A CIRCLE DANCE IN A PSYCHIATRIC SETTING:

CAN A CIRCLE DANCE INTERVENTION DECREASE LEVELS OF DEPRESSED AFFECT AMONG PATIENTS WITH MENTAL HEALTH ILLNESSES AND, IF SO, WHAT ASPECT OF THIS DANCE IS MOST SIGNIFICANT?

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Contents

Abbreviations

CTAM	Comunitat Terapeutic Arenys de Munt (Therapeutic Community in Arenys de Mar, Catalunya.)
CSM	Centro de salud mental (health centres for mental health patients)
DMT	Dance Movement Therapy
KMP	Kestenberg Movement Profile
LMA	Laban Movement Analysis
NASMHPD	National Association of State Mental Health Program Directors
NICE	National Institute for Health and Clinical Excellence
RCT	Randomised Control Trial
UAB	Universitat Autònoma de Barcelona
WHO	World Health Organisation

Abstract

This study investigates the role of the circle dance in decreasing depressed affect amongst a group of 45 patients with severe mental health illnesses and highlights the most significant aspect of that dance. Patients participated in one of four conditions: a group performing a regular traditional upbeat Irish circle dance holding hands and with a jump step [jump+hands]; a group performing the same dance holding hands with no jump step [hands]; a group performing the same dance without holding hands and with the jump step [jump]; and a control group performing a concentration test [control]. All three experimental groups reported a decrease in depressed affect in contrast to the control group, which reported none. Therefore, while the long-term benefits of regular circle dancing are yet to be researched, this set of results supports the existing literature in finding a definite temporary improvement. In terms of the most significant aspect, results suggest that the patients doing the dance holding hands with no jump step [hands] benefited most from the intervention: a more significant decrease in depressive affect (and an increase in vitality) was found amongst this group compared with the other two experimental groups. Integral to the heritage of cultures throughout the world, circle dancing has always been considered an uplifting, celebratory and inclusive activity. Perhaps from these traditional roots will spring some new ideas in response to the growing problem of depression. Certainly, the findings of this study point towards a wider appropriation of traditional circle dancing in DMT practice.

Keywords: DMT, Circle Dance, Depression, Mental Health.

Introduction

Priest to parishioner: Am I to understand that, in spite of my warning against it, you attended a dance at Bun Leice crossroads?

Parishioner: I did, Father.

Priest to parishioner: I hope you know, my good man, that you were dancing there on the Hobs of Hell.

Parishioner: Aye well if I was, Father, it was very cheery.[i]

The impact of mental illness on society is well documented. Recent figures from the European Commission suggest than one in four European citizens who visit health services suffer from some form of mental illness.[ii] The World Health Organisation (WHO) reports that globally in 2002, some 154 million people suffered from depression and 29 million from schizophrenia. An important indication of the prevalence of depression and mental illness is the global suicide rate: approximately 800, 000 people commit suicide every year, 86 per cent from low- and middle-income countries, more than half aged between 15 and 44, and many considered preventable.[iii] My pilot study aims to look at the possibility of lowering levels of depression, one of the most common negative symptoms of mental illness.

This study was initially inspired by Sabine Koch's article *The Joy Dance* (Koch, Fuchs & Morlinghaus, 2007), which reported benefits in the use of activating circle dances with jumping rhythms in the course of dance/movement therapy or complimentary therapy sessions for patients suffering from severe depression.[iv] Such dances can be employed, she argues, as rituals at the beginning or the end of a therapy session in order to (at least temporarily) decrease depression and help patients feel more alive. After publishing *The Joy Dance*, Koch (2010) conducted a further investigation confirming that the most beneficial aspect of the circle dance in decreasing depressed affect is the jump step: "As hypothesized vertical jumping rhythms improved the well-being of patients suffering from depression: the joy dance *with* jumping rhythm compared to the identical dance

without jumping rhythms decreased depressive affect and increased positive affect and vitality in the patients."[v]

As Koch et al. (2007) mentioned, it is important that this ritual dance is contained within the DMT session. DMT is defined as the 'psychotherapeutic use of movement as a process which furthers the emotional, social, cognitive, and physical integration of the individual'(Grant & Xia (2009).[vi] My sessions were based on Marian Chace's model.[vii] A typical session begins with the patients sitting in chairs in a circle. There are four phases that follow: the check-in, the warm-up, the process and the closure. Music may well be used at various stages during the session and must be chosen carefully: music with a marked rhythm such as a waltz or reggae is most appropriate for this population.

Panhofer (2005) explains the general structure: the session begins with a verbal check-in of how each person is feeling at that moment.[viii] This is followed by a gentle warm-up led by the dance therapist who also invites the patients to suggest additional warm-up movements they feel they need encouraging "shared leadership" (p.59). The therapist invites each person in turn to do a movement whilst the group mirror or follow. This gives rise to feelings of empathy by "putting yourself in the shoes" (p.60) of the other. The next phase is called the process, tending to be based on what arises from the warm-up phase. Various options can arise; spontaneous improvisation may occur or the therapist depending on the mood of the group may offer a more structured movement activity. Props such as lycra cloth, balls, and instruments can be used at this stage. The session ends with patients returning to their seats for a warm-down and a verbal or non-verbal check-out takes place.

Following Koch's (2007) recommendation, I decided along with my co-worker Laura, to include an Irish Circle Dance as a ritual just before the closure in the DMT session. With a personal background as a traditional Irish dancer and dance teacher, it was exciting to combine both traditional movement and DMT and to share it with the patients[i] I was

[i] Stanton Jones (1992), uses both the term patient and client as opposed to service user in her book as they were people with serious mental illnesses and under the treatment of a psychiatrist. I have also used the term patient and client for the same reason.

working with on my placement. These patients were all suffering from mental health illnesses including schizophrenia, bi-polar disorder, borderline personality disorder, severe depression and obsessive-compulsive disorder. One major difference in my study was that these patients had psychotic symptoms whereas, in Koch's study, the patients were suffering from depression without psychotic symptoms.

For my pilot study the hypothesis was: based on Koch et al.'s study (2007), I expected the jumping to decrease depressed affect and to increase vitality and positive affect. On one hand, depression levels did decrease but in contrast to Koch's results, my results showed that the circle dance with holding hands and without the jump step was the most beneficial in decreasing depression amongst my patient group.

Depression is one of the most concerning negative symptoms of mental health illnesses therefore this study aims to promote the therapeutic use of a circle dance within a DMT session in order to lower levels of depressed affect.

Slowly, the arts therapies are becoming more recognized as an important aspect of the health care systems in many of the more prosperous countries. The arts therapies currently provided in the UK comprise of: Art Therapy or Art Psychotherapy, Dance Movement Therapy, Body Psychotherapy, Dramatherapy, and Music Therapy. According to The National Institute for Health and Clinical Excellence (NICE) 2008 guidelines on schizophrenia, "The review found consistent evidence that arts therapies are effective in reducing negative symptoms when compared to any other control. There was some evidence indicating that the medium to large effects found at the end of treatment were sustained at up to six months follow-up. Additionally, there is consistent evidence to indicate a medium effect size regardless of the modality used within the intervention, and that arts therapies were equally as effective in reducing negative symptoms in both inpatient and outpatient populations."[ix]

NICE (2008) endorses Art Therapy and calls for more research to substantiate the work of art therapists in the clinical environment. This pilot study represents one such piece of research, and it adds weight to NICE's endorsement of Art Therapy, and more

specifically Dance Movement Therapy, in attempting to alleviate the negative symptoms of schizophrenia.

Mental health: a worldwide perspective

In 2002, WHO (World Health Organization) reported worrying statistics regarding the number of people affected by mental health illnesses and in turn the number of people committing suicide as a result adding that mental health disorders are one of the most treatable causes of suicide.[x]

"About half of mental disorders begin before the age of 14. Around 20 per cent of the world's children and adolescents are estimated to have mental disorders or problems, with similar types of disorders reported across cultures. Yet, regions of the world with the highest percentage of population under the age of 19 have the poorest level of mental health resources. Most low- to middle- income countries have only one psychiatrist for every one to four million people."

WHO (2002) provides figures detailing the inequality surrounding mental health provision between high and low income countries stating that there is huge inequity in the distribution of skilled human resources for mental health across the world. Given the shortages of psychiatrists, psychiatric nurses, psychologists and social workers they are a scarcity of treatment and care in low- and middle-income countries. "Low-income countries have 0.05 psychiatrists and 0.16 psychiatric nurses per 100, 000 people, compared to 200 times more in high-income countries."[xi]

This pilot study took place in Spain, a high-income country in which many patients relapsed due to inadequate resources at the point of reintegration into the community. The problem in middle and low-income countries is evidently much worse.

WHO (2002) believes Governments, donors and groups representing mental health workers, patients and their families need to work together to increase mental health services, especially in low- and middle-income countries. "The financial resources needed are relatively modest: US$ 2 per person per year in low-income countries and US$ 3-4 in lower middle-income countries."[xii]

Within the USA, a high income country, there also exist problems with inadequate funding. Michael Silverman and Michael Marcionetti (2004), state that four of the ten leading causes of disability in the United States and other developed countries are severe mental disorders, which include major depression, bipolar disorder, schizophrenia, and obsessive-compulsive disorder. "The treatment success rate for a first hospitalization (or episode) of schizophrenia is 60 per cent, 65–70 per cent for major depression, and 80 per cent for bipolar disorder (National Mental Health Advisory Council, 1993),"[xiii] (p. 291). In spite of successful treatment, problems still occur, "Due to ineffective treatment methods, lack of outpatient treatment and funding, medication noncompliance, and complicated psychosocial stressors, many persons with severe mental illnesses relapse and are readmitted to psychiatric institutions (Jeffreys et al., 1997; National Mental Health Advisory Council, 1993; Perkins, 2002)"[xiv] (p.292). There is a clear need on a global scale for better mental health care provision.

Dance Movement Therapy (DMT) is an important art therapy but it should be noted that it is not suitable for all patients due to the fact that their illness may impede them from participating. It should also be noted that while DMT on its own can benefit patients, according to Stanton-Jones (1992) it is best used, "as an adjunct to or alongside the many other components of effective mental health treatment,"[xv] (p.91) and this range of treatments should be offered both at in-patient and out-patient stages. Such comprehensive treatment plans of course require adequate resources, management and funding.

DMT: literature review

According to NICE (2008) guidelines, the arts therapy professions in the US and Europe have their roots in late nineteenth and early twentieth century hospitals where involvement in the arts was used by patients and interested clinicians as a potential aid to recovery. This became more prevalent after the influx of war veterans in the 1940s, which led to the emergence of formal training and professional bodies for art therapy, music therapy, drama therapy and dance movement therapy. These treatments were further developed in psychiatric settings in the latter half of the 20th century (Bunt, 1994; Wood, 1997)[xvi] and while substantial literature exists, there is an urgent need for more research, especially in the field of DMT and its potential for alleviating the negative symptoms of mental illness.

In the article *The Joy Dance* (2007), which looks at DMT and depression, Koch highlights various studies: a meta-analysis on the effects of DMT carried out by Ritter and Lowe (1996) involving psychiatric patients with depression; an investigation by Kipp, Herda and Schwarz (2000) into the effects of occupational therapy (ergo therapy) and movement therapy on psychotic, depressive and other patients, which found positive effects in all conditions and strongest for patients with depression; an evaluation by Gunther and Hölter (2006) into dance/movement therapy for patients with depression in a psychiatric psychotherapeutic day care centre which showed positive effects of dance therapy on the dimensions of movement and well-being, body and self-perception, perceptions of relationships and biography.[xvii]

Only a small number of clinical trials can be said to have looked specifically at the relationship between DMT and the alleviation of depression, but, as Koch points out, given that many clinical diagnoses (anorexia, psychoses, neuroses, psychodynamic diagnoses, post-traumatic stress disorder, pain, cancer) include depression, there exist a much larger number of trials that have assessed depression scores as part of their wider design. Koch draws on Goodill (2006) to report that the pre-/post-tests in many of these studies report a significant decrease in depressive symptoms: “Central dependent

variables on which DMT for clinical populations in general shows good effects are vitality, mood/affect, anxiety, self-efficacy/coping and body image"[xviii] (p. 341).

In the article, *Dance therapy as a form of communication activating psychotherapy for schizophrenic patients,* Oganesian (2008) explains that after ten sessions the benefits were clear, "After dance therapy, their cooperation with the doctors improved, their stigmatization phenomena became less evident, their psycho-motoric inhibition decreased, and the patients became more accessible to contact and more active"[xix](p. 105).

Further studies can be considered relevant to this study. An evaluation by Silverman and Marcionetti (2004) into the immediate changes in participants' psychiatric deficit areas found single-session music therapy to positively affect patients with severe mental health illnesses.[xx] Röhricht and Priebe (2006) carried out the first randomized controlled trial (RCT) specifically designed to test the effectiveness of manualized BPT (body-orientated psychological therapy) on negative symptoms in chronic schizophrenia. The results showed that patients receiving BPT attended more sessions and had significantly lower negative symptom scores after treatment (PANSS negative, blunted affect, motor retardation).[xxi] Further work by Erfer and Ziv (2006) has also found that DMT with children on a short-term inpatient psychiatric unit to be beneficial to promote group cohesion through adopting a present moment or here and now approach.[xxii]

According to Dawn Batcup (2008), there are also findings which show how DMT increases social behaviour and bonding in forensic populations in psychiatry (Milliken, 2002) and a meta-analysis which demonstrates that DMT is effective with psychiatric populations (Cruz and Sabers, 1998).[xxiii] Batcup (2008) also mentions the large amount of qualitative evidence in the form of case studies about the effectiveness of working with people in mental health settings at all stages of their illness and recovery in both group and individual DMP in a variety of settings by authors such as Payne (2006), Stanton-Jones (1992), Batcup (2004, 2008), Meekums (2002) and others.

To develop the existing literature more research is required, especially of the quantitative type, in order to promote DMT and create more awareness of its benefits. This pilot study represents a new piece of quantitative research showing that a circle dance as part of DMT sessions can be beneficial to patients suffering the negative symptoms of mental health illnesses.

Type of study

The study unites several aspects indicated in DMT research:

a) Quantitative

With the need for more quantitative research to promote DMT, this study has attempted to replicate Koch's (2007) study with changes to the dance style and patient group. The principal psychiatrist at my placement institution was initially not very encouraging about a quantitative study as she saw it as potentially detrimental to the patients, but the patients did not see it like that and agreed to participate. Silverman and Marcionetti (2004) explain: "Measuring effectiveness is important when working with persons with severe mental illnesses. In fact, guidelines developed by the National Association of State Mental Health Program Directors [NASMHPD] (1989) emphasize the importance of recognizing that mental health consumers have the expertise and knowledge to contribute to mental health services. Furthermore, the NASMHPD recommends that states include consumers in program development, policy formulation, quality assurance, system designs, education of professionals, and service provision"[xxiv] (p. 292).

