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# The Phenomenon of Play Within a Dance/ Movement Therapy Setting with Adults

Alison Teichart

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THE PHENOMENON OF PLAY WITHIN A DANCE/MOVEMENT THERAPY  
SETTING WITH ADULTS

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## **Abstract**

The purpose of this research was to explore the phenomenon of play and its integration into a dance/movement therapy (DMT) setting with adults. This research focused specifically on adults because play is often neglected during adulthood—despite the fact that play continues to be vital throughout life and has many therapeutic properties. In this phenomenological qualitative study, data was collected through interviews with dance/movement therapists, who identified themselves as using play within their clinical work. From the data, themes were identified, which revealed how dance/movement therapists integrated play into their work and what they experienced as a result of this integration. The phenomenon of play was found to be a process that supports DMT. This process facilitated change within a therapeutic setting through bringing clients to the present moment (reducing self-judgment), shifting clients' moods in necessary directions, and organizing and disorganizing clients' bodies.

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## **Chapter One: Introduction**

This thesis emerged, in part, due to my own strong inclinations towards play. I have always considered myself a playful and creative child. I spent little time playing videogames or watching TV. Instead, I was engaging in physically active play or creating: I made a theater in my basement so that I could put on plays and dance performances, and I was always outside, weather permitting, playing with neighbors. Even to this day, when I think about play, it evokes words like freedom, joy, fun, exploration, adventure, and discovery. I consider it a break from reality, a breath of fresh air, a shift in perception, a new way of thinking, and a release of judgment. It is therapeutic and healing.

As I have aged, however, I have noticed play disappear. Play has been replaced by adult responsibilities. During the last few years of my life in particular, I have mourned play. This loss resulted from the rigorous demands of graduate school as well as the self-exploration necessitated by my dance/movement therapy and counseling MA program. Self-exploration brought up much emotional pain that I had stored in my body due to my past that I had never fully processed. Working through the pain that surfaced caused me to miss my joy, which is what play represents for me. My playful soul has felt dormant.

Losing play is a normal progression in life, as play is more prevalent in childhood; children need play in order to help their rapidly growing brains to develop. Play helps the brain to continually learn as it grows and changes throughout life (Brown, 2009). It also helps to access creativity, individuation, learned social cues, stress reduction, and present moment living (Akst, 2010; Apter & Kerr, 1991; Caldwell, 2003;

Fontana, 1991). However, these are all things that are vital and important throughout life, not just in childhood.

I have spent much time considering how play evolves from childhood to adulthood. One day, for example, as I observed children playing outside in a small patch of grass in front of a church, I noticed one child who ran full force and let out a loud scream. I wondered, what would happen if adults did that? If I were to do that, I would most likely sacrifice that moment of freedom and joy that play inspires because my ego would kick in and cause me to wonder what other people would think of me. Yet I believe that every once in a while adults need to put their egos aside and play as if nothing were holding them back.

Where does that playful energy go from childhood to adulthood, since, according to the law of physics, energy cannot be created or destroyed? What does it transform into? What would happen if that playful energy was brought back into the therapy setting? With these questions in mind, I decided to investigate how play could be combined into a dance/movement therapy (DMT) setting, specifically with *adults* (see Appendix A). I wanted to focus on adults because play often gets pushed aside and neglected with adult responsibilities, and literature supports that play continues to be important throughout life. DMT also reminded me of play due to its use of creative expression and spontaneity. I wondered how play and DMT could be integrated. As I stated, I find play to be therapeutic, so I wanted to discover how play could be combined into the DMT setting.

In addition to my personal connection to play and what I noticed on a societal level about play, I identify my style as an emerging dance/movement therapist as playful.



I based this observation on my own internship experience working with adults with chronic mental illness and adults with developmental disabilities. My groups often incorporated spontaneous movement exploration, theme development, imagery, visualization, and story telling. I learned quickly that it was important to begin the group with a check-in to discern clients' emotional and behavioral states. From there, I developed a theme that was emerging from the group and created my group around that theme. I felt that what usually developed had a playful feel to it. At times the theme would shift as the group unfolded, but I always started with what surfaced in the check-in.

This process reflects a Chacian approach to DMT (Levy, 2005). Marian Chace, a pioneer of DMT, developed a technique that begins with a warm-up, moves into theme development, and then ends with a closure (Levy, 2005). Following a verbal or movement warm-up with a group, "Chace used movement, verbalization, imagery, and various theme-oriented actions to lead them into a deeper exploration of the affects, themes and conflicts that she noted during the warm-up" (Levy, 2005, p. 26). I also would take what emerged in the check-in or warm-up and develop it further through movement, words, and imagery.

In addition to Marian Chace, I identify with Trudi Schoop, another DMT pioneer who was known for her playfulness. The area of Schoop's style that I identify with most as an emerging dance/movement therapist is spontaneous movement exploration. Schoop thought of improvising as "doodling" with the body (Levy, 2005, p. 71). I often would begin a group with spontaneous movement exploration as the check-in and develop the theme from there. Typically, within a spontaneous movement exploration check-in, the

group would get silly and laugh. In fact, if a group became playful or silly, humor was almost always involved. Humor was a significant component of Schoop's work, and although I do not identify my style as incorporating a lot of humor, it would emerge in sessions.

Additionally, I would describe my counseling theoretical framework to be existential-humanistic. I believe that people are responsible for their own lives and the decisions that they make for the betterment of their lives. The existential-humanistic worldview considers the "locus of control" to be within the individual (Ivey, D'Andrea, Ivey, & Simek-Morgan, 2007, p. 257). I feel that people can overcome what has happened to them in the past and make different choices to lead the life that they want. This view fits very strongly with existential-humanistic theory, which deems "people [as] empowered to act on the world and determine their own destiny" (Ivey et al., 2007, p. 257).

Another important characteristic of existential-humanistic theory is the importance of relationship (Ivey et al., 2007). I believe strongly in the power of relationship in many different forms: a person's relationship to his/her body, a person's relationship to others, a person's relationship to a higher power, and a person's relationship to his/her world (Ivey et al., 2007). The value that I place on such relationships and my playful approach are influenced and supported by existential-humanistic theory and the Chace and Schoop methodologies, respectively.

Very little has been written on how play and DMT can be integrated. There are only two dance/movement therapists who have written on the topic: Christine Caldwell and Trudi Schoop. Again, I wanted to explore these uncharted waters to find out how

play and DMT fit together—specifically in working with adults—and what specific DMT techniques foster play. I began by conducting a literature review that examines why play continues to be important in adulthood, what distinguishes play from play therapy, and how play is utilized in the creative arts therapies.

## **Chapter Two: Literature Review**

This literature review is broken up into three sections. The first section describes the characteristics of play and then explains the importance of, and purpose of, play in adulthood. This section also addresses why adults tend to play less than children. The second section explores play therapy and how it differs from the therapeutic use of play. The definition and purpose of play therapy is discussed, followed by the application of play therapy through different methodological approaches. The third section expands upon how play with adults can be integrated into a therapeutic setting, specifically a DMT setting. Unfortunately, little research exists in this area. Only two dance/movement therapists have written about this topic: Trudi Schoop and Christine Caldwell. Their work using play within DMT is presented. Literature from the creative arts therapies is used within this section to demonstrate how the therapeutic use of play spans all of the creative arts therapies.

### **Definition of Play**

Many researchers have tried to create a working definition of play; however, the subjective and broad nature of play presents a challenge. Gray (2008), Burghardt (2005), and Brown (2009) have all found that play does not fit into one single category but a few. Researchers have found five main criteria for behavior to be playful: play is done for its own sake, has no end goal in mind, is guided by mental rules, is separated from reality in some way, and is done when in a relaxed state of mind (Brown, 2009; Burghardt, 2005; Gray, 2008).

The first criterion for behavior to be considered playful is that it is self-chosen or self-directed (Gray, 2008). Play is about what the player *wants* to do instead of what the

player *has* to do. This means that play is an expression of freedom because the player is free to quit at any time (Gray, 2008). Burghardt (2005) also found that play is voluntary and instinctual. While studying play within animals, he found that play appeared to be intrinsically motivated.

Another criterion of playful behavior, according to Gray (2008), is that there is no end goal in mind. There are certain activities that people engage in to reach a goal; for example, someone works to earn money. Play, on the other hand, is not done to reach a goal; it is more about the process than the end result. Gray believed that this eliminates the fear of failure. Brown (2009) referred to the elimination of fear as a diminished consciousness of self.

Play is also guided by mental rules (Gray, 2008). Gray believed that play always has structure, and that structure is created in the player's mind. For example, if a person is playing with blocks, that person will not just randomly arrange them: he/she will arrange them in a way that is based on an image within his/her mind. These mental rules help to create guidelines, rules, and structure within play. These rules are created and accepted by the players, and because the players are always free to quit, the rules do not feel constraining (Gray, 2008).

These mental rules are guided by a person's imagination (Gray, 2008). While play takes place in the real world, it is in some way separated from reality. For example, when an architect is designing a house, the architect uses a good deal of his/her imagination when thinking of the design of the house. The architect has to imagine how the people might use it and what he/she wants the aesthetic of the house to look like. Designing the house is done in reality, but using his/her imagination to create the house is separate from

reality (Gray, 2008). Brown (2009) referred to this aspect of play as improvisational potential. Play helps people break free of previously established ways and find new ways of doing things based on their imagination.

Lastly, in order for beings to engage in playful behavior, they must be in an active, alert, and relaxed state of mind (Gray, 2008). Burghardt (2005) noted that there is no “primary” drive prevalent when animals play, such as the need for food or shelter. This is also seen in humans. In order for play to occur, animals or humans must be well fed, relaxed, and feel safe within their environment (Burghardt, 2005).

### **Play in Adulthood**

Although play is often thought of as a childhood activity, play is just as important in adulthood and should remain prevalent throughout life. Play is more prevalent in childhood because children need play in order to help the rapidly growing brain to develop (Brown, 2009). By adulthood, play is not required as much because the adult brain is not developing as quickly as the child brain, so adults can do without play for the short term.

However, long-term damage can occur in adults deprived of play. When play is denied for too long in adulthood, it affects a person’s mood and creates a loss of optimism (Brown, 2009). Sutton-Smith (1997) believed that the opposite of play is not work, but depression. Often when people are not playing enough in their lives, a crisis occurs. This can be known as a *midlife crisis*, a *thirsis* for people in their thirties, or a *quarter-life crisis* for people in their twenties (Brown, 2009). Brown has found this crisis happening also in adolescents. This crisis occurs when a person devotes all of their time and energy into others’ expectations rather than indulging in fun, self-motivated activities

like play. If and when a crisis occurs, most people wonder if there is anything else to life (Brown, 2009).

Adults begin to neglect play as responsibilities of adulthood take over: careers, marriage, family, promotions, community involvement, exercise, etc. cause people to have less and less time for play (Brown, 2009). In the past 30 years, because of globalization, work and professional advancement have been increasingly emphasized (Morano, 1999). Nowadays, many American households need to have both partners working in order to support their family, which also limits time for play (Terr, 1999). Sadly, as people approach death, they often do not regret working too much, but they do regret not playing enough (Terr, 1999).

Along with neglecting play due to the responsibilities of adulthood, adults are also impacted by the negative connotation that play has in society (Cohen, 1987). Play in adulthood is seen as childish. Even when adults believe that they are uninfluenced by the messages that society sends about play, they still internalize those messages (Cohen, 1987). This causes certain defense mechanisms to be activated, such as repression. Blatner and Blatner (1988) believed that adults use repression to deal with feelings of playfulness from childhood. Repression is a way of forcing thoughts and feelings out of awareness. Because adults are pulled and pushed away from playfulness, they use the defense mechanism of repression in order to deal with these feelings. An interesting point about repression is that it does not work for too long. The mind cannot be tricked for long, especially if important basic human instincts, such as play, are being repressed (Blatner & Blatner, 1988).

