

8-12-2016

Mutuality in Movement: A Relational Approach to Dance/Movement Therapy With Domestic Violence Survivors

Heather L. MacLaren
Columbia College Chicago

Follow this and additional works at: https://digitalcommons.colum.edu/theses_dmt



Part of the [Dance Movement Therapy Commons](#)



This work is licensed under a [Creative Commons Attribution-Noncommercial-No Derivative Works 4.0 License](#).

Recommended Citation

MacLaren, Heather L., "Mutuality in Movement: A Relational Approach to Dance/Movement Therapy With Domestic Violence Survivors" (2016). *Creative Arts Therapies Theses*. 74.
https://digitalcommons.colum.edu/theses_dmt/74

This Thesis is brought to you for free and open access by the Thesis & Capstone Collection at Digital Commons @ Columbia College Chicago. It has been accepted for inclusion in Creative Arts Therapies Theses by an authorized administrator of Digital Commons @ Columbia College Chicago. For more information, please contact drossetti@colum.edu.

MUTUALITY IN MOVEMENT: A RELATIONAL APPROACH TO DANCE/MOVEMENT
THERAPY WITH DOMESTIC VIOLENCE SURVIVORS

Heather L. MacLaren

Thesis submitted to the faculty of Columbia College Chicago

in partial fulfillment of the requirements for

Master of Arts

in

Dance/Movement Therapy & Counseling

Department of Creative Arts Therapies

August 12th, 2016

Committee:

Susan Imus, MA, BC-DMT, LCPC, GL-CMA
Chair, Dance/Movement Therapy and Counseling

Laura Downey, PhD, BC-DMT, LPC, GL-CMA
Research Coordinator

Kristy Combs, MA, BC-DMT, LCPC
Thesis Advisor

Lenore Hervey, Ph.D, BC-DMT retired
Reader

Abstract

This qualitative case study explored the integration of relational-cultural therapy and dance/movement therapy (DMT), or relational-DMT, with survivors of domestic violence. The study examined how participants experience relational-DMT and the therapeutic relationship we established together. Three culturally diverse participants receiving individual short-term counseling services at a domestic violence service agency were included in the study. Three forms of data were collected over six to eight therapy sessions. Following each session, the participants completed the Helpful Aspects of Therapy questionnaire, while the researcher completed embodied case documentation (Fogel, 2007). After the final therapy session, a semi-structured interview was conducted with each participant to explore themes emerging from the data. Data were analyzed within-case and across-cases using Forinash's (2004) qualitative data analysis method. Data illustrated how these embodied therapeutic relationships became places of feeling deeply understood, where movement brought participants into vulnerable material in a manner that felt safe and which facilitated trust. In this way, movement experiences played a significant role in the development of these growth-fostering relationships by providing an inroad to authentic connection.

-
- Fogel, A. (2007). Documenting cases as a participant observer: A manual for somatic awareness practitioners. *International Feldenkrais Federation Academic Feldenkrais Research Journal*, 3.
- Forinash, M. (2012). Qualitative data collection and analysis. In R. Cruz & C. Berrol (Eds.), *Dance/movement therapists in action: A working guide to research options* (pp. 141-166). Springfield, IL: Charles C Thomas.

Acknowledgements

To Laura Downey, for pushing me to develop my research skills beyond my academic comfort zone. I am grateful for the growth you encourage in all of those you meet.

To Kristy Combs, for the constant twinkle in your eye, encouraging me to stay curiously engaged in a heartfelt way, and for all of your generous input and support along the way.

To my external auditor, without whom I would not be the student, therapist, mover, or woman I am today. Your words and spirit have touched my soul, and brought me into my heart. Thank you for being a guiding light through this process, a soft place to land, and for the occasional sassy eyebrow I needed along the way.

To Lenore Hervey, for your gracious feedback and support. I am honored to have your contributions to this work.

Most significantly, to my participants. I truly hope, and do trust, that you know all the ways you have impacted my life; you have pushed me into a new realm of knowing myself and of understanding relationships. I am inspired beyond measure by your courage, strength, and earnest vulnerability.

Table of Contents

Abstract.....	i
Acknowledgements.....	ii
Table of Contents.....	iii
Chapter One: Introduction.....	4
Chapter Two: Literature Review.....	13
Chapter Three: Methods.....	38
Chapter Four: Findings.....	54
<i>Embodied Empathy</i>	56
<i>Connection in Movement</i>	65
<i>Areas of Growth and Healing</i>	74
Chapter Five: Discussion.....	84
References.....	113
Appendix A – Key Terms Glossary.....	122
Appendix B – Participant Informed Consent Form.....	127
Appendix C – Data Collection Tools.....	132
Appendix D – Data Analysis Themes.....	135

Chapter One: Introduction

Relationships color our lives. Our earliest survival as infants is dependent on the deep, connected bond we have with our mothers. As we move through childhood our friendships and blossoming romantic relationships in adolescence deeply influence the individuals we become. These connections become the cornerstone of memories and the material of nostalgia. They inform how we move into each new relationship we form. Violence in intimate relationships is heartbreakingly common and has widespread, deep impacts on our communities (Chicago Metropolitan Battered Women's Network [CMBWN], 2013). Experiencing violence in an intimate relationship, one with deep bonding and trust, can be an ultimate betrayal of the partnership. The impact of this - on survivors' bodies, minds, and spirits - is often a central component of therapeutic work with survivors of domestic violence.

Something has always pulled me towards working with survivors of domestic violence; their resiliency, courage, and strength leave me constantly in awe. In fact, I was led to dance/movement therapy (DMT) by MacDonald's (2006) case study about an individual client presenting with complex post-traumatic stress disorder (PTSD), resulting from a childhood filled with domestic violence. This client profile is unfortunately not unique; in the United States 1 in 3 women and 1 in 5 men will experience violence in an intimate relationship in their lifetime (Black et al., 2011). Domestic violence, or intimate partner violence, is defined as a repeated pattern of mental, physical, emotional, sexual, or economic abuse by one person to gain or maintain power and control over another, often making the other feel scared, weak, isolated, hurt, or sad (CMBWN, 2013). While domestic violence predominantly affects women, significant numbers of men also experience violence in their intimate relationships; it is a widespread problem that crosses gender, sexual orientation, racial, and socioeconomic

boundaries (CMBWN, 2013). Domestic violence can be even more difficult to face when survivors experience multiple, intersecting forms of oppression.

Popular media is beginning to broaden the conversation on domestic violence by including survivors' experiences. This brings to light how violating and self-defining these relationships can be for survivors. To experience violence in the most intimate of relationships can be truly devastating. It impacts not only a person's sense of themselves as an individual, but also their sense of who they can and cannot be in other relationships, and even their broader view of the world around them. This perspective, however, is lacking in scholarly literature. The impact on survivors' lives is what needs to be voiced when discussing domestic violence if change towards respectful, informed, and powerful therapeutic services can be implemented within the context of social change.

It can be a delicate matter to safely forge an intimate therapeutic relationship with someone seeking services for domestic violence. There are several barriers clients and therapists face in building their work together. Uncertainty abounds on both a personal and practical level; from individual experiences with trauma, to the practical challenges of receiving services while in or leaving a violent relationship. In spite of - or perhaps due to - these challenges, I found the client relationships I built with survivors to be some of the most fulfilling, soul-stirring, and meaningful relationships in my life. While domestic violence is a relational trauma, it was our relationships that brought my clients back to a healthier experience of themselves. Through our therapeutic relationships and our explorations in movement my clients came back to finding a sense of safety and home in their bodies.

Often times it is the body that experiences the abuse. The Centers for Disease Control and Prevention reports that 1 in 4 women and nearly 1 in 7 men have experienced severe

physical violence at the hands of their partner (Black et al., 2011). Even those who experience non-physical forms of abuse often have somatic repercussions; traumatic stress is directly experienced by the bodies' survival systems and results in psychosomatic symptoms for many survivors (Bernstein, 1995; Gray, 2001). Considering what we know about the body's responses to stress and trauma, which includes domestic abuse, it is logical then to take a non-verbal approach to working with survivors. Dance/movement therapy (DMT) is a prime way to go about this, given its consideration of the body in addition to the opportunities it provides for clients to express themselves creatively – a task that directly targets the sense of self that may be damaged from abusive relationships (Bernstein, 1995; Chang & Leventhal, 2008; Devereaux, 2008). DMT also places emphasis on the therapeutic relationship, a shared value with other frameworks used with survivors of domestic violence.

For years there has been increasing focus on the therapeutic relationship in counseling and psychotherapy. Emerging research shows that the quality of the relationship is a significant factor in many clients' healing, independent of the therapeutic framework used (Ardito & Rabellino, 2011). One framework that puts primary focus on the relationship created in therapy is Relational-Cultural Theory (RCT) (Jordan, 2009). My discovery of Relational-Cultural Theory was a self-affirming moment. I was in the midst of learning about psychodynamic and cognitive behavioral approaches to therapy, frameworks with a detachment or structure that felt imposing to the creative flow I wanted to bring to my emerging dance/movement therapy work. Finding a theory that advocates for open, vulnerably empathic relationships as the place of change and healing brought me a simultaneous sense of release and grounding in my body-mind. I found something that felt true in my body and connected with my own personally held values. It is this type of relationship – one based in mutual respect, *empathy*, and *authenticity*

(see Appendix A) – that I encourage in my client relationships. As you will go on to read, these are qualities that support the development of safely intimate relationships with survivors, which is what relational work strives for. I became enthralled as I immersed myself in RCT; I saw the concepts and sentiments color not only my clinical, but also personal life.

Relational-Cultural Theory was developed by Jean Baker Miller as a new conceptualization of women's development, rooted in the drive to find connection in relationships (Miller, 1986a). *Connection* is used to refer to interactions with *mutual empathy*, empowerment, and emotional accessibility (see Appendix A) (Miller, 1986a; Jordan, 2000). A key concept within RCT is that growth and healing is found in this type of relationship, specifically ones that embody mutual respect and authenticity (Jordan, 2009). Therapy conducted through this framework uses mutual engagement within the therapeutic relationship to attend to clients' patterns of relational connection and disconnection (Jordan, 2009). The work aims to lessen isolation, increase the capacity for empathy, and create a shift in understanding of relationships (Jordan, 2009).

When I began an internship at a domestic violence service agency, I dove into understanding the population. I was looking not at the healthy, growth-fostering relationships I had read of, but instead coming to an embodied understanding of abusive relational dynamics and the impact these relationships were having on my clients. As I found my footing as an emerging dance/movement therapist with this population I yearned for a clearer, deeper understanding of what was happening in my therapeutic relationships. I was moved by the depth and vulnerability felt in sessions with clients. At times I would exit the room with a shiver of electricity running the length of my spine, thinking with exclamation to myself “the zest of a growth-fostering relationship! It's here!” I had, however, a degree of uncertainty about what

exactly was occurring. I wondered to myself: What kept my clients returning to these sessions, despite all the daily challenges they faced? What made them willing to explore in movement with me, especially when their bodies were loci of violation in their abusive relationships? What was happening that encouraged their involvement in my dance/movement therapy interventions? Ultimately, my curiosity took me to one question: What were we building together? For as much as each relationship was entirely unique, with its own texture, pace, and sentiment, there was something universal happening in most of my client relationships (although admittedly not all). I wanted to know what this was on an intimate level.

After reviewing literature on DMT, RCT, and domestic violence I found that, while the fields seem deeply intertwined, many of the questions that emerged from my work with survivors overlapped with gaps in the literature. In particular, I was curious about how relational-cultural therapy and dance/movement therapy could be used together and how my clients experienced these approaches to therapy. I also sought to detail how a clinician uses multiple theoretical approaches in their work; this stemmed from my observation that many dance/movement therapists describe their personal frameworks as integrative. As an emerging clinician, I wanted to elucidate my own integrative theoretical framework, while encouraging others to take the same in-depth look at how they incorporate theory into their practical work. It is my hope to illuminate how the therapeutic approaches of relational-cultural therapy and DMT can be used together in a conscious, coherent way by taking a systematic exploration of how the frameworks can potentially inform each other in working towards therapeutic growth and change.

As an emerging therapist, there are things that I value as I develop my framework: I believe in seeing a person holistically - in mind, body, and spirit - and working from a place of

open acknowledgement of the bodies in the room, whether physically present or not. I value trauma-informed work, which upholds values of safety, trust, mutuality, and acknowledgement of individuality (Substance Abuse and Mental Health Services Administration [SAMHSA], 2015). I fundamentally hold respect for how my clients are surviving in their lives: how they cope, hold onto faith, and retain their sense of humanity despite the violence and oppression they experience. I also appreciate how each person's story is detailed, nuanced, and unique, as is how they exist in their bodies and their movement profiles. I enter into the therapeutic relationship, then, with an eager openness to learn each individual's story, a commitment to connection, and a deep appreciation for clients' strengths. These values encapsulate a sense of *radical respect* (see Appendix A) that has been described as a fundamental quality of connection (Walker, 2004).

My hope is to help clients find a sense of 'home' in their bodies again. I do this through our relationship; being a relational therapist I believe in the power of relationships to create change. By engaging in supportive relationships we can create increasingly broader networks of support, authentic vulnerability, and health - ultimately creating shifts in our world. Relational-cultural therapy was a joyous find for me in that it resonates so deeply with my personal worldview. Realizing that I can do dance/movement therapy work with open authenticity through this framework was somewhat revolutionary for me. It is this fact that brought about the stories you are about to read in this case study.

As I mused on the intersection of these therapies I realized that I could in no way separate the theoretical exploration from my clients' direct experience of the therapy. I felt so deeply connected to each individual client, together having an entity that was unique to us. This inclusion of client perspective is supported by the relational literature, which focuses on the importance of providing a voice for those experiencing oppression (Jordan, 2004). Working

within domestic violence, systemic oppression is visible, and felt in tangible ways. Clients experience barriers ranging from the seemingly simple, like not having access to transit services, to extremely complex, vast issues regarding adequate legal services based on race and culture. This pervasive experience of oppression is something all three of my clients in this case study faced in various aspects of their lives, and something that can only be spoken to authentically by including their voices in addition to my own. Although the writing of Relational-Cultural Theory is often grounded in case studies, these are commonly communicated through the therapists' voices (Walker & Rosen, 2004). To me, this perpetuates the power dynamics and privilege the theory so explicitly stands against. It became essential for me, then, to include my client's direct experience in this project. Not doing so seemed like not only a vast disservice, but completely missing the point; it is their stories, and the moment in time when I became a part of them, that are meant to be shared. This led me to using a qualitative case study methodology, which allows for the sharing of what seemed to be unfolding: a story. I sought insight into how dance/movement therapy could support healing for a population with fundamentally damaged relational images, and how a relational approach to therapy can influence the use of the body as a therapeutic tool.

The primary research question this study will address is: How do survivors of domestic violence experience *relational-DMT* (see Appendix A)? The exploration of this question will be guided by the following sub-questions: How do survivors experience the therapeutic relationship that we establish together in relational-DMT? How does relational-DMT impact survivors' relational images and sense of self? The study attends to how the clients' *relational images*, their beliefs regarding themselves and others in relationships, are impacted through an embodied therapeutic relationship (see Appendix A). It also explores how these relational images are

connected to the clients' *sense of self* (see Appendix A). Additionally, this study contributes to our understanding of how movement can support healing within the context of systemic oppression, which for many survivors of domestic violence is multi-layered.

These research questions were explored through a qualitative case study of three adult clients receiving individual short-term therapy at a domestic violence service agency. Theme analysis was conducted within each case and across cases to highlight the nuances of each relationship while focusing on commonalities in the therapeutic experience. As Creswell (2007) noted, qualitative case studies, while typically used for thorough understanding of a problem or case experience, can also be used for theory generation. This supports my hope that this work may provide a basis for future research in the use of relational-DMT, particularly with domestic violence survivors.

Approaching this project was a process of surrendering to vulnerability and openness with not only my clients, but also with myself. My background in scientific methods and quantitative research was something I constantly negotiated through the research process. While it certainly colors the way I think, bringing a more analytical perspective than may be common in a qualitative researcher, I found this has also been a process of finding space to let go of that. By finding trust in the qualitative data that were emerging from my study I found trust in myself; a process that mirrored that of the relationships I had with my clients. I think, upon reflection, that this is truly evidence of the power growth-fostering relationships have in one's life. I can see now, operating from a pragmatic paradigm, that while both RCT and DMT fields have a need for further quantitative research, there is strong value in providing work that elucidates the nuances and shades that color the stories told through qualitative work.

While the original intent was to illuminate clinical work that I knew was powerful and poignant when constructing the project, it grew into something with more heart than I could have ever imagined. This is the story of my clients and me finding ourselves with each other. Finding the old parts that make us who we are, the new parts that shape our vision for the future, and how these co-exist in the intimacy of a genuine, present relationship. This is the sharing of our stories together. These are stories of the resiliency and strength and creativity alive in the room during our sessions; stories of how my clients transformed, rebuilt, and understood parts of their lives and how they shaped my own in the process. The following work describes a qualitative case study conducted as part of a master's thesis, but it also describes the transformational process of finding one's heart through connection with another, of finding hope in the possibility of what can be, and of finding healing through vulnerability.

Chapter Two: Literature Review

There is growing evidence that focus on the embodied experience and creation of supportive bonds can contribute to healing for survivors of domestic violence. Literature at the cross-section of Relational-Cultural Theory (RCT), dance/movement therapy (DMT), and domestic violence (DV) is underdeveloped however, especially considering how harmonious each field appears to be. What is generally supported is the idea that an empathic therapeutic relationship plays a significant role in clients' healing (Battaglia, Finley, & Liebschultz, 2006; Downey, 2016; Jordan 2000), as will be elaborated through both RCT and DMT literature. This literature review will begin with an overview of RCT and its current applications in therapy, specifically with those experiencing domestic violence. Then, there will be a further discussion of the dynamics of domestic violence and resulting service needs. Finally, an overview of dance/movement therapy's use with this population will lead into the identification of opportunity that this project looks to resolve in the literature.

Relational-Cultural Theory

In the last several decades, a theory of women's development as it occurs through and within relationships has developed: Relational-Cultural Theory (Miller, 1986b). RCT developed as a feminist-rooted response to psychodynamic theory's focus on intrapersonal drives and therapist neutrality. This was grounded in Miller's (1986a) personal and clinical observations that women tend to support the growth of others through their positions in relationships, such as in motherhood. She also noted, drawing from the tend-and-befriend theory of stress response (Taylor et al., 2000), that women seek social support for coping through friendships and romantic partners (Miller 1986a). More generally, humans seek *connection*, or interactions with

mutual empathy, empowerment, and emotional accessibility (see Appendix A) (Miller, 1986a). This concept has more recently been extended to include men as well (Duffy & Haberstroh, 2014; Jordan, 2009). Relationships that are rooted in connection, or *growth-fostering relationships* (See Appendix A), result in five “good things” (p. 2): increased energy or zest, increased desire to take action both within and outside of the relationship, increased knowledge of self and the other in relationship, increased desire for further relationships, and greater sense of self-worth (Miller, 1986b). It is in this type of relationship that growth and healing can occur.

Author, theorist, and clinician Judith V. Jordan has carried on the legacy of Miller’s work. She outlined seven key concepts that are central to Relational-Cultural Theory:

- 1) People grow through and toward relationship throughout the life span.
- 2) Movement toward mutuality, rather than separation, characterizes mature functioning.
- 3) Relationship differentiation and elaboration characterize growth.
- 4) Mutual empathy and mutual empowerment are at the core of growth-fostering relationships.
- 5) Authenticity is necessary for real engagement and full participation in growth-fostering relationship.
- 6) In growth-fostering relationships, all people contribute and grow or benefit. Development is not a one-way street.
- 7) One of the goals of development from a relational perspective is the development of increased relational competence and capacities over the life span. (2009, p. 24)

These core elements of theory also provide the backbone to RCT's application in both individual and group therapy (Jordan, 2009; Oakley et al., 2006). The focus on *mutuality* (see Appendix A), the sense that “we grow toward an increased capacity for respect, having an impact on the other, and being open to being changed by the other” (Jordan, 2009, p. 104), can be seen throughout these core concepts. RCT emphasizes clinician engagement in the therapeutic relationship; growth in the client is contingent on therapist's willingness to be impacted by the client, experience personal growth as a result, and communicate this back to the client (Jordan, 2009). This is often a new, vulnerable experience for clients and clinicians alike.

The healing nature of relationships. Growth-fostering relationships can provide people with support, healing, and development through certain characteristic qualities. One of these qualities is mutual empathy, defined as the shared openness to experiencing the other in relationship. It is this sharing of feeling-states which is purported to lead to psychological growth (Jordan, 2000). A healthy client-therapist relationship can thus be a good example of mutual empathy. Jordan (2008) attributed mutual empathy to instilling a sense of hope and possibility within the healing relationship; this is a key link between the emotional sharing Miller (1988) described as occurring in relationship and consequential psychological growth. Growth-fostering relationships with a sense of mutual empathy also cultivate empowerment, another critical way connections can support healing (Kulkarni, Bell, & Rhodes, 2012; Miller, 1988; Platt, Barton, & Freyd, 2009). Hope and a sense of possibility in life, paired with empowerment from being emotionally validated, together provide the supportive healing environment needed for survivors of domestic violence. Relational-cultural theorists' ideas about the significance of relationships is furthered by dance/movement therapist Ben-Shahar (2012), who stated that, because the harm is itself relational, healing from domestic violence should occur within

relationship. This logic illuminates in a simple way the root of RCT; our lives are relational and thus healing will also occur there.

Healing relationships with survivors of domestic violence. Authors have begun to provide evidence supporting the role of growth-fostering relationships in services for domestic violence survivors. Survivors have reported that it was not the specific services, treatments, or approaches taken that were helpful in their experiences receiving support, but rather how they were delivered that was most important (Kulkarni et al., 2012). These survivors listed individualized attention, provision of choice, confidentiality, respect, and empathy within the helping relationship as important qualities in service providers; these are also all qualities which facilitate growth-fostering relationships (Jordan, 2009; Kulkarni, et al., 2012). The same study also examined attitudes of hotline advocates, who reported that supportive relationships play a significant role in their self-care routines by facilitating increased self-knowledge and continued enthusiasm in their work (Kulkarni, et al., 2012). This illustrates what Jordan (2004) described as a hallmark of growth-fostering relationships: that both parties grow in the relationship. In a study with teen mothers experiencing interpersonal violence, Kulkarni (2009) found that having a stable, supportive relationship with an adult served as a protective factor, resulting in more psychological stability compared to their peers. Supportive relationships thus appear to have a protective function for those experiencing abuse or trauma, as well as those working with them.

Dynamics of disconnection. A perpetual state of connection is unrealistic even in the most growth-fostering relationships. Miller & Stiver (1997) described *disconnections* (see Appendix A), interactions with a lack of mutual empathy and empowerment, as “the psychological experience of rupture” (p. 65). A major source of psychological distress, disconnections can produce feelings of disappointment, fear, frustration, violation, and profound

isolation (Jordan, 2009; Miller & Stiver, 1997). They also vary in severity, existing on a spectrum from a mild lack of awareness to, at the most severe, abuse and systemic oppression; they can occur acutely, chronically, or traumatically (Jordan, 2009; Miller & Stiver, 1997). Experiencing disconnections in non-mutual relationships contributes to the development of restricted understandings of relational dynamics or *relational images* (see Appendix A). This limits how one engages with others by narrowing the behaviors deemed acceptable in relationship and thus impacting one's sense of self (Miller & Stiver, 1997). In non-mutual relationships it becomes unsafe to bring one's full self into relationship, for fear of experiencing further disconnection.

Cyclicity of disconnection. There are two consequences of disconnection in a relationship: immediate emotional effects and, over time, more significant impact on relational understandings and psychological health (Miller, 1988; Miller & Stiver, 1997). An example of disconnection is found when one's expression of feelings, often about an upsetting event, is invalidated by another. When the act of emotional expression is met with a negative reaction, an array of feelings can result. The sharer's existing feeling-state mixes with hurt, anger, or shame from the experience of disconnection. As well, they may empathically experience the partner's emotional state, which is often also negative - fear, anger, or withdrawal triggering the disconnection itself (Miller, 1988). Without the other person adequately and mutually responding to this mix of emotions and difficulties, one comes to see them as being all their own (Miller & Stiver, 1997). Internalization of this mix of feelings and thoughts can result in damage to one's self-image (Miller, 1988). Within an abusive relationship, this may entail a survivor internalizing the belief that they are wrong, bad, a problem, or the cause of the violence (Jordan, 2008; Miller, 1988).