Therefore, the patients themselves should be taken into consideration and asked whether or not they would like to participate in research projects. Obviously the care team will give the ultimate go-ahead but one must also believe that mental health consumers have mental health expertise. For this reason, the patients were consulted before each intervention in order to make them aware of the study and to get their verbal consent.

If DMT is to become a more recognised profession, more quantitative research needs to be carried out. Meekums (2010) says that quantitative research is much needed in the DMT world and that therapists shouldn't be afraid of it. "I suggest that dance movement therapists, the Robin Hoods of the therapy world, sometimes mistake the King of scientific inquiry for an evil Sheriff; arts therapists are prone (with some encouraging exceptions) to avoiding any dialogue with science as if that would be a betrayal of principles. There is a tendency also to see scientific research as rather mysterious, distant,

and awe inspiring, and so many arts therapists do not routinely acquire or teach the research skills necessary to enter into a meaningful dialogue with scientists"[xxv] (p. 35).

Meekums (2010) goes on to say that DMT students and practitioners are well able of this dialogue given the amount of knowledge they have already acquired.

"In fact, as has been argued elsewhere ([Cruz and Berrol, 2004] and [Meekums, 2003]) dance movement therapists do have skills that can be applied to research. Meekums (2003) has framed these as the ability to: work respectfully and skillfully with individuals (including the nonverbal aspects of communication); articulate and question patterns; work reflexively; make use of supervision (which in the UK is an ongoing requirement even after training and registration); be willing to be changed by the encounter; engage with the creative process; understand metaphor; embody narratives; allow "not-knowingness"; and engage with the body as a source of knowledge. To this, Cruz and Berrol (2004) add that dance movement therapists are adept at observation, gathering information, forming hypotheses, and testing these, as in the experimental method"[xxvi](p. 35).

Meekums (2010) sums it up: "The radical challenge to dance movement therapists as to all arts therapists is to develop a more integrated professional identity as artists *and* scientists; without this dual identity, there is a tendency to adopt a Cartesian split position in opposition to science, risking further marginalisation and the effective disappearance of the arts therapies professions"[xxvii] (p. 35).

Silverman and Marcionetti (2004) support increased quantitative research; although they are aware of its difficulties, they believe it to be of utmost importance: "Research concerning persons who are severely mentally ill is intricate and difficult to control." (p.291). They draw on Millon and Diesenhaus (1972) who noted that research in psychopathology has many such as ethics, clinical responsibility and unreliable data. They also draw on difficulties Aldridge (1993) finds in quantitative research in the psychiatric field: "difficulty finding matching groups of acute psychotic patients using the parameters of age, syndrome, and diagnosis that are not complicated by other

problems (i.e., alcohol or drug-related), medication variables, and different crises and issues for psychotic breakdown, all of which contribute to relatively small numbers of participants. As mental health care providers require quantitative data to validate their expenditures, this research, difficult as it may be to conduct, is imperative" [xxviii] (p. 291).

It is clear that the promotion of DMT depends on quantitative research that stands up to scientific scrutiny. In this study, as many quantitative measures were employed as was practical. It occasionally encountered restrictions in its attempts to be quantitative, for example, its aim was to group patients suffering from similar diagnoses together but this was not possible due to the relatively small number of participants.

b) Circular

The idea to integrate a circle dance into the DMT session came from having read Koch's (2007) article *The Joy Dance* about the benefits of having a ritualistic circle dance at the beginning or end of a DMT session.[xxix]

"Results of this study suggest benefits of the use of activating circle dances with jumping rhythms in the course of dance/movement therapy or other complementary therapy sessions for patients suffering from depression. Such dances can be employed, for example, as rituals at the beginning or the end of a therapy session in order to -at least temporarily- decrease depression and help the patients to feel more alive"[xxx] (p. 348).

Once established as part of the DMT session, the Irish circle dance became a fundamental part of the DMT sessions at the therapeutic community where the placement was carried out. Patients commented on the dance, "It's merry," "It's lively," "Even though it's tiring, it's great fun." At the end of the dance, the patients always applauded and seemed livelier than before the dance. On one occasion the author and co-worker Laura thought about not including it as we felt maybe it was needed by us more than the patients, but the patients asked for it so we included it once again.

Near the end of the six month placement, the circle dance took on a different role. One patient who was leaving introduced a star movement, using one hand to join other hands

at the centre. This meant one hand was left free and the patient who was leaving used the other hand to wave goodbye to the group. The group mirrored her and waved with their free hand. She introduced phrases, "I'll miss you!" and people in the group replied, "We'll miss you too" and "Good luck!", "You'll do well." She began crying as she moved around in the star. It appeared that the dance became part of her farewell to the group. It was a very moving scene.

Circle dances can feel safe for many patients suffering from mental health illnesses as it may increases a sense of togetherness but Joan Lavender and Wendy Sobelman (1995) point out, "On the one hand, circle dances that emphasize the loss of self in a communal experience, however brief, can raise fears of loss of autonomy. On the other hand, dances that heighten a sense of individuality can evoke fears of aloneness and isolation" [xxxi] (p.72). It therefore appears that the feelings a circle dance can release are not as clear as one initially imagines. Therefore, it was important to investigate what was happening in this Irish circle dance to understand whether the positive affect the trainee therapist felt and saw wasn't just the group mirroring her own positive affect.

c) Short-term

Today's mental health provision looks more to short-term treatments in order to be more cost-effective. Can DMT provide a service that can be an integral part of today's mental health service? This pilot study aims to look at any short-term benefits of a dance intervention.

Is a temporary measure enough? This pilot study could only look at immediate effects of the intervention. But, considering the positive results in the significant decrease in depression, it would be worthwhile investigating the long-term effects. Silverman and Marcionetti (2004) who evaluated the immediate changes in participants' psychiatric deficit areas, suggests support for single-session music therapy positively affecting patients with severe mental health illnesses. "Overall, results are general but encouraging. Although no statistical analyses could be performed, patients rated music therapy as immediately improving aspects of psychiatric deficit areas in 39 of 40 (97.5%) trials.

However, it must be stressed that this study only evaluated the immediate and short-term benefits of different music therapy interventions as long-term benefits are difficult to control and assess with the given population"[xxxii] (p. 297). In conclusion, Silverman and Marcionetti (2004) stress that with today's mental health treatment system moving towards brief treatment and shorter hospitalizations, the findings of this single-session study are important and can be used to support the efficacy of music therapy in the treatment regimen of the severely mentally ill.

Further research in movement therapy was carried out by Röhricht and Priebe (2006) which included a four month follow-up study. The background to their study was, "In order to improve the treatment of medication-resistant negative symptoms in schizophrenia, new interventions are needed. Neuropsychological considerations and older reports in the literature point towards a potential benefit of body-oriented psychological therapy (BPT). This is the first randomized controlled trial specifically designed to test the effectiveness of manualized BPT on negative symptoms in chronic schizophrenia"[xxxiii] (p. 669).

Röhricht and Priebe (2006) carried out the first randomized controlled trial specifically designed to test the effectiveness of manualized BPT (body-orientated psychological therapy) on negative symptoms in chronic schizophrenia. The results showed that patients receiving BPT attended more sessions and had significantly lower negative symptom scores after treatment (PANSS negative, blunted affect, motor retardation). The differences held true at 4-month follow-up. Other aspects of psychopathology and subjective quality of life did not change significantly in either group. Treatment satisfaction and ratings of the therapeutic relationship were similar in both groups. [xxxiv]

Short-term work with DMT and children in an inpatient psychiatric unit has also found promising results. Erfer and Ziv (2006) has also found that DMT with children on a short-term inpatient psychiatric unit was beneficial to promote group cohesion through adopting a present moment or here and now approach.[xxxv] Erfer and Ziv (2006) draw on Stern (2004) and Yalom (1985) to support their study, "Stern (2004) describes the present moment in therapy (and in everyday life) as revealing "…a world in a grain of sand,

clinically worth examining in and of itself" (p.138) and Yalom (1985) describes the here-and-now as the "heart of the therapeutic process - the power cell that energizes the therapy group (p.471)" [xxxvi] (p. 239).

Therefore, although this pilot study decreases the depressed affect levels temporarily, it contributes to the above literature in supporting the benefits of short-term, here and now, interventions of some art therapies.

Meekums (2010) reminds us that for all health care systems, cutting expenses is a huge concern, "There remains an urgent need for more randomised controlled studies with health economics analyses that can contribute to justification of the profession's existence as value for money. It is also important not to lose sight of the wealth of data that can be discovered by asking questions of clients in ways that are open and respectful of their expertise as clients of DMT, engaged in a mutual inquiry"[xxxvii] (p. 41).

Rehabilitation services have grown. According to Silvermann and Marcionetti (2004), in today's psychiatric hospital system, people with severe mental illnesses are continuously treated with a plethora of medications, psychoeducational classes, therapies, and activities. They draw on Brunette and Dean (2002) to state that the treatment of persons with severe mental illnesses has evolved dramatically over the last 30 years. They highlight what Anthony says (1993), "Ideal services now focus not only on symptom resolution but on recovery from mental illness, including maximizing community function and developing a sense of self in normal adult roles"[xxxviii] (p. 239).

Huge steps have been made but there is still a long way to go in providing adequate treatment for mental health sufferers. However, short-term DMT projects, with as much client involvement as possible, can be very beneficial as part of a treatment plan as well as a cost-effective therapy.

d) The study group

There is a high need for more studies with severely mental health patients particularly of the psychotic spectrum. This study was conducted at a therapeutic community in

Catalonia, Spain, called Comunitat Terapeutic Arenys de Munt (CTAM), a rehabilitation hospital for people suffering from mental health illnesses[ii]. It forms part of the mental health body of Maresme and can facilitate up to 50 adult patients both men and women on a residential basis. The average stay is 90 days but some clients leave before then and others stay on for much longer some patients being there for 4 years, depending on the availability of other health centres in the area and on patients' health.

The clients came from three places. Firstly, most patients came from the hospital in Mataro, either from the emergency psychiatric services or the service for acute psychiatric patients, where the average stay there is one month, in order to further treat their psychiatric pathology and offer support at a psychosocial level before they are ready to go back into the local community. Secondly, some patients were there after being deemed a danger to themselves and others and are forced to stay at the therapeutic Community by law. Sometimes, with no prior diagnosis and often not accepting their status as mentally ill, they are admitted in order to start the initial stages of treatment. Thirdly and least frequently, patients themselves were asked to be admitted on a self-referral basis through their Mental Health Services (CSM: Centros de Salud Mental-health centres for mental health patients) and in many cases it is due to decompensation; this is always agreed with by their psychiatrist.

There are a number of different paths for patients after leaving CTAM (Therapeutic Community)[iii], but during my 13 month placement there a number of patients left and then returned due to difficulties experienced with things such as medication, drug and alcohol abuse and a lack of outside support.

[ii] The term encompasses a group of disorders including schizophrenia, bi-polar disorder, borderline personality disorder, severe depression, obsessive compulsive disorder.

[iii] The options include: going home where a continual assessment will take place with periodic controls (if all is well, this service can be stopped); attending a day hospital where treatment is continued from Monday to Friday; attending a Day Centre focusing partly on activities relating to psychosocial rehabilitation and social reinsertion; attending workshops for job training with the aim to become employable; going to a residential home for patients with mental health illnesses if the patient has nowhere else to go; protected housing (apartments), where the patient will share with three or four other service users and there will be daily contact with a support worker (availability of this service depends on stability of the patient; for high dependent service users there are units where they can go to work on further rehabilitation and basic skills. (Jorquena, Pere, Nurse at CTAM, Interview (July 2009)).

Within the USA, Silverman and Marcionetti (2004) report similar problems whilst carrying out their study, "*Immediate effects of a single music therapy intervention with persons who are severely mentally ill*."

"Due to ineffective treatment methods, lack of outpatient treatment and funding, medication noncompliance, and complicated psychosocial stressors, many persons with severe mental illnesses relapse and are readmitted to psychiatric institutions (Jeffreys et al., 1997; National Mental Health Advisory Council, 1993; Perkins, 2002). Medication noncompliance is particularly likely when the treatment goal is to prevent symptom reoccurrence or illness relapse (Perkins, 1999). In fact, approximately 40% of patients stop taking their anti-psychotic medications within 1 year while 75% stop taking their medications within 2 years (Perkins, 2002). Most persons on medication are noncompliant due to unpleasant side effects or the belief that, because their symptoms have been alleviated, they do not need medication any longer. Additionally, noncompliance is the most common reason for hospital readmission in patients with schizophrenia (Jeffreys et al., 1997)" [xxxix] (p. 291).

More resources need to be available once a person re-joins the community. Far too frequently, a patient ends up back in a psychiatric hospital or in trouble with police due to inadequate support.

e) Schizophrenia and the study group

The prevalence of illnesses pertaining to schizophrenia in my study group led me to read the article "Disconnection and re-engagement: systematic reflections on dance movement therapy and the therapeutic process in chronic schizophrenia" by Nina Papadopoulos (2004)[xl] in which she points out that depression (as well as affective flattening, alogia, avolition, anhedonia, anergia) is one of the major negative symptoms amongst sufferers of schizophrenia. Patients with these symptoms often do not recover fully despite the fact that they may overcome the acute stage of their illness (which include experiences of hallucinations, delusional systems and disorganized behaviour).

As Papadopoulos (2004) points out, traditional drug therapy and insight-oriented verbal interventions do not seem to have an impact on this negative symptomatology. Consequently, the quality of life of this group of people remains rather poor and their condition tends to become chronic.[xli]

Furthermore, according to Röhricht and Priebe (2006), "while traditional drug therapy and insight-oriented verbal interventions do not seem to have an impact on the negative symptomatology of schizophrenia, reality-oriented therapies such as body-based therapy are more effective in bringing about change in these patients."[xlii] (p. 669). This pilot study, a body based therapy, supports Röhricht and Priebe's (2006) findings on schizophrenia given that it has had a positive effect on the negative symtomology of schizophrenia by decreasing depressed affect.

f) Rifts

According to Papadopoulos (2004), most theories of schizophrenia are based on the assumption that certain kinds of rifts have taken place. In fact, the very word "schizophrenia" implies this split and division. Schizophrenia, as a term was first introduced by Eugene Bleuler at the Burgholzli Mental Hospital in Zurich at the turn of the nineteenth century in order to emphasise the fact that in some psychotic disorders, people could have parts of their mental capacities completely intact whereas others were severely impaired (Eaton & Peterson 1969; Jung, 1911). The previous term used for schizophrenia was "dementia praecox" which means premature deterioration; this term suggested that human beings deteriorate mentally as they get older, but in schizophrenics this deterioration came about at an earlier age. Papadopoulos (2004) states that Bleuler's innovation was to emphasize that the deterioration was not global and not all facets of the personality are deteriorated. Therefore, the process that created a schizophrenic was this very schism or split within the personality resulting in some functions and processes being affected by the disorder and hence deteriorating, whereas other facets remain intact. The idea of a split, rift or schism within a person seems to remain central in most theoretical approaches to schizophrenia.[xliii]

f) Holding hands heals rifts

Perhaps the results from my pilot study show that what is fundamentally important to these patients is, the coming together in a circle formation and joining hands which engages them more than the jumping rhythm, which for clinically depressed patients was more beneficial in Koch's (2007) investigation. As Papadopoulos (2004) points out, this rift or schism is central to people suffering from negative symptoms of chronic schizophrenia and perhaps this dance intervention provided a connection and a sense of togetherness which is very often absent from these patients. In turn, one may support the idea that if this schism is lessened, in turn so too may the feeling of depression also lessen.

g) Holding on and letting go

For many patients suffering from mental health illnesses, the idea of holding hands and letting oneself be held can be quite frightening or overpowering. One needs to be careful that the movement does not get too intimate or sexualized. The circle dance is thus a safe way of bringing people together. They experience touch and closeness and vulnerability by holding hands and being guided by the group movements as well as guiding at the same time. It can create a feeling of increased sensitivity amongst the group.

