An Excursion Into the Creative Process: An Artistic Inquiry Utilizing Ritualistic Self-Care In Movement

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AN EXCURSION INTO THE CREATIVE PROCESS: AN ARTISTIC INQUIRY UTILIZING RITUALISTIC SELF-CARE IN MOVEMENT

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Abstract

The purpose of this artistic inquiry self-study was to explore my experience of the creative process. This purpose stemmed from the concept that it is not enough to believe that I am creative, but I wanted to know how and why. During this study, I was a 33 year-old multi-ethnic, middle-class female, who had been raised in a foster home on the East Coast. I was living in Chicago, Illinois as a graduate student at Columbia College Chicago for a master’s degree in Dance/Movement Therapy and Counseling. The research questions presented were: How does ritualistic self-care promote availability into my own creative process? How will understanding my own creative process influence the therapeutic process for my clients? and What is my creative process as an emerging dance/movement therapist? The study utilized artistic exploration to identify the blocking and unblocking of my creativity. Data collection included a 14-week period of a ritualistic self-care movement practice prior to internship, as well as journaling and art-making, that explored seven themes related to creative process which included, *free flow, improvisation, intuition, play, presence, time,* and *vulnerability.* Data collection analysis was completed through intuitive inquiry. Some of the findings from the exploration of my creative process included, (a) my personal healing is directly related to unblocking my creativity; (b) self-care and self-compassion are important; and (c) a relationship exists between creativity and confidence. These findings were performed through an artistic inquiry in the representation of a dance during the student/faculty dance concert in summer July 2015. The application to my clinical work and connection to existing research are discussed in this thesis.
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“…Some people come into your lives, stay for awhile, leave footprints on our hearts, and we are never, ever the same.” - unknown

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“There is a vitality, a life force, an energy, a quickening, that is translated through you into action, and because there is only one of you in all time this expression is unique. And if you block it, it will never exist through any other medium and will be lost.” – Martha Graham

**Introduction**

My unique expression is translated through action, and I inquired how I could utilize my creative expression through my passionate calling to help and heal others. What is the one tool that feeds my creativity and is so essential I would feel stripped or blocked without it? I would have to say my body. My body is my tool and resource that supports my creativity and serves me in my journey through life, especially in my experience of becoming a dance/movement therapist. The better I know my creative self, the more I am able to play on my strengths. Hence, why I chose a study using my body to explore my creative process. My ability to create resides within me - body, mind, and spirit, and is influenced by my experiences, environment, and education. It is my opinion that my creativity is a mirror image of how my experiences shaped my life, and how I have learned to channel these experiences as a guide into the present moment - where I am today.

I value the relationship between creativity and skill. Skill is the education and learning that I accumulated, which influenced and deepened what is inherently within me. Just as an athlete stretches and warms up before their game, or a musician practices music scales before a concert, becoming an effective dance/movement therapist takes time and practice in fusing one’s creativity with the counseling skills, and dance/movement therapy (DMT) approaches learned in graduate school. Tharp (2006), dancer, Emmy award-winning choreographer, and author of *The Creative Habit: Learn It and Use It for Life*, stated, “if art is the bridge between what you see in your mind and the world sees, then skill is how you build that bridge” (p. 9). This study was an
opportunity to fuse what I have learned and apply these learnings as an emerging
dance/movement therapist, specifically addressing research questions: How does ritualistic self-
care promote availability into my own creative process? How will understanding my own
creative process influence the therapeutic process for my clients? and What is my creative
process as an emerging dance/movement therapist?

**Motivation for the Study**

Prior to my internship, during my field placement practicum, I experienced a block in my
creativity and had challenges accessing my intuition within the clinical setting. As a result, I
encountered a period of high anxiety and shame. During this period of discomfort, with the
support of my personal dance/movement therapist, I created a ritual involving ten to twenty
minutes of meditation before and after my field placement. The meditation ritual provided me a
form of self-care during my period of anxiety and shame. My meditation ritual provided me the
space to accept myself and allowed me to release some of the block (see Appendix A) that
inhibited my creative process in the clinical setting. Nachmanovitch (1990) elucidated that a
creative block can be mistakes reframed and a growing edge in life and art. He also stated these
blocks can “enable us to sharpen, focus and mobilize our inner resources in the most surprising
ways,” allowing the block or circumstance to be a vehicle for creativity (p. 92). Based on
findings through Nachmanovitch’s expedition into the creative process, I defined block in this
study as the unconscious act of avoiding or inability to face the unknown or unfamiliar,
ihibiting one’s creativity. Consequently, unblocking (see Appendix A) is defined in this study
as the conscious act of allowing and accepting the unknown or unfamiliar, freeing one’s
creativity.
My ritualistic form of self-care in meditation awakened my self-defeating thoughts of not being enough, which was inhibiting my creativity and intuition. While my interest in this study emanated from my field placement experience, my continuing passionate journey for balance of mind, body, and spirit fueled this study on the elusive topic of creative process. Moreover, during this study, I had connection to my creativity as a dancer, dance teacher, and yoga instructor, but I was in a place of ambiguity in finding my creative process as an emerging dance/movement therapist. It has been illuminated to me that it is not enough to believe I am inherently creative, but I aspired to know how and why. I trusted that by accessing a deeper understanding of my creative self, I could be a model for my clients to cultivate this within themselves, which may foster ways of manifesting change to create new patterns and pathways in how they experience themselves in their lives.

**Theoretical Orientation**

The role of therapist is to guide clients to trust themselves to direct their own growth to build their own bridges toward change, transformation, and healing. The paradigm and treatment philosophy I have come to identify with during my internship and study, are an existential worldview and person-centered or client-centered therapy. D’Andrea, Ivey, and Ivey (2012) stated that Carl Rogers developed client-centered therapy, which valued the effective relationship between therapists and clients to foster clients’ personal growth and change. Rogers’s theoretical worldview also believed individuals have a desire to self-actualize and be active and successful participants in managing their lives (D’Andrea et al., 2012). Bohart (1999) described client-centered therapy as a discovery-oriented therapy where the clients choose the pace, issues, and discovers their own solutions. In other words, the client is the creator of their own change, well-being, and/or healing. As a novice dance/movement therapist, I work towards creating an
accepting and safe space in therapy for my clients, allowing them to guide me in how I facilitate a session. It is my belief that when I create the space for clients to be themselves, I offer the possibility for that individual to open their minds and bodies to new understanding of themselves and how they experience themselves in the world.

Additionally, D’Andrea et al. (2012) defined existential theory in psychotherapy as a way to empower people to act on the world and determine their own destinies. The source of healing in the existential worldview comes from the individual, rather than past history or environmental factors (D’Andrea et al., 2012). While the past and environment alone do not provide the source of healing, they do influence the therapeutic process. The past patterns of how a client has experienced their world provides information in the present moment, which influences how the client and therapist work together towards healing and well-being.

Bohart (1999) agreed with D’Andrea et al.’s (2012) view that existential and psychodynamic approaches to therapy support change through clients’ discovery processes with therapists’ guidance. In contrast, cognitive and cognitive-behavioral approaches are focused not on the clients’ discovery in the process of how they proceed with presenting issues, but their behavior in response to these issues. Cognitive-behavioral approaches orient to action and short-term treatment primarily on clients’ observable behaviors, not on unresolved unconscious issues, and are satisfied through the “Law of Effect,” which stated that behavior was followed by satisfying consequences (D’Andrea et al., 2012, p. 261).

Bohart (1999) revealed cognitive based approaches could be prescriptive and specified with detailed session-by-session agendas at times. While there are many cognitive-behavioral techniques available such as, self-talk, positive reinforcement, modeling, and self-regulation, it is essential that the therapist chooses techniques that resonate with the client, otherwise this
approach can be manipulative and ineffective resulting in the clients feeling powerless and have no choice but to go along (D’Andrea et al., 2012). Therefore, discovery-oriented approaches to therapy such as, client-centered and existential, the clients’ process of self-discovery may allow the unconscious to be conscious, as well as, the therapist’s role may be considered more improvisational and have more freedom for innovation and flexibility in the moment. Hence, there is collaborative creative opportunity with therapist and client in client-centered and existential approaches, which is an important element to why I identify with these approaches.

The DMT approaches I have implemented in my work at my internship, a rehabilitation day program for adults with traumatic brain injury, originate from DMT pioneers Marian Chace and Trudi Schoop. Chace and Schoop were amongst the first to explore, develop, experiment, and work utilizing their own experiences, education, and skills to contribute to the breadth and healing work of DMT. Levy (2009) stated Chace’s philosophy was that dance was communication, and movement satisfied a functional or expressive need. Levy indicated Chace’s work (the Chace Technique) was organized into four major classifications: body action, symbolism, therapeutic movement relationship, and rhythmic activity. The Chace Technique within group therapy established a structure including warm-up, theme development, and closure that gave containment for the therapeutic work. The structure of Chace groups supported the population of adults with brain injury I worked with by creating a ritual routine, which was organizing for their brains to function more efficiently.

I fused my curiosity of my creative process with Chace’s ritual aspect in her DMT approach as a way to tap into my creativity in a more organized and efficient manner. Chace was known as the “Grande Dame” of DMT for her passion and drive in her exploration with dance and music with clients in hospitals (Levy, 2009, p.19). Through her knowingness as a therapist
and performer, Chace utilized these roles, dance training, and education to create her own creative process within therapy, the Chace Technique. Chace incorporated her experiences, skill, and education to educate others on her self-created method to healing through dance and music, which provided support in the inception of DMT.

Another DMT pioneer, Schoop, understood that our bodies reflect who we are, in that our mind and body are the same (Levy, 2009). Schoop’s approach included rhythm, repetition, choreography, and humor. By implementing this approach, it encouraged clients to remember repeatable movement phrases, which supported their goals to increase memory. The element of rhythm supported interpersonal connection and group cohesion through rhythmic activity in DMT groups. The repetition of movement choreography supported clients’ working and short-term memory. Lastly, humor served clients by releasing tension and stress in their process of working through their grief and loss from their brain injuries.

Schoop’s creative process was best demonstrated through implementing her training and career as a mime performer and her sense of humor within her work as a dance/movement therapist. It was Schoop’s own experience of externalizing her own conflicts on stage that offered her the ability to uncover opposing and repressed drives, which evolved to the development of utilizing polarity in her DMT methodology. It was one of her major goals to bring a client’s repressed part(s) to consciousness through expressive movement (Levy, 2009). Both Chace and Schoop were pioneers in the rich and healing field of DMT. Their creative processes within DMT stemmed from their own experiences, education, and skills.

Moreover, Chace and Schoop aligned with the theoretical framework of person-centered and existential therapy. Chace and Schoop valued the effective relationship between therapists and clients to encourage clients’ personal growth. The therapeutic movement relationship was
one of the four classifications Chace applied in her technique. In addition, Chace and Schoop developed the therapeutic relationship by attending to their clients through their movement observations and attuning to their needs by implementing appropriate and accurate DMT interventions for clients to create change. The attuning of clients and implementing of interventions often acquired improvisation and flexibility of therapist in the moment. DMT utilized the resource of the body as a tool to allow the implicit to become explicit, which was a value of existential-based therapy and one of Schoop’s major goals, to bring a client’s repressed part(s) to consciousness through expressive movement (Levy, 2009). The closure of DMT groups offered the opportunity for therapist to help illuminate these new awarenesses for the client, the recognition of the parallels or dissonance in their movement experience and their experience of life/presenting issues often brought new insight that led to a change.

As I made meaning in my excursion into creative process, I used the learning and understanding from my graduate program in the observation of movement to help substantiate and create discussion for my research. The approaches to movement observation and assessment I obtained within my graduate program included: Laban Movement Analysis (LMA), Bartenieff Fundamentals, Body Patterns of Connectivity, and Kestenberg Movement Profile (KMP). While I did not engage in a formal movement assessment, it is important to note that I created meaning within my self-study through the observational lens of LMA and Body Patterns of Connectivity, and resonated with these because the dance/movement therapists at my internship primarily utilized them. Moore and Yamamoto (2012) stated LMA is a holistic framework or system that described observed movement. LMA recognized that movement is a process of change and the study of observed movement included: body, effort, space, and shape (BESS) (Bartenieff & Lewis, 1980). Laban’s effort taxonomy included four motion factors: flow, weight, time, and
space. The interrelationship of movement through these motion factors is both functional and expressive as they are characterized through opposing qualities: fighting and indulging (Moore, 2009). Laban illuminated the power of choice in how we move, humane effort, which “enables us to choose between resisting, constricting, withholding, fighting attitude, or one of yielding, enduring, accepting, indulging” (Moore, 2009, p. 151).

Bartenieff’s work, which expanded from LMA, understood the fundamentals in movement were change (Bartenieff and Lewis, 1980). The essence of movement is change, therefore, our process of moving creates our embodied existence. As we move, we are always making connections, creating relationships within the environment and ourselves. Therefore, as we move, we are constantly changing and connection is fundamental. Laban and Bartenieff proposed patterning our body connections is fundamental (Hackney, 2002). These relationships are created within our bodies and become patterned as we grow. The Fundamental Patterns of Total Body Connectivity are: breath connectivity, core-distal connectivity, head-tail connectivity, upper-lower connectivity, body-half connectivity, and cross-lateral connectivity (Hackney, 2002). D’Andrea et al. (2012), Hackeny (2002), Levy (2009), and Moore (2009) comparably emphasized the power of choice and participation in how an individual moves, connects, and creates meaning in their lives. As I embarked on my journey into my creative process, I emphasized the power of choice in utilizing my body to move and connect to themes I chose that resonated to me as essential to my creative process. The themes I chose resonated as I recognized these themes present within my roles as a dancer, dance teacher, and yoga instructor. The results from my research were analyzed to create meaning for myself, which provided insight in how and why I was creative and how these insights supported my work as an emerging dance/movement therapist.
Additionally, this project explored the connection between self-care and creative process. In my self-study, I defined creative process (see Appendix A) as an approach, ever changing, and evolving, that consist of phases or steps, which brings about new information or meaning manifesting into communicable form (Hervey, 2000). I sought to define my own creative process as an emerging dance/movement therapist, and understand how it influenced my clinical work during my internship during graduate school.

Furthermore, self-care is an elusive and subjective concept that may look very different to each person. Copeland (2013) recognized, in her heuristic study on self-compassion as a DMT student, that self-care was “an individual process of finding healthy methods of reducing stress, negative emotions, for overall well-being” (p. 7). Similarly, Brown (2010) stated self-care or self-love meant learning and practicing how to trust and treat ourselves with kindness. My self-study fused Copeland’s (2013) and Brown’s (2010) stances, as well as my own interpretation, to define self-care (see Appendix A) as a body-based practice promoting balance to increase relaxation, positive emotions, trust, and compassion for one’s body, mind, and spirit. My self-care was my “me-love” time to ground (see Appendix A).

My creative process is translated through action through the one tool that feeds my creativity and is so essential I would feel stripped or blocked without it - my body. I produced body movement explorations of my own salient themes around creative process, which included: free flow, improvisation, intuition, play, presence, time, and vulnerability (see Appendix A). These explorations of movement became a ritual (see Appendix A) prior to internship. I defined ritual as a sequence of activities involving a routine practice, which may or may not include gestures, movement, words, and objects, performed in a public or private place, and performed according to a set sequence. Ritual is derived from the Latin word, “ritualis,” that pertains to rite;
such as in a rite of passage that marks a person’s transition from one state of being to another (Merriam-Webster's Collegiate Dictionary, 2005). Relating ritual to pattern of behavior, the neuromuscular system that develops a plan or model for executing movement sequences entail habitual firing of neuromuscular pathways that come into play to fulfill an intent (Hackney, 2002). Hence, re-patterning supports new pathways in the body that may lead to change.

These salient themes were manifested by a pilot survey I distributed during my time in a thesis seminar course in my graduate program, asking practicing creative arts therapists their experience of the creative process and its relationship with their work. I chose to ask creative arts therapists (music, drama, art, and dance) instead of only dance/movement therapists in hopes of gathering a variety of responses on this topic. While my aspirations were high, my survey return was not. The pilot survey participants consisted of three dance/movement therapists and one art therapist. Though my pilot study only consisted of four participants, it was their subjective responses that stirred my curiosity about my own creative process. I extracted significant markers or ideas from their surveys, and created seven themes that spoke to me in regards to what I believed was essential in the creative process. Specifically, these themes constructed a context of artistic exploration in order to identify the blocking and unblocking of my creativity, which I used as resource for my own self-care and future clinical application. In addition, I gained insight into my subjective experience as an emerging dance/movement therapist, and how this insight influenced my ability to facilitate the therapeutic process.
Review of Literature

The ambiguous topic of creativity and creative process has been researched as a valuable part of psychotherapy. In my excursion into creative process, I noticed a plethora of research, studies, and writings on creative process within the psychological and health fields; however, there was a lack of literature on creative process within dance/movement therapy specifically (Chandler, 1991; Claid & Osborne, 2015; Robbins, 2012; and Tonrey, 2003). In this literature review, I will address research on creativity, creative process, and psychotherapy, including body-based approaches, ritual, dance/movement therapy, and self-care as a dance/movement therapist. My study aims at contributing to the existing research highlighting self-care, ritual, and creative process within the clinical setting as an emerging dance/movement therapist.

Creativity and Creative Process.