Following disconnections, one can be left “feeling locked out of the possibility of human connection...accompanied by the feeling that you, yourself, are the reason for the exclusion” (Miller, 1988, p. 5). This experience of isolation and immobilization was termed *condemned isolation* (see Appendix A) and has been described as a powerfully destructive psychological experience (Miller & Stiver, 1997). When faced with this profound threat of aloneness, people yearn for relationship with others and seek it in any way possible (Miller, 1988). Without feeling able to influence or change the relationship, but with the desire to maintain it, the disempowered person is driven to keep aspects of their experience out of relationship (Miller, 1988). Without an experience of reconnection, a spiral of disconnection can result; as the relationship becomes increasingly less authentic and less mutual, one feels increasingly disempowered and unworthy of connection (Herman, 2015; Jordan, 2009; Miller 1988).

Leaving aspects of one’s experience out of relationship perpetuates disconnection; doing so limits behavior to what is considered acceptable in order to maintain connection in the relationship. In an abusive relationship, for example, the survivor learns that authentic relating leads to abuse and thus reveals less and less of their emotional experience (Jordan, 2008; Miller, 1988). The oppressed survivor feels unable to enact change within the relationship; they are left to change themselves for sake of maintaining the relationship they so much desire, or need, to find connection in. Self-alteration can occur through the suppression of behaviors deemed unworthy, denial of feelings, or, most severely, dissociation from significant parts of the self (Miller, 1988). This “continuous construction of a sense of self” (p.7) based on experiences of disconnection leads internalized feelings to develop into persisting schemas, or relational images (Miller, 1988). The survivor comes to hold a restricted view of what relationships can be, and who they can be in them, thus internalizing the oppression exerted in the abusive relationship

(Miller & Stiver, 1997). The shaping of relational images is where the pervasive influence of unhealthy relationship is evident; the internalization of negative relational images impacts survivors' engagement in relationships throughout their lives, seen by many survivors experiencing feelings of isolation and multiple unhealthy relationships in their lives (Jordan, 2009; Kulkarni, 2009). This process describes how experiences of disconnection can contribute to unhealthy understandings of what and how relationships exist, and how that in turn contributes to a fragmented sense of self.

This conflict between the restricted relational images that develop out of disconnections and our innate drive towards connection is described as the “central relational paradox” (Miller & Stiver, 1997, p. 81). This describes the contradiction of keeping parts of one's experience out of relationship, for fear of disconnection, while still trying to find connections, which prevents the growth-fostering relationships that would shift restricted relational images (Miller & Stiver, 1997). The central relational paradox is attributed as the root to psychological problems (Miller & Stiver, 1997). When facing chronic disconnection many people develop strategies of avoiding authentic connection, while staying in relationship. Miller and Stiver (1997) described three frequently used strategies of avoiding connection: withdrawal or numbing for emotional disengagement, role-playing or performing to avoid authenticity, and the replication of old relational dynamics (Miller & Stiver, 1997). Similarly, Herman (2015) described dissociative behaviors, fragmentation of identity, and pathological regulation of emotional states as three strategies of adaptation to experiencing abuse. These behaviors are described as strategies to seek connection in the face of chronic disconnection (Miller & Stiver, 1997). This echoes the trauma-informed perspective of survivors' coping skills; behaviors that may otherwise be seen as maladaptive, such as substance use to induce emotional numbing, are understood as methods

used by survivors to increase their safety (CMBWN, 2013). Many survivors are dependent on the abusive relationship, often economically but also emotionally and/or physically, as in cases of those with physical disabilities (CMBWN, 2013). This context illuminates how minimizing or denying parts of personal experience can be adaptive, despite this being something society views as unhealthy (Platt, et al., 2009). This calls forth the need to honor survivors' ability to survive in their relationship through the means they know how, as the experts of their lives.

The process of self-alteration in the face of disconnection helps to illuminate why alexithymia, the inability to recognize, describe, and/or portray one's emotional life, is a commonly cited issue for survivors of domestic violence (Goldsmith & Freyd, 2005; Liang & West, 2011). Liang and West (2011) showed in a general, college-aged population that it was not unhealthy relationships themselves that created psychological harm, but rather the development of alexithymia as an adaptation to disconnection that produced further problems by preventing authentic connection. Looking at alexithymia in violent relationships, Goldsmith and Freyd (2005) investigated the relationship between emotional abuse and emotional awareness, controlling for the participant's mental health status. Using the Toronto Alexithymia Scale (TAS), they found that emotional abuse correlated specifically with a decreased ability to identify feelings, but not with the ability to describe them (Goldsmith & Freyd, 2005). This aligns with RCT's understanding of disconnection: following a disconnection one keeps aspects of one's emotional life out of relationship for safety, either consciously or unconsciously. It is not that survivors lack the cognitive or linguistic ability to describe their feelings. Rather, they have learned that certain feelings are unacceptable in relationship, and so in an effort towards connection those feelings have been suppressed. It is often this precise action of identifying and sharing feelings that induces disconnecting or abusive experiences, and so it is avoided (Miller,

1988). Yet again, this leaves the survivor out of touch with a significant aspect of their own experience, inauthentically relating to themselves and others.

Resiliency through relationships. Misunderstandings and disconnections inevitably occur within even the healthiest relationships. How these missteps are handled have implications in not only how the relationship develops, but how an individual integrates that information into their worldview as they proceed through life. When disconnection is repaired, through the use of empathy and vulnerability, it can strengthen and increase the growth-fostering quality of the relationship (Jordan, 2004). This has been described as developing resiliency: the process whereby one uses both internal and external resources to overcome difficulties or conflicts (Jordan, 2008; Metzl & Morrell, 2008). Resilience defined from a relational perspective focuses on navigating connection and disconnection in mutually empathic relationships through interpersonal confidence, vulnerability, and relational awareness (Jordan, 2004). The result being a drive to connect, increased self-awareness and improved overall health – aspects of Miller's (1986b) five good things (Jordan, 2004). The presence of even one growth-fostering relationship has been shown as a protective factor, promoting healthier outcomes for those with domestic violence experience (Kulkarni, 2009). This demonstrates the positive influence of discrepant relational images and the resulting spiral of relational resiliency, where connection in one relationship can impact other relationships in survivors' lives (Jordan, 2009).

Metzl & Morrell (2008) speculated that creativity could be seen as part of the process of resiliency. They suggested the creative self-expression involved in art therapy can produce empowering personal change that translates into engagement in relationships (Metzl & Morrell, 2008). They proposed that creativity, seen also as a process of divergent or flexible thinking, can support clients in finding new ways to think of themselves and see the potential for relational

repair, thus playing a role in the process of relational resiliency (Metzl & Morrell, 2008). By bringing this creative personal process into the therapeutic relationship directly, dance/movement therapy could provide a similar, if not superior, avenue for this process of relational resiliency (Young, 2016). Through the provision of space to self-define, creative arts therapies provide the opportunity to enhance relational resiliency with clients, reversing the spiral of unhealthy connections in survivors' lives.

Therapist Orientation. Relational-cultural therapists engage with clients from a place of emotional availability and engagement in the feeling and healing process; they depart from other theoretical frameworks in their true openness to being affected by the client (Ben-Sharar, 2012; Jordan, 2009). This openness to being impacted contributes to the mutual empathy and mutuality that is developed in the therapeutic relationship (Jordan, 2009). To practice this, relational therapists are urged to experience the client as an individual through open, compassionate listening and by approaching the therapeutic relationship from a place of non-knowing and curiosity (Birrell & Freyd, 2006). These empathic connections call for therapists to confront their own relationship to vulnerability and shame, as their own relational images are inevitably involved in the process of relating (Jordan, 2008). Relational therapists must work with their own relational images while they support their clients' healing, and together work towards a place of authenticity in each unique relationship (Hartling, Rosen, Walker, & Jordan, 2004; Jordan, 2008). The therapists' modeling of resolving disconnections, shifting relational images, and healing from emotional traumas occurs within the space of the therapeutic relationship in RCT (Ben-Shahar, 2012; Jordan, 2004, 2008; Platt, et al., 2009). To facilitate this, therapists must trust that they can help both themselves and the client through the therapeutic work (Ben-Shahar, 2012; Birrell & Freyd, 2006; Jordan, 2008). While many

domestic violence treatment approaches have shifted to strengths-based re-storying, focused on resiliency and existing growth-fostering relationships, taking a relational approach involves therapists' willingness to experience the emotional weight that working with survivors of domestic violence can entail (Kulkarni, 2009; Platt, et al., 2009). However, the power of relationship and of healing together is what supports both therapist and client in a relational approach to therapy.

Movement-in-relationship. One phrase used often in RCT literature is “movement-in-relationship” (Miller & Stiver, 1997, p. 53). This refers to the dynamic ebb and flow of connections, disconnections, and repair when both people are engaged in the exchange of a mutual relationship (Stiver, Rosen, Surrey, and Miller, 2010). Stiver et al. (2010) go on to describe moments where this is apparent as *co-creative moments*. These refer to therapeutic experiences when something new and changing occurs in collaboration with the client (Stiver et al., 2010). As clients come to see themselves as collaborators in the relationship these moments shift condemned isolation; clients find that they are able to be the ones to initiate a connection like this, that they can participate in a fluctuating relationship (Stiver et al., 2010). This in turn, through the development of a new, discrepant relational image where they can be productive in relationship, can contribute to a shift towards a flexibly connected understanding of themselves (Stiver et al., 2010).

Co-creative moments push the client and therapist outside their comfort zones into vulnerable connection, resulting in the deepening of relationship that occurs when it is growth-fostering.

In some moments, the therapist may find herself outside of her accustomed “comfort zone”. She has to expand her repertoire, which usually means she has to take a risk,

move into the unfamiliar. She opens herself to new experience and potentially new emotional and cognitive learning. Doing so often leads her to feelings of vulnerability and self-doubt. (Stiver et al., 2010, p. 21)

While not what Stiver et al. (2010) was specifically referencing, it is hard to find such a close description of the experience of becoming a dance/movement therapist. There is little comfortable about facilitating DMT, particularly when working with trauma populations as an intern. However, this speaks to the integration between therapist and client in a therapeutic movement relationship (Ben-Sharar, 2012; Young, 2016), which Miller & Stiver (1997) described as a “mutually forming process” (p. 56). Co-creative moments form the anchor from which relational resiliency can exist in the therapeutic relationship.

Therapeutic application of RCT. Much of the relational-cultural literature uses individual clinical case studies, from the perspective of the therapist/author, to illustrate theoretical concepts and their therapeutic application. There is beginning to be systematic investigations into this approach to therapy. An evaluation of a brief relational-cultural therapy program with a community sample of women (n= 91), a majority of whom reported domestic violence experiences, demonstrated substantial clinical improvements on a variety of measures (Oakley et al., 2013). The authors used the Reliable Change Index to analyze the percentage of cases demonstrating positive clinical change; they found substantial improvements on measures of self-esteem (90% of the sample), autonomy (78%), and the Silencing-the-Self Scale (80%). The Silencing-the-Self Scale (STSS) was used to assess relational images and violent relationship dynamics by measuring women’s beliefs about how they should act in relationships. The high scores on the STSS also correlate with decreased self-expression, seen in the avoidance of conflict or disconnections (Oakley et al., 2013). The trial also addressed systemic oppression,

but in the context of the healing relationship. They demonstrated that brief relational-cultural therapy's focus on the empowerment of women through examination of societal oppression was effective at increasing knowledge and self-awareness of systems-level influences (Oakley et al., 2013). The clinical trial, which occurred at a women's community mental health center, was the first of its kind, showing the relevance of investigating an integration of feminist theory and therapeutic approaches. These results provide qualitative support to Jordan's (2009) description of relational-cultural therapy as a place where survivors are able to bring their true selves into relationship, discovering self-empathy and empowerment lost from the cycle of abuse.

Other authors have altered existing tools to fit the relational-cultural framework and domestic violence populations. One example is found in the use of Relational Cultural Play Therapy (RCPT) when working with children who have experienced abuse or neglect (Vicario, Tucker, Smith Adcock, & Hudgins-Mitchell, 2013). This approach is an integration of the five goals of children's relational-cultural counseling with the three stages of Gil's (1991) play therapy. It addresses both interpersonal and intrapersonal conflicts these children may experience through a therapeutic relationship with a growth-fostering orientation (Vicario, et al., 2013). Similarly, Lenz & Roscoe (2011) adapted a card sort task, the Personal Wellness Card Sort (PWCS) task, to be used specifically as a tool to gain insight into the personal conceptualization of wellness of a client experiencing an abusive relationship. The PWCS is a multisensory, flexible, and creative way to authentically relate in the therapeutic relationship and support clients in gaining a more holistic view of their wellbeing (Lenz & Roscoe, 2011). Together these three studies all support a relational-cultural model, but are limited in their power due to lack of replication; it is clear that further investigation of the relationship and relational quality as a mechanism of healing is needed, especially within the domestic violence community.

Domestic Violence: A Relational Understanding

Despite nearly one in four women experiencing domestic violence in their lifetime, research, funds, and services are still lacking (Black et al., 2011). There has recently been an emphasis on developing a better understanding and set of practices for working with those who have experienced trauma, an approach called trauma-informed care (TIC) (Wilson, et al., 2015). TIC with survivors of domestic violence focuses on promoting emotional safety, restoring choice and control, facilitating connection, supporting coping, responding to identity and context, and building strengths; the framework is grounded in a strengths-based, holistic approach to working with survivors (Wilson et al., 2015). Wilson, Fauci, and Goodman (2015) do note however, the tension between direct service and social justice approaches to working in domestic violence, and the difficulty balancing focus on the individual while acknowledging the culture of systemic oppression in which their domestic violence experiences exist. This is where, as shown by Oakley et al.'s (2013) trial, relational-cultural therapy is well-suited to balancing the needs of survivors when receiving therapeutic services (Jordan, 2009).

Domestic violence, the patterned use of violence by a partner in a relationship to exert power and control over the other, is an issue that is inherently relational; it describes acts that occur within a relationship, define the relationship, and impact one's relational capabilities (Banks, 2006; Birrel & Freyd, 2006). Birrell and Freyd (2006) described intimate violence as a relational trauma. Not only does the psychological injury of domestic violence impact survivors' relational images and engagement in mutual relationships, but it also affects their sense of selves (Platt, et al., 2009). Miller and Stiver (1997) described how "self-disparaging constructions thus become the source of profound and continuing 'internalized oppression'" (p. 79), noting how ingrained the abusive relationship can become in the survivors' understanding of self. This one

relationship, which consumes much of the survivor's mental life, becomes one which perpetuates its primacy in their lives through social isolation (Herman, 2015). This results in unique combination of intra and interpersonal difficulties for survivors of domestic violence, including complex social emotions like fear and shame.

Fear and shame. Fear is “the ultimate reminder of our vulnerability” (Jordan, 2008, p. 236). In an ideal environment, one that supports vulnerability, fear promotes courageous authenticity and even altruistic acts that drive us towards connection. Our society however has shamed vulnerability, bringing humiliation on it and creating systemic influences that drive disconnection. The resulting denial of vulnerability creates deep isolation and alienation from others, our deepest fears as social human beings (Jordan, 2008). In this separate-self model summarized by Jordan, individuals react to fear and vulnerability by creating more boundaries around the self in the effort of protection. We are rarely vulnerable enough to be truly authentic and empathic in relationship and thus lack the connections that are integral to our well-being. Jordan thus proposes that the answer to fear is not denial, but connection, which in turn will produce meaning beyond the separate-self.

The problem, however, is that the development of fear in non-mutual relationships is pervasive; it affects not only the perception of the other person, but also of parts of one's own experience that are viewed as unacceptable in relationship (Miller, 1988). The fear of one's self is associated with shame: the feeling of being personally unworthy of connection and empathy (Hartling et al., 2004), in response to helplessness (Herman, 2015). This is layered with the humiliation - the degradation, devaluation, and rejection – felt from the abusing partner exerting their control in a violent relationship. Together internalized shame and inflicted humiliation are strong factors promoting and maintaining disconnection (Hartling, et al., 2004). These emotions,

and consequential protective behaviors, were illustrated in Kulkarni et al.'s (2012) study on women seeking domestic violence services. These women were apprehensive of shame-inducing experiences when seeking support services, and as a result emphasized the need for service providers with confidentiality and strong ethical boundaries (Kulkarni, et al., 2012). Their narratives described fear of society's negative attitudes regarding domestic violence and the stigma attached to it, showing how a systemic level of shame and oppression can contribute to disconnection and mistrust within and outside of the abusive relationship.

Empowerment and trust. Restoring survivors' power and control is one of the foremost tasks of healing (Herman, 2015). Relationships can act as places where safety can be established to support the remembrance, mourning, and subsequent reconnection with the world following prolonged trauma, thus providing a sense of empowerment for survivors (National Center for PTSD, 2016). Kane (2006) echoed this need in her study on meditation with survivors of domestic violence, stating that "the very nature of meditation as a self-controlled strategy immediately places a woman in a position of empowerment over her own recovery process...she is taking an active part in her journey of healing" (p. 515). Shared power, mutual empowerment, and a sense of individual productivity are all components found in growth-fostering relationships, pointing to the potential of using a relational-approach to therapy with clients experiencing domestic violence (Miller & Stiver, 1997). Survivors in a mutual therapeutic relationship certainly play an active part in their healing, and do so within the relational context that is damaged by domestic violence.

Engaging in relationships can be difficult for survivors though, given that "in every encounter basic trust is in question" (Herman, 2015, p. 93). High levels of early-life relational trauma have been shown to correlate with low interpersonal and general trust in adulthood

(Gobin & Freyd, 2014). Herman (2015) also highlighted the damage done to basic structures of the self through relational trauma; survivors lose trust in others, in themselves and in faith structures. This loss of meaning and faith was targeted by Kane's (2006) evaluation of meditation as an intervention strategy with six female survivors of intimate partner violence, who found inner peace and spiritual connection. Meditation also supported reconnection with the body, and cultivation of self-awareness, acceptance, and empowerment - critical components of recovering from trauma (Herman 2015; Kane, 2006).

Herman (2015) emphasized that, despite a deep desire for connection, we cannot assume the general level of trust that comes in therapeutic interactions because of survivors' doubts in relationships and others' ability to handle their stories of trauma (Herman, 2015). Jordan (2009) echoed this sentiment, emphasizing "how terrifying it is for the client to express yearnings for connection and relinquish strategies to stay out of connection" (p. 40). For those working with survivors, it is suggested that a gradual, gentle process of proving availability for connection is of significant importance. Neither author, however, gives concrete ways to build trust in a therapeutic relationship. Common to therapeutic literature, Jordan (2009) emphasized the use of empathy to develop trust, something also found in DMT literature (Chaiklin & Schmais, 1993). However, as a therapist how do you convince a client that your ability to empathize makes you trustworthy and safe? In fact, for many who experience manipulation, the perpetrators' capacity to empathize is what makes them so powerful (CMBWN, 2013). There is often a gap in the literature on trust between highlighting its importance in the therapeutic relationship and discussing what contributes to it. However, these authors bring important acknowledgement to how fundamental trusting connections can be for survivors.

Dance/Movement Therapy and Domestic Violence

While domestic violence is not an abundantly written about population within DMT literature, there are some documented cases of work with survivors of domestic violence or relational traumas. Some of this work is grounded in Blanche Evan's approach to DMT, who worked predominately with, who she described as, normal neurotic clients in 1950's New York City (Benov, 1991). The oppression she noticed in her clients, predominately women, echoes the culture from which Relational-Cultural Theory arose. In the following sections Evan's approach will be described in the context of work with survivors of domestic violence and sexual abuse, followed by a discussion on how a Chacian approach to DMT may compliment the strengths-based, relational approach that has been described in literature on work with survivors.

Evan's approach. Blanche Evan's approach to dance/movement therapy, what she called dance/movement/word therapy, focused on the process of rediscovering the self; she worked to uncover the uniqueness of each client stifled by layers of tension and pressure from our social worlds (Rifkin-Gainer, Bernstein, & Melson, 1991). While Evan acknowledged the therapist's influence in the work, stating that "the client doesn't grow until the therapist grows" (p. 13), her approach put more focus on the client's own process of change and self-discovery (Rifkin-Gainer, et al., 1991). Her work took an individualized approach, where the therapist constructed the therapeutic space in which clients used self-exploration to create their own change (Rifkin-Gainer, et al., 1991). She also used verbalizations and talk therapy in her work, acknowledging the need for some clients to use the mind as an inroad to the body (Rifkin-Gainer, et al., 1991). Her levels of progression through therapy from externalization, to catharsis, to developing strength and resilience, to the ability to shape one's life, resonate with the healing process for many survivors of domestic violence (Rifkin-Gainer, et al., 1991).

Applying Evan's approach. Several authors, including Evan's herself, have used variations of this DMT approach in working with survivors of domestic violence and abuse (Bernstein, 1995; Chang & Leventhal, 2008; Devereaux, 2008; Moore, 2006; Rifkin-Gainer, et al., 1991). Their work has focused on individual autonomy as well as interpersonal relating (Bernstein, 1995; Chang & Leventhal, 2008; Devereaux, 2008; Rifkin-Gainer, et al., 1991). Initial functional movement helped clients reclaim ownership over their bodies (Bernstein, 1995). Imagery and expanding movement repertoire were used to explore coping skills, survivors' self-concepts, and interpersonal dynamics (Chang & Leventhal, 2008). Movement was also used to rehearse new behaviors or visions for the future (Bernstein, 1995; Chang & Leventhal, 2008). These techniques of re-acquaintance with the body, expansion of movement, imagery use and rehearsal are all core values of Evan's approach (Rifkin-Gainer, et al., 1991).

Notably, Moore (2006) and Valentine (2007) both emphasized the importance of an embodied approach due to the body's role in processing trauma, while introducing movement work slowly and carefully with this population to facilitate safety and trust. Further, it is more significant to help clients understand how trauma has impacted their relationships with their bodies, than it is to explicitly work with the trauma itself (Moore, 2006). This calls to mind Evan's aim of uncovering layers of oppression, rather than pinpointing to the deep root of trauma. There is, then, a suggested role for Evan's focus on minimizing the impact of societal oppression and use of talk therapy interventions when the body is less accessible (Benov, 1991).

Dance/movement therapy outcomes. Recently, dance/movement therapists have begun to investigate the outcomes of their work with survivors of abuse, on both embodied and relational factors. While Moore (2006) did not discuss the actual techniques or interventions used, themes of low self-esteem; fragmented body image; fear, anger, and grief; partnership

conflicts; and the construction of positive life visions were explored in her group DMT work with survivors. Moore (2006) found improvements in clients' sense of body image, self-awareness, self-confidence, and eye contact, benefits also seen by Combs (2005) in her work with an adolescent with trauma history. Decreased depression, medication use, and stress are also described outcomes (Fox, 2012; Moore, 2006). After receiving DMT the 16 women in Moore's (2006) study reported they felt and sensed their bodies better, reflected on needs and feelings, and learned to perceive and set boundaries in an embodied manner (Moore, 2006). These experiences were also described in work in domestic violence shelters and by sexual abuse survivors (Fox, 2012; Mills & Daniluk, 2002). Moore's (2006) participants experienced a broader functional and emotional range of expression through movement, which helped them feel more sensitive, calmer, and confident in their bodies (Moore, 2006). Fox (2012), working in domestic violence shelters and community organizations, described the sense of trust and safety that her DMT groups provide, both within survivors' own bodies and with others, something also stressed in work with sexual abuse survivors (Valentine, 2007). Recent works clearly point to the potential for DMT to address the re-integration of self and the repair of interpersonal interactions that many survivors of abuse desire in their path of healing and growth.

Chacian dance/movement therapy. In contrast to Evan's focus on the individual's own process of growth and healing, Chacian DMT focuses on the relationship established between client and therapist as the place in which the therapy work occurs (Fischer & Chaiklin, 1993). Marian Chace was influenced by the interpersonal psychoanalyst Harry Stack Sullivan's work while at St. Elizabeth's Hospital (Fischer & Chaiklin, 1993). Sullivan posited that humans are in need of the mutual satisfaction, security, and support that come from relationships; although he was a trained psychoanalyst he put primary significance on the power of the therapeutic

relationship for change (Fischer & Chaiklin, 1993). Chace relied on his theory to support her evolving work's focus on the therapeutic movement relationship and interventions that foster empathy, like reflection and mirroring (Fischer & Chaiklin, 1993). While not a significant aspect of Evan's DMT work, this focus on relationship and particularly on empathy has become a general value in the field of DMT (Downey, 2016; Young, 2016), and aligns with a relational approach to therapy.