In fact, literature supports that play is a basic instinct: research conducted on animals demonstrated that play is as much a necessity as sleep (Brown, 2009). Laboratory testing found that when animals had a sleep deficit they engaged in “rebound” sleep in order to catch up. It was found that animals did the same thing when deprived of play. These animals engaged in “rebound” play in order to catch up on the play that they needed (Brown, 2009).

### **Purpose of Play in Adulthood**

Moreover, play is not just for fun and provides many benefits throughout life. Play helps people access creativity and individuation, increase brain growth, learn social cues, reduce stress, and live in the present moment. Thus, it is important for adults to find time to play to create a fulfilling and balanced life.

**Creativity and individuality.** Each person is a unique human being, and play helps people to explore their way of being in the world (Blatner & Blatner, 1988). Because play is done in a safe context, as discussed earlier in play criteria, it allows people to think and create in new ways (Fontana, 1991). One of the criteria that makes play feel safe is that there is no end goal in mind, which helps to eliminate the fear of failure (Gray, 2009). This encourages people to test ideas and use their imaginations, taking a route that they might not have envisioned (Fontana, 1991).

When there is an end goal in mind, a player often thinks in rigid ways because the player has to follow certain guidelines to reach the end goal (Apter & Kerr, 1991). However, play is typically more about the process than the end result (Gray, 2009), allowing players to think more creatively. Players’ thinking is limitless because play is not prescribed by a finished product (Fontana, 1991).



**Brain development.** Neurological and biological research also indicates that play is beneficial. According to brain research on play, play helps mammals to explore the world and adapt to it (Brown, 2009). Byers, a researcher on animal play, was interested in brain size as it related to playfulness (Brown, 2009). He discovered that play is correlated to the growth of the brain's frontal cortex. The frontal cortex is an important part of the brain, as it is responsible for organizing information, organizing thoughts and feelings, and anticipating future events. Byers also found that play frequency correlates with the growth of the cerebellum, which supports attention and language. Thus the more playful a person, the larger their frontal cortex and cerebellum (Brown, 2009).

Byers believed that play sculpts the brain (Brown, 2009). During play the brain is able to explore and test new situations in a setting that is not threatening. This helps people create new neurological connections, thus increasing brain size. Anytime that play takes place, new neurological connections are created through such activities as sports activities, physical activities, reading, telling stories, creating art, and watching movies. Brown (2009) gave an example of a skier. If a person is learning how to ski, they have to learn vital life skills, such as learning to balance their weight forward in order to avoid falling. This type of skill can come back to a person within a business meeting when they have to continue to move forward (Brown, 2009). Everything that people do leaves an imprint on the brain, and play helps to create neural pathways through active use of the imagination and the trial and error approach of play behaviors (Brown, 2009).

**Social development.** In addition to helping people develop cognitively, play also fosters social development. Social play seems to be correlated with brain size (Akst, 2010). Researchers looking at primates have found that the more social play that they

engaged in, the larger important brain regions were, such as the cerebellum, neocortex, hypothalamus, and amygdala. Engaging in social play helps to learn social rules of how to respond in socially appropriate ways (Akst, 2010).

The hypothalamus and amygdala are areas of the brain related to emotions and the socio-emotive aspects of social development (Akst, 2010). In order for primates to be successful, they need to be able to be very aware of others in a group, and the hypothalamus and amygdala help bridge those connections. Also, the cerebellum, which is related to social learning, and the neocortex, related to thinking, are important areas of the brain, which help primates respond in socially appropriate ways. When young animals fail to react appropriately, it helps them grow into more successful adults because they have to learn from their mistakes (Akst, 2010).

Thus, play is vital for cognitive and social development in childhood, especially due to the fact that children's brains grow rapidly (Brown, 2009). Play is also important for the continued development of the adult brain (Brown, 2009). Cognitive and social development happens all throughout life because the brain is malleable and constantly developing new neural connections.

**Stress reduction.** Researchers have also found that play helps to manage stress (Akst, 2010). It has been found that when animals play, they use the same neurochemical receptors that are activated when dealing with stress. By playing more, animals can increase the neurological connections in these regions to help them to respond to stress in a more relaxed, less anxious way. Play helps animals manage better in uncertain situations. While these studies have been done specifically on animals, it has been found that these behaviors carry over into other species, including humans. Play helps different

species cope with the unexpected because play allows them to practice managing different situations (Akst, 2010). This can also be seen as role-playing as these species are practicing for new and unfamiliar circumstances in their social and physical environments. A human example of this is children playing house. They are role-playing and trying on interpersonal behaviors that they may call upon later in life.

Sutton-Smith (1997) believed that play is a simulated anxiety attack, but in a good way. Play is uncertainty, but it does not produce adrenaline and endocrine, which are neurochemicals that are released when experiencing anxiety. Play helps people face uncertainty, but in a way that does not trigger an actual stress response, thus helping people manage stressful situations more effectively (Sutton-Smith, 1997). Apter and Kerr (1991) also saw the benefits that play had with stress reduction. They found that if certain situations in life could be perceived as playful, it would help eliminate stress. Apter and Kerr gave an example of approaching work as a type of game in order to eliminate the stress of it. If a person were able to look at the challenges that arose in his or her job as opportunities, it would help to bring in the playful feel of competitive sports where challenges also arise. By looking at certain stressful situations, such as work, in a playful context, it can help eliminate the stress of those situations (Apter & Kerr, 1991).

**Present moment.** Play also helps to bring people into the present moment by bringing them into their bodies, also known as embodiment (Caldwell, 2003). It helps people to create and attend to sensations in their bodies. Because play is pleasure inducing, it triggers certain neurochemicals in the brain, specifically-dopamine and endorphins, which help to bring people into the present moment even more fully (Caldwell, 2003).

Csikszentmihalyi (1996) found that when adults were fully engaged or present with a task or challenge they achieved an “optimal experience” coined “flow”. Flow is comparable to what children experience during play (Csikszentmihalyi, 1997). Flow helps people to experience a better way of being, and in order to do that, they must be present, which play fosters. Thus, play helps to facilitate a person’s flow (Csikszentmihalyi, 1997).

### **Play Therapy**

Because of these reasons, play is not only essential, but also therapeutic. In addition, play can be a means of therapy, distinct from the therapeutic use of play. The Association of Play Therapy defines play therapy as “the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (Association of Play Therapy, 2012). This definition does not specify the specific age of the clients, yet much of the research suggests that play therapy is done with children.

Very little is written about play therapy with adults. The literature that is written about play therapy with adults focuses on using the creative arts therapies. However, it is worth noting that Webb (1999) viewed play therapy as a suitable treatment modality through late latency and did not specify an appropriate age to cease play therapy. Art techniques, board games, and visualization techniques—all considered forms of play—were identified as mediums within the therapy process throughout life (Webb, 1999).

**Play therapy with children.** Again, the core population that play therapists work with is children. Axline (1969) stated that play therapy is created for the child due to the

fact that play is a child's means of self-expression. Just as an adult "talks out" his problems within psychotherapy, a child "plays out" his difficulties. The primary purpose of play therapy is to help children to express their troubles through the medium of play within a therapeutic relationship (Webb, 1999). The play toys or objects are the child's words, and play is the child's language (Association of Play Therapy, 2012). Within play therapy, a trained play therapist observes a child playing and leads a play therapy session in a directive or non-directive manner. Much information can be revealed to the play therapist through the child's play that the child is not able to verbalize.

**Non-directive play therapy.** Play therapy can either be directive, during which the therapist takes responsibility for guiding and interpreting the therapy session, or it can be non-directive, during which the therapist leaves the responsibility and direction to the child (Axline, 1969). Non-directive play therapy is based on the assumption that individuals have the potential within themselves to solve their own problems, along with the growth impulse that makes mature behavior more fulfilling than immature behavior (Axline, 1942). This type of therapy starts where the individual is—emotionally, behaviorally, or cognitively—and flows within the present moment. It allows the individual to be completely him/herself without judgment or pressure to change (Axline, 1942).

Within a non-directive play therapy session, children are allowed to play because it is their natural medium for expression (Axline, 1969). This often brings forth buried feelings such as tension, frustration, insecurity, or fear. Playing out these feelings brings them out into the open, allowing the child to face them and thus learn to either control or abandon them (Axline, 1969).

The play therapy room is a safe environment for a child to learn to relax and become him/herself (Axline, 1969). Within this environment, the child is the most important person and in control of the situation (Axline, 1969). Also, an important component within this environment is a non-judgmental, warm, and accepting therapist (Landreth, 2002). No one tells the child what to do or criticizes him/her. This allows for the child to feel free to express him/herself. The child no longer has to compete with adult authority, siblings, or peers. The child can play any way he/she wants and feel accepted for this (Axline, 1969).

This does not imply that all behaviors are accepted within a non-directive play therapy setting (Landreth, 2002). Setting limits within a session is important for the safety of both the child and therapist. Limits promote consistency, which is something that may be missing in a child's life. These limits help a child to learn important skills such as self-responsibility, self-control, and decision-making (Landreth, 2002).

Often during a child's first play therapy experience, he/she expresses bewilderment due to the fact that there are no adult suggestions, criticisms, or disapprovals (Axline, 1969). These are replaced by complete acceptance. At first the child may be cautious of this experience, but as he or she feels secure within the therapy setting and with the therapist, he/she will act more fearless in their play.

The therapist gives the child the space to play the way the child wants to play and uses reflection in order for the child to understand him/herself better. The therapist reflects back either a playful response or a verbalization to acknowledge the child and let the child know that the child is being seen. This helps the child to feel understood no matter what the child says or does (Axline, 1942). The therapist's understanding allows

for the child to have the support and courage to go deeper into the child's innermost world and reveal his/her true self (Axline, 1969).

Axline (1969) believed that during play therapy, children test themselves, begin to unfold their personality, and begin to take responsibility for themselves. Through the evaluation of many play therapy cases, Axline (1969) found that most children ultimately want to be free—to feel like their complete selves. This is often the goal of play therapy and therapy in general (Axline, 1969).

**Directive play therapy.** Often times it is important and appropriate to be directive in a play therapy session (Norton & Norton, 1997). Being directive does not mean that a play therapist is completely directing a child in a play activity. Often times a structure is needed in order to help a child face a painful traumatic experience (Norton & Norton, 1997). One argument for the benefit of directive play therapy over non-directive play therapy is that a child does not have the cognitive or emotional capacity to handle processing traumatic experiences on his/her own and needs the direction of a trained therapist (Rasmussen & Cunningham, 1995).

If a child had a traumatic experience at a hospital, for example, a play therapist might find toys that are representative of that experience but also tell the child that there are other toys for them to play with if they wish (Norton & Norton, 1997). The child may start playing with the toys representative of the hospital right away or it might take awhile, depending on the depth of the trauma. The most important thing to remember within this directive form of play therapy is to never force the child to play with the toys suggested until he/she is ready (Norton & Norton, 1997).

## **Methods of Play Therapy**

Norton and Norton (1997) studied hundreds of hours of videotapes of play therapy for over 25 years to try and understand themes within the play therapy of children. What they noticed was that when a child is given a number of different toys to choose from and specific ones continue to be chosen, those toys have special meaning to the child (Norton & Norton, 1997). Accordingly, “Toys are the tools of the play therapist” (Norton & Norton, 1997, p. 47). There are many different toys or playful techniques that can be used in play therapy, but it is most important to pay attention to what toys or techniques a child continues to use. Below are just a few examples of the many types of play therapy methods. Examples are also given of how these play therapy methods can reveal emotional content of the child.

**Art techniques.** Art allows people of all ages to express what they may have difficulty expressing verbally (Webb, 1999). An exercise known as Draw-a-Person and Draw-Your-Family helps a play therapist to learn about a child’s perception of his/her body, along with his/her relationships to family members (Webb, 1999). Winnicott (1971) developed an ice-breaker, known as the “squiggle technique,” for children who claimed they could not draw. Players take turns forming pictures out of each other’s squiggles and developing stories out of them. Once again, this provides an opportunity for material to be revealed that children have a hard time verbally expressing (Winnicott, 1971).