Jerrome (2002) highlights that "Holding and being held, the rhythmic and repetitive rocking, swaying and walking are reminiscent of early attachment relationships"[xliv] (p. 174). Therefore it can be suggested that this circle dance creates an attachment that for these patients has been lost or never really experienced. Given that the dance with holding hands decreased depression the most and increased vitality the most, this is quite significant.

Mental Health Illness and DMT

As a trainee, it is important to understand what effect DMT can have in order to form aims and objectives.

Stanton-Jones (2006) puts forward the argument that a contemporary understanding of mental illness which views it as a phenomenon with a multifactorial aetiology (including both biochemistry and emotional conflict), enables us to take a forward looking view that safe, supervised, non-intensive therapy is possible for such patients. Stanton-Jones uses Yalom (1970) to support her view, "The goals of such therapy are neither 'cure' nor initiate any major reconstructing of the personality. Rather, Yalom (1970) describes goals such as the improvement of patients' ability to form and maintain interpersonal relationships and the facilitation of their functioning as members of a group"[xlv] (p. 122).

My pilot study focuses on one of the negative symptoms associated with mental health illness, depressed affect, and how exactly a circle dance as part of the DMT session can help to alleviate this symptom. It does not pretend to be a sole treatment for depression rather a part of the patient's treatment plan. Stanton-Jones (1992) points out the importance of knowing one's limits in therapeutic work for DMT in psychiatry, "It is important that students enter work with psychiatric clients or patients understanding that they cannot 'cure' or 'fix' patients, and that 'helping' really cannot mean offering superficial cheer or assistance to patients suffering such degrees of mental distress and disorganization"[xlvi] (p. 91).

However, this brings into question, the purpose of my study. Was my study bringing superficial cheer? It calls for further investigation into the longevity of the effects of a decrease in the level of depression.

Erfer and Ziv (2006) point out in their study, in spite of the diagnoses given to the patients in their study, "We dealt with the human beings before us, rather than the diagnosis or label"[xlvii] (p.242). On a personal level, having had no in-depth training in psychology, as a trainee therapist too, I felt I had to work first and foremost more with

the human side of the patients rather than see their diagnosis first which was rather daunting but in the end was most rewarding.

It is important to remember the movement and dance side of the DMT sessions and not get too caught up in the mental side. As Steiner (2006) points out, "Zorba the Greek danced when he was sad, but he also danced out of joy. Dancing, moving one's body is essentially a pleasurable experience. It is this knowledge which we can share with our clients. Moving together as a group suggests a new-old way of making contact with one's physical, mental, and spiritual self and so confirming one's feelings of being alive"[xlviii] (p. 151). In sum, it appears that this ancient way of thinking has been very much lost in today's society. This pilot study supports the view that moving together is very beneficial for the participant's well-being and sense of feeling alive.

Role of DMT in psychiatry

It is important to be aware that this circle dance would be used as one element in the DMT session, as a ritual for either at the start or at the end of the session. Looking at the entire session, DMT has more objectives than only decreasing levels of depressed affect.

As Stanton-Jones (1992) points out, "DMT with psychiatric patients primarily seeks to support the patients, to aid them in forming and maintaining more satisfactory relationships with those around them, and to help integrate fragmentary experiences" [xlix] (p xii).

Stanton-Jones (1992) suggests three fundamental goals for DMT in psychiatry[l]:

1. Body-level integration
2. Facilitation or maintenance or improvement in interpersonal functioning
3. Provision of a safe, contained forum to address emotional issues by using group movement, imagery, symbol and metaphor.

Karkou, Fullarton and Scarth encourage DMT in Mental Health Promotion Programme in Secondary Schools, "Furthermore, dance movement psychotherapy research evidence suggests that this intervention can contribute towards increased vitality, improved body image, stabilizing the sympathetic nervous system, improving psychological distress, and reducing or even alleviating depression," (Groenlund *et al*. 2006; Jeong *et al*. 2005; Koch, Morlinghaus & Fuchs 2007; Ritter & Low 1996)[li] (p. 64). This Programme thus suggests support for implementing DMT in order to increase vitality and alleviate depression. The results from my pilot study support these findings given that both vitality increased and depressed affect decreased in the dance with holding hands and no jump step.

Working with this patient group has its difficulties. Steiner (2006) draws on Chaiklin to highlight one of the difficulties of working with patients suffering from mental health illnesses, "The more disturbed an individual, the more dissynchronous and fragmented

are their movement patterns. There is a lack of connection between mind and body, an irregular and sporadic flow of effort, a lack of gestural or postural change or unity, or gestures which are random, ritualized or distorted"[lii] (p. 147).

Going back to the origins of the body-mind connection, Rossberg-Gempton and Poole (1992) draw on one of Charles Darwin's (1872) first scientific explorations of the relationship between body and effect and who emphasized, "that expression evolves in the same way as other characteristics have evolved"[liii] (p. 39). Furthermore, dance therapist Trudy Schoop won the respect of eminent mental health professionals, such as Ferenzi, Reich, and Shildler who recognized the importance of bodily actions in psychotherapy. "Schoop believed that mental attitudes can bring a physical change or vice versa. Siegel (1984) added that because a person lives with, in, and through the body, the total is affected by life's bodily experience"[liv] (p. 44).

According to Rossberg-Gempton and Poole (1992), this simple albeit holistic, philosophy encapsulated and established the foundations for future dance therapy, a therapy dedicated to healing emotional disturbances through bodily movements and manipulations.[lv] This idea that by changing a patient's movement repertoire can lead to an awareness of self should not be underestimated. Rossberg-Gempton and Poole (1992) emphasize that, "movements are considered to be expressive behaviours that can produce an emotional release"[lvi] (p. 45) therefore this pilot study aims to make an important contribution to this idea as it is promoting the use of a circle dance to temporarily alter a person's emotional state for the better.

Ways of relating through DMT

For people suffering from mental health illnesses, the idea of forming a relationship can be a terrifying experience so DMT aims to offer a safe place where patients can dare to take risks and discover ways of relating to others.

Stanton-Jones (1992) draws on Harry Stack Sullivan (1956) and Freida Fromm-Reichman (1954) who focused on "building peer relations" for schizophrenia sufferers. They emphasised, "repairing the person through relationships, particularly with persons of the same gender, in the manner of friends or allies, rather than a parental relationships, or relationships with partners or spouses" [lvii](p. 99). Sullivan (1956) highlights that a schizophrenic person has "never achieved the degree of self-esteem and certainty of ability to get along with other people that makes some major field of interaction safe" [lviii] (p. 99).

Sullivan and Fromm-Reichmann, who worked in the USA from the 1930's to the 1950's were influential figures in the modified psychoanalytic treatment of schizophrenia and their work is still significant today. They believed that, "the primitive affect of the preverbal child resembles the psychotic experience, such that theories about the birth of the psyche and the monumental chaos, joy and distress of the infant can be applied (with modification) to comprehend the raw emotional experiences of psychosis"[lix] (p. 99).

Stanton-Jones emphasizes the work by Silvano Arieti (1979), whose contemporary psychotherapeutic work reiterates Sullivan and Fromm-Reichman and states that, "the therapist must at first become an exception for the patient -not a person to be mistrusted like others, but a person who is willing to share whatever anxiety and fears the patient has, and finally a person who nourishes (psychologically speaking), who interprets things in a different way, and most of all who relieves anxiety and inspires a hopeful expectation for the future"[lx] (p. 100).

According to Westbrook and Sing (1988), psychiatric patients often have a limited sense of their body boundaries and this may indicate a lack of differentiation between self and non-self. Furthermore, attention to the properties of physical reality, which includes gravity and spatial awareness, is important for the ability to self-regulate. This contact with reality is important so as to maintain balance and equilibrium of the body.[lxi] Furthermore Westbrook and Sing quote Freud, "The control of motility necessary in self regulation is indicative of increased ego functioning"[lxii] (p. 42). Therefore, by encouraging awareness of oneself through movement, this should in turn increase a sense of self. In Oganesian's (2008) DMT work with patients suffering from schizophrenia, she found that it provided them with the possibility of constructing an active 'I' with respect to people on a non-verbal level, as well as activating their spontaneous communications.[lxiii]

The construction of the self for patients suffering mental health illnesses is of utmost importance because until that knowledge of oneself begins to take place, it can be excruciatingly painful to try to relate to others. This circle dance is one element of a DMT session that aims to contribute to the formation of the 'self'.

Papadopoulos (2004) explains that from a human development stance, we can appreciate that most of our early connection with our mother, parents and the environment occurs via experiences through the body. Papadopoulos (2004) draws on work by Gordon and Winnicott to say, "We are held as babies and we explore the boundaries of our world directly via our body - grabbing, tasting, biting, feeding, crawling, being wet, being clean, etc. Early nurturing and psychological development occur in a locus where there is an intricate inter-linking between body and psyche and consequently with feeling, cognition, movement, expression and communication." (Gordon, R. 1985; Winnicott, D.W. 1974, 1984).[lxiv]

Furthermore, Steiner (2006) points out that touch can be very powerful and overwhelming so one must be careful and mindful. She draws on work by Willis to say that touch can elicit powerful sensations that can be healing however, "Touch of self and others is loaded with associations, from care and nurturing to violence, abuse and sex (Willis 1987)"[lxv] (p. 150). One must be careful how touch is used. This is why the setting must be safe for the clients so that they feel secure and contained by the therapist before one patient can begin to relate to another patient.

The therapeutic community where this study was conducted, other activities such as art therapy, yoga, drama and gardening were encouraged. Steiner highlights the description by Foulkes (1964), "The underlying principle of a therapeutic community, as well as of any other group-therapeutic activity, is to trust in the healing, repairing powers of the group (Foulkes 1964).[lxvi] (p. 145). These activities tried to meet the patients' needs as too did the DMT sessions. The nature of the circle dance encouraged both touch and movement together between participants, which in turn aimed to encourage a strong group connection.

Embodiment

Heather Hill in her chapter, *Dance Therapy as Person-Centred Care*, states that embodiment lies at the heart of a dance therapist's work. She draws on Damasio, (1996, p. 226) to say that the self is a "repeatedly reconstructed biological state".[lxvii] For people suffering form mental health illnesses, such connection with both mind and body can possibly be very frightening.

Koch draws on Niedenthal et al. (2005) to explain that embodiment refers both to actual bodily states and to simulations of experience in the brain's modality-specific systems for perception, action, and introspection. Furthermore, Koch adds that according to Barsalou, 1999; Barsalo et al., 2003, Embodiment theories operate on neuroscientific findings and a model of knowledge representation that assumes a sensorimotor representation of any cognitive activity. (p. 184).[lxviii]

Bloom (2006) provides one explanation of embodiment as, "the tendency towards a balance and integration of the different aspects of the self-sensory, emotional, and mental-within the containing confines of the bodily structure, bounded by the skin and responsive to internal and external stimuli. *Movement*, in this context refers to bodily responses to these stimuli; it comprises posture, gesture, position as well as movement through space. The felt sense in stillness, including physical or psychic restrictions is also part of movement. It is not only about what one *does*, but it is also a sensorial registering of who and how one *is*"[lxix] (p. 5-6).

Röhricht, *et al*., draw on Parnas (2003, p. 226) to highlight aspects of schizophrenia, "He emphasized descriptions of dissociations of body experiences in the early stages of schizophrenia, leading essentially to states of disembodiment, with an increasing dissociation between subjectivity and corporeality."[lxx] Therefore, it suggests that if DMT can have a positive effect on the body and mind, it may in turn bring about positive changes to negative symptoms.

However, the Whitehouse approach of "focusing on the internal experience as the basis for a spontaneous and authentic translation of impulse into movement,"[lxxi] (p. 33) may be too overpowering for many patients suffering from mental health illnesses. Therefore for patients suffering mental health illnesses, the Chacian group structure may offer containment and protection. As Bloom states, "In emphasizing the group experience and group cohesiveness, the Chacian approach necessarily de-emphasizes patients' unique, individual experience and expression"[lxxii] (p. 33). According to Bloom (2006)[lxxiii], Chace preferred to see the group itself as a medium for change, and individuals in a group can potentially experience themselves via projection into others within the group.

Therefore, the circle dance may be seen as a vehicle towards building trust and relationship within the group and can potentially help build cohesiveness and awareness of self and others in a non-threatening way. It may also help to reconstruct the self through embodiment.

Boundaries

One needs to be careful when establishing boundaries and rules within the group. Steiner(2006) draws on Bion (1961) to highlight this idea, "Care needs to be taken not to slip into a state of us and them, which promotes paranoia and can become a substitute for dealing with tensions and difficulties arising within (Bion 1961)[lxxiv] (p.146). As the residents are expected to be normal on one hand but then are tolerated within the DMT session may cause confusion so it is important to be clear that the DMT experience is very different from the day to day life in the therapeutic community. Steiner (2006) quotes from Winnicott (1971) to highlight an objective of the group, "In a separate and

contained space, held firmly and safely by the therapist-mother, rests the potential for individuals to feel accepted with all their madness. Then barriers can be lowered, reparation can occur, and change can take place (Winnicott 1971)[lxxv] (p. 146).

Containment

In order to reach this level of trust to be able to move together, there must be a good relationship between therapist and patient. Bloom (2006) highlights that this essential mental engagement, which exists between infant and carer or therapist and patient, is what Bion described as containment.[lxxvi] The actual experience for these patients of coming together in a circle and holding hands maybe similar to what psychoanalyst Esther Bick (1968) observed, "the actual skin contact between an infant and its primary carer supports the baby's sense of identity and feeling of containment"[lxxvii] (p. 58).