The Chacian approach to dance/movement therapy is grounded in four principles: body action, symbolism, therapeutic movement relationship, and rhythmic group action (Chaiklin & Schmais, 1993). These concepts shape the moment to moment interventions and form a framework of long-term goals (Chaiklin & Schmais, 1993). Body action refers to how the body is used in the context of emotional expression and the activation and integration of parts to access a full range movement (Chaiklin & Schmais, 1993). Symbolic movement is used as another means of communication in Chacian therapeutic movement relationships, allowing for externalization and distance from deeply emotional, conflictual content (Chaiklin & Schmais, 1993). These two principles can easily be translated into the goals of work in DMT with survivors of domestic violence; body action and imagery are key aspects of an Evan's approach to working with survivors, but here they could be used within the context of the therapeutic movement relationship, something recent authors have described as a primary factor in many dance therapists' practice (Downey, 2016; Young, 2016). This was seen in MacDonald's (2006) use of symbolic movements with a client with trauma history to re-craft her story through choreography; the dance became a metaphor from which they worked with her trauma and with her vision for the future, something she experienced empowerment through owning. Dance acted as a container, providing the distance needed for transformation when working with

overwhelming emotional content (MacDonald, 2006), something echoed in Chang and Leventhal's (2008) use of externalizing and physicalizing movement interventions. While Chacian DMT is often thought of as primarily used in psychiatric hospital settings, MacDonald (2006) noted that Chace's early work with hospitalized soldiers following World War II was essentially with the PTSD population. A translation of using Chacian DMT with domestic violence survivors appears to be a viable alternative to the focus of work using Evan's approach.

The process of empathic reflection is often considered the cornerstone of Chace's dance/movement therapy work. However, differing interpretations of what this means can be seen throughout the literature depending on the author's theoretical orientation (Fischer & Chaiklin, 1993; Fischman, 2009; Sandel, 1993). Recently, Downey (2016) has provided a clarifying definition of empathic reflection, rooted in a phenomenological investigation of 10 dance/movement therapists' experiences: "a verbal and nonverbal process that occurs in the present moment experiential synchronous relationship between a dance/movement therapist and client" (p. 55). Downey (2016) continued, sharing the purpose is to "efficiently and genuinely engage in a deeply contextualized relationship in order to fully understand the client's verbal and nonverbal experience and expression" (p. 58). Most authors speak of the process of empathic reflection with inherent relationality (Downey, 2016; Fischer & Chaiklin, 1993; Fischman, 2009). While relationships rooted in empathic reflection are commonly described as warm, loving, and accepting, they also can be places of vulnerable exposure (Downey, 2016). Regardless, Downey's (2016) participants described the process as facilitating deep relationships quickly by attending to more communicative information in the relationship. This calls to the fundamental value of relationship in dance/movement therapy work and how powerful a holistic approach to empathy can be in establishing safe relationships.

Therapeutic movement relationship with survivors. Several authors bring this emphasis on the therapeutic movement relationship to their dance/movement therapy work with survivors of domestic violence. One primary example of this is in the use of mirroring to develop trust and empathy with clients (Chang & Leventhal, 2008; Devereaux 2008). Other authors emphasize the therapists' embodied engagement in the therapeutic relationship in order to holistically feel with their client on a deep level (Ben-Shahar, 2012). Through an embodied approach to empathy the clients' emotional experience can be brought into the space of the relationship and out of the individual's subjective experience (Ben-Shahar, 2012). This empathic process has been described as the "safe containment of a creative collaboration resulting in resonance" in the therapeutic movement relationship (Young, 2016). While it can be painful for both the client and therapist to process traumatic material in an embodied relationship (MacDonald, 2006), it is through the therapists' self-regulation that healing can occur for both (Ben-Shahar, 2012). This was illustrated by Combs (2005) in her graduate thesis case study with an adolescent in foster residential care who had a history of complex trauma and domestic violence. She used kinesthetic attunement and embodied relational engagement to create a strong empathic connection in her therapeutic relationship, fostering increased self-esteem, expression, and interpersonal interactions for her client (Combs, 2005). Moments of connection in movement, such as a co-choreographed dance, served as anchors from which relational disconnections were weathered and growth occurred for both (Combs, 2005). This is a demonstration of Metz and Morrell's (2008) theory of creativity in the process of resiliency, suggesting a role for DMT in relational-cultural therapy practice. These studies re-iterate the value in therapists' ability to deeply align with clients in mutual empathy, finding a shared space from which growth-fostering relationships are created and thrive. This is where the potential for healing in relationship lies.

Conclusion

Leventhal and Chang (2008) wrote that DMT “...provides an approach that can operate conjunctively and cooperatively with other paradigms present in clinical settings” (p.164). Initial evidence of such an interaction is presented by Combs’ (2005), who showed how the nonverbal connection in DMT can provide an inroad to vulnerability in the therapeutic relationship, something that is at the heart of healthy, growth-fostering relationships (Combs, 2005; Jordan, 2000). Although Combs (2005) showed how RCT can be used to understand the therapeutic relationship in her DMT practice, there is yet to be published work explicitly studying how the two therapeutic approaches can be used simultaneously. This is despite similarity in key concepts and DMT’s history of integrating other psychological theories into practice (Chaiklin & Schmais, 1993; Downey, 2016; Rifkin-Gainer, et al., 1991). Chacian DMT is even grounded in the roots of relational psychotherapy through Sullivan’s influence (Fischer & Chaiklin, 1993).

Relational-cultural therapy has also been used in conjunction with other approaches, like trauma-informed frameworks and play therapy (Banks, 2006; Birrell & Freyd, 2006; Vicario et al., 2013). RCT is beginning to acknowledge the role of the body in domestic violence work, but is still wanting of explicitly body-based interventions (Banks, 2006; Ben-Shahar, 2012), thus critically overlooking the significance of a holistic body-mind approach that DMT could provide. If growth comes from bringing your full self into relationship, which hinges on identification and sharing of inner subjective experiences, then the body logically has significant involvement. This assertion is supported by Devereaux (2008) who showed the use of the body to foster self-exploration and expression to be especially relevant within the domestic violence population. What, then, would it be like to intentionally use the methods of dance/movement therapy with the principles of relational-cultural therapy? Given RCT and DMT’s value of

relationship as the place for healing, I more specifically wonder: what is the client experience of relational-DMT and the therapeutic relationship that is established? Importantly, both therapies agree in the direction that work with survivors of domestic violence should focus; goals of empowerment, increased self-esteem, and shifting interpersonal patterns are found in the respective literatures (Bernstein, 1995; Devereaux, 2008; Hartling, et al., 2004; Jordan, 2000, 2009; Oakley, et al., 2013). This similarity in therapeutic aim lays valuable groundwork in being able to use the frameworks together. It also suggests secondary research questions of how relational-DMT impacts survivors' relational images and their sense of selves.

It is interesting that Jordan (2008) described the therapist's aim as finding movement in the healing relationship, with the hope that it is extrapolated to relationships in the client's life. Was the choice of the word *movement* a conscious allusion to the body, or a syntactic coincidence? Was she unknowingly illuminating a key inroad to her theorized empathic, hope-instilling relationship? Here lies an opportunity for further research.

Chapter Three: Methods

As the literature suggests, there is potential for relational-cultural therapy (RCT) and dance/movement therapy (DMT) to be integrated (Combs, 2005; Fischer & Chaiklin, 1993). While both RCT and DMT fields are adept at using case studies to illustrate their theoretical foundations, a gap still exists in providing a detailed account of the clients' experiences. Most of the cases encountered in RCT literature are solely from the therapist perspective: narrative illustrations of the therapeutic relationship written in retrospect of the services (Walker & Rosen, 2004). Systematic observations, data, and the client's voice are often missing. Following a survey of the literature on these fields, as well as domestic violence literature, I was left with the desire for an in-depth analysis into what the experience of relational-DMT was with my participants. As you will read on, a qualitative case study was used to explore these research questions.

Methodology

This study used a qualitative case study methodology, which Creswell (2007) described as an "approach in which the investigator explores a real-life, contemporary bounded system or multiple bounded systems over time, through detailed, in-depth data collection involving multiple sources of information and reports a case description and case themes" (p. 97). The study is structured around two defining features of the methodology, as it is an in-depth and descriptive exploration of my clients' experiences (Creswell, Hanson, Plano Clark, & Morales, 2007). This study uses an illustrative approach, where three client cases are used to illustrate a unique area of inquiry, the integration of therapeutic frameworks (Creswell et al., 2007). Multi-case qualitative case studies provide the opportunity for within-case and cross-case thematic analysis, illustrating both individual patterns and more common experiences of the issue

(Creswell, 2007). The use of multiple cases allows for a diverse sample of experiences to inform a broad understanding of the therapeutic experience and honors the diversity within the clinical population of domestic violence survivors. Thus, this methodology was selected to answer the research questions due to its combination of depth of inquiry and specificity to the cases involved.

There are other features of a qualitative case study that made it the most appropriate method for the study. Creswell et al. (2007) emphasized that case studies seek an understanding of the issue within its existing context. The consideration of both the time and place bounding the cases was an important differentiation from other qualitative methodologies, such as narrative research (Creswell et al., 2007). Creswell (2007) also described how intertwined the researcher is in a case study: acting as co-participant, researcher, interviewer, data analyzer, and transmitter. This felt appropriate for my questions about the therapeutic relationship, given how many roles I already held and knew I would hold as I entered into the study as both clinician and researcher. This is an inherent aspect of case study research and something which pre-existed my study. The biasing impact of these multiple roles was mitigated through several aspects of the data collection and analysis procedures, which are described below.

Finally, Creswell (2007) also noted that qualitative case studies, while typically used for thorough understanding of a problem or case experience, can be used for theory generation. This is another reason why the methodology was selected. The generation of preliminary theory regarding the impact of relational-DMT on survivors' healing will hopefully provide a basis for further future research on the topic.

Participants

Clients receiving free, short-term counseling at a domestic violence service agency were eligible for this study. Specifically, clients needed to be adults 18 years of age or older, receiving individual services with myself during the four-month period of data collection. At the time of research, I was a DMT student and serving as the clients' primary therapist/counselor while under supervision of the agency's clinical coordinator. All ability, ethnicity, gender, racial, religious, sexual orientation, and socioeconomic identities were eligible for inclusion in the study, given that domestic violence is a societal issue that knows no demographic bounds (CMBWN, 2013). All services and research were conducted in English. Clients are excluded from services at the agency if they have any unmanaged psychiatric diagnoses or substance abuse. Inclusion in the final study required completion of the informed consent form (see Appendix B) and full completion of data collection procedures.

Four clients agreed to participate in the study, however only three fully completed the data collection procedure. Accordingly, data collected from the non-completing participant was discarded from the study and not included in data analysis. The three participants, with ages ranging from 25-50 years old, differed from myself in a variety of cultural identifiers. Two of the participants were no longer in their abusive relationship, but continued to have intermittent contact with their abuser. The third participant was in the process of ending the abusive relationship during the course of the research. While all the participants had previously received some type of counseling services, none had experienced a creative arts therapy or relational therapy. As their primary therapist, I also provided case management services to all three participants, which included economic counselling, resource referrals, and external advocacy. Throughout my discussion, I will use pseudonyms and the pronouns of they/them/their to respect

the confidentiality and anonymity of the participants. I will also use the term *survivor* to refer to those who have been impacted by domestic violence, in alignment with the current literature (CMBWN, 2013); clinically, I reserve the use of this term until the individual client identifies as such.

Recruitment procedure. Participants were selected from my clinical caseload at the service agency. I was instrumental in the selection of cases for the study; purposeful sampling was used to ensure that the cases were ethically sound (Creswell, 2007). This was done in consultation with the agency's clinical supervisor. Clients were excluded from the study if the collection, analysis, or publication of data posed extreme risk to their health or safety due to their current circumstances. The agency, following a trauma-informed model, honors survivors as the most knowledgeable about their safety, a value that was upheld through the recruitment procedure. Qualifying clients were verbally invited to participate in the study during their therapy session and given the informed consent form (see Appendix B). The clients took the form home to read independently if it was safe, otherwise they were given time to do so at the agency. In the following session, typically one week later, I provided the client with the opportunity to ask any questions and thoroughly discussed the process, including confidentiality measures. At that time the client signed the informed consent form if they wished to participate. The data collection began the same session.

Setting

Research was conducted at a non-profit agency providing services to domestic violence survivors in a large, diverse, metropolitan city. Dance/movement therapy sessions were conducted in the group/conference room or counseling offices at the agency's headquarters. Completion of data collection methods involving the participants, (the HAT

questionnaire and interviews [see Appendix C]), were conducted in the same environment as the therapy sessions. Embodied session narratives were completed at the agency's offices and my home. Data analysis was conducted at my home or on Columbia College Chicago's campus.

Therapeutic Approach

The principles of relational-cultural therapy and both Evan's and Chacian approaches to dance/movement therapy were used to guide the work in a present, organic process that was unique to each therapeutic relationship. A detailed account of the interventions used is outside of the scope of this study as they differed for each participant and session. With that, there were commonalities in the counseling approach used with all participants.

Each session began with a mindful, embodied check-in. Participants had ownership in choosing how they would like to begin the session and find presence in their bodies using tools and techniques we had developed together in early sessions, some of which preceded the study. The body of sessions flexibly used various dance/movement therapy interventions, which were chosen based on the participant, the content of the session, and length of time working together. These techniques enhanced personal differentiation and integration; they were chosen in accordance with participants' clinical goals, which were self-identified and evaluated at three points during services.

Throughout sessions I maintained personal body awareness. This was done for two reasons; first, to continually self-monitor while in relationship, as an indicator of the relationship itself. This was important clinically as well as for data collection methods. Second, body sensing and knowledge was used to connect with clients and guide the session through kinesthetic, or embodied, empathy. Sessions typically ended with movement experiences to find grounding and closure. Often, expressive, symbolic movement use would increase as the session

progressed, which we would revisit in a pose or image for closure. Alternatively, a return to grounding, mindfulness exercises oriented to the five senses would be revisited to find self-regulation and safety from which clients could proceed with their days,

Procedure

Data collection methods. Three tools were used for data collection: The Helpful Aspects of Therapy (HAT) questionnaire, embodied session narratives, and a semi-structured interview (see Appendix C). These tools provided the perspective of both myself and the participants to illustrate both experiences of the relationship. The HAT questionnaire and interview captured the participants' experiences, while the embodied session narratives were written from my point of view. The primary focus of the data, however, remained on the participants' experiences of the therapy. My focus through the embodied session narratives was on the relationship itself; my embodied experiences were taken as an indication of its character. Thus, the three tools were selected with the intention of providing different perspectives. As will be described, they also provide a documentation of the work over time and are compatible data types, allowing for smooth integration of analyses.

Helpful Aspects of Therapy questionnaire. Following each therapy session the participants completed the Helpful Aspects of Therapy (HAT) questionnaire (see Appendix C) (Llewelyn, 1988). The HAT questionnaire is a paper and pen tool used to record participant experiences in change process research, which looks at both how and why change occurs in therapy (Elliott, 2012; Llewelyn, 1988). The tool is a self-report measure gathering mostly qualitative data; it asks participants for the most helpful moment in the session, why it was helpful, and the degree of benefit (Llewelyn, 1988). It also asks what was unhelpful about the session and why (Llewelyn, 1988). The tool was used in this study to look not at change itself,

but to investigate the therapeutic relationship, which within the RCT framework is where change occurs. By providing insight into participants' immediate appraisal of the session this tool supported an understanding of how the frameworks could interplay on an intervention level. The tool can also be incorporated into therapy sessions, and has been reported to create less intrusion and reactivity in clients than other qualitative research methods, while supporting their processing of therapy (Elliott, 2012).

Embodied session narratives. The second data collection tool used was the embodied session narrative, a form of participant-observer case documentation described by Fogel (2007). These narratives were my in-depth, detailed documentation of the session's events; my personal experience, the interventions used, participants' responses to interventions, and participant experiences were thoroughly described in an embodied manner. This was done using general, open body awareness (Fogel, 2007); in addition, mindful attention was given to the sensations, images, feelings, and thoughts that arose, inspired by Siegel's (2010) SIFT technique. These personal findings were recorded, in addition to any verbal or nonverbal observations taken of the participant and as much dialogue as could accurately be recalled. This approach emphasizes immersion into the session and participants' experiences through body sensing and knowledge (Fogel, 2007). I approached the narratives as creative writing, to retain the spirit of the unfolding relationship being described (Fogel, 2007). Fogel (2007) emphasized the significance of this method's ability to show the "emergent process of interpersonal navigation and mutual understanding" (p. 3) at the heart of therapeutic relationships in an authentic, open, compassionate manner. Thus, this approach holds many of the same values as relational-cultural therapy, and incorporates the validity and reliability measures of phenomenological research

methods (Fogel, 2007). The documentation was recorded in encrypted electronic files that were de-identified and stored in a password protected computer.

Semi-structured interviews. The final method of data collection was a semi-structured, general interview that I conducted with each participant individually (Turner, 2010). According to Yin (2009), interviews are one of six standard forms of data collection used in case studies. The general interview approach uses questions focused on particular topics, but allows the researcher flexibility in how they are asked and in the follow-up questions used (Turner, 2010). This approach suited the purpose of this study's interview, which was to expand and deepen the understanding of themes developed with each participant through the course of data collection. It also provided participants space to reflect on their sense of themselves and relationships beyond the therapeutic relationship. Five question sections, each containing one or two related questions, were used as the basis for the interview (see Appendix C). These questions targeted specific, pre-determined foci: the relational development that occurred between therapist and participant, the participants' experience of using movement and connecting with their bodies, and the broader impact of the therapy on participants' lives, especially regarding their other relationships. These nine questions in total created the basis from which a conversational interview proceeded; I also constructed questions unique to each relationship. These individualized questions developed more organically from the thematic content that had emerged in the therapy sessions and member checking. In this way, the interview also provided an opportunity to have a final, more elaborate member checking experience.

Data collection procedure. Data collection began in the same session the participants signed the informed consent form. The first form of data collected was the Helpful Aspects of

Therapy questionnaire (Llewellyn, 1988). At the end of each therapy session, I provided the participant with the questionnaire to complete, giving them as much time as needed. After, I reviewed the answers briefly. Then the participant and I spent five to ten minutes discussing and elaborating on the answers, relating the helpful and unhelpful aspects of therapy to their experience of dance/movement therapy and to our budding relationship.

After the session, I jotted down any notes pertinent to the embodied session narrative. Full completion of the embodied session narratives occurred within the following 24 hours. This was completed at my home on my personal password-protected computer, using encrypted files. Documentation involved grounding and finding presence in order to reflect on, remember, and re-embody the session. I took time to SIFT, as described briefly above, through the session, taking care to monitor and include both their own and the participant's interactions. Due to the intensive nature of the process, recuperative breaks that included movement and mindful breathing were included in the writing process. These data recording sessions typically took two to three hours.

The HAT questionnaire and embodied session narratives were completed following each therapy session. Six to eight therapy sessions for each participant were used in data collection, which occurred over a three-month time span. The final interview took place immediately following the final session of data collection, in the same location. I verbally briefed the participants on what the interview would entail: the intent, types of questions, length, and invitation to answer to the best of their ability and comfort level. Interviews were conducted verbally, using language regarding the body that the participants and I had developed during our work together. The interviews began with content that logically flowed from what had just been experienced in session, using both predetermined and organic questions, as previously

described. The interviews ran 20-40 minutes in length. The interviews were audio recorded, and later transcribed verbatim. In the transcription, silence and audible breath were documented as indicators of embodied moments of thought and experiencing.

Procedural Adaptation. Due to technological difficulties one of the participant interviews was not successfully recorded. As a result, the data collected from this interview was not transcribed verbatim from an audio recording. Rather, immediately following the interview I recorded as much as possible by memory. Remembering is a method of data capture for interviews that relies on the researcher's empathy and active listening skills (Kvale, 2007). While the method has obvious limitations in terms of the interviewer's memory capacity, Kvale (2007) also described its benefit: "the interviewer's active listening and remembering may work as a selective filter, not only as a bias, but potentially also to retain those very meanings that are essential for the topic and the purpose of the interview" (p. 94). I contacted the participant by phone later that week to verify my documentation. I read the data to the participant, who was then given the opportunity to clarify, correct, and elaborate on the points, thus providing validation. The conversation lasted 10-15 minutes. This process closely resembles the third step of interview analysis described by Kvale (2007), where the researcher condenses the data and receives feedback on the interpretation by the participant in a "'self-correcting' interview" (p. 102). As will be elaborated in the next section, this method of analysis is similar to the thematic grouping and member checking that occurred in the analysis of all data and thus remains in line with the study's methods.

Data analysis. The goal of data analysis in a case study is to better understand the cases as they represent the issue of investigation (Creswell, 2007). An analysis method was sought that would allow the flexibility to illuminate salient pieces of the unfolding relationships as they

arose, while still facilitating the structure needed for delineated within-case and cross-case analysis. Accordingly, Forinash's (2012) method of qualitative data analysis was adapted for both within-case and cross-case analysis in the study. Forinash (2012) described six steps of analysis:

1. Review the data and organize into categories
2. Mark significant or meaningful parts of content
3. When "saturated" with data, organize content into themes
4. Check themes back with the source of the data
5. Construct a description of phenomenon being studied, looking for generalizations and relationships within and between themes
6. Present findings in a form that communicates understanding.

Within-case analysis. Data analysis steps one to three were conducted for each therapy session that occurred. In step one, data was categorized by collection method: embodied session narrative or HAT questionnaire. Step two consisted of immersing myself into the data, using visual or verbal codes. Visual codes consisted of specific patterns of identification, such as unique circling or highlighting, while verbal codes were typically keywords either within the data or providing a summary of the code content (Saldana, 2012). This was done several times with the data until emergent themes were noticed. In step three of analysis, codes were either broadened into coherent themes or relationships between codes were noted. At this early stage of analysis, the themes and codes were marked on the data itself. Codes of *relational images* and *sense of self* (see Appendix A) were brought into the analysis; they are concepts found in RCT, DMT, and trauma literatures, as well as in the population's clinical goals (Chang & Leventhal, 2008; Herman, 2015; Jordan, 2009). Thematic codes were also drawn inductively from the data.

In the fourth step of analysis, themes were brought to the participants for clarification and refinement in member checking sessions. After each therapy session, the participant and I illuminated the themes present as they related to the moments identified on the HAT questionnaire. In this way the participants played an integral role in highlighting the salient material emerging from the data. As the data collection period progressed analysis continued with consideration of the aggregate data; themes were continually revised to incorporate both the feedback from member checking sessions as well as new data.

The fifth step of analysis entails the interpretation stage, also described by Creswell (2007). The data was considered more globally for connections, patterns, and insights existing between codes and themes. Visual representations of the data, like the matrices described by Miles & Huberman (1994), were used to facilitate this process. Throughout data collection and analysis, I completed analytical memos: reflective writing regarding thematic ideas, identified biases, questions, and theoretical wonderings (Marshall & Rossman, 2011). These writings contributed to the emergence of themes and case interpretation, and provided an explicit history of idea development and tracking of biases.

Cross-case analysis. After the process of categorizing, coding, theme development, and interpretation from steps one to three was completed on a case-by-case basis, the same procedure was used in formal cross-case analysis. In cross-case analysis, data from each participant was aggregated by the category of data collection tool (embodied session narratives, HAT questionnaires and interviews), and themes were illuminated through coding and visual representation. In step four of cross-case analysis the themes and theories generated were brought to an external auditor, instead of the member checking of within-case analysis. It must be acknowledged that content emerging from within-case analysis, which occurred concurrently

for all three cases, undoubtedly influenced the development of themes across cases. Since the three relationships unfolded at the same time, they influenced each other both clinically and theoretically while I grew in my role as a dance/movement therapist.

In the fifth step of cross-case analysis, categorical aggregations from each set of within-case analyses were considered to inform the direct interpretation of individual moments in the data (Stark, 1995). It was through analysis of both the commonalities between cases, as well as unique findings in each case, that the hypothesized relationships and explanations were revised to what is likely a more thorough and accurate description of the survivors' experiences of relational-DMT. Added to Forinash's (2012) fifth step was the explicit consideration of alternative understandings and explanations of the data (Marshall & Rossman, 2011). By considering alternative explanations of the results my biases, both as a therapist and a researcher, could be reflected upon. This aspect of analysis was supported by my use of memo writing and through consultation with an external auditor.

The final step of analysis described by Forinash (2012) is the presentation of data. In the subsequent chapters, descriptive excerpts are used not only as illustrations of theoretical concepts, but to provide representations of the lived, sensory experiences of the relationships that were created. Data excerpts from the embodied session narratives, HAT questionnaires, and interviews were edited for grammar and revised for confidentiality, ensuring the anonymity of the participants. The Findings and Discussion chapters that follow weave together case descriptions and contextual data with the theoretical understanding that was developed through analysis, honoring the individuality of each survivor's experience, while searching for meaningful commonalities in the therapeutic process.

Validation strategies. Validity and reliability of the findings was addressed through member checking, immersion in the data, and consultation with an external auditor. Member checking was conducted following each session with the participants. Member checking consisted of a five to ten minute conversation with each participant focused on themes emerging from that and previous sessions. In addition to being step four in the data analysis process, it also provided an opportunity to clarify participants' responses on the HAT questionnaire. According to Elliott (2012), participant responses on the HAT questionnaire can be vague, global, or lacking in sufficient detail, thus member checking following the tools' completion provided a deeper inquiry into the moments identified as significant. This validation of my interpretation of the data provides a level of credibility to the developed results (Creswell, 2007). Embodied session narratives were written with the rich level of description that Creswell (2007) described as a measure of validity in qualitative data. To ensure accurate, thorough descriptions of the events embodied session narratives were written within 24 hours of the session and included both verbal and nonverbal experiences.

