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Dance Movement Therapy and Holism: Moving Beyond Body/Mind/Spirit

Laura Miller
Columbia College Chicago

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DANCE MOVEMENT THERAPY AND HOLISM:
MOVING BEYOND BODY/MIND/SPRIT

Laura Miller

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Committee:

Susan Imus, MA, BC-DMT, LCPC, GL-CMA
Chair, Department of Creative Arts Therapies

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

Kimberly Rothwell, BC-DMT, LCPC, CADC
Thesis Advisor

Stacey Hurst, LCPC, BC-DMT
Reader
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Abstract

The purpose of this research was to explore the phenomenon of holism and its meaning to the field of dance/movement therapy (DMT.) This research focused specifically on the meaning of holism for dance/movement therapy because holistic is a word that is used to describe a variety of interventions in a variety of fields and contexts, and it can be interpreted in many different ways. In this phenomenological qualitative study, data was collected through interviews with dance/movement therapists, who identified themselves as taking a holistic approach to their work. From the data, themes were identified, which revealed how dance/movement therapists perceive holism and what they experienced as a result of taking a holistic approach with clients. The phenomenon of holism was found to be a process that is innate to DMT, includes the integration of body/mind/spirit within contextual factors, and manifests in unique ways with clients. The Reorganizational Healing paradigm of health and wellbeing appears to align with dance/movement therapy theory and practice.
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Lastly, this thesis project is dedicated to my family, in this world and beyond. Goodbyes are only for those who love with their eyes. Because for those who love with heart and soul, there is no separation. ~ Rumi
Chapter One: Introduction

This thesis project was largely inspired by my own personal journey of melding my background and experience in health and wellness with my training and development as a dance/movement therapist. For ten years, I worked as a degreed health and wellness coach specializing in behavior change. As time and experience progressed, it started to feel unsatisfying to me to focus primarily on the physical dimension of my clients’ health and well-being (exercise, nutrition, and smoking cessation), as many of their stories included so much more than weight concerns or smoking cigarettes. I began to ask myself the deeper questions such as “Why is this client using this behavior as a coping skill?” and “What in this client’s past or present experience could this behavior be serving?” and I quickly realized that I was not qualified to address these complex, multi-faceted issues with my current training.

In addition, dance has played a pivotal role in my own journey of health, holism, and healing, and I was keenly interested in learning how to use dance as a therapeutic modality. Thus, I returned to school to pursue a second Masters degree in dance/movement therapy and counseling. Since completing my coursework, I continue to work in the health and wellness field, and I also have the unique opportunity to incorporate dance/movement therapy principles and techniques into my delivery of health and wellness programs in a corporate setting.

Before diving into the research, it will first be important to establish some context for key terms in this paper (see Appendix A). The concept of the interconnectedness of the body and the mind is millennia old, yet it has experienced resurgence in interest in recent times (Mulej, 2007). It is also foundational to the theory and practice of dance/movement therapy. Body/mind, body/mind/spirit, wellness and holism are terms that are often used interchangeably in the literature (Miller & Foster, 2010). As a result, this presents challenges when researching
wellness and attempting to operationalize wellness concepts. It is my objective to define these terms in the hopes of increasing clarity throughout this research paper. Please keep in mind, the definitions and relationships I propose are specific to this paper and are based on my own research and experience as a dance therapist and health and wellness professional.

What is the relationship between holism and wellness? For the purpose of this paper, holism is the philosophical theory that the whole is greater than the sum of its parts. In practice, it is taking into account physical, mental, emotional, social, and environmental factors, among others, when treating an individual. Holistic is a term used to describe any type of treatment or intervention that takes into account the whole, for example, holistic nutrition.

Wellness, on the other hand, is a state or condition of being in good physical, mental, emotional, and/or spiritual health. Well-being is another term often used to describe a state of wellness in an individual. Wellness can also refer to an industry in the health care field, often termed health and wellness. Professionals in the health and wellness field include health educators, exercise physiologists, dietitians and nutritionists, exercise instructors and physical fitness trainers. The field has experienced a boom in recent years to include nurses, chiropractors, acupuncturists, therapists, writers and even bloggers. In sum, holism is a philosophical theory while wellness is used to describe a state of well-being or a profession.

There are many theories of what constitutes holism and wellness. This is where wellness models or models of holism fit in. A model is a physical representation of a theory (Grüne-Yanoff, 2013, p. 200). For example, the Indivisible Self model of wellness, which will be discussed in detail later in this paper, is the authors’ physical, visual representation of what a wellness theory might look like. Wellness models include dimensions, such as mental, emotional, physical, and social, to name a few. These dimensions can be viewed as factors that
make up the whole person. As will be discussed later in this section, the dimensions of wellness that make up a wellness model often vary model to model.

Body/mind connection or mind/body connection is another term that occurs frequently in the literature but is rarely defined. What is the relationship between the body and the mind? According to Bertrando and Gilli (2008) there are a few distinct answers to this question that have been proposed throughout history. The first way of answering this question is that there is only the mind and the body is merely a manifestation of the mind. Secondly, it can be considered that there is only the body and how the mental world emerges from matter is still to be explained. A third viewpoint is that the mind and body are distinct and follow parallel paths; how they interact remains a mystery. More current research describes the relationship between the mind and the body as a process or a continuum, in which neither the mind nor the body are separate entities (Bateson, 1976; Rossi, 1993). Rizzolatti and Sinigaglia’s 2006 research on mirror neurons, “structures found in the brain that become active when a person executes an act or when that person observes the act being executed by another,” (Goolkasian, 2009, p. 109), has suggested that body acts have the same meaning as mind reactions. In other words, our experience of our environment is embodied, and not compartmentalized into a distinct body or mind experience. This is the definition of body/mind connection that will be used for the purposes of this paper. Adding support to this definition, Daniel Siegel states, “The mind is an embodied and relational mental process regulating the flow of energy and information; it is experienced in relationships with others, and those continual social connections shape the brain’s neural connections” (Siegel, 1999, emphasis added, p. 2). It is widely accepted among holistic practitioners that the mind and the body have reciprocal influence and impact on each other.
Concurrently, the body/mind connection has great significance in the theory and practice of dance/movement therapy.

Finally, mindfulness is a term that is used to describe a cognitive awareness of one’s sensory experience in the present moment (Kabat-Zinn, 2003). Being mindful involves being cognitively aware of the body/mind continuum in the present moment; aware of thoughts, feelings, and body sensations, without ascribing judgment to the experience (Kabat-Zinn, 2003). Siegel’s work has expanded mindfulness to include mindsight, which is the ability to perceive the mental state of another, and, autonoesis, which is the ability to perform mental time travel. An example of autonoesis would be being able to predict how you might feel about something in the future.

Now that a baseline has been established for the key terms, I shall discuss the theoretical framework from which I operate as a wellness coach, which has evolved over the course of my career along with the evolving models of wellness. My first exposure to a wellness model was based on a triangle that consisted of physical health, mental health, and social health. Later, a more comprehensive wellness model was introduced, the Wellness Wheel (Myers, Sweeny & Witmer, 2000), which included the physical, mental and social dimensions of wellness in addition to spiritual and cultural. Today, there are 2 models of wellness that I consider to be the most inclusive and robust and often refer to as guides: the Indivisible Self model of wellness (Myers & Sweeny, 2005), which has a foundation in Adlerian psychology, and the Reorganizational Healing (ROH) model (Epstein, Senzon, & Lemberger, 2009) which has strong roots in the field of positive psychology. Both are models that seek to guide health decisions in a holistic manner.
I would describe my theoretical framework as a therapist to be a combination of positive psychology and existential-humanistic theory. Wellness, as we know it today, grew from the framework of positive psychology. Positive psychology is a framework that seeks to identify what is working for individuals as opposed to what is wrong, in contrast to the traditional biomedical disease model of treatment. Positive psychology focuses on positive attributes, psychological assets, and strengths of the individual (Kobau, Martin, Seligman, et al., 2011). Its mission is to understand and foster the factors that allow individuals, communities, and societies to thrive (Kobau, Martin, Seligman, et al., 2011). Positive aspects of behavior such as responsibility, compassion, courage, creativity, and kindness are emphasized over traits associated with dysfunction.

Existential-humanistic theory emphasizes self-empowerment and an individual’s ability to determine his or her destiny. The locus of control in existential-humanistic theory lies within the individual (Ivey, D’Andrea, Ivey, & Simek-Morgan, 2007, p. 257). I believe that people, regardless of their past, have the ability to make different choices that are more aligned with how they envision their health and well-being.

The importance of relationship is also stressed in existential-humanistic theory, which I believe is a powerful catalyst for health and healing. The social, cultural, environmental, and spiritual dimensions in many of the wellness models reflect this. In addition, we have a relationship with ourselves and with our own bodies. It is my belief that change occurs within the context of relationship and that harnessing the healing power of relationship, whether within one’s self, others, or the environment can foster greater health and well-being.

Daniel Siegel’s work in understanding from a neuroscience perspective how we are shaped by our relationships has also been a key influence in my development as a therapist.
Siegel says, “These elements of an attachment relationship, within therapy or other emotionally engaging relationships such as romance and friendship, may possibly facilitate new orbitofrontal development and enhance regulation of emotion throughout the lifespan (Siegel, 2009, p. 285).” In other words, our earliest attachments with parents and care givers shape the way our brains are wired, which in turn influences how we perceive and engage in relationships over our lifetime. Siegel also says, “Self-organization thus emerges out of self-other interactions (Siegel, 2009, p. 8).” This is particularly relevant to wellness in that it speaks to the social/relational dimension of wellness. In addition, Siegel has done extensive work exploring the phenomena of integration. According to Siegel, integration involves, “the linkage of separate aspects of mental processes to each other, such as thought with feeling, bodily sensation with logic (Siegel, 2010, para. 3).” Siegel’s research is particularly holistic and similar to models of wellness in that it seeks to understand individuals in multi-dimensional ways.

I must also mention internal family systems (IFS) theory as it has played an integral role in shaping my theoretical framework as well my personal development and journey towards holism. Schwartz (2013) says of IFS theory, “Clients come to psychotherapy intent on changing, rather than accepting, their unwanted behaviors, emotions, or thoughts (p. 805). He then goes on to suggest, “The problem often is, however, that their lack of self-acceptance is the primary obstacle to change.” IFS theory introduces the concept of multiplicity of the mind, or subpersonalities, as a means of navigating this obstacle (Schwartz, 2013). IFS theory has roots in Damasio’s theory of consciousness, in which he suggests that, “Minds emerge when the activity of small circuits [neurons] is organized across large networks so as to compose momentary patterns (Damasio, 2010, p. 66).” While some trauma therapies suggest that the presence of multiple minds or subpersonalities would indicate pathology (Schwartz, 2013),
Schwartz is similar to Freud and Jung who propose that they are healthy and valuable (Schwartz, 2013). These subpersonalities can be distinguished into two basic categories: protectors and exiles (Schwartz, 2013). Both protectors and exiles serve important roles in helping the individual regulate the Self (Schwartz, 2013). It is when these roles become extreme, often as a response to trauma, that they may start to create maladaptive patterns of engaging and relating (Schwartz, 2013). Included in these patterns may be thoughts, emotions, images, beliefs, and physiological responses (Schwartz, 2013). The goal of IFS therapy is to, “achieve balance and harmony within the internal system,” and to restore the Self as the leader and ultimate decision maker (Schwartz, 2013).

There are three things I appreciate about IFS theory. First, is that the theory makes space for the duality in individuals. Instead of either/or it elicits a both/and mentality. Second, the source of healing for an individual is internal (Mojta, Falconier, & Huebner, 2014). When the Self, or core personality, is in the driver’s seat, the organization and integration of the system manifest a sense of insight, empathy, and curiosity (Siegel, 2010). Third, inherent to this model is the assumption that in order to be effective, therapists need to be able to understand and manage their own internal workings (Mojta, Falconier, & Huebner, 2014). This concept closely mirrors training in dance/movement therapy, in which self-exploration, discovery, and the integration of personal experience are essential to developing as an effective therapist and creative individual.

My background and training in dance/movement therapy is also a significant theoretical orientation as the body/mind connection is inherently emphasized. Trudi Schoop, a dance/movement therapy pioneer says,
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If psychoanalysis brings about a change in the mental attitude, there should be a corresponding physical change. If dance therapy brings about a change in the body’s behavior, there should be a corresponding change in the mind. Both methods aim to change the total human, mind and body… (Bartenieff & Lewis, 1980, p. 141)

Not only is my theoretical framework influenced by my training and experience in wellness and dance/movement therapy, it is also influenced by my own personal journey. Prior to beginning my path in dance/movement therapy, I viewed holism from what I might call a prescriptive lens. Meaning, if a person could check the boxes so to speak in each of the wellness dimensions, the end result would be holism. I viewed holism as a destination to be reached, and hoped that I would arrive, or help my clients arrive, one day, imagining a state of effortless peace and bliss. After completing the dance therapy program, and in the years since, my view on holism has evolved- particularly in response to navigating a series of personal and family tragedies. I now see holism as a process that is more reflective of an individual’s unique journey and experience, and less about a pre-defined set of criteria. Holism, to me, is self-defined, evolving, and can be achieved at a variety of physical, emotional, mental, spiritual, social, and environmental states. Over the course of my journey, holism has meant many things. Fundamentally, I feel that it is the totality of what we know to be true and authentic to ourselves. At times in my journey it has been experienced as a state of flow, in which there is an ongoing interplay of dimensions, or parts, of the self. It has included the ability to engage in self-awareness, in the spirit of evolving as a human being. At times it has meant the ability to experience and express a full range of efforts and emotions and call on them when a situation
requires it. It has meant the ability to know my core, and to know that I have the tools and
capacity to stick with myself in times of distress. Ultimately, for me, it is the desire and ability to
use my own personal struggle and triumph in order to help others on their journey, thus helping
to foster health and healing in relationships and communities. My personal view of how holism
relates to wellness is inspired by the great English mathematician and philosopher Alfred North
Whitehead. He expressed, “Each creative act is the universe incarnating itself as one, and there is
nothing above it by way of final condition” (Whitehead, Griffen & Sherburne, 1978, p. 245). I
view holism as a continuum between our inner experience and our outer environments. It is my
belief that when we embrace this continuum and our interrelatedness, we can achieve greater
harmony and wellness. Wellness results when we acknowledge and care for all of our parts in
service of the whole.

As a result of my personal journey and professional experience, I have become very
interested in what holism means for dance/movement therapists, as many dance/movement
therapists describe dance/movement therapy as a holistic practice. While I believe that this is true
from both a personal and professional standpoint, the challenge that I continually face is how to
explain my skill set and approach as a dance/movement therapist to other health care
practitioners, peers, supervisors, and stakeholders. It is my belief that working towards a
consensual definition of holism may help articulate why and how dance/movement therapy is a
holistic practice. Developing a common language from which to speak about dance/movement
therapy and holism may empower dance/movement therapists to communicate more effectively
with those whom which we work, as well as each other, thus increasing opportunities for
dance/movement therapists who may have a passion for applying their skills and creativity in
health and wellness.
Chapter Two: Literature Review

The goal of this literature review is to (a) discuss the history of holism theory, (b) describe key models of holism and wellness, (c) identify dance therapy pioneers and their contributions to dance/movement therapy theory and practice and (d) describe the current state of research regarding dance/movement therapy and holism. Adler wrote about the importance of holism in understanding the individual. He noted, “it is always necessary to look for… reciprocal actions of the mind on the body, for both of them are parts of the whole with which we should be concerned” (Ansbacher & Ansbacher, 1967, p. 255).