In DMT sessions with people with mental health illnesses, 'containment' has according to Bonnie Meekums (2002) a psychodynamic, metaphoric significance. It has to do with the client's need that the material raised will not be overwhelming. "The idea is to promote an internal locus of control," (p. 55) and furthermore "a sense in which one is working towards a cohesive, boundaries and contained sense of self as opposed to the fragmentation experienced by some people with mental health needs"[lxxviii] (p. 55).

Steiner (2006) emphasizes the importance of a safe, contained space by drawing on Winnicott (1971), "In a separate and contained space, held firmly and safely by the therapist-mother, rests the potential for individuals to feel accepted with all their madness. Then barriers can be lowered, reparation can occur, and change can take place (Winnicott 1971)[lxxix] (p. 146).

With regards to the idea of containment, on one hand, Bion's image relates the self to the workings of the mind, while on the other hand; Winnicott emphasizes conscious bodily awareness as integral to the "true self". In his view the body was the very container for a three dimensional sense of self. Bloom (2006) highlights his view on the precariousness of this container. "The true self is bound up with aliveness. It comes from the aliveness of the body tissues and the working of the body functions, including the heart's action and

the breathing…The spontaneous gesture is the true self in action [Winnicott, 1960, p. 147]" [lxxx] (p.61).

It is this sense of aliveness which Winnicott emphasizes which is interesting for this pilot study. What is significant is that the dance with holding hands increased levels of vitality most significantly. This can be associated with a sense of aliveness and therefore it maybe this vitality that relates to what Winnicott states as the true self being bound up with aliveness. Therefore, in the dance group where hands are held with no jump step, it may encourage a sense of feeling alive which in turn leads to a connection to one's true self.

DMT Techniques and Tools

Mirror neurons

At times, during the DMT sessions, some patients preferred to watch and not participate both during the session and during the circle dance. With the increased interest in mirror neurons, I was curious to question whether those watching were in fact empathizing with those actively participating.

Berrol (2006) explains how it is important for the Dance Movement Therapists; "A keystone of the therapeutic process of DMT, the concept of mirroring is now the subject of neuroscience. The domains of mirror neurons currently under investigation span motoric, psychosocial and cognitive functions, including specific psychosocial issues related to attunement and attachment theory and empathy. Although DMT embodies empathic forms, their neurological underpinnings have remained virtually unexplored."[lxxxi]

This idea of mirror neurons came from a study with macaque monkeys when experiments were being carried out on their brains (Rizzolatti et al, 1996). Pre-motor neurons were activated in the monkey grabbing the object and in the monkey or human witnessing the action. "Like a mirror image, the same sets of neurons are activated in an observer as in the individuals actually engaged in an action or the expression of some emotion or behavior. Gallese (2005b) emphasizes that these inherent mirroring properties help explain the mechanisms of social, kinesthetic and emotional cognition or understanding. As experience-based reactions, the neuronal discharges are sparked by a "direct simulation of observed events through the mirror mechanism" (p. 1), not intellect or reasoning"[lxxxii] (p. 303).

According to Berrol (2006), the underlying principle of the mirror matching mechanism is that humans and their subspecies are biologically wired with these types of brain cells. "Researchers inform that while some of these neurons may discharge involuntarily (i.e., automatic reactions to certain stimuli), others are experience dependent for activation, requiring social and physical recognition and cognitive understanding. Thus, mirror

neurons are currently being linked to psycho-affective, social and cognitive development, attachment, attunement, empathy, social cognition and morality" (Gallese, 2005a, 2005b; Gallese&Goldman, 1998; Goldman, 2005; Schore, 1994; Stern, 1985/2000)[lxxxiii] (p. 309).

Empathy is fundamental to DMT. Berrol (2006) turns to the work of Chace to best exemplify this term. "Empathic reflection," a term familiar to DMT's is associated with venerated DMT pioneer Marian Chace. When this former dancer/teacher first began to work with unmedicated WWII veterans in the psychiatric wards of St. Elizabeth's hospital (Washington, DC) in 1942, she intuitively understood that establishing an empathic relationship was a primary vehicle for communication with these profoundly emotionally traumatized men (Shelly, 1993). By reflecting their moods, movements and sounds she was able to create an intersubjective union with the patients; that is, mirroring—"picking-up" (p. 100)—not simply "what" they did, but the qualitative dynamics of their movements (Sandel, 1993).[lxxxiv]

Berrol (2006) draws on Sandel to point out that Chace used the process of empathic reflection to "gather information about the clients" during a group session; "engage them in contact first with the therapist and then with one another and develop a sense of mutuality which facilitates the communication and sharing of feelings" (p. 309). Berrol describes work by Chaiklin and Schmais (1993) to describe two basic elements identified with Chace's sessions: the circle, a basic formation to organize the group to engender a sense of relatedness and community; and music to stimulate rhythmic group activity (Chaiklin & Schmais, 1993). Berrol (2006) states that with this mirroring technique it became apparent that whilst moving in synchrony it gave them an "outlet for personal expression and likewise opened a channel for reconnecting with a world from which they had withdrawn"[lxxxv] (p. 310).

Berrol (2006) highlights that a fundamental concept is that the mirror matching mechanism is activated in relation to a stimulus or stimuli outside the self, that is, in relationship to another. The catalyst might be visual observation of motor actions, or of facial expressions such as disgust, joy, fear, et cetera (Gallese, 2003, 2004, 2005a; Gallese & Goldman, 1998; Meltzoff & Prinz, 2002; Rizzolatti & Arbib, 1998). In effect,

this specialized class of brain cells is believed to be located in parts of the brain that respond to sensorimotor stimuli (visual, auditory, olfactory, tactile, etc).[lxxxvi]

Efer and Tiv (2006) draw from Levy to highlight the importance of the Chacian element of mirroring or "empathic reflection". The therapist aims to "kinesthetically perceive reflect, and react to (the)…patient's emotional expressions through her own body movements and voice tone…involving herself in the movement relationship or interaction with the patient as a way of reflecting a deep emotional acceptance and communication…In essence, …(this says to the patient), in movement, 'I understand you, I hear you, and it's okay'" (Levy, 1992, pp 25-26)[lxxxvii] (p. 239).

Berrol (2006) also draws attention to the kinesthetic level of embodiment identified by Ludden (2004); "Self-other identity enables an intersubjective or subpersonal transfer of meaning. An example of a purely kinesthetic level of embodiment of another was heard in an interview with internationally renowned choreographer Paul Taylor. When queried during a radio talk show about how, as company director and prolific dance maker, he deals with no longer being on stage performing the movement, he quite simply replied: "I can feel steps that someone else is doing in my own body" (Ludden, 2004)[lxxxviii] (p. 309).

Can what Paul Taylor the renowned choreographer felt be similar to patients watching the circle dance feel? Could patients feel the same positive affect by observing the circle dance without having to participate? Would there be as significant a decrease in depression levels? As Bloom (2006) points out, "The evidence from effective neuroscience is convincing: emotional experience is inseparable from the body"[lxxxix] (p. 64). However, more research is needed in this area in order to further promote the benefits of the mirror neuron effect within DMT. It is an element which has always been part of the DMT sessions but until recently has not been scientifically promoted.

Kestenberg Rhythms

Koch et al. (2007) found that the jumping rhythm was most beneficial in decreasing levels of depression whereas, this pilot study found that it was the dance without the jump step and holding hands which was the most beneficial.

In Koch's (2007) study, the dance performed with clinically depressed patients used the jumping rhythm in the vertical dimension, "with the intention to stimulate this missing aspect of the patients' movement repertoire"[xc] (p. 342). This jumping rhythm is the indulgent rhythm of the 5th year (og + outer genital phase). In turn, I wanted to find out whether there was a Kestenberg rhythm that perhaps was lacking in the patient group I was working with and to look in more detail at which one and why.

Channelling

According to Kestenberg rhythms, Channelling is a pre-effort which predominates in the first year of a baby's life. Channeling develops out of even flow and is the precursor of the effort of direct, which is used to cut precisely through space.[xci]. Adults also use it when they try hard to concentrate or focus when attempting a challenging task and infants use it when learning to bring their thumb into their mouths. Therefore, it is possible that the patients in this study used pre-efforts in order to learn the dances in this pilot study.

Kestenberg et al. (1999) highlight that, "Psychiatric patients often show extreme exaggerations or restrictions in movement (Barteneiff and Davis, 1972). From a KMP perspective, patients often use a small range of more mature qualities (effort and shaping) and rely on overuse of one or two precursors. There may be a predominance of tension flow rhythms and the use of space may be severely restricted. Expanding the range of pre-effort promotes new ways of learning"[xcii] (p. 222). Therefore, it is important to invite the patients to expand their movement repertoire in a safe and contained setting, in the DMT session. This expansion of the movement repertoire can in turn encourage new ways of learning.

Rhythm analysis of Bonfire Dance

According to the Kestenberg (1999) terminology, the Bonfire Dance contains various rhythms:

Jump step rhythm:

In the dance there are lots of mixed rhythms with jumping (og):

- usog (a bit more frequent/faster and sharper than the pure og)

- ogogs (this is the sharp hop that sometimes comes at the end of a line in the dance)

- osog (also increasing frequency and sharpness, but not quite as much as the usog).

In Koch's dance, 'Hava Nagila', pure og rhythms are used as well as mostly usog and os og. There are more round reversals in Hava Nagila as opposed to sharp edges in the 'Rince Morn a Tine'. In comparison: In the Hava Nagila dance there are more pure og, but also mostly usog and some os og; so they are very similar in the end with a comparable use of usog and osog.[iv]

[iv] Koch's explanation via email (14/4/10)

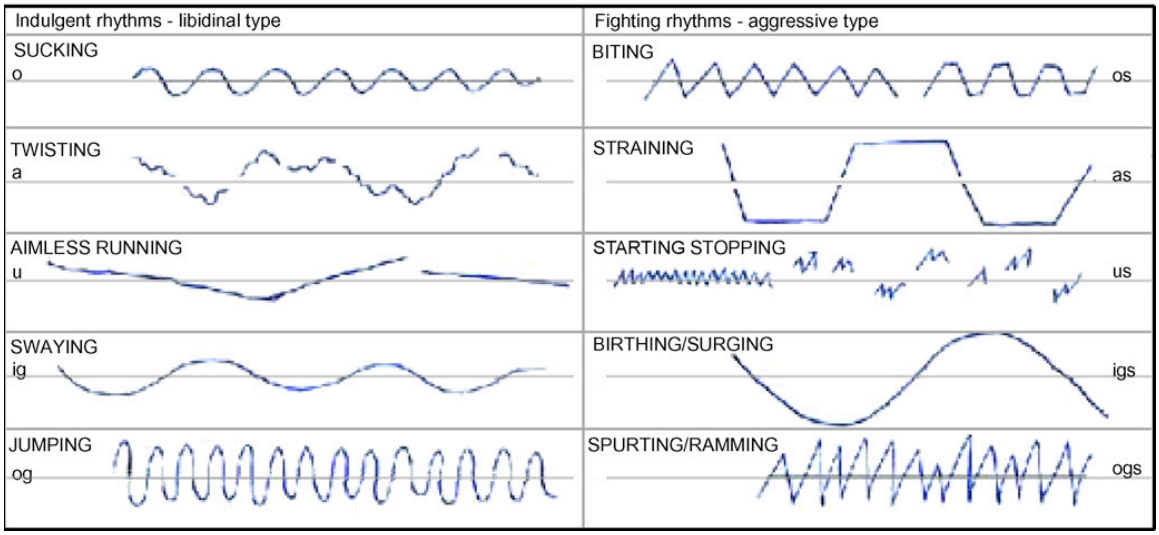

Figure. 1. Overview of the Kestenberg rhythms. *Note*. These are the ten prototypical pure developmental movement rhythms following the KMP-theory (cf. Kestenberg Amighi et al., 1999).[xciii]

Through an analysis of the movements in the dance movements (Figure 1), it can be said that the jump step in the Bonfire Dance uses a mixture of start-stop (us) in the aggressive type rhythm plus jumping (og) in the indulgent rhythm. It also uses the indulgent jumping rhythm only at times (Ogogs) in a sharp hop movement. There is also the aggressive biting rhythm (os) and indulgent jumping rhythm (og) which increases in frequency and sharpness.

Because the jumping rhythm is indulging (the movement ends in rounded rather than sharp transitions) its intrusiveness is not aggressive. "Jumping rhythms are the dynamic behind abrupt and intense mood swings, or ideas which come with a sudden flash of insight"[xciv] (p. 51). The jumping rhythm can be called "the narcissistic phase in which children experience much joy in themselves," (p. 51) and Gesell called this phase a "high drive, combined with a fluid mental organization (1940)"[xcv] (p. 50).

However, the abruptness of the rhythm can be reflected in quickly shifting mood swings. Children often fall from happiness into despondency about an injury or about feeling rejected. From sadness they recuperate, bouncing into pleasure" [xcvi] (p. 50).

Therefore this may be a reason why people with mental health illnesses do not enjoy this rhythm and prefer to avoid a possible shift in mood swing given that mood swings and schisms are a huge part of their conditions.

This shows how profoundly rhythm can effect a person. The rhythms from the Bonfire dance and those of the "Joy dance" (Hora/Hava Nagila) were similar as there was a comparable use of usog and some osog. This suggests that a jumping rhythm may only be beneficial with clinically depressed patients, as in Koch's study, and not with patients suffering mental health illnesses with psychotic symptoms as in my study.

Holding Hands

The holding hands aspect is the most significant part of this pilot study as in the dance with holding hands and no jump step, the levels of depressed affect decreased the most. However, it is difficult to analyse the holding hands rhythm as people do it so differently. Holding hands is mainly a straining rhythm in bound flow however others may have a light grasp. For either too light a hold or too bound a hold, people may not often be flexible to what impulses come from others. Therefore, it is hard to be clear on the actual rhythms of holding hands however this study suggests that the act of holding hands may be of benefit to this patient group.

Laban

Rudolf Laban (1879-1958) was a pioneer in the field of movement observation, analysis and research and his perceptions led to the formation of a detailed vocabulary for describing human movement called the Laban Movement Analysis (LMA) describing both the quantitative and qualitative components of movement.[xcvii]

I would like to use Laban notation to try and draw some conclusions as to what the type of movement used in this circle dance can tell us. Bloom (2006) explains that Laban's four elements have affinities with different realms of human experience and details Laban's connection with Jung. "Around 1950, Laban discovered Carl Jung's papers (Jung, 1921) delineating the four functions through which, Jung suggested, humans make contact with the world-feelings, sensation, the intellect and intuition. According to Jung (1961), these four "functions of the ego" describe the means by which "consciousness obtains its orientation". "Sensation tells you that something (tangible) exists; thinking tells you what it is; feeling tells you whether it is agreeable or not; and intuition tells you where it comes from and where it is going" (Jung, 1961, p. 219) [xcviii] (p. 72).

