher. The questionnaire responses mirrored the KMP data in describing these gender differences in to how the dance sessions were experienced. This is valuable when thinking about tailoring the dance intervention, and in offering differently designed mental health services, that is by providing more creative mental health forums for men and working more individually with the women.

My own psychotherapeutic observations in my process notes concur with the fact that for the men, sociality was a recurring theme throughout the answers to the questions. This result is valuable in relation to the high levels of isolation and suicide amongst young men (ONS,2018). Given the high level of suicide rates in the UK (75% of all suicides attributed to men -ONS2018), the link with suicide and isolation, plus the lack of mental-health NHS services for men, it is possible to extrapolate from the results the need to provide group arts-based psychotherapy interventions. The high prevalence of sociality being cited by the

men may in addition point to the need to process trauma collectively, however this would need more research and could be a future direction for research.

For the women however, the hypothesis is reversed. While the impression is that there is a greater prevalence of women's groups on offer in the NHS, for example, (Survivor Groups, Well Women Centres, Menopause Groups); the results suggest in the case of trauma, the need for women to process their distress through a more individual pathway. The questionnaire responses converge and affirm the results from the KMP and points towards this sense of re-inhabiting the body and a greater sense of integration. They point towards power, agency, abstract concepts such as time, personality and spatiality that also include vitality affects.

The mechanisms at play from the questionnaire responses thus suggest the importance of the group and the art form for the men and the individual and attention to bodily awareness for the women. The men made twice as many references to the practitioner-researcher than the women (six versus three times) although the numbers in either case are low. The references were all positive, which supports the evidence from the KMP data on the centrality of the practitioner-researcher in sustaining the therapeutic relationship (Chaiklin and Schmais, 1993) in sessions, that is through a holding 'we' space (Krueger, 2018). Both groups highlighted the importance of positive and affective atmosphere and vitality dynamics as key mechanisms. My description of the ward landscape offered a very clear contrast to the atmosphere in the group as described by the participants. This would suggest that the atmosphere created was a central mechanism. This atmosphere was created within a 'temenos' (Samuels et al., 1986), where the process took place, and allowed for the emergence of symbols and metaphors. I shall describe this phenomenon in greater detail, in the next section and in response to my second research question.

7.13 Qii What do the metaphoric and symbolic processes during the dance movement psychotherapy process reveal about the mechanisms at play in DMP in acute adult mental health?

In considering the metaphoric and symbolic processes it is important to look at the case vignettes. The vignettes bring out the psychotherapeutic process including the movement, the symbols, and the metaphors. My study also points to the ways in which the sessions which included the symbols and metaphors, take place within an altered sense of space and time, and the case vignettes illustrate this. It is within this 'temenos' (Samuels et al., 1986) or 'we' space as previously described, that the sense of self is expressed relationally, and through the mytho-poetic.

In my opinion, one function of the altered sense of space and time is that it takes the person into an imaginal realm, where they have the possibility to connect with their own distress or trauma.

The study seems to point to an altered sense of space and time being crucial to the sense of self, and how it is being expressed in a relational sense, and from the position of an interpersonally constituted self that includes the mytho-poetic. In my opinion, the function of the altered sense of space and time is that it takes the person into an altered state or imaginal realm in order to connect with the distress or trauma. There is an opportunity for the 'other', to respond to the distress as presented in this imaginal process. In terms of DMP the practitioner uses the movement in conjunction with the archetypal images and symbols to work with and transform the distress. The DMP also works with movement, sound, image-making and storytelling. Through this process, the non-verbal and the unconscious may become verbal and conscious. It is the meeting of the person from the place of and within the imaginal realm, working with or 'being-with' the person in this way that facilitates change.

For Jung, the symbolic dimensions of the future, the past, and the present provide the psyche with a dynamic movement forward (Yiassimedes, 2014).

7.13.1 The influence of metaphor and symbol

The questionnaire responses can also be looked at in terms of conceptual metaphor theory (Lakoff and Johnson, 1999). Words such as, "exploding, surging, accelerating, bursting, pulsing, swinging, relaxing", are used by Stern, (2010:7) to describe forms of vitality, and very similar ones have been identified here. The questionnaires captured a heightened sense of energy, vitality and aliveness in words such as, 'uplifting, upbeat, ecstatic, wickid, SICK, sociable, joyous and (g)ood use of laughter and excitement'. Stern (2010) has described them as, "…a Gestalt that emerges from the theoretically separate experiences of movement, force, time, space and intention" (p.5). These forms of vitality underpin the lived body experience in relation to the DMP session, and how it has been expressed in the questionnaire responses. These include the dynamical lived body experiences of movement and force, within time and space, that took place during the sessions.

Maass and Suitner (2011) have reported that, 'Importantly, in the case of metaphors, the link between sensorimotor experiences and abstract concepts are maintained through language' (p.159). "The dance movement psychotherapist and the participants in DMP are letting the unconscious psyche pass through their body…archetypes emerge in movement metaphors" (Hayes, 2011:118).

There was a link between movement related words and the vertical and sagittal axes. The KMP data and the questionnaire responses taken together reflect conceptual metaphor theory (Lakoff and Johnson, 1999). Also, according to Koch et al., (2011), movement related words that correspond to the sagittal axis involve decisiveness and a sense of forward or backward movement. For example, words corresponding to the vertical axis are upbeat, uplifted, ecstatic

and joyous. Examples relating to the sagittal plane, connected with decisiveness, for the men are, 'It helped me build my confidence' (21/5/17), 'As soon as I joined and entered the group I started communication with Mary' (28/5/17). For the women, examples of the sagittal forward movement are, 'Cheered me up, made me happy, felt I could be free'(12/6/17) and 'Free movement and controlled thought into steps'(12/6/17).

The responses can be seen in terms of what Maiese describes as desire and caring. They express forms of vitality, of bodily awareness and especially sociality. This outcome expressed by the men i.e. the importance of the group, of the other, of the coming together is of great significance. The importance of group cohesion for the men. For example, 'Social understanding emerges as a product of embodied, emotive second person interactions which involve coordination and mutual body attunement' (Maiese, 2016:6).

7.14 The Vignettes

7.14.1 Vignette Alan: Entering the imaginal realm

Alan was the young man aged 20, previously described in the case vignettes, who had become psychotic. No one was quite sure why this had happened to him. His movements were very stiff and guarded, and on entering the room it seemed as if he was entering an imaginal realm (Results 1.12). He was clearly in a distressed state in that he was hardly able to move or to interact with anyone else. He seemed to be in another world which was having the effect of making him frightened, guarded and suspicious. I asked him what music he liked, and he selected the track 'Believer' by the band, 'Imagine Dragons'. The name of the group itself conveys a mytho-poetic quality, and, immediately, I moved into this world with him. We both danced side by side in interactional synchrony and it felt like our movements matched the mytho-poetic image – 'he slayed the dragon'. He lifted his arms up and drew them down, and I witnessed this. The unconscious became conscious, not in the verbal sense but

through expression of the movement metaphor. His body changed, I felt the power and strength of this, the movement was strong and descending and his sense of self was there. I later discovered from the nursing staff that Alan was struggling with his relationship with his father.

Here, there was an opportunity for the person to respond to the distress in an embodied way. In terms of DMP, the practitioner-researcher used the movement in conjunction with the archetypal images and symbols to work with and transform the distress. The DMP, in addition to movement and dance, used music, sound, image-making, and narrative. Through this process, the non-verbal and the unconscious may become conscious. The person was met in the imaginal realm, and 'being-with' the person in this way facilitated the change. This was enhanced by maintaining rhythm, synchrony, space and the therapeutic relationship (Chaiklin and Schmais, 1993).

As a DMP, I attune to movement communications as well as to the mytho-poetic images that arise. I take note of these changes in movement, including the mytho-poetic images. We move together as 'interpersonally constituted selves' (Ratcliffe, 2015) and create a dialogue and a build-up of trust. The relationship takes place in and through movement. The person begins to engage with the future in conjunction with the mytho-poetic images. In the case of Alan, he had difficulties in the relationship with his father in the past and present. During the session he literally moved forward metaphorically, in terms of engaging with his future that envisaged a change in his relationship with his father. In Jungian terms, slaying the dragon can be equated with him facing his internal psychic difficulties in order to be able to deal with his relationship with his father. The dragon in this vignette symbolises a difficulty to be overcome as described in the following quotation,

> The struggle with the dragon symbolizes the difficulties to be overcome in gaining the treasures of inner knowledge. Killing the dragon is the conflict between light and darkness…or man

overcoming his own dark nature and attaining self-mastery. (Cooper, 1978:56)

Diagram 7: Image of a dragon

Image accessed online: 30/11.19: https://commons.wikimedia.org/wiki/File:2010-01-C%26E_Dragon.png#/media/File:2010-01-C&E_Dragon.png

7.14.2 Vignette Radu: Trauma and the mytho-poetic

According to Schore (2012), Wilkinson (2006), Kalsched (2013) and others, affects-in-the-body are encoded as the implicit memories of early trauma and become more available through the mytho-poetic image-language of dreams, metaphor and poetry than through the rational-interpretive language of insight (left brain). Jungian analyst, Donald Kalsched (2013), writing about trauma, sums up where early trauma is encoded in what he calls an intermediate or interstitial space,

> … "half-way" between the human and divine; half-way between the ego and the unconscious; half-way between the left and right hemispheres; half-way between the inner and outer worlds where (one eye looking out and one eye looking in) the real truth of all stories reside (p.117).

This intermediate space between mind and body, is uniquely where the human core self, or soul, lives. The majority of the participants in this study had a history of trauma, and in trauma it is the core self or soul that is threatened with annihilation. It is therefore important to use a language through which this core self can communicate, and Vignette Radu illustrates this.

Radu had experienced trauma through his mother's death at age 15. He had come to the UK from an Eastern European country as an unaccompanied minor and was brought up by a foster family. His movements were slow, guarded and bound. He was wide-eyed, taking in his surroundings. He did not have a great deal of English. His body and his core-self seemed to enter the imaginal realm the instant I put on folkloric music from his country. His movement was forward, fast flowing. His body flew across the floor as if he had taken off. I joined him, taking his hand and flew along beside him. He laughed and came to life. At which point he stopped his dance, sat down, and drew a very powerful mytho-poetic image of a yellow thunderbolt, striking a deep blue pool of water, and across the water there was a giant cosmic egg. Here we have an example of the importance of the mytho-poetic language of symbol. There were no rational interpretive words needed, indeed it was difficult to share in a common verbal language, but all was said in the movement and in the image.

He also talked in broken sentences about leaving Italy and being the King of Italy, 'wanting to be king so will be a good boy'. Symbolically the King signifies both sovereignty and responsibility for the welfare of his people. Alchemically, this image can also represent psychic renewal, as the new king emerges out of the death of the old.

Radu also presented fragments of sentences and images, and so it was difficult to piece together a coherent whole. He created images of a thunder-bolt, which represents a trauma, striking a deep pool, which symbolises unconscious material. The image of the cosmic egg represents potential. This links very well to the pioneering work of Van der Kolk (2014), who, in a detailed analysis of the

roots of trauma, argues that the nature of the original event that caused the trauma is so intense that the left side of the brain has no access to processing it in rational ways. The trauma rather gets stored in affect, in image, feeling and sensation. The trauma, subsequently, can only be expressed by way of these fragments, and is not remembered as a whole, nor accessible through a coherent narrative.

The neurobiological implications of how trauma is stored also help us to understand why purely verbal interpretive methods often do not reach the implicit memories of early trauma. Memories that are encoded in the right hemisphere are out of reach of rational words and rational thought processes. This understanding underscores the importance of working more closely with affects-in-the-body during psychotherapy, and how the images, symbols and metaphors that occur in the session also help reveal the mechanisms at play, as discussed in relation to my first research question.

By working with body-based implicit memories, the participants became more aware of their internal perceptions and sensations. The participants were able to respond as seen from the vignettes, an alternating between dancing, moving and image-making. The image-making came in different forms: visual, verbal, and kinaesthetically through movement. According to Kalsched (2013), Jung realised that the,

> magical and mysterious world into which the person experiencing trauma falls when dissociation cracks open his/her psyche… is an archetypal or mytho-poetic world, already there to catch them, so to speak (p.4).