There was inadequacy in the research on the nature of creativity and creative process (May, 1994; Nachmanovitch, 1990). May (1994) explored and considered several definitions and discoveries on creativity and creative process in his book, The Courage to Create. Creativity was defined as the “most basic manifestation of a man or woman fulfilling his or her own being in the world” (May, 1994, p. 40). In other words, creativity was what an individual was destined to be and/or give in their lifetime. Nachmanovitch (1990) stated this expression was already within us, creativity was the work of unblocking this expression. A creative act was described as an “encounter,” which consisted of an idea, inner vision, and/or an invitation to explore (May, 1994, p. 41). This invitation then led to creative process, which May (1994) stated must be explored, fostering emotional health, as the expression or channel to bring something new into being.

May (1994) examined Alfred Adler’s psychotherapy framework on the compensatory theory of creativity in humans, which emphasized the importance of feelings of inferiority and
was based on a means to compensate for their own inadequacies, cultivating the creative self. Likewise, Chandler (1991) agreed with Adler’s concept of creative self, in that each individual arrived at a concrete goal of overcoming through his or her creative power. Hence, the ability to overcome hardships or challenges comes from recognition of personal strength in order to maintain change.

May (1994) elaborated on Adler’s theory of overcoming through his or her creative power by the means of a necessitated courage required to discovering new forms, symbols, and patterns. May (1994) stated courage was the foundation to all other virtues and values, and defined it through five kinds of courage: physical, moral, social, one paradox, and creative. The creative courage was the most important of all in that it was the “discovering of new forms, [and] new symbols” (May, 1994, p. 21). The courage encompassed in the process of creating something new allowed new possibilities and opportunities, confronting the dynamic between creativity and deconstruction/death (May, 1994). These new opportunities supported potential for change that involved an individual’s existential issues and/or experience of themselves in the world. Similarly, Bohart (1999) stated creativity was a process of working with an inspiration, intuition, or insight that was grounded in bodily, experiential knowledge. The use of concepts or symbols became tools to fuse meaning into these nonconceptual ways of knowing, which involved their relationship to self and others.

Moreover, the research on the relationship with creativity and consciousness emphasized the importance of presence – being present in the here and now. May defined the unconscious as potential awareness or “free creativity” (1994, p. 55). Nachmanovitch (1990) emphasized, in his book, Free Play: Improvisation in Life and Art, that to create, one needs both technique and freedom from technique until the unconscious is surfaced. In the chapter on creative form
unfolding, Nachmanovitch (1994) described how an individual might disappear in their art form, and begin to have a dialogue with the living work in progress, refining a feeling or state of harmony. He described the immediate cathartic release that this abstract process endured as, “recognition,” an uncovering of something that has forever been waiting to be surfaced (Nachmanovitch, 1994, p.111). The creative interplay of making the implicit explicit through consciousness proposes a harmonious process of the mind, body, and spirit.

Relating consciousness with creativity and creative process, Malchiodi (2006) stated analytical psychologist, Carl Jung’s central concept in the psychological process was individuation, which involved the process of integrating the conscious with the unconscious. Specifically, Jung coined the term collective unconscious, which encompassed instincts and archetypes or universal symbols. Malchiodi (2006) and Bohart (1999) both stated individuals lived out these symbols through their meaning of them, based on their experiences. Malchiodi (2006) noted the collective unconscious could be viewed through the universal symbols within the act of creating through art, which could be used to alleviate or contain feelings of trauma, fear, or anxiety. These acts of creating through art – music, dance, drama, and visual art - may be used to repair, restore, and heal. Despite the difference in approaches, it is apparent how influential consciousness is in cultivating creativity.

Carpurso, Fabbro, and Crescentini’s (2014) research suggested increased consciousness through meditation practice had beneficial cognitive and emotional changes that increased creativity. Their research indicated that creative thinking correlated with mindfulness, which included an increase in improved mood, focused attention, and ability to overcome previous unresolved issues. Matthijs, Nevicka, and Velden (2014) agreed with Carpurso et al.’s (2014) research; mindfulness can be developed through the regular practice of meditation. Matthijs et al.
(2014) defined mindfulness as “non-judgmental, sustained, and alert awareness of experiences in the present moment, including physical sensations, affective states, and thoughts” (p. 1093).

Matthijs et al. (2014) conducted four studies, in which mindfulness skills were measured through self-reporting assessments, which concluded several beneficial effects on emotional regulation, interpersonal abilities, and basic cognitive functioning as a result of regular meditation practice. While there was strong evidence in their study that the ability to observe, notice, or attend to a variety of internal and external phenomena consistently predicted enhanced creativity, mindfulness alone was not enough to cultivate creativity.

Comparably, Dilley (1986), former professional dancer, professor, and creator of the dance program at Naropa University, described both her creative process and meditation practice as a way to cultivate awareness or “mingle the mind and space” (p. 41). Dilley viewed creativity as a form of communication of those parts of our human experience that are intimate and sacred. Her practice of meditation supported this learning or knowing of these delicate parts of herself. Dilley illustrated her creative process and meditation as two streams or threads: her use of American improvisation movement and the Buddhist form of meditation. These threads wove into a process that formed more openness, freedom, and awareness to the inner and outer world, which enabled more presence called “nowness” (Dilly, 1986, p.44). Her two streams became conduit into her creativity. Carpurso et al. (2014), Dilly (1986), and Matthijs et al. (2014) each made the connection between mindfulness and creativity, which supported the possibility for an individual to be more present into their lived experiences, whether making art or representation/making meaning of their experience of life.

Lastly, another essential step in cultivating creativity is letting go of comparison, which involved freedom from technique or skill (Brown, 2010; Nachmanovitch, 1990). Creativity was
described as “the expression of our originality, [which] helps us stay mindful that what we bring to the world is completely original and cannot be compared” (Brown, 2010, p. 97). According to Brown, cultivating creativity involved three invitations, 1) being deliberate with making the time to make creativity a priority, 2) being connected through community with those that share your beliefs about creativity, and 3) being in action to try and risk feelings of vulnerability and being new at something. Consequently, by accepting these invitations in cultivating creativity, wholeheartedly, the process of letting go of who you think you are supposed to be and embracing who you are begins (Brown, 2010).

**Creative Process and Psychotherapy.**

Tonrey (2003) highlighted the pivotal moment when Guilford’s 1950 presidential address to the American Psychological Association (APA), supplicated the need for making creativity an important inquiry in psychotherapy. The idea that creativity was a coveted trait in effective psychotherapists caused an increase in creativity research. In his address, Guilford stated, “the creative psychotherapist needs to act on his/her creativity, for his/her own psychological health, the health of the therapeutic relationship, and to increase the effectiveness and impact on the therapeutic environment” (Tonrey, 2003, pp. 60-61). The element of creativity within a therapist had an impact on the effectiveness with the therapeutic process.

While the therapist’s creativity was deemed important within the therapeutic process, so was the client’s awareness of his or her own creativity. Chandler (1991) argued that creative personal power was to be recognized, and maintained throughout the therapeutic process. The client’s inherent creative personal power was influenced by an individual’s schema, which was shaped by their experiences. Some cognitive scientists argue that schemas are used by the mind, rather than forming the structure of the mind, while other scientists argued that there are no fixed
conceptual schemas due to the fact we invent new concepts all the time (Bohart, 1999). Siegel (2012) explained schemas as states of mind, which were shaped by the total pattern of activations in the brain at a particular moment, such as emotions, thought patterns, memories, and behavior. The processing of these patterns constructs one’s reality in the moment. Repetition of patterns can lead to a client’s schema. Bohart (1999) mentioned that an individual may be a passive recipient or even prisoner of their own schema. An individual may perceive or experience the world in a way that is determined by their schema. Therefore, humans are inherently creative as we generate schemas and possibilities every moment.

Chandler (1991) examined the process of reorientation in therapy as a way to encourage change through enhancement of the client’s feeling of creative personal power. The process of reorientation provided individuals an approach to change their schema or worldview, which may be inhibiting optimal health or well-being. Chandler (1991) examined client’s schemas through three major components of the therapeutic process of reorientation: 1) assessment of the current lifestyle, 2) interpretation of the creative forces of the lifestyle, and 3) the creation of new realities. Chandler emphasized that the lifestyle component, involved client’s early recollections before the age of 10, exemplified client’s schema to both therapist and client.

The therapist and client worked together during this component to interpret how the client viewed their self, how the client would like for it to be different, and then tapped into recognized personal power to create change. The second component involved reintroducing personal creative power through assessment and interpretation processes that included body-based techniques such as, release of body tension, body stretching, rhythmic breathing exercises, guided imagery, and autogenic training utilizing verbal affirmations like, “my whole body is comfortable and relaxed.” As the therapeutic
process unfolded to the third component, client had some ideas of how they wanted to create change, which was encouraged by therapist through daily structured exercises such as written affirmations and/or Creative Visualization. Creative Visualization was a useful technique that assisted in forming new realities through mental rehearsal, which prepared and motivated the client for change by playing out the change as if it had already taken place. (pp. 223-227)

Chandler concluded that from a conscious effort to use creative power, self-confidence was achieved and motivated the client toward change. The process of reorientation, which emphasized client’s creative power, enabled the achievement of the therapeutic goal. The powerful relationship between creativity and confidence is suggested to support individuals during times of low motivation and/or life transitions.

Gestalt psychotherapists, Claid and Osborne (2014), Claid had a background in dance, highlighted experiential tasks within workshops they led, *Falling – A Creative Process*, that supported the facilitation of change within the clinical setting. Claid and Osborne (2014) defined falling as “a process of between-ness, of uncertainty, of unknowing,” which holds different metaphorical definitions related to existential issues of clients in therapy (p. 7). Through the use of somatic/movement practices such as, Body Mind Centering, Authentic Movement, and Release Technique, Claid and Osborne (2014) created experientials that encouraged falling safely and the process of falling represented a catalyst for recovery and change. In the workshop, the three experientials involved were distinguished by, falling to ground, face falling, and falling and witnessing. For example, in the experiential of falling to ground, Claid and Osborne (2014) suggested that the safest place to experience falling was lying on the floor, and encouraged participants to gradually notice how yielding into the floor was necessary in order to push away.
Hence, the experience of falling comes before we are able to push away and/or reach out into our environment. The purpose was for participants to experience a safe embodied relationship with the ground or environment that provided an opportunity to feel supported. Claid and Osborne (2014) concluded if we were accepting of falling, or being in the unfamiliar, as a part of our daily lives, and feel compassionate towards other’s (our clients) fallings as a source of creative change rather than a detriment, it can enable new perspective to initiate working with our clients. When an individual changes the way they perceive experiences, such as falling, their experiences change and so does their worldview.

Next, Farrand’s (2011) and Tonrey’s (2003) research recognized the creative permission within Gestalt theory based therapy. Tonrey (2003) stated that Gestalt theory based therapy valued creativity, and that the therapeutic process was a creative process involving both therapist and client. The creativity of the therapist served as a spark for the client’s creativity and impacted the process of change. Farrand (2011) described creative process in therapy through using polarity and metaphor in the here and now, utilizing the interplay of therapist and client to practice therapeutic material in the moment. The oscillation between theory and practice relied on the therapist’s creative process of implementing interventions that were relevant and beneficial to the client’s situation. McClary (2007), music therapist, identified this phenomenon through a Jungian perspective known as a unification of opposites. The opposing dualities stimulated the psyche to go beyond the one-sided nature of each polarity, and encouraged integration of both. This integration promoted a deeper and authentic place within psyche, which enhanced the healing process. The body kinesthetically involved in making music provided “an opportunity for blocked feelings to be released and gives access to repressed memories,” (McClary, 2007, p. 156).
Similarly, Robbins (2012) stated that the flow between opposition such as, chaos and discipline, form and formlessness, played an important part in creative analytical processing in the clinical setting. Robbins suggested that by relating to the energy and senses of the body, the expression of self might bridge multiple levels of consciousness, which are developed and broken down again and again to find new meaning. By utilizing the body-based awareness to play between polarities of chaos and discipline, building up and breaking down can mirror the existential issues brought into therapy, such as loss, separation, and death.

Claid and Osborne (2014), Farrand (2011), Tonrey (2003), McClary (2007), and Robbins (2012) identified the important roles of creative process in the clinical setting through interplay of polarities, exchange of therapist and client, implementation of body-based interventions, and humanity’s innate desire to find new meaning. Furthermore, depending on one’s philosophical or theoretical framework within psychotherapy, creative process, can have a variety of implications in the clinical setting.

**Creative Process and Dance/Movement Therapy.**

The therapeutic potential of the creative process through dance and improvisation began to take form in the 1950s (Wengrower, 2009). Movement was being recognized as an expression of feelings, not merely for performance and entertainment. According to the American Dance Therapy Association (ADTA), DMT is “the psychotherapeutic use of movement to foster healing and promotes well-being of the body, mind, and spirit. DMT addresses all domains of an individual including emotional, cognitive, behavioral, social, and relational” (ADTA, 2016).

Wengrower (2009) stated DMT based their theories and practice on the potential for change and healing inherent to the creative process and artistic endeavor. Wengrower (2009) suggested that psychotherapy and creativity were not considered interchangeable. DMT integrated the
“working-through” processes within interventions that ranged from fostering a developmental process, assisting in the working through a trauma, to accompanying introspective, insight-focused therapy by means of the creative process within the therapeutic relationship (Wengrower, 2009, p. 15). Therefore, while the dance/movement therapist’s creativity implied openness in the clinical session to help develop clients’ process toward change, the creative process unfolded as a part of the therapeutic process and relationship between therapist and client. The creation of space of the therapeutic relationship became an important element to client feeling safe and open to try out different ways of being (Wengrower, 2009).

Wengrower (2009) described DMT interventions as a process of experimentation with qualities of movement, images, and/or metaphors to discover new meanings and experiences of self. The creativity of the therapist produced movement interventions that were relevant and beneficial to the client and their therapeutic goals, which often encompassed symbolic representation of their experience of themselves in their life. Roberts (1999) introduced ritual into therapy through using symbolic representations by inviting clients to bring in objects that represented their emotions, issues, or changes they were working on in therapy. The invitation of movement, images, and/or symbols offered a creative way to address clients’ issues through being curious about their relationship with these symbols – What happened when one symbol met another? What did the symbols have to communicate? Rituals using symbolic movements and representations were not imposed on clients but developed as an opportunity to work with clients’ beliefs and issues by externalizing them (Roberts, 1999). The therapist may foster the creativity of their clients by allowing the growth of these symbolic representations to evolve in the therapeutic session, which may provide useful information for both therapist and client to work from and with as they moved towards healing.
Ritual and Dance/Movement Therapy.

Bell (1992) described ritual as a structured pattern reintegrating the dichotomy of belief and behavior, or mind and body. This integration was understood as manifestations of symbolic representations of a client’s personal power in their existential issues, and was used to define their therapeutic goals for psychological healing (Beels, 2007). Papiasvili and Mayers (2011) stated that repeating patterns of belief, behavior, or ritual, could be the symbolic reflection of the client’s subjective experience, which fosters opportunity for psychological growth. Roberts (1999) believed looking at rituals opened a window into the beliefs, values, and ways an individual was connected or disconnected to their environment. Rituals often call on symbols and actions that “offer continuity that can create a sense of safety and facilitate movement into the unknown” (Roberts, 1999, p. 57). Therefore, dance/movement may be an internal expression of symbols and images, which are a reflection of one’s journey or experience – conscious or unconscious.

Bates (2000) argued how our society no longer embraces ritual and life transition as they did historically. Consequently, without ritual practice of life’s transitions, there is more anxiety and maladaptive ways of regulating. Bates explored the use of rituals in DMT sessions with emotionally disturbed foster children ages 6 to 12 years in a three-month treatment program, and assessed progress towards short-term goals. Examples of the use of rituals included the use of a candle at beginning of each session, which marked the center of a circle and defined the healing space, transitional objects, acknowledgment of new participants in group through a name-game intervention, and a ceremony with a specific goodbye song for participants on their last session. While data collected through intake assessments at beginning and end of treatment indicated rituals in DMT sessions mirrored life transitions of celebration, healing, and change, the clients
also received other modalities of treatment. Hence, it does not substantiate that clients’ progress was specific to DMT.

Next, Monteiro and Wall (2011) addressed ritual and dance while working with trauma. Though Monteiro and Wall did not utilize DMT specifically, they did identify ritual, dance, and healing in the African worldview as a way to integrate communities. The researchers provided several examples of therapeutic ritual elements of dress, music, dance, and community that served as forms in how African culture coped, healed, and thrived throughout history (Monteiro & Wall, 2011). Monteiro and Wall illuminated dance (through ritual) served as a therapeutic tool for creating community. Similarly, group work in DMT catalyzed a sense of community through the application of psychodynamic theories and theoretical approaches, utilizing the medium of the body and movement to instill collective cohesion and well-being. Nonetheless, ritual inclusion within the field of DMT may reveal an innate desire for embracing ritual and life transitions to support well-being and healing, as Bates (2000) argued they did historically.