To examine the dance more closely I will look at the dance with reference to two of Laban's efforts which try and describe the state of mind of the mover. The circle dance without the jump step and holding hands has a combination of elements of Weight and Time. These two elements create a mood called *near state,* a felt sense of bodied rhythm. The physical and intuitive aspects are activated.[xcix]

Weight

Weight is present and is related to "Laban's analysis to the realm of physical sensation and thus to intention or agency - what one wishes to do with one's weight."[c]

North (1990) adds, "The motion factor of weight can be associated with, or appears in relation to, intention, will-power and sensation (that is perception through conscious sensory processes)"[ci] (p. 239). In the circle dance, the aspect of holding hands and moving together can reflect this physicality.

Time

Laban associated the element of time with "intuition, having a sense of timing, a felt relationship to impulse, rhythm and phrasing"[cii] (p. 80). This effort very much marks out the rhythm and movements which the participants needed to follow in the dance structure as well as having to sustain the same hand movement and foot movement.

According to North (1990), "The motion factor of time is associated with, or appears in relation to, decisiveness, and intuition (perception by way of unconscious content and connections)"[ciii] (p. 240). This may be true in the decision to do a certain step and move a certain way.

North (1990) points out that the combination of both these elements is associated to rhythmic experience - human and materialistic attachments, down-to-earth attitudes. It combines sensing and intuition, and excludes thinking and emotional feeling.[civ] This analysis is quite likely given that the participants were told what to do and how to move with the accompanying beat of the music.

Dimensions

The circle dance uses both the horizontal dimension through its sideward movements as well as a sagital dimension of forward and back movements. The participants are on a vertical plane as they are standing vertically and jumping vertically. Bloom (2006) says that on one hand LMA is a way to emphasize more with the patients but it may also invite a prescribed, potentially overly objectifying and diagnostic way of working with the patients.[cv] In the case of this dance intervention, LMA and KMP are useful tools to try and understand the sate of mind of the patients at the time of the dance and why one type of movement is preferential over another.

Benefits of the circle

Schmais and White (1986) remind us "Throughout history people have expressed themselves through moving together to a common rhythm. They danced before harvests, hunts and wars. They danced in times of transitions: birth, puberty, adolescence, manhood and death. They danced at the most important times in their lives. Feelings and emotions were shared through common participation in movement: this aspect of communal dance is one part of dance therapy"[cvi] (p. 24).

Chace

According to Levy (1988), Marian Chace (circa 1896-1970), "The Grand Dame"[cvii] (p. 21) of dance therapy was seen to be influenced by Denishawn through her use of folk dance steps and structures (such as the circle) to promote social integration among her patients[cviii]. She is particularly well-known for her work with psychiatric patients. Dr. Jay Hoffman, a physician at St. Elizabeth's hospital where Chace worked for 25 years testified, "as one watches these patients-very sick psychotic patients - and Miss Chace - dancing, one gains the impression that through this medium the patients have at last found it possible to step out of their constricted world and quoting one of them "reach forward"[cix] (p. 23).

The circle was of key importance to the Chacian structure. Bloom (2006) states, "The ritualistic, unifying experience of dancing together in a circle was felt to provide a safe container for these patients" (p. 31). Bloom quotes Bartenieff by saying that the circle was felt to be "an organic expression of non-aggressive relationship" (p. 31) that "aids the experience of streams of movement energy spreading from one to the other" (Bartenieff, 1980, p.1)"[cx] (p. 31).

Evan

According to Levy, Blanche Evan (circa 1909-1982), one of the pioneers of DMT used circle dance as part of her practice. As part of the warm-up, she often had the group make a circle and each group member would suggest or begin a warm-up action which the

other members then picked up on. From here the group members could take turns at leadership.[cxi] This was similar to Chace's approach only that Evan's focused on a different population. Her emphasis was on dance as a therapy for the neurotic urban adult, "normal neurotic", who, "under extraordinary external and internal pressure due partially to his/her alienation from the rhythms of nature, has lost contact with his/her inner emotional and physical self and thereby is less able to cope with his/her World" [cxii] (p. 48).

It is not by chance that the circle formation is so powerful. It acts to bring people together, to share emotions, and to gain strength for important times in one's life. Therefore it is natural for this structure to be used in a DMT session as it provides a safe place for healing to take place.

Collective identity

The circle dance has many positive qualities and Dorothy Jerrome (2002)[cxiii] draws on Hanna (1988) to explain them, "Like other kinds of dance, circle dance can forge a sense of collective identity and belonging. Traditionally it has provided stability and support in times of personal, social and environmental change. Anthropologists have drawn attention to the use of community dance to help people cope with personal, social and environmental change with difficult emotions like anger or grief, to contain anxieties, and to promote a sense of belonging (Hanna, 1988)[cxiv] (p. 173).

Vulnerability

In circle dance, the participants have a certain amount of letting go, letting oneself be guided and feeling a certain loss of autonomy. This creates a certain sense of vulnerability. However, it is an important step towards being in contact with one's true self. As Hagen (1973) says, "What you reveal and do when you are truly vulnerable and wounded is totally different from when, as in life, your purpose is, so often, to prove that you are invulnerable" [Hagen, 1973, p. 214][cxv] (p. 42). Bloom (2006) says that it is in these moments when the most profound education has taken place. Whitehouse brought Jung's notion of "active imagination" (1961) to bear on her work in DMT. Whitehouse

said that, "Movement to be experienced, has to be *found* in the body, not put on like a dress or a coat"[cxvi] (p. 32).

Rhythm and sense of self

Circle dance promotes a sense of rhythm and grounding. "Rhythmic movement can allow the sense of self to be strengthened by emphasising contact with the ground, thus reaffirming our connectedness within ourselves and with the world through gravity (Steiner, 1992)"[cxvii](p. 174). Jerrome (2002) draws on King (1996) to state that the contact with others encourages attachment, as it is reminiscent of early attachment relationships, the holding and being held, the rhythmic and repetitive rocking, swaying and walking. "One of the attractions of circle dance to vulnerable people is the belief that they will not have to expose themselves" (King, 1996) [cxviii] (p. 174).

Rhythm has two main functions according to Stanton-Jones (1992) in that it structures the action of an individual, and it facilitates a feeling of connection to the group. Stanton-Jones (1992) draws on Yalom (1970) to support her view, "This special sense of belonging to a group is one of the major therapeutic factors in group psychotherapy (Yalom, 1970:70)"[cxix] (p. 15). And Chaiklin and Schmais (1979) furthermore support this view, "the patient can channel energy within the structure of the rhythm, and gain a sense of personal vitality (Chaiklin and Schmais 1979:21)[cxx] (p. 15). The circle dance is in line with this way of thinking as the results have shown that it can increase feelings of vitalization as well as lowering levels of depression.

Moving Together

This idea of moving together to the same rhythm can promote connection and communication and trust. From Stanton-Jones (1992), Chaiklin (1975) highlights Chace's work, "The power of rhythm to structure and organize a number of individuals into a group is one that Chace took from 'primitive dance.' She said that 'even primitive man understood that a group of people moving together gained a feeling of more strength and security than any one individual could feel alone'"(Chaiklin, 1975: 54) [cxxi] (p. 15).

Monika Steiner, in her chapter, *Alternatives in pschychiatry* (2006)[cxxii], draws on the ideas of Brown and Avstreih (1989), "Moving with another person creates a feeling of togetherness which can be difficult to achieve with words. This non-verbal communication, called synchrony (Brown & Avstreih 1989), can be the first step in building a bridge between two different worlds, the one of the client and the one of the therapist"[cxxiii] (p. 149). Spencer adds just how powerful group movement can be, "Since ancient times this medium has been used to help people cope with difficult emotions, like grief or anger, to contain anxieties, to give the individual a sense of belonging, and to create a channel of communication which is so primal it touches on a person's deepest sentiments (Spencer 1985)"[cxxiv] (p. 149).

Boundaries and rituals

Boundaries and rituals are important for people suffering from mental illness. Meekums (2002) states "Rituals seems to have a deep social and psychological significance in enabling groups and individuals to process transitions"[cxxv] (p.57). Boundaries provide a safety belt and rituals can provide a safe environment. Therefore the circular shape and the structure of the dance hold importance.

According to Jerrome (2002), "In therapeutic dance the rituals mark the boundary between enfolding circle and the space outside it, which is dominated by different concerns"(p. 174). Jerrome adds, "Other boundaries are also asserted through the medium of the dance. Body boundaries, often distorted in psychotic people and others who cannot take their autonomy for granted, are assisted through physical touch"[cxxvi] (p. 174).

According to Steiner (2006), "Rituals help alleviate anxiety. They provide a framework, in which a frightened person holds on to the familiar in order to contain difficult thoughts and feelings. They are also useful in clarifying the beginning and end of a session, therefore helping with transitions, and signify a boundary between being in or out of therapy"[cxxvii] (p. 150). Therefore, the implementation of a circle dance either at the beginning or end of a DMT session may be beneficial in helping with transitions and alleviating anxiety as Steiner highlights.

Structure of the sessions

In the DMT sessions on my placement, several rituals were developed. We followed Chace's mode of check-in, warm-up, process and closure however different elements were added and were maintained. At the start and end of the session, a foam ball was passed around and people took it in turn to have a check-in and check-out each time saying how they were feeling. The type of music was very important and a marked beat is encouraged so that it creates structure. Meekums (2002) states, "Rhythm has an organizing function for us"[cxxviii] (p. 59). The same music was used in every session and each stage of the session was accompanied by different music for example, when the lycra cloth and ball was used near the end of the session, the waltz was played: for the warm-up and warm-down music from the film Amélie was used and for the free movement reggae music was played. The Irish circle dance came just before the warm-down. Props were also always available and were placed in the same place each week. We kept the same time-slot, starting and finishing at the same time each week. Meekums (2002) states that "boundaries are there to provide a benevolent container" (p. 57) and that time boundaries mean the client only has to deal with difficult material at a given time each week. This time limit also encourages people to be responsible with their time.[cxxix]

Attachment

Can a circle dance offer more to the patient in terms of psychosocial needs? Jerrome (2002) who works with people suffering from dementia raises questions regarding the effects of circle dance. "Could a circle dance revive insecure memories of an insecure attachment, or even an early abuse, violence and unpleasant sexual encounters, and further undermine fragile coping strategies?"[cxxx] (p. 172). However, Jerrome (2002) encourages circle dance in that, "It brings heightened awareness of self and other, an opportunity to show feelings and make contact with other people in a safe environment"[cxxxi] (p. 173). Other therapeutic benefits suggested are, "One is non-verbal communication or synchrony, which creates a powerful feeling of togetherness (Steiner, 1992; Feder and Feder, 1984)[cxxxii] (p. 173). Therefore, circle dance can be extremely

beneficial for patients with mental health illnesses but they must also be used sensitively and must take place within a secure setting and where a good relationship exists with the group and the therapist.

Cohesion

As part of the DMT session, the circle dance may also promote cohesion given that moving together appears to develop group awareness, interaction and communication. Erfer and Ziv (2006) draw on Schmais to support their argument on how group movement can increase cohesion, "According to Schmais (1985), moving in rhythmic synchrony with others is the first step towards communication"[cxxxiii] (p. 241). Furthermore, "When group members communicate and interact, there is an energy shift, and a sense of having achieved something as a group. "…[T]he development of synchronous activity is a process that aids resocialization, activates expression, fosters contact and promotes cohesion" (Schmais, 1985)"[cxxxiv] (p. 241). Schmais further promotes the benefits of DMT, "dance therapy utilizes all available channels of communication to affect continuous and meaningful contact"[cxxxv] (p. 30).

Symbolism of the Circle

The circle has always been significant throughout history. Frances and Bryant Jeffries (1998)[cxxxvi] offer some explanations, "Perhaps for many ancient people it represented the shape of the most important part of their lives - the Sun, the source of heat and light, revered as the source of life itself" (p. 53). The circle also imitated the Moon and Earth too, "these essential aspects of life"[cxxxvii] (p. 53). Therefore the belief in the energy that both the Sun and Earth stored deep within mean that similarly in the Circle dances Frances and Bryant Jeffries teach, they believe that, "the humble circle mirrors this important phenomenon, for when we meet in circular form we concentrate energy at the centre. As we stand there the energy grows because we are all directing our heart centre towards the middle of the circle"[cxxxviii] (p. 53).

Furthermore, our embodiment, our bodies, facilitate meeting in circles. We have only one vision and possibility of direct speech to the front. If we can see everybody we feel better protected (less vulnerable) and we are able to dialogue (verbally and nonverbally). Because our bodies are built the way they are built, the circle as a form of gathering makes sense to us.

Importance of circle dance through time

Stewart (2002) highlights the joy felt whilst participating in circle dances; "As in ancient times, group dancing provides the pleasure of collective participation. The persuasive rhythms of dance and chanting allow individuals in the group to form a union with one another, to momentarily drop the barriers of individualism-the ego's self-consciousness and the fear of separateness. With an open heart and trust within a circle, a higher vibration can be reached"[cxxxix] (p.192-193).

According to Frances and Bryant Jeffries (1998) one can be ignorant of the importance of the circle in life, "we are inevitably caught up in the circularity of life, yet we often do not recognise it or its importance"[cxl] (p. 55). They refer to the cycles of the seasons, the life-cycle and the cycle of day and night. Whilst talking of dancing they suggest, "The

circle represents wholeness, unity, healing and is the basic unit of the Universe"[cxli] (p. 55).

Benefits of circle dance

The circle dance brings many attributes according to Frances and Bryant Jeffries (1998): "The symbolic nature of dancing in a circle (wholeness, healing), making the same movements (unity), being equal (harmony) and getting simple enjoyment from our own efforts (freedom) seems to be the essence of Sacred Circle Dance"[cxlii] (p. 58). Stewart (2002) adds, "The circle is perhaps the most ancient of mystical symbols and the most universal of all dances. It is the earth and the sun in eternal movement, an unbroken, unbent line symbolizing continuity and eternity. The circle represents the wholeness of things, the roundness of pregnancy, the breasts, the vessel, house and temple. The dance brings life full circle" [cxliii] (p. 148). Furthermore, "The circle creates solidarity. Because it takes more than two people to complete a circle, the circle creates community. It is the perfect democracy; there is equality. The circle provides a protected, consecrated, all inclusive space. It is nonlinear, multidirectional, and endless"[cxliv] (p. 148).

Soul searching

For Stewart (2002), movement goes beyond words and reaches our souls. "Dancing is elemental, eternal form of human expression. To dance, at its simplest, is to let the body express itself rhythmically. Movement, our first language, touches centres of our being beyond the reach of vocabularies of reason or coercion. It communicates through the innermost soul which cannot be expressed through words"[cxlv] (p. 5). Whilst moving in a circle when dancing, Stewart (2002) emphasizes its importance, "The circle is charmed because it encloses emptiness - an emptiness constructed by and charged with, the concentrated energy of our moving, connected bodies. When we leave the center empty and direct our dancing toward this unmoved stillness, we create within ourselves, the quiet of the unmoved center"[cxlvi] (p. 149). Stewart (2002) highlights that, "In dance as ritual, our learning mode is reversed and the mind learns from the body. Dance is not only language; it is also "listening""[cxlvii] (p. 214).