In this quote, Kalsched refers to an imaginal matrix that lies between two worlds of ordinary and non-ordinary reality and into which people enter. In the sessions the participants entered into this imaginal matrix between the worlds, through the moving body and the expression of symbol and metaphor. These

symbols existed in an altered sense of time and space, complementing and confirming the results of the KMP analysis. There thus appears to be a connection between the symbol and metaphor and the movement. In working with these two aspects, by the end of the sessions and during the reflective period, what emerges are the findings of the questionnaire responses. These responses indicated that the participants were not, by the end of the sessions, situated in an altered state of space and time. Moreover, the responses conveyed a sense of cohesion and integration, and a sense of wellbeing, which indicated a greater integration between what was going on in the unconscious and the conscious. This integration had taken place non-verbally, as the participants did not tend to express verbally and in words what was going on for them or what was creating difficulties for them.

In terms of the mechanisms at play, this study highlights the importance of working in this complex imaginal realm through the language of dreams, movement metaphor, symbol, music, dance and rhythm.

7.15 The Psychotherapy Process Notes

The psychotherapeutic process notes recorded the symbols, metaphors and images produced during the sessions. In the vignettes, the images referred to were: a heart, ghosts, veils, elephant burial grounds, spaceships, aliens, ancestors, trees and volcanoes. The images used were personal to the individual, and when they come into being they tumble out. On occasions the symbol was taken up by the group and responded to collectively. The symbols and images used were as central to the group as the music and lyrics.

What is the function of these symbols and images? Arguably, in the session the symbol acted as a bridge between the non-ordinary and the ordinary reality, enabling a moving forward, a future directedness and the person to become more visible in the process. The symbol was also used to help process the distress in a way that words alone cannot do, thereby expressing something

powerful, individually and collectively. These two functions of the symbols, images and metaphors are very important in relation to understanding the mechanisms at play. Koch (2011), articulates this process very well;

> Non-verbal processes are difficult to assess scientifically; however, they are particularly interesting because it is often in movement that the un-speakable or the not-yet-to-be-verbalized becomes denser, expresses itself in nonverbal symbols and metaphors and searches to break through to the verbal (p.167).

Psychotherapeutically, and from a Jungian perspective, an imagistic viewpoint must be employed where the symbolic dimensions of the future, the past and the present, provides the psyche with a dynamic movement forward (Yiassemides, 2014). This predominance of forward movement found in the imagistic symbols and metaphors is significant because it is what Thompson (2007) describes as a 'flowing or streaming' (p.319) that also involves a,

> tacit awareness of the just-elapsed phase of experience (retention), bodily consciousness right now (primal impression) and "an open and forward-looking horizon" of what is yet to come (p.319).

This forward movement can also be found in parallel with the findings of the KMP analysis. This highlights another therapeutic mechanism at work in this study, concerning how psyche through symbol and metaphor is manifesting through the moving body, in a forward dynamic towards a greater sense of self.

The work also had a numinous quality about it and caught something of the archetypal. The practitioner-researcher's role was to sense this quality, to notice any patterns which were emerging and work with them. These patterns were expressed acausally and non-linearly, that is, they seemed to emerge from nowhere, from within their own time frame. To categorise what is emerging into fixed theoretical concepts may not be entirely helpful as its

insights are limited. The therapeutic process is essentially a mutable and numinous phenomenon, metaphorically speaking like a 'peacock's tail', representing all the stages of transformation.

A session, and its content, could also be described as a maelstrom, a disturbance working itself up in the body. Hidden things may actively exist when both the inner and outer universe interact within an altered sense of space and time. It takes a trained and experienced eye to see and recognise the symbols and the work of the core self, or soul. Arguably, the symbols represented the core ideas present in the individual and the group, like an alchemical language of the unconscious, or a big cauldron containing all these ingredients bubbling up and coagulating together.

In terms of the function of the symbols and metaphors, participants danced their images during the sessions, which is a mysterious process where the person can often feel qualitatively changed. It is as if the 'self' has entered a new state by feeling and integrating the potency of the image through the dance. When encountering images arising from the body, I, as practitioner-researcher, become aware of the internal presence of them and how I feel in relation to this perceived quality in my own movement. The alchemical metamorphic processes become stronger as they get 'heated up' metaphorically in the 'bubbling cauldron' by dancing them. It is through the DMP that their presence and potential meanings of symbols and can be elicited. Metaphoric presence can thus become more intense through embodiment and dance. It can infuse the whole being of the person who opens up their body and heart to the essence of the image. Halprin (2000) expresses this well, by way of movement having the power to bring memory, feelings, images and resources that can be linked through the creative process, to create coherent narratives supporting meaning making and the integration of the self.

This encounter of embodied movement, symbol and metaphor is illustrated by another of the participants, Hannah, who used language that included, 'tic, tac,

leylines, third eye, father's head cracked open'. She talked cryptically in riddles about elephant burial grounds and numbers on clocks. When we danced, she used the piece of cloth which I refer to as the veil. It was a thin, translucent piece of cloth with a floaty, see-through quality. She picked it up and put it over her head, moving and dancing around the room in her own space. She did not move with me but moved around the room, using the space indirectly with light ascending movements. Moving in the space indirectly allows one to take in many different ideas, moving here, moving there. The veil allowed her to go inward to take the gaze inward and connect with her inner feelings. This creative flow surprised and inspired her as the dance of the soul/core-self moved through her body, setting her alight to feeling emotion and imagination.

In describing what I witnessed as Hannah moved across the floor, it felt as if there was a profound and numinous sense of change, a hush in the room at the end, and an awareness between us that something had been moved in her. She chose the track 'Sit Down' by James, and the lyrics were very poignant. The symbolic and metaphoric communications expressed here reveal a mechanism concerning the function of the symbol or metaphor in enabling the therapeutic process by providing a bridge between two worlds. The symbol and its meaning allowing us to open up a dialogue to get to the heart of the matter. The symbols emerged within an altered sense of space and time and as they are received and worked with there is a shift, which is also born out in the questionnaire responses.

We could say that the impaired perception of time can be described as a state of timelessness and spacelessness. This is the 'temenos' (Samuels et al., 1986) where the process takes place, and within this place there was a distortion of time and the emergence of symbols and metaphors. The participants were in an altered state of consciousness (ASC) where both alinear and acausal events happened. What I mean by this is that mytho-poetic images seemed to arise in a haphazard way. By understanding what happens in the group through timelessness and spacelessness, we can better understand the meaning of the

events. The psychoid archetype is a manifestation of timelessness and spacelessness since individuals are acting out of space and out of time. There is a disruption of the sequencing of events. During the psychotic phase is where timelessness and spacelessness are most apparent.

7.16 The Mechanisms of Dance Movement Psychotherapy: Addressing the Research Aims

In this final section, I draw together the findings from the different sources - the KMP data, the questionnaire responses, the psychotherapy process notes and the vignettes - in order to summarise my answers to the research questions driving this study.

7.16.1 Qi: What do the qualitative dynamics of movement during the dance movement psychotherapy process reveal about the mechanisms at play in DMP in acute adult mental health?

I am going to summarise the mechanisms here, having differentiated the main ones that have emerged from the results and the discussion chapter here, however it is not possible to take away their innate interrelatedness and thus their complexity. The mechanisms involve:

1) The unfolding of time in relation to 'abnormal timing experiences' (Stanghellini, 2015) – relationship between future & past – sagittal plane.
2) The Role of the Psychotherapist and the structural holding function in the horizontal plane (compensatory).
3) Creation of a discrete and special therapeutic space, the 'Temenos' (Samuels et al., 1986) and 'We' (Krueger, 2018) space.
4) Altered sense of space expressed differently by the genders – horizontal plane.

5) Development of a sense of power and agency expressed differently by the genders – through the vertical plane.

In summarising the mechanisms at play, and in answering Qi, I have in the text below referred to the five key points above with a numeric reference to them so the reader can be clear as to their separateness, but also to their interrelatedness.

The KMP data that involved analysis of the qualitative dynamics of movement, revealed that there was a specific interplay between space, force and time, which in my opinion contributes to new knowledge. The previous key DMP studies as outlined in the literature review (Röhricht and Priebe, 2006, Martin et al., 2016, Priebe et al., 2016, Savill et al., 2017, Bryl, 2019, Biondo, 2019) were all conducted as RCTs and aimed to demonstrate the efficacy of the intervention. This study, however, has focused on the specific mechanisms at play during the acute psychotic episode in a ward-based setting. To my knowledge there have been no other studies which have examined the specific mechanisms at play, involving the application of DMP as a therapeutic intervention.

Much research has taken place concerning lived body experience (Stanghellini, 2015, Sass et al., 2017, Zahavi, 2001, 2003, Parnas and Handest, 2003) without looking at the moving body itself. This study is unique and arguably significant because it has looked at the moving body phenomenologically and quantitatively through movement analysis. The convergence of the data allows an overview of the mechanisms looking at them from different angles, because each part of the data, like a jigsaw, is part of the overall picture. As described in the methodology, the most effective way to investigate the mechanisms was via a combined approach involving key aspects, which were clearly present in the process i.e. the movement, the symbolic/metaphoric and non-verbal communications, what people said in self-reported questionnaires, the verbal

expressions of participants, what was said to the practitioner-researcher and the practitioner-researcher's own notes.

The KMP data indicated a specific impairment in engagement with space and time (1 & 4 above). Firstly, force presented as being intact and integrated. This related to the vertical plane and involved one's intentions and the ability to weigh up what is or is not important. This was reflected differently between the genders (5 above). Secondly, the person reasoned in space in a very particular way and again this was different by gender. Across the genders there was very little structure in both the men and women's use of space/or shaping and this potentially presented itself as a difficulty in connecting (4 above), however the practitioner-researcher created and compensated non-verbally the structure which enhanced the connectedness (2 above). Thirdly, from this particular way of using space their engagement with time presented in a certain way i.e. split into the future and the past (1 above). For the future, it was the structure of advancing but without the content of deceleration. This presented itself as a moving forward or flowing forward but without an inner dynamic of time. For the past, it was reversed in that there was little structure i.e. the retreating but the content of acceleration was uppermost. This could be understood as having a difficulty in reflecting on the past but the content i.e. the acceleration, gave the impression of moving here and there at pace without reflection or looking back.

There was also convergence between the use of space in the horizontal and weight/force in the vertical. The men's use of direct i.e. giving one's focused attention or getting to the heart of the matter, links with the quality of strong-descending movements in the vertical. The two taken together consolidate the need to balance the 'anima' and the 'animus' (Jung) or the Yin/Yang energy qualities as described by Harwood (2004). For the women, the use of indirect movement linked with the taking in of new ideas and thoughts/concepts which linked with the aspirational light/ascending movements.

This KMP data was reflected in the questionnaire responses. There was a strong verticality running linguistically through the responses for both genders. For example, 'upbeat, excstatic, chilled, more relaxed'. This converges with the KMP data in the vertical plane, regarding a sense of agency and personal power (5 above).

Past and future were expressed in different ways and one's relationship with each one, past and future is different. How we deal with the past is different to how we deal with the future. This is a key factor in developing the intervention and working with the specifics of altered timing experiences. But the relationship with time comes out of the movement in space. The phrase 'out of time, out of space', comes to mind. The lack of structure or shaping in the horizontal plane was interesting (2 & 4 above). Creating or encouraging the use of structure may increase the connectedness. It wasn't that there was no connectedness it was simply to enhance the structure that was required. The relationship between structure and content seemed key. Advancing, which is the structure and connected with the future seemed to be uppermost.

7.16.2 Qii What do the metaphoric and symbolic processes during the dance movement psychotherapy process reveal about the mechanisms at play in DMP in acute adult mental health?

In summarising the metaphoric and symbolic processes at work in the study again there is the strong sense of interrelatedness between the movement mechanisms and the symbolic and metaphoric imagery present here. They co-exist together in the experience of the DMP session:

1) The strong presence of the mytho-poetic expressed in the metaphoric and symbolic image as key function during severe mental distress.
2) Importance of relating the function of the images to the prevalence of trauma and dissociation.