Finally, an external auditor, the clinical supervisor at the agency, was used to address the validity and reliability of the thematic analysis of within- and cross-case observations (Creswell, 2007). I met every four to six weeks with the auditor for one hour, beginning one month into data collection. The conversations were recorded and subsequently transcribed for reference throughout the analysis process. Discussions centered on the themes and interpretations of data, tracking of researcher bias, and therapeutic guidance. I shared my interpretations of themes and received questions from the auditor on how the interpretation was being approached, what led to these understandings, and what was contained in the themes. The auditor continually

encouraged me to come back to body-knowledge and trust in my experiences with the project. The auditor also at times provided supportive literature to reference.

Ethical Considerations

Seeking domestic violence services can be a situation filled with risk for survivors; even identifying the relationship as abusive can threaten their safety. In recognition that survivors of domestic violence are a protected population the service agency takes various steps, like maintaining a confidential location, to minimize risk. Through the publication of this study the participants' level of risk is increased by expanding the accessibility of aspects of their stories. The following steps were included in the study to address this added risk level.

The safety of all participants was firstly ensured through the thorough recruitment and informed consent process before participation was accepted (see Appendix A). The increased risk was primarily minimized by focusing the data analysis and presentation on the therapeutic relationship, as opposed to the relationship of abuse and the participant's stories of violence. The participants were invited at the study's outset to exclude any information from the data collection that was outside their comfort level or that they felt threatened their safety. Member checking provided participants the opportunity to regularly evaluate their comfort with the aspects of their story being shared. Finally, collaborative safety planning was conducted regularly with participants, as is standard in the service agency's counseling services. I was thus prepared to develop a comprehensive, personalized safety plan with each participant if any risk arose due to personal circumstance or the research.

Participants' anonymity was protected by excluding any identifying information in the embodied session narratives and interview transcripts. Participants were identified by gender-neutral false names, and the service agency was not described by name or location in any written

materials. All written materials were stored in password protected electronic documents, on a password protected computer to further ensure confidentiality of the data. In addition, audio recordings were stored on a password protected computer until thesis submission, at which point they were destroyed. The informed consent and HAT questionnaires were stored in a locked filing system in my home. These were shredded following thesis submission.

The service agency's limits to confidentiality were upheld throughout the research process. This was reviewed with participants prior to participation and included in the informed consent form (see Appendix A). As a mandated reporter, I am required to report to authorities any information that indicated the client might cause themselves or others harm, any concern that a minor under the age of 18 was being abused or neglected, or if any persons aged 60 years or older were being abused or neglected. Confidentiality of participants' identity was upheld throughout clinical consultations with the clinical supervisor and counseling team, which were conducted as part of the service agency's standards of practice.

A final ethical consideration was my dual role as primary researcher and clinician to the participants. Participants were assured during recruitment that they could terminate participation in the study at any point without impacting their clinical services. They were also notified of their right to request another counselor should they wish to do so. Holding a dual-role of this type inevitably introduces an additional degree of power difference in the therapeutic relationship. Power differentials in relational-cultural therapy are addressed, and minimized, through the values of transparency, mutuality, respect, and authenticity for the other in relationship (Miller, 2010). Power dynamics due to the roles held in the therapeutic relationship, and from cultural differences between researcher/therapist and participants, were brought openly and authentically into therapy sessions.

Chapter Four: Findings

This study describes the therapeutic relationships formed with three survivors of domestic violence receiving individual relational-DMT. The study explored the questions: How do survivors of domestic violence experience relational-DMT? and how do survivors experience the therapeutic relationship that we establish together? Secondary research questions of how relational-DMT impacts survivors' relational images and sense of selves were also explored. These questions were answered by several findings that were composed of the themes developed through data analysis. The term finding is being used, as opposed to results, because this feels more appropriate for the discovery work that went into the project. These were phenomena that pre-existed and will last beyond the research, not a result of one particular intervention, strategy, or impact. This chapter will outline these themes (identified in italics) and describe how they contributed to the findings. These findings will be illustrated through data excerpts from the participants: Adi, Riley, and Jackie (gender-neutral pseudonyms). Gender-neutral pronouns are used throughout the data excerpts and descriptions in an effort to respect participants' identities. While the findings will not be described or illustrated as they relate to all participants, these are features that were present in each of the therapeutic relationships. In all, the data collected stands as a document of the stories these participants brought to the work, and the therapeutic relationships that developed in the process.

Several themes developed from the rich textual data of the embodied session narratives, Helpful Aspects of Therapy questionnaire, and interview transcripts. Themes identified through analysis were: *authenticity, body awareness, body feedback, breath, choice, disconnection, hope, presence, relational images, ritual, sense of self, timelessness, trust, vibratory awkwardness, and visceral knowing*. Theme descriptions can be found listed in Table 1 (see Appendix D). Most

themes emerged organically and were shaped through conversations with the participants and the external auditor. *Relational images* and *sense of self*, however, were themes derived from the literature (Herman, 2015; Jordan 2009; Miller, 1986a). Through later stages of data analysis these themes were woven together into several findings, which form the answers to the research questions. As this occurred it became apparent that there were not discrete families of themes answering each research question, but rather a dynamic, thriving web of phenomena that inter-relate and impact each other. Moments in the relationship would oscillate through authenticity and disconnection; trust became a grounding source for the vulnerable, embodied knowledge that was built; this embodied vulnerability in turn deepened the trust that we had even further. These results truly feel like more of a living, breathing, flow of energy: the ecosystem of the therapy. Essentially, however, themes emphasized the role of embodied empathy and authentic connection in movement as key factors in developing and maintaining the therapeutic relationship with these participants.

Overall, my participants experienced their therapeutic process in relational-DMT as something excitedly new, uncomfortable, and physically *vibratory* (see Appendix D). They shared with me how they felt deeply understood, and together we tried to figure out why that was. I engaged in this exploration with my participants from my own experience of growth: discovering what my creative healer could hold and my heart could share. We determined it was how the body and movement were used as a way to relate that contributed to how our connections existed. For my participants, this was also an experience that felt exposing at times, particularly when in the intimate vulnerability of movement. But, this was couched in a relationship where my participants felt honored as individuals and safe from judgement, blame,

and shame. As a result, they proceeded into this exposed, vibrational newness with me and found growth, both in their understanding of themselves and of what a relationship could entail.

Embodied Empathy

Embodied empathy, the joining and feeling with another through mind, body, and spirit (see Appendix A), played a crucial role in the development of my therapeutic relationships with Adi, Riley, and Jackie. The themes of *authenticity*, *body awareness*, *body feedback*, *breath*, *presence*, *trust*, and *visceral knowing* contributed to my understanding of this concept. These themes illuminated how my use of kinesthetic empathy and empathic reflection facilitated mutual empathy in these relationships.

In understanding how empathy existed in these therapeutic movement relationships, the theme of *authenticity* bridged the relational-cultural and dance/movement therapy perspectives. From relational-cultural therapy, I focused on the mutual use of empathy by authentically allowing the participants to impact me. Themes of *visceral knowing* and *presence* were seen in the data, indicating my attunement to how this impacted me in body, mind, and spirit. Critically, this impact was then communicated back to participants verbally and/or nonverbally by my sharing of detailed, yet curious feedback and questions regarding their experiences, grounded in my own experience. This process came to be labeled as the *body feedback* theme. Through data analysis, I came to see that the process of attuning to the participants' embodied presence was a fundamental aspect of my approach to relational-DMT. The images and sensations I gathered formed the architecture of my understanding of the participants. While it was present in all three therapeutic relationships, it was prominent in my work with Riley. These images and sensations formed metaphors from which we could work in a relational manner, such as the 'tornado' described in the following embodied session narrative excerpt.

Riley's speech accelerates and they launch into their pattern of light, fluttery, chattering. I get caught up in the many details with them, reviewing once again the plot of Riley's life - what their ex-partner, and new partner, and family members are all doing, updates on Riley's court cases, predictions of what the future holds, Riley's finances...At this point the friendliness of our relationship makes it easy, this is our pattern. We chatter for the first half of session. My upper and lower body feel disconnected. The gap being in my lower torso, my pelvis - exactly where we sink in sadness. The two of us.

*"So there's all **this** happening," I emphasize by making the actions of my visceral response with my hands: drawing frantic, light circles around my head like the whirlwind of a tornado. I motion to my heart and center, "But, what's happening here?" My speech is quick, trying to keep up with the speed of Riley's. I push myself to be in my body and meet Riley in their fast paced rhythm, hoping to bring us down into our hearts. It's also practical in the sense that Riley can't cut me off. Cut back into their self-protective chatter. "I dunno! Tired I guess. Tired. I guess sadness too cause like ugh, why is this?"*

I ask Riley what it's like to be tired and having to still go through all this...Their voice raises. They sit up straighter... "It feels like it just keeps going and going and going," Riley says about their battles with child support. They keep talking, going and going and going.

Figure 1. Embodied session narrative: Riley.

This vignette captures the way I entered into the participants' experience through my visceral understanding, shared it back through *body feedback*, and gained clarification with the participants. The experience then became shared; it existed between us, in our relational space.

I learned that this process provided a valuable experience for my participants when Riley shared they felt deeply understood during one of our member checking sessions.

I asked Riley to tell me more about what it's like to gain new awareness about their own and their kids' feelings and coping skills through my empathizing with them – something they also identified as helpful last week. Riley replied saying they think I understand what it feels like. I ask how they know that and Riley shared that by the way I ask questions, move questions towards the feelings and how Riley handles their life. That I justify their feelings. And their actions, like staying in the relationship for so long. Riley talks about feeling better when I shared information and normalized their experience. I ask if they feel seen by me. Riley responds, "Yes. I feel like you get it, that you understand what's happening." Riley shares that they can tell this by how I point out other aspects of the situations they're not looking at. How I see the other side of things that they don't see.

Figure 2. Embodied session narrative: Riley.

In my relationship with Riley, the process of being open to impact, something I experienced as *authenticity* in relationship, understanding through *visceral knowing*, and reflecting back through *body feedback* and *presence* created the feeling of being understood. In fact, this particular arrangement of themes occurred frequently during our conversations, many of which were based in their ‘tornado’ state. What Riley shared as helpful in this session was the result of this process guiding my verbal interventions, not just nonverbal movement interventions. This session showed to me how using an embodied, empathic process to guide verbal reflections could provide equally meaningful moments with participants as working in full-bodied movement.

The process of embodied empathy also brought me and my participants into a deeper sense of *presence* together, evidenced in the data by the sensory experience of the holding space of our relationship. With Jackie, I often had the sensation of energy scooping up and around us, a feeling that urged me to cradle and hug them in my arms, allowing for a release into my support. At that early point in our relationship, I sensed through listening to my gut, *visceral knowledge* that using touch in our work would not feel safe. Instead, I tried my best to portray the sensory feeling of support through words: I provided warm, generous reflection on my experience of Jackie and our relationship, sharing the strength and value I experienced in them as a person. This occurred in our third session together: after a review of service goals I reflected how beautiful I found Jackie’s progress and vision for the future. Jackie responded by advancing out of their chair, reaching across the space to embrace me in a tight hug. It was a spontaneous and authentic moment of connection. This type of sensation, consistent in its holding energy, was unique to each participant and relationship. With Riley it felt like a bathtub we sat in together, filled with warm water; with Adi it felt like flexible, flowing strands of energy weaving back and forth between each other. These sensations occurred to me in our deep moments of

connection, marked by *presence*, *authenticity*, and deep *visceral knowing* - the moments where it felt like our relationships jumped to another level of intimacy.

In our work together, Riley and I would often come back to the image of a tornado to represent the fast-paced sharing of plot-heavy details regarding legal cases with their former spouse (see Figure 1). The image was an anchor which brought me into my heart, we had gestures associated with it, and together we worked in movement to come down from the spinning thoughts which occurred around Riley's head, through *breath*, *body feedback*, and *body awareness*. Slowly but surely, we found moments when the spinning would stop and we could hold their feelings of sadness. I tried to catch each of these moments of softening, lengthening the experience for as long as Riley could tolerate – something I sensed through *visceral knowing*. We worked with how this shift from defensive to *authentic* emotional states shifted their embodied experience as well, finding ways through guided imagery to sit with the sense of spreading and softness that preceded the heavy, dropping, weight of Riley's sadness. These moments of connection were slower. Riley would use full *breaths* between sentences, appeared more grounded in their body: their feet on the floor, weight into their core, less tension through their neck and shoulders, more spreading through their torso. It felt airier in the room. Through the embodied empathy process described, Riley and I came to understand the tornado as a main strategy of avoiding connection; this process supported the working with participants in moments of both connection and disconnection.

In our next to last session, we came to speak of the tornado's presence together in our relationship. Riley shared, verbally and nonverbally, how they would escape their overwhelming emotions by indulging in their racing thoughts, even though it was tiring and uncomfortable.

“Yeah – it’s my way to recover...it’s my way to be like, okay there is a purpose, you can’t just let it go,” Riley says. I ask, “Thinking back to when we went to the beach and there was a piece of fear of sinking into this [sadness], for fear of not coming back out?”

“Oh yeah. Of course. Mhmm,” Riley can’t even laugh anymore. They’re caught in the sadness and fighting tears. I get softer again “Is that a piece of what this is providing you with?”

We sit with the sadness. The fear. The air feels thick in the little room, but we’re not lost in it. We’ve filled it ourselves. And now, instead of busying around it in the tornado, we’re noticing it. Riley apologizes and giggles for their tears, wiping them away. I can feel Riley trying to find the binding that pulls their emotions in. “I’m thinking - I’m thinking of trying to keep it together so I can keep going.”

...Later Riley shared, “I think I do it pretty often actually! It’s kind of...maybe it’s my signature ya know, you gotta let it go and pull yourself back up because there’s a lot to do. It’s probably what keeps me going, ‘cause I know I’ve got stuff to do”.

Figure 3. Embodied session narrative: Riley.

Yet, the tornado was not as uncomfortable as being vulnerably honest about the pain they were experiencing. Through our relationship Riley came to understand how both the tornado, their strategy of avoiding connection, and their deeper emotions both served and limited them in their life. This is how, for Riley, the trust that we built slowly and surely, and then sometimes with a jump, supported them in coming into closer contact with vulnerability in the presence of another.

Safety and trust. *Trust* emerged as another key aspect of my participants’ experience in relational-DMT; it was illuminated by themes of *authenticity, body feedback, ritual, choice, presence, and visceral knowing*, evidencing the inter-relationship of the themes (see Appendix D). These themes elucidated how complex trust was in our relationships; for my participants and myself it entailed finding trust in ourselves, in our therapeutic relationship, and in the work itself. It was inherently tied to feelings of physical, emotional, and psychological safety for my participants, and grounded in the radical respect of trauma-informed and relational frameworks.

In our work together safety was established through empathic relationship. This was accomplished by building a relationship grounded in respect for the participants as human beings - with value in their strategies of disconnection and coping skills. The qualities of safety and trust were indicated to my participants through embodied themes: *body feedback, body awareness, visceral knowing, presence, and authenticity*. Adi shared in the final interview how my focus on their nonverbal communication provided trust in the process of relational-DMT:

And I told you how you started saying things and noticing things, honestly some of it I wasn't ready to expose, to give out yet, and you were seeing it, and I was like daaang, dang! [laughter] She can help me. She can help me. You know, this is real stuff.

Figure 4. Final Interview: Adi.

My ability to understand Adi on a non-verbal level was something that, for them, proved I was professionally competent. For my participants, illustration of competency preceded an accepting, trusting connection.

Being a therapist present in an embodied manner also supported me in upholding the respect for my participants' boundaries, especially when working in movement. The knowledge I gained from my visceral experience helped me determine when and where to encourage my participants towards newness or change, and when to respect where they were in the process of growth and healing. This involved a process of coming to trust myself, particularly in the knowledge that my body and intuition holds, and was a large aspect of my growth as an emerging dance/movement therapist. An example of this occurred in early movement work with Riley, where a shift in energy from exploratory play to thick apprehension triggered a hitch in my gut. My vivid experiencing of Riley in that moment is documented in my session narrative.

A moment of true seeing when Riley shared that their lower body was okay. It didn't need that "letting go" we had been playing with through the arms, shoulders, and head. We locked eyes, but also my gut kicked in. Something deep in Riley looked at me, while not pleading, but something less helpless. An asking...please don't push there. My gut said something is there, perhaps that I don't know, perhaps that Riley doesn't know. Even in the moment it was one of the most sincere moments we've had. I had asked "Do you want to share the letting go with any other body parts? With your lower body?" I wiggled my hips embodying it for myself, as my lower body felt stuck and lonely...wanting the freedom the arms had experienced. I felt a softening in our eye contact. That was our empathy connection. Riley knew where I was headed, could sense it I think and I had a feeling. In that moment we took a breath together and my heart melted. I felt time melt away and just, stop. Timelessness. It was probably only for a moment, but it felt longer. And then we sat down. That was their boundary and I needed to respect that.

Figure 5. Embodied session narrative: Riley.

This was a point that, if not embodied and steeped in radical respect of my participants as the experts of their lives, I likely would have continued to encourage Riley to bring movement into their lower body. Only in our last session together did I see their legs join in any grounding movement. I took it as a testament to Riley's growing ability to yield, physically and emotionally. By trusting my own embodied understanding of my participants' stories, I facilitated safety in mind, body, and spirit.

Safety and trust were reinforced in our relationships through a balance of *choice* and *ritual/roles*. *Choice* was a subtle theme that wove its way through the data. In fact, it was not always complete freedom of choice. Adi, in the final interview, shared how my use of direction in movement work provided the structure needed to safely engage in such a foreign experience. I often found this in sessions, where if I was not direct and concrete enough in my interventions, there would be less participation. Strategies of *disconnection* would often arise in the void. I maintained a sense of acting from the relationship by directing sessions based on my embodied intuition and knowledge – the *visceral knowing* I gained through embodied empathy. The *ritual* use of movement, such as beginning my sessions with Adi with a body scan using self-touch,

created a safe structure from which to experience newness. This predictable format of movement exploration, with specific cues, supported Adi in finding the choice to reacquaint themselves with their bodies in a safe way. In this way we opened each session finding *trust* in ourselves and each other. This is an example of how the themes built on each other; the embodied themes of *visceral knowing*, *body awareness*, and *presence* that contributed to understanding how empathy existed in relationship further supported an understanding of the theme of *trust*.

While guidance and support were needed, it was essential to provide my participants *choice* in how they expressed themselves as individuals. This sense of choice in how they could be within our relationship, made it easier for my participants to “let their guards down”, as Riley shared. Respecting physical and relational boundaries by allowing options, providing space for individuality, choice to move, choice to relate to themselves, and choice in how and when to connect in relationship, all supported a sense of safety that established *trust* in our relationship.

Can I handle it? And immediately thought yes. Another energy ripple ran from my feet up through my chest. I knew it was safe in our relationship – I trusted Adi and felt in that moment that nothing they could bring out would change what I thought of them. I doubted if Adi knew that. I suppose that was my way of communicating it - inviting what they experience as the ‘bad part’ of themselves out into the open space between us. Channeled through the prop: a pillow. Adi took a huge wind up and moved into the follow-through as if on a sports field. Whether I flinched first or Adi cut the movement short, they didn’t let the pillow go. Instead they brought it back down and tossed it to me. Chuckling. My arms had jumped up to cover my face and I chuckled as well. I tossed it back.

Figure 6. Embodied session narrative: Adi.

This moment embodies the theme of *trust* as it appears through the data: all in the same moment I found trust in myself, trust in Adi, and trust in the relationship itself – that it could endure whatever came about through our movement exploration. Trust in our relationships meant that

we were willing to be seen; my participants dropped their *disconnection* strategies, let their guards down, and allowed me to glimpse their truths.

A theme in the understanding of *trust* with my participants centered on being able to bring their full selves into relationship, with *authenticity*. This was tricky. With Adi, *relational images* centering on our cultural differences made this difficult, as did the shame of their own history of abusive behavior. All three participants had aspects of themselves that they were hesitant to bring into our relationship; for Adi, one of these was their role as a parent. For example, Adi missed a session to support a child who was fighting with their own partner. This brought up much personal reflection for Adi about who they were as a parent, and as a romantic partner themselves. I sensed through empathic connection that, while this was something Adi was skimming over in conversation, it held emotional salience. I brought curiosity to what Adi was sharing, inviting questions and encouraging embodied work about these relationships; this became the most helpful aspect of the session, because it demonstrated to Adi that they could bring all of themselves into our relationship. In this same session, Adi shared that my movement observations, shared through *body feedback*, highlighted aspects of themselves that they would not have verbally introduced into our relationship. They were surprised, yet reassured that it was safe to be themselves with me. This contributed to *trust* with the participants; by coming to know Adi on a nonverbal level through empathic attunement and movement observations the relationship became a validating space of being seen with more full *authenticity*.

Choice, through the space to express individuality in movement expression, encouraged a sense of *authenticity* in our relationships, both for myself and my participants. These were qualities that often co-occurred with themes of *trust* and *vibratory awkwardness* in the data, as the participants gradually learned that these relationships were places where authentic self-

expression was safe. My visceral sense of being open to the relationship, previously described as a key component of my empathic connection, translated to the participants' experience over time. This appeared in the data when *trust* became explicitly communicated in relationship. One vivid example of this came from a member checking meeting I had with Adi, where they shared how it felt in their bodies to know that they trusted me.

I asked Adi, "How do you know you trust me? How does it feel in your body?" Adi took a moment, sharing that their muscles felt relaxed, released, clenching and releasing their fist and bicep to show what they meant. Adi went on, that there was something, some little sparkle that let go, making interesting twinkling gestures with one hand at their bicep. I shared what it felt like for me - about the basin and holding space of our relationship... Adi said they knew they could trust me a few sessions ago when they had a moment of "huh, she gets it" a particular enlightenment that seemed to prove my worth.

Figure 7. Embodied session narrative: Adi.

My experience listening to this was a moment of transformation; it was the first time I had such a tangible experience of being trusted by a client, something I sensed the entire time, yet as an emerging clinician still had my doubts about. This brought a huge shift to our relationship, it felt like the figure-eight strands of relational energy that defined my sensation of connection with Adi changed texture from airy wisps to woven, flexible cord; it became stronger. Following this we had more moments of authentic, vulnerable connection together: we discussed how our cultural differences influenced our ways of relating with each other, Adi disclosed increasingly deep, vulnerable content, and we worked in more full-bodied movement together. More moments where *vibrational awkwardness* appeared; marking new territory we were discovering in our relationship. In bringing our explicit experiences of *trust* into our relational space, Adi and I were then able to grow in our relationship together, knowing this foundation existed.

Connection in Movement

The use of movement was repeatedly shared by my participants as a key aspect of their experience in relational-DMT. Through movement, we found connection and an increasing sense of mutuality in relationship. This was supported in the data by themes of *timelessness*, *authenticity*, *trust*, *breath*, *choice*, *ritual*, and *vibrational awkwardness*. Embodied, mutual empathy also played a role in my understanding of how this finding existed; without a mutual sense of impact with each other the quality of our nonverbal connection would not have existed.

Moments where the theme of *breath* occurred in the data often marked a shift into connection with my participants. Synchrony in breath brought us into an embodied harmony from which emotionally resonant moments unfolded; often breath was the initiation into meaningful embodied moments. Connecting with my participants on such a subtle but powerful level supported the development of *trust*, which emerged as a co-occurring theme in the data. This was present during the embodied warm-up to sessions, exemplified by the *ritual* theme. The warm-up provided an opportunity for my participant and I to align in our breath. Breath was also the through-line of silent movement moments; it was a way in which my participants and I could be together, in connection, that was subtle and safe.

This sense of being connected in the therapeutic movement relationship was described by Adi in our final interview, when asked what it was like to explore in movement.

And I felt the connection to you, I felt like for good or for bad, you was going to give me a fair shot and tell me the truth. So that was very, very important. But, I think when I was in those processes [movement exploration] and I looked back at you, and I think...okay, I'm gonna give it everything I've got, cause there's something here, I believe that there's something here, I believe it. So I don't know how specifically how to get it, but I'm gonna follow her and give it my best shot and that's how those moments happened.

Figure 8. Final Interview: Adi.

Adi had many moments of illumination in our movement work together, producing realizations about their roles, values, and experiences in both healthy and unhealthy relationships. On a deeper level, Adi saw what personal needs were being satisfied in these relationships. These realizations came through embodying different postures and bringing relational dynamics into movement in space. Adi's description of their experience using movement in the therapy work confirmed for me several of the themes and findings that had begun to emerge: the *trust* that most of our work explicitly or implicitly nurtured had supported us in finding a place of exploration and discovery in movement. It also ushered us past our cultural and relational differences and into a sense of mutuality together.