Adjacent to Monteiro and Wall (2011), Harris (2009) examined cultural rites and ritual as a means for healing in the wake of massive violence in West African cultures. Harris (2009) stated treatment incorporating improvisational movement in DMT group sessions with boy combatants facilitated recovery in their non-verbal expressions of trauma. Rituals offered social integration and models for therapeutic interventions in the wake of disaster and disorder. Harris (2009) also concluded psychotherapeutic treatment might be enriched by utilizing ritual as an instrument within creative arts therapies’ non-verbal approaches, and become the medium for expression and release of conflicted emotions related to traumatic exposures. Therefore, Monteiro and Wall (2011) and Harris (2009) concluded ritual through dance and movement supported the connection within the community to overcome and work through shared hardship.
In addition, witnessing within rituals could serve as a powerful process of change and repair for individuals, families, and groups of various cultural affiliations (Richardson, 2012). Rituals incorporated various phases of a therapeutic session, such as “opening, structuring safety, exploring content, exploring and setting goals, and determining a process for evaluating success and identifying supports, allies, and available resources” (Richardson, 2012, p. 75). Richardson also revealed the rituals in family therapy provided participants a witnessing component acknowledging their process of healing of abandonment, loss, deception, and/or injustice. Clinicians and therapists may be reminded of the belongingness and connectedness, that is formed by creating and enacting rituals within the therapeutic setting with and by clients, that offers acts of strength and supports facilitation towards change for the client.

In addition, Davis (2000) illustrated witnessing within rituals through her comparison between ritual and therapy through the coming-of-age ceremony of a bar/bat mitzvah and a group therapy session, each consisting of one person sharing with witnesses. The ceremony and group therapy session comparison had several overlapping parallels such as: a formation of a circle to create structure and inclusion, a suspension of disruption in normal dialogue, a public setting, agreed roles, a systematic structure, cathartic release, an increased engagement in participants, and an acknowledgment through being witnessed by participants (Davis, 2000). Hence, ritual and a therapeutic session can have mirrored aspects of one another. The simple act of making a standing appointment with a therapist on the same day and time creates a form of structure and/or ritual to one’s life that may provide stability during times of life transitions.

Comparably, Cole (2003) suggested implementing a ritual therapy model in the therapeutic process offered structure, witnessing, promotion of relatedness, symbolism to change unconscious meanings of emotional distress, and a deeper level of experience of self. Cole
(2003) defined ritual as “a structured set of actions developed collaboratively by the therapist and client to effect a transition from one psychological state to another” (p. 184). The ritual therapy model was based on five healing principles; 1) centering/grounding, 2) assessment, 3) gathering energy for healing, 4) directing that energy, and 5) gratitude and closure (Cole, 2003). This is similar to the Chace Technique within a DMT group, which established a structure including warm-up, theme development, and closure that gave containment for the therapeutic work. Also, Chace organized her work into four major classifications: body action, symbolism, therapeutic movement relationship, and rhythmic activity (Levy, 2009). The Chace Technique structure and classifications may be unspoken perceived steps as in a ritual. The structure is consistently the same, while the classifications may be non-linear, concurrent with other classifications, and revisited throughout a session.

The first phase, centering/grounding, in the ritual model as described by Cole (2003), established connection with client and therapist, which can be comparable to the warm-up and therapeutic alliance within Chace’s core concepts. The second phase, assessment, explored unconscious motivations and conflicts through body-based techniques, such as the focusing technique and meditation. These can be illustrated through body-action and rhythmic group activity in Chace’s core concepts. The third phase, gathering energy, unfolded what change was desired and symbols were identified to represent specific issues that surfaced. Comparably, Chace’s core concept of symbolism is represented in the externalization of inner thoughts and feelings. Next, the fourth phase, directing the energy, included enactment of ritual where previous phases of model are revisited: the ritual is the mirror of the therapeutic process itself (Cole, 2003). The theme development in Chace’s approach is represented in this phase. The therapist in both therapeutic processes was often the guide or witness as the client decided what
happened in the fourth phase or theme development (Cole, 2003; Levy, 2009). Lastly, the fifth phase, gratitude and closure, completed ritual and involved opportunity to express gratitude and acknowledgment, discussion of the process in creating ritual, the ritual itself, and the change/experience occurred from participation in ritual. Chace’s closure within her DMT structure approach resemble this phase, as a means to contain the therapeutic work ending in a circle formation with opportunity to share a communal movement and share/discuss experience (Levy, 2009). Therefore, Cole (2003) and Chace valued structure as a form of containment and inclusion as a means to hold a safe space for the therapeutic process and change to occur (Levy, 2009).

The safe space within a ritual may also be considered a sacred space for clients to tap into their spiritual self in a therapeutic session. Roberts (1999) suggested there are marked transitions we all experience and therapists that create space in their work for rituals intentionally bring their clients to a powerful learning experience. Rituals within the therapeutic setting acknowledged an “entering [into] a deeper space, experiencing a collective deepening, [and] personal insights” that genuinely connected people to the shared nature of life experience (Richardson, 2012, p. 69).

Cole (2003) indicated a ritual as an expression of the clients’ spiritual belief and the symbolic representations within the therapeutic setting were manifestations of the client’s personal power. The processes of creating the space for rituals in therapy “serve to remind the client of his or her innate ability to tap into universal power and to access divine energy” (Cole, 2003, p. 185). Humans are constantly meaning-making their experiences and rituals are an active way of making and marking transitions as they happen, which can provide a richer and spiritual resonance within dance/movement therapy.
**Spirit and Dance/Movement Therapy.**

DMT encompassed spirituality, Jungian thought, ritual movement, and/or transformational experiences, which unified the history of dance viewed as a form of faith, prayer, meditation, and a way to connect to the collective unconscious (Levy, 2009). The therapeutic space in a DMT session involved the therapist creating containment for safety but also “to evoke the feeling of spirit and healing” (Bates, 2000, p. 34). DMT was based on the interconnection of the mind-body-spirit, such that change in one area inevitably causes change in all areas. Rothwell (2006) suggested DMT promoted holistic health, nurturing mind, body, and spirit, as a result of rituals evoked within sessions intentionally by the facilitator. Rothwell (2006) interviewed six dance/movement therapists individually on how spirit emerged within and impacted a DMT session. The participants in research were from diverse cultural and philosophical perspectives. After interviews were transcribed and theme analysis completed highlighting major concepts of imagery and ritual, results revealed themes of cosmology, embodied spirit-self of therapist, and process of spirit through beauty, suffering, fear, and trust (Rothwell, 2006). Findings revealed spirit underlies all things and a client may find resources for embodied transcendence and healing through the therapist’s model of spirit in their own selves (Rothwell, 2006).

Chodorow (2009) believed every dance/movement therapist engaged with different forms of imagination through ritual enactments, rites of entry and exit, and the ceremonial and meditative aspects within a therapeutic session, which offered clients an open dialogue with the god (or gods) within. Similarly, Trudi Schoop believed a universal energy existed deep within each individual called the “UR experience” or vital universal force (Levy, 2009, p. 62). Schoop saw dance as a way to connect clients’ to the finite (muscular level) and infinite (energy level)
connection to life by mirroring the UR experience to their presenting issues in therapy. When these two experiences were reflected there was a recognition or reverberation in the mind and body that led to experiencing their conflicting emotions in a harmonious way (Chodorow, 2009; Levy, 2009). The implicit became explicit through the resource of the body and ultimately cultivated clients an opportunity to be connected to a universal energy, power, and/or spirit within.

Additionally, the embodied spirit-self was experienced by Parvia (2004) within her beginning career in the field of DMT. Parvia created a practice of ritual movement as a form to self-regulate from potential burnout, which provided “a deeply moving, spiritual experience,” and discovered, “a new spiritual method of integration” to something re-awakened within (p. 44). Parvia stated her minimized movement exercises in between client sessions enabled an inner peace and serenity that created a way to mobilize her resources. Hence, the use of ritual movement as a means of providing a form of self-care within the clinical setting may cultivate an enriched experience of spirit within therapist and prevent burnout.

**Self-Care in Clinical Setting.**

Self-care in itself is an elusive topic that has been researched in the clinical setting as ways clinicians took care of themselves from negative attributes to the rich and emotional work as a facilitator for well-being, change, and transformation. Copeland (2013) recognized, in her heuristic study on self-compassion as a DMT student, that self-care was “an individual process of finding healthy methods of reducing stress, negative emotions, for overall well-being” (p. 7). Similarly, Brown (2010) stated self-care or self-love meant learning and practicing how to trust and treat ourselves with kindness. Interested in how the “Self” revealed itself in self-care, I sought definitions of the Self as it related to the clinical setting.
Siegel (2012) and Schwartz (1995) both recognized the Self as subdivided parts or personalities. Siegel (2012) stated that the Self was part of a vast interconnected and integrated whole. Cognitive science considered the mind-body as having distinct “parts” responsible for multiple actions (Seigel, 2012). In addition, other researchers used the terms “true self” and “false self,” which Siegel (2012) contextualized as an inner, core self, and an external, adaptive self, as ways of being (p. 298). The idea that there was one, singular “Self” did not exist.

Similarly, Schwartz (1995) developed the Internal Family Systems model (IFS), which was empowered in the belief everyone had a Self. IFS assumed the nature of the mind was subdivided into subpersonalities. The Self, possessing qualities such as clarity, confidence, and connection, became like the conductor of the individual’s system of parts (Schwartz, 1995).

Van der Kolk (2014), influenced by IFS, recognized the mind like a family, in which the members have different states of being or levels of pain, excitement, or wisdom. These parts form a network or system in which change in one inevitably changes the others. The system was based on the acceptance and welcoming of all parts. Van der Kolk recognized IFS’s belief that mindful self-leadership was the foundation for healing. “Mindfulness not only makes it possible to survey our internal landscape with compassion and curiosity but can also actively steer us in the right direction for self-care,” (Van der Kolk, 2014, p. 285).

Farrand (2011) stated in Gestalt theory based therapy; the Self only existed through relation to the other, and how one experienced the other was inseparable from how one experienced his/her self. Hence, self-care may merely be the act of tending to the parts of ourselves that seek integration in how we experience ourselves in the world.

Previously mentioned, Claid and Osborne (2014) concluded that within therapist-participants, feelings of shame and the need to hide their own vulnerabilities and helplessness
surfaced. The embodied movement-based relationship in the falling to ground experiential, supported how the ground could be trusted rather than feared, and “offered a way for therapists to self-support and self-care,” (Claid and Osborne, 2014, p. 25). Similarly, Tonrey (2003) mentioned if therapists were to be immersed in their work they would need to be immersed in their own lives relating to the care of their own psychological needs. How can a therapist hold the space for well-being if they are not holding this same space for themselves?

Moreover, Copland (2013) expanded the research on self-care by suggesting self-compassion was an essential component in self-care that provided recuperation and non-judgment helping her to have compassion for others (clients). In addition, her research revealed barriers to self-compassion, such as: emotional impact, communication and support, boundaries, transitions, and self-criticism. A visceral experience of self-compassion was heightened as she witnessed her recorded movement observations in moving these barriers. “I developed a strong sense of kinesthetic empathy for myself,” which increased self-awareness and created the foundation for being a more self-aware therapist for clients (Copeland, 2013, p. 51).

Subsequently, Brannen’s (2015) artistic inquiry studied the concept of impermanence through improvisation to investigate how change could be facilitated using DMT-based interventions. As a result, she developed self-worth by engaging in courage, connection, and compassion as an opportunity from letting go of personal barriers she encountered, such as: shame, comparison, and perfectionism. These barriers became a block in her ability to be present. Hence, her acceptance and compassion within her unique experience of letting go and allowing change served her in her emergence as a novice dance/movement therapist by being a model of the process of change for her clients.
Brown (2010) identified cultivating compassion was accomplished by letting go of perfectionism. Brown stated Kristin Neff, who studied how we develop and practice self-compassion at the Self-Compassion Research Lab in Texas, indicated three elements in self-compassion: self-kindness, common humanity, and mindfulness. The three elements were defined as such; self-kindness was being warm and understanding toward ourselves, common humanity recognized that suffering and feelings of personal inadequacy were part of the shared human experience, and mindfulness was a balanced approach to embracing, not over-identifying, all emotions, thoughts, and feelings (Brown, 2010). According to Brown, cultivating self-compassion involved three invitations; 1) being deliberate about self-compassion and suggested using Neff’s Self-Compassion Scale, 2) being inspired by owning our imperfections as a beginning to become your most authentic self and that we are all in this process together, and 3) being in action through compassionate affirmations to self, such as, “today, I’m going to believe that showing up is enough” (Brown, 2010, p. 61).

Moreover, Orkibi (2012) investigated creative arts therapy (CAT) students’ relationship with the arts during the duration of their graduate program, as means to address insight into the student in-training experience. Data was collected through open-ended questionnaires and analyzed using a six-phase thematic analysis. Major findings suggested that while art therapy (AT) and DMT students had more extensive learning and practical experience in their art form compared to drama therapy students, AT students used their art form as self-care more often than DMT students. In regards to therapist training, Orkibi stated the nature of CAT lacked the unity between a student’s clinical skills, and his or her artistic knowledge. Orkibi suggested that engaging in one’s creative process encouraged CAT students to remember and center their artist-selves as a foundation for evoking the therapeutic art experience in their clients. The study
concluded both AT and DMT students reported change in their artistic styles to be more creative, open, and flexible. Therefore, the students’ engagement in their art form continuously in graduate school provided insight into creative process, which strengthened their mastery of their art form, integrated their artist-self and therapist-self, and provided a form of self-care. Existing literature exploring self-care and self-compassion in self-care elucidate the importance of these concepts within the field of psychotherapy, as they are a means to be more present and authentic for our clients so we may effectively attend to their needs towards well-being.

While there is plethora of literature on creativity, creative process, psychotherapy, and self-care within clinical setting, there is a need for more research on ritualistic self-care and DMT, and creative process and DMT. Through my excursion into existing research, there was not a direct study addressing ritualistic self-care, blocking and unblocking of creative process, and its influence within the clinical setting as an emerging dance/movement therapist. The purpose of my study was to fuse what I have learned and apply these teachings, specifically addressing my research questions: How does ritualistic self-care promote availability into my own creative process? How will understanding my own creative process influence the therapeutic process for my clients? and What is my creative process as an emerging dance/movement therapist? I aimed to contribute to the current literature, and aspire to frame a context for discussion around how artistic movement exploration of creative process can authenticate one’s DMT approach, as it relates to the psychotherapeutic process.
Methods

Methodology

The qualitative research I utilized for my self-study was the artistic inquiry methodology. This methodology honored the mind and body relationship. Artistic inquiry embraced a dancing artist/researcher using movement to communicate and understand (Hervey, 2000). Artistic inquiry is in itself a creative process within research, validating the credibility and power of creative process (Hervey, 2000). The client-centered and existential approaches I identified with in my study also honored the power of creative process through the collaborative opportunity in the client-therapist relationship. The therapist’s role was considered more improvisational for clinical innovation and flexibility in the moment than cognitive and cognitive-behavioral approaches (Bohart, 1999 and D’Andrea et al., 2012).

As the artist and inquirer of my own creative process that valued their body as a tool and means to create and experience themselves in the world, it was opportune to use movement to deepen my understanding of how and why I am creative as it related to the development in becoming a dance/movement therapist. Hence, I feel this methodology resonated with the purpose of my study because of the three framework guidelines it valued: art making, aesthetics of the researcher, and engaging in a creative process.

Firstly, artistic inquiry valued art making when it was created in response to a research question. Hervey (2000) examined art as a self-forming and self-fulfilling interplay of one’s inner and outer experiences. Similarly, Bohart (1999) described client-centered therapy as a discovery-oriented therapy where the client was the self-forming creator of his or her own change. Hence, creating art in response to a research question created a dynamic, qualitative, and
meaningful dialogue between data and artist/researcher. I chose to collect my data and present my findings through the artistic inquiry methodology.

Next, the aesthetics of researcher are valued in their choices and creation of efficiently communicating the meaning of the findings. Hervey (2000) illuminated in presenting findings of research through artistic inquiry, the medium (dance/movement) was meant to be the highlight in the expression of the essence and meaning, both in itself and the findings that transpired through it. Hence, the researchers’ aesthetics in how they chose to express their findings was vital in this methodology. D’Andrea et al. (2012) defined existential theory in psychotherapy as a way to empower people to act on the world and vital in determining their own destinies. The source of healing in the existential worldview came from the individual, as the meaning of findings in artistic inquiry came from the artist/researcher.

Moreover, artistic inquiry is a creative process within itself. Hervey (2000) stated artist/researcher are able to identify what qualities are needed to engage in creativity and “often serve as the medium of perception, analysis, expression, and may experience being changed by the process” (p. 71). While the presentation of findings through artistic inquiry was meant to reveal the essence of my findings, the process and journey in my exploration were also an important part of my findings within this qualitative self-study.

Additionally, Hervey (2000) recognized the value of artistic ways of knowing to the theory and practice of creative arts professionals. For example, Chace and Schoop fused their knowingness as a therapist, performer, and dancer with their educational training to create their own creative process within therapy, which provided support in the inception of DMT in the CAT. Artistic inquiry authentically recognized the field of DMT, a psychodynamic practice utilizing the body and movement in the therapeutic setting, by encouraging artistic body-based
research (Hervey, 2000). This research methodology was an ideal fit for both my theoretical orientations, research topic and study, in that artistic inquiry was not only about finding results, but also creating a form that is able to reveal and express the essence of findings. Therefore, I collected my data by utilizing my body and movement in response to and/or in relation to creative process to understand, reflect, and present my findings.