Holism History and Theory

According to the Western biomedical model of health, individual parts are unrelated to the whole and health is achieved by fixing each part independently (Cantor, 2003). Health was viewed primarily from a physical perspective and determined by measurable factors such as blood pressure, total cholesterol, cardiovascular and muscular strength, flexibility, weight, and observable behaviors such as smoking, drinking, and sodium intake (Orlowski, 2015). Interestingly, this model was influenced by the scientific revolution of the 17th century and Newtonian physics; these portray human systems as machines that can be understood only by reducing them to their smallest component parts (Robison, 2004). By fixing the parts, it is possible to predict and control the whole (Robison, 2004). Under the biomedical model, the body/mind connection was viewed as dualistic, meaning that matter and spirit are considered to be separate.

While the biomedical model continued to dominate, in recent decades other models started to emerge that addressed dimensions of the individual other than just the physical. Psychosomatic medicine, for example, theorized that stress and environmental factors influenced
health (Lipowski, 2013). Selye (1956) was one of the first practitioners to posit that chronic stress can exhaust the physical body and immune system and lead to illness. Engel (1980) was the first to suggest that social factors played an important role in health. These pioneers of multidimensional health and their research gave rise to the wellness movement, which defined health as more than just the absence of illness (Myers & Sweeney, 2005). The wellness movement aligned with these multi-dimensional models of health and included physical, emotional, social, and spiritual factors as indicators of overall health and well-being. The focus of the wellness model is interconnectedness and optimal functioning rather than pathology (Cantor, 2003). The wellness model also views the individual as a whole person and not just the illness.

This new concept of treating the whole person and viewing health as a culmination of positive, protective factors (Cantor, 2003) is what led to the development of the holistic model of health and treatment. This whole-person concept gained momentum when the 25th article of The Universal Declaration of Human Rights (UDHR) was published in the United States; this publication enacted in 1945 declared health care an inalienable human right regardless of individual, community, or financial status (Wollumbin, 2012). A holistic approach to health acknowledges, “there are subtle and apparently immeasurable aspects to health” (Grant, 2012). The World Health Organization (WHO, 1978) defines holistic health as,

…viewing man in his totality within a wide ecological spectrum and…emphasizing the view that ill health or disease is brought about by an imbalance, or disequilibrium, of man in his total ecological system and not only by the causative agent and pathogenic evolution. (p. 13)
The new science of holistic medicine views humans as organic, complex systems; the whole is viewed as greater than the sum of the parts. Humans are interconnected socially, emotionally, and spiritually and these dimensions are just as important and impactful as the physical when overall health is considered. In holistic wellness models, supportive factors for health include purpose in life, social support, meaning in work, ability to experience and express emotions, optimism and hopefulness, perceived health, intellectual stimulation, restful sleep, time alone, pleasure and play, financial resources, movement, laughter and contact with nature, to name a few (Thompson, 2003). In addition, more recent wellness models have expanded to include economic, cultural, and climate factors (Miller & Foster, 2010).

Emerging concurrently with holistic models and methods of treatment is the psychological framework of positive psychology. Positive psychology is “the study of the conditions and processes that contribute to the flourishing or optimal functioning of people, groups, and institutions,” (Gable & Haidt, 2005, p.103). The study of positive psychology developed largely due to a perceived imbalance in clinical psychology, which focuses on pathology and mental illness (Gable & Haidt, 2005). Positive psychology is interested in what keeps healthy people healthy and studies positive aspects of the human experience such as optimism, gratitude, forgiveness, inspiration, awe, hope, curiosity, and laughter (Gable & Haidt, 2005). Positive psychologists suggest that understanding human strengths can help prevent and/or lessen the impact of disease, stress, and disorder (Gable & Haidt, 2005). They also suggest that understanding the personal strengths that are protective against disease and dysfunction will enable therapists to better help those who are suffering (Gable & Haidt, 2005). The overall aim of positive psychology is to illuminate aspects of human behavior that contribute to greater resilience, strength, and growth.
The new paradigm of holistic health is not without challenges. Researchers across disciplines have failed to create a single, consistent definition of wellness and/or holism, resulting in several models lacking a common language. For example, key constructs related to dimensions of wellness and holism that have inconsistent definitions across the board are spirituality, health, emotional health, and wellness (Hawks, 2004). There are also disagreements among originators of holistic wellness models about the dimensions to include in the model as well as disagreement about how each dimension is defined. For example, out of eleven models of wellness reviewed in the BC Atlas of Wellness (Foster & Keller, 2007), all contained a physical dimension, ten included an emotional/psychological dimension, ten included a social dimension, eight included an intellectual dimension, eight included a spiritual dimension, six included an occupational dimension, and six included an environmental dimension. In addition, each dimension is defined differently under each model. For example, in the domain of psychological/emotional wellness, Adams et al. (2000) described emotional wellness as the awareness and control of feelings and a realistic, positive, and developmental view of the self, conflict, and life circumstances. Hettler (1980) considered emotional wellness to be a continual process that included an awareness and management of feelings, and a positive view of the self, the world, and relationships. Deci, Ryan, Gagné, Leone, Usunov, and Kornazheva (2001) introduced the concept of self-determination to their definition, while Ryff and Singer (2006) determined that quality ties to others are central to optimal living. Diener and Lucas (1999) introduced personality and introversion/extroversion to their model as the strongest indicator of emotional well-being. According to the Indivisible Self Model of Wellness (Myers & Sweeney, 2005) emotional well-being falls into a dimension called creative self which also includes thinking, control, and positive humor. Not only do these definitions differ, each model has a
different instrument to measure wellness. Thus, it is no wonder that an operational definition of holism and/or wellness remains elusive.

**Wellness Models**

For the purpose of this research, four current models of wellness will be addressed and described: The Wheel of Wellness, The Indivisible Self model of wellness, Eco-wellness, and the Reorganizational Healing model of wellness. These models were chosen as they represent a shift away from the disease-based, medical model of treatment for mental and physical disorders towards a holistic model with a theoretical grounding in human growth and behavior.

Two models of wellness, the Wheel of Wellness and The Indivisible Self model of wellness have roots in Adlerian psychology. Witmer, Sweeny and Myers (1998) defined wellness as, “a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully within the human and natural community” (p.252). The Wheel of Wellness draws from multidisciplinary theoretical perspectives such as personality, social, clinical, health, developmental psychology, stress management, behavioral medicine, psychoneuroimmunology, and ecology. It is comprised of 5 life tasks (self-direction, work, friendship, love, and spirit), which are divided into 12 sub-tasks. In application, it is recommended that only 1-3 areas be addressed at a time, so as not to overwhelm the client (Myers, Sweeny & Witmer, n.d.).

The Indivisible Self Model builds upon the Wheel of Wellness and includes contextual factors over the lifespan such as local, institutional, global, and chronological influences in addition to the mind, body, and spirit (Myers & Sweeny, 2005). In this model, the self is comprised of 5 factors: the creative self, the coping self, the social self, the essential self, and the physical self. Essential to this model, Adler proposed that the self was indivisible, and that
purposiveness was central to understanding human behavior. The Indivisible Self Model is described as evidence-based since the 73-item Five Factor Wellness Inventory, or 5F-Wel, can measure it.

In their groundbreaking work on holism, behavior change and healing, Epstein et al. (2009), introduced the concept of an inherent wisdom that manifests as the body, emotion, mind, soul, and spirit. Their Reorganizational Health (ROH) paradigm is revolutionary in the wellness field, in that it introduces the concept of integration, wherein an individual can achieve greater complexity, flexibility, and capacity through reorganization in response to life’s challenges (Epstein et al., 2009). There are three tools utilized in the ROH model to explore problems and illness and guide the meaning-making process: the Four Seasons of Well-being, the Triad of Change, and the Five Energetic Intelligences. The creators of this model suggested, “Reorganization relates to the increasing ability to thrive in the face of greater demands in every domain (physical, biologic, emotional, mental, spiritual, and cultural)” (p.476). Much of their work is supported by Siegel’s (2007a) research on integration and mindfulness. The Reorganizational Healing paradigm seems to be particularly well suited to dance/movement therapy as greater psychological and physical integration via the body is often a primary goal in treatment.

To illustrate just how far current models of health and well-being have diverged from the biomedical model of treatment, Reese and Myers (2012) introduce EcoWellness as “a sense of appreciation, respect for, and awe of nature that results in feelings of connectedness with the natural environment and the enhancement of holistic wellness” (p. 400). Several extant research studies highlight the positive effect connection with nature has on health, behavior, and healing (Bymer, Cuddihy, & Sharma-Brymer, 2010). While there are not necessarily specific studies
related to the practice of dance/movement therapy in nature, dance/movement therapists often utilize a variety of settings when working with clients based on the client’s interests and preferences.

Interestingly, even medical programs have emerged to follow a more holistic approach to health. One example is Ornish’s program for reversing heart disease that is nonsurgical and nonpharmacological. His program incorporates nontraditional therapies such as stress management, techniques to improve communication and relationships, diet and exercise, meditation, and communication with a personally defined higher power (Ornish, 1990). Programs such as Ornish’s build upon a client’s existing strengths and assets (Ornish, 1990).

As wellness models continue to grow and evolve, many views attempt to describe what constitutes holism and well-being. Ashcroft (2011) suggested that what transpires in social work practice is approaches and interventions with clients that are varied and often competing. She argued that it is important for social work students to educate themselves and become familiar with each of the dominant health paradigms in order to cultivate a more informed practice (Ashcroft, 2011). In her own words, “Knowledge of these varying perspectives and the skills to critically assess their compatibility with social work values provides tools to social workers to assist in determining how to shape practice in a way that best focuses on health and well-being” (Ashcroft, 2011, p.610). Taking a cue from Ashcroft’s research, it may behoove dance/movement therapists to examine these various wellness models in relation to their own education and therapist development.

Dance/Movement Therapy Theorists

In order to understand how dance/movement therapy theory and holism connect, it is helpful to examine the history of the field of dance/movement therapy as well as its current
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research. In this section, three key contributors to the field of dance/movement therapy will be identified and discussed: Marian Chace, Irmgard Bartenieff, and Peggy Hackney. Each contributors’ work will then be related to a holistic approach. Finally, dance/movement therapy practice and current research in the field will be described.

Marian Chace is considered by most to be the mother and founding pioneer of dance/movement therapy. Chaiklin and Schmais (1993) identified four themes that were central to her work in dance/therapy: body action, symbolism, the therapeutic movement relationship, and, rhythmic group activity. Chace developed her work at St. Elizabeth’s psychiatric hospital in Washington, D.C. where she mostly worked with groups using the guiding principle that “dance is communication and thus fulfills a basic human need” (Chaiklin & Schmais, p. 77). Chace also developed individual goals for her group participants in relation to each of the four themes. A typical session in her practice started with a warm-up, transitioned into theme development, and ended with a closure. Levy (2005) clarified, “Chace used movement, verbalization, imagery, and various theme-oriented actions to lead them into a deeper exploration of the affects, themes and conflicts that she noted during the warm-up” (p. 26). Whether or not she realized it, Chace was at the forefront of a new model for treating patients—one that addressed the body, mind, and spirit of the individual; this was divergent from the traditional bio-medical model of treatment at the time. Chace’s approach was holistic in that she used a body-based approach to treating mental illness. She emphasized the therapeutic relationship through mirroring and interpersonal relationships by inviting patients to dance with one another (Levy 1992).

Irmgard Bartenieff was a dancer, physical therapist, movement analyst, dance teacher, researcher, and dance/movement therapist. Her work has been invaluable to the study and practice of dance/movement therapy. While Chace began by working with mental illness,
Bartenieff approached wellness starting from the body with dancers. She also worked with polio patients as a physical therapist (Bartenieff, 1980, p. 4). Bartenieff Fundamentals is “an approach to basic body training that deals with principles of anatomical body function within a context that encourages personal expression and full psychophysical functioning as an integral part of total body mobilization” (Hackney, 1996, p.31). Her body/mind approach to working with clients has strongly influenced the theory and practice of dance/movement therapy. Bartenieff stated,

The resources of dance offer both subjective and objective expressiveness and activity. By projecting feelings into space through the body, the movements themselves are immediately communicative. Images and metaphors can stimulate the imagination with minimal verbalization. The experience of building one’s own organic structures in space can subtly build confidence in one’s self. To do this with others helps to develop a sense of supportiveness from the community and an ability to make adaptations for the interdependence of that support. (Bartenieff & Lewis, 1980, p. 145)

In this quotation, Bartenieff mentions several attributes of dance that may contribute to an individual’s increased sense of holism: the simultaneous experience of the body, the body in motion, feelings, communication/expression and community. Her inclusion of supportiveness of the community is of particular interest as it speaks to the social dimension of holism and wellness.

Peggy Hackney, a student of Irmgard Bartenieff, dedicated an entire chapter to the concept of integration in her book Making Connections (Hackney, 2002). This book is often referenced in dance/movement therapy education and training. In this chapter, she reviews the stages of human movement development, which were based on her work with Bartenieff and Bonnie Bainbridge Cohen, a dance therapist. The stages in order are: breath, core-distal, head-
tail, upper-lower, body-half and cross-laterality (Hackney, 2002). These are the parts that make up the whole in relation to developmental movement patterns. Hackney then goes on to explain that a second level of integration occurs when we ask ourselves the deeper questions about what really matters regarding the movement possibilities available to us. According to Hackney, bodily knowing emerges when we take what we have learned from our movement and use it to learn more about ourselves and how we relate to life—in other words—how we approach the world, relationships, learning and so on. Hackney stated that our lives are enriched when movement is not only functionally integrated on a body level, but also integrated into our daily emotional lives and experiences to create meaning.

Inner reflects outer is another of Bartenieff’s principles (Bartenieff, 1980, p. 51) that Hackney explores in Making Connections (Hackney, 2002). Our inner impulses are expressed in outer form. The outer world also influences our inner experiences. Ideally, we have a highly connected and integrated body system that adapts and responds to the environment reciprocally and congruently reflecting our inner experience. Dysfunction is the result of a breakdown in body connectivity and/or congruency with the whole system.

Both Bartenieff and Hackney cautioned against over- or under-emphasizing any one aspect of the individual (body, mind, or emotion) so as to avoid polarizing extremes and further fragmentation of the individual (Hackney, 2002). They encouraged developing greater understanding about all aspects and their interrelationship with one another (Hackney, 2002). From a research perspective, this appears to speak to the concept of integration, which is strongly emphasized in current theoretical models of holism and wellness.

The founding principles of dance/movement therapy continue to influence its practice today. According to Levy (1992), basic assumptions in dance/movement therapy are:
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1. Dance is communication
2. Body and mind influence each other reciprocally
3. Emotion is expressed through movement
4. Art and aesthetic expression are resources for health
5. The therapeutic relationship promotes trust through mirroring, attunement, and kinesthetic empathy
6. Movement is pre-symbolic but paradoxically full of meaning

On this basis, the client can develop meaning, relate, and heal through movement (Koch, 2006). Johnson (2007) stated, “It is our organic flesh and blood, our structural bones, the ancient rhythm of our internal organs, and the pulsing flow of our emotions that give us whatever meaning we can find and that shape our very thinking” (p. 3). These basic assumptions about dance/movement therapy appear to relate to current holistic models of health and well-being in that they address the physical dimension of well-being via the body and movement, the emotional dimension via mirroring and attunement, the mental dimension via the verbal processing of movement, and the relational/social dimension via the therapeutic movement relationship and/or movement relationship with others in a group setting. It could be argued that the spiritual dimension is accessed via rhythm (Omojda, 2010) and/or creativity (Buckenham, 2011).