3) These processes are contained within the 'Temenos' and the 'we' space (also outlined above) provided by the DMP session.
4) Recognition that there are qualities of timelessness and spacelessness connected with these process – links to altered sense of space & time (sits alongside movement mechanisms above).
5) The images were expressed within a Jungian phenomenological epistemology (Brooke, 1988 & 2015) which was key to their understanding.
6) The importance of the movement mechanisms and metaphors and symbols co-existing together.

The symbolic and metaphoric communications that presented themselves here, point towards the '…relative temporality of the psyche' (Yiassemides, 2014:xx) and there is a sense of timelessness and spacelessness present (4 above). It is as if they act within relative rather than linear time, as like dream images. The symbols and metaphors can be individual, collective and/or universal. They can be seen as Kalsched (2013) says, acting as a bridge between the, 'ordinary and non-ordinary reality' (p.4). It is across this bridge between the two realities, that the distress or trauma can cross over through the dance and movement and/or image making (2 above). The metaphoric and symbolic processes act to externally objectify the distress in representational ways, which can come through movement, dance, music, image making or be mapped linguistically via verbal and written metaphor (2 above). They reveal that the mechanisms at play are non-linear and acausal, and this is reflected in the alterations in space and time in the movement patterns, thus highlighting the importance of working with the two aspects together i.e. the movement and metaphoric and symbolic processes (6 above).

Jung described an outer knowing, which involves cognition, and an inner knowing, which involves timelessness and spacelessness (4 above). Timelessness is a way to know time. The images appeared from this relative timelessness and by consciously experiencing timelessness through the

symbolic life, we create the space for astonishing experiences and connections that can enrich our inner and outer knowing (Yiassemedes*, 2014).*

Additionally, there was a gender difference in how this was played out, in that there was an alternation between movement and image making. Movement then image, image then movement, back and forth in the men's group. The men used a combination of verbal, visual image and movement metaphor. The women were different in relation to symbol and metaphor and did not express it through image making; it tended to come through the movement and the verbal without them using the visual image.

7.17 Concluding thoughts

The research, in addressing the two key research questions have provided a very rich resource for wider discussions related to the knowledge base both for the practitioners of DMP, and for researchers and clinicians working with psychosis spectrum disorders.

The summary of the mechanisms above, has enabled a picture to emerge which has pointed towards a re-inhabiting of the body for the men and the women, through particular aspects of the DMP process that have been discussed here. These aspects are primarily connected to the unfolding of time, the movement and dance process, the interactional synchrony, the creation of symbols and metaphors all of which take place in a particular type of space/place, the 'temenos' (Samuels et al., 1986). A key factor was the type of 'we' (Krueger, 2018) space (3 above) or liminal space which was created and held by the practitioner-researcher. They also took on the holding/containing function as demonstrated by her movement in the horizontal plane.

Taken together the results from the study represent a unique contribution to the existing knowledge base, by providing fine detail of the movement and symbolic/metaphoric processes and mechanisms, that both co-exist and

interrelate during the acute psychotic episode. It is highly unusual to carry out research during this acute hospital admission phase and to work with single gender groups, which has provided unique insights into what was taking place during the DMP session. The contribution is therefore unique from all these different perspectives and to have opened up the whole area for wider consideration of viewing consciousness from a more embodied point of view.

Finally, there is a sense emerging here of what Jung (Yiassemedes, 2014) expressed in the notion of a unified reality where the 'past, present and future coexist and can be observed simultaneously' (p.xx). This unified reality goes beyond temporal demarcations and relies on an assumption of 'non-linearity and multidimensionality' (p.xx). In the study multidimensionality was clearly present and reflected in the ways that the mechanisms in both questions co-existed so strongly. It has also helped to play a role in enabling and understanding the complexities of severe mental distress, in thinking of it in terms of a unified reality, which might provide us with a different more-encompassing, and multidimensional kind of language to explain what is going on.

In relation to my own future research directions as described, I would like to explore further what has emerged from the study. Across the board previous RCTs, without exception, highlighted the positive benefits of DMP for expressive deficits, and this study has taken that result and shone a light on what is happening in relation to these deficits. It has done so by looking at the therapeutic mechanisms, and in this study. I also had an exciting unplanned opportunity to look at the influence of gender, and this has been thrown into the mix as well. I have only just begun to articulate the complexities involved in the mechanisms but am convinced of the value of continuing down this research route, in order to understand the lived experience of severe mental distress.

Chapter 8
Conclusion

8.1 Conclusions

This study sought to capture the mechanisms at play in DMP in acute adult mental health. This was done by exploring the qualitative dynamics of the movement using a movement notation analysis, and by examining the symbolic and metaphoric processes recorded by the practitioner-researcher in the psychotherapeutic process notes/case vignettes. The results suggest a link between altered timing experiences and symbolic and metaphoric processes. The results also suggest the influence of gender. These mechanisms have not been reported in the field and so represent a unique contribution.

In this chapter, I shall draw conclusions from my research and reflect on my findings. I shall also present and discuss future directions for research. This study emerged from my curiosity to understand more about what was going on before my eyes, in the acute adult mental health in-patient setting, which I also referred to as a 'Temenos' (Samuels and Shorter, 1986). I was interested in discovering what was going on in the sessions with respect to the actual mechanisms themselves rather than a focus on their efficacy. This contrasts with previous work in this area which has been dominated by studies concerned with outcomes. Whilst there have been mixed results across previous studies, they do report positive change in expressive deficits. This is of particular importance in relation to this study, since phenomenology is concerned with lived body experience, which is exactly the concern of the expressive deficits of anhedonia, avolition, asociality, alogia and blunted affect.

The study thus focuses on the types of intervention that influenced this positive change in the expressive deficits and the mechanisms of how these may have come about. Through the DMP intervention, explicit mechanisms include the opportunity to dance, to create images, to express oneself non-verbally and

through metaphoric and symbolic language. We need to work more with the expressive deficits through using creativity and play, in giving pleasure and in supporting sociality but in a more informed way in terms of what can be learned through research about the mechanisms.

Drawing on my long experience as a DMP practitioner, I identified two areas and their inter-relationships as the core ingredients in the DMP sessions, which were in themselves very complex. These two main areas thus constituted the focus for exploration in this research and were the qualitative dynamics and meanings of the movements themselves and the expression of symbolic and metaphoric processes through the sessions.

The research methodology was designed for the setting of the residential psychosis ward and the specific client group. Participation in the sessions was open, voluntary and variable from week to week which the sessions and the study more accessible to users through this flexibility. Data were collected creatively in this fluid context of participation through a mixed-methods design which allowed the sessions to be captured from different angles.

The thesis has navigated a complex course between different academic disciplines and clinical practice. My inquiry has been grounded in my clinical practice as a DMP within the NHS, where I have witnessed the impact of my approach on this client population over the past decade. It has, however, been influenced by the study of phenomenological approaches to psychopathology, dance movement psychotherapy (DMP), movement notation analysis (KMP) and Jungian analytical psychology. The research questions on the subject of learning more about the therapeutic mechanisms at play, and especially the symbolic and metaphoric imagery at work, have required the breadth and scope that an inter-disciplinary approach affords.

I will now discuss the extent to which this study has achieved its aims or not and been able to contribute new knowledge to our understandings of DMP,

movement and psychosis. The study was attempting to build on what had gone before and, from the previous studies on the efficacy of DMP, a knowledge gap was evident in relation to the various mechanisms of change effected by embodied therapies, such as the 'therapeutic relationship, aesthetics, or creativity' (Sandel et al., 1993, Koch et al., 2014, cited in Martin et al., 2016:12). As far as I am aware, there is no other study of in-patients during the acute psychotic phase that has explored the therapeutic mechanisms involved in the DMP processes. The mixed-methods approach combined a quantitative approach to the movement analysis based on observations and a qualitative approach to the symbolic and metaphoric communications based on the responses of participants and my own psychotherapy notes. This mixed-methods design enabled the exploration of two fundamental aspects of the psychotic episode, the movement and the images generated, and of their inter-relationships. I have structured this exploration through two research questions:

i. What do the qualitative dynamics of movement during the DMP process reveal about the mechanisms at play in DMP in acute adult mental health?
ii. What do the metaphoric and symbolic processes during the dance movement psychotherapy process reveal about the mechanisms at play in acute adult mental health?

8.2 Q.i What do the qualitative dynamics of movement during the DMP process reveal about the mechanisms at play in DMP in acute adult mental health?

8.3 Re-inhabiting the body

In the KMP analysis, a complex picture emerged that pointed towards a re-inhabiting of the body that was significant for the participants and constitutes new insights for DMP. There were a number of identifiable elements to this: the subtle movement and emotional dynamics within the group or enacted by

the individual; the unfolding and resolution to some extent of abnormal time experiences; the role of particular place or space where the group took place, and its impact on the participant that is psychotherapeutically known as the 'Temenos' (Samuels et al., 1986). The nature of that 'Temenos' and what took place within it for the 1.5hr duration of the session, must also be placed in the context of the ward landscape from which the patients came, and to which they returned. The ward landscape was strikingly different, in that very little took place in terms of any vitality dynamics (Stern, 2010). In contrast, there was a strong sense of vitality expressed during the sessions, as evidenced in the movement and dance aspects of it and captured in the KMP, the questionnaire responses, the case vignettes and the psychotherapy process notes.

8.4 Gender specific outcomes and caveats

The single-sex groups, as distinct from the mixed-gender groups that had originally been planned, enabled an examination of gender specific outcomes which have not been explored before in DMP research. There has been one previous study of gender, by Savill et al., (2017), which was a secondary analysis focusing on the impact of gender in one of the few large scale RCTs related to DMP. The body-psychotherapy intervention in the RCT was based on mixed gender groups and the impact of gender was extrapolated from this mixed gender group, which presents methodological. I argue that it is not possible, or extremely difficult, to be able to separate out the gender influences and draw conclusions from them, when people are moving together in a mixed gender group. To separate them out also misses the relational aspects of the movement experience, and how these relational aspects came together as identified in the sessions in this study. This evidenced how the sense of self within the 'space, force, time dynamic' (Sheets-Johnstone, 2009) of the vertical plane, was expressed differently by gender. The men had a tendency towards strong descending and the women towards light/ascending movements. This can certainly be seen as a contribution to new knowledge, as it shines a light on gender specific responses during psychosis.

8.5 Relationship to time

One of the main findings from the KMP notation analysis was in relation to the individual's relationship to time. There have not been any other studies that have looked at this client group or and at the specifics of space, weight and time in movement. Others have highlighted abnormal timing experiences (Stanghellini, Sass et al.,) but have not examined the details of the moving body's experience of time. Studies have been carried out in very specific controlled experiments (Wilquin et al., 2018) where people have looked at predictive processing and spatial bias research. In these, the experimental methods, for example, spatial tapping tasks and visual targets (source and target), mean that the movement range was limited. These did not involve people moving together or the relational, spatial and complex dynamics involved in that movement, as has been the subject of this study.

The issue of abnormal timing experiences has come up in other engagements with psychotic spectrum disorders, especially phenomenological, psychotherapeutic and spatial. Phenomenologically, time has emerged as an issue in relation to 'future directedness' or Husserlian 'protention'. Maiese (2016) has also suggested the importance of forward flowing movement, as has Sheets-Johnstone (2009). This study highlighted the importance of considering future directedness which we know is a problem in the field. It would therefore seem important, now we know more about the mechanism, to think about individually tailoring the DMP intervention to take account of this imbalance in time and thereby address an important issue for those experiencing severe mental distress. It will also help to reframe the relationship between the future and the past, as discussed in the previous chapter, through the fragile emergence of a sense of trust built through interactional synchrony, rhythm and body action. This has been clearly described in the literature, including in Ratcliffe's (2017) work on the erosion of trust in infancy due to childhood trauma impacting the development of the self.

The relationship with time, however, should be taken within a gestalt in which movement in the horizontal and vertical planes and the relationship with space and weight feed into, or precede, the relationship with time. One therapeutic implication of this would be to look at tailoring an intervention to enhance a greater integration for the individual in space and the movement in the horizontal plane, and, in particular, working to promote and help provide a structure for the content, by spreading and enclosing shapes. The gender specific results in the vertical plane converged with the questionnaire responses and affirmed these implications for future development including researches in the field. This is a new contribution to the field, that working with movement in shaping in planes helps to develop complexity in relationships where potentially there are deficits.