Modeling clay is an art medium that works well with aggression, as it provides a safe outlet to release feelings because it requires pounding, squeezing, poking, and cutting (Webb, 1999). Hurley (1991) gave an example of how a child’s emotional state



was revealed through her use of Plasticine (a material similar to Play-Doh). After this young girl's father died by suicide through gunshot, she created several heads that related to the members of her family, including one with a mutilated head. After creating these heads, the girl went to play with something else, but obviously, her artwork revealed emotional content (Hurley, 1991).

Painting is another tool that children can use to express themselves (Norton & Norton, 1997). It is often a safe way of showing their pain, as the paints allow children to distance themselves from issues. Norton and Norton (1997) stated, "painting offers a means of expressing inaccessible needs, attitudes, and postures in the world" (p. 88). A child's artwork can provide a glimpse into what he/she may not be able to articulate.

Using art in play therapy may seem similar to art therapy, and there are similarities, but there are differences as well. Art within play therapy is similar to art therapy in that it is "a means of symbolic communication" (Malchiodi, 2007, p. 6). The art can reveal "issues, emotions, and conflicts" that may often be difficult to communicate verbally (Malchiodi, 2007, p. 6). What art therapy recognizes, which art within play therapy does not, is the healing power of art making. Play therapists look at art as merely a means of symbolic communication. Art therapists acknowledge that aspect of art making but also find the healing and therapeutic benefits of creating art (Malchiodi, 2007).

**Balls.** A ball is one of the most basic toys that can be used within play therapy (Norton & Norton, 1997). It offers many opportunities. First, it gives the child the opportunity to interact with another. In addition, it helps to provide safety by creating distance from the therapist. It also helps to build trust (Norton & Norton, 1997).

The way a child interacts with a ball can reveal a lot about him/her (Norton & Norton, 1997). The child is given the freedom to throw the ball however he/she wants at the therapist. If the child throws the ball to the therapist in a disrespectful way, this may reveal how the child is treated in his/her own world. This will allow the therapist to feel what it is like to be the child and can communicate back to the child about this.

**Doll play.** Playing with dolls is particularly appealing to preschool girls and boys, along with latency-aged girls (Webb, 1999). Latency-age boys prefer to play with soldiers, army men, and trucks. A therapist can learn a lot watching and listening to a child playing with dolls because often reenactment of family interactions will come forth. A child may displace feelings or conflicts they have repressed onto the dolls during play (Webb, 1999). Also, doll play may be an important way to notice different developmental stages, along with signs of regression (Norton & Norton, 1997). A child of a certain age may play with a doll in a way that is representative of a much younger developmental stage, revealing that the child is in a particular regressive stage (Norton & Norton, 1997).

**Games.** Games are another way to find out important information from a child (Norton & Norton, 1997). The structure that games provide discloses the control a child has within his/her world or the control that he/she would like to have. It can help to reveal how a child processes winning or losing. Games help to show information concerning a child's self-esteem. If a child feels competent, he/she will move towards the games available to him/her. If he/she is not feeling very competent, he/she could give up easily when playing a game (Norton & Norton, 1997).

Games also help children to show the way life may be for them (Norton & Norton, 1997). If a child is playing a game with the therapist, and it seems as if the

therapist is going to win, the child might change the rules so that he/she can win. This can communicate to the therapist that the child has to turn things around in order to have a chance. The therapist may change the rules in order to have a positive outcome. Within a play therapy setting, changing the rules is fine because there are no rules in play therapy. The important thing to notice is the content that is coming through the play or the game (Norton & Norton, 1997).

Games are also an important component within drama therapy, specifically children's games, as they offer opportunities for role-taking and group-building activities. (DeKoven, 2007). When children's games are applied later in life they "[remind] people how to play [and] how to explore spontaneity and the building of mutually supportive relationships" (DeKoven, 2007, p. 332). Dekoven (2007) found that by playing children's games, a total group of adult strangers in less than a day could create "a responsive, supportive, open, attentive, fun community" (p. 337). Games have the ability to quickly facilitate the building of relationships (DeKoven, 2007).

**Sand play.** Norton and Norton (1997) believed that having a sandbox in the therapy room is the most important item that you can have. Sand allows for a child to build and construct an entire world (Norton & Norton, 1997). Not only can they build their own world, but they can also destroy it. Sand helps show the therapist how a child views different environments in their life, including home, school, and neighborhood. It reveals how the child experiences changes within these environments (Norton & Norton, 1997).

Norton and Norton (1997) found that, "sand can be equated with a child's emotionality." An example of this is how an anxious child will fill up a container with

sand and wipe off the top until it is clean and smooth, repeating this behavior numerous times. This may not only reveal an anxious child but a child who wishes for his/her life to calm down.

For children who are anxious or are in distress, sand provides a sensory/kinesthetic experience, which is vital in working with trauma (Homeyer & Sweeney, 2011). Just the experience of touching and manipulating the sand can be therapeutic. Homeyer and Sweeney (2011) had nonverbal clients who were able to open up verbally about deep issues just from the experience of running their fingers through the sand.

Current trauma research indicates that it may not even be possible to talk out trauma due to the fact that it is known to shut down Broca's area of the brain, related to speech (Lanius et al., 2004). While trauma shuts down Broca's area, it causes increased activity in the limbic system, the emotional center of the brain. Often within therapy, clients who suffer from PTSD are asked to relive their trauma in order to process through it fully, which causes them to have heightened emotional responses without the ability to verbalize what is happening (Lanius, et al., 2004). A better means of processing trauma is needed versus a standard talk therapy protocol. This is where the therapeutic use of play can be beneficial.

### **Play and the Creative Arts Therapies**

While play therapy in and of itself caters to children, literature also supports the value of play as a therapeutic means with adults. Play with adults is emphasized and supported mostly within the creative arts therapies: dance/movement therapy, art therapy, drama therapy, music therapy, and poetry therapy. Improvisation, spontaneity, and the

creative process are emphasized across all of the creative arts therapies and similarly supported in the literature on the therapeutic use of play.

**Improvisation and spontaneity.** Trudi Schoop, a pioneer of DMT, was very well known for her use of play. Schoop's use of play incorporated elements of humor and improvisation. She believed strongly in the healing benefits of humor and the importance of being able to laugh at oneself, especially in times of struggle (Levy, 2005). Schoop referred to improvisation as "a process of nonverbal free association during which the individual permits his body to move spontaneously and unguardedly" (Schoop & Mitchell, 1974, p. 143). From this unconscious material that emerged through improvisation, she helped clients to organize and master the information through choreography (Levy, 2005).

Schoop had a strong background in mime and dance where she was able to create characters that "expressed her own inner feelings and fantasies" (Wallock, 1983, p. 5). This helped her to guide clients to be able to pull from their unconscious material that emerged through improvisation and "shape [it] into [an] objective physical form so that emotional conflict [could] be perceived and dealt with constructively" (Wallock, 1983, p. 5). Schoop believed it was important to go into a client's world temporarily, then to come back to a grounded place with him/her (Wallock, 1983).

Schoop saw the importance of improvisation bringing up unconscious material. "In his theory of the unconscious, Freud proposed that creative acts were the result of unresolved, unconscious material" (St. John, 2006, p. 3). All of the creative therapies speak to this idea. Poetry therapy is a way that through written word, material from the unconscious can be revealed (Alschuler, 2006; Kastner & Burroughs, 1993). Freud

himself said, “Not I, but the poet, discovered the unconscious” (Kastner & Burroughs, 1993). Just as Schoop saw the importance of spontaneously moving with the body, art therapists encourage their clients to create art spontaneously. This is a way for clients to create from an intuitive place in order to express themselves freely (Kastner & Burroughs, 1993; Malchiodi, 2007; St. John, 2006).

Music therapy is another creative arts therapy that uses improvisational techniques to allow clients to find a non-verbal means of expression. Improvisational techniques can be done either freely or in a structured way. Material revealed through the music can help to demonstrate a client’s emotional state (Bradt, 2006). Improvisation is also used within drama therapy (Silverman, 2006). A session often starts with a warm-up, which allows clients to connect with and spontaneously express their emotional state through “movement, sound, image, or improvisational play” (Silverman, 2006, p. 227).

**Creative process.** Like Trudi Schoop, dance/movement therapist Christine Caldwell (2003) understood the importance of play in adulthood. She believed that children have one job to do, and that job is to play, whereas adults have many more responsibilities, and play can be seen as a protective mechanism against the price of work. Often adulthood play is more rigid and rule-bound than the more “free form, improvisational physical play” that adults lose from childhood (Caldwell, 2003, p. 305). The “free form, improvisation physical play” is what is important to bring back into adulthood and the type of play that Caldwell uses within her therapy sessions (Caldwell, 2003, p. 305). According to Caldwell, play reduces stress, provides support during life transitions, helps form relationships, and promotes creativity and problem solving.

Play within a therapy setting also facilitates embodiment. When individuals move their bodies it allows them to “generate and attend to sensation, and...move in ways that both nurture and challenge lungs, muscles, and bones” (Caldwell, 2003, p. 304). From this movement the body produces endorphins and dopamine, the pleasure-inducing neurotransmitters in the brain. Due to this, it creates a deep sense of being in the present moment (Caldwell, 2003). Attending to sensations and feelings in the body within the present moment is important to the creative/therapeutic process as it aids in the healing process since it is important to process through both feeling and thinking for healing to take place.

Thus, Caldwell (2003) developed a model of adult group play therapy known as the Moving Cycle, which integrates group therapy theory, dance/movement therapy, and play theory to promote healing. This model was created based on years of self-observations of successful therapy sessions with clients to see if there was any kind of pattern to healing (Caldwell, 2003). Caldwell (2003) noticed a specific pattern in healing: Awareness, Owning, Appreciation, and Action. These four stages evolved into the four stages of the Moving Cycle.

The Awareness phase is about focusing attention on “sensations, feelings, or thoughts” that may have been out of awareness (Caldwell, 2003, p. 306). Such awareness supports an important developmental task of living a “revealed life”—making material that was once unconscious conscious—and play is one way to support this task (Caldwell, 2003, p. 306). Caldwell (2003) shares, “...we begin our play the way nature designed it, with the practice of paying attention to our physical, emotional, and cognitive experiences...” (p. 306). During this phase, it is important to develop an “observing or

witness self” (Caldwell, 2003, p. 306). This helps a person to attend to what he/she is feeling and experiencing in the moment without getting fully attached to it. This is important because it helps a person to notice what they are experiencing without self-judgment (Caldwell, 2003).

The Awareness phase causes sensations, feelings, or thoughts that were not in awareness, either unconscious or subconscious, to come into the light. In the Owing phase a person takes responsibility for themselves and what is being presented to him/her through the group. Owing makes a person feel empowered by bringing unconscious material to conscious awareness and taking responsibility for it. Play is used within this phase to dissolve old patterns and create new patterns, which may feel uncomfortable at first but are actually more authentic to the individual (Caldwell, 2003). “When a group plays together in an atmosphere of ownership, bodies relax, and satisfaction, the natural birthright of play, occurs. We have returned to a state of increased wholeness, together” (Caldwell, 2003, p. 308).

The Owing phase may reveal feelings of grief, rage, or sadness; owing and taking responsibility for those feelings causes a sense of relief and feelings of wholeness. The subsequent Appreciation phase allows us to bask in that feeling of wholeness. Play is involved in this phase by nurturing play behaviors that stay true to oneself and others (Caldwell, 2003). One specific example of a play behavior is character work or role-playing. Playing with specific characters such as victim, rescuer, or persecutor and guessing one another’s character in the group can allow for individuals to more safely express and own their true feelings by enacting them through a character and subsequently being validated by the witnessing of the group (Caldwell, 2003).