Mutuality in movement. Exploring together in movement, and the type of connection that entails, created moments of mutuality (see Appendix A) in our relationships. Through finding connection in movement, and tapping into the energy of the holding space of the therapeutic movement relationship as described above, embodied empathy created the space in which we could connect in a mutual manner. In the holding space of the relationship we were on the same plane – together. This understanding of how movement facilitated mutuality stemmed from Riley's sharing of being deeply understood, and their slightly mystified description of what it felt like to be in relationship with me. Riley was unsure of how similar my history, story, or experiences were, but felt comfortable telling me anything based on how I joined them in their sadness. Riley felt okay being vulnerable with me because they felt a deeper, more even level of understanding than in their other close relationships. My experience of this was captured in a moment from our 'beach' session: Riley and I embodied their recuperative practice of going to the beach, laying in the sand and sun.

I can feel my nurturance coming out, I feel something womanly about laying on my side, watching and being with another in their moment of surrender...I feel myself surrender too.

Figure 9. Embodied session narrative: Riley.

As we laid side by side on the floor, steeped in Riley's sadness, a similar experience of cradling emerged for me as I felt with Jackie. We were co-existing in the experience, which was holding the feelings and spirits in the room. When something bigger than both of us was occurring my participants and I became mutual in the face of it. This typically occurred in significantly embodied moments, moments driven by my connection with embodied empathy and *authentic* transparency in relationship. In that moment we were totally open to each other; that freedom and flow, I think, encouraged Riley's expression of emotions. These feelings of nurturance commonly marked my embodied experience of mutuality.

Authentic connection. I knew that the therapeutic movement relationship was a very new experience for the participants. This was evidenced by the theme of *vibrational awkwardness*, which describes the physical energy of discomfort one experiences in the face of exploring something new. A pattern that emerged was that each step into a deeper, more vulnerable relationship was preceded by a significantly embodied moment. Movement appeared to play a crucial role in the development of our therapeutic relationship in the sense that it continually reinforced the environment of *trust* we had created together. Because of this, when we activated our embodied, empathic *presence* with each other the participants were ushered into a more vulnerable, *authentic* state and away from their strategies of *disconnection*. This occurred gradually in relationship in tandem with the other qualities like *trust* and openness I have described. This was evident in my relationship with Riley, seen in an excerpt from my

embodied session narrative describing the first time we entered into a vulnerable, authentic feeling state together.

We're just two people feeling feelings in the room. Things slow down. It feels like a moment. Riley starts to talk about how bad [the abuse from their former spouse] was – about how their current spouse saw it. That the two of them had a conversation about it the other day – that their current spouse reinforced and reminded Riley just how bad the physical abuse was. To me, Riley feels smaller, the 'bulldog' protection seems to come down. They slow down now, more pauses between sentences. Their eyes well up as I feel Riley move up and back in their kinesphere into the memories. I ask "Is it okay to feel the sadness?" "It's hard" Riley says, tearing up... We've locked eyes. I feel my weight as I sit in this deep, genuine, raw sadness. Not the melancholy despair of a teenager or love. But the hollowing, human, deep ocean blue that comes from human trauma. It's beyond heartbreak. I feel a scooping through my gut, the well of tragedy that sits below us, between us, within us, connecting us in that moment. The horror of human violence. The horror that it's in the past, that now they've moved through it, that they got through something they couldn't even process in the moment because it was too much for their nervous system. That they experienced violence so bad from someone that, even now, a part of them still loves. That their former spouse couldn't acknowledge their abusive behavior. And that Riley found someone who could acknowledge it and who did and who loved them anyways. Riley talks about their current spouse like they just wound up together. As if Riley isn't that attached – not crazy about them. Except for the times when Riley softens and reflects that their current spouse taught them what normal is. Or when, like today, they realize that without their current spouse, Riley probably would've gone back to their abuser. They would probably still be running through the streets and losing teeth. We together take a breath in this well. I have little doubt that we're sharing the same thoughts in this moment, even though of course I objectively have no idea. The profundity of this small conversation with their spouse is not lost on either of us. They saved Riley's life.

Figure 10. Embodied session narrative: Riley.

This was one of the first times I allowed myself, taking my supervisor's feedback, to fully submerge and open myself to feeling the depth of emotions my participants were bringing me.

This moment in our work together encapsulated many things: the use of the body to enter into a visceral, vivid sense of what was occurring for Riley; the *trust* we had developed with each other and ourselves to share in this vulnerable moment; how relationships can instill *hope*, as Riley's new spouse did; and true *authenticity*. We both shifted *relational images* in that moment. Riley for the first time exposed deeply vulnerable, emotional content with me, seeing that it was safe to

be in the terror and sadness of their abusive relationship. I learned I had the potential to be with and hold my participants in their sadness without sinking into my own. Our session continued:

We then used movement to ‘embrace’ the sadness – Riley hugged themselves– I joined them in it, focusing on our breath – I encouraged Riley to stay with it when they went to leave the movement. Riley closed their eyes; this is the feeling of witnessing someone in their truth, I understand that phrase deeply now.

Figure 11. Embodied session narrative: Riley.

This was the first time Riley began to let their “guard down” with me in an extended, tangible way. This authentic connection continued in the following session, when Riley invited me into their experience of recuperation as we embodied going to the beach. In sessions that followed we spent more time in connection with emotionally salient content and more time in movement. Riley began to close their eyes with me in meditation, move about the space in whole-bodied movement, and explore movement on the floor – experiences that illustrated many of the themes found in the data. We entered more frequently into a vulnerable, authentic space. This moment was a turning point in our relationship.

Mutual impact. As my participants and I developed mutuality, our relationships became places where we openly expressed what we meant to each other. I wanted to encourage the vulnerable sharing that occurred in our sessions and ensure the participants knew that when they shared deeply it held great meaning for me. When I could feel the raw uncertainty following a transformative moment, I verbally reinforced its significance to help frame moments in movement positively for my participants. This is exemplified by a moment when I noted the difference in my and Riley’s embodied states, following the meaningful experience of the ‘beach’ session.

I look at Riley – standing by the door, vibrating still. Exhaustion is clearly waiting in the wings, the adrenaline collapse after catharsis. Riley's ready to go, I can feel their acceleration beginning to pick up pace again, while I'm still in my chair lingering in the awe of what had just occurred. Savoring our moment. "Today was REALLY meaningful for me. Thank you. Thank you for letting me join you at the beach." They cock their head and nod only slightly, "Really? Oh...okay". And goes.

Figure 12. Embodied session narrative: Riley.

At the time this was a huge risk for me, it felt strange to so earnestly share how moved I was by our moment of connection and how grateful I was for being allowed to witness Riley cry. I admit to being disappointed at how unaffected they appeared in the moment; I thought that sharing was supposed to create this magic, co-creative moment of sparkling connection! As we continued our work together though, Riley let me know subtly how that mattered; they continued sharing and continued to play in movement with more willingness. Riley even coyly suggested that we could go the beach again. It felt like a flower blooming, to see the beautiful pollen filled stems at the core, delicate but potent. I believe this sharing led to my participants' feeling like a valuable contributor to the relationship, that they played a significant role in the ebb and flow of our relationship.

Presence and peace. As our relationships developed and we began to work more in movement, my participants and I began to find extended moments of true embodied presence together. This appeared for me in a sense of *timelessness*. Throughout my embodied session narratives, the theme of time frequently occurred: I wanted to slow some participants down, activate others, frequently ran out of time in the session, but most often I noticed when it melted away. The most salient moments in our data, the ones that both my participants and I spoke about with particular importance, had the sensation that the world outside of our relationship was blurring away from us. My sense of time vanished, as awe and *presence* took over me. I became mesmerized by the process unfolding in front of me. Personally, these *timeless* moments were

extremely nourishing, since they felt like a pure connection rarely found in the hectic world around us. My participants felt similarly. Jackie found peace and tranquility, a personally-set goal of their therapy, through working in movement. This is seen in the following excerpt from my embodied session narrative, after we explored moving in their personal space.

Jackie said the energy in their kinesphere felt like sunlight – I asked if it was coming from somewhere...they said it was everywhere. Like it was covering them. I pictured Jackie as their own star – beaming brightly and seeing the light around them, unaware it was coming from them. I wanted Jackie to know the light was there, I wanted them to have the most luxurious bath in it and let it warm them and the hole they felt in their core. I asked Jackie to hold onto this feeling of peace, as I moved closer, hands outstretched and started to spread light all around them, walking slowly, drawing a mid-space orb of light for them. I could feel my heart, not that it wanted to burst with love – not the normal feeling, but a slight choking as I felt nurturance. I wanted to feed back so many things to Jackie. Beauty and tranquility and a sense of worth, the warm yellow to pour all over and melt away their pieces of darkness. I had my palms facing them, our breathing synced as Jackie lowered their eyes and let me travel around their whole perimeter. I didn't get too close, cautious of hedging on invasion of their body. But as I drew the energy around Jackie I saw the peace; not pieces of their body but their wholeness. I saw Jackie in their peace, in the moment, how their breath grounded them. It was simply beautiful. I got around to the front and saw their face. Calmly relaxed, a smile rounding the corners of their mouth. The slightest hint of trepidation at this new experience - my assumption. But Jackie was standing in it. It felt vulnerable and honest and pure. Just like the sunlight. I felt innocent – the awe of a child seeing something brand new and remarkable in its purity. That's how I felt. I had a hard time finding words, and took a pause, we made eye contact, the corners of our eyes smiling, encouraging each other. We breathed in and out in sync, a settling. I think I said something along the lines of asking if Jackie felt it. If they felt the peace. Jackie nodded.

Figure 13. Embodied session narrative: Jackie.

It was an experience in which we were both entirely present to the sensory world we were co-creating; we were transfixed. This could have lasted mere seconds, or several minutes, to this day I am still not quite sure. For me, this moment with Jackie not only defined our work together, but has also become a defining moment in my development as an emerging dance/movement therapist.

These moments of *presence* did not come automatically, or without discomfort, however. For the participants, finding a place of quiet was often the scariest thing, as it was for Riley in our beach session. In the following excerpt from my embodied session narrative, Riley described the impact of the beach experience in our subsequent session.

“It was good to release, I had the sensation of surrendering.” Riley shared about never really stopping in their daily life, and that having the space to simply stop moving meant those deeper feelings could come up. Riley said they weren’t even aware of how much was there until they stopped, how much sadness they hadn’t been paying attention to. Riley began to cry here, eyes swelling and red, breath becoming deeper but more sporadic, deep belly inhales of trying to catch oneself - between breaths Riley shared “I thought I was over it. I thought I had dealt with it all, but clearly I haven’t...”

Figure 14. Embodied session narrative: Riley.

The surrender into sadness Riley experienced at “the beach” was profound; once the spinning of the world around us had stopped, and things became quiet, then the truly deep sadness and grief emerged. For Riley, facing that was scarier than discussing the experiences of abuse. The reverberations in the room at the end of the session were overwhelming. In fact, the theme of *vibratory awkwardness* was often present before and after these moments of *presence* and connection. Despite this though, the beach was Riley’s place of peace, of healing. As overwhelming as the sadness was, having it held by our relationship as I lay beside them in the imaginary sand, made it feel more manageable. Being in the present moment together was vulnerable for my participants, and myself, due to our dropping of roles, techniques, defenses, and strategies of relating – things that were indicated by the theme of *ritual*. While it is vulnerably intimate to be in a movement-based relationship, the *trust* and commitment my participants and I had to our relationships brought us into that state. We were existing together in the here-and-now, in *presence*, and in that found moments of healing.

Discovery through movement. My participants, in describing what it was like to use their bodies and movement as part of the therapy work, emphasized the power of movement to produce discovery. This is what draws me to dance/movement therapy: how deeply held content can be so suddenly illuminated when one comes into contact with their embodied experience. These moments of discovery, in both the session-based and interview data, were marked by themes of *vibratory awkwardness*, *hope*, *presence*, and *sense of self* (see Appendix D). Adi spoke to how the movement experiences uncovered their deep emotional life, expressing surprise in our final interview at what had emerged from movement work.

Yeah, I think it embodies something that, if I tried to say it, if I tried to articulate it, I think would miss it, cause, I don't know, sometimes I know and sometimes I don't, sometimes what happens with the body movement in that instance, is that it allows me to just open myself up to what I'm feeling, what's going on, what's inside, without any filters. And I, and I won't forget that, you know, it'll be something I'll be remembering.

Figure 15. Final interview: Adi.

Riley also expressed this surprise in our interview.

When we went to the beach I had no idea how much sadness I had. And doing that made me be like woahhh, there is a lot there that I didn't even realize...I left that day and was like woah – what just happened?!

Figure 16. Final interview: Riley.

Riley continued, sharing that something about lying on the floor together helped them let their guard down. Riley saw in that moment the need to process it. For all the participants, working in movement was a new, strange experience. The connection to an *authentic*, true *sense of self* that was found in movement, and the *present*-moment orientation that facilitated it, were what stood out as refreshing and helpful for the participants. The moments in movement we co-created stirred things in the participants on a deep level. Through the *vibrational* energy of awkwardness in engaging in such a new, unfamiliar process – and in having such deep content

surprisingly come up – a sense of play survived. The not-knowing of what could come next or emerge was exciting: for my participants in the potential for healing and for myself in the sense that I was learning their stories and helping to create change.

Areas of Growth and Healing

Adi, Riley and Jackie shared with me several ways in which relational-DMT impacted their lives, in both intrapersonal and interpersonal areas. These shifts were indicated through themes of *relational images*, *sense of self*, *ritual*, *choice*, *authenticity*, and *hope* (see Appendix D). My understanding of these shifts was rooted in the embodied empathy and mutual connection in movement that characterized our relational-DMT, again illustrating the interconnections between themes and findings. The findings that follow answer the questions of how relational-DMT impacted these survivors' relational images and sense of self: they found empowerment from connecting with their bodies, feelings of connected wholeness, self-worth, and an expanded potential for healthy relationships.

Empowerment through embodiment. What truly showed me that the movement work had created an impact on the participants was how they spoke to it in our final interviews. While initially there was much *vibratory* trepidation at this strange thing called DMT, the participants spoke to and showed a sense of ownership from connecting with their bodies. In this way, the theme of *body feedback* shifted from something that I brought to the relationship, to something the participants brought as well. Similarly, *body awareness*, a theme initially seen in my interventions, became something the participants embodied independently.

Jackie spoke to feeling empowered by connecting with their body. This was first shared on a HAT questionnaire, after using breath work and imagery to connect with their feelings of

sadness and of hope. Jackie found a sense of control and autonomy through their discovery of being able to shift their emotions through working with their body. They also found empowerment through using movement expressively. Bachata dancing was something that made Jackie feel free and alive, however during the course of their abusive relationship, nights out stopped happening. I had Jackie teach me the Bachata, a dance style I was not familiar with, hoping to encourage the reclaiming of a passion that I saw still flickered within. This was initially a strange thing to bring into counseling work for Jackie. Hearing later that Jackie felt they could access the empowerment they experience in this dance when and wherever they want indicated to me that it had integrated into their body-mind; they reclaimed a part of themselves the abuse had stifled. In our final interview, Jackie shared that they came to see their body as part of their self-care and coping skills, something that was always available to them as a resource:

It's almost like the therapy you do [laughter] you know like to let the stress out, but, it's like umm, like in a ways what I do. For myself, it's what I've always done for myself and I might do that like every, like two months. That's not enough [laughter] right?! You know I just feel better, or like what you have taught me is everywhere, all the time, I don't need to be somewhere to relax and dance, it's just like anytime.

Figure 17. Final interview: Jackie.

At Jackie's request, we finished our time together by doing this dance again in our termination session, feeling more in sync in our *breath* and rhythm. Through our connection in movement participants re-claimed their bodies as internal resources.

Self-worth. Participants described shifts to their *sense of self* as bringing feelings of wholeness, connection, and displayed body-level integration through our work; they later went on to describe this as a sense of worth. This appeared in the data through the theme of *hope*, for themselves and what life could entail. It also appeared in the *body awareness* theme; participants

showed an increased sense of awareness, control, and ability in their bodies through the movement work, leading to empowerment and self-worth.

Wholeness, connection, integration. While Adi, Riley, and Jackie felt deeply understood in our relationship, this was also something they experienced on an intrapersonal level. This played a large role in my work with Adi, due in part to the childhood neglect that we came to understand as the root to their relational patterns, specifically the persisting draw of their abusive relationship. Much of our work together had focused on exploring Adi's different parts of self through the embodiment of postures. In our final session Adi created a choreographed sequence across the room; I witnessed and guided the process as Adi moved a series of postures, some familiar and some new, re-embodiment the parts of themselves we had explored in our work together. Then, I asked if Adi could drop 'the performer', their main strategy of *disconnection*, to find *presence* in their symbolic movements. This was another sparkling, *timeless* moment of connection; my memory of it has the glowing haze of a movie. When finished moving, Adi emerged as if coming up out of the sea for air. My *breath* swelled, along with my heart, as I witnessed them find a new level of personal integration. Afterwards, Adi shared about the *body awareness* that brought meaning from the symbolism of the movement: the weight of being the family's caretaker, the acceptance found in their abusive relationship, and a new feeling of light wholeness that ended the sequence, and our work together. These were the types of moments that, only minutes later, Adi described in our final interview.

I was able to now feel connected, I don't feel disconnected about how I feel about myself...It feels like I have the resources. I have something to draw on when some parts of the world try to tell me to look at it in a men vs women, us vs them, I have something to draw on.

Figure 18. Final interview: Adi.

It was through these postures that Adi embodied the oppressive forces, both individual and systemic inequalities, at play in their life. Movement provided participants with the vehicle for understanding themselves on a newer, more global level.

Worthiness. The experience of being seen as a whole and connected individual brought the participants an accumulated a sense of being worthy of connection. For Riley this translated as a sparkling sense of self-confidence described in the final interview.

I've always been pretty at peace with being myself, and being different. I've always felt pretty okay with it, but this helped me with the feelings of belittlement I was receiving about my story. I was able to see and feel that my story was my story - but now I'm confident in my experience. So self-confidence. And self-worth.

Figure 19. Final interview: Riley.

The ownership Riley gained from being seen in their story is heard underlying these new, worthy self-images. Riley shared that their self-confidence and sureness in *sense of self* came specifically from being believed and validated in their story, they felt able to move into relationships with ownership over their experiences. For Adi, this appeared as a shift in feeling comfortable, and worthy of being in the safety and healing environment of the agency, which they spoke to in our final interview.

I feel like home. I feel when I come here and I just be myself, you know, like this...I just think I'm being judged all the time, but I'm not being judged all the time. I just feel comfortable here. The first time I didn't want to get tea, I didn't want to get anything to drink, "I'm lucky I'm here". But, but after a while I just felt comfortable.

Figure 20.1. Final interview: Adi.

Adi went on to describe a commitment to their further healing and growth.

But I know that I'm better than when I first came, you know. And I'm gonna hold onto it, and I'm not gonna lose it and I'm not gonna let go of it, and I'm gonna continue to grow and continue go until I know that what I need I'm gonna get it, I'm not gonna drop back on it, not gonna let anything take it away from me.

Figure 20.2. Final interview: Adi.

Adi came into the sense of being worthy of healing and growth beyond the abusive relationships that had marked their *sense of self* for most of their life.

Expanding relationships. For all three of the participants, themes of *relational images*, *sense of self*, *authenticity*, and *hope* showed a shift towards an expanded view of relationships through this work. Riley discovered an increased sense of *authenticity* and dimensionality with who they could be in their intimate relationships. Adi found *hope* in healthy, authentic relationships in their life, which drove them towards seeking more of these types of relationships. Jackie also showed a drive towards further, more intimate relationships, reconnecting to those that had supported them before the isolation of their abusive relationship. These all marked shifts in the participants' relational images. In our relationship, all three participants shifted towards more time spent in connection with their bodies, their emotions, and the therapeutic relationship.

This expansion of *relational images* was exhibited by Riley, who shared how infrequently they let their guard down. While often spoken of as a source of support, Riley only showed their comedic side to their friends; Riley had shared the vulnerable sadness underneath this with only their former, abusive spouse. In our final interview I inquired what it was like to share vulnerably with me.

“I shared everything with [my former spouse], they knew everything about me. I had told them all of my secrets ‘cause they weren’t judgmental, I thought.” Riley then shared about how “recently I’ve started to do it with my spouse, a little bit.” Riley continued, “by recently I mean probably like a month ago. They always knew about my experiences with my ex, but I’ve started to tell them more. More of the emotional stuff.” I ask what that experience is like. “It’s okay. They’re a gentle person, so it’s okay.” Riley said something and I got the impression it was a little rocky, how they don’t fight with them – their spouse takes it and then puts their foot down and Riley is like “okayyyyy”, sighing with an eye-roll of not pushing an argument. But Riley says they get it, they’re the same type of people, “even though we’re not, they’re an uneducated, [different race]...” I point to my chest, nod and say “yeah, but inside”. Riley nods back. “They’re pretty good about it, even though they say prejudiced stuff sometimes”, which Riley shares is because of their profession. We joke about the ‘occupational hazards’ of Riley’s spouse, laughing.

Figure 21. Final interview: Riley.

As our relationship developed I was allowed to see both the surface comedian and the vulnerable layer underneath. Lightheartedness in our relationships became a balancing point for the deep work that emerged; it increased accessibility to more difficult content by providing recuperation from moments of emotional intensity. Through a multi-dimensional relationship, the participants, and myself, found the fullness of human experience. This was a process of coming into *authenticity* with others.

The interconnections of an increased sense of self-worth with expanded safety in authentic relationships came up in my last session with Adi, who shared their idea of a soulmate.

[Heather]: How would you like to feel with your soulmate?

[Adi]: I would like to feel like they know each and every part of me. And that they weren't afraid, and that they - that I could trust them. And that I could, I could know them. You know. Because, and that I could - I don't know, feel like I could be attracted to them, I could be turned on by them. I could just see myself like this. I guess I'd like to see who I am; instead of being inside looking out I could be outside looking in.

[Heather]: You could see all the parts of you?

[Adi]: And not be afraid.

[Heather]: Hmm...I think that sounds pretty good. That sounds nice.

[Adi]: Yeah would be nice.

[Heather]: Hmm...it's vulnerable. To show someone all the parts of you. Some parts are easier to show some people, some parts are easier to show others. Finding someone you can show all the parts to, that's the difference?

[Adi]: Yeah. Yeah. I just think it's, I just think that it's someone natural, effortless. It's the best I could think of.

Figure 22. Embodied session narrative: Adi.

This was a shift from Adi's relational patterns, marked by holding significant aspects of self out of relationships, based on the fragmented *sense of self* they experienced through childhood experiences of neglect, a lifetime of unhealthy relationships, and marginalization.

Jackie - who had struggled with depression, was introverted, and felt very isolated from social support when beginning services – reflected on how their engagement in relationships shifted during our final interview.

[Jackie]: Yeah. I feel better about myself, and umm...I just um, see things that are happening and I don't let them bother me so much. Because that helps with being around other people. They don't feel you like, like you're having problems, they'll stay away from you. It's like I forget about that.

[Heather]: And so it sounds like, and looked like, there was distance there. How connected do you feel to the people around you?

[Jackie]: Umm, more connected than before...I think I would used to like try to, um, be apart from people, and now I look for people. I just wanted them to look for me and I thought, um, I wouldn't do it. Cause like, oh if they look for me that's fine I'll go, but now I try both things and if they look for me that's fine, and if not you know I'll go too. I feel more comfortable doing that.

Figure 23. Final interview: Jackie.

Through finding a sense of connection with their true self Jackie felt more motivated to seek connection with those around them. This was rooted in finding ease and comfort in relationship again, something Jackie spoke to experiencing when they taught me the Bachata.

It made me feel like, um, comfortable, yeah. Like I could feel comfortable with other people too. [laughter, then pause] I don't know, like the thought of dancing with my therapist, like this is so - [laughter] but then I know you're, um, a person that likes art, likes movement, you know likes all those things, so then it made me feel comfortable. [laughter] If it were with somebody who's like really strict and doesn't like to move and is rushed about time it wouldn't feel comfortable.

Figure 24. Final interview: Jackie.

An embodied sense of *trust* helped the participants to find safety in relationships. They came to see potential in the healthy relationships in their lives and possibility to create further, new connections in their lives.

Another congregation of themes – *presence, trust, sense of self, hope, relational images, ritual, and authenticity* – occurred when humor, laughter, or play appeared in our relationships. Through humor we developed a deeper understanding of each other beyond the roles of therapist-client. I saw this with Riley, who shared increasingly racier jokes as our relationship progressed, risking their authentic self for connection. Laughter also conveyed the warmth and comfort we felt with each other. “When we giggle it’s like we’re siblings,” I wrote of a session with Jackie, noting how laughter was a respite from everything our relationship was couched in: the abuse, the difficulties of parenting, the paperwork of social services. With Adi, finding commonality in humor bridged the cultural gaps between us; we came from vastly different racial and socioeconomic backgrounds. These were moments where our roles, and power differentials, dropped away. We were able share simply as human beings.