I was not aware of just how powerful a circle dance could be. However, I knew that the circle formation in itself was something that held people together in a special way. Throughout history the circle has always been a symbol of unity and harmony and strength. Therefore one should not be surprised that dancing in a circle can be very powerful and cause different effects such as joy and positive energy.

Ireland: Rituals and Dance

Ireland, like most cultures, has a rich tradition of dance. It is referenced to in mediaeval, mythological and modern times. Also, in folk beliefs in Ireland, there is mention of the performance of dance in the otherworld, Mulrooney (2006) draws on Seán Ó Súilleabháin, "The folklore of recent centuries is adamant that stone formation, and particularly the circular formations found frequently throughout the landscape, are, "fairy circles" at which the sí people dance at night" [cxlviii] (p. 32).

Movement Rituals in Ireland

The powerfulness of the circle dance was very much part of Irish history. Dance and movement in Ireland go back to ancient times. Dáithí Ó hÓgáin (2006), Ireland's leading folklorist, provides examples where movement was used for other purposes other than social ones. He explains that movement was used as a ritual to claim possession of land, before war or at wakes. Circumambulation was described as a ritual to claim possession of land and, though this in itself is formal pacing rather than dance, it is performed within specific time limits.[cxlix]

Mediaeval rituals

Mediaeval literary texts describe a ritual of body and foot movement. Dáithí Ó hÓgáin (2006) highlights this movement, "This is the practice known as *corrghuineacht* (Literally "heron-wounding"), probably because the performer mimicked the image of that bird. It was a magical ritual with the explicit purpose of weakening or damaging a foe"[cl] (p. 30). A similar dance was performed by Lugh where a battle was being fought, "there Lugh sang a recitation, on one foot and one eyed around the men of Ireland"[cli] (p. 30). From the seventeenth century onwards there are accounts of merry dances at Irish wakes, but in earlier times some at least of the dancing may have been mournful, as a bodily expression of grief corresponding to the verbal laments which were customary on such occasions. Ó hÓgáin highlights lamentation games called "cluichí caointe," mentioned in early Irish literature, may indeed have included dancing[clii] (p. 31).

Emotions and movement

Throughout Irish history, emotions and movement have been linked as Dáithí Ó hÓgáin (2006) states, "What this amounts to is the expression of one's emotions ritually through body movements, and this is undoubtedly very ancient in Ireland. Poetry was rhythmical and was understood as the expression of great feeling, such as awe, anger, or sorrow. And it must have been customary to express the same feelings through demonstrative and rhythmic actions"[cliii] (p. 31).

Yeats

Yeats (1906) wrote various poems that dealt with dance and movement. He is said to have been obsessed early in life with "the energy of the body" (p. 16) despite his daughter quoted as saying, "I can't imagine father being interested in dance"[cliv] (p. 16). He made his actors rehearse in barrels due to being influenced "by the magical belief that the unconscious is tapped by keeping the body still, the mind awake and clear, so as to avoid any confusion between 'the images of the mind and the objects of sense" [clv] (p. 17). Mulrooney posits, "On his own body-journey, at least, Yeats knew there was something to be reckoned with in the notion of the body, and did his best in his own misinformed but earnest, way to do something about it"[clvi] (p. 17).

Rituals in movement can be very powerful. In mediaeval times, it was expected that a coming together in movement created more strength whether it be before war or wakes. This expression of emotion together was deemed powerful. However, today's society has become more conservative and one is not expected to outwardly express oneself, instead to contain it. This holding in of emotion may be very detrimental.

Irish Dance

Irish Dance has a rich heritage. It has many influences; from the Druids dancing in religious ritual to the oak and sun and whose circular dances still survive in ring dances of today, to the Celts from central Europe over 2000 years ago.[clvii] Irish dance has gone through various stages, from being suppressed by the English Authorities in 1366 under

the Statutes of Kilkenny to becoming a global success following the Eurovision song contest with *Riverdance* in 1994.[clviii] What I would like to question is whether a feeling of merriment is at the heart of Irish Céilí Dancing.

Traditional dance has been seen to have healing powers. Goodill[clix] draws on Hanna, "Dancing alone seems to provide certain health benefits (Hanna 1988, 1995), including the reduction of anxiety (Leste and Rust 1984). Dance as community expression and ritual has been examined by Hanna (1998), who explains the physiological processes induced in traditional dance healing rituals. Graduate projects by Halperin (1995) and Watson (2001) are examples of research exploring the similarities between dance healing rituals and DMT."[clx] (p. 30). Hence, I was interested to see if the traditional dance I learnt as a child could have healing rituals relevant to today.

Since the age of 5, I have learnt Irish Dancing and have since gone on to teach it. I have always enjoyed the ceílí dancing in groups both as a dancer and a teacher. The resulting positive affect I felt after having danced a ceílí interested me especially after having read Sabine Koch's (2007) article, "The Joy Dance." She concluded that levels of depression lowered for depressed patients after having participated in a circle dance. I was interested in investigating whether ceílí dances were to have the same effect or whether or not it was not simply my own prejudices.

Historically, there is evidence that this merriment brought about by Irish Dance and music, worried the Catholic Church. In Yeats' poem below, *The Fiddler of Dooney*, this merriment is reflected and very much linked to the dancing and the music.

‘The Fiddler of Dooney’ by William Butler Yeats (1865 – 1939) [clxi]

When I play on my fiddle in Dooney.

Folk dance like a wave of the sea;

My cousin is priest in Kilvarnet,

My brother in Mocharabuiee.

I passed my brother and cousin:

They read in their books of prayer;

I read in my book of songs

I bought at the Sligo fair.

When we come at the end of time

To Peter sitting in state,

He will smile on the three old spirits,

But call me first through the gate;

For the good are always the merry,

Save by an evil chance,

And the merry love the fiddle,

And the merry love to dance:

And when the folk there spy me,

They will all come up to me,

With 'Here is the fiddler of Dooney!'

And dance like a wave of the sea.

Irish solo dancing has changed over the years but the group ceílí dances danced at the crossroads have not changed to this day. According to Kavanagh, "Despite the shift from rigid, stiff restrictive postures required for vertical floor tapping in cottage kitchens to more use of horizontal space movements in stage competitions, 20th century Irish dance came to be characterized for the most part by rigid bodily posture and sobriety of movement, mockingly described as 'strictly from the ankles down"[clxii] (p. 734) Movement in Irish dance is limited. It takes place mainly below the torso. It is known for both for its rhythmical hard shoe dancing and graceful soft shoe dancing as well as its lively group ceílí dancing. There are many rumours for this limited movement, whether it was imposed by the church to suppress any possibility of touch or was it simply for decorum as my teacher Mary Soal always maintained. In spite of the restraint, the ceílí dancing encouraged touch by holding hands and these dances throughout history have appeared to bring with them a feeling of joy.

Rince Morn a Tine - The Bonfire Dance

Irish Dance and good 'craic[v]' have always gone hand in hand. Myself being an Irish dancer and dance teacher, I have both witnessed and felt this feeling of joy during and after a good céilí dance. Ireland has had a tumultuous history during which Irish dance was banned and made to become a secretive affair despite its beneficial affects bodily and socially. Kay Allen, in her article, "Irish Céilí Dance and Elderly Dancers" points out this sensation, "The lively Irish fiddle music beckons as a crowd of dancers weave a mesmerizing spell of movement. It is impossible to resist the exuberant energy of a céilí."[clxiii]

"The word 'céilí' originally meant the gathering of people in a house at night to have an enjoyable time together, long before music and dancing became part of the proceedings"[clxiv] (p. 27).

Group dances became known as céilí dances. The céilí dance used in my pilot study was a simplified version of a circle dance "Rince Morn a Tine" in Gaelic or Bonfire Dance. It

[v] 'Craic' can mean fun or an update on what is happening in someone's life, "What's the craic?" means "What is going on with you at the minute?"

may indeed have been influenced by the Druids who were known to have created many circular dances to worship the sun and oak trees. "The Bonfire Dance, was a delightful and simple old circle dance in which young and old danced around a bonfire. Dancers stood in a ring facing the central bonfire, with the women to the right of the male partners. It had an association with old traditions in that it was supposed to have been danced originally around the bonfire on Saint John's Eve (20th June)"[clxv] (p. 35).

Music

Music used for dance intervention is a traditional song called "Tell me ma"[clxvi] by Irish Music group, Gaelic Store Tree. It is a 4/4 polka tune danced in reel-time, i.e., 2/4. The tune lasts 2.42 minutes.

Dance instructions[clxvii]

(The dance has been slightly adapted to reach the needs of the dancers)

Part A: Ar Aghaidh is Ar gCúl/ Advance and Retire:

The dance begins with everyone joining hands in a circle and gradually advancing towards the centre with the Promenade step for 4 bars. Then, everyone retires to their places in four promenade steps for 4 bars.

Part B: Céim an Fháinne / Rings:

Still holding hands, the group moves anti-clockwise for 8 bars using promenade step.

Part C: Part A is repeated.

Part D: Repeat B but this time all dance clockwise back to places. On last 'three' of promenade step, partners turn to face each other.

Part E: Uillin in Uillin / Link Arms

Linking right arms, partners dance round for 4 promenade steps to partner's place. Release arms. Link left arms and return to place in circle.

The dance is then repeated.

Christie Kay Allen (2003),[clxviii] in her article, *Irish Céilí Dance and Elderly Dancers*, describes seeing people dance a céilí. "Céilí dancing is quite energetic and aerobic. Dancers step lightly on the balls of the feet, and dance steps are executed with quick, lifting, and controlled movements that are held close to the body. A characteristic style of all Irish dances is that the majority of movement occurs in the lower half of the body. The upper torso is held still and erect, and arms are held straight and at one's sides, unless holding hands with a partner. In that case, a standard dance position is elbows held close to the body, forearms bent upward, and hands held at shoulder height"[clxix] (p. 111).

Promenade step for a reel or commonly known as the 1,2,3 step:

Instructions for promenade step

Weight should be comfortably balanced on both feet to start. Dancers should try to dance lightly on toes or balls of feet. The participant puts weight on left foot lifts right foot , jumps forward slightly (1) and then crosses left foot in front and steps forward (2) and brings right toe forward to meet left heel (3). The same is repeated with the other foot.

Eye Contact

An important element to any céilí dance is eye contact. In order to keep the circle form and proper spacing between the dancers, one must look into the eyes of the dancer in front. It also promotes a feeling of moving together as a whole. This aspect is important in encouraging a feeling of togetherness for people suffering mental health illnesses. Eye contact can be difficult for them because as Westbrook and Sing (1988) point out, "Visual behaviour plays a major role in communication"[clxx] (p. 40). For people suffering from schizophrenia, gaze aversion is used frequently to avoid social contact. Erikson

described the experience of visibility to, "Being completely exposed and conscious of being looked at"[clxxi] (p. 40).

Dance adapted

I had to simplify the dance in order to reach address the needs of my client group. The dance should be slightly longer with some more intricate moves but the version we performed maintained the main body of the dance whilst meeting the needs of the group. No-one felt the dance was too difficult. As Silverman and Marcionetti (2004) suggest, "when conducting research within this population, it is important to simplify testing instruments to meet the needs of the least able of the participants while providing a consistent test form to include the most able (Lysaker, Wilt, Plascak-Hallberg, Brenner, & Clements, 2003)"[clxxii] (p. 291). I felt that although not an instrument, the dance needed to be adjusted in order to meet the clients' needs and where they were at.

Health and social benefits of céilí dancing

In Allen's (2003) article, she underlines the significance of céilí dancing for this population, "Interviewees revealed that dance has rich and varied meanings, ranging from its perceived health benefits, its usefulness as a vehicle for socialization, its stimulus for reminiscence, and its connection to cultural heritage"[clxxiii] (p. 121). The fact that it can be seen as being therapeutic for these elderly people is important in my study. An 80 year old dancer called Wally said, "After the second class I said, '*what am I doing to myself*? . . . but, you know, the longer I danced the better I felt"[clxxiv] (p 117).

Mary, a dancer age 76 and a mother of 9 children, who frequently dances at elderly peoples' rest homes, highlights the fun side of Irish Céilí dancing, "It's fun for me, that's why I do it"[clxxv] (p. 118). Yet, even though Mary gives dance this uncomplicated meaning, she also gives a good example of what Merleau-Ponty calls a "body understanding" of dance, an understanding that is "to experience a harmony between what we aim at and what is given, between the intention and the performance" (1981, pp. 139, 144)[clxxvi] (p 119).

As Merleau-Ponty (1981) writes, "A movement is learned when the body has understood it, that is, when it has incorporated it into its world" (p. 139)[clxxvii] (p. 119). The act of learning a dance and being able to perform it, may also be an important factor in the decrease of depression as it gives rise to a feeling of success in one's self and a sense of achievement.

Historical view

Helen Brennan (1999), author of "*The Story of Irish Dance"* [clxxviii] draws attention to the fact that, "Throughout history, many if not most of the Irish clergy were implacably opposed to dancing. The people, however, were quietly but firmly determined to follow their own will in the matter. As early as 1660, the Synod of Tuam decreed: *"Prohibentur tripudia, tibicines, symphoniae, commisations et allii abusus in visitatione fontium et aliorum sacorum locorum." (Dancing, flute playing, bands of music, riotous revels and other abuses in visiting holy wells and other holy places are forbidden.)* In 1777 we find the Cashel bishops giving exemplary punishments for dancing, while in 1803 Bishop Plunkett of Meath condemned Sunday dancing. Despite such opposition, dancing continued unabated"[clxxix] (p. 121).

In the article "*Images of Organization in Irish Dance*", [clxxx] by Kavanagh, D; Keohane,K and Kuhling, C (2008), quote a parish priest from 1670: "'dancing… is a thing that leads to bad thoughts and evil actions. It is dancing that excites the desires of the body. In the dance are seen frenzy and woe, and with dancing thousands go to the black hell.'"[clxxxi] (p. 731). However, from the late-seventeenth century, the English authorities imposed the Penal Laws which banned ordination of Catholic Clergy and education of Catholic children. Irish Dance and music had to be practised in secret. These laws forced a decline in the Irish language, customs and music. This period of severe repression lasted for over a century until the granting of the Catholic Emancipation in 1829.[clxxxii]

In spite of these penal laws, Arthur Flynn author of "*Irish Dance*" (1998) points out "According to many travellers to Ireland from the mid-eighteenth century, the social life of rural areas included cross-roads dancing"[clxxxiii] (p. 25). Due to the famine and

migration, numbers dwindled but was revived again when revolutionary movements began to develop in the early nineteenth century and artists were drawn to their native traditions. Flynn 1998) states, "Kitchen and cross-roads were used once again for céilí gatherings of dance and music"[clxxxiv] (p. 26).