The Appreciation phase forms the essential building block of a bonded relationship. If we can unconditionally ride whatever experience we are having, then we don't have to defend or control our relationships with others. When we stay in dialogue with ourselves, we are capable of intimate dialogue with others. (Caldwell, 2003, p. 309)

The last phase is the Action phase, which involves going out into society and interacting differently within it (Caldwell, 2003). Whatever the pattern is that a person is dissolving, he/she needs to practice creating a new pattern and committing to it. This will involve using “senses, thoughts, and bodies differently” and executing different play behaviors (Caldwell, 2003, p. 309). An example of a play behavior within this phase is using the exercise, “if I were to die tomorrow, how I would I play until then” and see how participants respond to that (Caldwell, 2003, p. 314). If participants do not commit to new patterns, change will not come (Caldwell, 2003).

Caldwell (2003) stressed the importance of paying attention to certain clinical issues when using play within a group setting. She believed it is important to educate the group about different types of play behaviors within the initial forming phase of the group to help reveal certain “play phobias or left-over play wounds” a person may carry from childhood (Caldwell, 2003, p. 309). This can be done by members of the group sharing play histories and revealing what sort of play activities are comfortable or uncomfortable (Caldwell, 2003).

Sharing play histories within the Awareness phase of the group can help the group move into the Owning phase by recovering from “play deficits” (Caldwell, 2003, p. 310). An example of this would be, if as a child, a member of the group did not learn proper

nonverbal play signals, then the individual can practice and learn them within their new environment. The Owing phase allows for this relearning to be practiced (Caldwell, 2003).

Adult group play therapy also allows for group members to creatively work with one another, demonstrating the ability to engage in a creative adult life (Caldwell, 2003). Play moves back and forth between diving into what a member of the group brings into the group and taking a step back and relaxing into it—for example, diving into anger or a member’s problem at work and then taking a step away from it. In order for healing to take place, it is important to be able to have this back and forth action, which can be facilitated through play (Caldwell, 2003).

Caldwell’s Moving Cycle reflects ideas brought forth by art therapist, Malchiodi. Malchiodi (2007) shared the general theory of the four stages within the creative process: “1. Preparation (gathering materials and ideas)”, similar to Caldwell’s Awareness stage where new ideas are surfacing. “2. Incubation (becoming absorbed in the process)”, which parallels Caldwell’s Owing stage wherein an individual takes responsibility for dissolving old patterns and creating new ones when absorbed in the creative process. “3. Illumination (experiencing a breakthrough and achievement)”, similar to Caldwell’s Appreciation stage during which a person is honoring new insights that are being made, and “4. Verification (adding final touches or making changes)” relating to Caldwell’s Action stage when a person is committed to change within his/her life and finalizes the therapeutic/creative process that they have experienced (Malchiodi, 2007, p. 66).

These stages describe the creative process across many modalities, from problem solving to more artistic endeavors like painting, creating music, or writing a poem

(Malchiodi, 2007). While this theory describes stages within the creative process, it also seems very similar to the therapeutic process described by Caldwell.

Malchiodi (2007) also noted many similarities between the creative process and the process of therapy. In reference to art therapy, Malchiodi stated, “Both creativity and art therapy are about solving problems-find new solutions to old ways of being, thinking, feeling, and interacting” (p. 67). She added, “The creative process, like the therapeutic process, also provides an opportunity to explore and experiment with new ideas and ways of being” (p. 67). This experimenting with new ideas and ways of being mirrors the qualities of creativity and individuality in play, which allow people to explore options freely, without fear (Blatner & Blatner, 1998; Fontana, 1991; Gray, 2009). Caldwell’s Moving Cycle is one approach to the creative process of therapy as described by Malichodi.

Poetry therapist, Rossiter (1992) found how the creative process spans across all the creative arts therapies and is interconnected with the therapeutic process. The commonalities Rossiter found are “ (1) the use of creative processes and products to facilitate personal growth and solve problems; (2) intrinsic positivity; (3) indirectness; and (4) breadth of appeal and applicability” (p. 228). Play helps to facilitate the creative process by helping people to create and think in new ways to further personal growth (Fontana, 1991).

## **Conclusion**

The first of my two main research questions was: how is the phenomenon of play utilized within a DMT setting in working with adults? I was specifically interested in looking at the phenomenon of play with adults because most people associate play with

children. The literature supported the importance of play in adulthood and found that it helps people to access creativity and individuation, learn social cues, reduce stress, and live in the present moment (Akst, 2010; Apter & Kerr, 1991; Caldwell, 2003; Fontana, 1991). Due to these reasons, play is not only vital across the lifespan, but also has many therapeutic qualities. While the literature went into depth about the benefits of play therapy, it revealed that it is done mostly or solely with children (Axline, 1969). This led me to wonder how adults might respond to the therapeutic use of play given the biological, psychological, and social benefits of play.

Literature that focused on play therapy or the therapeutic use of play with adults was found within the creative arts therapies. With my particular interest in the use of play within a DMT setting, I focused on the work of dance/movement therapists Trudi Schoop and Christine Caldwell. Their work pointed to improvisation, spontaneity, and the creative process as the primary ways that play is utilized within a DMT setting. Literature from art therapy, drama therapy, music therapy and poetry therapy helped to highlight how these qualities span all of the creative arts therapies.

The limited literature that integrated play and DMT led me to develop my second main research question: What are specific dance/movement therapy techniques that foster play? I was interested in how dance/movement therapists facilitate a playful group to help other dance/movement therapists engage in this process. In other words, what DMT techniques can support improvisation, spontaneity, and the creative process as manifested through play?

Additionally, I was interested in how the co-researchers' collectively defined play as I developed my own working definition of play. Gray (2008), Burghardt (2005), and

Brown (2009) found five main criteria for behavior to be playful: play is done for its own sake, has no end goal in mind, is guided by mental rules, is separated from reality in some way, and is done when in a relaxed state of mind. I felt it was important to capture a collective understanding of the phenomena of play which could then inform what specific DMT techniques might facilitate play. A common definition of play, specific to dance/movement therapist co-researchers, can also offer additional information of how the characteristics of play help to aid in the creative therapeutic process.

Due to the substantial benefits of play for adults both within and outside of the therapy setting and the limited amount of research dedicated to the use of play with adults in a DMT setting, I wanted to build on this research by interviewing seven dance/movement therapists who identified their clinical style to incorporate play. I believe strongly in the healing power of play and wanted to add to the little research that exists on the topic within the field of DMT.

## **Chapter Three: Methods**

### **Methodology**

I conducted this research using qualitative phenomenological methodology. Phenomenology begins by identifying a phenomenon. In this study, the phenomenon of play was examined within a DMT setting with adults. This methodology looks at the meaning of a phenomenon based on the experience of many individuals. According to Moustakas (1994), “The aim is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it.” He added, “From the individual descriptions general or universal meanings are derived, in other words the essence of structures of the experience” (p. 13). Accordingly, I interviewed seven dance/movement therapists who were familiar with the phenomenon of play with adults in DMT settings, and I analyzed the data to arrive at the “universal essence” of the experience (Creswell, 2007).

An important component of phenomenology is that it is philosophical. Both play and DMT can be philosophical concepts that are experienced subjectively. Play is a very broad topic. When I researched the definition of play, much controversy existed over the true definition. I had to come up with my own working definition based on extensive research for the purpose of this study (see Appendix A).

DMT is also a broad topic that has different meanings to different dance/movement therapists. Each individual dance/movement therapist’s style is developed through his or her own personal knowledge and experience. This knowledge and experience may be inspired by the pioneers of DMT, body-based practices, or the therapist’s own techniques. Although the American Dance Therapy Association (ADTA)

provides a concise definition (see Appendix A), DMT practice encompasses much more than this definition. The scientific, spontaneous and creative nature of DMT causes it to be a very diverse field. Accordingly, phenomenology seemed like the best methodology to use to explore the broad phenomena of DMT and play.

### **Co-Researchers**

I interviewed seven dance/movement therapists, referred to as co-researchers, who identified using play with adults in a DMT setting. According to Schneider, et al. (2004), conducting research in collaboration with co-researchers is known as the participatory approach and differs from the traditional scientific approach. The traditional scientific approach has a separation between the researcher and subjects in order for the researcher to discover “objective” findings. The participatory approach does not look at the researcher as the expert, but the people who have lived the experience that is being studied (Schneider et al., 2004).

Criteria for co-researchers included having at least two years of experience as a dance/movement therapist under R-DMT status and self-identifying as using play within their clinical work with adults. I was able to have a broad range of co-researchers ranging from a dance/movement therapist who was just entering her second year of experience through seasoned professionals in the field: co-researchers ranged from having two years to 37 years of experience as dance/movement therapists, with an average of 15 years. Out of my seven co-researchers, only one wished to remain anonymous but granted me permission to provide direct quotations.

Only one co-researcher was a male. I would have liked to have more male co-researchers, but due to the lack of males within the field of DMT, I was only able to

recruit one male co-researcher who identified himself as using play in his clinical style. One co-researcher worked in a private practice setting so this involves working with a wide range of populations. Other co-researchers' worked with populations such as: severe mental illness, traumatic brain injury, and eating disorders. Six out of the seven co-researchers were Caucasian, with one being half Chinese, half Caucasian.

### **Procedure**

I received recommendations for co-researchers within the DMT community via word of mouth, and I posted to the American Dance Therapy Association (ADTA) Forum page and Facebook page about participating in my study. Once I recruited co-researchers, they received a letter (see Appendix B) explaining my thesis along with three consent forms to maintain co-researchers' and patients' confidentiality: the informed consent form, the confidentiality consent form, and the confidentiality consent form for protection of patients' rights (see Appendices C-E). The first informed consent form (see Appendix C) explained my study to the co-researchers and requested their signed acknowledgment of participating in my study. The second consent form addressed confidentiality (see Appendix D) and asked if participants would allow me to reveal their identities and directly quote them within my thesis. The third consent form focused on protecting patients' rights (see Appendix E) to ensure that co-researchers did not reveal confidential information about their patients. Individuals returned signed consent forms to me through the mail, enclosed in an envelope provided with my return address and postage.

Once I received informed consent forms in the mail, I emailed co-researchers to set up a time to schedule an interview. I also sent copies of the informed consent forms back to them for their records. Out of the seven interviews, only two interviews were



completed in person. One was conducted in an office at Columbia College Chicago, and the other one was conducted at a co-researcher's home. In-person interviews were recorded via a hand-held recording device. The remaining five interviews were conducted over the phone using a service known as Free Conference Call. This service recorded the interview and provided an mp3 file of the recorded interview.

In an attempt to eliminate bias, one of the first things I did before conducting the interviews was describe my own personal experiences with the phenomenon of play in written format, known as the Epoche process. "Epoche [is when] investigators set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon under examination" (Creswell, 2007, p. 59). This process is part of a transcendental phenomenological approach. "Transcendental [is when] everything is perceived freshly, as if for the first time" (Moustakas, 1994, p. 34). This cannot be done entirely, but it is still important to set aside researcher bias. I wrote out what play means to me, in broad terms and also within the therapy setting. Then, I used my semi-structured interview questions that will be discussed below and wrote out personal responses to each.

Interviews were conducted from November 2012-January 2013. I conducted these interviews with semi-structured interview questions (see Appendix F). Six interview questions were included within the interview. I generated these questions based on my research question. The first three interview questions were to gather background information about the co-researchers related to their definition of play, what influenced them to use play within their style, and what play meant to them in the therapy setting.

The next three interview questions were related to gathering “textural descriptions” and “structural descriptions” of the phenomenon of play. According to Creswell (2007) textural descriptions are a description of “what” the participants experienced from the phenomenon. Structural descriptions are the descriptions of “how” the phenomenon happened (p. 159). Gathering textural descriptions and structural descriptions is a part of the analysis phase of phenomenological methodology to help find universal themes of the lived experiences of the co-researchers with the phenomenon of play with adults in a DMT setting.

When conducting the interviews I explained to the co-researchers that they would be answering six semi-structured interview questions. I went through the list of questions, and if a question needed to be further explained, I would ask more specific questions in order to gather more information. Once the interview was completed, I explained to the co-researcher that I would be sending him or her a copy of my results section once it was complete to gather feedback as an approach to ensuring internal validity.