Maxine Sheets-Johnstone (2009) reinforced the notion that the mind/body/spirit are interconnected in her keynote address at the 44th American Dance Therapy Association conference when she stated, “We move naturally in ways consonant with our emotions” (p. 7). She described how our physical developmental movement patterns as humans evolve as a response to our emotions. For example, if we want something we reach for it. This reaching
action could embody many different qualities, in other words, signify different emotional states: for example, we could reach with determination or apprehension. The movement of reaching is the same, what is different is the emotion driving the movement which in turn influences the space, speed, and/or force with which the movement is initiated and carried out.

She then went on to describe how these early movement patterns shape our thought processes and emotional experience as adults. In the context of therapeutic movement, she said, “attention to our own self-movement, in prompting us to a keener awareness of the complexities and subtleties of kinesthetic experience, thereby prompts us to a keener awareness of the qualitative dynamics of movement. In doing so, it has the possibility of enlightening us about how thinking in movement is at the core of our sense-making lives” (Sheets-Johnstone, 2009, p. 11).

**Dance/Movement Therapy in Practice**

The practice of dance/movement therapy places emphasis on experiencing rather than analyzing. Dance/movement therapists operate from the premise that movement and action lay the groundwork of our being in this world. Through movement interaction, the dance/movement therapist and patient become conscious of the patient’s way of relating. Through experiencing, the patients become aware of their personal behavioral patterns at the same time they recognize new possibilities of being with and enlarging their relational repertoire (De Jaegher & Di Paolo, 2007).

In the context of dance/movement therapy, the client explores his or her embodied experience through movement and movement improvisation (Levy, 1995). The body and the movement tell a story about the client’s experience. The dance/movement therapist guides the client to explore this story and find inner resources available for coping that the client may not
have known that he or she had (Levy, 1995). In a sense, the client is able to rewrite his or her dysfunctional story (or pattern of relating) in a way that is healthy, safe, and life affirming. It is the symbolic rewriting of the story that the dance/movement therapist uses to illuminate new ways of being and relating in the world for the client, thus increasing the client’s felt sense of autonomy and choice (Levy, 1995). Fischman (2009) explained, “Dance/movement therapy focuses on the experience of movement sensing and on how movement makes sense. The dance/movement therapist gets empathically involved in an intersubjective experience that is rooted in the body and works toward a resolution.” Valera and Rosch (1996) elaborated, “Science and experience constrain and modify each other as in a dance.”

From a theoretical standpoint, the therapist intervenes with the client holistically by resourcing the client’s physical, emotional, mental, spiritual, and sociocultural dimensions of the self in a way that engages creativity and self-expression in the present moment. It is this present moment-ness via the physically expressive body in motion that distinguishes dance/movement therapy from more traditional forms of psychotherapy.

Current research

Today, many dance/movement therapists describe their work as holistic based on the core premise that the mind, body, and spirit are interconnected (Levy, 2005). For example, Levy (2005) described, “What is experienced in the mind is also experienced in the body.” The American Dance Therapy Association (2015) states on its website,

Based on the empirically supported premise that the body, mind, and spirit are interconnected, the American Dance Therapy Association defines dance/movement therapy as the psychotherapeutic use of movement to further the emotional, cognitive, physical and social integration of the individual.
In light of this definition, the majority of extant research articles on dance movement therapy mention mind/body/spirit in some capacity.

For example, in an unpublished study (Gabrielides, n.d.) made use of the terms holistic, holistic healing, holistic health, holistic value, holistic benefit, holistic modality, and holistic effect throughout the work. In her definition of terms she described holistic health as the total pursuit of the mind, body, and spirit. Leseho and Maxwell (2010) claimed, “The interrelationship of body and mind has become an accepted premise for the many individuals who seek movement approaches for an integrated experience of mental, emotional and physical well-being and personal growth” (p.17). This study interviewed women about their experiences with dance and healing. In their stories, many women cited connections with others and with nature or the universe as elements involved in their healing experience, which seems to address social, spiritual and ecological dimensions, as well. This study also could add to the definition of holism and wellness in context.

Dibbell-Hope’s (2000) research on breast cancer and the usefulness of dance/movement therapy as an intervention explored the body/mind/spirit connection and elicited the following observations in patients, “redefinition and strengthening of body-image, clarification of ego boundaries, outlets for relief of physical tension, anxiety, and aggression, reduction in cognitive and kinesthetic disorientation, increase in capacity for communication, pleasure, fun and spontaneity and support for therapeutic medical goals” (p. 52). Dibble-Hope asserted that “dance therapists, working holistically with mind, body, and spirit are uniquely positioned to work with illnesses that become manifest in body, mind, and spirit” (p. 123). Dibble-Hope also noted of group dance therapy in her work with breast cancer patients that, “It provides an effective, efficient and economical system of peer support, offers information, hope and understanding
from other patients facing similar issues, and often leads to increased responsiveness to medical treatment and longer survival time” (p. 52).

The mind-body connection being reestablished, reinforced, or rejuvenated is a common thread among studies of cancer and dance/movement therapy intervention (Ginsburgs & Goodill, 2009). Cohen and Walco (1999) claimed that at its core “dance/movement therapy emphasizes the holism of mind and body, thereby providing a new avenue for exploring the complicated inter-relationship of factors involved in coping with cancer” (p. 41). Ginsbergs and Goodill (2009) suggested that,

Combining key elements such as breath work, group support, imagery, new coping skills and resources, and physical exercises, dance/movement therapy constitutes a treatment modality to treat the whole individual. Within the field of dance/movement therapy, the holistic integration of techniques contains the necessary ingredients effective for treating the psychological and emotional issues surrounding gynecologic cancer patients on all levels of functioning. (p. 145)

Ginsburgs and Goodill (2009) believed that, “Dance/movement therapy’s holistic approach uniquely allows participants to explore their emotional, social, cognitive and physical selves” (p.156). Indeed, it has also been stated by Levy (1992) that dance/movement therapists intuitively adapt to the needs of clients both verbally and nonverbally.

Koch and Dischman (2011) argued, “Movement, posture, gesture, and action are the first modes of expression in individuals and continue to be operative during our entire lives” (p.59). Koch (2011) also believed that, “Embodiment refers to bodily phenomena, in which the body as a living organism, its expressions, its movement and interaction with the environment play
central roles in the explanation of perception, cognition, affect, attitudes, behavior, and their interrelations” (p. 60).

Dance/movement therapy has been developed as a healing practice through the use of movement and dance as a medium for enabling communication, assessing where it is blocked, and intervening on nonverbal and verbal levels (Koch, 2006). Thus, intuition and personal experience have led dancers, dance teachers, and physiologists to discover the meaningful connections between motivation, motion, and emotion (Levy, 1992). Johnson (2007) elaborated, “It is our organic flesh and blood, our structural bones, the ancient rhythm of our internal organs, and the pulsing flow of our emotions that give us whatever meaning we can find and that shape our very thinking” (p. 3). In their own language, these researchers are speaking to the concept of holism via the integration of the physical, emotional, mental, spiritual, and social dimensions of the self.

Homann (2010) considered dance/movement therapy within the context of neurological functioning and identified five areas: arousal and rest, emotional regulation, implicit (preverbal, preconscious) and explicit (verbal, conscious) memory, the mirror neuron system, and right/left brain integration. Homann explored and described dance/movement therapy interventions in each area, concluding that because dance/movement therapy experientially engages the brain through the body, it shows great potential to discover and reconnect the power of the body’s relationship to the mind. This physical and psychological integration is a key goal in dance/movement therapy practice (Homann, 2010).

Mirroring is a dance/movement therapy technique that is rooted in neurobiology and appears to address the physical, mental, emotional, and relational aspects of holism. Through the process of mirroring, dance/movement therapists adopt the postures, gestures, and movement
qualities of clients in order to gain a sense of their relationship to themselves and to their
environment while attuning to their own reactions and experience simultaneously (Csordas,
1993). Mirroring the client helps the client feel seen by the therapist and serves to create a safe
and trusting environment (McGarry & Russo, 2011). Koch and Fischmann (2011) discuss this
collaborative aspect between the dance/movement therapist and the client,

The psychotherapeutic aspects of dance/movement therapy are related to facilitating the
unfolding of each patient’s unique mode of relating. By experiencing with the patient,
through mirroring, attuning, and creating structures for self-exploration through
movement, neither judging nor criticizing, the dance/movement therapist understands and
comprehends, linking present with past experience. In this way, dance/movement therapy
facilitates development, allowing the unfolding of spontaneity of the self, creating new
ways of being with another, co-construction of new meaning, and new, healthier realities.
(p. 66)

Speaking to the sociocultural aspect of holism, Thomas (2003) argued, “Dance is a
powerful medium of expression for cultural identity. As the human phenomenon of dance is at
the core of dance therapy; teaching, learning and sharing cultural dances within the context of a
dance therapy setting provides an additional way in which dance therapists engage in a holistic
manner with clients. Dance in and of itself is a cultural phenomenon (McGarry & Russo, 2011).

To illustrate all of these mind/body/spirit concepts in action, we can turn to more real life
examples. In response to a call for “a more integrated, interdisciplinary approach,” Bradt,
Goodill and Dileo (2011) investigated the use of dance/movement therapy with a group of
patients with Cystic Fibrosis to study if DMT had an impact on the patients’ mood and adherence
to treatment. Specific DMT goals included: 1) mobilizing energy through the body; 2)
expressing feelings about the illness and hospitalization; 3) taking initiative in an active way for one’s own bodily experiences; and 4) creating a more positive attitude toward the activity of breathing. Results from this small study found improvement in one aspect of mood for the men who received treatment, as well as better self-reported adherence in the treatment group. One spontaneous expression made by a patient in the study when introduced to the project struck this author as particularly interesting: “I understand. When there is no cure, we might as well work on healing” (Bradt, Goodill, & Dileo, 2011, p. 77). This patient’s statement strongly mirrors a defining characteristic of the ROH model of wellness, which, supposes that health and well-being can be achieved in the presence of disease and/or dysfunction (Epstein et al., 2009).

**ROH model and dance/movement therapy**

Of all the wellness models discussed in this literature review, it seems that the emerging paradigm of ROH offers much promise in regards to a theoretical wellness model that is highly aligned with the theory and application of dance/movement therapy and has the potential to aid in determining a working definition of holism in the context of dance/movement therapy.

According to Epstein et al., (2009), ROH is a model rather than a method and can be applied to a broad range of disciplines. In the ROH model, the goal of intervention is not to restore the individual to previous functioning but rather to help consciously develop the individual’s life to a higher or next level functioning. ROH does not seek to fix problems, as with traditional medical models of interventions, but rather assist the individual in achieving a higher standard of health and well-being regardless of what challenges or limitations they face. A core premise of ROH is that it is not the problem, disease, or illness that causes dysfunction and suffering but instead is the meaning that we attach to it. To quote Jobst, Shostak, and Whitehouse (1999), “Instead of being meaningless, people’s problems become diseases of meaning, enabling
people to see that things are not necessarily ‘going wrong’ but are, in fact, helping them become stronger, to live more fully and with more understanding” (p. 495).

A core theme in dance/movement therapy that is consistent with ROH is that of integration; that it is not solely the sum of the parts but the synergy and energetic flow between those parts that creates conditions conducive to the individual’s highest potential functioning. Similar to dance/movement therapy, ROH seeks to encourage clients to “explore and use the meanings of their symptoms, problems, and life stressors as catalysts to taking new and sustained action to create a more fulfilling and resilient life” (Epstein et. al, p. 476).

Another theme connecting ROH and dance/movement therapy is that holism and well-being are unique to the individual (Epstein et al. 2009; Levy, 2005). In the medical model of disease prevention and treatment, holism and well-being are defined externally by the absence of disease, and interventions are employed to eradicate the source of the problem, usually by targeting a specific area of the body or brain (Cantor, 2003). In contrast, ROH posits that an individual can achieve a high level of holism and well-being even in the presence of disease and dysfunction. According to Epstein et al. (2009),

Reorganization implies that the system functions at a higher level of complexity. This increase in the baseline level of organization of a system allows for enhanced utilization of energy, adaptability, and the development of new attractors, thereby facilitating an emerging state of stability of the system in spite of a greater range and intensity of perturbations in the environment. (p. 476)

The reorganization process, while it may be guided by a practitioner or healer, is entrusted to the individual. The practitioner or healer acknowledges that there is an “inherent wisdom that
manifests as the body, emotion, mind, soul, and spirit with increasing depth and fullness, range, and freedom” (Epstein et al., 2009, p. 477).

Viewing the individual within the context of the whole of their parts is also significant to both ROH and dance/movement therapy. Epstein et al. (2009), describe reorganization as the ability to thrive in the face of greater demands in every dimension (physical, biologic, emotional, mental, spiritual, social, and cultural). Similar to Chace’s approach to working with patients with mental illness (Chace, Sandel, Chaiklin, & Lohn, 1993), an ROH approach may include working with the physical body and somatic experience in order to surface the emotional, mental, and spiritual impact of the disease (Epstein et al., 2009).

Conclusion

If the labeling of dance/movement therapy as a holistic therapy seems to be obvious, why would it be important for dance therapists to define holism for themselves? As a practice that is many times, at best, vaguely understood by the healthcare community, it may behoove dance/movement therapists to take a similar approach and educate themselves on the varying models of holism and wellness in the spirit of preparing themselves for practice in a complex healthcare system. Furthermore, the knowledge and skills developed by examining the most prevalent models of health, wellness and holism may challenge dance therapists to expand their own views, experience, felt-sense, and practice of holism.

As such, the first of my two main research questions was: is it possible to define holism in the context of DMT? I was specifically interested in this question based on my experience as a dance/movement therapy student and a wellness professional. Many if not all dance/movement therapists describe DMT as a holistic therapy, yet holism in and of itself has many possible definitions and interpretations according to the literature. Secondly, I was curious to know how
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dance/movement therapists would describe and/or define holism. I felt it was important to attempt to capture a collective understanding of the phenomena of holism within the DMT community in order to further understand how DMT may assert relevancy in the field of health and wellness. From these primary research questions, additional questions emerged: Is there a particular model of holism or wellness that informs dance/movement therapists in their work? Is there a model of wellness or holism that appears particularly suited to the practice of DMT based on the literature? What have dance/movement therapists experienced when taking a holistic approach to working with clients? Does the dance/movement therapist’s experience of holism impact the therapeutic relationship with a client? What techniques have dance/movement therapists used to foster holism? Finally, what are some things a dance/movement therapist could do or say to describe DMT as a holistic therapy to other health care practitioners?
Chapter Three: Methods

Methodology

A phenomenological approach to research was deemed most appropriate based on the nature of these research questions. As research on dance/movement therapy and holism is very limited, it was important to me to begin research with an approach that is rich in context and lived experience in the hopes that it will establish a starting point for future research. In phenomenological research, a phenomenon is first identified and then explored through the lived experience of several individuals. Data in phenomenological research can be collected in any way that the participant can describe his or her experience. This may be a written or oral self-report, such as interviews, discussion or participant observation, or, creative expression such as art making (Moustakas, 1994). For the purpose of this study, I chose interviews as the means of data collection. Reasons for this choice included ease of process and time commitment for the interviewees. Participants were spread across the country, making phone interviews a logical choice, and, generally an interview is less time consuming for the participant than requesting the creation of art or written expression.