However, these were known as "occasions of sin" and clergy grew very hostile to these events. The Public Halls Act of 1935 introduced more commercial dance halls with modern dance bands and the clergy used the act to end crossroad dancing "and insisted that young people should only attend dances indoors under supervision" [clxxxv](p. 28). Irish dance which was once frowned upon by the clergy became popular amongst them due to the introduction of these modern dance halls. Bishops within the Catholic Church explicitly pointed out the moral dangers that modern commercial dance halls represented and began valorizing, 'traditional' Irish dance (i.e., ceílí dancing). According to Kavanagh et al. (2008) the rationale for this was largely because this commercial dancing was, as George Bernard Shaw dryly observed, 'the vertical expression of a horizontal desire.'[clxxxvi]

In contrast to the dancing associated to the dance halls, Irish céilí dancing was a "'social event imprimatured by the Catholic Church where boys and girls met each other under close sacerdotal super-vision and practiced minimal-contact dancing'" [as described by Ciarán Carson, quoted in O'Toole (2003b, p. 147)]. O'Toole (2003) continues: 'In that sense, all Irish Dancing was liturgical. It was an act of piety, a homage to the holy trinity of Catholicism, Irish nationalism and sexual continence' (O'Toole, 2003b)[clxxxvii] (p. 733).

Irish Dance has progressed and from being a forbidden and secret activity to being promoted world-wide. Kavanagh et al. (2008) point out that "Upon achieving independence in 1922, the emerging Irish nation-state set about consolidating a nationalist cultural identity. 'Parochial Ireland' was hence a product of this cultural/political endeavour. An important part of this project was the promotion of Irish music and dance competitions, as Irish musicians and dancers became a national resource for constructing the bases of Irish collective and national identity"[clxxxviii] (p. 732).

Today, Irish Dance is being taught globally with schools on all continents. It attracts people, by its lively and rhythmical dances and enchanting music and seems to have both social benefits and health benefits.

Empirical Part of Study

Work Method

Sample

45 participants from the CTAM (Comunitat Terapeutic Arenys de Munt) Therapeutic Community in Arenys de Munt in Catalonia agreed to participate in this pilot study (19 men and 26 women). The mean age was 37.2 with the ages ranging from 21 to 65. The patients had been diagnosed with severe mental illnesses[vi] predominantly psychotic illnesses mainly pertaining to schizophrenia spectrum disorders (See Table 1): 9 patients with Schizoaffective Disorder, 10 patients with Paranoid Schizophrenia, 14 patients with Bi-Polar Disorder, seven patients with Borderline Personality Disorder, 3 patients with Major Depression and 1 patient with Obsessive Compulsive Disorder. They had been admitted to the Therapeutic Community for rehabilitation for a period of up to three months, however, some were there long term and others had a history of numerous admissions to psychiatric hospitals. Each condition consisted of a mixed group. The three

	DIAGNOSIS						
GROUP	**Schizo-affective Disorder**	**Paranoid Schizophrenia**	**Bi-Polar**	**Borderline Personality Disorder**	**Major Depression**	**Obsessive Compulsive Disorder**	**Total**
Hands + Jump	3	4	4	1	0	0	12
Hands	3	3	3	2	1	0	12
Jump	3	2	5	1	1	0	12
Control	1	1	2	3	1	1	9

Table 1: The diagnoses of the patients in each group.

experimental groups consisted of 12 patients and the control group of 9 patients. This sample size did not allow for within group differences based on diagnosis.

[vi] The term encompasses a group of disorders including schizophrenia, bi-polar disorder, borderline personality disorder, major depression, obsessive compulsive disorder.

Procedure

In advance of the DMT sessions that we (myself and co-leader Laura) were conducting at this institute, patients were invited to participate in the pilot study. After explaining the study in the morning meeting, the patients were invited to participate and we then obtained spoken consent. The interventions took place in the activity room. A circle of chairs was formed for the patients to sit fit and fill in the 6-item questionnaire (Figure 1) about how they feel at the moment. They were also invited to record any comments regarding how they were feeling or how they felt about the study. Some patients needed help with filling in and understanding the questionnaire. The dance was practiced once without music every time to remember the movements and the steps. I know no evidence to suggest that movements are remembered better without music, however, from my personal teaching perspective it was easier to walk through the dance at a slower pace first and then dance it at a faster pace accompanied by the music. The dance was performed once with music.

At the end of each session, the participants completed the 6-item measure questionnaire again and were invited to record any comments. There were fours groups, regular dance, dance without jump step and holding hands, dance with jump step and without holding hands and a control group. All groups took approximately 15 minutes altogether. During the different conditions of dance style performed as the interventions, there was no interaction in a therapeutic way, since the objective was to test whether the intervention could cause change.

Instrument

I used a shorter version of the 12-item state inventory, Heidelberg State Inventory (HSI) (Fig.1) used by Koch.[clxxxix] I used a uni-polar 6-item questionnaire which measures the levels of dimensions depressed affect, vitality and positive affect with. A five point rate scale was used 1 being the lowest (1 meaning ‘not at all’ to 5 meaning ‘extremely’). The instrument was adapted from Koch’s 12-item to 6-items due to difficulties encountered in

the trial run amongst the patients who found it too long and tedious. This meant that I only focused on 3 dimensions of depressive affect, vitality and positive affect. Each dimension consisted of two items. The dimension of depressed affect consisted of the mean of the items "depressive" and "lifeless, empty", the dimension of vitality consisted of the mean of the items "full of energy" and "strong, vital", and the dimension of positive affect consisted of the mean of the items "in a good mood" and "positive"[cxc](p. 345). According to Koch this scale had been constructed for the use with clinically depressed patients and had been tested and factor analyzed in previous studies with bigger samples[cxci] (p. 344). Since factor analyses of Koch (2009) most often revealed a general factor of "positivity vs. negativity" in all items, it is psychometrically justifiable to use this reduced scale here.

As Silverman and Marcionetti (2004) suggest, "when conducting research within this population, it is important to simplify testing instruments to meet the needs of the least able of the participants while providing a consistent test form to include the most able (Lysaker, Wilt, Plascak-Hallberg, Brenner, & Clements, 2003)[cxcii](p. 291). As with the dance, I needed to adjust the psychometric instrument to meet the needs of the whole group.

Name:					
Date:					
At the moment I feel…..	Not at all	A little		A lot	Extremely
Depressive	1	2	3	4	5
Not depressive	1	2	3	4	5
Lifeless, empty	1	2	3	4	5
Full of life	1	2	3	4	5
In a good mood	1	2	3	4	5
In a bad mood	1	2	3	4	5
Positive	1	2	3	4	5
Negative	1	2	3	4	5
Full of energy, resources	1	2	3	4	5

Without energy, resources	1	2	3	4	5
Strong, vital	1	2	3	4	5
Weak	1	2	3	4	5
Any comment:					

Figure 1. Questionnaire: Shorter version of Heidelberg State Inventory (HSI) [cxciii]. *Note.* The dimension of *depressed affect* consisted of mean of items "depressive" and "lifeless, empty", the dimension of *vitality* consisted of mean of items "full of energy" and "strong, vital", and the dimension of *positive affect* consisted of mean of items "in a good mood" and "positive".[cxciv] (p. 345)

Space for comments

An additional space for comments was also included in the questionnaire for pre- and post-test. This space was there for qualitative reasons as patients sometimes made comments about the dance or how they felt and I wanted them to have a space to record them. The comment space was not used as much as I had originally anticipated. Of the comments that were made, there were both positive and negative ones both before and after the study. Dorothy[vii] and Mary respectively said before the study, "You are just using us for a psychology study," and "I like being asked how I am feeling," After the study Paul said, "This doesn't mean anything" and Lisa said, "I like the polka."

I was aware that I didn't want to be too intrusive by asking them to fill-in questionnaires and that a comment box did not make up for this. However, I was also aware of the powerful counter-transferences whilst working with this these people suffering from mental health illnesses. In the end, I had to believe in my study and that I hoped that it would possibly be helpful to them in some way in the future. The lack of comments

[vii] Pseudonyms used for all patients.

offered in the comment box also reassured me that the method of using the questionnaire would be more useful in trying to find an overall view of what affect the dance intervention could have.

Hypothesis

My hypothesis was: based on Koch et al.'s study (2007), I expected the jumping to decrease depressed affect and to increase vitality and positive affect.

Design

A between participants design was employed with 3 experimental groups consisting of (Table 2): Group 0, regular dance (Jump-Hands); Group 1, dance with hands held without jump step (Hands); and Group 2, dance with jump step without holding hands (Jump) and Group 3, a control group doing a concentration test (Control) for the same length of time as the dance. The type of intervention formed the Independent Variables (IV). The dependent variables (DV) were measures of depressed affect, vitality and positive affect.

Group No.	**Intervention Type**	**Abbreviation**
Group 0	Dance with jump step with hands held	Jump-Hands
Group 1	Dance with hands held without jump step	Hands
Group 2	Dance with jump step without hands held	Jump
Group 3	Concentration Test	Control

Table 2. Abbreviation for group types

Statistical Tests

The following tests were carried out:

1. One-way ANOVAS were conducted on the Differences in Baseline measures (pre intervention scores for each DV) between groups.
2. Pre and post intervention means were used in a mixed plot MANOVA to investigate differences between groups and within groups.
3. T-tests further investigated differences between groups and with-in groups.
4. Bonferroni Corrections were then applied.

Results

The one way ANOVAS conducted on differences between groups at baseline suggest that there were no significant differences between any of the groups in any of the dependent variables pre-intervention. It can therefore be assumed that all groups began with the same levels of depressed affect, vitality and positive affect (See Appendix 3). Any change found post intervention might probably be due to the intervention.

A Mixed Plot MANOVA (See Appendix 4) used mean scores pre and post intervention to investigate differences between and within groups. In particular the MANOVA was computed to analyse how type of dance (Jump-hands, Hands and Jump) affected scores on the measures of depressed affect, vitality and positive affect. The alpha level chosen was $p<.05$. The table in Appendix 4 shows the levels of significance for any difference between groups and within groups. No significant difference was found between the groups on the combined measures of depressed affect, vitality and positive affect, suggesting that the intervention did not have an effect, $F(9,123) = .88$, $p = .55$. However, a significant difference was found for the within participants measures pre and post intervention, $F(3, 39) = 12.96$, $p < .001$ and a significant interaction was found between the groups and their scores pre and post intervention, $F(9,123) = 2.01$ $p = .044$.

The univariate tests (See Appendix 5), show that when the groups are amalgamated there is a significant difference between the pre and post intervention scores for all dependent variables, depressed affect $F(1,41)= 27.38$, $p<.001$, positive affect $F(1,41)=7.49$, $p=.009$, vitality $F(1,41)=10.06$, $p=.003$, indicating that over all groups there was a significant change in the positive direction from the pre-test to the post test. The only significant interaction, however, occurred for the measure of depressed affect, $F(3, 41)=3.19$, $p=.033$.

A series of post hoc t-tests were carried out in order to investigate the significant interaction between group and style of dance for the measure of depressed affect. Although the interaction was significant the t-tests suggest that there were no significant differences between groups pre or post intervention (See Appendices 6.1 and 6.2) The significant interaction however suggests a different pattern of results pre and post test and the mean scores suggest that the group who did the dance with hands held but no jump step experienced the largest drop in levels of depression (See Table 3).

Table 3: Mean scores pre and post intervention and mean differences for depression (standard deviations are in parenthesis).

Group	Mean Pre-Intervention	Mean post-Intervention	Mean Difference
Jump + Hands	9.75 (4.70)	8.33 (3.87)	1.42
Hands	13.67 (5.14)	7.00 (3.69)	9.98
Jump	13.83 (4.88)	10.00 (5.31)	3.83
Control	13.44 (4.70)	11.33 (6.16)	2.11

Contrasts conducted on each group and corrected for multiple comparisons using a Bonferroni adjustment ($p=0.013$) show that depressed affect was found to drop significantly in group who held hands (dance with hands held but no jump step), $t(11)=4.304$ $p=.001$ (See Appendix 7.2). No other within group contrasts reached significance. Although the means show that depression dropped for all experimental groups, it was only significant for the Hands group.

Although the lack of a significant main effect of group and interaction for the univariate measures of affect and vitality did not allow for separate post hoc tests, the significant main effect of the intervention was felt to warrant further investigation due to large mean differences found in the measures of vitality and affect. Further post hoc contrasts conducted on these measures showed that after Bonferroni correction there was a significant increase in vitality for the group who held hands, $t(11)=3.178$, $p=.009$ (See Appendix 7.2). Furthermore two other groups were found to approach significant differences, with the Jump group approaching a significant increase in positive affect, $t(11)=2.886$, $p=.015$ (See Appendix 7.3), and the Jump + Hands group approaching a significant increase in vitality, $t(11)=2.677$, $p=.022$ (See Appendix 7.1). As would be expected, the control group showed no significant difference in any of the dependent variables. These results support the use of movement in looking at ways of alleviating the depression amongst this client group and further support the use of circle dance within the DMT sessions.

Discussion

This study was conducted to investigate the effect that different dance interventions can have on depressed affect, vitality and positive affect. A comparison of four different groups was conducted: Jump-Hands, Hands, Jump and Control.

The hypothesis was that a difference would be found on measures of depressed affect, vitality and positive affect between groups who do a dance with or without jumping. However, the outcome was that a positive difference was found only for one dance style, the group who held hands without the jump step, and it only had a significant effect on the dependent variables of depression and vitality. Some trends however, were found in the data that approached significance. The means for the Jump + Hands group showed a near significant increase in vitality. The Jump group showed a near significant increase in affect.

These trends point towards there being an increase in vitality for both groups where hands were held, (Hands and Jump + Hands groups) and an increase in affect for the group where no hands were held and only the jump step was used (Jump).

The positive change in the group who held hands without the jump step and for the measures of depression and vitality, suggests encouraging the therapeutic use of circle dances in DMT. Koch (2007) specifies in her article, "Such dances can be employed, for example, as rituals at the beginning or the end of a therapy session in order to – at least temporarily – decrease depression and help the patients to feel more alive."[cxcv] In the case of the dance with hands held and without a jump step, Koch's suggestion is very appropriate as there was a significant decrease in depression and a significant increase in vitality for this dance. Koch (2007) promotes the therapeutic use of circle dances "under consideration of their specific effects,"[cxcvi] for DMT and other complimentary therapies. The specific effects of this pilot study are the alleviation of depression and the increase in vitality for patients suffering from mental health illnesses.

For the control group where the intervention was a control test, there were no significant differences from pre to post test for any of the dependent variables. This result suggests that a movement intervention is a more beneficial option for the decrease in depression. This is important for the promotion of movement-based therapies amongst this population.