This method of ensuring internal validity is known as member checking (Mertens, 2010). This is a way to clarify validity of results with the co-researchers (Mertens, 2010). I, as a researcher, am analyzing the data and making my own interpretations based on co-researchers responses to interview questions. It is important to check back with the co-researchers to ensure that I did not misinterpret what they were trying to convey.

Once an interview was complete, I transcribed it into written format. For the interviews that were conducted in person using a hand-held recording device, I used Dragon Dictation. I listened to the interview and spoke the interview into a microphone that used voice recognition software to transcribe the interview. For the interviews that

were recorded through Free Conference Call, I used VLC media player to transcribe the interviews. By using VLC media player, I downloaded the mp3 file of the interview and was able to slow down the pace of the recording and transcribe. Once all interviews were transcribed, I began data analysis.

### **Data Analysis**

Data analysis followed a simplified version of the Stevick-Colaizzi-Keen method adapted by Creswell (2007). This method begins by engaging in the Epoche process in order to set aside personal bias. Next, from transcribed interviews a list of significant statements is created about how co-researchers are experiencing the phenomenon. It is important to treat each statement with equal worth. This is known as “horizontalization of the data” (Creswell, 2007, p. 159). Then, the significant statements are grouped into “larger units of information, called ‘meaning units’” (Creswell, 2007, p. 159). Within phenomenological methodology, the “meaning units” are the structural and textural descriptions. Lastly, a description of the phenomenon is created incorporating both the textural and structural descriptions to describe the “essence” of the experience (Creswell, 2007, p. 159).

I analyzed transcriptions and found significant statements about the co-researchers definition of play, textural descriptions, structural descriptions, and any other miscellaneous information that I found important to the research question. These four categories represented the larger units of information or “meaning units”. I used different colored highlighters to code significant statements related to the respective category.

I used yellow to highlight significant statements related to how co-researchers defined play. Through my literature review, I used current research to come up with my

operationalized definition of play, but I was curious to find out the collective definition of play from the co-researchers I interviewed. In order to understand how the co-researchers' use play in DMT it was helpful to begin with how they experience play as a phenomenon and how a collective definition would compare to the operationalized one. I used pink to highlight significant statements related to textural descriptions. Once again, textural descriptions are a description of what the co-researchers experienced from the phenomenon (Creswell, 2007). In other words, a textural description would be what co-researchers experienced individually or what they witnessed from their clients when the phenomenon of play was used within a DMT session.

I used orange to highlight significant statements related to structural descriptions. Once again, structural descriptions describe how the phenomenon happens (Creswell, 2007). This would include examples of specific techniques that co-researchers used to facilitate the phenomenon of play. Lastly, I used blue to highlight any other miscellaneous information that I found important to the research question.

Once the coding was complete, I went through each individual transcript and looked over the highlighted sections. I pulled out important words, statements, or paragraphs found within the highlighted sections that I felt important to the four specific categories, engaging in the horizontalization process (Creswell, 2007). I typed these important words, statements, or paragraphs from each individual transcript and put them within their respective category to create meaning units (Creswell, 2007).

From these words, statements, or paragraphs I generated themes that emerged in each category. Themes were generated based on similar responses from co-researchers in the same category. Lastly, I created a final description incorporating the textural and

structural descriptions to describe the “essence” of the experience (Creswell, 2007, p. 159).

### **Ensuring Accuracy**

Once I had a rough draft of my results chapter, I sent it out to the co-researchers via email to gather feedback. I wanted to check with the co-researchers to make sure that the quotes that I included, and how I interpreted their responses, was precise. I gave the co-researchers two weeks to look over the chapter and send back any feedback that they wanted to give. I heard back from four out of the seven co-researchers. The ones that I heard back from had corrections to their quotes for me to make. I could tell that one co-researcher spent a lot of time reviewing my results chapter and gave me solid feedback to help improve the chapter. From the feedback that I received, I made the corrections that were needed.

Due to the fact that data was collected through interviews with professionals and not with clients in a clinical setting, there were very few ethical concerns. The only ethical concern that I felt needed to be addressed was eliminating my own bias, which I did before conducting interviews, through the Epoche process.

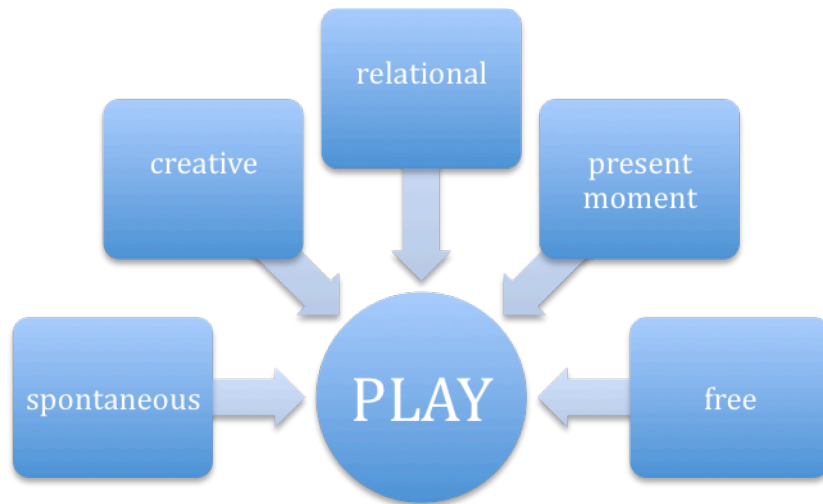
## **Chapter Four: Results**

The purpose of my study was to explore the phenomenon of play and how it has been incorporated into DMT settings with adults, a topic that has rarely been addressed in available literature. My research questions were: how is the phenomenon of play utilized within a dance/movement therapy setting in working with adults? And what are specific dance/movement therapy techniques that foster play? In order to answer these questions, I interviewed dance/movement therapists in the field who have used play with adults in their therapy sessions. Their statements are divided into three sections: the first section summarizes co-researchers' collective definition of play. The second section explains the structural descriptive theme of the phenomenon, or co-researchers' descriptions of "how" play happened with adults in DMT sessions (Creswell, 2007, p. 159). The third section reveals the textural descriptive themes of the phenomenon, or "what" the co-researchers experienced when utilizing play in their work with adults (Creswell, 2007, p. 159).

### **Defining Play**

In order to investigate the phenomenon of play, it was important to establish co-researchers' definitions of it. Collectively, co-researchers defined play as spontaneous, creative, relational, present moment, and free (see Figure 1), and generally believed play to establish a therapeutic environment of the same nature.

Figure 1. Five core aspects of play as defined by the co-researchers.



These words strongly reflect the structural theme that play is a *process*—one that is spontaneous, creative, and free; keeps participants in the present moment; and develops relationships.

### **Structural Theme: Play as a Process**

When I embarked on my research, I intended to discover how dance/movement therapists integrate play and DMT. I was interested in finding out specific DMT techniques or interventions that foster play, but what emerged in data analysis was that play is not a technique but a process. Imus explained this beautifully, “The real play isn’t in...techniques; true play is the unpredictable development that is elicited in the interaction of the interchange between the possibilities that surface through relationship with oneself or with another person.” Interestingly, this description touches on all five of the core aspects of play described by the co-researchers (see Figure 1).

Laverty also shared how she views play as a process versus a technique, “I think play is more like an umbrella than a specific technique. When you bring in little techniques, they are not necessarily play...Play is kind of an umbrella that could include

[many] DMT techniques.” My interpretation of this is that play is so much more than a specific technique, it encompasses all types of techniques that can be used within the playful process of DMT.

Such techniques identified by co-researchers included mirroring, the Chacian circle, humor, games, theme development, imagery, props, and singing. The findings revealed that, while these techniques foster a playful therapeutic environment, therapists should allow the playful process and/or creative process to unfold organically rather than force a playful technique or intervention on a client or group. According to Welling, “I never try to force play; sometimes I’ll try to offer suggestions and see what happens. Then, if I can sense that they are open to it, I’ll go from there.” Caldwell echoed this, explaining:

[Imposing play could] be harmful and be more about therapeutic hubris than about what the client needs to work with. If we’re good observers of the body, we can see impulses arising in the body and just get in alignment with those, rather than imposing play when the body isn’t signaling it.

Another co-researcher stressed the importance of responding to play in the moment and trusting its spontaneous progression, knowing that anything can happen. An advantage to allowing play to evolve freely in this way is that it parallels exploration and self-discovery processes. Larsen stated:

I think I use it because ...[of the] metaphor, “well let’s play with this idea.” Play to me is exploration...with the context of there is no right or wrong. “Let’s just laugh about this” or “Let’s just go for it” has a sense of “Go play.” There is no judgment when you go play; you just go play. It is exciting and also kind of scary.



Play is an explorative process, and when one participates in therapy, one begins a vast exploration of oneself.

The results revealed that the co-researchers are moment-to-moment dance/movement therapists. They flow with the creative process and/or therapeutic process and adjust activities and techniques accordingly. The techniques that foster play are continuously changing with the needs of clients, because people are so complex due to their vast differences of life experience.

### **Textural Themes**

The structural descriptive theme reveals how the phenomenon of play occurred in the co-researchers' work. Textural descriptive themes demonstrate what the co-researchers experienced from the phenomenon of using play with adults in a DMT setting. Textural themes included the following: (a) adults often have negative responses to play, (b) play encourages clients to remain in the present moment, thus eliminating judgment, (c) play creates mood shifts, and (d) play organizes and disorganizes the body.

**Negative response to play.** Many co-researchers identified that adults often respond negatively to play within a dance/movement therapy setting. Adult clients often identify playful groups as child-like. Erenberg expressed the following about her playful groups, "Sometimes people would feel infantilized or they would say, 'This is baby stuff.'" Another co-researcher had similar responses from clients who referred to playful groups as "more for children." Both co-researchers were mindful of not making clients feel child-like but realized the importance of play throughout life and looked at play from a neuroscientific standpoint.

So, why are adults often resistant to child-like play even though it continues to be important throughout life? Imus explained:

Adults are much more resistant. With the development of the observing self, which is self-consciousness, I think the child's spontaneity and ability to play without hesitation is something that we lose in adulthood, because of whatever psychological structures you want to believe in: the super-ego, the observing self, and other theoretical constructs. Work becomes more predominate in adult life than play.

It appears that as we age, and with the development of the observing self, the spontaneity of childhood diminishes. Adulthood is filled with responsibilities and those responsibilities often overtake play. Imus added, "I think play to an adult is freedom, and I think sometimes that can be scary because as adults we are so into responsibility that we often don't remember or know how to play." The further adults move away from knowing how to play, the more foreign it feels.

Larsen noticed that the more willing people are to play often relates to what type of career they have:

The ones that jump in are people who are artists. The ones who kind of jump in are your teachers, people who are kind of artists, but they are not, or maybe administrative. The ones who are really guarded are your left-brained folks, who are like, "What is going on?"

Play involves entering into the unknown, so artists—who are more used to entering into an unfolding process where the product is unknown—tend to feel more comfortable with

play. People who are more left-brained prefer to know what they will be doing and why they will be doing it.

**Present moment and eliminating self-judgment.** Co-researchers noted that engaging in playful dance/movement therapy groups brought them and their clients into the present moment. As shown within the structural theme, co-researchers' playful therapeutic style was very much moment-to-moment. While leading therapy, co-researchers focused their attention on the present moment in order to respond to their clients' thoughts and feelings and direct sessions accordingly.

Imus beautifully described how being in the moment with a client cultivates the ebb and flow of the therapeutic relationship:

I am inviting the adult client to enter into a relationship of play with me. That relationship means that anything is possible, that the use of the client's imagination is important as well as the mutuality in the relationship—the spontaneous and dynamic flow that occurs back and forth between the therapist and the patient. I think it's a playful dynamic, it's a back-and-forth dynamic, and it's ever changing, and so it also works very much in the here and now. That whatever happens in this moment, the client's response can send the direction [of the session] into a whole new dimension they might not have known about, and/or I could respond playfully and send it into a new direction. The possibility can happen from either end of the continuum or the product, the dance itself.