Another key aspect of phenomenological research is that it focuses on describing rather than explaining. Phenomenology is interested less in cause and effect relationships, and more in the subjective experience of the individual and/or collective (Moustakas, 1994.) As the phenomenological process evolves, a general or universal meaning is derived from the interviews with each individual (Moustakas, 1994.) The objective of phenomenological research is to “determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it” (Moustakas, 1994, p. 13). As a result, the essence of the experience of the studied phenomenon is illuminated (Moustakas, 1994).
The nature of phenomenology lends itself to studying philosophical topics that can be broad and experienced subjectively. There are many models and theories of holism that have developed and evolved over time such as the Wheel of Wellness and the Indivisible Self Model of Wellness. The use of a particular model of holism could be influenced by personal, social, cultural, environmental, or professional factors. In addition, the concept of holism has numerous variations that depend largely upon the cultural context from which they were developed, for example, Eastern versus Western views of holism.

For the purpose of this study, I am interested in investigating the phenomenon of holism within the specific context of dance/movement therapy. My research question, “How is the phenomenon of holism described by dance/movement therapists?” is inspired by my curiosity about dance/movement therapists’ feelings, thoughts, and experiences with holism. I wanted to know if it is possible to derive a definition or model of holism based on descriptions of dance/movement therapists’ lived experience. Phenomenology is uniquely suited to address these questions due to the value it ascribes to the individual and collective/shared experience over objective data collection and analysis.

As such, for this study I interviewed five dance/movement therapists who were familiar with the phenomenon of holism and analyzed the collected data to arrive at the overall essence, or meaning, of the experience for these individuals (Creswell, 2007). Prior to conducting the interviews, I engaged in the *epoche* process, another key element of the phenomenological research methodology. In this step, the researcher “sets aside” his or her personal thoughts, emotions, and experience in order to begin research with as much of an open mind as possible. I further describe how I accomplished this step in the Procedure section.
Co-Researchers

I interviewed five dance/movement therapists, referred to as co-researchers, who identified as having interest in and experience with holism and wellness in the context of dance/movement therapy. Conducting research in collaboration with co-researchers is known as the participatory approach, which identifies the people who have lived the experience as the experts (Schneider, et al. 2004). This is different from the scientific approach, which creates a separation between the researcher and subjects for the sake of obtaining objective findings (Schneider et al., 2004).

Criteria for co-researchers included having at least one year of experience as an R-DMT and self-identifying as having interest and experience with holism and/or wellness in the context of DMT. Co-researchers ranged from having one year of experience to 15 years experience, with an average of 4.6 years. All of the co-researchers were female, which was not purposeful but rather due to the rarity of males within the DMT field. All co-researchers were Caucasian. Three co-researchers worked in the public sector, one in private practice, and one in a health and wellness setting. The co-researchers worked with a variety of populations including high-functioning adults, underserved minorities, incarcerated women, individuals with traumatic brain injury, eating disorders, teens with behavioral issues, and recreational yoga practitioners in a group exercise setting.

Procedure

I recruited co-researchers for this study by reaching out to former DMT classmates and acquaintances from the Columbia College Chicago DMT program and via the American Dance Therapy Association (ADTA) Facebook page. Once I recruited co-researchers, they were emailed a letter (see Appendix B) describing my thesis topic and data collecting and storing
protocols, as well as an informed consent form protecting confidentiality of data. Co-researchers were given the option to check a box that stated that her name could be used and associated with any quotes or contributions that she made to the study. They were also given an “I’ll decide later” option, as well as the option to use an alias. Participants were informed they could change their mind at any time during the study. Co-researchers signed and returned the consent form to me either in person at the time of her interview, or via scanning the document and sending it to me via email prior to her interview.

Before conducting the interviews, I engaged in the *epoche* process in an effort to eliminate personal bias. “Epoche [is when] investigators set aside their experiences, as much as possible, to take a fresh perspective toward the phenomenon under examination” (Creswell, 2007, p. 59). During each *epoche* attempt, I wrote out what holism means to me generally, and then within the DMT setting. I elaborated on this process by writing out personal responses to each of my interview questions. This process is associated with the transcendental phenomenological approach which, according to Moustakas, is when “…everything is perceived freshly, as if for the first time” (Moustakas, 1994, p. 34). I actually repeated this exercise twice, as with over 10 years in the health and wellness field I had much knowledge and experience related to holism to tease out. The *epoche* process cannot get rid of researcher bias entirely, yet it is still an important step to minimize bias as much as possible.

I then scheduled interviews with my co-researchers. Two interviews were conducted in person, one in the co-researcher’s home and the other at a local coffee shop per the co-researchers suggestion. Both in-person interviews were audio-recorded on a hand-held device and then transcribed by hand. The remaining three interviews were conducted over the phone and recorded using a service called Free Conference Call. The service provided an mp3 file of
the interviews that could then be downloaded to my personal computer and transcribed at a later date. All audio interview files were stored securely on my personal computer, which requires a password for access.

Interviews were conducted October 2013 through January 2014. The interviews consisted of ten, semi-structured questions designed with my research question in mind (Appendix B). The first four questions were aimed at gathering background information about the co-researchers thoughts about holism. Specifically, if they defined DMT as a holistic therapy, how they define holism, if there are any theoretical models of holism or wellness that inform their work, and what it means for them personally to say that DMT is a holistic therapy. The next two questions were aimed at gathering textural descriptions and structural descriptions of the phenomenon of holism. Textural descriptions describe what the participants experience in relation to the phenomenon, while structural descriptions describe how the phenomenon occurred (Creswell, 2007, p. 159). The textural and structural descriptions are used in the data analysis phase to help identify themes in the lived experiences of the co-researchers within the context of dance/movement therapy.

During the interview process, I explained to co-researchers that they would be asked semi-structured questions, meaning, that while the questions were specific, there would be room to elaborate on their responses through conversation. I explained that we could move on or revisit questions at any time during the interview. I encouraged co-researchers to ask questions if they needed any further clarification in order to answer the questions to the best of their ability. During the interview, I intentionally maintained a casual, conversational attitude in order to encourage open dialogue, creative flow, and in-the-moment exploration of ideas. I used reflective listening and summarizing techniques in order to ensure understanding. After the
interview, I explained to co-researchers that I would be sending them a copy of my results section to gather additional feedback and/or clarify any content in the spirit of increasing internal validity. I also explained that at this time I would confirm whether or not they wanted their name associated with their contributions and provide another opportunity to accept or decline—sending another informed consent if needed.

After transcribing all of the data and compiling the results section, I used a method called member checking (Mertens, 2010) in order to ensure the internal validity of my results. Member checking is when the interviewer checks back with the interviewee to make sure she did not misinterpret what the interviewee was trying to say. As the process for analyzing phenomenological data relies on my interpretation of my co-researchers contributions, it is imperative to the internal validity of the results to engage in this member checking process.

Data Analysis

I used a simplified version of the Stevick-Colaizzi-Keen method adapted by Creswell (2007) in data analysis. Engaging in the *epoche* process is the first step in order to set aside personal bias. Second, I created a list of co-researchers’ significant statements related to their experience of the phenomenon of holism. According to Creswell, each statement is assigned equal worth. This is called the horizontalization of data (Creswell, 2007, p.159). Third, meaning units were created, which are larger units of information. These larger units contain the structural and textural descriptions of the phenomenon. Finally, using these structural and textural descriptions, the account of the phenomenon was crafted in the hopes that it will capture the essence of the lived experience (Creswell, 2007) of holism for this select group of dance/movement therapists.
After transcribing each interview, I contextualized each co-researcher statement with the question or statement posed in the interview. Each statement/question pair was organized into an excel spreadsheet. From each statement, I listed keywords such as holism, wellness, dance/movement therapy, body, mind, spirit, techniques, interconnected parts, etc. as they related to the co-researcher’s words. These keywords were then distilled into larger thematic groups, allowing the quotation to be searchable by keywords, codes, or questions. I then identified four broad categories of information, or meaning units, related to (a) co-researchers definition of holism, (b) textural descriptions, (c) structural descriptions, and (d) miscellaneous information. I used the miscellaneous information category to capture statements that did not clearly fall into any of the other categories, yet I felt would be impactful in the results and/or discussion sections. In excel, I then highlighted significant statements in each of the four categories. I used green to highlight statements related to co-researchers definition of holism. Pink was used to highlight statements related to textural descriptions, or the “what” that co-researchers individually experienced or witnessed related to holism (Creswell, 2007). Blue highlight indicated structural descriptions, or the “how” holism occurred (Creswell, 2007). This included specific techniques, dance/movement therapy or other.

Once the coding was complete, I reviewed each highlighted comment and began the horizontalization process (Creswell, 2007) by pulling out words, clusters of words, or statements from each transcript and organizing them into their respective category to create meaning units (Creswell, 2007). I then used similar words or responses from each co-researcher in each category to identify overarching themes. The culmination of the process was a final description incorporating both structural and textural data to describe the lived experience, or essence, of holism from a dance/movement therapist’s perspective.
Throughout the process, I also kept track of my own thoughts and perceptions of the concepts that were introduced by the co-researchers. I approached this in two ways. First, I took personal notes as I interviewed each participant. Second, after I transcribed the interviews, I took notes in the margins of the printed transcripts reflecting any connections I made between the participants’ contributions and my own ideas and experience.

**Ensuring Accuracy**

After completing a first draft of my results chapter, I engaged in the process of member checking. I sent the results chapter to each of my co-researchers via email to solicit their feedback. I was seeking any corrections that needed to be made to the content, quotes in particular, in the event that I misunderstood or misinterpreted anything that they had said. I was also interested in any initial responses or suggestions they had in the spirit of improving my final draft. I gave co-researchers two weeks to review the chapter and make any changes and/or suggestions. I received feedback from all of the five co-researchers interviewed. Valuing their input, I made the corrections that were needed and incorporated their suggestions before finalizing the chapter.

As an additional step to protect co-researchers confidentiality, I elected to reach out to co-researchers again individually to re-confirm how they would like to be identified in the research (name, anonymous, or alias) via a new, signed form prior to submitting the final project. This was done as there were several months that had passed between the interviews and when the results were sent to co-researchers.

As data from co-researchers was not collected in a clinical setting, there were minimal ethical concerns during the span of this study. However, any time a participant’s name is associated with research, the researcher has a responsibility to protect the confidentiality of all
contributors. To minimize risks in this area I gave the option for choosing to remain anonymous or to use an alias. In addition, when I sent the results chapter to participants for their initial feedback, all participants were assigned an alias so that other co-researchers reviewing the work could not identify each other. Finally, before submitting the final project I reached out to participants individually one last time via email to give them the opportunity to solidify their final choice as how to be associated with the research. Three participants chose to be identified by their full names: Emily Rose, Sara R. van Koningsveld, and Lynn Chapman. Two participants preferred an alias: Jennifer and Anne.

I worked to honor the co-researchers’ participation and the integrity of my data by ensuring that their contributions are represented fairly and accurately. In order to accomplish this, I engaged in the member checking process as well as gave co-researchers the option both verbally and in writing to have their name withheld from the research.
Chapter Four: Results

The purpose of this study was to explore the phenomenon of holism; what it means to dance/movement therapists, how it manifests in the context of dance/movement therapy, specific techniques that dance/movement therapists have utilized to foster a sense of holism in their work, and what experiences they have had as a result. In order to answer these questions, I interviewed dance/movement therapists in the field who identified as holistic practitioners—in other words, who described their work as holistic. I utilized a combination of background, structural, and textural interview questions to investigate the essence of the therapists’ thoughts and experience.

The results of this phenomenological study are divided into four sections. The first section presents a proposed definition of holism based on the co-researchers observations and experience of holism as gleaned from the interviews. The second section describes the process of co-creating the definition with my co-researchers. The third section describes in detail the themes that surfaced that would become aspects of the definition, as well as supporting quotes from the co-researchers. The fourth section describes additional findings.

Proposed Definition of Holism

Based on the contributions of the co-researches in this particular study, a working definition of holism is proposed. Holism, in the context of dance/movement therapy, is a dynamic process that involves the integration of the body/mind/spirit through exploratory expressive movement while taking into account contextual factors including but not limited to biological, social, cultural, environmental, economic, and relational. Within the therapeutic relationship, holism is self-determined by the client and supported physically, creatively, and empathically by the dance/movement therapist through intentional body-based interventions and verbal processing. The desired outcome of a holistic DMT intervention is to integrate the client’s
body, cognition, and felt experience into a synergistic whole in service of increasing the client’s self-awareness, choice, ability to resource the body in times of distress, and thus capacity to respond flexibly to his or her environment.

Co-Creating a Definition of Holism

The proposed definition of holism in the context of dance/movement therapy evolved several times and in significant ways over the course of this study. Initially, I compiled all of the data from the co-researchers interviews and crafted a description that described holism as a dynamic process that involved the body/mind/spirit. Also incorporated in the initial attempt was that holism included contextual factors such as social and environmental and that the experience of holism is determined by the client.

I sent my definition to the co-researchers and requested their feedback. As a result, the second attempt evolved to include empathy, which I quickly recognized as a significant omission. Empathy is a critical aspect of the therapeutic relationship. Dance/movement therapists can express empathy verbally, although the processes of attunement and empathic reflection are significant ways that dance/movement therapists differentiate themselves from other therapeutic modalities. Attunement from a dance/movement therapy perspective involves entering into the client’s body and felt experience by taking on the postures, gestures, and movement qualities of the client. The dance/movement therapist engages with her own body signals in response to this process, which she uses to inform her interventions. Empathic reflection occurs when the dance/movement therapist uses her body to communicate to the client that he or she is seen. The dance/movement therapist may mirror the client’s movement and/or quality of movement to communicate to the client that they are not alone. Empathic reflection may be an implicit or an explicit process, depending on the stage and goals of the therapeutic
relationship. Both attunement and empathic reflection are supported by research in neuroscience and attachment theory (Siegel, 2007a).

Another aspect of the definition that evolved was the addition of the phrase “spontaneous creative expression” in relation to how dance/movement therapists support clients within the therapeutic relationship. Almost all of the co-researchers interviewed made mention of spontaneity as a defining characteristic of dance/movement therapy. The co-researchers describe engaging with the client in the present moment, with whatever movement, body signals, or imagery that arises. It felt important to include this aspect of dance/movement therapy as it speaks to the unfolding of the therapeutic process and also describes a way in which dance/movement therapy may be distinguished from more traditional modes of therapy.

The second attempt at defining holism also included a re-working of the last phrase, “The desired outcome of a holistic dance/movement therapy intervention is to integrate the client’s body, cognition, and felt experience into a synergistic whole in service of increasing the client’s self-awareness, choice, ability to resource the body in times of distress, and thus capacity to respond flexibly to his or her environment.” The evolution of this phrase occurred in three ways.

The first modification to this aspect of the definition occurred as a result of a co-researchers suggestion to think about integrated versus synergistic. While I did feel that integration was an appropriate descriptor in this context, after reflecting on both a cognitive and body level, I came to the conclusion that synergistic resonated more deeply. Synergistic implies communication, or flow, between dimensions of the self, whereas integrated did not elicit the same feeling of ease or flow in my body. Integration felt like connection, but not necessarily like communication. I discovered through engaging in movement that my movement qualities reflected increased flow when embodying synergy as opposed to integration. As such, I modified
the description to reflect this felt-sense of flow and ease of communication. I chose to keep the phrase, “integration of the body, mind, and spirit,” in the first sentence to honor the linkage of differentiated parts of a system as vital to health and well-being.