In the discussion, I referred to the notion of balancing 'Yin' and 'Yang' energy characteristics (Harwood, 2004). For the men I described it as a 'katabasis', or an inward looking by descending in relation to the strong/descending movements. This was a collective 'katabasis', borne out by the prevalence of references to group and sociality responses in the men in the questionnaires and in the psychotherapy process notes. These are interesting results if looked at in the light of recent suicide figures from the Office of National Statistics in the UK. For example, in 2018 three-quarters of the suicides registered in the UK were accounted for by men, and there had been a significant increase in numbers (ONS 2018).

For the women, however, the light/ascending movements in the vertical plane suggested the need for a more individually directed, dyadic delivery of the intervention. Perhaps it is the consideration of the presence of trauma for both groups which generates the need for the importance of the group and sociality for the men, and dyadic or more individually based experiences for the women. The details of this possible connection have formed part of the discussion of the results in this study.

8.6 Experiences of DMP

The questionnaire responses tie in very strongly with the movement patterns. They demonstrated high levels of expressiveness and creativity and resonated with the categories in the CAINS (Kring et al., 2013) test for negative symptoms, including anhedonia or the ability to feel pleasure. This was present in both groups but reflected strongly in the men's responses. In terms of sociality, the high proportion of references to the group and sociality in the men support Krueger's (2018) philosophical idea of 'Social Scaffolding' in the development of the self. My results concur well with his in the sense that the social scaffolding has emerged as an important factor in the mechanisms at play for the men, as revealed from the questionnaire responses when the data sets were converged.

The questionnaire responses also explored the presence and mapping of abstract concepts such as power, agency and trait related concepts, via the linguistic device of metaphor. These concepts included the references to feeling joyous, uplifted, ecstatic and energized, and these expressions connected to a range of aspects to do with expressiveness, creativity, feeling and atmosphere. They also reflected the sense of self in the force and weight of the vertical plane and in the sense of hopefulness, achievement and optimism found in the forward movement in the sagittal plane. The Vitality Dynamics (Stern, 2010) were also expressed in the questionnaire responses, with evidence for positive affect, high energy and high intensity.

In the last sessions, there was evidence of appreciation for the practitioner-researcher, in terms of personality and contribution to the facilitation process. One interpretation of this was the importance of the 'therapeutic relationship' (Chaiklin and Schmais, 1986), which I have argued is not only at the heart of the idea of embodied scaffolding, and the 'interpersonally constituted sense of self' (Ratcliffe, 2017) but also at the core of DMP practice.

Developing interventions in this area are, in my opinion, of the utmost importance. Gaining more knowledge about what the most effective interventions are, how they take place and how to deliver them is crucial. This result contributes to the area by suggesting the importance of sociality for the men coming together in groups, together with the importance of the art-forms, play, imagination and creativity. For the women there is more of a need for individual or dyadic work.

8.7 Qii What do the metaphoric and symbolic processes during the dance movement psychotherapy process reveal about the mechanisms at play in acute adult mental health?

The symbolic and metaphoric communications were a crucial part of the process. The mechanism that they revealed was, as Kalsched (2013) has argued, to act as a bridge between ordinary and 'non-ordinary' reality (p.4). In this study, these communications acted in conjunction with the movement altered sense of space and time. They were played out through movement metaphor, image making, verbal expression, lyrics in the music, choice of music by participants, rhythm, interactional synchrony and by somatic-counter-transference. They also were played out through the use of material props such as a scarf that acted as a veil.

The symbols that emerged were a part of the movement; they grew out of the movement and the movement grew out of them. They were both individual and collective and they played out in relation to a 'non-ordinary' sense of timelessness, spacelessness and non-linearity in a parallel process with the movement. One was experienced within the other and vice versa. This would suggest that the symbols and metaphors had a function which was also to bring a representation of form. Thus, the meaning of the symbol was worked out in conjunction with the movement. It is as if the rhythmic synchrony ultimately helps to derail the delusion by provoking an integration, such that something

new (e)merges from and into the relation to space and time which could be described as a kind of harmonising process.

Recently, elements of this process have also been seen in 'Avatar Therapy' (Craig et al., 2018) in which there have been positive outcomes through the creation of a symbol, i.e. an avatar, to externally represent the distressing voice. There are parallels too with the function of the symbol to provide the psyche with an external representation. In this study, it was the spaceships, the cosmic egg or aliens that provided a similar symbolic function. The coming together of the symbols and metaphors for patients, and how that took place together with the movement was unusual and marked a contribution to new knowledge.

8.8 Limitations of the study

In this study, I was very dependent on the voluntary presentation of the patients on the ward which in turn dictated the study design. On the one hand it offered tremendous opportunities to observe the mechanisms at play in a rare naturalistic context, but at the same time created limits and frustrations. Given the nature of the intervention i.e. an open group format, the clinical presentation of the participants and the high turnover of admission and discharge, it was not possible to gather data from any of the participants over a sequential time period. This meant that I could not probe more into the precipitating events and/or trauma, which had led to the psychotic episode in the first place. Sequential data would also have allowed for a follow through of the mechanisms and enabled me to view any changes over time in specific individuals.

The study sample was relatively small with 17 men and 11 women, additionally, it was not possible to analyse all the movement patterns of each participant due to lack of sufficient movement elements. The KMP analysis provided a snapshot of the process specifically during the acute phase which provided valuable information with which to develop the intervention perhaps in an out-

patient setting. The study was very much about giving a sense or impression of what may or may not be going on. It offered a rare opportunity to work with people who were experiencing severe mental distress which had not been done before. There is very little research in this area taking place. This is for obvious reasons, such as the difficulty in designing a study and gathering data which effectively takes account of the capacity and severity of the presentation of the individuals in the acute in-patient setting. Thus, in this study the fact that the questionnaires had previously been piloted meant that I had learnt about the pitfalls of having too many questions, and how best to ask them to furnish the information I needed.

8.9 Future Directions

The results presented in this study point towards the need for further research into the use of space and time in this area, particularly in relation to Abnormal Timing Experiences. First, there may be merit in working with the DMP intervention by specifically targeting the movements in the sagittal and horizontal planes. Research can explore if these continue to impact positively, as in this study, on the abnormal timing experiences and increase the level of interpersonal functioning. Working with the abnormal timing may also influence the presence and nature of the symbolic and metaphoric imagery in the process. A second future direction is to offer the in-patient work in an out-patient community-based setting, where the work be continued following a ward admission. This means the community-based follow on, or new work even, can also take place over a longer time period, allowing for further research looking at normative and longitudinal data.

Thirdly, there have been no other single gender studies. the fact that the single gender groups happened by chance opened up a whole new avenue for research in this area. In terms of gender-based work going forward, it would be interesting to explore the effects of different formats of single gender and mixed gender groups, different formats of individually and collectively directed

movements. There are particular implications for running groups, increasing group forums or offering group interventions specifically for men within the NHS. This relates to the high suicide rates and the lack of forums for men and the need to address men's mental health at a national, regional and local level. The results perhaps suggest the importance of the arts for men in the provision of mental health interventions, and for the men to come together around the art-form.

This study took place within a ward setting. The over-arching medical model within the ward relies on stabilising the patient through medication, which does not offer much in the way of providing a time to think, a time to reflect on one's situation nor a time to be creative. Therapy, as evidenced in this study, needs to be re-visioned in a ward setting. This is not to diminish the work of the Occupational Therapist or the Clinical Psychologist, but rather to offer a consistent and continuing interplay between the lived-body experience in the dance, and the symbolic and metaphoric imagery that works its way through the body, to express unconscious processes that become objectified through the dance. It is about seeing the dance as image and image as the dance, and meeting the person where they are in the process of therapy. It is about enabling them to come into the body through movement and by so doing helping them to integrate psyche and body.

8.10 Understanding psychosis spectrum disorder and the role of DMP

The results suggest that the psychosis is expressed through altered timing expressed in a specific way and in conjunction with symbols and metaphors. They also suggest these phenomena are influenced by gender and that there is a particular shape/ form and feel to the distress, expressed in a very particular way within its own special landscape. The study indicates that a greater sophistication of intervention is required, especially in the acute phase, beyond the bio-medical treatments in order to deal with the distress.

The altered space and time generated symbols and metaphors which are central to the experience or process and a certain type of space must be offered in order to receive or work with this. The results suggest that this space must involve an art-form in order to provide a vehicle or language for the images to be expressed, and for the unconscious content to become available. The therapist must make themselves available in a certain way and keep a look out for the symbols in order to make some sense of them and be able to piece together a meaningful whole, if at all possible. It is as if I was dancing with the layers of insight which are reflected as scintillae, glistening and enabling me to spot some of the sparkly insights that were emerging; bodily experiences came out as archetypal motifs. The women were perhaps seeking 'logos' in the light/ascending movement. The men were moving out of 'logos' seeking, an 'anima' connection with the body, with the strong/descending movements, going down into a body state. Further research in looking at the impact of gender on psychosis may allow for different areas of focus in terms of the DMP intervention.

Finally, this study has opened up for the first time the mechanisms at play in a DMP session with male and female patients in the acute mental health in-patient setting. It has been a complex task and has used a variety of methods which have been converged to seek new insights into psychosis spectrum disorder and the impact of DMP. The KMP data sets, based on the analysis of the film footage, revealed some important new information about the use of how people engaged with their environment. How the men and the women expressed themselves differently from a movement notation analysis viewpoint. Strong/descending for the men and light/ascending for the women. The questionnaires revealed some important new knowledge about the vitality dynamics present in the session for both men and women. They also shone a light on the importance of sociality for the men and the more individual and dyadic social process for the women. The Case Vignettes painted very vivid pictures of the individual experiences of those taking part, which tied in well with my Psychotherapy Process Notes. The sessions all took place within the

confines of a bio-medical culture on an NHS ward. It was a very specific ward landscape that had to be acknowledged and described carefully; since patients came from and went back to that ward landscape, following either the end of the session, or whenever it was that they chose to leave and/or return to it.

This chapter has laid out some ideas for taking this research forward in terms of possible future directions. It has looked at the limitations of the study and briefly at the implications for people with psychosis spectrum disorder. It has sought a small but nevertheless valuable contribution to DMP work with people with psychosis spectrum disorder.

APPENDICES

Kestenberg Analysis Sheet 1

Name	**Martin**				**No: 1**		
Group	**Male**						
Efforts				**Planes**			
Direct	16	Indirect	0	Spreading	2	Enclosing	0
Strong	11	Light	3	Ascending	14	Descending	14
Acceleration	18	Deceleration	6	Advancing	16	Retreating	5

Matches: Strong/Desc

Most prominent: Accel/Advancing

Name	**Daniel**				**No: 2**		
Group	**Male**						
Efforts				**Planes**			
Direct	11	Indirect	1	Spreading	5	Enclosing	1
Strong	12	Light	2	Ascending	4	Descending	11
Acceleration	7	Deceleration	3	Advancing	6	Retreating	6

Matches: Strong/Desc

Most Prominent:
Strong/Descending

Name:	**Mahad**				**No: 3**		
Group:Male							
Efforts				**Planes**			
Direct	13	Indirect	3	Spreading	14	Enclosing	0
Strong	13	Light	2	Ascending	17	Descending	9
Acceleration	3	Deceleration	1	Advancing	3	Retreating	1

Matches: Strong/Desc

Most prominent:
Strong/ Direct/ Ascending

Name	**Alan 1**				**No: 4**		
Group Male							
Efforts				**Planes**			
Direct	16	Indirect	4	Spreading	1	Enclosing	1
Strong	11	Light	12	Ascending	12	Descending	10
Acceleration	10	Deceleration	2	Advancing	11	Retreating	1

Matches: Strong/Desc **Most Prominent** Direct/Asc/Adv

Kestenberg Analyses Sheet 2

Name **Alan 2** **No: 5**
GroupMale

Efforts				**Planes**			
Direct	9	Indirect	2	Spreading	9	Enclosing	1
Strong	11	Light	9	Ascending	14	Descending	14
Acceleration	11	Deceleration	2	Advancing	2	Retreating	2