When both the client and the therapist are in the present moment within the therapeutic relationship, new possibilities arise from their spontaneous collaboration, aiding clients in reaching their goals.

Endless possibilities are also created when self-judgment is released, which allows one to enter and remain in the present moment. Erenberg explained, “I think play allows you to shut down your brain a little bit, the chatter, the judgment, so that you can be in the present moment, and I have experienced that too.” One co-researcher noted that when working with a population that lives “in their heads,” play can be particularly helpful in eliminating judgment and bringing people to the present moment. Laverty stated, “As adults we think more. If I do this, then I might look this way, and we get into our heads a lot and out of our bodies. When you introduce play in the moment, a game for example, that takes their thoughts away, it’s something they can focus on.” She explained how creative movement, which is playful and spontaneous, helps to take adults out of their heads and into their bodies and the present moment.

**Shifts in mood.** Co-researchers noted that play causes productive shifts in mood, which range from negative (i.e. anger) to positive (i.e. joy). For example, when working with people who are depressed, play can alleviate their depressed mood and revitalize their energy, but anger often surfaces first. Larsen explained:

First I see anger, and I’m glad. That is what is underneath a lot of depression, being pissed off. They are just pissed off. They are not speaking their truth. What is underneath is this vibration, and this depressed thing is just pushing everything, because when you bring play, this stuff just starts coming out, and you don’t go from depression to joy.

While anger is often seen as a negative emotion in our society, it needs to be brought forth, especially with depression. Play can facilitate this shift from depression to anger as a pathway towards joy.

Larsen also spoke to the shift that can occur in working with those who are anal-retentive:

They project onto the playfulness, because they really kind of want it, but a lot of them came from “Don’t do that, go do your work,” so they become over analytical. I have to be careful and make sure I’m not being too childish for them. I will play, but I will play at that level.

Larsen noticed that introducing play to people who are anal-retentive also brought anger, but in a different way, a more external way. For example, anger can manifest as depression when turned inward and as a high need for control when turned outward. Once again, play creates a shift in mood that serves as a catalyst for certain populations to work through their emotions.

Some co-researchers found that play created a shift towards feeling good. One co-researcher stated, “I think the most important aspect of it is that it brings joy. Being playful and creative can bring in happiness and joy, which a lot of adults don’t have.” Erenberg also noted, “It raises their spirits, their mood. There is that whole emotional mood component. It is a stress reducer.” Imus also saw the importance of play as a way to release stress:

I think we should play, and I do think that play in and of itself is therapeutic. Even if a person doesn’t get any great insight or create huge transformation in their lives from being in the therapy process, the moments that they spend together, letting loose, improvising, and playing can in itself be a release of stress.

Overall, it appears that introducing play within a DMT setting causes a shift in mood that eventually results in increased joy and greater relaxation from releasing stress.

This shift may not be instantaneous as in Larsen's examples. Some people may need to move through repressed emotions, such as anger, before they are able to connect to joy again. This shift may also happen instantly, as play is a great stress reducer and allows people to connect to joy.

**Organizer and randomizer of body.** Play is a bodily experience. Caldwell stated, "You could say that [play is] for the brain, but I think it's for the whole body." Larsen added, "Playing is fully embodied, everything is in it, not just talking."

Co-researchers described play as both organizing and randomizing the body. Caldwell explained, "One direction is that it organizes the body, in other words the body looks more coherent, more predictable, more able to engage in things like rhythm, rhythmic activity." She went on to explain how playing chess or folk dance are types of organizing play because they are linear and more predictive. She added, "The ability to use play to organize movement so that movement feels more effective and movement can be applied effectively to daily life I think is very powerful."

Organizing the body through play can bring back a sense of enjoyment. One co-researcher spoke to the use of props and play as an in-road to bring back a sense of pleasure in the body. She gave the example of using a ball as a way for clients to notice how their bodies can move it through space. Doing so also allowed them to discern bodily sensations and increase their body awareness. Lavery stated, "I'll try to introduce their body as a tool for pleasure."

Welling observed how play helped people remember times of enjoying being in their bodies:

If I can get people...to really establish this relationship where we can play together and be silly and laugh...their eyes just light up and they feel good about themselves. They [remember] what it is like to be in their bodies, to enjoy being in their bodies, and to enjoy that in relationship to someone else...It's lovely. It's my favorite thing that happens.

Play helps develop this enjoyment of being in the body, especially if it has been lost.

In addition to organization, play can foster disorganization. Caldwell considered play "both an organizer and randomizer." She gave the example of how telling a joke is a form of randomizing play because a joke changes the way you think about something. Play helps to disorganize clients if they have been organized for too long. Caldwell explained, "You can over organize or you can be too organized when you need to be adaptive, and you need to be able to drop what you're doing, what you're thinking, what you're believing, and re-organize towards something more adaptive." This is an important component within therapy for clients, to be able to work through disorganization.

As Caldwell implied, play can promote flexibility. One co-researcher noted how play helped clients to access free flow, either through games, props, or creative play. The population that this co-researcher worked with was very rigid of themselves and their environment. Using creative play was a way for them to experiment with flexibility and learn to be more adaptable.

As flexibility is introduced, rigidity subsides and the body/mind opens up to new thinking and movement. Larsen shared how he tries to get to the level of a client's rigidity, either in their mind or body, and offers suggestions that allows them to think, "I

never thought of that' or 'I have never felt this before.'" Larsen stated, "Play for me is about differentiation of a coming out of my routine." The routine that clients are abandoning is one that has become too rigid.

One form of disorganization within the body is stuck bound flow that clients' bodies organize around due to trauma. One co-researcher noticed how play helped to free the flow in the bodies of people who had suffered trauma. Welling stated,

With trauma and with physical trauma, the body has a tendency to bind; the flow binds, and their muscles bind, and there is nervousness about expanding their range of motion. Facilitating an environment that is playful and silly frees the flow, so that their muscles relax, their mood softens; they just start exploring, and it's amazing. It opens them up to all these other resources so they can take in what they are seeing from other people and harness a sense of strength in themselves. Play can help to re-organize the body after it has been traumatized, by acting as a modulator or regulator to process deep trauma and grief.

"Play also has the ability to make really hard subjects manageable," said Welling. She explained how the clients she works with hold much trauma and grief within their bodies but do not know how to stay aware of it. She uses play to make trauma not as "heavy." She does this by tapping into clients' trauma or grief in the body and then engaging clients in the present moment with play and laughter. This is a beautiful example of how play helps to modulate and regulate the metabolizing of pain in the body. It provides a sort of resource to return to once pain has been processed. It does this by bringing people back to play within the present moment.

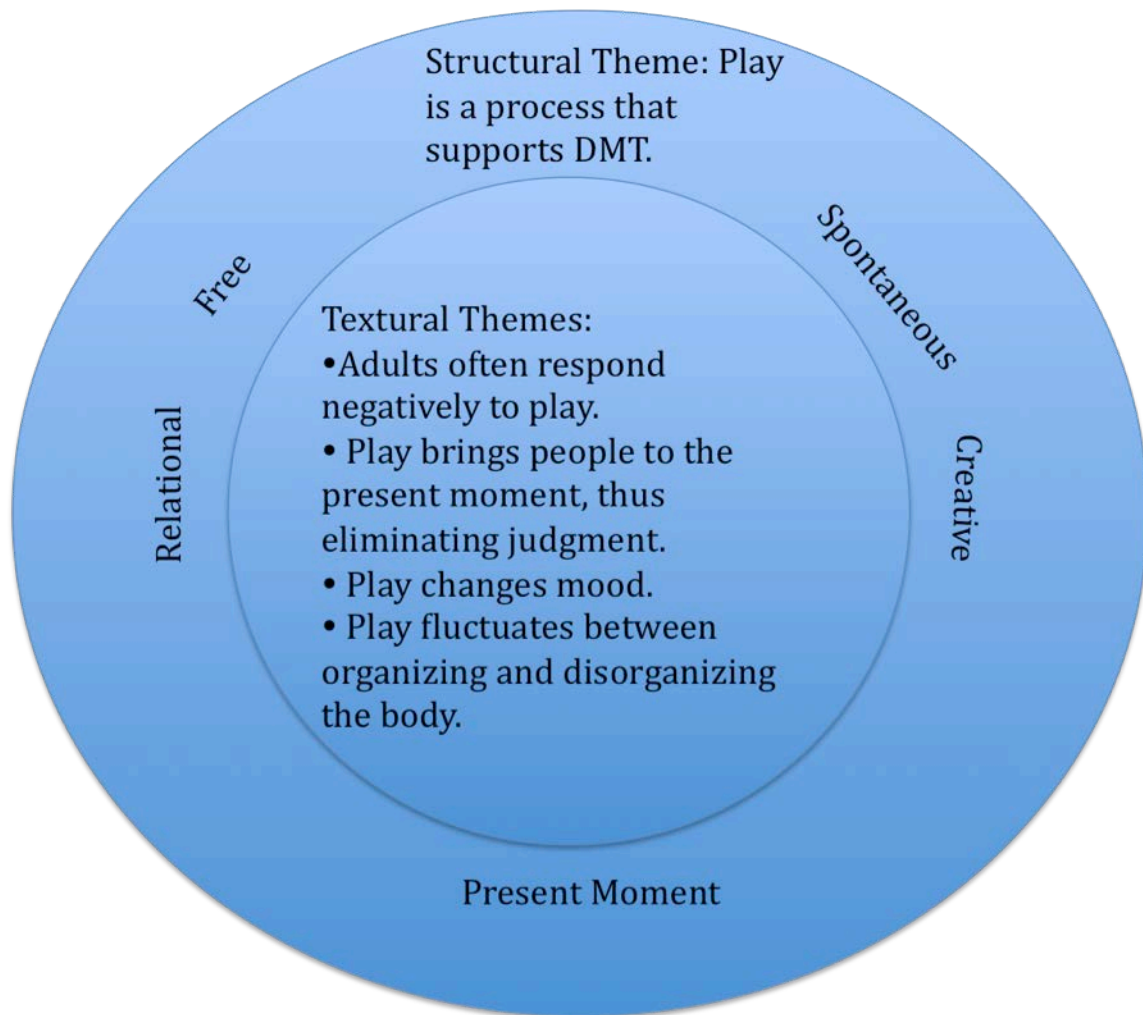


Play's continuum of organizing and randomizing motivating factors cause it to be very powerful, shared one co-researcher. Another co-researcher understood the importance of balancing these principles, but she referred to them as the balance between rigidity and chaos. Welling stated,

When you are balancing that kind of river that flows between rigidity and chaos, you have this open state of mind where you are able to be curious to new possibilities and receive and express and negotiate a lot more smoothly. I think play fosters that middle line between rigidity and chaos where you can find that play is non-judgmental.

Within this space and/or balance of rigidity and chaos, clients are able to release self-judgment for a moment and experience what is in the present moment. This ability for play to bring people to the present moment is not only a textual theme, but is also part of the five key aspects of play as defined by my co-researchers (see Figures 1 and 2).

Figure 2. Structural Theme, Textural Themes, & Co-Researchers' Collective Definition of Play



### Conclusion

The process of play within DMT sets up an environment that is spontaneous, creative, present moment, relational, and free, illustrating the co-researchers' collective definition of play. Play is a process that supports DMT through (a) bringing people to the present moment, thus eliminating judgment, (b) creating mood shifts (c) and organizing and disorganizing the body. How these textural themes support the process of DMT will

be covered in the Discussion chapter. The Discussion will also address how my findings answered my research questions and relate to current literature in the creative arts therapies. Finally, the importance of my research within the field of DMT will be discussed, including areas for future research.