**Methods**

The methods of this study included my sole participation in a ritualistic self-care movement practice prior to my internship, which was at a brain injury rehabilitation day program. The data collection included a 14-week period occurring February 2015 through May 2015, of journaling and art-making, that explored seven themes related to creative process which included, free flow, improvisation, intuition, play, presence, time, and vulnerability. The data collection occurred in two parts. The first part involved three hours of improvised exploration around the seven themes, which consisted of improvised movement, meditation, journaling, and art making. During the end of the three-hour duration, the collection of data would be reviewed through means of reading journal entries, witnessing art making, and awareness of body-felt sensations until salient feelings/movement/themes emerged. These significant parts were explored further through movement until a repeatable movement pattern emerged. This repeatable movement pattern would be concretized and became the ritualistic movement to be moved for a two week period, three times a week prior to internship. The second part of data collection included my subjective experience in moving these rituals prior to internship. A considerable collection of data was collected through in-depth journal entries with opportunity for movement explorations and/or art making, if desired.
**Population.** I was the sole participant in this study. During this study, I was a 33 year-old multi-ethnic, middle-class female, whom had been raised in a foster home on the East Coast. I was living in Chicago, Illinois as a graduate student at Columbia College Chicago for a master’s degree in Dance/Movement Therapy and Counseling.

While I was the sole participant in my study, I implemented interventions cultivated from my study with the clients I worked with at the intensive day program I interned at, which offered comprehensive rehabilitation services to adults who have experienced brain injuries. This rehabilitation program helped adults with brain injuries transition from hospital to competitive employment, volunteer work, or to continue rehabilitation in order to improve overall functionality and quality of life. The treatment team within the rehabilitation program included a speech/language pathologist, physical therapist, creative art therapists, clinical counselors, vocational specialists, and cognitive retraining specialists.

According to the Brain Injury Association of America (2009), TBI is more common in males than females. Other common symptoms shared between persons with brain injury include: physical disabilities, decreased attention span, lack of initiative, low self-esteem, and socialization deficits. The National Head Injury Foundation stated that persons with a brain injury might have many changes in their thinking, learning, behavior, and motor skills (Brain Injury Association of America, 2009).

During the time I was interning at the rehabilitation program, there were twenty-four clients enrolled between twenty to sixty years of age. The clients’ diverse ethnicities included African American, Hispanic, and Caucasian. The clients consisted of six females and eighteen male clients that have either experienced a traumatic brain injury (TBI) and/or an acquired brain injury (ABI), which have caused significant memory impairments. There were five clients in the
program that used direct personal care assistance to help in these impairments. An example of the symptoms mentioned above with brain injury is the different levels of aphasia, which make communication a challenge. Another example is confabulation, which is when the client fills memory gaps with false stories but actually believes them. In regards to education, most have either received their high school degrees or obtained their general educational development (GED). There were few clients that received college credits and some that are working towards their GED.

**Setting.** Brain injury day rehabilitation program in the creative art studio and my apartment in Chicago, Illinois. My relationship to the creative art studio at my internship is that it was where I often facilitated DMT individual and group sessions and was an enclosed space. By choosing the creative art studio for my setting, it enabled me to be in the space where my therapeutic process and creative process merged. By choosing my apartment for an additional setting option, enabled me the comfort and ease of being in my own personal space.

**Data collection methods.** Data collection occurred in two parts. The first part involved three hours of improvised exploration on a Sunday morning every two weeks related to one of the seven themes around creative process (totaling seven Sunday morning data collection sessions; one per theme), which were cultivated from a pilot survey I distributed that asked practicing creative art therapists their experience of the creative process and its relationship with their work. I selected the order of themes explored by randomly choosing out of an envelope. Exploration consisted of improvised movement, meditation, journaling, and art making. During the end of the three-hour duration, the collection of data would be reviewed through means of reading journal entries, witnessing art making, and awareness of body-felt sensations until salient feelings/movement/themes emerged. These significant parts were explored further through
movement until a repeatable movement pattern emerged. This repeatable movement pattern would be concretized and became the ritualistic movement to be moved for a two week period, three times a week prior to internship (Monday, Wednesday, and Friday). Each of the seven themes were explored and moved for a two week period cumulating a 14-week duration of time.

The second part of data collection included my subjective experience in moving these rituals prior to internship. There was an allotted time of 30 minutes to move ritual movement. Ritual movement was repeated once to several times, depending on my subjective response in how long I felt it needed to be moved in my body that particular morning. Data was collected through an in-depth journal entry (separate from Sunday theme improvisation journal) with opportunity for movement explorations and/or art making, if desired. These journal entries were to be completed at the end of each week on Friday afternoon/evenings after internship, during the 14-week period. The unstructured journaling consisted of qualitative description of movement, feelings and/or thoughts in moving these. My data collection also focused on any blocking or unblocking experiences that arose and how this translated to my facilitation of DMT individual and group sessions. Data collection and coinciding analysis began at the end of January 2015 and extended to May 2015.

**Data analysis methods.** Data was analyzed using intuitive inquiry, introduced in 1998 by Rosemarie Anderson, who described this method as “an epistemology of the heart that joins intuition to intellectual precision in a hermeneutical process of interpretation,” (Anderson, 2004, p. 307). Intuitive inquiry research examined transformative experience, not just change, but also the process of coming into a new realm. This form of data analysis invited exploration of complex experiences, such as creative process, in an inter-subjective approach and encouraged creative work in a flexible process. Disciplined inquiry allowed “direct knowing” or a form of
knowing that is experienced through being, becoming, and/or through identifying what is to be known (Anderson & Braud, 2011). Anderson and Braud (2011) stated this form of research and knowing is done by the practice of deep concentration, meditation, and absorption or focus of intention and attention. This form of data analysis supported my being, becoming, and exploration of my creative process as an emerging dance/movement therapist.

Mertens (2005) stated intuitive inquiry is embedded within the transpersonal paradigm of research, which is motivated and intended to transform others. Mertens (2005) and Anderson and Braud (2011) both acknowledged that transformative research arose to open perspective from previous, dominant research paradigms that consisted from the white, privileged, male lens. My interest in utilizing this form of data analysis, as a multi-ethnic, female that was raised within a foster care system, was to be supported in my unique lens as I explored creative process within my subjective transformation as a dance/movement therapist. Another reason I chose this qualitative form of data analysis is because I was able to contribute to multiple ways of knowing and personal depths of intuition, imagination, and creativity, which intuitive inquiry valued. My unique and subjective experience may enrich the cultural competency within research in the field of DMT, which previously consisted predominantly of white females.

Moreover, intuitive inquiry honored my investigation of my research topic so that I may become a better therapist to support others in their own transformations towards change, growth, and healing: mind, body, and spirit. Anderson and Braud (2011) stated intuitive inquiry valued the integration of creative arts as a means to understand human experience in the dynamic ways such as: arts, dance, drama, music, and storytelling. In other words, these art forms of expression provide a reflection of how one creates meaning and sense of our experiences in the world.
While, intuitive inquiry may be used as both data collection and data analysis, I utilized this qualitative form of research to analyze my data. Intuitive inquiry involved five cycles of interpretation: cycle 1) the researcher clarified the research topic, cycle 2) the researcher reflected upon their own understanding through existing literature on topic, cycle 3) the researcher gathered original data and presented findings that invited reader/audience interpretations, cycle 4) the researcher presented a set of interpretive lenses and provided discussion based on existing literature, and cycle 5) the researcher presented an integration of their findings, existing literature, and discussed implications (Anderson & Braud, 2011). The five cycles of interpretation were utilized through my data analysis, which occurred one month after the 14-week data collection period. The one-month incubation time served as recuperation and allowed time for data to absorb and resonate within me.

Intuitive inquiry authentically aligned with artistic inquiry’s value of the human experience through intuitive and body-based research. The cycles of intuitive inquiry mirrored my thesis process – the constant interweaving and revisiting steps in research to exhaust all meaning in findings. I found these cycles authentically, and concurrently aligned within my data collection as well. Data analysis was done through the means of experiential exercises that I participated in, as exhibited in the book *Transforming Self and Others Through Research: Transpersonal Research Methods and Skills for the Human Sciences and Humanities* written by Anderson and Braud (2011). Concurrently, I wrote in-depth journal entries, separate from the two journals used for the two data collections. The data analysis journal consisted of written depictions, embodied writing organized by themes, artistic representations of themes, or a combination of them all.
While intuitive inquiry is an inter-subjective approach and encouraged creative work, in a flexible process, the cyclic process of this qualitative study can be described in a brief outline. It is important to note that these cycles were completed for each theme separately and in collaboration. Intuitive inquiry was not a linear process in this self-study and steps were interweaved and revisited as needed to exhaust and extract meaning until salient findings emerged.

**Cycle 1.** I revisited research questions relating to creative process during experientials. The experientials involved meditative prompts utilizing all five senses to cultivate an imaginative representation of topic through art and/or movement. I discovered a visual representation of my research process (see Appendix E) that was used during a research poster presentation requirement for graduate school. This is discussed further in Results and Discussion chapter. Also, experientials also guided me to revisit the intended audience for research.

**Cycle 2.** This cycle involved a three-part process: 1) theoretical orientation was revisited (as an interpretive lens to the findings from data collection relevant with my subjective experience) and previous literature on topic was revisited, 2) new literature was explored depending on relations and connections I found, and 3) preparation of preliminary lenses was created to help understand topic. Specific texts and research were chosen that were most relevant with topic and findings within this cycle. There was no pre-understanding of topic due to the fact I had completed data collection and was now in the mode of engagement of topic relative to research questions: How does ritualistic self-care promote availability into my own creative process? How will understanding my own creative process influence the therapeutic process for my clients? and What is my creative process as an emerging dance/movement therapist?
Cycle 3. I identified best source/research of data for research topic. I developed criteria for making meaning for the data collected and chose a descriptive form(s) to present findings. I was guided to follow my intuition on what was most meaningful and/or where my attention was focused at within findings. Written depictions, embodied writing, graphic or artistic representation was encouraged through the experientials within this cycle.

Cycle 4. I refined and transformed my previous interpretive lens of data. Experiential prompts within this cycle invited me to consider my creative and intuitive styles. Often previous cycles were revisited, again and again. Intuitive breakthroughs, illuminating moments in the data analysis shaped, patterns emerged, and spiritual maturation or energetic awakening in my body occurred within this cycle. The overlapping of what was discovered and what was felt about topic began to integrate.

Cycle 5. The integration of findings and literature review were discussed. Potential theoretical implications were developed and findings reevaluated to concretize value of study within the research on the topic of creative process as an emerging dance/movement therapist. Considerations, impacts, limitations, and further implications were interpreted and transpired.

Validation Strategies. While qualitative research investigated the nature of human experience and supported renewed imagination, creativity, and wonderment in scientific study, strategies for validity were essential. Anderson and Braud (2011) stated validity by bodily, emotional, feeling, aesthetic, and intuitive indicators convey other forms of value about scholarly research that provide a more inclusive appreciation of the richness of human experience. There were two forms of validation strategy used in my study, a peer review and a resonance panel. Peer review and resonance panel included participants with varied ethnicity and work experience in the field of DMT. The first validation strategy included peer review for external check of my
research process every four weeks during the data collection of my study, totaling three external checks from a peer reviewer (See Appendix C). The peer reviewer was a co-intern at my internship site and was presented with my inquiry to explore research questions: How does ritualistic self-care promote availability into my own creative process? And how will understanding my own creative process influence the therapeutic process for my clients? The peer reviewer’s role consisted of their graduate student perspective, including feedback, interpretations, questions, curiosities, and consistency, which provided a deepening of my understandings within my subjective experience. My peer reviewer provided me acknowledgement, support, and accountability. The peer reviews were video recorded at my internship site.

The second validation strategy was addressed through a resonance panel of three experts in the field of DMT and/or movement analysis (See Appendix B). After all the data was collected and analyzed, as well as my findings performed through an artistic dance performance, I presented my results to a resonance panel consisting of three female dance/movement therapists practicing in the Greater Chicago area. My presentation included a research poster of my study, journals, art from my data collection and analysis, and a video recording of my dance performance of my findings. The nature of feedback and contextual clarifications were dependent on my initial findings I presented. I asked said experts to meet once for 1.5 to 2 hours for an open discussion and validation of findings. The resonance panel was audio recorded at a studio space on campus.

**Presentation.** My findings are presented in this written academic thesis format. Additionally, my findings were presented in an artistic dance performance of my experience in exploring creative process through ritualistic self-care in movement, which occurred after my
peer review and prior to my resonance panel. I met with a choreography consultant, whom also was my clinical supervisor. My clinical supervisor was a board certified dance/movement therapist, LMA analyst, and choreographer/dancer/performer. I met with my choreography consultant for a single occasion consisting of 1 to 3 hours, if needed, to concretize and support my creative process in the dance performance of my findings. This process will be later discussed in the Results and Discussion Chapter. In this presentation, I hoped to illuminate not only my findings, but also the feedback from my peer reviews. Presentation of findings occurred during the summer 2015 at the student/faculty dance concert in July at Columbia College Chicago’s Dance Center. I presented my findings and video recording of dance performance to my resonance panel.

**Ethical Considerations.** As a means to keep me accountable for my own self-care (separate from the self-care benefits from study) and to stay focused on theme exploration, I saw a board certified dance/movement therapist every other week (sometimes weekly if needed), during the middle of my theme exploration, in order to discuss any concerns that may have transpired while participating in and conducting this study. I planned to focus my sessions around the material coming up for me within each theme explored and my experience of this within my internship practicum. I engaged in other self-care practices as needed such as yoga, meditation, cardio workout, socializing with my cohort, and talking with friends and family. Through self-awareness and regulation I understood my right to discontinue the study if the experience became too much to handle emotionally, mentally, or physically. For the protection of my data, I kept my in-depth journals in my backpack with me at all times during the course of this study.
“…by wrestling with a new feeling and a new form until they fit one another, I find that I have uncovered a very old feeling, something that has been with me forever but that has never before surfaced…A shock of recognition I’ve been carrying around for my whole life, a feeling, a form I always knew was there – recognizing something very old in myself.”

– Stephen Nachmanovitch

**Results and Discussion**

The results presented my subjective experience in my exploration of my creative process. The results created the opportunity to address research questions: How does ritualistic self-care promote availability into my own creative process? How will understanding my own creative process influence the therapeutic process for my clients? and What is my creative process as an emerging dance/movement therapist?

My findings were presented through a dance performance, which has been video recorded on DVD (see Appendix D). The descriptions of my choreographic process and the experience of performing my results through dance are included further in this chapter. The order of themes explored was: play, presence, intuition, vulnerability, improvisation, free flow, and time.

The meditative prompts within each cycle of intuitive inquiry revealed an image like a kaleidoscope. The bright colors and vivid shapes reflected my experience of exploring my creative process as an emerging dance/movement therapist. This kaleidoscope image became my visual representation on my research poster for my graduate program thesis seminar course (see Appendix E). The integration of my theoretical and movement observation framework connected to create meaning in my participation with my self-care ritual movement. My engagement in moving my rituals cultivated my own self-care interventions and clinical application with my
clients. I presented my findings of how I experienced each theme in Table 1 (Note: not applicable (N/A), was documented if movement parameters did not feel salient to me.) Through many revisits within the cycles of intuitive inquiry, I extracted benefits of my self-care rituals and indicators of being a more effective therapist from engaging in my self-care rituals, which are presented in Table 2.

My engagement with my ritual movements promoted availability into my creative process by 1) being deliberate with making the time to make my creativity a priority, 2) being connected through community with those that supported and shared my curiosity about creativity, and 3) being in action to try and risk feelings of vulnerability and being new in the field of DMT. Brown (2010) suggested by accepting these three invitations in cultivating creativity, wholeheartedly, the process of letting go of who you think you are supposed to be and embracing who you are begins. My excursion into the creative process has been a therapeutic process; it has enabled me to be compassion towards myself and my past. I have learned that nothing ever leaves without teaching us what we need to know. Through my experience of participating in my research, I have been reminded that our past does not dictate our future.

As a 33-year-old multi-ethnic female that had been raised in the foster care system, I was a living example of what it meant to be a creator in one’s life. I had created a life I loved, not in spite of my past, but because I chose to live a life I loved. I chose not see myself as a victim of my past but a survivor and a magnificent success story. I will be the first of my biological and foster siblings to receive a master’s degree. I am grateful for everything that has been given to me. I am aware that it was my own responsibility for anything that was not given to me if I wanted to pursue a career and life I loved.

In addition, my engagement in my ritual movement offered availability to be more
present and authentic, which inevitably has allowed me to be more present and authentic with my clients. I was a model for owning my creative personal power and healing for my clients. The results and discussion chapter include a definition of my creative process as an emerging dance/movement therapist. In addition, each of my themes are defined and include a discussion of significant movement qualities, salient findings, and introductions of interventions that were implemented for clinical application and/or as my own self-care.

**Defining My Creative Process**

My creative process was an ever-changing and evolving approach that consists of phases or steps, which brings about new information or meaning that manifests into communicable form (Hervey, 2000). If Laban and Bartenieff stated the essence of movement is change, then movement is the process of change (Bartenieff & Lewis, 1980; Hackney, 2002). We are constantly moving, even in stillness there is a rise and fall as we breathe in and out. Life is movement and movement is inevitably changing. The process of how we move in our lives is a direct reflection of how we choose to make meaning of our experiences. My creative process was a direct reflection of how I chose to be in my body, in my life, that is ever-changing and evolving.