The second way the definition was modified was the phrase “capacity to respond flexibly to his or her environment.” This phrase initially stated “ability to respond productively to his or her environment.” This statement was not received well with several of the co-researchers, and after reflection I agreed. “Ability to respond productively” seems to elicit a sense of judgment— that there is a right and a wrong way to respond. The question that was asked was, “Who decides if a response is productive? The therapist? The client? Someone else?” Taking cue from the working definition of holism itself, the answer would be the client decides. However, this was unclear and felt somewhat misleading so I decided instead to use the phrase “respond flexibly to his or her environment” to underscore the client’s personal choice and autonomy. The use of the word flexibly also echoes Daniel Siegel’s (2015) definition of integration. Also, it is the dance/movement therapist’s hope that the skills the client learns in therapy to resource the body will translate to a variety of situations and circumstances- hence the choice to change the word ability to capacity.

The third significant way that this phrase evolved over the course of the study was in response to one co-researcher’s feedback that said she noticed that the description felt very similar to the way holism would be defined from a social work perspective. She referred to viewing holism as a culmination of biological and contextual factors and equated my initial definition with how social workers perceive holism and wellness—as concentric, overlapping circles that represent the various contexts in which the client lives and exists. While it felt validating that the definition appears in alignment with the field of social work, it also felt
important to distinguish the definition of holism for dance/movement therapy in some way. In response, I introduced the phrase “ability to resource the body” in reference to the desired outcome of a dance/movement therapy intervention with a client. While other modes of therapy can teach body awareness, mindfulness techniques, and/or techniques to manage stress and anxiety, dance/movement therapists can use the body as the in-road to all other psychological and cognitive processes.

It was a challenging journey to arrive at a definition of holism for dance/movement therapy in that the co-researchers provided so much rich material to work with. It was difficult to include certain aspects and not include others. It was a challenge to ensure that each co-researcher’s voice that contributed to the definition was heard in the final outcome. That said, I am of utmost certainty that engaging in the process with my co-researchers resulted in an end description that is more reflective of dance/movement therapy goals and values than I had started out with. It is my hope that this attempt at crafting a definition that captures the essence of holism for dance/movement therapy will serve as a foundation for future conversation and inquiry.

**Co-Researchers’ Common Themes**

**Dance/movement therapy is a holistic therapy.** Universally throughout the interviews, the dance/movement therapists perceive dance/movement therapy as a holistic therapeutic modality. When asked what it means to them to say that dance/movement therapy is a holistic therapy, some common responses included

- addressing all parts of a person,
- looking at the big picture of the person within the context of his or her environment,
• using movement as the in-road to connection and/or the psychological process,
• all parts relate to one another,
• a shift in one part affects the whole system,
• integration, and
• the body/mind/spirit relationship

Jennifer stated, “DMT is a holistic approach because you’re using the physical body to intervene or reach out and understand peoples’ emotional process.” She also claimed, “Their psychological processes even impact their biology.”

Another therapist interviewed, Sara R. van Koningsveld, offered, “Dance/movement therapy has the potential to tap into that [how we use movement as communication].” She continued, “Movement can tap into the way we experience our environment, the way we experience our spirituality, our emotions, our physical being and our health.” She added, “Dance/movement therapy is holistic in this sense; it has the potential to access all aspects of the self. Movement is innately integrative, if we choose to use it.” When asked this question, Anne responded,

I absolutely think that dance/movement therapy’s a holistic therapy. I also think that there are many words and concepts that are used in the worlds of therapy and alternative therapy, in health and wellness that mean different things to different people. Some people use them casually and some people use them formally or in reference to something very particular, and I think holism is actually one of those ideas. “Somatic” might be another.
When comparing DMT to more traditional medical models of therapy Anne describes DMT as less linear in process and more multi-dimensional in regards to treating all aspects of an individual.

Emily Rose felt that dance/movement therapy is a holistic therapy in that it invites in “mystery.” She believed that clients who seek dance/movement therapy are seeking alternatives because their needs are not being met by more traditional methods of therapy. She also argued that clients drawn to dance/movement therapy are seeking discovery in ways that more traditional methods of therapy are unable to provide. Emily thought that the mind/body connection in addition to inviting in the spirit and creative expression through movement is the holistic piece that more traditional forms of therapy may be lacking. For her, it is the process itself that is more valuable than the end result. She stated, “In a lot of ways that’s the holistic approach to me. Process, illumination, awareness.”

In response to what it meant to her to say that DMT is a holistic therapy, Lynn Chapman, says it means that all of the parts of a person are addressed and those parts are examined individually as well as a part of a whole self and a larger environment. She stated that some of her clients have "broken, differentiated, disintegrated parts of themselves” which dance/movement therapy is uniquely suited to address through integrating felt experience with the body.

The therapists interviewed view DMT as a therapeutic modality that not only can address the physical, cognitive, emotional, and spiritual aspects of an individual’s experience, but can foster connections and integration of the whole being in service of promoting the highest level of functioning possible for the individual.
Holism includes body/mind/spirit. Another universality among the therapists interviewed is that holism includes body/mind/spirit. In Emily Rose’s description of holism she spelled out, “W.H.O.L.E. like in whole-self, anything that draws attention to all aspects of you, body, mind, and spirit.” She continued, “Holism invites the spirit in, invites people’s souls, invites something much deeper than intellectualizing.” She described dance/movement therapy as a therapy that addresses the subtleties of our being and the aspects of our selves that cannot be put into words. She suggested, “Holism and dance/movement therapy communicates with the layers of our physical being, intellectual being, emotional being, and even our blissful centers.”

Lynn Chapman related that the body/mind/spirit connection is essential to helping a client along in their process of integration and healing. She echoed Emily Rose’s thoughts on holism when she stated, “Besides addressing the body on a functional or somatic level, dance/movement therapists include the creative element of expression in their work. This is the art, the dance aspect that is so related to our spirit.”

Jennifer raised an important consideration when speaking to the body/mind/connection and working with clients, "I just strongly believe that body/mind/spirit is really connected and that it's hard for me to tease that out for people. ...how they feel connected in those different ways is really up to them and just having that basis that I feel like they're all connected that we're going to have space to talk about that or process that in whatever way they want to.” She thought that understanding how the dimensions impact each other is beneficial to clients’ participation in dance/movement therapy.

Throughout the interviews, aspects of the body/mind/spirit connection are mentioned in several ways, such as body/mind, mind/body, body/emotions, body/cognitive, and emotional/cognitive. Anne described how she envisions the connection when she explained that
she actually prefers to describe the mind/body connection as “the mind being a system that includes the brain and the body and our relationships.” She expanded on this thought claiming,

It’s an informational processing system, and our bodies are part of that. I actually talk to people a lot about the brain/body connection, instead of the mind/body connection. My clients say, ‘Well I know that, but I still have a hard time with it.’ I will say to people, ‘Well your brain knows that.’ If we're really going to get technical, it's part of your brain that knows that. But your body doesn't know that.

As an example she talked about a child who knows cognitively that he’s not supposed to hit his sister, yet the behavior continues. Anne attributed this to her observation that the child’s brain knows that, but his body does not. “The whole system isn’t integrated and working together.” According to Anne it is this body/brain connection that must sync up in order to bring about a real change in behavior.

In response to the observations and experiences of the therapists interviewed, I summarized in my notes what I felt to be the core understanding about the body/mind connection,

Emotions are a visceral or physiological response and so then, our emotions influence what we’re thinking. Our thoughts can influence our emotions and...movement can be that visible or concrete channel to be able to resource the mind, the emotions, the body, the totality of experience.

**Holism includes contextual factors.** Throughout the interviews, it appears to be the consensus that, yes, an individual consists of body/mind/spirit, and, there are contextual factors present that are important to be considered in order to fully understand and address the clients’ needs.
Sara R. van Koningsveld believed holism is not only the mind, body, and spirit, but as described in wellness models: as an integrated wheel. She explained that the factors outlined on the wheel models (i.e. Physical health, environment, social climate, intellect, etc.) come together like paint mixing on a palate to form the holistic self. Sara also stated that sometimes clients’ unique dimensions become imbalanced, providing a platform for therapy, which can be helpful in bringing clients back into a sense of balance. To quote Sara, “To me holism is how all of those components in the [integrative] wheel come together. It factors aspects of life, including environment and belief system. Holistic wellness can include your moral and your ethical person and being.” Sara explained,

Consider your social climate: Do you have natural supports around you? Your occupational well-being factors into holism. Is your work environment supportive of you? Is your work environment a place you feel safe; a place you feel you can grow and be a better person?

Jennifer described her approach to holism in this way,

I think holism connects conceptually different aspects of a person. So it includes physicality, it includes emotional, it includes spiritual, it can also include environmental, biological. So really looking at and understanding a person in multiple ways.

She also stated, “I encourage people to understand themselves in multi-dimensions as well because I think they all impact each other and that really becomes evident once you're really doing this type of work [dance/movement therapy]."

While there is no complete consensus on which specific contextual factors should be considered when working with clients, the overall theme is that there are factors beyond body/mind/spirit that must be taken into consideration when working holistically with a client.
Holism involves integration. Each therapist in some regard alludes to the concept of integration as being imperative to holism. As in, the therapeutic process is not just about identifying separate parts of the self, but rather integrating these parts into present experience. For example, in Anne’s experience, “I think that's really the crucial thing for me. When you integrate change, healing, processing, growth, that's where it can stick, that's where it can last, that's where it can be transformative.” Referring back to her example with the child who is hitting his sister, it is only when the body knows just as well as the brain not to hit that the hitting will stop. Her example illustrates how body movement, when used as a therapeutic modality, can be the link that connects the brain and the body so that behavior actually shifts.

Lynn Chapman describes, "I define holism as the integration of differentiated parts. It’s something more than just a bunch of different parts together. It’s the interconnectedness of them, the synergy of them into an integrated whole..."Again, just as in Anne’s example, she speaks to the synergy between parts of the self.

Another aspect of integration that was commonly mentioned in interviews was the concept of movement or change in one part subsequently effecting change in another part.

Anne stated, “You can't isolate parts of a system and have them not impact other aspects of that same system, whether it be a person, a group, a community, or the world." She then elaborated, "Even if we are digging into a particular place, we are doing it with an eye to the larger context, knowing that it's going to affect the bigger picture. Our goal is to make changes across the system, and not just a particular aspect." Anne described the impact of this concept on her work, saying that it allows her freedom to choose many different starting points for therapy knowing that any starting point will have a ripple effect to other issues. She gave the example of speaking with a client using a favorite hobby as an example in order to identify underlying
patterns of behavior or relational patterns. “There are usually similarities across experiences. If someone gets stuck in perfectionistic patterns that will show up in how she gardens as well as how she approaches her job.” Anne explained of the process, “It’s like marionette strings. Moving the strings at the top creates the same movement down below.”

Emily Rose described the importance of intention in her work,

I think that if a dance/movement therapist is really intentional about pulling from different facets within an individual and seeing it as an integrative whole being, that your client is all of these different things. They’re not just a mind and a body or a mind, body, spirit. There’s many components that make a being and that if the therapist approaches working with a client in that way then that’s where the holism of the therapy comes in, like a holistic therapy.

Emily Rose also explained that she feels that most people can sense when they are being listened to and that listening with intention is part of being whole.

Anne also alluded to the importance of intention when working holistically with a client. She states that it is good to facilitate a cathartic or expressive experience with a client using dance therapy techniques, yet, if we are not bringing intention to the moment and looking at the bigger picture, that experience could be overwhelming. In that sense, the experience, although appearing holistic from a technique standpoint, may not foster a sense of integration or holism in the client.

Lynn Chapman described the process of facilitating integration as what sets dance/movement therapy apart from many other therapy modalities. She related,

The body of the dance/movement therapist needs to be grounded and rooted in a lot of body knowledge and body awareness. The therapist continually tunes into her own
kinesthetic awareness. This is essential to facilitating clients’ processes of becoming more integrated themselves.

**Holism is a process.** Another concept that was consistent among all interviews was the general view of holism as a process as opposed to an outcome or a destination. Each therapist describes holism in a way that suggests a continuous process of self-reflection, discovery, conflict, resolution and integration. This process occurs in the context of using movement as the in-road to the psychological workings of the client. The physicality of the body moving in the present moment connects the client to his or her experience, thus allowing the client to verbally process information from the body and relate it to his or her emotional and/or cognitive experience in the present moment.

Another theme that emerged in relation to holism as a process was that the process is spontaneous. Jennifer stated, “[We are] asking people to put their thoughts, their feelings, maybe the disease process that’s going on inside of their body into movement or into a creative expression not using words or not relying solely on words.” She then described the participants’ reactions to moving, "...I get to see the direct impact we have on programs where people do movement and engage very actively in movement and come out and say things like, 'I feel so alive,' or 'I feel so relaxed now,' and that's really just spontaneous.”

Lynn Chapman went into great detail when she explained,

It [dance/movement therapy] elicits a very genuine present moment, here and now experience. And in the present moment we can intentionally become curious: ‘What’s happening? What am I feeling right now? What am I thinking right now? What body-felt sensations do I notice? How might those things be related to who I am or what’s going on?’ And we suddenly discover that holism is being lived out in the present moment—
we are supporting the client’s ability to bring awareness and connection to all their parts. Much of the time, I find that this is where the richest work is, right there in the present moment.

Lynn Chapman goes on to describe the spontaneity of dance in relation to cultural expression and a way of being together in society. She then describes how, particularly in Western society, we have become disconnected or separated from this, perhaps as a result of the values Western society ascribes to dance. She states, “I wonder if part of the struggle and part of the beauty…of dance/movement therapy is that we are returning to what was once known and what is inherently known in the body. Though, to some people, it seems like a new thing, or a weird thing, or a unique thing.”

Emily Rose described dance/movement therapy as spontaneous in nature when she relates that she uses improvisation often as a technique in sessions. She stated that this generally turns into “moving and witnessing and being with each other in the moment.” She also draws analogy to the process of holism as a spiral. "I think it's a process and I think it's kind of like a spiral. I think there are times in your life where you feel whole ...and the next week you feel separated...” Emily further stated, “And I get this like process of spiraling and feeling the wholeness and then being able to keep the cycle going. Because you change. You change your whole self. Today [may be] different [from] tomorrow.” Emily also described that tapping into her own energy is elemental to being able to be present with clients. She insisted, “It’s all about being present and being with people.”

The dance therapists interviewed agreed that holism is a dynamic process that plays out often spontaneously in the present moment. Improvisation is a tool that dance therapists use to tap into the client’s present experience on a body level.
Additional Findings

There is no single model of holism of wellness that is universal to the understanding or application of dance/movement therapy. As wellness is a topic that has been heavily researched in several arenas, I was curious to know if the dance/movement therapists interviewed subscribed to any particular wellness model or if any particular wellness models informed their work. Responses varied on this question and ranged from very vague to very specific.

One co-researcher stated that she does not subscribe to any one wellness model, rather, she pulls from several theories to gain more understanding of clients and their needs. Another co-researcher, Lynn Chapman, considered the Indivisible Self model of wellness (Myers, et al., 2000) as helpful as a foundation for her work. She appreciated this model as it is grounded in systems theory. She also mentioned Internal Family Systems theory as a guiding approach in her work with clients. A co-researcher who works with adolescents appreciates colorful wellness models that are based on the wheel concept. Sara R. van Koningsveld described one wheel model that has 7 dimensions and another that has 15. In applying a holistic wellness model to her work, Sara explained her choice of which wheel model to use is based on the needs and level of understanding of her clients. Emily Rose, who also identifies as a yoga teacher in addition to a dance/movement therapist, draws from her experience in yoga practice and teaching to inform her work.