Adi spoke to how movement moments supported connection beyond roles or power differentials in our final interview.

I think about when we do our touching exercises, and I think about that's like kinda connecting me with our basic experience, you know. I think about how we, how - someone who I don't have a lot in common with, helped me, you know, and in my mind, my mind - just think of positive thoughts.

Figure 25. Final interview: Adi.

In my mind this encapsulated our work together: the mutuality in movement.

The findings that emerged from the data illustrated how mutual, embodied empathy and mutuality came to exist in our therapeutic movement relationships. This entailed weaving together themes identified through data analysis: *authenticity, body awareness, body feedback, breath, choice, disconnection, hope, presence, relational images, ritual, sense of self, timelessness, trust, vibratory awkwardness, and visceral knowing* (see Appendix D). The body-based themes - *visceral knowing, vibratory awkwardness, body feedback, and body awareness* - created building blocks from which themes of *trust, authenticity, disconnection, and presence* could be understood. Collectively, these themes described how embodiment facilitated a mutual sense of empathy. These themes further illustrated how movement brought us swiftly into fundamentally human connection, while providing the participants with *choice* in who they wanted to be; mutuality in these relationships created the safety to be *authentic*. This shifted the participant's *relational images*: they saw they could be emotionally vulnerable, present with their strategies of *disconnection* and connection, and still feel understood and accepted by another. This, in turn, shifted their *sense of selves* towards people with valid emotions, who are worthy of connection and able to achieve it. *Hope, presence, and authenticity* were found in their lives.

Chapter Five: Discussion

This study examined the following research questions: How do survivors of domestic violence experience relational-DMT? How do they experience the therapeutic relationship that we establish together? As well as secondary questions of how relational-DMT impacts survivors' relational images and sense of self. Data illuminated that movement, and the tools available to me as a dance/movement therapist, supported the establishment of intimate therapeutic connections; ones with mutual empathy and mutuality that was found in moving together. These therapeutic relationships became places where participants felt deeply understood, connected to themselves, and found safety in authentic relationships. Embodied empathy and authentic connection in movement were key factors in developing and maintaining the therapeutic relationship with these participants. Below, these findings will be discussed in light of the literature from Relational-Cultural Theory (RCT), domestic violence/trauma theory, and dance/movement therapy (DMT). This will support a discussion of how working in movement contributed to the development of growth-fostering relationships, as seen by the growth and healing that occurred in participants' relational and self understandings. Subsequently, the study's implications, limitations, and points for further consideration will be discussed. Suggestions for future research will be presented in conclusion.

Embodied Empathy

One prominent aspect of our relationships was the experience of feeling deeply understood. All the participants shared in interviews and member checking sessions that they felt truly seen, felt with, and heard in a way that they had not experienced in this type of relationship before. Herman (2015) described this sense of feeling understood as a key aspect of survivors' healing in group therapy. However, for us it occurred in a dyadic therapeutic

relationship. While participants each described this experience in their own way, my understanding consistently returned to the embodied experiencing of the relationship.

By bringing the mindful body awareness of empathic reflection (Downey, 2016), with the value of being fully available to the client for empathy, impact, and respect from RCT literature (Jordan, 2009), mutuality in our relationships was created through our bodies moving and being together. My skills as a dance/movement therapist, and training in the Chacian approach, were the essential ways that I found a sense of mutual empathy with my participants. It was this focus on the body, something that inherently occurs in the present moment, that allowed for moments of connection to unfold. As Stiver et al. (2010) described, “connection is always in the present, this present moment” (p.19). The use of embodied empathy and empathic reflection introduced into our relationships the authentic presence that is advocated for in working with those who have experienced trauma, given many survivors’ tendency to focus on either the past and/or future (Herman, 2015). The peaceful sunlight experience with Jackie exemplifies this (see Fig. 13). This authenticity, and the vulnerability that is exposed in turn, has been described as being supported through the therapeutic movement relationship (Combs, 2005). Indeed, as is evident from the frequency with which moving moments were listed as the most helpful aspects of therapy, my participants found our therapeutic movement relationship uniquely created a space for safe, authentic expression, and connection.

My use of embodied empathy, and interpretation of empathic reflection, also extended to guide my verbal reflection and interventions. This entailed listening not just aurally, but with a full sensory experience, creating a full engagement in the experience of my participants. This is a hallmark of the relational approach. It communicates the worth and value of the other person in relationship (Jordan, 2009), something direly needed for many survivors of domestic violence

(Herman, 2015). Through my own mind/body/spirit engagement while working verbally I brought a sense of integration into the relational space. Doing so appears to have encouraged the same in the participants, shown by their descriptions of feeling connected to themselves and the world around them (see Fig. 18). Integration is a therapeutic goal with survivors of domestic violence, given the fragmentation of self that can occur through relational violence's undermining of trust in self and others (Herman, 2015). Because movement work was introduced slowly and at the participants' willingness, in alignment with a trauma-informed DMT perspectives (Moore, 2006; Valentine, 2007), it was important for me to continue bringing a sense of embodied empathy to the relationship throughout our verbal discourse as well. This encouraged a mutual, holistic connection in relationship. It was meeting them in the understood nuances of our dialogue, such as the viscosity of the tornado with Riley (see Fig. 1), that was unique. I believe bringing embodied empathy to our entire relationship is what particularly led to participants' feeling deeply understood.

The exposure that we invite as dance/movement therapists through our non-verbal observations can be unsettling for clients, especially for those who have experienced relational trauma, who have learned that it is not safe to express who you are in a relationship. Adi would regularly express surprise at how acute my observations were, initially noting their helpfulness with discomfort (see Fig. 4). For many survivors, being seen in vulnerable, emotional moments can feel particularly frightening due to the similarity of experience in which relational trauma occurred (Herman, 2015). It was crucial, as illustrated by the vignette of working with Riley moving their lower body (see Fig. 5), for me to use empathic reflection with extreme respect for nonverbal boundaries. This was a method in which Chace built trust in the therapeutic movement relationship; by working with clients' movements only for as long as they were

comfortable she respected their personal boundaries (Chaiklin & Schmais, 1993). Through embodied empathy, by bringing my full self into the relational experience, I was able to uphold the radical respect for clients at the heart of relational, trauma-informed care; this supported a mutual experience. Being authentically present supported a sense that we were mutually working together in an empathic space.

Mutual empathy. Survivors often feel unable to enact change – the definition of power used in RCT (Jordan, 2009) – due to expectations of relationships and themselves developed through living with abuse. As a result, I knew it was important to transparently share when and how my participants impacted me. This is not to say that I disclosed counter-transference to my participants, but rather, I was purposeful and thorough in communicating that their stories stirred me. During sessions I would do this in an embodied way; while attuning kinesthetically to my participants I also shifted my body and posture to reflect the tone of our conversation. I engaged in the nonverbal relationship in a subtler way than Chace’s work with hospitalized patients (Fischer & Chaiklin, 1993). First with breath, then with posture, then by incorporating communicative gestures: a hand to the heart, a tilt of the head, a facial expression to show the impact of the story shared with me. In this way being an embodied therapist was a critical way that I communicated the quality of impact at the heart of a mutual relationship.

It was through embodied empathy that my participants and I were able to find a sense of mutual empathy in our relationship together. Our openness to being affected by each other came from sharing our embodied experiences, creating a relational embodied experience together (Jordan, 2009). This occurred with Adi, when we shared our embodied experiences of trust in our relationship (see Fig. 8). The moments when the holding energy of the relationship would support a shared nonverbal experience is what created the sense that we were together feeling

and responding to each other, we were impacting each other: the hallmarks of mutual empathy and its power to produce growth (JBMTI, 2016).

Connection and disconnection. I anticipated that entering into relationship with my participants would not be a steady stream of magical, connected moments and respected their need to proceed gradually. As an adaptation to living in relationships with chronic disconnection, many survivors of domestic violence adopt ways of being in relationship with themselves and others that are protective, yet isolative (Gobin & Freyd, 2014; Miller, 1988). By keeping parts of themselves out of relationship they leave them unavailable for abuse, but also unavailable for connection; Miller & Stiver (1997) described these “strategies for staying out of relationship” (p. 107) as adaptations. Knowing this, I took to heart the Chacian sentiment of meeting clients where they are and working with their healthy parts (Chaiklin & Schmais, 1993; Sandel, 1993). In our relationships my participants could be authentic in their need for disconnection, which translated into honoring my participants’ strategies of avoiding connection verbally, non-verbally, and relationally. This occurred through an embodied empathic understanding that became mutual.

Our relationship held the constant space for them to enter into and out of connection with me. I held empathy for our disconnections because I trusted the participants’ earnest desire to connect with me. Survivors of domestic violence are often highly-attuned to relational nuances, given the high-alert, perceptive state activated by living in stress (Herman, 2015). The oscillation I experienced with my participants of touching moments of connection, before retreating back into patterns of adaptive disconnection is illuminated by Herman’s (2015) description of survivors’ need for supportive connections:

Trauma impels people to both withdraw from close relationships and to seek them desperately. The profound disruption in basic trust, the common feelings of shame, guilt, and inferiority, and the need to avoid reminders of the trauma that might be found in social life, all foster withdrawal from close relationships. But the terror of the traumatic event intensifies the need for protective attachments. (p. 56)

This is where the paradox of relating to a therapist is evident; survivors so deeply desire the relationship, yet can find it threatening. Embodied empathy in the therapeutic relationship helped us find acceptance for disconnections and gratitude for moments of connection, ultimately working more effectively together.

This is what occurred working with Riley's tornado (see Fig. 1); we found acceptance in our relationship of their adaptive strategy of relating. Being able to have an embodied experience of Riley's strategy of avoiding connection brought me into more empathy and acceptance with it; their chattering avoidance of the sadness that I was so deeply interested in certainly would have been a point of annoyance otherwise. Initially, my own triggers of disconnection came up when Riley stayed in the tornado: I felt I was not being an effective therapist by allowing them to spend the bulk of sessions in this 'defensive' place, not accessing the vulnerable, uncomfortable topics that lurked beneath. When this occurred neither of us were in presence with each other; connection was impossible.

Instead, I came into contact with my own embodied understanding of their experience: the whirling, tossing thoughts circling your head, a distraction to keep you pulled up in the face of sinking deeply into the grief that was emerging now, five years after the relationship. Through holding both Riley's and my own experience of the tornado in my body, I came to understand it as protective. It felt like a net around my heart so that nothing further could get in,

and nothing else could explode out. This aligned with why Riley entered counseling: following a highly emotional incident with their former spouse, Riley was working on self-regulation, so as to not let their tumult of emotions out in an “unproductive” way again. It was as if all of the things swirling around in Riley’s tornado would distract whomever they were with from the pure, deep sadness filling their chest. I understood on a body level how their strategy of avoiding connection was a protective, adaptive coping skill (Herman, 2015; Miller & Stiver, 1997). Once I came to see the adaptive quality of it, I gave Riley space to be in the chatter. I learned that in loosening my expectations of therapy we both found room to grow in a more authentic relationship.

Gradually with each connection made, small or large, the participants accumulated the knowledge that I would be there for them when they were ready and able to connect. As a result, they brought the most vulnerable, delicate pieces of themselves into the relationship, and together we embraced them: Jackie’s sadness of feeling socially isolated, Riley’s grief from seeing the horror of their relationship, Adi’s tears over the feeling of home they experienced from their partner’s acceptance of their “bad side”. To them, this invitation of their authentic selves through the verbal and nonverbal interventions based in empathic reflection indicated safety and impact. By holding this space for their relational flow, I brought them into empathy instead of shame or frustration, which was often rooted in sadness. Honoring the ways my participants engaged in relationship with me, then, contributed to their capacity for self-empathy.

Discovering the potential for mutuality in empathic reflection emphasized what a highly personal process it is; I found I could not understand my participants by simply recognizing their movement and emotional state in my body, but rather came to intimately let them and their movement impact me as a human being. Brown’s (2016) summarization of John Gottman’s

work on trust resonated with this discovery: “as small as the moments of trust can be, those are also the moments of betrayal. To choose not to connect when the moment is there is an act of betrayal” (9:39). When faced with the opportunity to deeply relate to your client, to choose not to be impacted in your body-mind and not to invest an aspect of your own self in the process of attuning is choosing to not fully connect. Did this call for a higher level of engagement?

Absolutely. However, I believe the depth and quality of the relationships that were forged in such a short period of time speak to the value in doing so.

Safety and trust. The empathy of the relationship held the participants as they came to bring the sense of nurturing healing towards themselves; I believe this contributed to a sense of safety and trust. As discussed, empathic reflection and mirroring are described as methods for developing trust in the therapeutic relationship (Chaiklin & Schmais, 1993; Downey, 2016).

However, this can also feel violating for some; attunement can be a delicate process with survivors of domestic violence, given their experiences with interpersonal manipulation (Herman, 2015). For my participants, the establishment of a mutual relationship, rooted in my qualities of kindness, respect and consistency, supported safe, trusting attunement. Chace observed an increased level of sharing by clients following mutual nonverbal experiences, as I did with Adi throughout my findings on development of trust (see Fig. 8) (Chaiklin & Schmais, 1993). In our relationships it was important to let the participants impact me so that I could put the power in their hands, so they could truly lead the process of the work.

For those who have limited choice available to them, either through systemic inequality or through controlling relationships, a sudden abundance of choice can be overwhelming. Adi’s feedback, and my observations of working with all participants, suggest that with survivors of domestic violence there is a delicate balance in providing directive structure to movement

experientials, while retaining aspects of choice. This is a key aspect of trauma-informed approaches and something described in DMT work with survivors of domestic violence (Moore, 2006; Weatherby, 2004). Many descriptions of DMT highlight the potential for personal expression as an avenue for restoring a sense of power and ownership of personal experience (Bernstein, 1995; Chang & Leventhal, 2008; Moore, 2006). A balanced focus on putting power back into the hands of participants through provision of choice, with respect for how triggering choice can be as a stark difference from their lived experience, communicated understanding of my participants' needs and values. It was embodied, mutual empathy that allowed me to navigate this balance.

Trust and mutuality. I was open with my participants about being in a learning process as an emerging clinician, about the vulnerability I felt bringing movement into the therapeutic relationship and my belief in its power for healing. This created a safe space in which to be vulnerable, open to fear, and open to risk. I openly sought feedback from my participants about my therapy and my research. Their trust in the therapeutic process – and in myself with their stories – was something I found support in, and so through our relationship I came to trust myself. They experienced, and got to share in, my passion for movement. Sharing this with my participants forged a connection. I later realized that I was in a process of trusting my participants, through “choosing to risk making something you value vulnerable to another person’s action” (Feltman, 2008, p.7). This illuminated for me a large portion of the development of our trust: while my participants were sharing deeply personal stories, I was sharing a deeply personal part of myself as well. Their engagement in our relational-DMT brought me confidence, and my confidence in the process in turn encouraged them. This produced a sense of mutuality between us, as we were both risking connection.

Mutuality in Movement

As these relationships grew, my participants and I came to trust both ourselves and the relationship itself. With each little spark of connection, we encouraged another layer of unfolding of ourselves. Mutuality came prominently from movement moments; working in movement amplified the relational qualities of our relationship.

Movement provided a space where my participants and I could come together with, and despite, our differences; we found commonality in each other through movement, a fundamentally human way to experience connection. This was illustrated through our ritual check-ins: sitting across from Adi as we both spent time acknowledging our bodies in that present moment through individual touch-based body scans. We were engaging in a process that was at once individual and relational. We were taking time to connect with our present-moment selves, a vulnerable way to enter into the relational space. Because we were both in place of co-discovery however, movement provided the opportunity to join in mutuality. Creating together, collaborating in generating verbal and nonverbal content, was a process of mutual impact; a process of entering into authenticity.

One way in which we found connection in movement that was less threateningly vulnerable was through a sense of play and humor. As an emerging dance/movement therapist, a sense of play was important to support authenticity, risk taking, and self-empathy in my creative process. For the same reasons, play became an important aspect of our relational-DMT. Often, those experiencing relational violence have learned strict patterns of acceptable behavior, with little room for exploration or experimentation, since “there is no room for mistakes” in an abusive relationship (Herman, 2015, p. 91). With this knowledge, I worded most of my

movement interventions with a sense of play and discovery. This was also accomplished with a “self-judgement jar” where we could symbolically or literally place the negative, judgmental, or un-serving thoughts that appeared during movement experiences, something I used alongside my participants. Through play, permission was given to introduce goofiness, make mistakes, and, significantly, to be different. This helped participants shift from feeling “uncomfortable” with movement, as Riley described, to exploratory. As an integral way to develop “participation in shared experiences” in the therapeutic movement relationship (Fischer & Chaiklin, 1993, p. 147), play supported mutuality between my participants and I.

Co-creative moments in movement. When reflecting on how our relationship existed, I was consistently drawn to moments in movement as illustrations; our relationships existed in their most distilled form when we were engaging with our bodies as well as each other. Stiver et al. (2010) described creative moments of therapy as a process of becoming for the client, rather than finding a fixed sense of self. This becomingness exudes the flow that existed when my participants and I entered into true moments of connection: our breath would sync, a sense of energy would weave between us as we impacted each other, there was a feeling that we were creating something in and between ourselves. This was what occurred in the experience of present, peaceful sunlight with Jackie (see Fig. 13). Stiver et al. (2010) described connection with a client in a similar way, sharing “this moment had a timeless dimension. It remains still very alive, mysterious, vivid, and limitless in its truth” (p. 93). This resonates deeply with the energy felt in the room after the sunlight experience.

After that moment, I encouraged Jackie to take all the sunlight energy and form it into a ball, which they could keep or share with a part of their body. I did the same with my own energy; together we collected our sunlight in our own individual ways, aware of the other’s

process at the same time. Our balls of energy wound up looking different, and we did different things with them, but we were joined in the experience together, finding and working with this yellow sense of peace. This acceptance of difference in relationship was significant; movement provided space for the participants to engage in their own creative exploration as an individual, while being in relationship. Movement facilitated the “sameness in difference” (p.8) that Kaplan (1990) described as the essence of empathy, while also reflecting the empowerment that came from having the ability to choose. Their creative exploration was all their own, and they could choose how they wanted to express themselves, engage in the activity, and be in relationship with me. Having space for individuality within the therapeutic movement relationship is a key piece of the work with survivors of domestic violence, to support a re-connection and expression of self (Bernstein, 1995; Chang & Leventhal, 2008). This is the significance of working in the therapeutic movement relationship: the creative potential of movement instigates the feelings of collaboration, control, and ability that are often missing from survivors’ lives.

In these moments we were both creating the experience together. This is the type of collaboration that Stiver et al. (2010) described as “co-creative moments” in verbal therapy, where clients’ discovery of being able to initiate connection can shift condemned isolation. This supports clients with trauma experiences in re-crafting their stories, their sense of themselves, and their sense of being in relationships, which can be an awkward or uncomfortable process. It was through the support of the relationship that we could move through the awkwardness and into productivity, something spoken by Adi in our final interview (see Fig. 8). They described what, to me, marked our mutuality: that movement facilitated a sense of collaborative discovery in our relationship.

Collaborative movement experiences uniquely led us to this place. While it is well discussed that survivors often hold the traumatic experiences in their bodies as a result of repetitive stresses (Gray, 2001; MacDonald, 2006), movement was often more malleable than the relational space where we worked verbally. My participants were understandably well-equipped to safeguard their vulnerable emotional territory verbally and relationally. However, when we entered into nonverbal space, as simply as my noticing of their body use, their guards came down more easily and more quickly. This process of discovery, even if it did not always connect or produce an ‘aha’ for the participants, introduced even the possibility of change. And that possibility produced hope. Through the power of support in relationship, the participants saw they were capable of facing something new and unknown, find play in it, and exit the other side safe and even with new growth or healing. This provision of hope impacted not only the participants sense of themselves, such as Jackie gaining a much longed for sense of empowerment, but also how they engaged in relationships with new abilities to set boundaries, share emotions, and seek connection.

Development of Growth-Fostering Relationships

In answering how the participants’ relational images and sense of selves were impacted by our relational-DMT it became clear that we did, in fact, develop growth-fostering relationships. The empowerment, worth, connection, and expanded view of relationships described in the previous chapter align with Miller’s (1986b) five good things: energy, desire for action, knowledge of self and others, desire for relationships and self-worth. My own growth professionally and personally through these relationships solidified this implication of the work. As my participants were finding healing, I was experiencing my own parallel process of discovery; I believe this contributed to our mutual sense of growth.

Energy/Zest. Looking at the five good things (Miller 1986b), laughter is clearly a moment of zest, a moment of shared vibrations of energy between people. Herman (2015) pointed to laughter and humor as a component of healing for survivors, as evidence of autonomy and development of self beyond abusive structures. However, in our relationships humor provided authentic, mutual moments of connection. By engaging beyond the prescribed topic matter of therapy, we acknowledged the full dimensionality of ourselves as people. We were whole beings in a relationship that could hold not only the dark things - the anxiety and grief, shame and blame, the sadness - but also experience lightness. We together experienced the spectrum of human emotion. This can be a novel experience for those impacted by domestic violence, given the development of restricted relational images (Jordan, 2009), as it was for Riley (see Fig. 21). Laughter was a deepening of the dimensionality of our therapeutic relationship, and more generally a broadening of our relational boundaries.

The increased sense of energy gained through our relationships was also evident in both the participants' and my own descriptions of the experiences in relational-DMT. When Riley spoke to their self-confidence or Jackie spoke to feeling empowered they would do so with a twinkle in their eyes, their faces would light up. I used words like "sparkling" frequently. Aliveness was felt through the process of coming to know themselves in the presence of another.

Knowledge of self and other. While focus is on the relationship in RCT, one inevitably learns about oneself in the process of connection. My participants found a re-understanding of themselves as individuals through our therapeutic movement relationships. For many survivors the hallmark of trauma is that one experiences a disintegration of self: in reaction to persistent, abhorrent, stresses, the body separates physical experiences from cognitive functions, memories are not encoded in their entirety, and aspects of personality become shuttered (Herman, 2015).

This is the opposite of authenticity, for to face moments of abuse in an authentic state would be to face horrific betrayals. Movement provided a space where we could invite back in the authentic self and then together face these traumas in a secure and re-integrating experience. Connection with a truer, fuller sense of self in turn produced feelings of empowerment and wholeness.

As our relationships developed the participants brought increasingly vulnerable aspects of themselves into connection. Following Chang and Leventhal's (2008) focus on externalization, I used symbolic movement and embodiment of postures to help participants work with those fearful, shameful, or blamed pieces they were hesitant to bring into relationship. Through externalization of content that felt emotionally heavy, participants could see themselves with more objectivity. Safety in the physical environment, relationship, and clients' bodies has been described as a requirement before in-depth, integrative work can occur (MacDonald, 2006). This is where the safety of our embodied empathic relationship supported the expression of vulnerable pieces of themselves. Participants experienced "connection" with themselves through acknowledgement and acceptance of their whole selves in our relationship (see Fig. 18).

This approach is illustrated in one of the final sessions with Adi, who embodied the dynamics of their relationship with their abusive ex-partner. Through these movements Adi realized the acceptance of their "angry side" that their ex-partner provided made the relationship feel like home. These relational values developed from their childhood experiences of abuse and neglect. This awareness provided context to Adi's history of unhealthy relationships; they provided Adi with acceptance of a shameful, fearful part of themselves that was also a strategy of avoiding connection. Our work ended before Adi fully accepted and integrated this "angry" side, but they acknowledged this as their next place of growth during the final interview. That in

our short time together Adi shifted from keeping this aspect of themselves out of our relationship to working on accepting it is incredible. It shows how, as the participants re-integrated various aspects of themselves, they were also re-integrating into healthy relationship patterns. This was what they spoke of as connection and wholeness. Integrating the more vulnerable aspects into their sense of selves made them available for safe, authentic connection. This is seen by the participants' concurrent sense of increased connection with others (see Fig. 23). By reconnecting with their bodies and aspects of themselves previously held out of relationship, relational-DMT was a process of coming to know themselves deeply.

Creative productivity. One of the five good things that a growth-fostering relationship produces is a sense of creativity, or productivity (Miller & Stiver, 1997). This is also described as a desire or motivation to take action in relationship (Miller, 1986b). That we could impact each other, along with the sense of accomplishment and ability that entails, was growth-inducing. To see that our relationships did in fact produce something – some healing, some growth, some new sense of knowledge of ourselves – gave them weight and value.

For the participants, these relationships were processes of learning they could impact those around them, that they could form healthy relationships, they could venture into the unknown. They could discover and create. This is significant, given the co-dependent relational dynamics survivors can experience as a result of manipulative relationships (Herman, 2015). Jackie, Adi, and Riley found the ability to produce change through the discovery space of movement, something they found empowering (see Fig 17). Brown (2015) called to the role of creativity in concretizing knowledge:

Creativity embeds knowledge so that it can become practice. We move what we're learning from our heads to our hearts through our hands. We are born makers, and

creativity is the ultimate act of integration — it is how we fold our experiences into our being. (Brown, 2015, p. 7)

By finding commonality in movement we created discrepant relational images, shifting the participants' old understandings of themselves as being unable to create impact in relationships (Jordan, 2009). This shows how supportive relationships can reverse the spiral of isolation that many survivors of domestic violence face (Herman, 2015; Jordan, 2009). This is what we found in co-creative moments of collaboration in movement.