I believed it was my place, as a novice dance/movement therapist, to provide a safe space for my clients to create their own experiences of how they relate and move in their lives that gives them opportunity for well-being and healing: mind, body, and spirit. My creative process within a DMT session consisted of steps that brought an opportunity for new information or meaning to manifest for my clients. As I looked further into my data, I realized my creative process within a DMT session included: 1) preparation of space, 2) getting into my body, 3)
oscillation between structure and openness, 4) illuminating theme/focusing attention, 5) utilizing intervention/tools, 6) exploration/going with, and 7) closure.

My creative process was best demonstrated through facilitating a DMT session, which was influenced by the DMT approach I utilized primarily at my internship, the Chace Technique. Chace organized her work into a systematic process. As mentioned previously, the four major classifications in her work were, body action, symbolism, therapeutic movement relationship, and rhythmic activity (Levy, 2009). The Chace Technique within groups established a beginning-middle-end structure, including warm-up, theme development, and closure that gave containment for the therapeutic work.

The first step in my creative process provided an intention to create a safe containment for a session to occur and preparation of props if needed. The first step was also recognized in both my dance teacher and yoga instructor roles. The second step, getting into my body, provided an opportunity to become more self-aware: mind, body, and spirit. Meditation, body scanning, and yoga were forms of getting into my body. This part of my creative process cultivated vulnerability to be compassionate with myself, relative to my own self-work. In addition, it allowed differentiation between what I was bringing into a session and what clients were bringing into session; there was an increase in my presence that enabled me to be more present to the needs of the clients.

Next, steps three through six naturally aligned with Chace’s DMT approach. Step three, oscillation between structure and opennessness, was an important element in my facilitation of DMT. The structure and containment of sessions offered me an opportunity to observe what the clients were presenting, through non-verbal and verbal means of communication/expression. I allowed these observations to inform me in how I would then openly provide interventions that offered a
deepening or further exploration of their expressions. This part of my process required aspects of play and improvisation. Relating to Chace’s four concepts, symbolism and rhythmic group activity occurred during this place of structure and openness, to encourage the imagination and creativity of the clients – I asked, “What wanted to happen next?” In addition, I fused Schoop’s belief that our bodies are a reflection of our inner dialogue (or existential view), by inviting clients to expand their movement repertoire, incorporate rhythm, repetition, and/or provide an educational role by asking them questions about what was happening in their movement experience (Levy, 2009).

Step three naturally unfolded into the fourth step, illuminating theme/focusing attention, which was where attunement and intuitive strength was called to extract emerging themes or places of attention within group. Next, step five, utilizing intervention/tools, was the act of attending to these themes or areas of needed attention by implementing interventions. The types of interventions used were a combination of learned DMT interventions within graduate program and/or a creation of my own interventions exhibiting the creative self in my work. Step five naturally progressed into step six, exploration/going with, which gave permission for the intervention to be experienced by clients. This step often required a sense of free flow and trust that the containment of the session could hold whatever the client(s) needed in this exploration of themselves. Intuitively, I brought groups into deceleration in their exploration for closure of session, step six. During closure, similar to Chace’s approach, there was opportunity for a communal movement, sharing of feelings, and/or discussion of what was experienced. The containment of my creative process within a therapeutic process involved an awareness of time and trust to maintain structure with opportunity to explore what was needed for clients in their goals towards well-being and healing. Many of the themes of creative process that I explored
were more salient in certain places in my facilitation and also emerged concurrently at other times.

Finally, within my engagement of intuitive inquiry, I integrated my findings with existing literature and discussed implications. The definition of each theme outcome is defined, and integration of findings with literature review is discussed. I reevaluated findings to concretize the value of the study within research on the topic of creative process through clinical application as an emerging dance/movement therapist. I interpreted the impacts, considerations, limitations, and implications within my research. These findings indicated that my lived experience was a complex, unique, and multilayered phenomenon that enabled me to connect to my core self.

Table 1

*(Findings: How I Experienced Each Theme)*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Ritual Movement/Qualities</th>
<th>Location in Body Themes Lived</th>
<th>Findings</th>
<th>DMT Intervention/Clinical Application</th>
</tr>
</thead>
<tbody>
<tr>
<td>Play</td>
<td><strong>Body:</strong> use of breath, running, dribbling, swinging (in sagittal plane), sliding, jumping (vertical plane), floating and, spinning, spiraling to ground, rolling in and out of floor, releasing, stillness and grounding as recuperation, head-tail connection</td>
<td>heart/center</td>
<td>dizzy, and nauseous response, regression to infant trauma awakening: creative process is a therapeutic process; opportunity to unblock</td>
<td>Embodying Rebirth Imagery</td>
</tr>
</tbody>
</table>
| Presence | **Body:** use of breath, stillness, sensory meditation (using imagery with each part of body), core-distal connection  
**Effort:** deceleration in time  
**Space:** deep (low) to mid level  
**Shape:** peripheral approach to kinesphere, carving as modes of shape change (Tai chi) | core area  
**Body:** use of breath, stillness, sensory meditation (using imagery with each part of body), core-distal connection  
**Effort:** deceleration in time  
**Space:** deep (low) to mid level  
**Shape:** peripheral approach to kinesphere, carving as modes of shape change (Tai chi) | core area  
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**Effort:** deceleration in time  
**Space:** deep (low) to mid level  
**Shape:** peripheral approach to kinesphere, carving as modes of shape change (Tai chi) | **Body-Part Check-In**  
**Presence** | core area  
**Body:** use of breath, stillness, sensory meditation (using imagery with each part of body), core-distal connection  
**Effort:** deceleration in time  
**Space:** deep (low) to mid level  
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**Effort:** deceleration in time  
**Space:** deep (low) to mid level  
**Shape:** peripheral approach to kinesphere, carving as modes of shape change (Tai chi) | **Body-Part Check-In**  
**Presence** |
<table>
<thead>
<tr>
<th>Time</th>
<th>Body: verticality of spine, pin shape, core-distal connection</th>
<th>core area</th>
<th>awareness of my use of time in session, trusting in intervention timing, self-compassion</th>
<th>Time Line of Therapeutic Journey</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Effort: deceleration in time</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Space: linear and direct</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Shape: N/A</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Space: low to high levels</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 2

Additional Significant Observations

a) Benefits of self-care ritual

- Time and space to explore seven themes
- Deeper understanding of each theme; how and where they lived in my body
- Illumination of blocks and resistances and opportunity to move through them
- Access of ability to know when and how I needed recuperation/rest
- Access of self-compassion
- Emphasis of my chaos, which led to increased ability to know when and how I can better ground myself
- Knowledge that what is important for creative process is important for therapeutic process
- Access balance

b) Indicators of Being an Effective Therapist from Engaging in Self-Care Rituals

- Increase in body part awareness and self-awareness to impede countertransference. Especially of negative emotions, so I am able to better differentiate, in therapy, what is the client’s and what is mine
- Increase of my emotional relationship with self; able to cleanse/clear “negative” emotions; feeling lighter in body
- Better able to see the need(s) of my clients, then attend and attune to their need(s) and better able to give appropriate/accurate opportunity to learn and create change
- Sound ability to prepare the space and create a holding environment for clients to feel safe enough to allow themselves to be attended to, attuned to, and provided with an opportunity for possible learning and creation of change
- Better received by clients in regards to above component of therapeutic process
**Theme Outcomes**

**Play.** Play is an attitude, a spirit, a way of exploration, doing, and being for the experience of pure joy, self-discovery, and inner knowing without reason (Nachmanovitch, 1990). The movement qualities of my play ritual were both fighting and indulgent. I noticed the quality of movement through my own kinesthetic experience of moving them, as well as through the written descriptions in my data collection journals. All theme findings are represented in Table 1.

Through my analysis, I extracted some significant findings in my movement regressing to early developmental patterning, which enabled early childhood trauma to re-emerge. Through clinical supervision and personal therapy, I became available to the opportunity that exploring my creative process had allowed a therapeutic process to unfold. Artwork representing the block I experienced is presented in Appendix G. Jung believed implicit symbols of existential views could be viewed through creating art (Malchiodi, 2006). Jung’s belief resonated with me, as I experienced dizziness and nausea before and during my engagement in my play ritual, as reflected in the spiraling movement patterns that surfaced in both my movement and artwork. Bartenieff and Lewis (1980) stated that trauma is stored as fixed, isolated gestures or symbolic representations, and by moving these can sometimes release these fixations and trauma.

In my participation of this study, my play ritual, did not consistently provide self-care, but enabled access to earlier patterns of development and an opportunity to seek support to re-pattern these movements to work through my implicit trauma. This healing process occurred throughout my study. Hackney (2002) stated there are three reasons to revisit early movement patterns: 1) to address weak or underdeveloped patterns for support of psychophysical health, 2)
to address skill-development to facilitate technical virtuosity, and 3) to address purpose-oriented
to address skill-development to facilitate technical virtuosity, and 3) to address purpose-oriented
expression reflecting and impacting an individual’s creative style to increase personal artistry. I
believed my revisiting of early movement patterns followed along these reasons, though skill-
development was related to therapist development and creative style was related to my creative
process with potential to authenticate my DMT approach. While my clinical supervisor and
personal dance/movement therapist were supporting me, I became curious about recreating my
birth through symbolic movement. Though I was initially resistant, mindful of my personal
balance and emotional holding space at the time of study, I gradually opened up to healing.
During this study, with my emotional support, I pursued my curiosity of my early childhood
further by reconnecting with my biological mother, and discovered I was a cesarean birth. The
unfolding of unknown findings about myself, prior to living with my loving foster family that
raised me, enabled cathartic release.

Hackney (2002) stated that basic connective patterns of life are set up very early as infant
experiences the cellular and core connections, which begin in the mother’s womb. The “core-
distal” connection or “naval radiation” is the earliest pattern in the fluid environment of the
uterus, this connection was the umbilical cord, also known as “home,” and is the basis of what
we now call core support (Hackney, 2002, p. 69). The core is the center of our bodies, and
connects all of our distal parts. We make decisions based on our “gut” intuitions from our inner
and external worlds. When we are connected to our core, we feel connected in our world.
Moreover, Hackney (2002) defined core as “a willingness to value and actively participate in
changing patterns of relationship or patterns of changing relationships” (p. 37). Core-distal
support is the interplay of our inner and outer experience, or our internal relationship (with self)
and external relationship (with others). While my wonderment about re-patterning a birth did not
flourish until I explored the theme of improvisation; connection to my core, self-compassion, and younger parts of myself emerged. The implicit trauma of my own birth and abandonment I experienced as a child, spoke to my sense of confidence as I explored my creative process, as it related to my emergence as a dance/movement therapist.

In the beginning of my internship, I often had feelings of anxiety and was leading or allowing this part of myself to show up, which overshadowed my sense of confidence. Through my experience of exploring play, I accepted and nurtured my feelings of shame and worth by moving through these in my rituals. I shared my experiences with my academic and clinical supervisors and worked through it in my personal therapy. In my sharing and processing, I cultivated a compassion for the younger part of myself that sought to be acknowledged, heard, and valued. Schwartz (1995) described this as when the internal system achieved the differentiated parts. The core Self became like the conductor of these parts, experiencing feelings of being competent, secure, self-assured, relaxed, and able to listen and respond to feedback. This awareness served me in the clinical setting. I was able to differentiate countertransference, attune and attend to my clients’ needs, and apply accurate interventions to support their growth.

**Intervention.** What I learned when exploring the theme of play can be applied in the Embodying Rebirth intervention. The movement qualities within this experiential involved yield-push patterning reach-pull patterning, and spiraling. The floor provided a stable environment to explore these patterns. The pushing of the environment provided support needed to further investigate the environment (Claid and Osborne, 2014). Similarly, Hackney (2002) approached head-tail and yield-push patterns in her womblike exploration, such that yield-push patterning related to grounding and sense of self. She explicated, “yielding” as an aspect of bonding with support and “push” as an aspect of goal orientation in space. She approached reach-pull
patterning as “the ability to move into and in relation to the world, the space beyond the individual,” (Hackney, 2002, p. 90). As I explored these patterns of my actual birth, uncovering and processing past trauma, I was supported in my birth and becoming of a dance/movement therapist.

In my participation in embodying rebirth, imagery played an essential role. I envisioned my foster family and friends greeting my existence into the world with warm smiles and unconditional love. There was an emotional and cathartic release during and after the intervention that cultivated a feeling of lightness in my core, then my entire body. Since this intervention involved personal healing of my implicit trauma, I did not use this intervention with clients, nor felt it ethical or beneficial to be used with the clients at my internship site.

**Presence.** Presence is to be conscious of one’s subjective experience by embracing physical, emotional, and mental states of being (Siegel, 2012). The movement qualities in my presence ritual were indulgent. I noticed the quality of movement through my own kinesthetic experience of moving them, as well as through the written descriptions in my data collection journals.

Through my analysis, the importance of self-care and self-compassion increased as I cultivated body-part awareness within my ritual. I found my breath support, slow and sustained movement, and stillness salient in my ritual movement. I felt a sense of grounding in the time and space that I permitted myself to explore. I incorporated the use of all five senses with imagery of vivid colors during my ritual movement. I noticed an awakening in my core that spread out through my distal parts as I moved my ritual. Hackney (2012) stated a core-distal connection minimized overdependence on external environment, and also coordinated the
relationship of each limb to center core and through center core to the other limbs, an interconnected experience of inner and outer.

In my engagement with my presence ritual, I noticed it provided me a form of self-care, specifically from what had surfaced from my exploration with play. In my observations of experiencing presence, my effort life within the use of time decelerated with moments of stillness. During these moments of stillness, I guided myself through a sensory body-part meditation, which evolved into slow, sustained movement similar to Tai Chi. The slow and sustained movements provided an opportunity to move through and be with the senses, images, feelings, and thoughts that surfaced from my body-part awareness meditation. Van der Kolk (2014) stated in his book, The Body Keeps the Score, our sense of self and the sensory life of our bodies can be deeply divided as a way to protect us of emotions we are not ready to feel. “Body awareness puts us in touch with our inner world, the landscape of our organism… when we pay focused attention to our bodily sensations, we can recognize the ebb and flow of our emotions and, with that, increase our control over them” (Van der Kolk, 2014, p. 210). Therefore, my increased body awareness provided me the ability to become more self-aware, an important aspect in personal well-being: mind, body, and spirit.

**Intervention.** What I learned when exploring the theme of presence can be applied to the Body-Part Check-In intervention. The movement qualities within this experiential involved stillness and use of breath. While body awareness was not a new concept, it was my use of this intervention with one of my clients that created an opportunity for change and healing. I utilized this body-part check-in with imagery, artwork, and eventually props with one of my individual DMT clients, pseudonym, Catalina, at my internship. Catalina presented with an acquired brain injury that caused right side body paralysis and expressive aphasia. While, her paralysis was
progressing, she experienced chronic pain on her right side, specifically in foot, hand, and shoulder. Van der Kolk (2014) stated mindfulness-based practices had a positive impact on pain, joint inflammation, physical disability, and depression. Through my verbal guidance in the body-part check-in at beginning and end of our sessions, Catalina and I observed a positive impact on her chronic pain, as evidenced in her report of decreased tension at the end of our sessions compared to the beginning. Our DMT individual sessions often incorporated pain management. I encouraged her to be in the present moment through the body-part check-in through allowing an awareness of any physical sensations, images, feelings, or thoughts that surfaced to be acknowledged. I incorporated sensory awareness with Catalina such as, sight, hearing, taste, smell, and touch. During the occasions where there was high pain experienced by Catalina, we used the power of imagery to release discomfort. Catalina created images of how she wanted to release the pain such as: float, burn, explode, melt, and/or vanish.

Occasionally, I invited Catalina to guide me through her own body-part check-in as a way to support her independent function. This was a difficult task for Catalina, as she had expressive aphasia, as a result of her injury, and had difficulty using her words. Hence, I introduced an art exploration using a blank piece of paper with a human body outline, which represented Catalina. Next, with several art utensils available, I invited her to color/do art representing how she felt in her body.

After the art exploration, I invited her to share, which evolved into a feeling description of the colors she chose to use. Then, with Catalina’s permission, I decided to further this exploration by using colorful scarves that represented her feeling descriptions. These scarves were used to wrap around/cover the specific body parts as the client saw fit from her artwork, and I provided assistance when needed. As Catalina sat wrapped in colorful scarves that
represented her present moment feeling-states, she reported being in a “cocoon.” I used Catalina’s metaphor in the process of removing the scarves, as we came into the symbolic emergence of a butterfly. She asked me to remove the scarves for her. Catalina guided me to which fabric to remove, and where she wanted me to put them in the space. The location of fabric, once removed, became a reflection of how she interpreted/felt about these feeling-states.

Next, after all the scarves were removed, Catalina reported feeling lighter in her body and “tingly” on her scalp – synapses and connections were being made. We revisited the negative emotions she interpreted, as evidenced in the fabric placed in the farthest distance in the room. This gave Catalina an opportunity to be compassionate toward these emotions and the resistance she had to be with them. Catalina and I continued to work together in a creative collaboration to be gentler and kinder to the parts affected from her brain injury, and processed her feelings of grief.