Anne offered an interesting observation,

I think that an analogy for me in thinking about holism and wellness models is modern dance training. If you were studying modern dance 50 years ago, you would be very clear whose technique you were studying; Graham, Humphrey, Limon, Horton… But now we're several generations away from the pioneers and these techniques have become
integrated in many ways. I think that I feel similarly about things like holism or wellness models. At this point, I think there are generally two overarching ways of approaching health and well-being, reductionist or holistic, and many approaches fall under each. While these are sometimes categorized as Western vs. Eastern, there are many people who recognize that holistic or alternative or integrative medicines and approaches are certainly not exclusively Eastern.

In all, there does not appear to be a single model or method of wellness that the dance/movement therapists interviewed agreed as important guiding frameworks for their practice. In addition, I conducted a brief search using combinations of the terms dance therapy, dance/movement therapy, wellness, holism, and model and did not retrieve any results suggesting that a dance/movement therapy program or construct has been explored within the context of single or multiple wellness models.

**Dance/movement therapists have unique experiences when using holistic techniques.**

"In my experience,” stated Lynn Chapman, “I have seen it [a holistic approach] foster a sense of safety, trust, and respect in the room pretty quickly, which is great because that’s the foundation for any other work to be done." Jenifer insisted that,

Actually, right now, in my work with people who are impacted by cancer, we work in a program that has many different dimensions to it. ...we're doing movement that impacts body and mind or doing support groups and verbal processing that is impacting people's cognitions in how they're viewing themselves and how they feel. ...that's how I understand people and how I interact with them and I get to see them in different aspects related to holism and it's complete. To me, it feels complete that I'm learning and understanding about people in a very broad way as opposed to only talking to them.
DANCE/MOVEMENT THERAPY AND HOLISM

Reiterating a quote that Jennifer said earlier,

...I get to see the direct impact we have on programs where people do movement and engage very actively in movement and come out and say things like, 'I feel so alive,' or 'I feel so relaxed now,' and that's really just spontaneous. So it's really neat to see the different dimensions in people come out because of one specific aspect.

Emily Rose related,

It's when I welcome in my emotional self I think sometimes, especially when I was primarily working as a dance movement therapist, I felt like being clinical meant I had to shut part of me down...In order to make it through. And when I started to open up a little bit more and invite in my emotions to the experience is when I was able to witness people really benefit the most...

I feel in this statement Emily Rose is describing her own felt sense of holism, which does not feel complete when she is cutting a part of herself off in her work with clients. By encouraging her own holism and inviting her emotional self to the work, she witnesses greater benefit in her clients. This observation was confirmed by Emily when she agreed and then elaborated,

Sometimes my emotions feel so powerful that I am afraid of them, yet I am learning to embrace that strength as a way to connect. As I welcome emotions to the process my clients can follow and feel confident to express their emotions…it’s almost a way to validate vulnerability and assert that while lifting the veil is scary, it can also be incredibly liberating.

"Instinctually” Sara R. van Koningsveld claimed in regard to working with adolescents,

“I perceive their resistance.” Some clients, especially teens, are trying to figure out themselves. They think they know themselves, and dislike when others identify something within them.
When you are trying to have an adolescent reflect or experience or explore…to have them tap into a different part of themselves or to ask themselves questions about certain things… this can bring up their resistance.

She also described a particular example of how holism and the wellness model can be observed, I will use the example of social interaction. You ask the group to engage with one another and they have a resistance to this. Many of the teens I work with do not have strong social skills. They have not built a solid foundation in their social wellness- their ability to socially interact and build positive relationships. Using DMT, I work toward social skills nonverbally.

From her perspective, Anne argued, “Some of the things that come to mind are that it feels better: it feels better to me, it feels better to clients. There's a sense that they're understood and seen, and that they matter.” Speaking to the connection between integration and holism, Anne also claimed,

I think [the therapist] can come up with strategies from a workbook about how to do X, Y and Z, and [the client] can walk out of the door [with some great ideas.] However, if [the ideas] haven't been integrated more fully into [the client’s] system, then the change doesn't really happen.

To illustrate some specific examples of the dance/movement therapists’ experience when approaching their work with clients through a holistic lens, the following examples were chosen from the interviews. Lynn Chapman recalls two specific situations when she used a holistic approach with clients. In the first, she described working with one client who experienced high anxiety. The client felt as if she embodied anxiety, and that anxiety was her whole identity. Then one day, while verbally processing the group’s movement, Lynn remembered her client
describing herself as the color yellow. The client described this yellow color as “peaceful” and “happy.” Lynn then remembered this client verbalizing, “So I guess, you know, there’s a part of me that feels peaceful and happy.” Lynn equates this discovery with a shift in the client’s thinking—the client discovered that there are other parts of her and that she is not only anxiety. Lynn recounts her understanding of this moment as “Oh, okay. I have this other part, this part that actually feels happy and peaceful, not anxious. That’s really different. I wonder what else I feel. I wonder what other parts I have in me.” Lynn described using IFS theory to guide this client in her process of discovery, leading to the client’s greater awareness of parts of herself. Lynn then explained that, in her experience, this greater awareness leads to more choices for how to relate to the world. These new discoveries and options for relating can then be integrated in the body via dance/movement therapy techniques.

In the second situation, Lynn Chapman talks about a time she utilized the Indivisible Self Model during her work with prisoners. As a group, they explored each of the dimensions of the model and then connected the dimensions to situations that were going on in their lives. The objective of teaching the group about the model was to help clients identify ways that they could connect with themselves and with each other in the spirit of cultivating more resiliencies in their present environment. Both IFS theory and The Indivisible Self model of wellness are tools that Lynn uses in order to foster a greater sense of holism in her work with clients.

Jennifer works with women impacted by breast cancer. She has noticed that while breast cancer is a physical illness, it affects the emotional, mental, and spiritual dimensions of the self as well. She stated,

I work a lot with women who have had breast reconstruction or had chosen not to have reconstruction and so we discuss and move and do art around how they feel about that
and how their image or view of themselves as a woman has changed as a result of a biological illness and medical intervention. How other people perceive them in terms of their role as a woman...

Jennifer further explained,

We work with a lot of African-American women and also Latina women. In their culture, there's a high value on having a curvaceous figure and that impacts their health decisions and it impacts also how they feel about themselves and also how they physically carry themselves through the world in their physical body, which I also find very interesting. Jennifer believed that addressing the mental, emotional, and spiritual needs of the client within their social and cultural context is one way she fosters a sense of holism in her work with clients.

Another theme that surfaced in relation to working with clients holistically is individuality. The therapists interviewed appear to consider each client as a unique individual, with his or her own values, beliefs, identity, needs and desires. As such, what holism is for each client is defined by the client him or herself. The therapist’s role is to help guide the client to self-discovery and integration of experience through resourcing the body in times of stress, anxiety or discomfort.

As an example of taking a holistic approach to an individual client in crisis, Anne explained,

I think if somebody is in crisis and we're trying to figure out how to deal with the situation, for example, a client is suicidal and we're thinking about whether hospitalization is needed, ...I think that a holistic approach means that when we're thinking about taking care of the immediate situation, we're also thinking about doing it in a way that attends to the bigger picture. I can certainly say, ‘Hey, you're suicidal, and
you're not giving me permission to send you to the hospital, so I'm going to Section 12 you.’ Or, we can say, ‘Hey, let's take some more time and look at what this means from your perspective. Let's look at the fact that that you’re in this situation because of your pain.’

In summary, the dance therapists interviewed have varied experiences when working holistically with clients. They view clients as unique individuals with unique circumstances. The therapists described how working holistically with clients generally creates a felt sense of being seen and heard. The therapists prefer to work in a holistic manner with clients as it provides many avenues from which to approach the work.

**The therapist’s experience of holism does impact the therapeutic relationship.** All therapists interviewed were in agreement that their own experience or felt sense of holism has an impact on the therapeutic relationship with clients. Lynn Chapman related, "It [holism] has an impact on every interaction with clients.” She also described how if she is not feeling connected to her core self, or not feeling balanced, it impacts the openness that she has with her clients. She may enter sessions feeling less open and not as able to resource herself during the session.

Jennifer stated that her experience of holism has impacted her therapeutic relationships with clients by teaching her to pay attention to all aspects of her clients. She reflected that she has her own understanding of herself as multi-dimensional, which leads to the balance needed to show her clients how to achieve a similar balance. She described how she pays attention to her physical health, her feelings, and her thoughts, creatively and spiritually. Jennifer agreed with the sentiment that there is a positive relationship between having self-awareness and interacting with clients. She insisted that, as a therapist, one is not only working toward helping others
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access the different parts of their selves but also addressing feelings stored in the body, and the role spirituality can play.

In Sara R. van Koningsveld’s experience,

I find my imbalances manifest at times, especially in addressing similar holistic imbalances with clients. I may become resistant to ‘going there.’ I question: how do I acknowledge this [imbalance] for myself, but also support my client?

She further claimed that this varies from day to day, as holism is a process that is dynamic in quality and constantly shifting. She explained in working with adolescent clients,

I try to be very transparent without sharing details of my own experiences but acknowledging what components [wellness dimensions] might be more difficult for me.

I acknowledge that I am human too and moving with them [clients] is a learning process for me as well.

“Absolutely,” Anne argued, “It happens both consciously and unconsciously, I think.

...the more that we're paying attention to ourselves and our needs for our overall health and well-being on all levels, across all domains, the more holistically we’re engaging.” Anne further suggested, "I know that on a day that I'm tired, I have a different level of energy and capacity to tap into my own resources as a therapist. I can watch that play out, and I can also make decisions about how to manage the work.” She stated that there are also days when it is more unconscious, and she may have little awareness of how distracted she is. In essence, Anne is saying that her experience of holism, whether conscious or unconscious, impacts the therapeutic relationship and that the more conscious awareness that she has the more she is able to manage her experience for the client’s benefit.
All therapists were in agreement that their personal experience of holism does in fact impact the therapeutic relationship, and, having a multidimensional understanding of themselves helps them be open and curious with clients.

**Techniques dance/movement therapists use to encourage holism.** Just as there was no one particular model the dance therapists interviewed agreed upon when describing their theoretical approach to holism, there was also no one set of agreed upon techniques for encouraging holism in their work with clients. Some of the techniques mentioned were engaging the patterns of connectivity; sensory techniques such as tapping, patting, brushing, and rubbing; breath work; and mindfulness techniques.

Lynn Chapman described a wellness plan that she created to make herself a better clinician. She organized the model by dimension: vertical, horizontal, and sagittal. Vertical integration is body and mind. Horizontal integration is left brain, right brain. Sagittal is extroversion and introversion. Lynn engages these dimensions through movement practices to bolster her own wellness as a clinician. She also uses elements of her model with clients, either implicitly or explicitly. For example, she may consider the vertical dimension when using movement interventions such as tapping, brushing, patting, and rubbing to increase clients’ body awareness and foster bottom-up experience in the present moment.

Jennifer defined another approach using body sensations as the in-road to thoughts and feelings when working with clients with breast cancer,

What does your body physically feel like and then what thoughts are coming up for you and what emotions are coming up for you and those are actual interventions that I use. It's really to bring awareness to that physical body and have clients notice that which is …very much a dance/movement therapy technique.
Jennifer described joining her clients in movement and using mirroring techniques to help increase clients’ self-awareness as well as strengthen the therapeutic relationship.

Emily Rose pronounced her technique as relying heavily on improvisation and using the mover/witness technique. She also draws from her yoga background and encourages clients to embody the qualities of each pose, for example, mountain pose. She may also use imagery to guide clients’ exploration of moving or embodying a particular pose, and then use their observations and experiences to make connections to what is adaptive/therapeutic about the experience. She added, “I invite people to have a conversation with their body while embodying postures. For instance, checking in with “what’s happening now?” as a method of illuminating what’s presently happening with the body/mind/spirit.”

Sara R. van Koningsveld identified Laban Movement Analysis as the foundation for a variety of techniques she uses with clients. Using the dimensional scale to connect a client to oneself in the present moment, she articulated,

I think of it [the dimensional scale] as a very holistic tool. Within the scale, movement happens in primary directions, but you always come back to yourself. It’s about that integration of everything but also the grounding and centering that comes from moving in the scale… it’s concrete in this way. She also mentioned introducing the Laban concept of effort to clients as a learning tool to support clients understanding and connecting with the nuances of their nonverbal communication. She argued, “Every movement has some sort of meaning behind it; within our holistic being." Sara also described using traditional Chacian techniques such as body action, rhythmic group action, mirroring, and the circle formation. She said of the circle,
I have used a circle formation, as identified by Chace, to just bring them [clients] together and show them they are not alone. It [the circle] is helpful in having the clients interacting with one another. They are encouraged to use verbal processing to talk about their experiences.

Anne felt that there is not a dance/movement therapy technique that she would not consider holistic. She cautioned however that intention and integration are crucial components of what makes a technique successfully holistic,

I can't think of a dance/movement therapy technique that I wouldn't consider holistic. It might be when using more verbal intervention than movement, it might be that you are less holistically focused, whether by choice or not. But, I actually feel that sometimes you can use non-verbal techniques that are actually less holistic than they might seem. For example, I think that we can facilitate a cathartic or an expressive experience with somebody, using dance therapy techniques or other creative arts interventions, or other traditional talk therapy techniques. [Concerning trauma] I think that sometimes actually being too big or too broad, or too fast or too expressive, or too cathartic, is actually a way in which we can be not holistic.

In essence, Anne is saying that if we are not cognizant and intentional about the interventions we choose, we run the risk of overwhelming the client to the point that they are unable to integrate their experience, thus turning a holistic dance/therapy technique into something that is not holistic for the client. From a neuroscience perspective, a holistic dance/movement therapy intervention would address the emotional experience or catharsis occurring in the amygdala/reptilian brain while simultaneously engaging the frontal lobe via tracking one’s experience in the present moment (Siegel, 2007b).
In summary, dance therapists use a variety of techniques to work holistically with clients. Some techniques mentioned included sensory-based techniques such as brushing, patting, tapping and breath work. Other techniques mentioned were engaging in patterns of connectivity, improvisation, mover/witness, and Laban movement analysis. The intention behind choosing a particular technique is essential to fostering an experience that is truly holistic.

**Communication matters.** At the culmination of each interview with the co-researchers, I asked the following question: “What are some things a dance/movement therapist could do or say that would “sell” dance/movement therapy as a holistic therapy to other health care practitioners?” The intention behind this question was not to include their responses in the final definition of holism, but rather to start a conversation about how dance/movement therapists communicate and describe dance/movement therapy to other health care practitioners and stakeholders.

Often times, the environments in which dance/movement therapists work are fast-paced and face-time with doctors and administrators who make program and financial decisions is limited. I wanted to see if it is possible to create an elevator speech that dance/movement therapists could use to describe how DMT is a holistic therapy quickly and accurately and in a way that combines theory and science for maximum impact. While I was unable to successfully identify that quick speech, I feel it is still important to capture the co-researchers’ responses in the hopes that the data will serve as catalyst for further discussion.