## Chapter Five: Discussion

In some ways, my research questions were misguided, and thus my findings are incomplete. I went into my research looking at play as more of a technique than a process. After finishing my data analysis, I realized that play is a process that is not relegated to a specific DMT technique. Play as a process that supports DMT was identified as the structural theme. Even though specific DMT techniques that fostered play were identified—such as mirroring, the Chacian circle, humor, games, theme development, imagery, props, and singing—it became apparent that all of the co-researchers were very much moment-to-moment therapists, who did not necessarily plan specific techniques to incorporate play. Due to the unique style and approach of therapists, and the complexity of therapy groups, looking at specific techniques to foster play in DMT groups became limiting and irrelevant once the process of play was highlighted. The findings supported that while the structure of therapy is important, the ability to be adaptive, creative, and spontaneous within the structure is paramount and engaging in the process of play facilitates such flexibility. Thus my second research question on identifying specific dance/movement therapy techniques that foster play became invalid.

The answer to the first question of how the phenomenon of play is utilized within a dance/movement therapy setting with adults also evolved, as I had expected to learn how, in a practical sense, play was utilized. After shifting my focus off of playful activities, I realized more generally that play is utilized within dance/movement therapy settings with adults as a catalyst for change, growth, and healing. In other words, dance/movement therapists use play to enhance DMT.

## **Characteristics of Play and their Relationship to DMT**

First, the very nature of play sets up an environment that is complementary to many of the techniques and goals of DMT. According to Gray (2008), Burghardt (2005), and Brown (2009), play is done for its own sake, it has no end goal in mind, it is guided by mental rules, it is separated from reality in some way, and it is done when in a relaxed state of mind. Through my analysis of co-researchers words, phrases, and sentences, I found that their definitions contained five themes as well. Co-researchers found that play (a) is spontaneous, (b) is creative, (c) builds connection, (d) is done in the moment, and (e) evokes freedom. These two sets of characteristics overlapped in several ways that are conducive to DMT and client progress. The playful process helps to set up the DMT environment as a catalyst for change: it creates an environment that is spontaneous, creative, free, present moment, and relational.

Almost all co-researchers described play as spontaneous, creating endless possibilities. Spontaneity is reflected in all five of the criteria of play as informed by the work of Gray (2008), Burghardt (2005), and Brown (2009). Spontaneity is done for its own sake. There is no conscious end goal in mind when being spontaneous: it is guided by mental rules because one makes decisions and follows impulses when being spontaneous. Spontaneity is separate from reality and when a person is spontaneous they are in a relaxed state of mind due to the elimination of the fear of failure (Brown, 2009).

Spontaneity is an important component of DMT due to the creative nature of DMT. According to Nachmanovitch (1990) “spontaneous creation comes from our deepest being and is immaculately and originally ourselves” (p. 10). The spontaneous

environment that play sets up allows for peoples' true selves to come forth, which is a vital aspect of therapy.

Creativity, often correlated with spontaneity, was another theme that was revealed through co-researchers definitions. Creativity and spontaneity are very much interconnected. Nachmanovitch (1990) used the words spontaneity and creativity interchangeable but believed that the purpose of both is to connect to the soul. Due to the fact that creativity and spontaneity are very much related, creativity would also fit into Gray (2008), Burghardt (2005), and Brown's (2009) five criteria that make behavior playful.

Creativity, like spontaneity, is an important component of DMT, and both help individuals connect with their true nature. Nachmanovitch (1990) stated, "What we have to express is already with us, is us, so the work of creativity is not a matter of making the material come, but of unblocking the obstacles to its natural flow" (p. 10). I look at "unblocking the obstacles to its natural flow" as allowing defense mechanisms to relax so that a person's truth can be brought forth.

Co-researchers found that play evokes freedom. Imus stated that play "allows one to freely create," and Welling described it as a "free flowing state of mind." Csikszentimihalyi (1996) coined the word "flow" to describe what happens to adults when they are fully engaged or present with a task or challenge. The type of mind frame that adults engage in when they are creating feels like an "optimal experience," another phrase coined by Csikszentimihalyi (1996). When a person is in their "flow" it is comparable to what children experience during play (Csikszentimihalyi, 1996). Freedom and flow are important to the process of DMT because these qualities allow for

dance/movement therapists to respond to the needs to of their clients in the present moment. Being guided by the ebb and flow of the here and now, the therapist is able to adapt to the needs of the clients.

Co-researchers also described play as occurring in the moment, which relates to the criteria that play is done in a relaxed state of mind. When a person is in the moment he/she is not worrying about the past or future, which creates a relaxed state of mind. This is important in DMT because when a client is in a relaxed state of mind, their defenses retract, and their truth can be brought forth for healing.

The only theme that seemed unique to the co-researchers was that play helps to facilitate connection, relationship, and collaboration. Co-researchers' stressed the importance of relationship within the criteria of play. My own research pointed to the social benefits of play. Social play was directly correlated with brain size, so the more social play primates engaged in, the larger important areas of the brain were (Akst, 2010). Social play is also important in learning how to respond in socially appropriate ways (Akst, 2010). While the importance of relationship was not found within my own working definition, and did not fit into the five criteria for behavior to be considered playful, research spoke to the importance of social play and also the importance of the therapeutic relationship within DMT.

The pioneer of DMT, Marian Chace, emphasized the importance of the therapeutic movement relationship (Levy, 2005). Chace had an excellent ability to observe clients' nonverbal and/or verbal signals and reflect them back to a client through her own nonverbal and verbal exchange. This reflection was known as "mirroring" and allowed clients to feel validated in their experience (Levy, 2005, p. 22). Mirroring creates

a deep level of understanding and helps clients to realize that what they were experiencing was okay. This helped clients to then begin to accept and validate their own experience (Levy, 2005).

### **Textual Themes: Play as Complementary to DMT**

Like the co-researchers' definition of play, some textual themes demonstrated that play supports DMT. Again, textual themes capture what happens when the phenomenon of play is utilized in a DMT setting with adults. Through this integration, adults tend to work within the present moment, experience a shift in mood, and feel their bodies organize or randomize.

**Present moment and eliminating judgment.** Co-researchers noted that play helped to bring not only themselves but also their clients into the present moment. Play does this in several ways. First, play brings people to the present moment by actually effecting changes in the brain. Play is pleasure inducing and triggers dopamine and endorphins, neurochemicals that help to bring people into the present moment even more fully (Caldwell, 2003). Play also brings people to the present moment by bringing them into their bodies, known as embodiment. Embodiment is vital to dance/movement therapists for many different reasons (Levy, 2005). Dance/movement therapists believe in dance as a means of communication and the interconnection of the body and mind. The body and movement often express what cannot be verbally processed through the mind. Chaiklin and Schmais (1993) illustrate this point beautifully about a patient's movement, "...the patient is giving expression to his subjective emotions, conveying in a single moment the complexity and depth of feelings that cannot be put into words."



It is believed that emotions are expressed through movement, so often what is not able to be verbally expressed can be non-verbally expressed through movement, thus allowing for meaning making and healing to take place (Levy, 2005). Embodiment may be one of the most important aspects of play for dance/movement therapists, because they want to bring people into their bodies, and play allows for that to happen.

Staying focused on the present moment is important in therapy because it helps clients to release judgment. When clients focus on the present, they are distracted from certain feelings such as shame or regret that they might usually experience from dwelling on the past or on consequences of the future. Therefore, focusing on the present moment can allow clients to start developing compassion for themselves (Ivey et al., 2007).

Releasing judgment can also help a person learn to listen to what he/she believes to be true of himself/herself, instead of judging if what they do or who they are fits in with society. This echoes the Appreciation phase of the Moving Cycle, which emphasizes staying true to who a person is or whatever experience he or she is having. Play helps to foster this present moment living and releasing of judgment that allows for an honest exploration of one's experience (Caldwell, 2003).

This is very important information for dance/movement therapists because it can be a challenge to bring a client into the present moment, and play facilitates that. When judgment is released, defense mechanisms subside, and the client can relax into the moment where their true self can emerge: "the present moment [is] a short stretch of consciousness in which felt experience is expressed through vitality affects (effort/shape)...[, and] such moments [offer] the greatest potential for authenticity and change" (Mason, 2005, p. 102). These visual dynamic and shaping changes in the body's

movement offer prime opportunities to capture and cultivate body level changes to support biopsychosocial healing.

**Shifts in mood.** Co-researchers found that when play is utilized it creates either a positive or negative shift in mood. The shift itself is what is important, as it is a reflection of change, demonstrating that clients can break old patterns, which are no longer serving them. Play allows for repressed anger to be expressed in a safe manner, which can facilitate a shift in mood and behavior through which the anger was manifesting. Thus, symptoms resulting from repressed anger, such as depression, can often be alleviated.

Along with play helping to bring forth emotions that may be repressed or suppressed, findings revealed that it could also bring forward joy and pleasure, thus being a stress reducer. Sutton-Smith (1997) believed that play is a simulated anxiety attack, but in a good way. Play is uncertainty without the adrenaline and endocrine. Play helps people deal with uncertainty in a way that does not trigger an actual stress response, thus helping people deal with stressful situations more effectively (Sutton-Smith, 1997).

Similarly, the process of play within a DMT session can be creative, spontaneous, and improvisational. Entering into such a therapeutic process can be vulnerable because one is entering into the unknown. As Larsen shared, “as adults the invitation to go play is scary because there is often no wisdom in it.” A client is not sure what is going to emerge, which can be anxiety provoking. However, without the neurochemical result of an actual anxiety attack, the client is able to discover new ways of managing anxiety from a more regulated state.

**Organizer and randomizer of body.** Play can help to promote change on a body level, which is the premise of the work of dance/movement therapists. Dance/movement

therapists assess and intervene at a body level to facilitate emotional, cognitive, physical, and social change (American Dance Therapy Association, 2009). Co-researchers reported different ways that play is able to help organize the body as well as release rigid structures. Through the use of props, games, playing together, laughing, and being silly, clients are able to master navigating relationships, expressing feelings, engaging in pro-social behaviors, and using their bodies for enjoyment. By disorganizing, or moving out of fixed movement patterns, clients expand their movement repertoire. This is important because it allows them to have more choices and options in life, instead of the patterns to which they were attached.

This quality has a special application to trauma. When people have experienced trauma, their bodies tend to become very bound, which in turn organizes their social-emotional behaviors in a rigid fashion. Play helps to increase free flow, allowing for clients to find new ways of relating to themselves and others. They are able to expand their ways of coping with their environment, breaking their cycle of re-enacting the trauma.

Current brain research shows how trauma causes a high level of activity in the emotional and defensive areas of the brain, known as the limbic system, and shuts down the rational centers of the brain, known as the prefrontal cortex (Perry, 1997). This leaves a person in an emotionally flooded state without the ability to think properly. Researchers have found that play and other creative activities help to lower the high level of activity in the limbic system, thus allowing individuals to think and act in ways that do not feel as trapped (Caldwell, 2003).

Trauma takes a lot of time and patience to metabolize from the body. Welling spoke to how “play has the ability to take a really hard subject,” like trauma, and make it “manageable.” She found that it acted as a resource to process deep grief. In order to stay conscious of deep pain and grief and metabolize it from the body, one needs to develop and return to a safe resource. Play serves as that resource. According to Caldwell, the current preferred therapy for trauma recovery is known as the *Resource model*. This model helps individuals find resources within themselves in order to heal, and play can be one of those resources. When clients have reached their threshold of metabolizing pain and grief, they can return to playfulness in the present moment. Oscillating between diving into a certain emotion or problem, such as trauma, and then taking a step back into a safe place can make emotional processing more manageable.

### **Additional Findings**

**Negative response to play.** An additional textual theme was that adults often had a negative response to play. Although this may seem to counter the claim that play supports DMT and is a catalyst for change, resistance to play is a common defensive response. Clients do not want to feel or be seen as younger than they are. This relates to what Cohen (1987) noticed about the negative connotation that play holds in our society and how play in adulthood is seen as childish. Even though adults may not believe they are influenced by the messages that society sends about play, they still internalize those messages (Cohen, 1987). Imus reiterated this, stating that due to “the development of the observing self, which is self-consciousness,” adults are much more resistant to play; they lose the spontaneity they had as a child and are more concerned with how they look. Co-

researchers' clients who responded negatively to play did so due to not wanting to feel infantilized.