Matches:
Strong/Desc Decel/Adv

Most prominent:
Strong/Accel Asc /Desc

Name **Janek 1** **No: 6**
Group:Male

Efforts				**Planes**			
Direct	3	Indirect	4	Spreading	4	Enclosing	0
Strong	3	Light	2	Ascending	6	Descending	1
Acceleration	4	Deceleration	1	Advancing	11	Retreating	3

Matches: Ind/Spread
Strong/Desc

Most prominent:
Accel/Indirect/ Advancing

Name **Janek 2** **No: 7**
Group:Male

Efforts				**Planes**			
Direct	6	Indirect	8	Spreading	5	Enclosing	5
Strong	8	Light	8	Ascending	16	Descending	12
Acceleration	13	Deceleration	4	Advancing	17	Retreating	5

Matches: Strong/Desc
Direct/Encl

Most prominent:
Accel/Advancing

Name **Janek 3** **No: 8**
Group:Male

Efforts				**Planes**			
Direct	8	Indirect	3	Spreading	8	Enclosing	2
Strong	8	Light	8	Ascending	7	Descending	5
Acceleration	9	Deceleration	3	Advancing	9	Retreating	4

Matches: Light/Asc

Most prominent: Accel/Advan

Kestenberg Analyses Sheet 3

Name **Ekram 1** **No: 9**
Group:

Efforts				**Planes**			
Direct	7	Indirect	0	Spreading	3	Enclosing	0
Strong	6	Light	4	Ascending	11	Descending	6
Acceleration	4	Deceleration	1	Advancing	4	Retreating	0

Matches: Strong/Desc

Most prominent:
Direct/Ascend

Name **Ekram 2** **No: 10**
Group:Male

Efforts				**Planes**			
Direct	13	Indirect	3	Spreading	7	Enclosing	1
Strong	10	Light	8	Ascending	17	Descending	13
Acceleration	11	Deceleration	4	Advancing	6	Retreating	0

Matches: Strong/Desc

Most prominent:
Direct/Ascend

Name **Charles 1** **No: 11**
Group:Male

Efforts				**Planes**			
Direct	13	Indirect	2	Spreading	2	Enclosing	1
Strong	7	Light	6	Ascending	5	Descending	4
Acceleration	11	Deceleration	1	Advancing	8	Retreating	1

Matches: Ind/Spread
Light/Asc

Most prominent:
Direct/Advancing

Name **Charles2** **No: 12**
Group:Male

Efforts				**Planes**			
Direct	6	Indirect	2	Spreading	4	Enclosing	1
Strong	5	Light	6	Ascending	6	Descending	5
Acceleration	11	Deceleration	4	Advancing	13	Retreating	3

Matches: Strong/Desc

Most prominent: Acc/Advancing

KESTENBERG ANALYSES SHEET 4

Name	**Fiona**				**No: 01**		
Group:Female							
Efforts				**Planes**			
Direct	5	Indirect	5	Spreading	1	Enclosing	0
Strong	1	Light	7	Ascending	8	Descending	8
Acceleration	7	Deceleration	1	Advancing	12	Retreating	3

Matches: Light/Asc

Most prominent:
Accel/Advancing

Name	**Juliet**				**No: 02**		
Group:Female							
Efforts				**Planes**			
Direct	1	Indirect	5	Spreading	0	Enclosing	0
Strong	1	Light	6	Ascending	2	Descending	2
Acceleration	3	Deceleration	4	Advancing	8	Retreating	4

Matches: Strong/Des
Acc/Retreat

Most prominent:
Light/Advancing

Name	**Sasha**				**No: 03**		
Group:Female							
Efforts				**Planes**			
Direct	3	Indirect	4	Spreading	2	Enclosing	1
Strong	0	Light	7	Ascending	5	Descending	5
Acceleration	4	Deceleration	3	Advancing	6	Retreating	3

Matches: Light/Asc
Acc/Retreat

Most prominent:

Light/Advancing

Name	**Sasha 2**				**No: 04**		
Group:Female							
Efforts				**Planes**			
Direct	4	Indirect	6	Spreading	6	Enclosing	0
Strong	4	Light	7	Ascending	10	Descending	8
Acceleration	8	Deceleration	1	Advancing	6	Retreating	3

Matches: Ind/Spread

Light/Ascen

Most prominent: Accel/Ascen

Kestenberg Analyses Sheet 5

Name	**Michelle**				**No: 05**		
Group:Female							
Efforts				**Planes**			
Direct	0	Indirect	9	Spreading	5	Enclosing	2
Strong	0	Light	7	Ascending	10	Descending	7
Acceleration	8	Deceleration	5	Advancing	6	Retreating	5

Matches: Decel/Adva
Light/Asc

Most prominent:
Acceleration/Ascend

Name:	**Sally**				**No: 06**		
Group:Female							
Efforts				**Planes**			
Direct	6	Indirect	1	Spreading	3	Enclosing	0
Strong	3	Light	4	Ascending	4	Descending	4
Acceleration	3	Deceleration	0	Advancing	5	Retreating	0

Matches: Light/Asce

Most prominent:
Direct/Advancing

Name	**Sally 2**				**No: 07**		
Group:Female							
Efforts				**Planes**			
Direct	0	Indirect	9	Spreading	4	Enclosing	2
Strong	0	Light	7	Ascending	6	Descending	5
Acceleration	8	Deceleration	5	Advancing	6	Retreating	4

Matches: Light/Asce
Adv/Decel

Most prominent:
Acceleration/Ascend

Name:	**Hannah**				**No: 08**		
Group:Female							
Efforts				**Planes**			
Direct	5	Indirect	12	Spreading	6	Enclosing	12
Strong	5	Light	12	Ascending	13	Descending	10
Acceleration	5	Deceleration	3	Advancing	12	Retreating	5

Matches: Light/Asce

Accel/Retreat

Most prominent: Indirect/Light Ascend/Advanc

KMP Analyses Sheet 6

Name:	**Alison**				**No: 09**		
Group:Female							
Efforts				**Planes**			
Direct	5	Indirect	6	Spreading	5	Enclosing	0
Strong	1	Light	6	Ascending	7	Descending	3
Acceleration	8	Deceleration	1	Advancing	9	Retreating	0

Matches: Light/Asce
Ind/Spread

Most prominent:
Acceleration/Advanc

Name	**Sheila**				**No: 10**		
Group:Female							
Efforts				**Planes**			
Direct	5	Indirect	3	Spreading	2	Enclosing	0
Strong	2	Light	5	Ascending	7	Descending	4
Acceleration	6	Deceleration	1	Advancing	10	Retreating	2

Matches: Light/Asce

Most prominent:
Acceleration/Advanc

Name:	**Sheila 2**				**No: 11**		
Group:Female							
Efforts				**Planes**			
Direct	5	Indirect	3	Spreading	2	Enclosing	0
Strong	4	Light	5	Ascending	7	Descending	4
Acceleration	7	Deceleration	1	Advancing	10	Retreating	2

Matches: Light/Asce

Most prominent:
Acceleration/Advanc

Men's Questionnaire Responses

Total number of men who gave responses: 22

Session No: 1 **Date:** various (see below) **Time:** 6-7.30pm **Place:** Dining Room

Question 1: Can you describe what you found useful about the group?

CODES

Q1a. Yes, the dancing (7/5/17)	Dancing
Q1b. Yeah I found we (as a group) All had fun and we laughed at each others body gestures the way we moved to the music was fun and thus we all had a good time. the music and social event also inspired me to draw with chalks & wax. (7/5/17)	Sociality + Body + Noticing other + GROUP
Q1c. Yes (9/7/17)	
Q1d. Yes found the group enjoyable and entertaining With other patients around me, had a good laugh and joke (11/6/17)	Enjoyable + Sociality + + Affect + Humour
Q1e. Yes enjoyed listening to music something deprived of on the ward (2/7/17)	Enjoyment + music + ward culture
Q1f. I was deep stressed. But she's dear, happy and friendly so its best group (9/7/17)	Sociality + GROUP
Q1g. Relaxing Brake from the mind numbing boredom of the ward. Able to express, in a creative manner (2/7/17)	Relaxation + ward culture (boredom)
Q1h. Yes because the group helped me develop my freedom of movement (14/5/17)	GROUP + Freedom of movt
Q1i. YEAH! (14/5/17)	
Q1j The group is very useful, I love taking part in Mary's group and I will miss it when I go home (11/6/17)	GROUP + ref. to Mary (attachment)
Q1k The group was very useful, as it is very sociable, talking I would not normally talk too (2/7/17)	GROUP + Sociality + change of habit + Affect (happy)
Q1l Yes, about being happy (2/7/17)	
Q1m It helped me build my confidence (21/5/17)	Confidence bldg
Q1n Yes (14/5/17)	
Q1o Yes better than before (7/5/17)	+ Affect
Q1p Yes I can no longer dance like I could I am getting older and feel weaker (28/5/17)	Body awareness
Q1q Yes, Did you see what I did? When I did press-ups & nobody could do them (4/6/17)	Body awareness
Q1r Yes (no date)	
Q1s As soon as I joined and entered the group I started communication with Mary (28/5/17)	Comms with Mary + GROUP
Q1t Yes I really loved doing paint in the group (2/7/17)	GROUP + other arts form (art)
Q1u Yeah I find the group useful because the music cheers me up and the She the tutor is good lasse (25/6/17)	GROUP + comms with Mary + music

Themes: Sociality (Group) Positive Affect Bodily Self-Consciousness Refs to Mary

Question 2: In what way were you able to express yourself?

Q2a Yes (7/5/17)	Before & after comparison + Sociality + art + dance + humour
Q2b Yes. We all danced and laughed. I also enjoy drawing random drawings we had a sense of adrenaline before and after Taking part in this particular activity Probably because of the camera. (7/5/17)	Art self-awareness + reflective + body awareness + self esteem
Q2c Yes with painting (9/7/17)	dance + art
Q2d I could impress myself by doing dancing moves and showing confident concentration to gain better self esteem with Respect (11/6/17)	dance self-awareness + music + art
Q2e Yes did some freestyle rapping and did a drawing and had a dance (2/7/17)	dance
Q2f Dance (9/7/17)	
Q2g Yes & No Not in group long & didn't get, or at least allow myself, enough opportunity to fully open up & and engage much or relate feel of music to the art (2/7/17)	positive affect in different ways GROUP + art + dance
Q2h Yes through dance (14/5/17)	In different ways art + dance
Q2i VIOLENCE (14/5/17)	self-awareness art + dance
Q2j Yes in different ways (11/6/17)	body Sociality + dance
Q2k We are able to express ourselfs by using art and dance (2/7/17)	
Q2l Yes in every way (11/6/17)	Sociality + art + affect + GROUP + happy + other (self-esteem)
Q2m Yes by drawing, dancing etc (21/5/17)	
Q2n Yes (14/5/17)	
Q2o Yes like before Did the best I could (7/5/17)	
Q2p Yes In this drawing and in the slow dance too (28/5/17)	
Q2q Yes. Doing press-ups (4/6/17)	
Q2r Yes (no date)	
Q2s I expressed myself by talking and dancing Slow & gentle dance moves (28/5/17	
Q2t Yes With painting, talking (2/7/17)	
Q2u Yes I feel more happy be with Other and participating in group activities Also keep me happy and keep other Around feeling more encouraged (25/6/17)	

Themes: Sociality (Group) Dance/Art Humour Positive Affect Bodily Self-Consciousness

Question 3: Can you describe what you feel now?