The relationship mattered, and we mattered, because there were tangible results rooted in the relationship and the other person. Personally, this entailed realizing that I am someone who truly can facilitate healing, which I wrestled with even through collecting and analyzing the data. Trusting in the knowledge I was gaining through my own data, and thus our therapeutic relationships, was a shift in my personal way of relating. I began to hold myself as someone who impacts those around me. As an emerging clinician I found empowerment in the transparency of mutual impact in our relationship. Sharing my participants' impact on me, and allowing them to see how I was growing alongside them, contributed to our mutual growth. Dance/movement therapy, then, played an integral role in contributing to the sense of creative ability that is a hallmark of growth-fostering relationships. My participants, in experiencing a relationship with impact, and ultimately mutuality, found a sense of productivity, a sense of ability. This illuminated for me how intertwined the five good things (Miller, & Stiver, 1997) are in relationship, as it was tightly tied to a desire for more or deeper relationships.

Desire for relationships. As participants experienced the ability to create and impact within our relationship they also began to engage in other relationships differently. I also noticed the power and confidence I felt in being able to hold space as a healer and impact relationships

outside of the therapeutic setting. This ties in the concept of relational resiliency found in mutually empathic relationships (Jordan, 2009). We created together, through our connections, the sociability, active coping, and ability to create that Herman, (2015) described as marking those who are “stress-resistant” in the face of trauma (p. 59). This is how I see the therapeutic movement relationship supporting these survivors in finding resilience from relational trauma. The combination of empowerment and sense of ability to produce impact that came from creation in collaborative movement supported the participants in expanding their understanding and engagement in relationships. Working in movement broke the immobilizing relational images my participants felt stuck in, a value of using DMT with this population (Chang & Leventhal, 2008). Jackie found through our heartfelt moments of connecting in movement that they were still fun; they could reach out to peers for social support. Riley found safety with their embodied emotions and thus the ability for deeper connection with their spouse. Adi found the deep desire for a healthy intimate relationship, and began by building healthy boundaries with a new partner. Standing with Jordan (2000), it was not solely individual traits, but the interwoven dynamics of growth-fostering relationships experienced through movement that encouraged relational resiliency.

Worth. Many survivors battle with feelings of being unworthy of connection due to the repetitive state of disconnection experienced in their abusive relationships (CMBWN, 2013; Herman, 2015). Healthy relationships can support changes in their personal understanding by being safe, open environments, where layers of oppression can be peeled back, uncovering who they originally, truly are. Together, we reshaped participants’ identities that were inherently tied to their existing relational knowledge. We served as a mirror to each other, bringing to brighter light the revolutionary discoveries that were made in our movement work.

All three of the participants, each in their own way, found an increased sense of belonging to themselves through reconnection with their bodies. Reflecting on the first self-touch warm up I did with Adi, it was like watching someone explore new terrain, or travel through streets they had read about but not yet walked. Discovery was palpable. By the end of our time together Adi's connection to their body was all their own; time spent with each body part felt like theirs, embodied moments were ones they initiated. By the end of our time together participants were accessing those present, timeless moments of connection on their own. This signified to me that they had found a sense of belonging with themselves, and there I believe they found worth. Together, we found a sense of worthiness, for we were each worthy of space, worthy of impacting others, and worthy of being in this special, sacred relationship together.

Integration of Relational-Cultural Theory and Dance/Movement Therapy

One of my original motivations in pursuing this project was to understand on a deeper, client-validated level, how dance/movement therapy and relational-cultural therapy could be used in a cohesive, complimentary manner. What I hope to have shown is that they inform each other's understanding of empathy. Both fields could stand to refine their descriptions of empathy; it is an ephemeral, difficult experience to verbalize. Downey's (2016) examination of dance/movement therapists' lived experiences of empathic reflection has recently contributed to this conversation. To me, empathy is the mutuality found in movement. In being present in our bodies while in relationship my research participants and I came to a mutual understanding of each other's experiences. Movement was a tool to work with and through disconnection, navigating points of personal conflict or resistance.

Relational-Cultural Theory still lacks a clear-cut description of how their form of empathy is translated into an actual relationship. This is where DMT can support a more specific

application of relational-cultural therapy: the use of empathic reflection, and physically joining the client in their movement, supports engagement in mutual empathy. If RCT is moving towards a model that values both the micro (neurobiological) and the macro (systemic power) levels of understanding relationships (Jordan, 2016), then consideration of the body is necessarily called forth as a place of uniting these two levels understanding. While RCT speaks to numerous concepts that reference the body, for some reason work that directly involves the body, the vessel through which we relate, happens infrequently.

Bringing a relational consideration to DMT provides a space to acknowledge the power of the relationships we build with people based on our embodied experiences. We have the opportunity to connect on an intensely personal level with our clients, which so long as it is safe for both parties, I see as a responsibility given our knowledge and the values of the field. For dance/movement therapists, there is value in bringing consciousness to how exposed our clients can feel by being understood so deeply and quickly through our nonverbal observations. Bringing ourselves into this vulnerability with them, however, can create powerful shifts through the movement relationship. It is easy to take for granted, given our history and experience with movement, the nakedness clients can feel when moving with or in front of another. Jordan (2016) described in a lovely yet succinct way how terrifying being in relationship can be for those who have experienced trauma. It is important then to continually respect people's hesitancy to go into the body, and consider if it is an adaptive strategy of avoiding connection that has previously helped keep them safe.

I also think it is important that the conversation about empathic reflection continue to emphasize what a highly personal process it is. While older work spoke of minimal inclusion of the therapist themselves in the process, with mirroring denoting a reflection of the client (Sandel,

1993), this is beginning to shift in more recent discussions of the experience (Downey, 2016). There is room for acknowledgment of how fragile, vulnerable, and deep the relationships we can build are, for both client and therapist. This awareness supported a safe, trauma-informed approach to my dance/movement therapy sessions; something that, in my early experience, seemed to be skimmed over in the field's discussions and instruction. I wonder then, why much of the DMT literature with domestic violence and sexual abuse survivors uses Evan's approach? Is it because it feels safer to not embody clients experiencing trauma as deeply? It seems to me that the ability of the Chacian approach to have clients feel seen, specifically through empathic reflection, can be highly beneficial for those who do not have that experience in their other relationships.

In my, albeit limited, experience in the field dance/movement therapists generally appear to deeply value the clients they work with, and are deeply impacted by them. This is often spoken of as a problem however, such as needing to get our clients "out of our bodies" or "releasing them" through self-care. I wonder if bringing more consciousness to the inherent relational qualities of dance/movement therapy can inform how we see our therapeutic movement relationships. By understanding our therapeutic relationships as places of mutuality – as relationships where we are being deeply impacted by our clients, while also impacting them – can we shift how we relate to our work's influence on our personal health? I wonder if, by bringing consciousness to the open and vulnerable impact our clients have on us, we can reframe our views on the need for self-care. By understanding our therapeutic relationships as a process of mutuality, can we bring acceptance to the impact our clients have on our lives? I can see the potential for RCT to support us, as dance/movement therapists, in our experiences of gain and growth from our clients. Perhaps, when we feel particularly connected with our clients, the

embracing of vulnerability in the therapeutic relationship can help us as therapists to bring empathy and compassion to ourselves as well. Ultimately, it is my hope in documenting this work, that both dance/movement therapy and relational-cultural therapy can find a more thorough, holistic understanding of what it means to be in an empathic therapeutic relationship.

Lastly, this work contributes to a growing body of work documenting the use of DMT with domestic violence. Domestic violence, be it intimate partner violence or familial violence, is staggeringly prevalent and so this needs to be a larger discussion. This is particularly true given the delicacy of working in an embodied manner with survivors of trauma, due to the body's role in processing and coping with traumatic events. Why then, is there such a dearth of documented work with this population? The issue of how to create embodied therapeutic relationships with survivors is relevant beyond domestic violence service agencies; trauma is an issue that is pervasive in clinical practice. The significance of this type of research is not only in understanding the dynamics of domestic violence to best serve clients. Perhaps more important is the empowerment and purpose survivors gain by having the opportunity to help shape the services they receive. My participants gained a strong sense of connection to a greater purpose and community by contributing their stories of healing and strength to this work.

Limitations & Adaptations

Limitations emerged regarding the data collection methods used in the study. The first was the open-ended nature of the Helpful Aspects of Therapy questionnaire; as Elliott (2012) noted, the tool elicits broad responses from clients. In this broadness, the ephemeral qualities of the therapeutic movement relationship were not fully captured. To resolve this, the study procedure was adapted by shifting member checking to occur immediately after the HAT

questionnaire completion, rather than the following week. This allowed for discussion to focus on deepening that week's responses while still in the relational space. It was crucial to use supplementary conversation with this tool to effectively gain an embodied, more accurate understanding of helpful moments that occurred in the movement relationship. This beneficial discovery supports the use of this tool in further dance/movement therapy research.

Another limitation to the study was the adaptation to procedures following the technical failure of an interview recording. While this resulted in a compromised data set, the project's relational approach provided a solution. A follow-up conversation with the participant regarding the details of the interview that were recollected mitigated the impact of this, allowing for the data to still contribute to the study's findings.

The data collection methods are also an aspect of the study that could be adapted to provide deeper inquiry into the research questions in replication or future studies. This could be accomplished by increasing the detail level of data collection through more specifically targeted questions in interviews or through the use of more focused tools. For example, interviews could have been used to investigate specifics like the role of spatial arrangement in the room or eye contact in the experience of the therapeutic relationship. Alternatively, relational movement patterns could have also been systematically observed during interviews to provide more focused body-based data. Assessment tools that provide more targeted inquiry could also have been used, such as Banks' (2016) recently published relational assessment for use with clients. The tool has clients rank and evaluate the relational quality of prominent relationships in their lives, and could be an effective means to inquire about the impact of therapy services on clients' broader relationships (Banks, 2016). Overall, there is opportunity to engage in a similar study of relational-DMT at a deeper level of inquiry.

The scope of the data, and findings, of the project were bound by the limitations inherent to studying time-limited relationships. The length of the study was determined by the length of services available at the agency. As a result, there was minimal opportunity to work through prominent relational disconnections. While I identified and honored each participant's strategies of avoiding connection, working through and repairing larger scale disconnections in relationship rarely occurred with these participants. As a result, this study has focused on building the therapeutic movement relationship, rather than working with its "movement" (Miller & Stiver, 1997, p. 53). The lack of disconnections could also be attributed, at least in part, to the effect of demand characteristics, or the bias of participant behavior towards their perception of the researcher's intent or wishes (Orne, 2009). This effect was more powerful given my dual-role as therapist and researcher and was a limitation of the study.

One limitation, which leads to an area for future study, is regarding doing graduate level thesis research with a protected population, like survivors of domestic violence. Cultural identifiers, such as race and gender, were not disclosed in this project, out of respect for the ethical protection of my clients' identities. I acknowledge, however, that doing so goes against relational-cultural theory's position that people's cultural identities fundamentally and uniquely influence their experiences (Walker & Rosen, 2004). This is an aspect of our relationships that is missing from this thesis. If feasible, future studies should explicitly look at how the various, intersecting pieces of cultural identity influence clients' experiences in relational-DMT, as this is an extremely relevant and valuable aspect of the therapeutic movement relationship.

Finally, I would like to draw attention to the benefit the research process had on our therapeutic relationships. The HAT questionnaire and the conversations which followed it provided regular, safely structured opportunities for me and my participants to discuss the nature

of our relationship. It provided the participants with an opportunity to reflect on and synthesize what had occurred after each session. The value in this was evident by how quickly and strongly rituals and historical knowledge were built in each of these relationships; the participants had a more tangible experience in therapy that they felt ownership of. In this way, the research itself supported the therapy work we were doing. I plan to incorporate these elements, or the spirit of them, into my future work, as conversations on the value of each therapeutic relationship need not be saved for termination sessions, and in fact I do not believe they should be.

Conclusion & Future Research

This study described the development of three therapeutic relationships with survivors of domestic violence through relational-DMT. It explored how the clients experienced relational-DMT and our therapeutic relationship. It also discussed how our relationship impacted their understanding of themselves and the relational images they held. In doing so, the study illuminated how DMT can be used in conjunction with a relational approach to therapy. Results indicated that, as an inroad to vulnerable connection, movement experiences played a significant role in the development of these growth-fostering, therapeutic relationships. The mutuality that laid the foundation for this work was developed through embodied empathy rooted in mutual impact.

A secondary aim of the project was to gain a better understanding, for myself and for the DMT community, of how movement can support survivors' healing within the context of systemic oppression, which for many is a multi-layered experience. This oppression was often described by my participants as a sensation of weight on them, particularly on their shoulders, that contributed to feelings of helplessness and shame. Movement supported liberation from this in two ways: participants found a way to work with the systemic aspects of their experiences that

were difficult to verbalize and they found empowering ownership of their bodies, apart from the oppressive forces at play around them. Movement provided a way to reclaim the body from the internalized images formed by a state of chronic disconnection. This is illustrated by Adi, who worked through the experience of growing up in a poverty-stricken home as a racial minority and made connections to current relational understandings. Movement was a way to simultaneously escape, and yet at the same time acknowledge, societal pressures. The body is something which cannot be taken away from someone, despite the trauma it may have endured, and so re-discovering one's ability to move and express oneself was a vastly powerful experience. The empowerment my participants gained was grounded in them finding belongingness in themselves, in finding home within their bodies again. This is something Adi, Riley, and Jackie spoke to owning.

Future research. There were several ideas that arose in the process of this work that could be further explored in future research; in fact, many of the prominent themes that developed warrant their own inquiry. Trust emerged as a dominant theme in the work, which is in line with this clinical population's needs and goals. I was surprised, however, to encounter such a dearth of writing about what trust actually is or means and how it is developed in therapeutic relationships, especially with survivors of relational trauma. Many works list trust as an essential component of the therapeutic relationship, but do not begin to unearth what this phenomenon entails. I understand why – facing this experience without a satisfactory vocabulary or structure from existing work was daunting and at times disorienting. As therapists, how are we to build trust with those who are extremely weary of it, without intimately knowing what it is we are working with? It is not enough to rely on the existing, automatic levels of trust humans are inclined toward offering one another, particularly when working with

clients who have experienced relational trauma. What trust is and what components contribute to its development is certainly an area that needs more investigation, specifically in the context of the therapeutic movement relationship.

I have also developed a strong interest in pursuing research exploring what makes a relationship authentic or genuine. Throughout the data collection period, I found myself repeatedly wondering how to know if you are forming a genuine relationship with your clients. What indicators are there on a body level of genuine engagement? And, how can you determine the presence or absence of this quality when working with a population of clients whose daily experience of authenticity is strongly discouraged, and even potentially poses a threat? I felt a truthful sense of earnestness in each of my participant relationships. Yet, these three participants came into services with a strong motivation for healing and change, and a desire for connection. I was also a novice clinician, still learning about what it felt like to be in an authentic therapeutic relationship, and how to get there. Together, these things made me wonder if the mutuality suggested by my data was actually developed through my clinical skills and theoretical orientation. Rather, was the depth and intimacy of these relationships a byproduct of having highly motivated, compliant clients who were dedicated to the healing connection we had? There is an aspect to asking these questions that is clearly tied to the insecurity and doubt that accompanies being an emerging therapist. However, with a population for whom authenticity and genuine connection pose a risk, it could be beneficial to understand how authenticity and genuineness are present in the development of therapeutic relationships.

There is also still a need for both relational-cultural therapy and dance/movement therapy to have quantitative evaluations done investigating the efficacy of the work. I return to the lack of work in dance/movement therapy with domestic violence survivors. It is admittedly a difficult

population to do research on, given survivors' status as a protected population as well as the barriers they face in receiving services. Instability in daily life can make consistent attendance to services difficult for many survivors. Because of issues like inconsistency in attendance and concerns over confidentiality, thorough research can be difficult to conduct with survivors of domestic violence, as discussed by previous work (Weatherby, 2004). However, given the extremely high prevalence of this issue in our society, more voices need to be added to the conversation, particularly from those of multiple marginalized identities.

Epilogue

A resonant moment for me was when my external auditor brought to my attention, for the first time, how fragile this work is. And so, I would like to end by sharing my experience after the relationships and how venturing so deeply into these relationships impacted me. These people showed what it meant to be brave - truly and deeply courageous in each breath they took - not just by existing and surviving in their relationships of abuse, but by how they continued to face and engage in the world around them with unwavering hope. They shared this with me generously; by that I am humbled, and I believe, a stronger woman. Their strength now runs through my veins. The treasured moments of sparkling connection I had with each are sources of inspiration, strength, and hope, which I draw on frequently. This was not done sure-footedly of course. Holding the space for the exploration was, quite honestly, a terrifying thing to do. When data collection and our work together ended, I spent long periods of time away from this project. Returning to the data was at times so painful I avoided it; I was angry that I could no longer be in relationship with them, frustrated with the things I still had left to say, and saddened by the fact that our relationships were simply memories now. I had to mourn that loss before I could return to the work and write about it. Even still, there are moments in the data that, when I

read them, seep so deeply into my heart that they bring me to poignant tears. To step, even for the briefest of moments, into these survivors' stories was revelatory for me; the page cannot fully capture it. I suppose that this is all to say, I miss them.

References

- Ardito, R. B., & Rabellino, D. (2011). Therapeutic alliance and outcome of psychotherapy: Historical excursus, measurements, and prospects for research. *Frontiers in Psychology*, 2, 270.
- Banks, A. (2006). Relational therapy for trauma. *Journal of Trauma Practice*, 5(1), 25-47.
- Banks, A. (2016). *Wired to connect: The surprising link between brain science and strong, healthy relationships*. New York, NY: Tarcher/Penguin.
- Battaglia, T.A., Finley, E., Liebschultz, J.M. (2003) Survivors of intimate partner violence speak out: Trust in the patient-provider relationship. *Journal of General Internal Medicine*, 18(8), 617-623.
- Ben-Shahar, A. R. (2012). Do cry for me Argentina! The challenges trauma work poses for holistic psychotherapy. *Body, Movement and Dance in Psychotherapy*, 7(1), 7-21.
- Benov, R. G. (1991). *Collected works by and about Blanche Evan*. San Francisco, CA: Blanche Evan Dance Foundation.
- Bernstein, B. (1995). Dancing beyond trauma: Women survivors of sexual abuse. In F. Levy, J.P. Fried & F. Leventhal (Eds.), *Dance and other expressive art therapies: When words are not enough* (pp. 41-58). New York, NY: Routledge.
- Birrell, P. J., & Freyd, J. J. (2006). Betrayal trauma: Relational models of harm and healing. *Journal of Trauma Practice*, 5(1), 49-63.
- Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

- Brown, B. (2006). Shame resilience theory: A grounded theory study on women and shame. *Families in Society: The Journal of Contemporary Social Services*, (87)1, 43-52.
- Brown, B. (2015). *Rising strong*. New York, NY: Spiegel & Grau.
- Brown, B. (2016). *The anatomy of trust: Exploring the seven elements of trust* [Video file]. Retrieved from <http://www.courageworks.com/classes/the-anatomy-of-trust-working-leading/lessons/the-anatomy-of-trust>
- Chaiklin, S., & Schmais, C. (1993). The Chace approach to dance therapy. In S. Sandel, S. Chaiklin & A. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp.75-97). Columbia, MD: The Marian Chace Foundation of the American Dance Therapy Association.
- Chang, M.H. & Leventhal, F. (2008). Dance/Movement therapy interventions in domestic violence: Still a paradigm of action. In S. Brooke (Ed.) *The creative therapies and domestic violence* (pp.158-175). New York, NY: Charles Thomas.
- Chicago Metropolitan Battered Women's Network (2013). Domestic violence 40-hour training manual. Chicago, IL: Centralized Training Institute.
- Combs, K. (2005). *A case study with an adolescent girl: A relationship created through dance/movement therapy & explored through Relational-Cultural Theory*. (Unpublished master's thesis). Columbia College Chicago, Chicago.
- Creswell, J. W. (2007). *Qualitative inquiry and research design: Choosing among five approaches*. (Vol. 3). Thousand Oaks, CA: SAGE Publications, Inc.
- Creswell, J.W., Hanson, W.E., Plano Clark, V.L., Morales, A. (2007). Qualitative research designs: Selection and implementation. *The Counseling Psychologist*, 35(1), 236-266.

- Devereaux, C. (2008). Untying the knots: Dance/movement therapy with a family exposed to domestic violence. *American Journal of Dance Therapy*, 30(2), 58-70.
- Downey, L. M. (2016). *A phenomenological exploration of empathic reflection in dance/movement therapy* (Doctoral dissertation). Manuscript in progress. Argosy University, Phoenix.
- Duffey, T., & Haberstroh, S. (2014). Developmental relational counseling: Applications for counseling men. *Journal of Counseling & Development*, 92(1), 104-113.
- Elliott, R. (2012). Qualitative methods for studying psychotherapy change processes. In A. Thompson & D. Harper (Eds.), *Qualitative research methods in mental health & psychotherapy: An introduction for students & practitioners* (pp. 69-81). Chichester, UK: Wiley-Blackwells.
- Feltman, C. (2008). *The thin book of trust: An essential primer for building trust at work*. Bend, OR: Thin Book Publishing Co.
- Fischman, D. (2009). Therapeutic relationships and kinesthetic empathy. In S. Chaiklin and H. Wengrower (Eds.), *The art and science of dance/movement therapy: Life is dance* (pp 33-54). New York, NY: Routledge.
- Fischer, J., & Chaiklin, S. (1993). Meeting in movement: The work of the therapist and the client. In S. Chaiklin, S. Sandel & A. Lohn (Eds.), *Foundations of dance/movement therapy: The life and work of Marian Chace* (pp. 136-153). Columbia, MD: The Marian Chace Memorial Fund of the American Dance Therapy Association.
- Fogel, A. (2007). Documenting cases as a participant observer: A manual for somatic awareness practitioners. *International Feldenkrais Federation Academic Feldenkrais Research Journal*, 3.

- Forinash, M. (2012). Qualitative data collection and analysis. In R. Cruz & C. Berrol (Eds.), *Dance/movement therapists in action: A working guide to research options* (pp. 141-166). Springfield, IL: Charles C Thomas.
- Fox, R.M. (2012, March). *The body speaks: Redefining self through dance/movement therapy with survivors of domestic abuse*. Paper presented at the National Conference on Health & Domestic Violence, San Francisco, CA.
- Gil, E. (1991). *Healing power of play: Working with abused children*. New York, NY: The Guilford Press.
- Gobin, R. L., & Freyd, J. J. (2014). The impact of betrayal trauma on the tendency to trust. *Psychological Trauma: Theory, Research, Practice, and Policy*, 6(5), 505-511.
- Goldsmith, R. E., & Freyd, J. J. (2005). Awareness for emotional abuse. *Journal of Emotional Abuse*, 5(1), 95-123.
- Gottman, J. (2011, October 19) John Gottman on Trust and Betrayal. [Article]. Retrieved from http://greatergood.berkeley.edu/article/item/john_gottman_on_trust_and_betrayal
- Gray, A. E. L. (2001). The body remembers: Dance/movement therapy with an adult survivor of torture. *American Journal of Dance Therapy*, 23(1), 29-43.
- Hartling, L. M., Rosen, W. B., Walker, M., & Jordan, J. V. (2004). Shame and humiliation: From isolation to relational transformation. In J. V. Jordan, M. Walker & L. M. Hartling (Eds.), *The complexity of connection* (pp. 28-46). New York, NY: The Guilford Press.
- Herman, J. (2015). *Trauma and recovery: The aftermath of violence - from domestic abuse to political terror*. New York, NY: Basic Books.
- Jean Baker Miller Training Institute (2016). Glossary of Relational-Cultural Theory Key Terms. Retrieved from: <http://www.jbmti.org/Our-Work/glossary-relational-cultural-therapy>

- Jordan, J. V. (2000). The role of mutual empathy in relational/cultural therapy. *Journal of Clinical Psychology*, 56(8), 1005-1016.
- Jordan, J.V. (2004). Relational resilience. In Judith V. Jordan, Maureen Walker, & Linda M. Hartling (Eds.), *The complexity of connection* (pp. 28-46). New York, NY: The Guilford Press.
- Jordan, J. V. (2008). Commitment to connection in a culture of fear. *Women & Therapy*, 31(2-4), 235-254.
- Jordan, J. V. (2009). *Relational-cultural therapy*. Washington, DC: American Psychological Association.
- Jordan, J.V. (2016, April 9) The power of connection. [Lecture]. Coming together and apart: The work of psychotherapy workshop series. Cathedral Counseling, Chicago, IL.
- Kaplan, A.G. (1990). Empathy and its vicissitudes. *Work in Progress*, 40, 11-14. Wellesley, MA: Stone Center for Developmental Services and Studies
- Kulkarni, S. J. (2009). The relational consequences of interpersonal violence (IPV) for adolescent mothers. *Youth & Society*, 41(1), 100-123.
- Kulkarni, S. J., Bell, H., & Rhodes, D. M. (2012). Back to basics: Essential qualities of services for survivors of intimate partner violence. *Violence Against Women*, 18(1), 85-101.
- Kvale, S. (2007). *Doing interviews*. Thousand Oaks, CA: SAGE Publications, Inc.
- Liang, B., & West, J. (2011). Relational health, alexithymia, and psychological distress in college women: Testing a mediator model. *American Journal of Orthopsychiatry*, 81(2), 246-254.
- Llewelyn, S.P. (1988). Psychological therapy as viewed by clients and therapists. *British Journal of Clinical Psychology*, 27(3). 223-237.