Lynn Chapman said that it is important to first to know your audience. She then goes on to suggest that dance/movement therapists use neuroscience and the research from other multi-disciplinary platforms to support their work. She described how dance/movement therapists could capitalize on their deeper knowledge and understanding of techniques such as mindfulness...
and deep breathing. While other wellness professionals may recommend such techniques, they may have no knowledge as to why these techniques are helpful from a physiological and/or psychological standpoint. Lynn argued that she is less clear about how to describe the dance and art aspects of DMT.

Jennifer thought that she has to describe DMT often in her work in a large medical institution with patients impacted by cancer. She reflected,

One thing that we talk about in selling our program is that the bio-psychosocial support for oncology patients is vital. That the body/mind/spirit are really connected and so the [patient’s] state of mind is really important when you’re [the patient] going into treatments or deciding not to continue treatments.

She further claimed, in regard to dance/movement therapy, “I’m not just able to understand people through talking, but I’m trained in understanding the messages the physical body is telling me through observation and analysis.” She describes her sell for dance/movement therapy as such,

Hi, I’m a [dance/movement therapist]. I believe that our bodies and our minds and our spirits are connected and that’s how we present ourselves in the world and that’s how I will interact with you. This isn’t just talking, just moving, or just about spirituality. That’s how I understand people and those dimensions are all real. We all have them and they impact each other…We’re not just paying attention to test results or blood work or cap stands but we’re looking at how people feel while they’re getting treatment or what they want their life to look like… the patient is the one who knows their body best, and I try to really empower my clients to pay attention to that because that is vital information.
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She likes to encourage patients to notice if something does not feel right and to bring that information to their medical providers.

Emily Rose is currently working in a non-clinical health and wellness setting. She has observed that the physical fitness aspect is “very alive and thriving” but the wellness aspect feels like “uncharted territory.” Emily says that in trying to explain creative arts therapy or dance/movement therapy that taking people through an experiential might be helpful in differentiating how dance/movement therapy is different than just the physiological aspect of health.

Sara R. van Koningsveld suggested that dance/movement therapists become knowledgeable enough about neuroscience and neurobiology to be able to talk about the basics and how the body/mind/spirit are integrated. She stated, “The way we are within the world, the way we present ourselves, the way we move, the way we express, are all reflective of our holistic being.” She suggested that if dance/movement therapists embody and believe in dance/movement therapy as a foundation and process for integration we will speak about it more passionately, thus generating more interest and influence.

Anne believed that dance/movement therapists first of all claim dance/movement therapy as a holistic approach. She also suggested that as a profession it might be useful to think about the language we use and enlist the dance/movement therapy community and American Dance Therapy Association for guidance in developing ways to promote that language. She also suggests that dance/movement therapists think about defining holism for themselves, both as individual therapists and as a community. She cautioned about the use of phrases and words such as body/mind connection, alternative, integrative, and holistic, as these have varying meanings across a wide range of disciplines and can be interpreted in many different ways. Anne
encouraged a conversation among dance/movement therapy professionals not just about holism, but about all these words because they are all being used to describe dance/movement therapy.

In summary, all co-researchers felt it is important to explore holism in the context of our profession and as individual practitioners. There was much emphasis placed on having a basic understanding of the science supporting the mind/body/spirit connection and process of integration.
Chapter Five: Discussion

In some ways, my research question was misguided. I set out on this journey to find an operational definition for the term holism as it applies to dance/movement therapy. What I discovered in the process of conducting this research is that, very similar to holism itself, it is not a precise definition that is important, but exploring the process, or the how. In my desire to illuminate the experience of holism, ironically, I began this research with a mindset more characteristic of a reductionist approach. I wanted to know, exactly, what is holism? What does it look like? As the study unfolded, what I discovered is that the process is much more significant than the definition itself. Once I came to this realization and looked to the process as a guide, possibilities emerged that were otherwise unseen. Although I have described my findings as a definition, a rich description might be more appropriate.

This said, the co-researchers interviewed offered some very insightful information that I believe could help guide future research in dance/movement therapy and holism. In this section, I will revisit the co-researchers’ arrived upon definition of holism and relate these findings to the current literature in holism and dance/movement therapy theory and practice. Furthermore, I will introduce my vision and suggestions for merging theory and application in dance/movement therapy and wellness. Additional findings, limitations of the study, and suggestions for future inquiry will be addressed. Finally, I will attempt to articulate the need for dance/movement therapists in corporate wellness environments as well as describe the knowledge and skills that make dance/movement therapists uniquely suited for this work.

Co-Created Definition of Holism

According to the results of this study, holism, in the context of dance/movement therapy is a dynamic process that involves the integration of the body/mind/spirit through exploratory
expressive movement while taking into account contextual factors including but not limited to biological, social, cultural, environmental, economic, and relational. Within the therapeutic relationship, holism is self-determined by the client and supported physically, creatively, and empathically by the dance/movement therapist through intentional body-based interventions and verbal processing. The desired outcome of a holistic DMT intervention is to integrate the client’s body, cognition, and felt experience into a synergistic whole in service of increasing the client’s self-awareness, choice, ability to resource the body in times of distress, and thus capacity to respond flexibly to his or her environment.

**Dance/movement therapy is a holistic therapy modality.** Review of the literature and the data from this study strongly suggest that dance/movement therapy is in fact a holistic therapy modality. In the literature, holistic practices are described as those that factor in the total person—body, mind, and spirit—within the context of the individual’s culture, society, environment, and relationships (Epstein & Lemberger, 2009; Myers & Sweeny, 2005; Reese & Myers, 2012). The focus of holistic practices is interconnectedness and functioning rather than separateness, disability, or pathology. Marion Chase, considered by most to be the mother and founding pioneer of DMT, used this approach when working with patients at St. Elizabeth’s Hospital (Chaiklin & Schmais, p. 77). She developed her sessions using movement, imagery, and theme-oriented action to engage patients in the experience of their present moment (Levy, 2005). Her focus was on the patients’ embodied experience and what they can do, rather than their pathology and limitations (Levy, 2005). The co-researchers in this study described a similar approach when working with clients.

Holistic practices seek not to cure or fix an illness or pathology, but rather to address the individual within the totality of his or her unique human experience (Epstein & Lemberger,
Meaning making refers to how the individual thinks and feels about his or her illness and is just as important as symptomology (Epstein & Lemberger, 2009). Holistic practices recognize that there are aspects of health and healing that cannot be measured (Grant, 2012). A holistic view of treatment is one in which the individual can achieve health and healing even when illness or pathology is present (Epstein & Lemberger, 2009). Holistic practices seek to actively involve the individual in treatment. In other words, the individual is a participant rather than a patient (Epstein & Lemberger, 2009).

These characteristics of holistic practices are strongly echoed in the data from the co-researchers’ interviews. The co-researchers described holism as a process—as opposed to a destination or end point—in which individuals can interact, engage, and make meaning of their symptomology. The dance/movement therapist’s approach to treatment is to identify what is working as opposed to focusing on what is going wrong. The therapeutic relationship creates space for individual choice and encourages the participant to take an active role in treatment. According to the co-researchers this process can happen verbally and/or nonverbally and often includes engaging in creativity and working with culturally relevant imagery. The role that empathy plays in the healing process is underscored. The co-researchers interviewed also hold the belief that health and healing can occur even in the presence of illness and dysfunction. This was reflected in many of the case examples that they shared. It also brings to mind the ways that dance/movement therapists work with individuals living with chronic pain (Goodill, 2005a, pp. 114-115). The dance/movement therapist works with the client to engage with the pain and helps guide the client to resource the body in times of distress. Essentially, the dance/movement therapist helps the client develop the skills to be an active participant in the process as opposed
to a passive bystander, which in turn empowers the client and alleviates feelings of being a victim.

**Holism includes body/mind/spirit.** The vast majority of the literature on holism includes some reference to the body/mind/spirit (Foster and Keller, 2007). Three models of wellness were introduced in greater detail in this study: The Indivisible Self Model of Wellness (Myers & Sweeny, 2005), the EcoWellness model (Reese & Myers, 2012), and the Reorganizational Healing Model (Epstein, Senzon & Lemberger, 2009). All include the body/mind/spirit as core dimensions of the self. The ROH model describes the integration of the self as, “an inherent wisdom that manifests as the body, emotion, mind, soul, and spirit” (Epstein, Senzon & Lemberger, 2009, p. 477).

The benefit of dance/movement therapy interventions to support the integration of the body/mind is key in making the argument that dance/movement therapy is a holistic practice. Warren Lamb, a colleague of Laban, describes the relationship between emotions and movement phenomenon as the posture-gesture merger—when the emotional experience driving the movement is reflected in the entire body (Bartenieff, 1980, p. 111). Integrated psychological functioning is reflected in integrated body movement. Dis-integrated psychological functioning results in incongruent body movement (Bartenieff, 1980, p.111). A co-researcher in this study describes how she uses physical interventions to gain knowledge of a client’s emotional/psychological experience and how the client’s emotional/psychological experience then impacts their biology. This mirrors Sheets-Johnstone’s (2009) assertion that examining and understanding our own physical experience in relation to our emotional experience is vital for personal growth. She states, “In doing so, it has the possibility of enlightening us about how
thinking in movement is at the core of our sense-making lives…” (Sheets-Johnstone, 2009, p. 11).

Based on the observations from the co-researchers in this study, dance/movement therapy appears particularly well suited to address the spiritual aspect of the individual, as well. The spiritual dimension, from a research perspective, remains rather elusive (Grant, 2012, p. 101). The spirit has yet to be identified or quantified in any conclusive manner. From my perspective, it is the part of us as human beings that makes us who we are-- an intangible essence or energy that drives our motivations and behavior. It is the part of us as humans that is able to transcend all physical limitations and connects us to each other and to our purpose in the larger universe.

Several of the co-researchers in this study referred to the dance in dance/movement therapy as the spiritual aspect of our selves that is innate, although often forgotten. When we connect to the dance within our bodies, we are in a sense re-remembering what is natural and whole about ourselves. Dance/movement therapists are trained to enter the client’s experience via attuning to the client’s body signals, while simultaneously engaging with their own. The dance/movement therapist enters into the therapeutic relationship with unconditional positive regard for the client and openness to mutual exploration and discovery. It is this approach that Emily Rose referred to as “inviting in the spirit.”

The body is a record of everything that has happened in a client’s life (Sheets-Johnstone, 2009). The body tells a story that words alone cannot tell. As the dance unfolds, the dance/movement therapist may uncover clues as to the etiology of the symptoms that the client is experiencing. The dance/movement therapist invites the wise, spiritual aspect of the client’s self into the dance and uses her keen observation skills to identify strengths that the client may not know he or she had. In this way, the dance/movement therapist works through the body while
processing emotional and cognitive material in service of inviting and resourcing what is inherently wise and whole in the client. From their training in dance/movement therapy, the coresearchers understand that they can intervene in any dimension; body, mind, or spirit, and effect change in the whole.

**Holism includes contextual factors.** Although it is not consistent across all paradigms, the current models of health and wellness include contextual factors in their descriptions of holism (Epstein et. al., 2009; Myers & Sweeny, 2005; Reese & Myers, 2012). Holistic practices view humans as organic, complex systems that affect and are affected by their environments. In addition to the body/mind/spirit, the new models of health and wellness include factors such as social support, culture, environment, socioeconomic status, demographics, and occupational wellbeing. When working with a client holistically, these factors would be considered in the client’s treatment plan.

From the dance/movement therapy literature, Sheets-Johnstone described movement within the context of our heritage and culture. Our body movements and patterns of moving are highly influenced by our heritage, culture, and the environments in which we grow up. She argued,

… However differently expressed, all humans of whatever culture feel sadness; however differently expressed, all feel fear, and so on. No matter how differently cultures shape our emotions, specify how close we are to stand in conversation with one another, and so on, and no matter how much language culturally separates us, no matter, in other words, all the various and multiple ways in which cultures shape our feelings and undergird our social interactions, what is evolutionarily given is the ground floor. (Sheets-Johnstone, 2009, p. 13)
Holistically viewing movement in this way, as a reflection of our inner experience and culture heritage, is in stark contrast to studies of movement or biomechanics that solely observe and analyze movement for function. While there is certainly a need for examining movement from a functional perspective, the dance/movement therapist takes a more holistic approach in viewing movement as functional, as well as expressive (Hackney, 2002). Dance/therapists use dance to enhance the expressive nature of movement and also tap into creative expression (Levy, 1992). One co-researcher described this as encouraging the client’s understanding of his or herself in multidimensional ways. Another co-researcher elaborated that this approach can help clients identify through movement where there might be imbalances in their lives and what resources they have available from a body standpoint—and also a social/environmental standpoint. The dance/movement therapist is trained to intervene in ways that the client can feel the most supported—whether they are physical, emotional, cognitive, or social/environmental.

**Holism is a process.** Of particular significance is Daniel Siegel’s definition of the mind in relation to the body. Siegel (2009) stated, “The mind is an *embodied* and *relational* mental process regulating the flow of energy and information; it is experienced in relationships with others, and those continual social connections shape the brain’s neural connections” (Siegel, 1999, emphasis added, p. 2). It is widely accepted among holistic practitioners that the mind and the body have reciprocal influence and impact on each other. In this way, they are viewed not as separate entities, but as a process.

This process occurs in relationship with other minds (Siegel, 1999). As human beings, we are naturally social creatures. Our minds seek out other minds for information, validation, safety, pleasure, connection, and general stimulation. It is through our early interactions, or attachments, with caregivers that our minds begin to lay down neuropathways for interacting with and relating...
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to the world (Siegel, 2009). These pathways, or patterns of thoughts and behavior, may be helpful or harmful in later stages of development, but they all served the purpose of survival at the time they were developed.

According to the co-researchers, it is the process of self-reflection, discovery, conflict, resolution, and integration that ultimately results in healing. In other words, holism is not a destination to be reached, but an ongoing journey set in the context of relationship. The co-researchers described using the body and movement in the present moment as the in-road to the psychological and cognitive process. The physicality of the body moving in the present moment connects clients to their felt experiences, thus allowing them to verbally process information from the body and relate it to his or her emotional and/or cognitive state.

The co-researchers interviewed also described this process as a spontaneous unfolding. The mind can be in the future or in the past, but the body can only be in the present moment. Moving the body connects the individual to his or her here and now experience, and the result is information and expression that can only be gleaned by engaging spontaneously in the moment. This spontaneity lends an element of authenticity to the work that can only be achieved by astute observation of the dance unfolding.

The therapists’ view of holism as a process strongly echoes my own observations and experience when working with clients through a holistic lens. One of the pain points I have as a wellness professional is that holism in the health and wellness field is often prescriptive. Meaning, if a person can check off certain behaviors, for example, eating healthy, exercising, abstaining from smoking, getting 7-8 hours of sleep, then that is perceived as taking a holistic approach to wellness. Even in wellness programs that take into account other dimensions of the self, such as practicing gratitude and positivity for emotional health or defining purpose for
spiritual health, the behaviors are clearly defined and are often incentivized by monetary reward or reduced insurance premiums.

These types of programs attempt to distill health and wellness into a set of pre-defined behaviors that can be measured objectively. In this approach, the critical piece of holism that is missing for me is the process. In my belief, it is the integration of the change process-- not the outcome or specific behaviors-- that is essential to long-term behavior change and/or optimal functioning. In dance/movement therapy, I feel the uniqueness of the individual’s journey is honored through spontaneous creative expression and that dance/movement therapists are uniquely trained to foster an integrative mind/body/spirit experience for the client. In addition, it was found in this study that the definition of holism is self-determined by the client, dynamic, and supported by the dance/movement therapist.