Q3a Happy (7/5/17)	+ affect
Q3b Good. I feel a sense of achievement After doing the drawings and having a laugh with other patients. (7/5/17)	+ affect + sense of accomplishment + art + humour
Q3c I am very well now (9/7/17)	+ affect + self-awareness
Q3d I feel a better environment around me also better peace and quiet. (11/6/17)	+ atmosphere + peace & quiet
Q3e Relaxed (2/7/17)	Relaxed
Q3f Chill thank you (9/7/17)	Relaxed
Q3g Same unease & vulnerability-not able to freely express my self-stifled/oppressed as a child Happy with the group & able to socialize (2/7/17)	Reflective + self-awareness + sociality + + affect
Q3h Positive (14/5/17)	+ affect
Q3i Good (14/5/17)	+ affect
Q3j Art -Music -Dance I feel safe, happy and also excited (11/6/17)	Art + music + dance + + affect + sense of safety + vitality
Q3k Very depressed, because its sunny and i m stuck in here (2/7/17)	-ve affect + ward culture + atmosphere
Q3l More happy. More united with my family (11/6/17)	+ affect + GROUP + sociality
Q3m I feel well & much better (21/5/17)	+ affect
Q3n No (14/5/17)	-ve affect
Q3o Shattered. A sense of having done my best (7/5/17)	Reflective + self awareness
Q3p Shattered even though I didn't dance so much (28/5/17)	Tired + body awareness
Q3q Not shattered (4/6/17)	+ affect
Q3r Good (no date)	+ affect + atmosphere + relaxed
Q3s My BODY & MIND BOTH FEELS BETTER SOOTHING ATMOSPHERE (28/5/17)	+ affect + GROUP
Q3u All absolutely happy (2/7/17)	Calm + relaxed
Q3v I feel more peaceful and relaxed (25/6/17)	

Themes: Sociality (Group) Positive Affect Music/Dance/Art Bodily Self-Consciousness Relaxation

Question 4: Can you describe the atmosphere in the group?

Q4a Bhangra (7/5/17)	music
Q4b Relaxed altho I felt tense probs due to the camera. (7/5/17)	relaxed + tension(camera)
Q4c Funny (9/7/17)	humour + +affect
Q4d The Atmosphere was very good, had a good time this evening (11/6/17)	+ atmosphere +
Q4e Relaxed and upbeat (2/7/17)	+affect relaxed + vertical
Q4f Beautiful (9/7/17)	+ affect
Q4g Relaxed Open-free to express Friendly (2/7/17)	relaxed + friendly
Q4h Sociable (14/5/17)	sociality
Q4i SICK(14/5/17)	+ affect
Q4j A bit tensed people need to relax more e.g. service users Staff Also get their work done at the same time (11/6/17)	tension + awareness of other
Q4k The group was very joyous (2/7/17)	+ affect (high emotion)
Q4l Better than any (11/6/17)	+ affect (high emotion)
Q4m Yes amazing cheerful (21/5/17)	+ affect (high emotion)
Q4n Not at the moment (14/5/17)	
Q4o Even better with a camera Feel your on stage Not so many here Creating, everyone joined in (7/5/17)	Camera awareness + +ve atmosphere + creating + sociality
Q4p Probably a few but not too many I'd like other people to join the group (28/5/17)	Comparison + GROUP
Q4q Good atmosphere (4/6/17)	+ve atmosphere
Q4r OK (no date)	
Q4s Socialising/ Talking Dance movements Communicating (28/5/17)	Sociality + dance
Q4t Sunday feeling (2/7/17)	Outlier – Sunday feeling (ward culture)
Q4u The atmosphere was wicked and Good use of laughter and excitement (25/6/17)	+ affect + humour + +ve atmosphere

Themes: Sociality (Group) Relaxed Positive Affect Humour Positive Atmosphere

Question 5: Any other comments?

Q5a (7/5/17)	
Q5b I like the events mary puts together for us. (7/5/17)	+ affect + ref to Mary
Q5c Mary was very kind under the whole course (9/7/17)	Ref to Mary + +ve affect
Q5d Yes I Respect the patience and the staff Thank you (To M. Coaten) (11/6/17)	Ref to Mary + +ve affect
Q5e Chilled (2/7/17)	+ve affect + relaxation
Q5f I wish the best (9/7/17)	
Q5g Would had liked to have participated more Feel there should be more activities like that – daily, morning/afternoon & evening. Inside & out in garden possibly linked with OT? (Theory of what offered not Delivered in practice!!!) (2/7/17)	-ve refs to ward culture
Q5h No (14/5/17)	-ve response
Q5i I LIKE HEAVY METAL (14/5/17)	music
Q5j Can't wait to go home (11/6/17)	wanting home
Q5k Mary is a very nice lady and very helpful (2/7/17)	refs to mary + ve affect
Q5l To carry on like this. To make peace (11/6/17)	
Q5m Mary is a lovely lady and continue to support her (21/5/17)	refs to mary
Q5n Very usefull (14/5/17)	+ve affect
Q5o When people could not get Dancing felt sorry for them They could do big dance Did well for my age (7/5/17)	Dance + self reflection
Q5p No I hope I get out to my new home as soon as possible (28/5/17)	wanting home
Q5q - (4/6/17)	
Q5r - (no date)	
Q5s Feel much happier and relaxed (28/5/17)	+ve affect + relaxed
Q5t Can't wait to go home (11/6/17)	wanting home
Q5u Nothing (2/7/17)	
Q5v The tutor is good and has good dance techniques (25/6/17)	refs to mary

Themes: Positive Affect References to Mary Relaxation References to ward culture

WOMEN'S QUESTIONNAIRE RESPONSES

Total number of women who gave responses: 9

Session No: 1 **Date:** various (see below) **Time:** 6-7.30pm **Place:** Activity Room

Question 1: Can you describe what you found useful about the group?

	CODES
Q1a. I only observed in the main due to physical conditions, I had a couple of conversations around how under mechanics especially servo motors work, and then how we humans move. Example if we put a new servo motor on and forget to programme the correct code to match the unit very jerky and in effective movement would take place. (15/5/17)	mechanics + automaton
Q1b. Yes, although it was new to me, I did find that I began to relax a little more (12/6/17)	Relaxation
Q1c. Yes as I've felt Rubbish so Rubbish (22/5/17)	+ve affect
Q1d. Cheered me up, made me happy, felt I could be free (12/6/17)	+ve affect + happy + freedom
Q1e. I have lost connection to my muscle (22/5/17)	Body metaphor connection
Q1f. Russian music (22/5/17)	Music
Q1g. Yes My Life (5/6/17)	Statement re life + personal
Q1h. Yes we danced to Ashley Bahngo (15/5/17)	Music + dance artist
Q1i. Just what I needed (19/6/17)	Self-reflection + +ve affect

Themes: Positive Affect Bodily self-consciousness Movement Metaphor Dance & Music

Question 2: In what way were you able to express yourself?

Q2a Yes (7/5/17)	Before & after comparison + Sociality + art + dance + humour
Q2b Yes. We all danced and laughed. I also enjoy drawing random drawings we had a sense of adrenaline before and after Taking part in this particular activity Probably because of the camera. (7/5/17)	Art self-awareness + reflective + body awareness + self esteem
Q2c Yes with painting (9/7/17)	dance + art
Q2d I could impress myself by doing dancing moves and showing confident concentration to gain better self esteem with Respect (11/6/17)	dance self-awareness + music + art
Q2e Yes did some freestyle rapping and did a drawing and had a dance (2/7/17)	dance
Q2f Dance (9/7/17)	
Q2g Yes & No Not in group long & didn't get, or at least allow myself, enough opportunity to fully open up & and engage much or relate feel of music to the art (2/7/17)	positive affect in different ways GROUP + art + dance
Q2h Yes through dance (14/5/17)	In different ways art + dance
Q2i VIOLENCE (14/5/17)	self-awareness art + dance
Q2j Yes in different ways (11/6/17)	body
Q2k We are able to express ourselfs by using art and dance (2/7/17)	Sociality + dance
Q2l Yes in every way (11/6/17)	
Q2m Yes by drawing, dancing etc (21/5/17)	Sociality + art + affect + GROUP + happy + other (self-esteem)
Q2n Yes (14/5/17)	
Q2o Yes like before Did the best I could (7/5/17)	
Q2p Yes In this drawing and in the slow dance too (28/5/17)	
Q2q Yes. Doing press-ups (4/6/17)	
Q2r Yes (no date)	
Q2s I expressed myself by talking and dancing Slow & gentle dance moves (28/5/17	
Q2t Yes With painting, talking (2/7/17)	
Q2u Yes I feel more happy be with Other and participating in group activities Also keep me happy and keep other Around feeling more encouraged (25/6/17)	

Themes: Sociality (Group) Dance/Art Humour Positive Affect Bodily Self-Consciousness

Question 3: Can you describe what you feel now?

Q3a Not able to express myself in the normal every day world. I feel manipulated & subjected into a state of play/act!! I don't think anyone expected An incident occurred would be 50? (15/5/17)	Expression + manipulated
Q3b A little weird, but relaxed. (12/6/17)	Relaxation + strangeness
Q3c Calmer and at ease I don't think I will top myself but I still feel tottaly shit. (22/5/17)	Calmness+ ease + -ve affect
Q3d Tired lol. (12/6/17)	Tiredness
Q3e Depressed (22/5/17)	-ve affect + depressed
Q3f Calmer (22/5/17)	Calmness
Q3g High (5/6/17)	+ve affect
Q3h The anxiety level has gone (15/5/17)	+ve affect + awareness of internal states
Q3i Chilled rather than psychotic (19/6/17)	Relaxed + aware int. state

Themes: Bodily self-consciousness Relaxation Positive affect

Question 4: Can you describe the atmosphere in the group?

Q4a hardly any attended. I feel the group in the main has been put together to cause friction & disharmony. More thought could go into healing rather than disease. (15/5/17)	-ve affect + group mentioned in -ve context
Q4b Comfortable – no right or wrong way. Very relaxed. (12/6/17)	Self-directed + internal state + relaxation
Q4c Mixed as the lady who punched me was in the room. (22/5/17)	mixed
Q4d Cheerful and uplifted Enjoyed the party. (12/6/17)	+ve affect + party type atmosphere
Q4e Jolly (22/5/17)	Jolly + +ve affect + atmosphere
Q4f Friendly (22/5/17)	friendly + +veaffect + atmosphere
Q4g Exstatic! Eneregized! (5/6/17)	ecstatic+energised + high energy + intensity + +ve strong
Q4h Semi-quiet. (15/5/17)	Semi-quiet + half n half + mixed
Q4i V relaxed…Mary very supportive (19/6/17)	Relaxation + refs to Mary

Themes: Positive affect Bodily self-consciousness Forms of Vitality

Question 5: Any other comments?

Q5a happy to comment, am happy to receive info through mail Royal Mail Of no particular type. I'm gonna lable myself. (15/5/17)	Happy to comment
Q5b I am sure sessions such as these do help mental health patients in some way, particularly - to relax & let their hair down! (12/6/17)	Relaxation + helpful + party atmosphere
Q5c no answer given	
Q5d Mary is an amazing motivational person. thank you (12/6/17)	Refs to Mary +ve
Q5e I was not in the mood for the group this week because I am depressed. (22/5/17)	Depressed + -ve affect
Q5f More, more, please more Russian music & Ed Sheeran!! (22/5/17)	Music + wanting more + +ve
Q5g Wickid the Jungle is massive. (5/6/17)	+ve reference to ? jungle (Symbol)
Q5h no answer given	
Q5i Wish she cud come every night (19/6/17)	+ve refs. to Mary

Themes: Music References to Mary Symbol

Men's Group Psychotherapy Process Notes

Session 1 Men's group 4 attendees Ages: 46 61 58 31	**Coding**
Very connected	Sociality
'Smiley face' throughout as a theme.	Symbol
Some concern re camera or feeling good, like being on stage.	+ ve affect + camera effects
Good group cohesion, lively	Group+ sociality
Running theme Jumping running/drifting	Movement
Reflective, Aliens, spaceships protégé	Reflective +symbol
Being different, kidnapped by aliens	Symbol
We are aliens, Smiley message about me	Symbol
Fox's advert reading between the lines	Symbol
S doing his best D drawing spaceships when he was a boy.	Symbol
Starting/stopping M clapping.	Movement
M clapping strongly, non-stop M,	Movt + rhythm
aliens protege	Symbol
M being a protégé landing in.	Strong connection
Group livelier than Thursday	+ ve affect
Sense of togetherness	Sociality
Group image	Group + image
dancing with it over our faces	Dancing
Became the emblem D made it more psychedelic added spaceships.	Symbol
Connected image of outer space, becoming younger travelling	Symbol
through space faster that the speed of light	Metaphor
2 older men, 2 younger men, Strong connection	Sociality
Images of space, time, speed Pleroma	Image/Symbol