- MacDonald, J. (2006). Dancing with demons: Dance movement therapy and complex post-traumatic stress disorder. In H. Payne (Ed.) *Dance movement therapy: Theory, research and practice* (2nd ed.)(pp. 49-70). New York, NY: Routledge.
- Marshall, C., & Rossman, G. B. (2011). *Designing qualitative research* (5th ed.). Thousand Oaks, CA: SAGE Publications Inc.
- Mertens, D. M. (2005). *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods* (2nd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Metzl, E. S., & Morrell, M. A. (2008). The role of creativity in models of resilience: Theoretical exploration and practical applications. *Journal of Creativity in Mental Health*, 3(3), 303-318.
- Miles, M. B., & Huberman, A. M. (1994). *Qualitative data analysis: An expanded sourcebook*. Thousand Oaks, CA: SAGE Publications, Inc.
- Miller, J. B. (1986a). *Toward a new psychology of women* (2nd ed.). Boston, MA: Beacon Press.
- Miller, J. B. (1986b). *What do we mean by relationships?* (Vol. 22): Stone Center for Developmental Services and Studies, Wellesley College.
- Miller, J. B. (1988). *Connections, disconnections and violations* (Vol. 33): Stone Center for Developmental Services and Studies, Wellesley College Wellesley, MA.
- Miller, J.B. (2013). Telling the truth about power. In J.V. Jordan (Ed.), *The power of connection: Recent developments in Relational-Cultural Theory*, (pp. 139-156). New York, NY: Routledge.
- Miller, J.B., & Stiver, I.P. (1997). *The healing connection*. Boston, MA: Beacon Press.

- Mills, L.J. & Daniluk, J.C. (2002). Her body speaks: The experience of dance therapy for women survivors of child sexual abuse. *Journal of Counseling and Development*, 80(1), (pp. 77-85).
- Moore, C.A. (2006). Dance movement therapy in the light of trauma: Research findings of a multidisciplinary project. In S.C. Koch & I. Brauninger (Eds.), *Advances in dance/movement therapy: Theoretical perspectives and empirical findings*, (pp. 104-115). Berlin, Germany: Logos Verlag.
- National Center for PTSD. (2016, February 23). *Complex PTSD* [Website]. Retrieved from <http://www.ptsd.va.gov/professional/PTSD-overview/complex-ptsd.asp>
- Oakley, M. A., Addison, S. C., Piran, N., Johnston, G. J., Damianakis, M., Curry, J., Dunbar, C., & Weigeldt, A. (2013). Outcome study of brief relational-cultural therapy in a women's mental health center. *Psychotherapy Research*, 23(2), 137-151.
- Orne, M. T. (2009). Demand characteristics and the concept of quasi-controls. In R. Rosenthal & R.L. Rosnow (Eds.), *Artifacts in behavioral research: Robert Rosenthal and Ralph L. Rosnow's classic books* (pp. 110-137). New York, NY: Oxford University Press, Inc.
- Platt, M., Barton, J., & Freyd, J. J. (2009). A betrayal trauma perspective on domestic violence. In E. Stark & E. S. Buzawa (Eds.), *Violence against women in families and relationships* (Vol. 1, pp. 185-207). Westport, CT: Greenwood Press.
- Rifkin-Gainer, I., Bernstein, B., & Melson, B. (1991). Dance/movement/word therapy: The methods of Blanche Evan. In R. G. Benov (Ed.), *Collected works by and about Blanche Evan* (pp. 3-33). San Francisco, CA: Blanche Evan Dance Foundation.
- Saldana, J. (2012). *The coding manual for qualitative researchers* (2nd ed.). Thousand Oaks, CA: SAGE Publications, Inc.

- Substance Abuse and Mental Health Services Administration (SAMHSA) (2015, August). Trauma-Informed Approach and Trauma Specific Interventions [Website]. Retrieved from: <http://www.samhsa.gov/nctic/trauma-interventions>
- Sandel, S.L. (1993). The process of empathic reflection in dance therapy. In S.L. Sandel, S. Chaiklin, & A. Lohn (Eds.) *Foundations of dance/movement therapy: The life and work of Marian Chace*, (pp.98-111). Columbia, MD: The Marian Chace Memorial Fund of the American Dance Therapy Association.
- Siegel, D.J. (2010). *Mindsight: The new science of personal transformation*. New York: Bantam.
- Stark, R. (1995). *The art of case study research*. Thousand Oaks, CA: SAGE Publications, Inc.
- Stiver, I.P., Rosen, W., Surrey, J., & Miller, J.B. (2010). Creative moments in relational-cultural therapy. In J.V. Jordan (Ed.), *The power of connection: Recent developments in Relational-Cultural Theory* (pp. 6-28). New York, NY: Routledge.
- Taylor, S. E., Klein, L. C., Lewis, B. P., Gruenewald, T. L., Gurung, R. A. R., & Updegraff, J. A. (2000). Biobehavioral responses to stress in females: Tend-and-befriend, not fight-or-flight. *Psychological review*, 107(3), 411-429.
- Turner III, D.W. (2012). Qualitative interview design: A practical design for novice investigators. *The Qualitative Report*, 15(3), 754-760.
- Valentine, G. E. (2007). Dance/movement therapy with women survivors of sexual abuse. In S. L. Brooke (Ed), *The use of the creative therapies with sexual abuse survivors* (pp. 181-195). Springfield, IL: Charles C Thomas.

- Vicario, M., Tucker, C., Smith Adcock, S., & Hudgins-Mitchell, C. (2013). Relational-cultural play therapy: Reestablishing healthy connections with children exposed to trauma in relationships. *International Journal of Play Therapy*, 22(2), 103-117.
- Walker, M. (2004). How relationships heal. In M. Walker, & W.B. Rosen (Eds.), *How connections heal: Stories from relational-cultural therapy*. (pp. 3-21). New York: Guilford Press.
- Walker, M. & Rosen, W.B. (2004). *How connections heal: Stories from relational-cultural therapy*. New York: Guilford Press.
- Weatherby, C. (2004). *Reinhabiting the body: Dance/movement therapy as a therapeutic approach for women survivors of domestic violence* (Unpublished master's thesis). Columbia College Chicago, Chicago.
- Wilson, J.M, Fauci, J.E., & Goodman, L. (2015). Bringing trauma-informed practice to domestic violence programs: A qualitative analysis of current approaches. *American Journal of Orthopsychiatry*, (85), 6, 586–599.
- Young, J. (2016). *Therapeutic movement relationship*. Manuscript submitted for publication.

Appendix A

Key Terms Glossary

Authenticity

The ability to and action of representing one's self with truth and fullness in relationship (Miller & Stiver, 1997).

Condemned Isolation

"...The experience of isolation and aloneness that leaves one feeling shut out of the human community. One feels alone, immobilized regarding reconnection, and at fault for this state. This is different from the experience of "being alone" or solitude, in which one can feel deeply connected (to nature, other people, etc.)" (Jordan, 2009, p. 102).

Connection

"An interaction between two or more people that is mutually empathic and mutually empowering" (Miller & Stiver, 1997, p. 26).

Disconnection

"An encounter that works against mutual empathy and mutual empowerment" (Miller & Stiver, 1997, p. 26). Leads to a sense of being separate or "cut-off" from others in the relationship (Miller & Stiver, 1997, p. 51).

Dance/Movement Therapy

The therapeutic use of dance, movement, and words in a dynamic, relational process; the re-integration of body, mind, and spirit towards personal liberation from internalized societal influences and tensions (Benov, 1991).

Domestic Violence

“A repeated pattern of mental, physical, emotional, sexual, or economic abuse by one person to gain or maintain power and control over another, often making the other feel scared, weak, isolated, hurt, or sad” (CMBWN, 2013).

Empathy

The complex cognitive-affective process of understanding another’s inner life or experience, a gaining of knowledge of the other through resonating, feeling, sensing, or cognitively knowing (Jordan, 2000, 2009; Fischman, 2009). This understanding is done to the extent that you can imagine how the other might feel or experience a situation (Hervey, 2007). In RCT empathy helps to move one out of isolation and as a result is “not just a way of knowing another’s subjective experience but a way of actually experiencing connectedness” (Jordan, 2000, p. 1008).

Embodied empathy

The process of empathy that is engaged in on a mind-body-spirit level; embodiment is the “bringing external material such as concept, image, another’s affective expression or observed movement into one’s present moment sensory and emotional experience (Hervey, 2007) using the present moment body-mind experience” (Downey, 2016, p. 4). Using the “internal lived experience of the body mind” (Downey, 2016, p.18) to connect kinesthetically with another to gain an understanding of their experience. This can be accomplished by experiencing ideas, feelings, or experiences through emotions or sensations (Downey, 2016).

Growth-Fostering Relationship

“A fundamental and complex process of active participation in the development and growth of other people and the relationship that results in mutual development (Miller & Stiver, 1997); such a relationship creates growth in both (or more) people” (JBMTI, 2016).

Mutuality

“The concept in RCT suggesting that we grow toward an increased capacity for respect, having an impact on the other, and being open to being changed by the other. Jean Baker Miller's claim that if in a relationship both people are not growing, neither person is growing has been a controversial concept, as some have critiqued RCT as encouraging the client to take care of the professional. RCT fully recognizes the responsibility of the clinician to pay attention to the growth of the client and not to invite caretaking from the client. But if the therapist does not open herself or himself to some impact and change (vulnerability), real growth will probably not occur for the client. Mutuality does not mean sameness, equality, or reciprocity; it is a way of relating, a shared activity in which each (or all) of the people involved are participating as fully as possible (Miller and Stiver, 1997)” (JBMTI, 2016).

Mutual Empathy

“Openness to being affected by and affecting another person. In mutual empathy, both people move with a sense of mutual respect, an intention for mutual growth, and an increasing capacity for connectedness. For mutual empathy to lead to growth, both people must see, know, and feel that they are being responded to, having an impact, and mattering to one another. The growth that occurs is both affective and cognitive and leads to an enlarged sense of community. Supported vulnerability, a feeling that one's vulnerability will not be taken advantage of or violated, is necessary for mutual empathy” (JBMTI, 2016). Mutual empathy involves “the capacity to join in the creation of a synergistic process which transcends the experiences of the

individuals involved and moves toward a shared sense of enhanced meaning, clarity, and enrichment” (Kaplan, 1990, p. 6).

Radical Respect

“A deep appreciation based on empathy for the other person’s current functioning and for the context within which her or his suffering arose; an equally deep appreciation for her or his coping methods, survival strategies, and the inner wisdom that sought to keep her or him alive” (JBMTI, 2016). Respect is a fundamental quality of connection in that it is a bidirectional sense of positive regard in the relationship. “It is enabled by the therapist’s openness to witnessing clients’ and their own complexity. To experience connection is to participate in a relationship that invites exposure, curiosity, and openness to possibility...it does not promise comfort.” (Walker, 2004, p. 9).

Relational-Cultural Therapy

The use of mutual engagement and empathy within the therapeutic relationship to attend to clients’ relational connections and disconnections. Aims to lessen clients’ isolation, increase their capacity for empathy, and shift relational images (Jordan, 2009).

Relational-Dance/Movement Therapy (relational-DMT)

The concurrent use of relational-cultural therapy and dance/movement therapy.

Relational Image

A personal framework of relationship dynamics that consists of beliefs, behaviors, and expectations, held with varying degrees of awareness, that are developed through patterns of relational experience (Jordan, 2009; Miller & Stiver, 1997). Relational images “determine who we are, what we can do, and how worthwhile we are” (Miller & Stiver, 1997, p. 75) in relationship.

Sense of Self

One's understanding of their identity and ability to express it. An understanding of self; the scope of thoughts, feelings, actions, and hope/faith. Components of self-esteem, self-concept, and inner schemata, or the internal structure or framework of self-understanding (Herman, 2015). In domestic violence survivors can be characterized by shame, blame, and doubt (Herman, 2015). Also considered is the degree of integration of aspects of the self. Relational-Cultural Theory ties a women's sense of self to the motivation and ability to engage in relationships and to find connection (Miller, 1986b). Understanding or feeling of who and how much one can bring into relationship, as relating to authenticity (Miller, 1986a).

Appendix B

Informed Consent Form



Approved
IRB STAMP REQUIRED

Informed Consent Form

Consent Form for Participation in a Research Study

Title of Research Project: Mutuality in Movement: A Relational Approach to Dance-Movement Therapy with Domestic Violence Survivors.

Principal Investigator: Heather MacLaren, M.A. Candidate, [REDACTED]

Faculty Advisor: Kristy Combs, BC-DMT, LCPC

Chair of Thesis Committee: Laura Downey, BC-DMT, LPC, GL-CMA

INTRODUCTION

You are invited to participate in a research study to document the use of dance/movement therapy and relational-cultural therapy with domestic violence survivors. You are being asked to participate because your counselor is using these approaches in her work and is the primary researcher. This consent form will help you understand the study 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 think about if you want to participate. You are encouraged to ask questions now and at any time.

If you decide 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 and a copy will be included in your client file.

PURPOSE OF THE STUDY

The purpose of this research study is to examine the use of the body and movement in relationship-focused counseling with domestic violence survivors. The study is looking at client’s experiences of this approach to counseling in order to understand in more depth what and how change occurs through the counseling process.

PROCEDURES

Your counselor/researcher will provide treatment to you in the same way she would for any client. The only difference is that she will be recording the events of your sessions in more detail by using three tools. All three tools will be used during your regular counseling sessions, no time will be asked of you outside of sessions. The study will last for 6-8 sessions from [REDACTED]

- 1) Notes written by the researcher that describes what interventions the counselor uses, your responses and the counselor’s experience of each session. These notes will be in an electronic word document.
- 2) You will be asked to complete a brief five to ten minute questionnaire after each session. There are seven questions that will ask about what you found helpful in the counseling session.
- 3) At the end of six to eight sessions the researcher will hold a 30-45 minute interview with you. This interview will ask questions about your experiences in counseling and what changes you have experienced, and what it was like to have movement included in counseling. This interview will be audio recorded and written exactly into an electronic word document.

The researcher will also verify her understanding by spending five minutes in the third to eighth session asking you questions about themes that are present in the data collected. One of the goals of this research is to use your own words to document reactions to your sessions, including changes in your self-understanding and your experience in social relationships. Quotes of your statements during sessions may be included in the written notes.

All the written materials will be presented in a way that protects your confidentiality (see “Confidentiality” below). During your sessions your counselor will go over any questions you may have about the study. You are welcome to ask questions at any time during the study. You will not be contacted in the future unless you indicate you would like to receive final materials of the study.

POSSIBLE RISKS OR DISCOMFORTS

The most prominent risk of the study is the confidentiality of participant identity. The researcher understands and acknowledges that receiving domestic violence counseling can be a situation that can introduce risk of harm for some survivors. That is why [REDACTED] maintains a confidential location. This understanding is reflected in this study by thorough protection of participant identity (see “Confidentiality” below). It is possible that there may be risks that we currently do not anticipate. We will make every effort to minimize risks in a timely manner. Should any risk arise during the study this will be immediately communicated to the clients and support services will be provided to the best of the researcher’s ability.

POSSIBLE BENEFITS

There are no direct benefits of participating in the study. Possible indirect benefits of participating in the study include:

- Contributing to the advancement of [REDACTED] counseling approach by participating in research that will support its use.
- The personal value and impact of participating in research. You may enjoy knowing that you could be helping practitioners and students who will do this type of work in the future.
- In doing research on domestic violence counseling the work will continue to build awareness of domestic violence issues, survivor experiences and the value of counseling services.

CONFIDENTIALITY

Confidentiality means that the researcher will keep the names and other identifying information of the clients private. The researcher will change the names and identifying information of clients when writing about them or when talking about them with others, such as the researcher’s advisors. The following procedures will be used to protect the confidentiality of your information:

- Written notes will not include any of your personal identifying information: names, other service agencies used, details regarding locations (such as place of residence or place of employment) etc.
- Written notes will also not include any of your child(ren)’s or abuser’s personal identifying information.
- Written notes will not include any identifying information regarding the agency of services (such as name and location).
- Any audio recordings will be destroyed after project submission, scheduled for May 2016. The researcher will do her best to notify all clients if this date changes.
- Information about you that will be shared with others will be unnamed to help protect your identity.
- No one else besides the investigator will have access to the original data.
- The confidentiality of persons and/or information cannot be guaranteed if:

- o There is suspected abuse or neglect of minor children age 0-18
- o There is suspected abuse or neglect of adults over the age of 60
- o There is reason to believe you may cause yourself or others harm.
- o *This is in accordance with [REDACTED] guidelines and mandated reporter laws.*

At the end of this study the findings will be published as a graduate thesis at Columbia College Chicago. A journal article may be submitted for publication. You will not be identified in any publications or presentations; your name, address, abuser identity, and any parts of your story you wish to will be kept confidential. The agency will not be identified to further protect your identity.

RIGHTS

Being a research participant in this study is voluntary. You may choose to refuse to participate or withdraw from the study at any time without impacting your quality of and/or ability to receive services at [REDACTED]. You may also choose to request another counselor for services at [REDACTED].

Thoughtfully consider your decision to participate in this research 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, Heather MacLaren, at [REDACTED] or the faculty advisor, Kristy Combs, at [REDACTED]. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board (IRB) staff at (312)369-6994 or IRB@colum.edu.

COST OR COMMITMENT

There is no additional cost outside of your regularly scheduled counseling sessions. In agreeing to participate in the research you are agreeing to commit to 5-10 minutes at the end of each regularly scheduled session to complete the described questionnaire.

COMPENSATION FOR ILLNESS AND INJURY

If you agree to participate in this study, your consent in this document does not waive any of your legal rights. However, in the event of harm arising from this study, neither Columbia College Chicago nor the researchers are able to give you money, insurance, coverage, free medical care or any other compensation injury that occurs as a result of the study. For this reason, please consider the stated risks of the study carefully.

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.

Please check all that apply:

- ☐ I agree to participate in the study as described above.
- ☐ I give my permission for the interview portion of the research study to be audio recorded.
- ☐ I give my permission for the release of written case notes and interview transcripts to the cited research advisors.
- ☐ I give my permission for the release of written case notes and interview transcripts for the purpose of presentation in instruction or research conferences.
- ☐ I give my permission for the release of written case documentation and interview transcripts for the purpose of publication in scientific or therapeutic articles or books.
- ☐ I would like to receive articles or other papers about this study.

_____	_____	_____
Signature of Person	Print Name:	Date:
Obtaining Consent		

_____	_____	_____
Principal Investigator's	Print Name:	Date
Signature		

Appendix C

Data Collection Tools

HELPFUL ASPECTS OF THERAPY FORM

1. Of the events which occurred in this session, which one do you feel was the most helpful or important for you personally? (By "event" we mean something that happened in the session. It might be something you said or did, or something your therapist said or did.)

2. Please describe what made this event helpful/important and what you got out of it.

3. How helpful was this particular event? Rate it on the following scale. (Put an "X" at the appropriate point; half-point ratings are OK; e.g., 7.5.)

Extremely Hindering	Greatly Hindering	Moderately Hindering	Slightly Hindering	Neutral	Slightly Helpful	Moderately Helpful	Greatly Helpful	Extremely Helpful
1	2	3	4	5	6	7	8	9

4. About where in the session did this event occur?

5. About how long did the event last?

6. Did anything else particularly helpful happen during this session?

YES NO

(a. If yes, please rate how helpful this event was: ☐ Slightly helpful
☐ Moderately helpful
☐ Greatly helpful
☐ Extremely helpful

(b. Please describe the event briefly:

7. Did anything happen during the session which might have been hindering?

YES NO

(a. If yes, please rate how hindering the event was: ☐ Extremely hindering
☐ Greatly hindering
☐ Moderately hindering
☐ Slightly hindering

(b. Please describe this event briefly:

Mutuality in Movement: A Relational Approach to Dance/Movement Therapy with Domestic Violence Survivors

Participant ID #

Time/Date:

Introduction script:

Hi, so, as we talked about last session, I have a few questions to ask you today as part of the research that I'm doing. It should take about 30-45 minutes. I will be recording this, so that the data in the study will be accurate. This also means that we can have a more natural conversation rather than me writing everything down. I have five sections of questions to ask you, and may ask follow-up questions to make sure that I have a clear understanding of what you're sharing. You're welcome to answer as much or as little as you wish. Do you have any questions or concerns before we begin?

Question Sections:

1. Reflecting back to the beginning of therapy, can you describe yourself to me?
 - a. Is there anything that impacted you between then and now?
 - b. What did it change? Did you find that helpful?
2. What was your connection to your body like before our therapy together? How has that changed?
 - a. What is your relationship like to your body and movement like now?
 - b. Where do you see it going?
3. What has been working like this, the two of us together as therapist and client, been like for you?
 - a. How has that changed or not changed over time?
 - b. Has participating in research impacted how you feel about this? How so?
4. Tell me about the roles you hold in your relationships.
 - a. How do you see your value in relationships?
 - b. Do these things change between relationships?
5. Have you noticed any changes in the rest of your life through this therapy?
 - a. Have your relationships (romantic, social or family) changed? How so/not so?

Interviewer comments, observations, thoughts:

Appendix D

Data Analysis Themes

Data analysis procedures produced 15 themes; Table D1 lists them in alphabetical order and provides an operational description for their use in the study.

Table D1

Explanation of Themes

Theme	Description
Authenticity	The state of being in mind, body, and spirit honestly and transparently. An openness with self that can be brought into relationships. In doing so, this becomes a place of availability and presence within the relationship.
Body Awareness	Moments in movement where awareness of body movement, positioning, sensations, or feelings was a goal or result for the participants. A coming to know the body. Moments of verbally sharing my observations of the participants' embodiment and movement, bringing them into self-awareness of their own body/mind.
Body Feedback	Transparency with my experience of the other person in the relationship. Sharing of my own sensations, images, feelings, or movements stirred in me by my participants; also, my participants' embodied experiences of me as a counselor and person.
Breath	Noticing of shifts in my own or participants' breathing; also the use of breath in the therapy work for attunement, as a coping skill, or for grounding.
Choice	Moments where participants were given the opportunity to lead, guide, or shape how the work proceeded. Also, moments where participants' ability to choose and act on their desires and needs in their lives was highlighted.

Disconnection	Avoiding connection with self and other in relationship through strategies of protection, can be habitual patterns or accidental misunderstanding/missed connections. Includes avoidance of contact with deeply emotional content.
Hope	The ability to believe in possibility – empowerment to take on newness in the face of fear and discomfort. Speaks to the ‘action’ instilled from growth-fostering relationships.
Presence	Availability in body, mind, spirit, and heart. The state of being with oneself and the other in relationship. The intention to be in the ‘here and now’.
Relational Images	The concepts and understandings that we hold about who we are and can be in relationship; any moment when relational expectations, knowledge, habits, or behaviors emerged in myself or my participants.
Ritual	Moments of consistency and routine in the relationship, leading to a ritual-like sense. Includes roles, greetings, and interactions with the environment and how these developed within the relationship. Also includes moments where these concepts became irrelevant, insignificant, or were noticeably absent.
Sense of Self	Understanding of oneself and the behaviors associated with discovering, uncovering, and expressing that while in relationship. The process of belonging to oneself again, of finding home in the body. Knowing of self through knowing of other, through connection in relationship. Moments where the concept of self was embodied through postures, self-led movement, or self-expression.
Timelessness	Complete investment in the emotionally salient moment at hand by both participant and therapist. The feeling of the world melting away; the experience of existing only in the space of the relationship in the present moment.
Trust	Trust in self, other, and relationship itself.

Vibratory Awkwardness	Describes the sensory experience of engaging in something new; speaks to the vulnerability and feeling of strangeness that accompanies letting go of expectations and judgements. Moments where change is occurring. The physical energetic sensation of change.
Visceral Knowing	The sensing, feeling truths that live in the body; gut knowledge; intuition. Understanding through feeling and sensing, having this guide engagement in the relationship.