Why did the jump step not alleviate depression amongst this client group of patients with main diagnosis of severe mental illnesses, predominantly psychotic illnesses mainly pertaining to schizophrenia spectrum disorders like it did with clinically depressed patients without psychotic symptoms in Koch's study? One reason may be the type of rhythm used in the dance. Given that the jump rhythms in the Bonfire Dance were of a similar type to the Joy Dance in Koch's article, (there was a comparable use of *usog* and some *osog* Kestenberg rhythms), the dances are comparable. One suggestion for this difference in results is that the type of rhythm was not in synch with the patients' needs. Kestenberg suggests that the jumping rhythm as well as encouraging a feeling of joy can also be abrupt and reflected quickly in mood swings.[cxcvii] This suggests that the jumping rhythm may not be the most appropriate for patients who are already suffering from an illness pertaining to the schizophrenia spectrum disorders and who may be suffering from schisms or splits in their body-mind make-up. The study suggests that moving together and holding hands was more important than jumping together and this suggests that the idea of touch was more beneficial to this client group.

The aspect of holding hands has been more beneficial than the jump step in alleviating depression and increasing vitality. This study can only evaluate the immediate effects of a dance intervention on depressed affect, however, it is useful in giving a direction to future studies. It was too complicated to try and split up groups to have patients with the same diagnosis in one group. To try and increase group size was also a problem due to commitment problems, duration of patients' stay, different crises related to their illness, so this study had to make do with the minimum number of participants to do the calculations. Ideally there would be a larger number of participants and they would be split into groups with similar diagnoses.

Silvermann and Marcionetti (2004) explain that it is intricate and difficult to control research with persons who are severely mentally ill; however, it is of utmost importance. He draws on Millon and Diesenhaus (1972) who noted that research in psychopathology has many difficulties such as ethics, clinical responsibility and unreliable data. He also draws on difficulties Aldridge (1993) found in quantitative research in the psychiatric field: difficulty finding matching groups of acute psychotic patients using the parameters of age, syndrome, and diagnosis that are not complicated by other problems (i.e., alcohol or drug-related), medication variables, and different crises and issues for psychotic breakdown, all of which contribute to relatively small numbers of participants. As mental health care providers require quantitative data to validate their expenditures, this research, difficult as it may be to conduct, is imperative." [cxcviii]

Ideally, therapists blind to the hypothesis would carry out the pilot study because the trainee therapists may have unconsciously been enthusiastic about the dance and in turn may have caused a mirroring effect of positive affect for the participants (like may have also happened in Koch's study[cxcix]).

The near significant results may be indications of an effect that this study does not have the power to establish and highlights the need to tighten up the experimental design by using more participants per group and consistent diagnoses. However, the significant results provide support for the encouragement of circle dances in alleviating depression and increasing vitality amongst patients suffering mental health illnesses with psychotic symptoms. These results are very significant given that depression is one of the most prevalent negative symptoms for people suffering from mental health illnesses.

Conclusion

In conclusion, firstly, the results of this quantitative pilot study suggest support for an Irish circle dance intervention decreasing depressed affect and increasing vitality amongst patients suffering mental health illnesses with psychotic symptoms. In all three experimental groups, levels of depressed affect decreased but only significantly for the group that danced without jump step and with hands held. In the control group, where no movement took place, levels of depression were not affected. This suggests that a movement activity is better than a more static activity to decrease depressed affect and increase positive affect and vitality. Secondly, it is suggested that the most significant aspect of the dance was 'holding hands' given that depressed affect decreased most significantly in the group that danced with holding hands but without the jump step.

Further important findings show that vitality increased significantly in the dance with holding hands and no jump step. 'Vitality' has been described as investing people with the power to live[cc], so this result is very important for these clients where one of the most prevalent negative symptoms of their illness is depression. Given that the patients on this study had a main diagnosis of severe mental illnesses, predominantly psychotic illnesses mainly pertaining to schizophrenia spectrum disorders, depression is a very common negative symptom amongst them.

This study has shown that the act of moving or dancing is much more beneficial than not, given that the control group had no significant effect on depressed affect, vitality or positive affect. Similar observations have been made by Steiner who says, "People with severe emotional disturbances often have a sense of isolation which words are not able to overcome. Moving their bodies is a concrete starting point which helps to make contact first with themselves and then with others."[cci]

Moving together, sharing the same rhythm in a circle formation can be very powerful. As Schmais stipulates the development of synchronous activity is a process that aids resocialization, activates expression, fosters contact and promotes cohesion.[ccii]

'Touch' by the act of holding hands, was the most significant aspect of this dance. It can be suggested that the act of holding hands involves an element of guiding and letting oneself be guided, which in turn may have positive effects. This may also be seen as an act of group mirroring which may be very beneficial for people suffering mental health illnesses.

Compared to Koch's results where the jump step was more favourable for clinically depressed patients, this study suggests that the jump step was not preferable to this patient group suffering an illness pertaining to the schizophrenia spectrum disorders. In the Kestenberg rhythms, the jumping rhythm as well as creating a feeling of joy, can be abrupt and reflected in mood swings, and this rhythm may not be the most appropriate for patients who are already suffering from schism or splits in their body-mind make-up.

A circle dance is a safe way of exploring touch with mental health patients. It encourages a feeling of togetherness as well as a feeling of vulnerability. It encourages eye contact, which is a form of communication. Group cohesion is promoted and a sense of achievement is gained after having learnt a dance and put it into practice. A circle dance promotes the idea of boundaries for the body as well as the mind, knowing when to stop and start and where to move encourages the ability to self-regulate.

These findings suggest that a circle dance should definitely be considered as a ritual at the start or end of a DMT session, specifically a dance promoting physical contact in a circle formation, if working with schizophrenia spectrum patients. This could further contribute to the positive effect rituals have in alleviating anxiety. The ritual and the circle are powerful entities, creating solidarity, a sense of community, inclusiveness and equality. The circle acts as a container as well as being contained by the therapist: given that psychiatric patients often have a limited sense of their body boundaries, which may indicate a lack of differentiation between self and non-self, the circle dance, by creating boundaries, helps in the definition of the self. Moving together as part of a group in a circle is an extremely powerful activity, as Chace articulates: 'Even primitive man understood that a group of people moving together gained a feeling of more strength and security than any one individual could feel alone.' (Chaiklin 1975, p. 54)[cciii] Group

cohesion is promoted and a sense of achievement is gained after having learnt a dance and put it into practice.

This pilot study only attempted to look at the immediate effects of the intervention. Nevertheless, one must not underestimate the short-term benefits as described by Yalom (1985) who writes of the here-and-now at the "heart of the therapeutic process - the power cell that energizes the therapy group (p. 471)".[cciv] Indeed, today's mental health treatment system is moving towards brief treatment, shorter hospitalizations and cost-saving measures; the circle dance is a good answer to these demands because this study shows clear short-term benefits for its inclusion in DMT sessions, with possible benefits in the longer term.

To end, I would like to use the words of Paul[viii], one the patients from the group. When invited to describe DMT to possible new members he said:

"Si estás cansado, te despierta", ("If you are tired, it wakes you up")

"Si estás triste, te hace sentir mejor" ("If you are sad, it makes you feel better")

"Si estás depresivo, te anima." ("If you are depressed, it livens/cheers you up")

These were very powerful words. The statistics show that the circle dance may have contributed to this positive feeling felt by Paul. These results suggest that circle dances with holding hands and without a jump step can become a useful part of a group DMT session for people with mental health illnesses to decrease depressive affect and increase vitality.

[viii] Pseudonyms used throughout when referring to a patient. This comment was made one morning before beginning the DMT session. A member of staff asked if someone could give a description of DMT to new arrivals at the Therapeutic Community.

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Posters

Koch, S.C., Dietz, E., Barth, J. Morlinghaus, K., & Thomas Fuchs, T. (October, 2010) University of Heidelberg & Psychiatric University Hospital Heidelberg, *The joy dance II:*

Specific effects of movement rhythms on affect of psychiatric patients with depression. Poster for Conference on Embodiment. With permission by Koch, S.

Koch, S.C., Berger, R., & Schorr, B. (2010). *Give me your hand… and I tell who you are*, Communication of rhythms.

Appendices

Figure 1: Within Subjects Factors

Within-Subjects Factors		
Measure	prePost	Dependent Variable
depression	1	SumDeprPre
	2	SumDeprPost
affect	1	SumAffectPre
	2	SumAffectPost
vitality	1	SumVitalityPre
	2	SumVitalityPost

Figure 2: Between-Subjects Factors

Between Subjects Factors	
Group	N
Jump + Hands	12
Hands	12
Jump	12
Control	9

Figure 3: Descriptive Statistics

	Group	N	Depression		Affect		Vitality	
			Mean	Std. Deviation	Mean	Std. Deviation	Mean	Std. Deviation
Sum Pre	Jump + Hands	12	9.75	4.69	15.17	3.71	13.92	4.62
	Hands	12	13.67	5.14	14.00	4.94	11.17	5.37
	Jump	12	13.83	4.88	12.08	5.92	13.67	4.77
	Control	9	13.44	4.69	13.78	4.79	11.89	5.46
	Total	45	12.62	5.01	13.76	4.88	12.71	5.01
Sum Post	Jump + Hands	12	8.33	3.87	15.92	3.53	16.50	2.94
	Hands	12	7.00	3.69	16.83	3.56	15.58	4.68
	Jump	12	10.00	5.31	14.33	4.58	13.92	4.72
	Control	9	11.33	6.16	14.33	4.97	12.67	5.89
	Total	45	9.02	4.87	15.42	4.15	14.80	4.65

Figure 4: Multivariate Tests

Effect			Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[b]
Between Subjects	Intercept	Pillai's Trace	0.99	1186.390a	3	39	0.000	0.99	3559.17	1
		Wilks' Lambda	0.01	1186.390a	3	39	0.000	0.99	3559.17	1
		Hotelling's Trace	91.26	1186.390a	3	39	0.000	0.99	3559.17	1
	Groupcondition	**Pillai's Trace**	0.18	0.88	9	123	**0.550**	0.06	7.87	0.418
		Wilks' Lambda	0.83	0.85	9	95.066	0.569	0.06	6.19	0.32
		Hotelling's Trace	0.20	0.83	9	113	0.589	0.06	7.48	0.394
Within Subjects	**prePost**	**Pillai's Trace**	0.50	12.964a	3	39	**0.000**	0.50	38.89	1
		Wilks' Lambda	0.50	12.964a	3	39	0.000	0.50	38.89	1
		Hotelling's Trace	1.00	12.964a	3	39	0.000	0.50	38.89	1
	prePost * Groupcondition	**Pillai's Trace**	0.38	2.01	9	123	**0.044**	0.13	18.08	0.836
		Wilks' Lambda	0.65	2.05	9	95.066	0.042	0.13	14.71	0.724
		Hotelling's Trace	0.49	2.04	9	113	0.041	0.14	18.37	0.84

a. Exact statistic
b. Computed using alpha = .05
c. The statistic is an upper bound on F that yields a lower bound on the significance level.
d. Design: Intercept + Groupcondition
Within Subjects Design: prePost

Figure 5: Univariate Tests

Univariate Tests

Source	Measure	Type III Sum of Squares	df	Mean Square	F	Sig.	Partial Eta Squared	Noncent. Parameter	Observed Power[a]
prePost	depression	272.46	1	272.46	27.38	**0**	0.40	27.38	0.999
	affect	56.52	1	56.52	7.49	**0.009**	0.16	7.49	0.762
	vitality	89.23	1	89.23	10.06	**0.003**	0.20	10.06	0.872
prePost * Groupcondition	depression	95.33	3	31.78	3.19	0.033	0.19	9.58	0.695
	affect	20.81	3	6.94	0.92	0.44	0.06	2.76	0.234
	vitality	62.00	3	20.67	2.33	0.089	0.15	6.99	0.544
Error(prePost)	depression	408.07	41	9.95					
	affect	309.19	41	7.54					
	vitality	363.82	41	8.87					

a. Computed using alpha = .05

Sphericity Assumed in all measures

Figure 6: Between Group T-Tests

Figure 6.1: T-Test done on group Hands & group Control.

Independent Samples Test

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
SumDepr-Post	Equal variances assumed	7.88	**0.011**	-2.010	19	0.059	-4.33	2.16	-8.84	0.18
	Equal variances not assumed			-1.872	12.241	**0.085**	-4.33	2.31	-9.37	0.70

Figure 6.2: T-Test for the group Jump-Hands & group Hands

		Levene's Test for Equality of Variances		t-test for Equality of Means						
		F	Sig.	t	df	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
									Lower	Upper
SumDepr-Post	Equal variances assumed	0.08	0.778	0.864	22.00	**0.40**	1.33	1.54	-1.87	4.54
	Equal variances not assumed			0.864	21.95	0.40	1.33	1.54	-1.87	4.54

Figure 7: **Within participants t-tests**
The outcome for t-tests looking at differences for each group pre and post intervention:

Figure 7.1: Group (condition) = .00 Jump-Hands

Paired Samples Test[a]

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	SumDeprPre - SumDeprPost	1.42	2.43	0.70	-0.13	2.96	2.020	11	0.068
Pair 2	SumAffectPre - Sum Affect Post	-0.75	3.47	1.00	-2.95	1.45	-0.749	11	0.469
Pair 3	Sum Vitality Pre - Sum Vitality Post	-2.58	3.34	0.96	-4.71	-0.46	-2.677	11	0.022

Figure 7.2: Group (condition) = 1.00 Hands

Paired Samples Test[a]

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	SumDeprPre - SumDeprPost	6.67	5.37	1.55	3.26	10.08	4.304	11	0.001
Pair 2	SumAffectPre - Sum Affect Post	-2.83	5.11	1.48	-6.08	0.42	-1.919	11	0.081
Pair 3	Sum Vitality Pre - Sum Vitality Post	-4.42	4.81	1.39	-7.48	-1.36	-3.178	11	0.009

a. Group (condition) = 1.00

Figure 7.3: Group (condition) = 2.00 Jump

Paired Samples Test[a]

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	SumDeprPre - SumDeprPost	3.83	5.69	1.64	0.22	7.45	2.335	11	0.039
Pair 2	SumAffectPre - Sum Affect Post	-2.25	2.70	0.78	-3.97	-0.53	-2.886	11	0.015
Pair 3	Sum Vitality Pre - Sum Vitality Post	-0.25	3.89	1.12	-2.72	2.22	-0.223	11	0.828

a. Group (condition) = 2.00

Figure 7.4: Group (condition) = 3.00 Control

Paired Samples Test[a]

		Paired Differences					t	df	Sig. (2-tailed)
		Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference				
					Lower	Upper			
Pair 1	SumDeprPre - SumDeprPost	2.11	3.14	1.05	-0.30	4.52	2.017	8	0.078
Pair 2	SumAffectPre - Sum Affect Post	-0.56	3.84	1.28	-3.51	2.40	-0.434	8	0.676
Pair 3	Sum Vitality Pre - Sum Vitality Post	-0.78	4.79	1.60	-4.46	2.90	-0.487	8	0.639

a. Group (condition) = 3.00

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