**Holism involves integration.**

Integration was a theme that ran consistently throughout the interviews with the co-researchers. Lynn stated, "I define holism as the integration of differentiated parts. It’s something more than just a bunch of different parts together. It’s the interconnectedness of them, the synergy of them into an integrated whole..."

According to the literature, integration is defined as the linkage of differentiated parts of a system, such as thought with feeling and body sensations with logic (Siegel, 2010). Daniel Siegel (2010) identifies integration as “the essential mechanism of health as it promotes a flexible and adaptive way of being that is filled with vitality and creativity.” Siegel goes on to describe that in relationship, “integration entails each person’s being respected for his or her autonomy and differentiated self while at the same time being linked to others in empathic communication” (para. 5). He claimed that integration is vital to higher order functions such as insight, empathy,
intuition, and morality. Siegel has identified three forms of integration that he refers to as coherent mind, empathic relationships, and integrated brain.

In order to achieve these states, the brain must be re-wired from patterns that are not serving the individual to patterns that lead to greater health and wellbeing. This is possible through neuroplasticity, which states that with conscious effort and attention, the flow of energy in the brain can be shifted (Siegel, 2010). The more these new patterns are repeated and reinforced, the stronger the new neuropathways become—eventually turning a temporary state into a lasting trait (Siegel, 2010).

Siegel (2007b) described the practice of mindfulness as a tool that can lead to improved immune function, enhanced clarity, and possibly increased empathy and relational satisfaction. Mindfulness involves bringing intention and awareness to the flow of energy in the brain, namely our thoughts and emotions. Mindfulness requires a conscious detachment to our thoughts. In other words, noticing them without assigning meaning or judgment. In this way, we avoid top-down processing of the brain- that often leads to anxiety about the future or past- in favor of bottom-up processing which begins with focused attention on the present moment. Through mindfulness training, “it becomes possible to disengage automatically coupled pathways” (Siegel, 2007a, p. 260). “With this new skill, the mind may create an important ability to free itself from the enslavements of prior learning” (Siegel, 2007a, p. 260). Siegel also argued that even the notion of changing one’s mind is often a revelation for many people.

Dance/movement therapy is by nature an excellent tool for engaging mindfulness. Dance/movement therapists spend years of training tuning into their own body signals as individuals and in relationship. DMT is uniquely suited to engage bottom-up processing through working with bringing the client’s present awareness and focus to his or her body signals. For
example, dance therapists use Laban’s diagonal scale to engage movement in the vertical, horizontal, and sagittal planes (Hackney, 2002). While moving through points on the scale, the mover will always come back through the core each time engaging cross-laterality (Hackney, 2002). Concurrently, the dance/therapist will encourage the mover to keep track of any thoughts or feelings he or she may experience. In this way, dance/movement therapists train the client to come back to themselves in times of distress while resourcing the body—thus shifting the brain away from top-down processing.

Through movement, the client can explore new ways of moving and relating in the world in a safe environment. New ways of moving create new neuropathways (Karpati et. al. 2014). If repeated enough, the ultimate outcome is a shift in the flow of energy in the body and brain (Karpati et. al. 2014). To reiterate Siegel, “With this new skill, the mind may create an important ability to free itself from the enslavements of prior learning” (Siegel, 2007a, p. 260). In this way, dance/movement therapists help clients become unstuck from their disintegrated patterns of functioning and relating.

**Dance/Movement Therapy and Wellness Models**

As a reminder, holism is the philosophical theory that the whole is greater than the sum of its parts while wellness is the state or condition of being in good physical, mental, emotional, and/or spiritual health. Wellness can also refer to an industry in the health care field, often termed health and wellness. Well-being is another term often used to describe a state of wellness in an individual.

On the whole, dance/movement therapy and the Reorganizational Healing (ROH) model of wellness share many of the same core concepts and operating principles although they may use different language. Both dance/movement therapy and ROH seek to honor the individual in
his/her change process and consciously restore the individual to a new, higher baseline of integration and functioning. Both dance/movement therapy and ROH take the approach to well-being that it is a journey rather than a destination and is highly unique to each individual. Instead of prescribing a set of criteria for holism and well-being, dance/movement therapy and ROH operate under the premise that holism and well-being can be achieved even in the presence of illness or disease and regardless of any limitations or challenges the individual might face. Both dance/movement therapy and ROH have strong roots in body-based research and take the view that there is a reciprocal relationship between the body and the mind. Finally, both dance/movement therapy and ROH support the inclusion of the body/mind/spirit as well as contextual factors such as social support and environment when working with clients.

The dance/movement therapists interviewed for this study collectively agreed that dance/movement therapy is a holistic therapy that includes body/mind/spirit and extends beyond to contextual factors such as environment and social support. The themes that they identified as essential to holism appear to be echoed in within the framework of the ROH model of holism and wellbeing.

**Implications for Dance/Movement Therapy**

This study should be considered an exploratory effort in identifying a definition and a model of holism that will support dance/movement therapy. Any connections made between ROH and dance/movement therapy are solely my suggestions and are not representative of the dance/movement therapy community as a whole. This said, ROH appears to be a solid framework from which dance/movement therapists could operate when working holistically with clients.
It is my hope that this research will invite a conversation in the dance/movement therapy community about holism and wellbeing and what it means for the field as a collective. It is also my hope that dance/movement therapists will be inspired to question their own views of holism and wellbeing in the spirit of bringing conscious awareness to the process.

Finally, it is my desire that this reflection will enable dance/movement therapists to talk about holism from an informed place with other health care practitioners, and thus, be able to articulate how dance/movement therapy is similar to or distinguished from other alternative, complimentary, or creative arts therapies.

Although I did not specifically explore any connections to Internal Family Systems theory, it seems logical that IFS and ROH are complimentary. This may be worth exploring for dance/movement therapists that identify IFS as a guiding influence in their work.

**Limitations**

A limitation of this study as was previously mentioned is that my original research questions were somewhat misguided. While I started out to find a consensual definition of holism appropriate for the field of dance/movement therapy, I soon realized after I began the data analysis and results section that the process of holism is much more relevant to the co-researchers than a precise definition. The co-researchers in this study did agree on several themes throughout the interviews, and yet incorporating each theme into a single definition felt overwhelming and, frankly, not as important as giving each co-researcher a platform to have her voice heard about the process. It was in the discussion of the process that the true richness, depth and breadth, was revealed. This limitation was addressed by including their insights in the discussion section along with recommendations inspired by their contributions.
Concurrently, I feel that the study would have been more fruitful had I focused on one particular model of holism, ROH, and elicited feedback about the model from the co-researchers. The connections made between dance/movement therapy and ROH were solely my own and would be more meaningful with input from co-researchers. Again, I feel I was focused on the wrong research question, and instead of attempting to define holism broadly, would have been more successful had I taken a more focused approach on dance/movement therapy within the context of one model.

In addition to these limitations, the sample size of interviewees was very small. More interviews would have provided more information and context, giving more weight to the results. Also, with the exception of one co-researcher, all were trained and associated with Columbia College Chicago. Therefore, results could be skewed in the sense that dance/movement therapists with similar backgrounds and training might tend to think alike. For example, Daniel Siegel’s work is integral to the dance therapy curriculum at Columbia College, which may influence the responses of Columbia College students. Interviewing more students with differing backgrounds would perhaps impact the results. Lastly, though it is not unusual in the field of dance/movement therapy, all co-researchers were female, and gaining male perspective could certainly influence the results.

**Suggestions for Future Research**

This study only begins to scratch the surface of the potential for research into holism and dance/movement therapy. As holistic, complementary, and alternative therapies are gaining popularity, DMT definitely has a stake in this arena. In addition, as the field of health and wellness grows, so does the potential for creating jobs for dance/movement therapists in this field. More research needs to be conducted to continue to examine how dance/movement therapy
is a holistic therapy, what it looks like in practice, and how dance/movement therapy can benefit or be an asset to much of the work already going on in somatic and body based practices.

There is much research that has been conducted and is ongoing about the benefits of dance/movement therapy in addressing complex disease processes such as cancer, traumatic brain injury, trauma, and mental disorders. Dance/movement therapists have long worked clinically with patients at managing the disease process. I would like to see research expanded to include how to keep healthy people healthy, thus preventing diseases of the body/mind in the first place. As a professional in the health and wellness field who also has a background and training in dance/movement therapy, I see a great need for this type of work, particularly in corporate America. Perhaps research into body-based stress management programs or conflict management—two issues that are concerns for employee engagement—would be fruitful. In addition to corporate America, there appear to be opportunities for dance/movement therapists to grow into the areas of community health and academia. Expanding research into holism, health, and wellness may provide dance/movement therapists with the ability to talk about how their unique skills can contribute to this emerging field, thus increasing employment opportunities for those who wish to expand into non-clinical practice.

Finally, more research about how to sell dance/movement therapy as a holistic therapy modality to other health care practitioners and stakeholders is recommended. With many organizations focused on return on investment (ROI), it is vital that dance/movement therapists be able to own and communicate their value. Establishing clarity about the ways in which dance/movement therapy is in fact a holistic therapy and supports well-being may lead to a more organized, consistent language for communicating the value of dance/movement therapy to
stakeholders and fellow professionals in order to expand opportunities for dance/movement therapists to work in the field of health and wellness.
References


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DANCE/MOVEMENT THERAPY AND HOLISM


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Appendix A

Definition of Terms

Holism

Holism is the philosophical theory that the whole is greater than the sum of its parts. Mirriam-Webster defines holism as, “A theory that the universe and especially living nature is correctly seen as interacting wholes (as of living organisms) that are more than the sum of elementary particles. In practice, it is taking into account physical, mental, emotional, social, and environmental factors, among others, when treating an individual.

Holistic

Holistic is a term used to describe any type of treatment or intervention that takes into account the whole of a person rather than the dissection into parts. For example, holistic medicine attempts to treat both the mind and body.

Wellness

Wellness is a state or condition of being in good physical, mental, emotional, and/or spiritual health. Well-being is another term often used to describe a state of wellness in an individual. Wellness can also refer to an industry in the health care field, often termed “health and wellness.”

Body/Mind Connection

The relationship between the mind and the body is a process or a continuum, in which neither the mind nor the body are separate entities (Bateson, 1976; Rossi, 1993). In other words, our experience of our environment is embodied, and not compartmentalized into a distinct body or mind experience. Daniel Siegel states, “The mind is an embodied and relational mental process regulating the flow of energy and information; it is experienced in relationships
with others, and those continual social connections shape the brain’s neural connections” (Siegel, 1999, emphasis added, p. 2). It is widely accepted among holistic practitioners that the mind and the body have reciprocal influence and impact on each other. Concurrently, the body/mind connection has great significance in the theory and practice of dance/movement therapy.

**Mindfulness**

Mindfulness is a term that is used to describe a cognitive awareness of one’s sensory experience in the present moment (Kabat-Zinn, 2003). Being “mindful” involves being cognitively aware of the body/mind continuum in the present moment; aware of thoughts, feelings, and body sensations, without ascribing judgment to the experience (Kabat-Zinn, 2003).
Appendix B

Columbia

Informed Consent Form
Consent Form for Participation in a Research Study

Title of Research Project: Holism and Dance Movement Therapy: A Phenomenological Study
Principal Investigator: Laura Miller, M.S., CSCS
Faculty Advisor: Kim Rothwell, MA, BC-DMT, LCPC
Secondary Faculty Advisor: Laura Downey, BC-DMT, LPC, GL-CMA
Chair of Thesis Committee: Laura Downey, BC-DMT, LPC, GL-CMA

INTRODUCTION
You are invited to participate in a study to create a working definition of the term holism as it relates to dance movement therapy and counseling. This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known risks, inconveniences or discomforts that you may have while participating. You are encouraged to take some time to think this over. You are also encouraged to ask questions now and at any time. If you decide to participate, you will be asked to sign this form and it will be a record of your agreement to participate. This process is called ‘informed consent.’ You will receive a copy of this form for your records.

You are being asked to participate because you have been identified as a practicing registered dance therapist and/or board certified dance therapist who may have an interest in holism and wellness.

PURPOSE OF THE STUDY
The purpose of this study is to identify and describe how dance therapists view and practice holism in order to create a working definition of the term as it pertains to dance movement therapy. You may choose to have your name identified with the study or to use an assigned pseudonym.

PROCEDURES
1. Sign and date the consent form.
2. Consent to use your name in the study OR chose to be identified by an assigned pseudonym.
DANCE/MOVEMENT THERAPY AND HOLISM

3. Schedule a 45 minute interview with Laura Miller. Interviews may be in-person, or via phone or Skype. Interviews will be audio recorded.
4. Schedule a second or third interview within the specified time frame (to be determined by the researcher) to review transcripts and/or clarify key statements. Maximum participation time should not exceed 1.5 hours over the course of 3 months.

POSSIBLE RISKS OR DISCOMFORTS

We believe there are no known risks associated with this research study; however, a possible inconvenience may be the time it takes to complete the study. In addition, you will have the opportunity to review and approve/disapprove/request deletion of any excerpts from the interview(s) at any time prior to inclusion in the thesis.

POSSIBLE BENEFITS

You may not directly benefit from this research; however, we hope that your participation in the study may contribute to the field of dance movement therapy.

CONFIDENTIALITY

Confidentiality means that the investigator will keep the names and other identifying information of the research participants private. The investigator will change the names and identifying information of research participants when writing about them or when talking about them with others, such as the investigator’s supervisors.

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

1. All data will be stored in a locked, secure file cabinet and/or in password protected computer files in the researcher’s home office.
2. All electronic files containing personal information will be password protected.
3. Information about you that will be shared with others will be unnamed to help protect your identity unless you have given written permission to use your name for direct quotes.
4. No one else besides the investigators will have access to the original data.
5. At the end of this study, the researchers may publish their findings. You will not be identified in any publications or presentations unless you wish to wish to be identified.

RIGHTS

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

Take as long as you like before you make a decision. We will be happy to answer any question(s) you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact the principal investigator Laura Miller 773-885-9894 or the faculty advisor Laura Downey 312-369-8617. If you have any questions concerning your rights as a research subject, you may contact the Columbia College Chicago Institutional Review Board staff (IRB) at 312-369-7384.
COST OR COMMITMENT

• You may participate in the program on your own time without monetary compensation from the College.
• The only cost associated with the program is your time. Expect to commit to 1.5 hours over a period of 3 months for interviews.

PARTICIPANT STATEMENT

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

_______________________  ___________________________  __________
Participant Signature     Print Name:               Date:

Please check one:

I wish to use my full name to be identified with the research.  [ ]
I wish to use a pseudonym to protect my identity.     [ ]
I will decide later.                                   [ ]

_______________________  ___________________________  __________
Principal Investigator’s Signature               Print Name:               Date
Appendix C

**Interview Questions**

**Background Questions:**

1. Do you consider dance/movement therapy to be a holistic therapy?
2. How would you define holism?
3. Are there any models of holism or wellness that inform your work?
4. What does it mean to you to say that dance/movement therapy is a holistic therapy?

**Textural Questions:**

1. What have you experienced when you have taken a holistic approach in your sessions with clients?
2. Has your own experience of holism ever impacted the therapeutic relationship?

**Structural Questions:**

1. In what contexts or situations have you used a holistic approach?
2. What specific DMT techniques, your own or others, have you used to foster holism? Has holism fostered DMT techniques?
3. What are some things that dance/movement therapists could do or say to be able to describe DMT as a holistic therapy to other health practitioners? In other words, how can DMTs “sell” DMT as a holistic therapy?
4. Do you have any other thoughts or ideas you would like to share about DMT and holism?