Because of play's negative connotation, many adults do not engage in "catching up on" the play that they need. Yet, as shown in the literature review, play is vital to our lives as children and adults: play helps to access creativity and individuation, increases brain growth, improves social cues, reduces stress, and encourages present moment living (Akst, 2010; Apter & Kerr, 1991; Caldwell, 2003; Fontana, 1991). Not only does play have many benefits, but Brown (2009) believed that people need play as much as they need sleep, and Sutton-Smith (1997) asserted that the opposite of play is not work, but depression.

For these reasons, it is important for dance/movement therapists who use play within the clinical setting to be mindful of the benefits of play and not to get discouraged if clients respond negatively to it. While a dance/movement therapist should never force a playful group on clients who are resistant to it, it is important to question the nature of the resistance. Is that resistance coming from the observing self who is afraid of looking childish? If so, it can be helpful to remember and even share with clients why play is so beneficial. As Caldwell (2003) found, DMT allows for clients to help reveal certain "play phobias or left-over play wounds" from childhood (Caldwell, 2003, p. 309). By sharing these play histories within a DMT group it can help clients to recover from "play deficits" (Caldwell, 2003, p. 310). The Owning phase within the Moving Cycle allows for clients to practice and learn new play behaviors.

**Playful personalities.** During my data analysis, I also discovered that all co-researchers who were questioned if they were playful people identified themselves as

such. I found this interesting, because I feel that it is helpful to possess a playful personality when a therapist identifies his/her clinical style to incorporate play in order to convey authenticity while facilitating therapy that includes play. I believe that real relationships are built on honesty and trust, so if a therapist is not being himself or herself, clients may not be themselves as well.

Taking ownership of their playful personality and honoring that part of them in the therapeutic relationship fostered bringing their authentic self to the process of therapy. This speaks to the fact that who a person is influences his/her style as a therapist. Erenberg summed it up nicely when she stated, “When I was a young adult, I remember always thinking I just want to have fun. That was when I would feel the best and I would just laugh and it was a great stress reducer.” In general, this finding was encouraging because I hope to incorporate my playful soul into my professional identity and therapeutic style.

### **Further Research**

Due to co-researchers responses and my own personal experience, I would be interested in how therapists’ personalities impact their clinical style. Researchers could explore if being authentic to one’s personality enables a more effective therapeutic relationship and process of change. I would be curious to see how many therapists would identify that their clinical style reflects their personality and then what type of impact that has on the therapeutic relationship—or if a therapist can engage in a clinical style that is disharmonious with their personality and what type of impact that has on the therapeutic relationship.

Future research could also extend my study to see if the integration of play and DMT fosters healing, as my study specifically focused on how play is integrated in DMT and what observations dance/movement therapists noticed from this integration. For example, I originally wanted to engage in a heuristic study to find out if using play within a DMT setting could heal me from my stored emotional pain. I was drawn to play because of the connection to joy that it held for me, and I felt I was missing that joy. My research supported that clients who experienced playful DMT groups experienced feelings of joy and happiness. Could play provide hope for people who have not felt joy in a long time?

### **Conclusion**

It is my hope that more dance/movement therapists will embrace the joy, change, and positive “anxiety attacks” that play inspires. As demonstrated by my findings, integrating play within dance/movement therapy sessions could create healing. The structural theme, textural themes, and the co-researchers’ collective definition of play support the benefit of the creative/therapeutic process of play within a DMT setting with adults. While co-researchers often found that adults respond negatively to play, my research has shown that play not only provides many benefits but it is also vital throughout life. These benefits—which include accessing creativity, connecting with individuation, increased brain growth, learned social cues, stress reduction, and present moment living—cause play to be therapeutic and make it a catalyst for change. Introducing play within a DMT setting with adults can help to bring people into the present moment thus eliminating self-judgment, cause a productive shift in mood, and organize and disorganize the body by replacing old, ineffective movement patterns with

new, beneficial ones. These are all very important therapeutic tasks within a DMT setting in which the process of play helps to facilitate.



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## **Appendix A**

### **Definition of Terms**

#### **Adult**

Although adulthood is typically thought of as someone aged 18 and above, the beginning of adulthood ranges. Dr. Jeffery Arnett studied what it means to become an adult, and his findings show that an adult is someone who accepts responsibility, makes independent decisions, and becomes financially dependent (Tanner, 2010)—all qualities that may or may not be present at the age of 18. In fact, researchers have identified a stage between ages 18 and 29 termed emerging adulthood (Tanner, 2010). For these reasons, an “adult” constitutes a person over the age of 30 in this study.

#### **Dance/Movement Therapy**

Dance/movement therapy is “the psychotherapeutic use of movement to further the emotional, cognitive, physical, and social integration of the individual” (American Dance Therapy Association, 2010).

#### **Play**

Researchers Gray (2008), Burghardt (2005), and Brown (2009) have found five main criteria for behavior to be playful. Play is done for its own sake, it has no end goal in mind, it is guided by mental rules, it is separated from reality in some way, and it is done when in a relaxed state of mind.

#### **Play Therapy**

Play therapy is “the systematic use of a theoretical model to establish an interpersonal process wherein trained play therapists use the therapeutic powers of play to

help clients prevent or resolve psychosocial difficulties and achieve optimal growth and development” (Association of Play Therapy, 2012).



## Appendix B

### Letter Sent to Recruit Potential Co-Researchers

Alison Teichart  
242 Sedgewick Circle  
Saint Charles, IL 60174  
[ateichart@gmail.com](mailto:ateichart@gmail.com)  
630.917.0260

Dear \_\_\_\_\_,

You are receiving this letter and consent forms due to a recommendation from the dance/movement therapy and counseling community that you would be a good candidate to interview in order to gather data for my Master's Thesis. My Master's Thesis is titled: The Phenomenon of Play within a Dance/Movement Therapy Setting with Adults. You will find information regarding my thesis and what would be expected to participate in this study in the informed consent form.

Please take a week to decide if you would like to participate. If you should decide to participate in this study please sign and date all three consent forms; informed consent, confidentiality consent form, and confidentiality consent form for protection of patients rights and mail the signed copies back to me in the enclosed envelope that already includes my home address.

I hope that you will take the time to look over the materials and decide to be a part of my study.

Thank you for your time.

Sincerely,

Alison Teichart

## Appendix C

### Informed Consent



C O L L E G E C H I C A G O

### Informed Consent Form Consent Form for Participation in a Research Study

Title of Research Project: The Phenomenon of Play Within A Dance/Movement Therapy Setting with Adults

Principal Investigator: Alison Teichart

#### INTRODUCTION

You are invited to participate in a research study to discover how the phenomenon of play can be combined in a dance/movement therapy setting in working with adults. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to take some time to think this over. You are also encouraged to ask questions now and at any time. If you decided to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called 'informed consent.' You will receive a copy of this form for your records.

You are being asked to participate because you are a dance/movement therapist with two years or more of experience and have identified your style to incorporate play in working with adults.

#### PURPOSE OF THE STUDY

The purpose of this research study is to find the universal themes that emerge from interviewing dance/movement therapists who use play with adults in their therapy setting to help add to the lack of research in the field about how play and dance/movement therapy (DMT) intersect.

#### PROCEDURES

If you agree to participate in this study, you will be asked to do the following:

- Agree to participate in the study through signed informed consent.

- Be contacted to schedule a time for a 45-60 minute semi-structured, audio taped interview either over the phone or in person. If scheduled for an over the phone interview an online internet service will be used, known as FreeConferenceCall.com. I will then transcribe the conversation myself. If scheduled to meet in person the interview will take place at a classroom on the Columbia College campus. The interview will be recorded via my Iphone and using an app known as Dragon Dictation to both record and transcribe the interview. Another recording device will also be used for backup in case the app does not work appropriately.
- You will be contacted one more time in the future once data analysis is complete. You will be sent a written draft of the results to provide feedback of my findings as a validation strategy.

### POSSIBLE RISKS OR DISCOMFORTS

In order to eliminate threats to confidentiality participants will be chosen throughout the United States, thus creating a larger community of dance/movement therapists that will be included in this study. This will help to decrease the risk of being identified if you do not want to be.

### POSSIBLE BENEFITS

You may not directly benefit from this research; however, I hope that your participation in the study may further the knowledge of how play and DMT intersect in more definitional terms, possibly leading to more research about the benefits of play and DMT in working with adults.

### CONFIDENTIALITY

The following procedures will be used to protect the confidentiality of your information.

1. Your identity will be kept confidential unless permission is granted to reveal identity and provide direct quotations. An additional form is attached for you to sign in regards to confidentiality.
2. All audio-recorded interviews and transcriptions will be password protected. If a hand-held recorder is needed for backup it will be kept in a locked filing cabinet.
3. Audio-recorded interviews and transcriptions will be destroyed after 1 year of completion of thesis.
4. To ensure confidentiality of patients' information a consent form is attached.

### RIGHTS

Being a research participant in this study is voluntary. You may choose to withdraw from the study at any time without penalty. You may also refuse to participate at any time without penalty.

Please take a week to make a decision about whether or not you would like to be a participant in this study. I will be happy to answer any question(s) you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator, Alison Teichart at 630-917-0260, or the faculty advisor, Jessica Young at 773-706-4302. If you have any questions concerning your rights

as a research subject, you may contact the Columbia College Institutional Review Board staff (IRB) at 312-369-7384.

COST OR COMMITMENT

There are two time commitments required for this study. The first is a 45-60 minute interview and the second is time to read and review the results of the study in order to provide feedback.

PARTICIPANT STATEMENT

This study has been explained to me. I volunteer to take part in this research. I have had opportunity to ask questions. If I have questions later about the research or my rights as a research participant, I can ask one of the contacts listed above. I understand that I may withdraw from the study or refuse to participate at any time without penalty. I will receive a copy of this consent form.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Principal Investigator's  
Signature:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

**Appendix D**

**Confidentiality Consent Form**

Confidentiality Consent Form  
Consent Form for Release of Identification within Master's Thesis

Title of Research Project: The Phenomenon of Play Within A Dance/Movement Therapy Setting with Adults

Principal Investigator: Alison Teichart

Please indicate with an X what would be your most desired means of identification within the Master's Thesis:

\_\_\_\_\_ I wish to keep all of the information I give you confidential.

\_\_\_\_\_ I grant you permission to reveal my identity within the thesis and give you permission to provide direct quotations.

\_\_\_\_\_ I grant you permission to provide direct quotations without revealing my identity.

\_\_\_\_\_  
Participant Signature:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Principal Investigator's

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Date:

**Appendix E**

**Confidentiality Consent Form for Protection of Patients Rights**

Confidentiality Consent Form for Protection of Patients Rights

Title of Research Project: The Phenomenon of Play Within A Dance/Movement Therapy Setting with Adults  
Principal Investigator: Alison Teichart

Please read the following and sign to provide agreement.

I understand that by participating in this research study I will have to discuss patients that I have worked with. In order to ensure my patients protection I will remain mindful of this throughout the interview and will not reveal patients names or any confidential information about them.

\_\_\_\_\_  
Participant Signature:                      Print Name:                      Date: \_\_\_\_\_

\_\_\_\_\_  
Principal Investigator's                      Print Name:                      Date: \_\_\_\_\_

## **Appendix F**

### **Semi-Structured Interview Questions**

#### Background Questions:

1. How would you define play?
2. What inspired you to use play within your style?
3. What does play mean to you within the therapy setting with adults?

#### Textural Questions:

4. What have you experienced when you have used play in your sessions with adults?

#### Structural Questions:

5. What contexts or situations have caused you to intervene with play?
6. What specific DMT techniques, your own or others, have you used to foster play? Has play fostered DMT techniques?