Themes: Movement Symbol Metaphor Bodily Self-awareness

Session 2 6 attendees Ages 58 20 38 46 45 31	**Coding:**
Explosive group at end	+ve affect + High energy Music
Heavy metal music	
Q met D came in very held in the shoulders. Asked for set playlist	Body posture
'Eye of the Tiger' Sat drew a chair	Music
St came in wanted to know colours of the rainbow. Drew them and it became a hat with a face underneath. No nose	Drawing + image
Electric tree.	Image+ symbol
Green brown	Image
Electrifying	Symbol
Very little dancing.	
Until A came in, very little movement? matching mine	Movement
Should I be more expressive? Doesn't seem right for me to do that but when D came in	Self-reflection on my movt
A ''sprang to life'	Movt Metaphor
and danced in a very energised way,	High energy Sociality
connecting with D. D had invited it.	
Should I invite it? I don't think that he would reach the same way. Crossed hands,	Crossed hands
Did shadow boxing. Asked him to stop	High energy + interaction/relationship
Did bouncing off each other, initiated by A.	
Astonishing.	
A drew castle on a hill.	Symbol
D wanted Heavy Metal very loud, dance.	Music/Loud
Tried to dance. J tried to come in. Incident with handshaking. D not wanting to.	
J stormed off.	High energy
D dancing with S image on his face. Very funny	Image+ Humour
D came in at the end. Burst in	Burst in high energy
M quieter danced a bit to metal.	
D 'You said you loved me but you lied'	Music
Superstar. Came to discuss at end. Said he enjoyed it.	Music

Themes: Music Connection (Sociality) Symbol High Energy

Session 3 7 attendees Ages 58 45 34 28 34 20 31	**Coding**
M 'you move it a bit there and a bit here and you can feel the change in relation to moving the body and your difficulties by moving you get to feel a change'.	Movt. Metaphor + Images
Like the atmosphere created.	Affective Atmosphere +ve
M images of his hallucinations "Munch" type figures in a tree, his ancestors having seen this feels comforted and not frightened of death but paradoxically could then just let go in trees went through tunnel and saw them. It is part of myself.	Symbol (relating to death) + images
Magic mushrooms His ancestors Ayawaska security comfort Living in forest	Images + ancestors + symbol
Depression Thanked me for understanding	Relationship to Mary
A danced suddenly S danced to Angels	Movement
Bipolar widening	Shape + Movt
E brief dancing not rhythmic slight movement M sat in corner Discussion about voice hearing Moving this and moving that	Movement
S didn't like that scary spirit there must be something going through his mind	Image
Alan infinite void / cube drawing	Symbol – Infinite void

Themes: Connection (Sociality) Symbol Movement

Session 4 6 attendees	**Coding**
E wanted to learn to dance. Movements light difficulty following clapping rhythm Twisting difficult Swaying difficult Light movements	Dance + movt
Decreased strong All light? pre-effort Gentle Liked all movements	Props & Sociality
Really liked using the scarf and connecting.	Synchronicity + movt
Mirroring developed very complex intricate movements, light again.	Connection (sociality) + eye contact
Use of weight dec strong Space Indirect	Arrhythmic + synchronicity
Time? Dec Eye contact tentative	
Significant lack of rhythm mirroring synchrony difficult but able to mirror intricate movement	Metaphor + music
M head nodding walking indirect but head direct. Making indirect and dec	Drawing
Light. 'Going in circles' Alicia Keys Jay-Z	Symbol
S sat drew picture	Significant movt.
A sat drew river swimming uphill in order to get to new heights.	+ve confidence
Significant movement with E connecting Twisting keep in flow	
M growing confidence	
M not 3 siblings	

Themes: Metaphor Symbol Connection (Sociality) Synchrony (Mirroring)

Session 5 4 attendees	**Coding**
Very connected cohesive group	+ve Group + sociality
E danced connected with scarf	Props + connected
Making contact with me and the others Making connections together Circle formation Taking weight A dribbling flat facially but continued to move and would then go into a stare blank but making connections dancing	+ve Group + sociality + refs to Mary Metaphor
He was like a stone statue catatonic as if slowed down but could move	Dancing
Slow slow no affect then dancing but reduced tone neutral	Movement + singing
Lots of movement E singing	Metaphor
A dribbling catatonic	Sense of safety?
Hammer toy tool Smash my brains in No never harm a person on this ward	
E great increase in movement and twisting movements and joyful dancing	Movement + joy + +ve affect

Themes: Sociality (Group) Sense of Connection/Relationship Metaphor

Session 6 5 attendees 23 23 20 28	**Coding**
Busy group Circle within the group following movements gentle responsive light indirect	Group circle
flexibility accelerating	Sociality(Group)
Sense of community	Image + safety?
Drawing primitive sad/depressed but happy	
Safe Am I safe attacks	Image + +ve affect
Necklace fascinated Joyful group dancing M many rooms	
Sun/moon chambers	Symbol
A brief J light gentle flexible	Movement

Themes: Sociality(Group) Sense of Community Symbol

Session 7 4 attendees	**Coding**
Quiet group J dancing arms bent at elbow like a boxing position S expressing how we all feel	Quiet + expression
Important to be able to express what is inside. Knowing that what is inside can come out, be expressed through art.	Expression
Dancing like ghosts	Metaphor + expression
under the veil with J and S	Props + inside/outside Group + sociality +movt
Moving together collectively	Ethereal connection
Expressing sense of connection ethereal	Symbol
J 'S has demons inside" A came in but did not stay said he felt better due to medication	
J moving light gentle bound small kinesphere indirect	Image / symbol
Drew his dog in field	

Themes: Symbol Sociality (Group) Liminality

Session 8 3 attendees	**Coding**
A now 'recovered' movements fluid relaxed remembered being like a statue did not really want to talk about it Couldn't move rigid	Flow in Movt Movt Metaphor
Able to converse no delusion Interacting Minimal dancing	Bound (Laban)
M sat drawing	Connection+Minimal dancing Art
B little dancing rhythmic	Rhythmic movt
Quiet group coming to the end A polished my screen talked about music laughed with B Light-hearted group.	Light hearted group

Themes: Movement Metaphor Art Rhythmic Dance

Session 9 4 attendees	**Coding**
Very nice group mainly sitting drawing talking discussing life relationships M talked about his family and rejection by his mother and wondering if his life will be accepted if he says to a new girlfriend he has no family. Regaining housing get a job Things progressing Role of father in their lives	Group (Sociality) + self expression + life review
C came in rapping dancing wanted to do more but seemed too shy. Heightened senses when drug taking 'good' feeling more contained music	Containment + +ve affect
Much more contained from C less chaotic angry more settled thinking of direction lots of directions forward movement potentialities	Movement potentialities
Dancing light indirect flex twisting Balletic free less bound	Light + Free Sense of completion

Themes: Sociality (Group) Reflexive Positive Affect

Session 10 4 attendees	**Coding**
Very lovely last group M and R only	Group(sociality)
M has attended for most of the sessions	
Drew as usual talked about his life and the change that has happened for him	Life review + +ve life changes
Transforming his life Recounted what had happened as a teenager	Life transformation + life review
Joined by R from same country.	
'King of Italy wanting to be king so I will be a good boy'	Symbol
Mother died when he was 15	
Very little affect in facial expression Hardly any movement but sat drawing for the hour	Art
Remembering music Very side-eyed walking slowly little movement	Musical memory + little movt
Lovely ending, atmosphere at the end.	Affective Atmosphere +ve
'You Raise me Up' joined by two others Sense of completion M wished me luck	Music + sense of completion/ending
Rush through the body up to the arms raised Grounded, earthed, strong connection	Connection thro body

Themes:	Sociality(Group) Life Review Symbol Affective Atmosphere Transformation Group Closure

WOMEN'S GROUP PSYCHOTHERAPY PROCESS NOTES

Session 1	**Coding**
2 attendees, L, S.	Environmental context/grp nos
Sunny day most out of ward	Inf. of camera
Wondered if camera changed people's movements	Delusions
Eventually L came in experiencing delusions Sat limited movement due to foot injury	Movement
Neutral bound effort direct	Rhythmic Movt
Up down drumming type movement, arms close to body.	Rhythmic Movt
Head moving side to side	Tight Movt + Song writing
Rhythmic little movements brief. Only stayed for 10 mins	Reflection + discussion
No reflective part and no questionnaires	+ve atmosphere
Tight movement	Dance
S no dancing, writing out songs	Affective Atmosphere
Reflective part. Talked about where she came from another country.	Impact of weather/attend ance
Group atmosphere,	Affective
professional music, pens	
Danced traditional dance strong, up, down movement demonstrated with me.	
Different atmosphere to ward.	
Sense of creative writing who she liked singers lengthy list and gave them to me.	
Reduced attendance due to weather.	
Most out and conspiracies, suspicious	
Sense of quiet, peaceful	

Themes: Affective Atmosphere Rhythmic Movement Group

Session 2 Women's Group	**Coding**
Attendees: S Bipolar, S Psychosis, A schizophrenia, N psychotic illness	
Busy group. A sat, danced, talked about images.	Group dynamics Images
S strong powerful dance, pulling Effort direct strong Acc	Strong powerful dance
N? -Adv	
S reflection at end political discussion	Political
N connected dancing floating light indirect N neutral	Connected
Check efforts	
Contact S strong directing - Pulling, turning	Strong movt.

Themes: Group dynamics Connection

Session 3 Women	**Coding**
6 attendees M 29 Depression J 49 Bipolar S 47 psychotic episode C 33yrs Psychotic symptoms S 36yrs Bipolar Carla 30 Psychotic	
Busy group	Busy Emotional + intense Group dynamics
M sat moving crying emotional	
Dominated group	
but intense played to the camera,	
group let her up to a point Carla came in crying tearful	
M selected the music, brother died 3 years ago, Sasha	Movement
danced energetic, accelerating strong direct	
M flowing direct light	Light
Intense emotion expressed in the group	Intense emotion
Built up and up poignant sad emotional, intense emotion	Poignant Sociable
Gave me a sandwich afterwards	Affective Atmosphere
Very very sad but full of what she has to say expressed	
thro' the dance and music intensely expressed.	
The group let her even though it was difficult.	Imp. of group

Themes: Emotional affect Group dynamics

Session 4 Women N, H, S	**Coding**
No camera	
Danced arms in air	Uplifting dance arms
Uplifiting	

Themes: Uplifting movement Positive affect

Session 5 Women	**Coding**
H 42 yrs psychosis, S	
S brief. Asked why are you filming? Explained why	
H danced used scarves	Use of props
Dancing like ghosts	Metaphor + Image
Father's head cracked open 3rd eye	Image/symbol
Had massive breakdown? Died	
I wrapped a scarf around my head so I was okay. Green line	Image
Father beside me on the ward Sitting beside me **tic tac leylines**	Image /symbol
Elephant burial mound	Image
Dancing under scarf. Put scarves on chair with my cardigan and bag.	Props/being hidden behind
Numbers, numerology, **clock with numbers of when you die** 4 numbers	Image/symbol
Third eye on head	Image/symbol
Ecstatic, connected, Opening up	Strong emotion
Needing rhythm important	Importance of movt + rhythm

Themes: Symbol & metaphor Props mentioned x 6 Rhythm Affective atmosphere(high)

Session 6 Women	**Coding**
36yrs hypermania, schizoaffective and drug use 37yrs	
Recent traumatic loss	
Student nurse and HCA joined in and danced. May have put folk off	Other staff create atmosphere
S dance light, indirect, flexible? dec	Light
S hesitation, gentle, light	Light
Fragmented No group forming	No group form
Individual dancing quiet	Quiet
Sheila in corner moved out, engaged with scarf. Rolled into it	Quiet
Tentative quiet	

Themes: Quiet No group Light dancing

Session 7 Women	**Coding**
Fiona manic & Sasha	
Fiona manic dancing, enclosing, swaying, sucking,	Movement
S brief dance, light Sasha brief	Brief + light
Fiona presence large, swaying, connecting	Swaying
Vertical-light, indirect? Dec	Movement

Themes: Light dancing Vertical Connecting (Sociality)

Session 8 Women	**Coding**
Juliet psychotic crisis	
Felt good and then I went out there and let the world back in - Vulnerable	Phrase metaphor
Then Heart has gone, sold it to	Image/symbol
Sensations located in the body	Bodily self consciousness
Quiet for most of the group then J came in	Quiet
I said what music do you like and she said Jazz, I found Claire Teal 'California Dreaming' beautiful jazz singer, mother used to sing contralto voice, strong, rhythmic, caught herself seeing, feeling good said her friend sang it K himself	Music Rhythm
Movement sucking rhythm Relaxed No stiffness	Rhythm
You've got strength –	
In time, in rhythm Enjoyed it	Rhythm

Themes: Metaphor / Symbol Music performance Rhythm

Session 9 Women's group	**Coding**
J 49 years	
"The light has gone out"	Image + symbol + metaphor
Movement, moving twisting. Short	Movement
Piece of movement, free, rhythmic, mirroring,	Free + rhythmic
Lovely piece of synchronized movement	Joy in movement

Themes: Symbol / Metaphor Free Movement

Session 10 Women's group	**Coding**
J 49yrs Psychotic crisis. Someone came but doubtful re consent J came danced light, twisting, gentle ? hesitation, ascending. Decreased weight heavy 'can't dance' Quiet group for final session. Single, discrete	Light + ascending Bodily self-consciousness Quiet group

Themes: Light Quick

Version PQv.4 Date: 02nd February 2017

Dance Movement Psychotherapy Research.
Participant Questionnaire Session date:
This questionnaire is anonymous and confidential. There are no right or wrong answers. Please write as much as you would like for each question.