**Intuition.** Intuition is the fusion of past and future inner knowing of one’s inner impulses driven by emotional, physical, and mental states of being (Nachmanovitch, 1990). The movement qualities of my intuition ritual were indulgent. I noticed the quality of movement through my own kinesthetic experience of moving them, as well as through the written descriptions in my data collection journals.

Through my analysis, I experienced the power of kinesthetic empathy, recognized the importance of dreams, and accessed my ability to know when and how I needed recuperation to maintain personal balance in body, mind, and spirit. My salient movement observations within my engagement in my intuition ritual were parallel to my experience with my presence. The salient movement observations included: breath support, slow and sustained movement, stillness, and a sense of grounding. I noticed an awakening in my core that spread out through my distal
parts as I moved my intuition ritual. Hackney (2002) stated core-distal connectivity implicated an individual’s receptivity and expressivity – a pour out from within. The core is located where the “guts” are located, where the aspect of “gut truth” or the heart of flight-or-flight response lived (Hackney, 2002, p. 82). Through the practice of my intuition ritual, I was able to connect to my intuition, which lived in my core or gut. This connection allowed me access to be more present with my clients so I could effectively attend to their needs in treatment. There was an evident relationship between presence and intuition. Presence embraced physical, emotional, and mental states of being, which were the driving forces to the fusion of past and future inner knowing of one’s inner impulses - intuition. Therefore, my engagement in the presence ritual enabled me to more available to my intuition.

**Intervention.** My intuition within my role as a therapist was illuminated while working with one of my clients, pseudo name, Tata. Tata was higher functioning compared to other clients in the rehabilitation program and presented with an acquired brain injury with mild migraines. My work with Tata was focused on her need for support as a single parent of two children and job readiness, as she was close to completing her rehabilitation. Her abusive relationship with her partner surfaced in our sessions, which inhibited her progress. Domestic violence (DV) was not the scope of my internship site’s practice; therefore, I sought guidance from my supervisor throughout my work with Tata.

In one of my sessions with Tata, she reported a physical altercation with her partner. After obtaining support from my supervisor, I educated my client on the cycle of abuse and gave her DV resources. Although the altercation caused her to take action to leave relationship, this was short lived. As my work with Tata continued, the verbal and physical abuse from her gang-affiliated partner continued, and so did the break-ups and make-ups. The vicious cycle of abuse
was evident. There were times when I would be listening to Tata in a session and have a visceral experience of spinning and being trapped. I kinesthetically felt my client’s experience of feeling safer to stay in the abusive relationship than the consequences of leaving/ending it. Through the support of my supervisor and her director, we encouraged Tata to file a police report for a restraining order against her partner. While Tata felt empowered to file a report on site, she never followed through when she left program.

My engagement with my intuition ritual increased an awareness of my core. I often felt unease in my core when I left internship. My boundaries with leaving my work at internship had become blurred, and I began to dream about Tata’s abusive relationship, which involved violence, body paralysis, and death. I used my dreams as a form of intuitive guidance in working with Tata. I began to ask myself, “How can I create a safe space for my client?” or “How can I have my client remove her protective walls to let me in?” The emergence of the Safety Intervention came into fruition.

The Safety Intervention was utilized through clinical application with Tata and represented value in my self-study. I incorporated imagery in this intervention to deepen the experience. While Tata was seated, I guided her through a body-part check-in. During this intervention, it was apparent there was a body split between her head and the rest of her body, as evidenced in her inability to bring breath support to her whole body. I brought this movement observation to my client and she acknowledged the disconnect as “stress.” Van der Kolk (2014) stated that resolving traumatic stress was about restoring balance in the rational and emotional brain. When hyper- or hypo-arousal occurs, we are pushed out of our “window of tolerance,” where we function optimally. It was apparent that Tata was shutting down, as evidenced in her body disconnection. The disconnect in Tata’s body was her way of protecting the trauma she had
been experiencing the past few months in her abusive relationship, which also may be influenced by previous trauma from her brain injury.

Moreover, Van der Kolk (2014) suggested repairing trauma through the limbic system, specifically in the medial prefrontal cortex, the center of self-awareness. He explicated the rational part of brain (dorsolateral prefrontal cortex), was responsible for taking action but had no connection to the emotional part of brain (amygdala), which was responsible for memories and where most imprints of trauma resided. Siegel (2012) agreed with Van der Kolk, to help an individual achieve a more balanced and functional form of self-organization, therapy interventions that tended to the many layers of functioning of both mind and body were essential. Mindful awareness practices focused attention to “mobilize neural circuits of self-regulation as the individual used awareness to modulate the ‘internal constraints’ of the brain” (Siegel, 2012, p. 270). Siegel also implicated that the therapeutic relationship served as the “external constraint” to support the client’s change in ability to self-organize. The body-based intervention I utilized with Tata created opportunity to integrate these disconnected parts.

Next, I shifted this session from body-part check-in to inviting Tata to tell me when and how she felt safe. Tata reported that she felt safe in the rehabilitation program and when she prayed. Tata’s spirituality became an important element within this safety intervention, as she described what “safe” felt like in her body when she was praying or connected to God. I then invited her to find a way to connect with the ground that felt most comfortable to her, whether it was in her chair or if she wanted to get down on the floor. I incorporated some of the key words she used when describing how she knew what “safe” felt like in her body. This intervention was well received by Tata as evidenced in a slight increase in her breath support and cathartic release.

Rothwell’s (2006) research supported that clients found resource and healing through
how the therapist created an environment of spirit and/or a safe space in session. I supported Tata’s spirituality as a form of strength in creating a sense of safety by including this within the DMT interventions I implemented. In addition, Hackney (2002) and Claid and Osborne (2015) recognized connection with the earth as a way to be grounded and stable. The ability to feel the weight of self make contact with the ground provided an assertion of strength and lightness, as a result of the natural law of gravity. Hence, by incorporating grounding as a part of my work with Tata, the embodied relationship with the environment (ground) provided support and a sense of safety for her.

During Tata’s cathartic release, she reported being “tired” of holding it together. Tata began to disclose her concerns for her safety through reporting that her brother was in a gang and had threatened her partner’s gang. Tata later disclosed in session that there were two unlocked guns in her home, registered under her brother, where she resided in with her mother, brother, and two children. Tata lived in fear for their lives.

The Safety Intervention provided access for Tata to tap into the resource of her body that held her pain and fear. I worked with Tata to feel empowered to take action for the safety of her and her family by requesting her brother’s registered guns be locked, otherwise, as a mandated reporter I would have to call the Department of Children and Family Services (DCFS). This awakened Tata into successfully taking action, as evidenced in purchasing a safe for her brother’s firearms and ultimately leaving the abusive relationship with her partner. My intuition served me while working with Tata and during our remaining sessions we worked on creating a safe space by inviting her spirit-self and connection to God to be a part of her rehabilitation and healing.
**Vulnerability.** Vulnerability is an authentic willingness to be imperfect in who you are, as you are in the present moment allowing all emotions to be felt (Brown, 2010). The movement qualities of my vulnerability ritual were indulgent. I noticed the quality of movement through my own kinesthetic experience of moving them, as well as through the written descriptions in my data collection journals.

Through my analysis, I became aware of the relationship between confidence and creativity, power of therapist transparency, and an increased access to self-compassion. In my observations, I noticed my breath support, head-tail connectivity, and feelings of lightness in my body, especially my heart-space, were most salient. My use of time within my effort life decelerated as well.

A powerful shift occurred in my self-study during my vulnerability ritual, which enabled me to feel lighter in my body as I moved towards finding inner strength through compassionate self-talk. The ability to sense lightness in the body underlies the ability to actively yield weight into the earth and push away with strength (Hackney, 2002). My anxiety and “I am not enough” sabotaging self-thoughts surfaced. My anxiety was demonstrated through overanalyzing my facilitations of DMT groups. As a result from my presence ritual, I was more aware of my body and emotions, therefore, I chose to utilize compassionate self-talk around the part of me that was feeling anxious prior to facilitating DMT groups and the self-critical part of me post-DMT groups. The self-compassionate space I created allowed a sense of comfort in the flow of my study, and appreciation for my ritual movement as a safe and explorative form of self-care.

I made a choice to cultivate the strength within by asking myself, “What was I sure about my creative process this far in my study?” My data collection journal revealed significant movement observations embracing the head-tail connectivity around these questions – a concave
and convex of the spine and a head-tail yield-push pattern with the ground. My spine supported verticality in my body, which related to individuality and sense of self. The head-tail connectivity was related to core support. Therefore, individuals exploring these connectivities frequently were provided easy access to connect with their self and “approach[ed] situations in the world in a wonderfully imaginative way, using their fluid internal sequencing to improvise in the situation” (Hackney, 2002, p. 108). My head-tail connectivity supported my sense of self, as a dance/movement therapist, within my exploration into my creative process.

The question I posed in my data collection journals revealed five discoveries: 1) I was most powerful in my creativity when I was surrounded by the creativity of others, 2) my confidence and creativity were deeply connected like a dance where each shared the lead, 3) my creativity was a muscle that I worked out and worked in, stretched, and practiced every day to keep vibrant and powerful, 4) sleep, rest, and recuperation were nutrition for my creativity, and 5) creative blocks were my own limitations that I put on myself caused by false evidence appearing real (F.E.A.R). The vulnerability ritual offered access to be more compassionate when anxious feelings and the “I am not enough” self-sabotaging thoughts surfaced. When I was more accepting and compassionate towards these parts of myself, I was able to utilize these blocks as a source of creative change, which enabled new perspectives in how I facilitated DMT sessions and how I initiated working with my clients.

**Intervention.** What I learned in exploring the theme of vulnerability can be applied in the Creativity Dance intervention. I led a weekly women’s DMT group at my internship. During my vulnerability ritual data collection period, I began one of my women’s DMT groups by self-disclosing on my research and what I identified I was sure about so far in my study. Thus far, I had not felt as authentic and real with my women’s DMT group than I did in this moment. My
transparency with them, in regard to where I was in my research and my process of becoming a dance/movement therapist, allowed me to be relatable, as evidenced in an unfolding, open dialogue on how creativity showed up for them in their lives and rehabilitation. I invited each client in my DMT group to tap into their own creative self by asking them what they were sure about when it came to their creativity. What is obvious and often not said enough is that different personality styles have different creative styles (Nachmanovitch, 1990). Many of the clients I worked with were impacted physically, emotionally, cognitively, behaviorally, and socially from their traumatic brain injuries. Their rehabilitation supported their process of learning new ways to connect to their present self, where personalities were sometimes altered, and how they connected and were in relationship with others. Statements I used to promote their curiosity were: When I am creative, I feel _______. Creativity gives me/serves me in my rehabilitation by ________.

Next, I invited each client to give a movement to their statement. We each tried each other’s movement on. This evolved into a movement exploration that led to finding a partner, which I intuitively guided in the moment. I invited each pair to create a repeatable movement phrase using each other’s movement. I then selected music incorporating female empowerment lyrics that complemented the energy I felt in group. This supported the group’s exploration as evidenced by the increase in the volume of movement, specifically moving from smaller to larger range of movements and clients’ positive affect. Then, I intuitively brought this experience to a close and invited each pair to share their repeatable phrase. Witnesses then offered a word(s) that described what they witnessed; movers were given an opportunity to respond to these words if they chose.
The clients’ creative personal power within their rehabilitation and healing was acknowledged and grounded in bodily, experiential knowledge through the implementation of the Creativity Dance. The use of movement exploration around their creativity gave meaning to these non-conceptual ways of knowing, which involved relationship to others through the partner work in the intervention. My creativity as a therapist had an impact within the therapeutic process, as represented in my self-disclosure on my excursion into creative process as a novice dance/movement therapist. My self-disclosure was catalyst to a strengthened support within the client-therapist relationship, an increased client engagement, and an enhanced curiosity about their own creativity as it related to their rehabilitation.

**Improvisation.** Improvisation is the conscious freedom to play or extemporize, which channels access to the unconscious, giving opportunity to express both the implicit and explicit (Nachmanovitch, 1990). The movement qualities of improvisation ritual were both fighting and indulgent. I noticed the quality of movement through my own kinesthetic experience of moving them, as well as through the written descriptions in my data collection journals.

Through my analysis, I tapped into my spirit-self or spiritual guide, the power of vocalization, and the power of embodiment. My improvisational ritual deemed the most influential and impactful ritual as evidenced in the quantity of my results. First, the most significant factor to mention is that I made a choice to allow my ritual to be improvisational, as it did not feel fitting to set repeatable movement for improvisation.

Observations in my quality of movement involved; an increase in movement expression and movement vocabulary, free flow, use of breath support, meditation with imagery, running, sliding, jumping, turning, and core-distal connection. The time allotted to move my improvisational ritual was liberating. The unstructured ritual gave me permission to just be and
move, as I needed in the moment. During this period of time in my exploration, as described in my data collection journals, I was overwhelmed, burnt out, and emotional as my completion of my coursework and time with my cohort was near. I held myself with compassion during this period of high-stress by moving this awareness in my improvisation ritual. Nachmanovitch (1994) described improvisation as disappearing in the art form and having a dialogue with the lived experience in process, purifying a state of harmony. As a result of moving my improvisation ritual, I found immense recuperation and self-care through this process.

**Intervention.** Through my analysis, I noticed vocalization was consistent within my improvisation rituals and felt an increased awareness in my core. My vocalization developed into singing, which enhanced my awareness of my core-distal connection, specifically when I turned the volume up on my vocals. Vocalizing during my movement created a sense of lightness in my core that spread throughout my whole body. Bartenieff heightened awareness of the center of the body with those she worked through the growing and shrinking process in breath work and vocalization (Bartenieff and Lewis, 1980). I disclosed my discovery of this lightness in my body to my women’s DMT group, which evolved into the Find My Voice Intervention.

What I learned in exploring the theme of improvisation can be applied in the Find My Voice intervention. I facilitated my women’s DMT group through exploring sounds with the body and vocalizations to warm-up the body. The Find My Voice intervention evolved as I invited one participant at a time to choose a significant song that resonated with them based on where they were emotionally, cognitively, physically, and/or socially that moment. One client was invited to sing, move, or create sound using their body, while giving them an opportunity to invite other clients in group to either be part of their “band,” “back-up dancers and/or “singers,” or “audience” (witnesses). Concurrently, I played the chosen song on my music system for
groups to support their experience. By being embraced by the sounds of others in group you “give in to the flowing nature of breath – sound and share a feeling of communication” (Bartneiff & Lewis, 1980, p. 233). In session, the group’s cohesion and connection was present as evidenced in every client participating in each other’s Find My Voice turn, clients’ positive affect, and an increase of personalities being expressed. In addition, this intervention allowed clients an increase in the practice of leadership, independent function, socialization, self-esteem, and release of stress.

Another discovery in my analysis included tapping into my emotional connection and relationship with my graduate school cohort. During one of my improvisation rituals, I fused my creativity and consciousness by meditating on each of my cohort’s members. In my meditation, I held the memory of each one in my body- skin, bones, flesh and muscles. Through these meditations I became more present to my relationship with each cohort member and sadness around departing after graduation.

My memory meditation of embracing each member of my cohort developed into moving each one of him or her through embodying his or her movement preferences. I incorporated moments of my own movements and/or stillness as recuperation as I shifted from one person’s movement preference to the other. I noticed an increased awareness in my heart-space and core as this movement exploration tapped into my emotional state of being during this period of time. An increase in my free flow was evident as my body effort shifted to each member of my cohorts’ affinities and preferences. Flow refers to “goingness” and becomes a major feeling/expression statement –whether unblocked (free) or blocked (bound) (Hackney, 2002, p. 219). As I moved, I felt free in my expression of my relationship with each member of my cohort - it was as if they were in the room with me.
It was my improvisation ritual that inspired the choreography I performed at the Department of Creative Arts Therapies (DCAT) graduation ceremony, Manifest 2015, a performance celebrating the two-year journey in the graduate program at Columbia College Chicago. I was motivated to create a music score, based on a group dynamics course in my graduate program, which included a few seconds of a song that represented each member of my cohort. As each song changed within the score, so did my effort life as I moved each member of my cohort, in honor of how they have impacted me during my time in my graduate program.

In addition, the most significant connection I made in my participation of the improvisational ritual and this study was the manifestation of the spiritual guide within me. I was inspired through my experience of exploring my play ritual to investigate my childhood memories prior to being put in foster care, hence I reached out to my biological mother. After my play ritual was completed, I had written a letter inviting her to share her experiences of being pregnant with me and the brief time she had with me under her care. It was during my improvisation ritual exploration that I received her reply back. In her response, I discovered that I was a caesarian birth and an angel had come to her when I was in her womb. My biological mother reported positive and reassuring energy from this angel. While the thought of her angel fantasy vision could be dismissed, as she had a history of mental illness, I was secretly intrigued. I was the result of an uncommitted affair and after absorbing this potential angelic energy report; I felt a surprising sense of belongingness and purpose about my creation and entrance into this life.

During my clinical supervision and personal dance/movement therapy sessions, I processed this pivotal information and a self-care intervention emerged within my rituals, the Tribe Meditation. The Tribe Meditation involved meditating while visualizing the little girl and
baby parts of my Self. In the meditation of my tribe, I increased self-compassion for the younger parts of myself, which reintroduced me to my spirit-self. I enclosed artwork that represented my experience of connecting to these younger parts of myself (see Appendix H). I invited the angel and/or guiding light to be a part of these mediations. Similarly, Dilley (1986) described her creative process and meditation practice as a form of communication of those parts of our human experience that are intimate and sacred. I recognized my intimate and sacred parts as a supportive field of light and energy that embraced me. I was being reintroduced to an old, familiar feeling; the spirit-self within me began to burn bright. I felt myself as the light and creator of the light - the energy around and within me. The light was the truth within my spirit-self - a yearning to be again and acknowledge me: “I am worthy,” “I am enough,” and “I am light.”

It is important to note that I incorporated my Tribe Meditation as part of my following improvisation rituals thereafter. It was my last improvisation ritual that the intervention emerged into a recreation of my birth, which was mentioned in my theme outcome for my play ritual, the Embodying Rebirth. In the Embodying Rebirth, I noticed increased bound flow as my body became tight and locked, at first, which encouraged the use of deep breath support to open and break through the struggle and resistance I was experiencing. I pushed and yielded in the ground and moved in a spiral movement until I was released, open, and free. The Embodying Rebirth allowed cathartic release, which I processed in my personal therapy.

My connection to my spirit-self through my improvisation ritual awakened the recuperation and exertion in my body - both fighting and indulging. I was inspired by how creating change through my movement supported me to be more compassionate towards myself – the younger parts and present self. I was inspired and motivated in my research of my creative
process and in my own healing journey. My creative process was a therapeutic process. I began to realize what was important for my creative process was also important for the therapeutic process. I wanted to provide the space for my clients to feel inspired and motivated in their rehabilitation through their own creativity.

Since I understood movement was a process of change, I wanted to practice an invitation for change in my DMT groups. I changed how I started the facilitation of some my DMT group sessions, either by creating visual art prior to moving or coming into the creative art studio in a different way spatially, as a reminder to my clients that change was constant while enabling an opportunity to be open, flexible, and adaptable to their environment. I implemented an Embodiment of Motivation intervention that encouraged clients in my DMT group to bring awareness into what motivated them in their rehabilitation. By bringing attention to their motivation, it brought intention to how they showed up in their rehabilitation and life. Through highlighting their motivations as strength, it provided inspiration in their personal journeys toward healing and well-being.

In my DMT group, once the clients’ motivations were realized, they were invited to give movement to them. I deepened these movement explorations by inviting them to play in the spectrum of their movement expressions through moving through the polarities, as well as moving these in different parts of their bodies. The exploration of moving through the polarities and opposing dualities “stimulates the mind and body to transcend the one-sided nature” (McClary, 2007, p. 155). Moving polarities supported integration and differentiation, which was meaningful in the concept of connectivity (Hackney, 2002). This connectivity is relative to self and others. The process of motivation explorations was shared and discussed in the closure of group. Clients reported feeling energized in their bodies and inspired through the witnessing of
others. The clients also reported feeling a sense of gratitude as they became aware of their motivations and a sense of clarity on what was inhibiting their progress in rehabilitation. Future groups focused on embodying and identifying their compassionate and self-limiting parts around these inhibitors, recognizing these were integrated into the whole person.

**Free Flow.** Free flow is the act of goingness, continuity, and outpouring (Hackney, 2002). Although I explored free flow in this ritual, the movement qualities that emerged were both fighting and indulgent. I noticed the quality of movement through my own kinesthetic experience of moving them, as well as through the written descriptions in my data collection journals.

Through my analysis, there was an emphasis on chaos, which led to an increased ability to know when and how I could better ground myself. The relationship between freedom and free flow revealed itself to me as a form of unblocking. My movement observations included spiraling, turning, jumping with both freeing and indulging use of flow effort, acceleration of time, and use of deep and high levels of space. I noticed the phrasing of my free flow ritual began with low intensity to high intensity, then back to low intensity on the ground as a form of recuperation. Eventually, I became still as I was grounded and connected to the floor.

My free flow ritual became like a whirlwind ride of ups and downs, and a place where I could move the stress I was experiencing as academic responsibilities and graduation were approaching. My free flow ritual awakened me to the need for freedom in my own creativity, like a permission to play, explore, and discover newness in my work at internship and in life. The compassionate part of myself, which had been strengthened through my engagement of my rituals, reminded me that making the time to dig in to my creative self was essential. I began to
realize that when I gave myself permission, I innately created the space and gave permission for my clients to play, explore, and discover themselves within therapy.

May (1994) described freedom as the capacity to take a hand in your own development. It was this capacity that shaped my free flow rituals as a means to find a releasing, surrendering, and unblocking in my body-mind-spirit. My engagement in my rituals allowed my self-compassion to work for me, as I embraced my mistakes or falls in my development as a dance/movement therapist as moments of lessons and opportunities for growth. I began to inquire about how my development as a therapist mirrored my life: “How do I fall in life? How do I get back up? Am I gentle and loving towards myself? Am I compassionate and forgiving? How do these answers reflect my work as a therapist and how I engage with clients?”

**Intervention.** What I learned in exploring the theme of free flow can be applied in the Self-Care Grounding intervention. As pressure and academic stress increased during the 2nd week of my free flow ritual, my inclusion of moving these feelings of stress in movement ritual heightened and increased my anxiety. I felt an emphasis of chaos. My free flow ritual was not offering the self-care benefits as it had done the previous week. I felt airy, spacey, and fuzzy in my mind. Though, since I had increased body awareness through the completion of my previous rituals, the emphasis of my chaos led to an increased ability to know when and how I could better ground myself.

I found myself lying supine on the floor towards the completion of my free flow ritual, which proceeded as long or longer than the low to high intensity movement in the beginning of my ritual. I moved my arms and legs laterally along the floor and recognized that I was moving in a motion like I was making a snow angel. The image and symbol of an angel surfaced again. A symbol became the mirror that reflected insights, new possibilities, new wisdom, and/or other
psychological and spiritual phenomena (May, 1994). Malchiodi (2006) and Bohart (1999) both agreed that symbols were lived out through an individual’s meaning of them, based on their experiences, and could be used to alleviate feelings of trauma, fear, or anxiety. As I continued my movement, I began to feel a deeper connection with the floor and a deeper connection to these parts of myself. I felt less anxious and more grounded.

I believed self-care was the act of tending to the parts of ourselves that sought integration in how we experienced ourselves in the world. The Tribe Meditation, cultivated in my improvisation ritual, included my present-self, younger-self, and spirit-self – my tribe. By utilizing the Tribe Meditation within my free flow ritual, I was able to regulate the disconnected parts of myself, as a result, increased self-compassion. The integration of parts through self-leadership was the foundation for healing and was based on the acceptance and welcoming of all parts (Van der Kolk, 2014). Change in one part, inevitably changes the others. Change and healing was a process that required moments of self-care, but without compassion, navigating that path was a dim road.

As my snow angel movement decelerated, I found stillness with my “tribe”. The image of light from the spirit guide enveloped me. I noticed my breath support become more indulgent and I felt lightness in my core and heart space. The Self-Care Grounding intervention became an opportunity to slow down and recuperate.

**Time.** Time is the act of being in transience (accelerating or decelerating) in part of discovering what is true and fundamental in that moment of existence (Hackney, 2000; Nachmanovitch, 1990). The movement qualities of my time ritual were indulgent. I noticed the quality of movement through my own kinesthetic experience of moving them, as well as through the written descriptions in my data collection journals.
In my analysis, I became aware of my use of time in a DMT session, trusting in the timing of implementing my interventions, and an increase in self-compassion. Movement observations included; verticality of spine, pin-shape, core-distal connectivity, use of deceleration, and use of linear and direct use of space. My preference in time was accelerated; so decelerating my use of time effort was recuperative in my engagement with my time ritual.

My use of time in a session was a balance between structure and openness. My creative process provided structure which included; 1) preparation of space, 2) getting into my body, 3) oscillation between structure and openness, 4) illuminating theme/focusing attention, 5) utilizing intervention/tools, 6) exploration-going with, and 7) closure. While decelerating my use of time effort was recuperative in my rituals, it began to reflect too much indulgence in my time management in DMT sessions. I often felt unsatisfied in the time to process and close groups.

The opportunity to use my time more efficiently in DMT sessions was realized in step 7) closure, as a result of not managing my time in steps: 4) illuminating theme/focusing attention, 5) utilizing intervention/tools, and 6) exploration-going with. I often felt limited by my own expectations of a longer and deeper processing time. I practiced self-compassion around this awareness and reminded myself that timing in DMT sessions comes with practice and experience. I let go of my expectation that a longer, deeper processing time represented an effective closing of group. As I let go of expectations, I realized that not all groups necessitated a longer processing time and if my closing was brief, it did not mean my facilitation was ineffective.

After becoming aware of my use of time in session, I became more mindful of glancing at the wall clock throughout group, which helped prevent me from getting lost in the moment of an exploration in group. If I was unsure about timing to move forward through my movement
observations of group, I asked the clients rhetorical open-ended questions during movement explorations to deepen experience. I would observe their movement responses and/or ask if they felt ready or complete to move on. At this period in my internship, I was familiar and knowledgeable of the level of engagement of specific clients to know if they were being honest in their responses or if they were just disengaged in group. As sessions continued, I felt more confident with time management in my DMT sessions.

Next, another awareness was the timing of implementing my interventions. This became apparent when my clinical supervisor observed a session as a participant in group and transitioned her role to facilitator during my session to implement an intervention. While the intervention she presented was parallel to my intuitive lens, which was validating, I was too indulgent in my execution. I realized the timing of implementing interventions was about trusting in the moment and not letting the fear of making a mistake or that my intervention would not be beneficial, cloud my effectiveness as a therapist. I have embraced the truth that mistakes in the emergence of becoming a dance/movement therapist are like crystallized jewels of knowledge.

“Why was the intervention ineffective?” “How could it have gone better?” “What other ways could I have addressed what was being presented?” These were questions I asked myself and often asked the clients, “What wants to happen for you in this moment?” Feedback from clinical supervisor, peer intern, mental health staff, and clients were immensely useful in my development. The practice of trusting myself, with self-compassion, was essential as I explored this awareness in my time ritual.

In addition to practicing self-compassion in my time ritual, chronological time materialized. Prior to setting my time ritual, at one point in my Sunday movement exploration data, I peeled my spine up and down, on and off the floor, as my feet and hands remained
grounded and stable in a supported bridge pose. I imagined a timeline of my relationships, experiences, and life. I reflected on my time in graduate school, each vertebrae representing a shift, a block, or an opportunity for growth. I mindfully reflected on my journey from beginning of my self-study to now, from beginning of internship until now, from beginning of relationship with my significant other until now, from beginning of graduate program until now, and beginning of birth until now. Similarly, Copeland’s (2013) relationship with time was a prominent theme in her findings that presented the need to integrate past, present, and future. The integration of these times provided more space to be present in the moment for self and others (clients). I have come to know that when I let go of the worries from my past and let go of the anxiety about my future, I give myself the permission to be fully in the present. The integration of past, present, and future comes from the letting go. Just before I let go, I acknowledge the worry, the anxiety, and I say to these parts of myself, “I see you. I feel you”.

My time ritual consisted of walking a linear path. The walking of this linear path was slow and sustained with a decelerated use of time effort. While my movement consisted of a linear path, I cognitively reflected different paths within each ritual. I gently and compassionately moved through the ups and downs, turns, twists, challenges, pains, and joys along the journeys I reflected on. This self-care intervention became a reminder of where I came from, where I am now, and where I am going. I incorporated this mindful, indulgent, and decelerated use of movement through implementing the Time Line of Therapeutic Journey intervention, which was an effective tool in my clinical application with the clients at my internship.

**Intervention.** After observing the linear movement within the clients’ physical therapy exercises at my internship, I recognized this same use of direct space in my time ritual. I was
influenced to implement an intervention that reflected their rehabilitation journey. After bringing the clients into their bodies through group warm-up, I invited the clients to individually reflect on their journeys on paper – through writing, drawing, or creating art. I guided them to be mindful of the ups and downs, challenges, successes, strength, support, people, and learning along their rehabilitation journeys.

Next, I invited each client to individually move their journeys in the space, while being mindful of how their journeys unfolded spatially. The response to moving their rehabilitation journeys varied from linear to non-linear and from near to far use of space. I guided the group to come back to a circle with an opportunity to share their movement journeys. This intervention was well received as evidenced in the sharing of inspiration, motivations, reminders of how far they have come in their rehabilitation, shared struggles, and awareness of differentiation and similarities within each journey. This intervention supported universality and group cohesion.

In addition, the illumination of challenges or areas where clients felt blocked surfaced and was discussed. While I facilitated the Time Line of Therapeutic Journey within a DMT group, it could also be used in individual DMT sessions, which may support clarity on what the client was coming into therapy with, where they were in their rehabilitation/healing, and how they would like to see themselves in the future. This intervention provided a successful termination session with my client, Catalina. Moving the time line of our work together provided lucidity and closure for Catalina and myself as we reflected on our time together.

**Choreographic Process and Performance**

The artistic dance performance of my findings represented my relationship prior to self-study, each of the seven themes, how and where the themes lived in my body, how each theme influenced my clinical work as an emerging dance/movement therapist, and what I discovered
about myself (which included embracing younger parts of myself). During my choreography consultation meeting with my choreography consultant, I was supported in developing a choreographic skeleton of the different parts of my thesis process, creative process, findings, and how I wanted to present them. I went to a studio on campus for a three to four hours and created my choreographic blueprint. My choreographic process included time to allow selection of music, which included my own vocals that read parts of my journals from both data collection and data analysis. I hired an audio and music production student to record and mix my vocals with my selected song, “I Am Light” by India Arie for thesis presentation of findings.

Afterwards, I met with my choreography consultant for an additional meeting to present my work in progress. I had a significant amount of choreography and sought to concretize my choreography without omitting the essence of my process. I described the intimate, and vulnerable feel-state I aspired in my performance to my choreography consultant, which provided her guidance to give appropriate light cues for the lighting director during tech rehearsal for dance concert. On July 23, 2015, I performed the findings from my study through a dance performance at the Department of Creative Arts Therapies (DCAT) 16th annual student/faculty dance concert. I enclosed the page in the dance concert program where my performance was presented (see Appendix F).

Prior to the performance, I noticed an emotional part – a mixture of excitement and anxiety filled my body. This thesis performance also marked a completion of my coursework in the graduate program. My cohort, professors, and friends acknowledged my findings and transformation from my participation in this study through the witnessing of my dance performance. This moment will vibrate eternally in my heart.
During my performance, I felt so connected in my body. The vulnerability it encompassed to share my personal discoveries felt raw and tenderly magnificent. I compassionately released loving tears for all the parts of myself that brought me to this moment of transformation.

After my performance, two young girls in the audience approached me to tell me I was “beautiful,” and one of them asked what I meant by, “I am light,” (which referred to the name and repeated chorus of my song selection in my work). It was immensely gratifying to have my performance evoke the curiosity of two young girls, like they had connected to the younger parts of myself. In response, I smiled and told the precocious girl about what I had researched. I shared my discovery of being reconnected with my light - the spirit or energetic force - that was inherently within and around me always. The young girl smiled back, as if in recognition.

**Limitations and Conditions Impacting Creative Process**

During my study, there were holidays and climatic conditions that required closing of services at the rehabilitation day program. During these holiday and snow day closings, I was not participating in my ritual movement. Themes affected by these closings included: play and presence. In addition, I was ill the weekend after of my intuition ritual movement exploration, which inhibited me from my Sunday improvised studio time on the following theme, vulnerability. I made a decision to disengage from my study this week to honor my need for rest. This unexpected week off from my study was serendipity. I found recuperation during this period. This allowed me to recover and be rested for my next theme exploration. There was also one week that I was ill during the duration of my study, which caused for me to call out sick at internship. During these times I was not present at internship, my ritual movement was not practiced. The theme affected by my illness during this week was presence.
During my commute to internship, traffic occasionally became a barrier in the time I allocated for my ritual movement. Hence, there were times that I was not able to move my ritual movement prior to internship. The themes that were impacted by these circumstances were: presence, vulnerability, free flow, and time. I instinctually chose to move these after my internship and/or utilized my second setting option, my apartment, to prevent being inhibited by traffic. Though my apartment offered a smaller space to move and was not the space where I facilitated DMT sessions, it allowed me convenience and peace of mind. I noticed feelings of being more grounded coming into internship these days.

Moreover, a personal relationship shift also impacted my creative process, which affected my emotional state of mind. My boundaries and self-worth were questioned during these shifts, which occurred during my ritual movements of play, presence, and intuition. Hence, I invited the company of these shifts to be moved in my rituals. The integration of my barriers with self-worth within play, presence, and intuition offered an increase of self-compassion. My increase of self-compassion helped me access more compassion with my clients.

In addition, the stress from being in a rigorous graduate program during my 14-week self-study (which extended later due to my one-week unexpected break), felt overwhelming at times. My academic responsibilities were challenging to balance with internship and leisure. My personal self-care, outside of the self-care benefits of engaging in my ritual movement practice, served well during these times. I became an expert in recognizing what I needed to feel more grounded, which cultivated more opportunity for self-compassion as a result. While these impacts had fruition of becoming blocks, I chose to move through them in my ritual movement and honor my own self-care, which became an opportunity to be more gentle and understanding towards myself. Though, I would suggest, if my study was repeated, to make the duration of self-
study a shorter period of time and/or not conducting study during the last semester of graduate program to minimize imbalance and feeling overwhelmed from academic responsibilities towards the end the program.