1. Did you find the group useful? If yes, in what way:

2. Were you able to express yourself? If yes in what way:

3. Can you describe what you feel now?

4. Can you describe the atmosphere in the group?

5. Any other comments?

Many thanks for your help in completing this questionnaire. Please hand back to me on completion. M Coaten

Durham University

Participant Information Sheet

Study Title: Dance Movement Psychotherapy in Acute Adult Psychiatry: a mixed methods study.

Introduction

My name is Mary Coaten, I am a Dance Movement Psychotherapist with …… NHS Foundation Trust, and a research student at Durham University, and I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve for you. Please ask if anything you read is not clear or you would like further information. Take time to decide whether or not to take part.

1) Purpose of the Study

The purpose of the study is to investigate the impact of Group Dance Movement Psychotherapy on the symptoms of acute mental distress. People have reported that during acute mental distress they can often experience symptoms relating to the body. This study is interested in finding out more about this. Movement and dance can effect how you feel and I shall be looking at how people express themselves through their movement patterns.

1a What is dance movement psychotherapy?

It is a form of psychotherapy that uses free movement and dance as the main focus or starting point for communication rather than words. It is a therapeutic process which can be particularly helpful if you find it hard to express your thoughts and feelings verbally. Through the process of dance movement psychotherapy, movement is explored as a way of linking body awareness. The benefit of DMP can be a sense of relaxation and 'well-being'

2) Why have I been invited?

You are a service user on the ward. You, together with all service users on the ward are being invited to participate in the study. Understanding your experience of acute mental distress is important to this study.

3) Do I have to take part?

No, you don't have to take part and choosing not to take part will not impact in any way on the care you receive. Additionally, if you choose not to take part you can of course continue to attend the non-research dance group.

After you have read this information sheet I will be happy to answer any further questions you have. You may also wish to discuss the study with the ward staff before deciding whether or not to take part. If you do decide to take part you will be asked to complete a consent form. Your consultant will be informed of your participation. You are free to withdraw at any time, without giving a reason. This will not affect the standard of care you receive in any way.

4) What will happen to me if I take part?

The study consists of 10 weeks of group dance movement psychotherapy. The sessions will take place on the ward. It is up to you how many sessions you choose to attend. This may also be dependent how long you are in hospital. You can attend as many or as few as you like. It is fine if on the day of the group you decide not to attend. You do not need to inform me. It is an open group, meaning that you can come and go during the course of the session. Each session will last 90 mins. There will be 20 mins to discuss any things that you want to. The group involves moving and dancing to music in any way you choose to express yourself. There is no dance technique involved. Music will be played on a stereo music system. No previous dance experience is required.

At the end of each session you will be asked to complete a short questionnaire about your experience of the group. You do not have to complete this questionnaire if you do not wish to. Each session will be filmed. I will also make written notes about each session so that I can try to understand more about how dance works in this context.

5) Filming

Sessions will be filmed for the purpose of analysing movement patterns that take place during the session. People have reported that during acute distress they can often experience changes in their perception of time, for example things seeming speeded up or slowed down and this in turn can effect how the person moves. Only I will have access to the film and I will be using it to study these changes.

The sessions will be filmed using a single camera placed in the corner of the room. There will be clear information on the day at the entrance to the group that this is happening.

6) What will happen to the data collected? Confidentiality will be ensured at all times in accordance with the Trust policy on confidentiality**.** Only I will have access to the data, which will be stored electronically on an NHS password-protected computer; however the film footage with the movement analysis will be externally validated by a senior movement analyst.

Questionnaires: All information from the questionnaire will be anonymised and confidential. No identifiable personal details will be stored.

6.1 Film footage: All film footage will be stored securely on an NHS password protected computer. Following completion of the study it will be stored securely for 5 years (as per University protocol), after which it will be destroyed.

6.2 I shall be using the film footage to look at the movement patterns of the group participants. Video & audio will be included in the footage. Confidentiality will be ensured at all times in accordance with the Trust policy on confidentiality. Normal treatment will not change as a result of the study treatment. Filmed data from the movement analysis will only be shown to a senior Kestenberg movement profiler in order to externally validate the findings. Any data transfer will be within data protection law and NHS Trust protocols.

6.3 All information from the questionnaire will be anonymised and confidential, meaning that there will be no identifiable personal details.

6.4 Researcher's notes: I shall also be describing an account of some of the sessions from a psychotherapeutic viewpoint, which will also be anonymised and kept confidential.

6.5 All electronic data will be stored on a password-protected computer known only by the practitioner-researcher.

6.6 All data will be stored securely for 5 years as per University protocol.

7) What are the possible benefits of taking part?
I cannot promise the study will specifically help you, but the benefit of DMP can be a sense of relaxation and 'well-being'. The information you provide may assist in an increase in understanding some of the distressing symptoms people experience when they are acutely unwell.

8) What are the possible disadvantages and risks of taking part?
Sometimes during a session you may experience feelings which you may or may not find difficult. At the end of the session there will be time available to discuss any issues that you may want to discuss. Further support from myself or other ward staff is also available if required.

9) What if there is a problem?
If you have a concern about any aspect of this study, you should ask to speak to the researcher/practitioner Mary Coaten or to any of the duty ward staff, who will do their best to answer your questions.

Contact Person: Mary Coaten: mary.coaten@swyt.nhs.uk
(Men's) Ward Tel: ……
(Women's) Ward Tel: ……

If you remain unhappy and wish to complain formally you can do this through ……..NHS Foundation Trust Customer Services
Freephone number : …….
Fax Number : ……
Email: customer.servicesSWYT@nhs.net
Or through Dr Angela Woods, Durham University, School of Medicine Pharmacy and Health, Tel: 0191 334 0838

10) Will my taking part in the study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential. The data will be collected via the questionnaires and film footage. All questionnaires will be anonymous. The data from the questionnaires, film footage and session notes will be stored on a password-protected computer The password will be known only by the practitioner- researcher.

11) What will happen if I don't carry on with this study?
You can choose to withdraw from the study at any time and no more data will be collected. However, once you have consented to take part it is not practically possible to remove your data from the study. This is because all the data collected is done so anonymously. Additionally, the data involving film footage is of the group and not individuals.

12) What will happen to the results for the research study?
It is anticipated that the results of the study will be used as part of my PhD thesis, in published writings in academic journals, books and in conference presentations. Such research may also be available in the public domain through the medical humanities website. I may directly quote from the material provided in responses to the questionnaires or from the results of the movement notation to help illustrate a point, or stimulate discussion, but we will ensure that people are not personally identifiable by the use of such quotations. (for example, any identifying names, places and institutions will be changed.) You will not personally be identified in any report/publication.

13) Who is organising or sponsoring the research? The research is part of my PhD studies at Durham University. I am also employed by …… NHS Foundation Trust, as a dance movement psychotherapist, and the Trust are hosting the study.

14) This study has been reviewed by both Dr Angela Woods and Professor Cate Whittlesea, School of Medicine Pharmacy & Health, and received ethical approval from Durham University and the NHS.

Further information and contact details:
My contact details Mary Coaten ……. Email :……If you wish to speak to another healthcare professional to discuss your decision to participate please contact Name, Occupational Therapist Tel:.....

Durham University

CONSENT FORM

Title of Project: Dance Movement Psychotherapy in Acute Adult Psychiatry: a mixed methods study

Name of Researcher: Mary Coaten

Please initial box

1. I confirm that I have read the information sheet dated 02/02/17 (version PIFv.3) for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I have received enough information about this study ☐
3. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my medical care or legal rights being affected. ☐
4. I agree to being filmed but understand that having consented it will not be practically possible to remove any filmed data from any of the filmed footage nor data from the questionnaire. ☐
5. I understand that the film footage will include video and audio recording and that the data from the recording will be externally validated by a senior movement analyst ☐
6. I agree to the practitioner-researcher accessing my clinical records in the context of this study ☐
7. I understand that the information collected about me will be used to support other research in the future, and may be shared anonymously with other researchers. ☐
8. I agree to my Consultant Psychiatrist being informed of my participation in this study. ☐
9. I agree to take part in the above study. ☐

Name of Participant	Date	Signature
Name of Person	Date	Signature

When completed: 1 for participant; 1 for researcher site file; 1 (original) to be kept in medical notes.

Version WPv.4 **Date: 19th February 2017**

Durham University

Dance Movement Psychotherapy Research Study 2017

Dates: March - April 2017

Would you like to take part in a research study looking at the impact of Dance Movement Psychotherapy in Acute Adult In-patient settings?

What will it involve you doing?

It will involve you in a weekly group on the ward, which will last for 90 mins.
It will consist of 60mins of free dance and movement to music with 20 mins at end for discussion.
You will also be asked to fill out a short questionnaire at the end of the group.
The group will be filmed in order to look at movement patterns.

Who is carrying out this study?

The practitioner-researcher is Mary Coaten who currently runs Dance Movement Psychotherapy groups on the wards. This study is part of Mary's Doctoral level researches at Durham University, School of Medicine, Health and Pharmacy

How long will this study last?

The study will last for 10 weeks. **Where:** Ward Dining Room + Ward Activity Room

Time & day: **Time & day:**

What do I do if I want to take part?

Each patient will be given a patient information leaflet (PIFv.3) outlining further details and Mary will also be visiting the ward on a regular basis. You can also speak to members of the clinical team about your interest.

Contact details for Practitioner-researcher: mary.coaten@swyt.nhs.uk
This study has ethical approval from the NHS and Durham University

Table 11: KMP External Validator Results (Men)

GROUP 1 Men																	
	Efforts								Planes								
	Space		Weight/ Force		Time		Total	Most Prominent	Horizontal		Vertical		Sagittal		Total	Most Prominent	Matches
Participant	Direct	Indirect	Strong	Light	Acceleration	Deceleration	Total		Spreading	Enclosing	Ascending	Descending	Advancing	Retreating	Total		
Ekram	4	11	0	12	1	5	33	Light	13	0	16	8	10	3	50	Ascending	
Alan	2	7	0	12	2	2	25	Light	3	0	4	2	3	2	14	Ascending	
Total scores:	6	18	0	24	3	7			16	0	20	10	13	5			
Total: 2 Men																	

Table 12: KMP External Validator Results (Women)

GROUP 2 Women																	
	Efforts								Planes								
	Space		Weight/ Force		Time		Total	Most Prominent	Horizontal		Vertical		Sagittal		Total	Most Prominent	Matches
Participant	Direct	Indirect	Strong	Light	Acceleration	Deceleration	Total		Spreading	Enclosing	Ascending	Descending	Advancing	Retreating	Total		
GROUP 2 Women							0								0		
Sally	2	1	0	0	2	1	6	Direct/Acceleration	1	0	1	1	2	2	7	Advancing/Ret	
Sally	2	10	0	3	2	3	20	Indirect	7	5	4	1	6	3	26	Spreading	
Total scores:	4	11	0	3	4	4			8	5	5	2	8	5			
Total: 1Female																	

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