Next, the set ritual movements oscillated between being limiting and blocking, and self-soothing and unblocking. Specifically during the exploration of improvisation, it did not feel appropriate to set a ritual movement for improvisation. Nachmanovitch (1990) emphasized that to be in one’s creativity, both technique and freedom from technique are important. I noticed I required fluctuation between structure and openness within my self-study and within my facilitation in a DMT session. Hence, during this two-week period, my improvisation ritual consisted of time allotted to move, as I needed. This particular theme was the most impactful in my analysis, as evidenced in the quantity and depth of findings discovered.

Another consideration, if this study were to be repeated, I would recommend permission for improvisation within each ritual. Brannen (2015) stated the practice of movement improvisation allowed her to experience the present moment without edits or conditions: creating in the moment. In my study, the set repeatable movement pattern in my rituals sometimes felt limiting and restricting. Though, having this surface in my study provided me the creative permission to modify, as I needed such as having another setting for data collection, moving ritual after internship, and taking an unexpected week off from study to rest. The allotted time and location to move would become the structure within the ritual, while the movement (both a repeatable movement phrase and permission for improvisation) would become the openness: balancing structure and openness. In addition, by shortening the duration of study, challenges with balancing responsibilities, work, school, leisure, and relationships could be minimized. It took time to solidify my data into concrete findings in my research. There was a significant
amount of data and vast possibilities of findings, hence, shortening duration of study could help narrow and shape the quantity of the results.

The themes explored were my own subjective interpretation of what I believed to be important in creative process. Therefore, these themes may not be generalizable to all therapists investigating their own creative process within the clinical setting. While my subjective experience has been a transformational experience in my being and becoming a dance/movement therapist, it does not offer this same understanding to all therapists. Though, it is my hope that my awakening and new understanding of my creative process may stir and inspire other novice therapist to become curious of how and why they are creative, as it relates to their development as a dance/movement therapist.

**Implications and Further Inquiries**

Through my artistic inquiry, I believed what was important in the creative process was parallel to what was important in the therapeutic process. Creativity was a muscle; we work in, we work out. The more I exerted my creativity muscle in my research, the stronger and more confident I felt in my facilitation as an emerging dance/movement therapist. In the therapeutic process, there is a significant amount of self-work the client must exert to create change. Just like life and movement, creative process is consistently evolving and ever-changing. I believed we have a choice in how we live our lives. Similarly, Rogers’s theoretical worldview believed individuals had a desire to self-actualize and be active and successful participants in managing their lives (D’Andrea et al., 2012). When I created the space for clients to be themselves, I offered the possibility for my clients to open their minds and bodies to new understanding of themselves and how they experienced themselves in the world. I supported change through their own discovery processes. The client was the creator and mover of their own healing journey; I
simply held the space and witnessed along the way.

While my qualitative self-study was not generalizable to a population, it offered implications for further research. The importance of cultivating one’s creative process as a novice DMT student was a necessary part of development. During my research, I considered a potential, modified self-study of the creative process as requirement for first year DMT students. Novice DMT students may benefit to understanding their inherent creativity and observe how being in a graduate program evolved their creativity utilizing their art (dance/movement) to support their development as a therapist.

In my graduate program, we studied the creative healing minds of our pioneers in the field of DMT - why not our own? How could emerging dance/movement therapists understanding their creative process through their artistic education and skills affect their development in a graduate program better? How could first year DMT students better understanding their creative process support and prepare them for their practicum at the end of the year? How could this understanding help authenticate their own DMT approach within their clinical internships? This further inquiry could impact the students positively by increasing self-compassion, self-trust, and self-care practices.

In addition, specific self-care practices and clinical applications were created as a result of my participation in this study. The self-care practices may provide novice DMT students an opportunity to utilize their body and art form as a resource to self-regulate. Copeland (2013) stated that while self-care may contribute to both preventing and treating burnout, research has yet to examine the impact of various forms of self-care on a large scale. How does utilizing one’s body and art form as self-care help inform and develop a body-based therapist? The clinical applications created with this study could be applied and studied in the clinical setting. Just as
my pilot survey stirred my own curiosity of how and why I am creative, other novice DMT therapists can be impacted by my findings to deepen their own understanding of their creative self and authenticate their own DMT approaches, as it relates to their theoretical orientation, internship, and population.

**Summary**

The purpose of this artistic inquiry self-study was to gain insight into my own experience of creative process through my engagement of a ritualistic self-care movement practice prior to internship, as well as journaling and art-making, that explored seven themes related to creative process which included; play, presence, intuition, vulnerability, improvisation, free flow, and time. Results were performed through a dance performance and findings indicated an opportunity to address research questions: How does ritualistic self-care promote availability into my own creative process? How will understanding my own creative process influence the therapeutic process for my clients? and What is my creative process as an emerging dance/movement therapist?

According to Brown (2010), my engagement with my ritual movements promoted availability into my creative process by 1) being deliberate with making the time to make my creativity a priority, 2) being connected through community with those that supported and shared my curiosity about creativity, and 3) being in action and risking feelings of vulnerability by trying something new in my journey of becoming a dance/movement therapist. I embraced my vulnerabilities about who I thought I was supposed to be and allowed the becoming of who I was as an emerging dance/movement therapist to surface. I created and implemented self-care practices and clinical application as a result of my engagement in my ritual movements. The blocks and barriers I discovered became opportunities for growth in cultivating self-compassion,
confidence, and connection to core self.

My excursion into the creative process has been a therapeutic process. The threading of blocks and barriers that surfaced in the engagement with my play ritual was processed in all my ritual movements. The blocks were stemmed from childhood trauma and grappled with my sense of self-worth. I was able to acknowledge and cultivate compassion to the younger parts of myself. My increased self-compassion provided opportunity to unblock the barriers of anxiety and feelings of “not being enough.”

In addition, my spirit-self was awakened and past trauma was healed as a result of my excursion into my creative process. This process was a raw and vulnerable transformative journey - like the layers in an onion, I peeled back self-sabotaging limitations and became more connected to my core, as a result. As I felt more connected to my core, an image of light and feelings of lightness came forth, which represented the spirit-self within being unveiled. It was as if an old, familiar part of me had been waiting to be brought to light.

What was important in the creative process was also important in the therapeutic process. My increase in body-part awareness to impede countertransference helped me to better differentiate what the client was bringing in and what I was bringing into a session. Self-transparency within the therapeutic relationship had proven to be a valuable component in deepening rapport and becoming a more effective dance/movement therapist.

My subjective experience of moving my ritual movements was a reflection of how the themes of creative process lived in my body, mind, and spirit. My increased awareness of my relationship with my emotions supported my ability to cleanse negative feelings through moving these awarenesses in my ritual movement as self-care. The impact of my process of healing through my excursion into my creative process became a model of healing for my clients.
Practicing self-compassion helped me to better understand my creative self without my barriers inhibiting my potential. Therefore, I also became the model for owning my personal creative power for my clients. This ownership gave me confidence in my facilitation of sessions. This inevitably was mirrored in how I compassionately held the space for my clients to explore and understand their creative selves in their rehabilitation and healing.

My creative process was a reflection of how I am in relation to my world, which continues to evolve. I provided a safe space for my clients to create their own experiences of how they relate and move in their lives that offered them an opportunity for well-being: mind, body, and spirit. I realized my creative process within a DMT session included: 1) preparation of space, 2) getting into my body, 3) oscillation between structure and openness, 4) illuminating theme/focusing attention, 5) utilizing intervention/tools, 6) exploration/going with, and 7) closure.

There was a need for more research in the field of DMT, specifically on ritualistic self-care and DMT, and creative process and DMT. There was not a study directly addressing ritualistic self-care, blocking and unblocking of creative process, and its influence within the clinical setting as an emerging dance/movement therapist. A modified self-study of the creative process as requirement for first year DMT students to participate was considered. DMT students emerging into the field may benefit to understanding their inherent creativity through engagement in their art form, as a channel to define their creative process in their development as a therapist. Specifically, further inquiry in observing how being in the graduate program evolved their creative process and supported the integration of the artist and the therapist may be revealed. How could this understanding help authenticate their own DMT approach within their clinical internships? How could their engagement with their art form around their development
as a therapist provide self-care for them? How could the findings evolve the curriculum in the graduate program to support the blocks the students are presented with? The potential impact of considering a modified self-study on the creative process of emerging DMT students could have positive effects, such as increased self-compassion and confidence, and availability to impede burn out through self-care practices.

I believed my creativity was a muscle that compelled a working in and a working out. If you do not use it, you lose it. This idea resonated with me in my application to body, mind, and spirit. I recognized my body as my tool and resource that supported my creativity and served me in my journey through life, especially in my experience of becoming a dance/movement therapist. Becoming an effective dance/movement therapist takes time and practice in fusing one’s creativity with the counseling skills and DMT approaches learned in graduate school. My self-study utilized my body as a resource, which shaped, strengthened, and fueled my creative process, mirroring the therapeutic process. The therapeutic process also compelled a working in and out, through internal and external issues, supporting opportunity for learning and creation of change.

My self-study was a self-exploration. While my subjective experience in this qualitative artistic inquiry cannot be generalizable to all dance/movement therapists in the field, it provided me an invaluable opportunity to embark on the most rewarding and essential journey there is: the journey to myself. My development as a therapist was an integration of who I was, who I am, and who I was becoming. Becoming a dance/movement therapist was my calling to help others feel safe to explore his or her self through movement, unifying body, mind, and spirit. My creative process is the vehicle that supports my call to heal.
References


Appendix A

Definition of Terms

Blocking

The unconscious act of avoiding or inability to face the unknown or unfamiliar, inhibiting one’s creativity (Nachmanovitch, 1990).

Creative process

An approach, ever-changing, and evolving, that consists of phases or steps, which brings about new information or meaning manifesting into communicable form (Hervey, 2000).

Free flow

The act of going-ness, continuity, and outpouring (Hackney, 2002).

Grounding

The sense of feeling our weighted mass be supported, and stable by the earth (Hackney, 2002).

Improvisation

The conscious freedom to play or extemporize, which channels access to the unconscious, giving opportunity to express both the implicit, and explicit (Nachmanovitch, 1990).

Intuition

The fusion of past and future inner knowing of one’s inner impulses driven by emotional, physical, and mental states of being (Nachmanovitch, 1990).

Play

An attitude, a spirit, a way of exploration, doing, and being for the experience of pure joy, self-discovery, and inner knowing without reason (Nachmanovitch, 1990).
**Presence**

To be conscious of one’s subjective experience by embracing physical, emotional, and mental states of being (Siegel, 2012).

**Ritual**

A sequence of activities involving a routine practice, which may or may not include gestures, movement, words, and objects, performed in a (public or private) place, and performed according to a set sequence. Ritual derives from the Latin word, “ritualis,” that pertains to rite; such as in a rite of passage that marks a person’s transition from one state of being to another (Merriam-Webster Dictionary). Relating ritual to pattern of behavior, the neuromuscular system that develops a plan or model for executing movement sequences hold habitual firing of neuromuscular pathways that come into play to fulfill an intent (Hackney, 2002).

**Self**

The most authentic part leading all other parts with clarity, compassion, and connection holding the vast internal system as an integration of mind-body-spirit as a whole (Siegel, 2012), Schwartz, 1995).

**Self-care**

A body-based practice promoting balance to increase relaxation, positive emotions, trust, and compassion for one’s body, mind, and spirit (Brown, 2010; Copeland, 2013).

**Time**

The act of being in transience (accelerating or decelerating) in part of discovering what is true and fundamental in that moment of existence (Hackney, 2000; Nachmanovitch, 1990).
**Unblocking**

The conscious act of allowing, and accepting the unknown or familiar, freeing one’s creativity (Nachmanovitch, 1990).

**Vulnerability**

An authentic willingness to be imperfect in who you are, as you are in the present moment allowing all emotions to be felt (Brown, 2010).
Appendix B
Informed Consent Form Peer Review

Columbia

LETTER & PARTICIPATION – RELEASE TO PEER REVIEWER

Dear:

I would like to thank you for your interest in my master’s thesis research on the excursion into my creative process through ritualistic self-care movement. I honor your unique perspective and value the contribution you will make on my self-inquiry into the elusive topic of creative process. The purpose of this letter is to confirm your role in my research process.

In the process of my peer reviews I am seeking three external checks during my research process. The external checks will occur every 4 weeks during the 14-week self-study. I seek to explore research questions: How does ritualistic self-care promote availability into my own creative process? How will understanding my own creative process influence the therapeutic process for my clients? Your role as my peer reviewer includes your graduate student perspective including feedback, interpretations, questions, curiosities, and consistency, which provides validation to my study and deepens my understanding of my findings. Feel free to contact me if you may have any questions or concerns. Thank you for your participation.

Best,

Bobbi McKissick
bobbi.mckissick@loop.colum.edu
240-535-3675

PARTICIPATION-RELEASE CONTRACT

I agree to participate in being a peer reviewer for Bobbi McKissick’s self-study on her exploration of her creative process. I understand the purpose and nature of this study. I grant permission for the information generated from the peer review to be used in the process of completing a M.A. degree in Dance/Movement Therapy and Counseling, including a thesis and any other future publication. I understand that my name and other demographic information that might identify me will NOT be used. I agree to provide provocative and challenging questions to my best ability to instill researcher’s authenticity in their research, as well as nourish researcher’s process through sympathetic listening of material/experience of their process. I will meet at the following location ________________ on the following dates ___________ for a 3 peer debriefing session enduring a 1 ½ to 2 hours session, and understand that researcher will keep a written account in their data analysis journal of this session. I also grant permission for the tape recording of the discussion.

Peer Reviewer’s Signature
Printed Name of Peer Reviewer

Primary Researcher’s Signature
Printed Name of Primary Researcher’s Signature
Appendix C

Informed Consent Form Resonance Panel

LETTER & PARTICIPATION –RELEASE TO RESONANCE PANEL

Dear:

I would like to thank you for your interest in my master’s thesis research on the excursion into my creative process through ritualistic self-care movement. I honor your unique perspective and value the contribution you will make on my self-inquiry into the elusive topic of creative process. The purpose of this letter is to confirm your role in my research process.

In the process of this resonance panel, I am seeking feedback in your area of expertise. I seek to explore research questions: How does ritualistic self-care promote availability into my own creative process? How will understanding my own creative process influence the therapeutic process for my clients? Your role as a member of my resonance panel will illuminate further insights after my data collection and analysis to deepen my understanding of my findings. Feel free to contact me if you may have any questions or concerns. Thank you for your participation.

Best,

Bobbi McKissick
bobbi.mckissick@loop.colum.edu
240-535-3675

PARTICIPATION-RELEASE CONTRACT

I agree to participate in a group resonance panel meeting regarding Bobbi McKissick’s self-study of her exploration of her creative process. I understand the purpose and nature of this study. I grant permission for the information generated from the resonance panel to be used in the process of completing a M.A. degree in Dance/Movement Therapy and Counseling, including a thesis and any other future publication. I understand that my name and other demographic information that might identify me will NOT be used.

I agree to meet at 624 S. Michigan 11th floor Room 1106 Studio on Monday July 27th at 5:45pm for an initial resonance panel of a 1 ½ hour discussion, and to be available at another mutually agreed time if necessary. I also grant permission for the audio recording of the discussion(s).

Signature
Primary Researcher’s Signature

Printed Name
Printed Name of Primary Researcher
Appendix D

Video Recording of Dance Performance

A video recording of my dance performance as my presentation of results. Thesis dance performance represented my relationship prior to self-study, each of the seven themes, how, and where the themes lived in my body, how each theme influenced my clinical work as an emerging dance/movement therapist, and what I discovered about myself.
Appendix E

Research Poster Presentation Artwork

The use of artwork, by Brian Moss, was permitted to symbolize my experience of exploring my creative process as an emerging dance/movement therapist.
Appendix F

Dance Performance Program

I chose two quotes that resonated with me in my excursion into creative process, and shared them with my witnesses, the audience.

An Excursion Into Creative Process:
An Artistic Inquiry
Choreography: Bobbi McKissick
Choreographic Consultant: Lisa Goldman
Music: India Arie blend composed and mixed by Tyler Davis; B.A. Audio Design and Production

"There is a vitality, a life force, an energy, a quickening, that is translated through you into action, and because there is only one of you in all time, this expression is unique. And if you block it, it will never exist through any other medium and will be lost." — Martha Graham

"...by wrestling with a new feeling and a new form until they fit one another, I find that I have uncovered a very old feeling, something that has been with me forever but that has never before surfaced. Fitting the feeling together with the form, re-saying and reworking...elicits aspects of the feeling that I would never have thought of if I had expressed it in just any form at all. When it all slides into place, at those moments when the tears come, what I sense is not merely the satisfaction of accomplishment but rather a direct realization that the world is one and I've connected with the world. A shock of recognition: I've been carrying around for my whole life a feeling, a form I always knew was there — recognizing something very old in myself." — Stephen Nachmanovitch
Appendix G

Art work representing block
Appendix H

Artwork representing unblock; my light, my tribe.