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**Master Thesis
Dance Movement Therapy**

**The Circle
in Dance Movement Therapy.
A literature review.**

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One cannot have a mystical experience or access to soul without getting a glimpse
of the inter-connectedness of all things
Janet Adler
(1999, p.194)

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1. Abstract

The present study focuses on the circle as an intervention in Dance Movement Therapy (DMT) group sessions. The Circle is a powerful symbol resonating with human nature. Working in a circle formation is a very frequent way of working in DMT. What will be discussed are the elements that seem to be present in the circle which are mirroring, containment-holding and physical contact-touch. Also this thesis looks at the relevance between established therapeutic factors in group analytic therapy and the use of the circle in DMT. Finally, the thesis provides some guidance for target and therapeutic efficient interventions, while in a circle formation.

Key words: Circle, group, interventions, symbols.

2. Introduction

DMT group sessions usually start and end with the formation of a circle. All group members are standing or sitting next to each other thus having direct access to their verbal and non-verbal cues. Everybody can see everybody, and can be seen at the same time. This formation may appear during the process in various forms and on various occasions. Usually the circle is used as part of the four stages a DMT group session consists of, has according to Panhofer (2005). A verbal check-in, a gentle warm-up to bring the participants' psyche physically into "the here and now", the development of the theme that emerges from the previous phases of warm-up and check-in and finally the participants' return to their seats and a guided cool down from the therapist along with either a verbal or nonverbal check-out. The two of the four phases of a DMT group session take place mostly in a circle formation. "In a DMT session the circle is the basic figure" as Steiner (1992, p. 144) stresses.

The author was drawn to this frequent use of the circle in the group DMT session. The circle is a "basic figure" as Steiner characterises it. One of the most prevalent approaches in DMT comes from the way Marian Chace -a pioneer in the DMT field- actually conducted her work. Her model,

although she had not declared any form of model describing her work (Chaiklin&Schmais,1979) was the interactive approach (Karkou, 2006). In this approach the main component is the communicational aspect of the dance (Chaiklin&Schmais,1979; Karkou&Sanderson, 2006) giving her work a relational and social character. She was influenced by Sullivan, an American psychiatrist who strongly believed in the relational aspect of therapy and illness. He had founded the interpersonal school of psychotherapy. From Marian Chace approach comes the term ‘Chacian circle’, a very frequent and popular way of working today amongst DM therapists.

Given this very popular approach, the therapeutic factors that a circle formation might contain, are fascinating. For the purpose of research, the following questions are posed: “What are the elements that a circle has that are helpful for the patients?” In other words, if we could break a circle down in pieces what would be its most basic components? Are there any parallels and similarities to essential group analytic theories? If so, how can we intervene whilst engaging in a circle formation?

Contributions from Sandel and Johnson (1983), as well as theorists drawing upon the same pool of psychoanalytic understanding, highlight the need for a strong theoretical framework as an important support to the DMT work and the dance movement therapist. It seems that the more challenging the work, the stronger the need for theoretical explanations and practical guidance (Karkou, 2006, p. 35).

Karkou (2006) stresses the need for a strong theoretical background as well as practical guidance as the challenges in the DMT field grow. The profession has been gaining ground in some countries (e.g. in the UK). Since 2004, DMT is accepted as a profession to be regulated by the Health Professions Council since 2004 (Karkou&Sanderson, 2006). As Berrol and Cruz stress (2004) the literature of the DMT field albeit growing “there has not been a commensurate increase in DMT publications that empirically support practice and theory” (p.5). DMT as a whole has not received the research necessary for how the DMT group functions, although group work is used widely in training and in practice throughout art therapies (Houghan, 2012; Schmais 1998). However, it is a fact that the two main approaches used nowadays in DMT, the interactive model of Chace and the psychoanalytically informed DMT refer to groups (Karkou, 2006).

The purpose of this paper is to review the existing literature, gathering all the relevant information concerning the circle in a group DMT session and provide a small guidance for DM therapists. One of the main outcomes of this research was the raising of questions concerning the use of the circle in DMT and the relevance between DMT group therapeutic factors and group analytic therapeutic factors.

3. Methodology

For this study of the circle as an intervention in DMT, the researcher has used an extended literature review giving the study a theoretical character. The literature review was carried out by collecting and analysing what has so far been written regarding the circle. The results have been gathered in order to present the various specific elements that a circle in group DMT may contain and which are useful for the patients/clients benefit. Since the theme of the circle is an extended subject the author had to exclude various aspects that such a theme involves, i.e. philosophical thoughts, religious opinions, cosmological, traditional and other implications were thus not integrated in order to focus the research. Therefore the study is confined within the search of the existing literature of the field of DMT, reviewing the scientific journals relevant to DMT and most specifically *The Arts in Psychotherapy*, *The American Dance Therapy Journal* and *The Body, Movement and Dance in Psychotherapy*. Large internet search engines and data bases (google scholar, academia.edu) have been used for the purposes of this study. Relevant books on the subject were used as well, such as DMT handbooks from different countries, but also group analytic literature from the pioneers on the field, developmental psychology books, object relation authors, art therapy books, art history books, symbol dictionaries and etymological dictionaries.

To form a circle it is essential that there are more than two participants. From the beginning of the research these two elements, the circle and the group situation were drawing the researcher's attention. Hence, she was lead to the question: what elements of the group analytic situation which have positive effects on the participants can be found in a circle in a movement circle or interventions in circular formation? Can one find the analogies in basic and established curative factors in

group psychotherapy, which resemble a circle formation? This question drove the study into the direction of identifying curative factors in the group situation, taking account mostly on a more general aspect of the subject and established conclusions from pioneers on the field of group analytic psychotherapy. However, a more elaborated search on this theme is beyond the scope of this work. Also, it has been necessary to draw from psychology, psychoanalysis, social psychology as well as from developmental psychology in order to establish and investigate the line of questioning.

The purpose of a literature review is, amongst others, to compare and contrast different views from authors on a given issue, to define and limit a specific problem, to evaluate promising research methods and to relate findings to previous knowledge and suggest further research (Birmingham City University). A literature review could be a critical view of what has been written so far, raise questions and identify areas that need further research. It aims, therefore, to bring new insights to an old topic, to summarise and synthesise the arguments and ideas of others. It can provide a handy guide to a particular topic, give an overview of the specific topic and keep professionals up to date with current data in the field of DMT. It can also provide comprehension to knowledge gathered from the existing literature of the field which would otherwise be sporadic. In such a way, the purpose of the present literature review is to give an overview of the theme: *the Circle in DMT*. As it is suggested by the title, it may potentially provide further understanding on the use of the circle in group DMT sessions. Directing a group into a circle formation is a common way of working therapeutically through the use of dance and movement. The researcher hopes to offer some guidance for more target interventions and invites for further research to evaluate the actual results of such interventions.

This is a master thesis for the DMT program for the Universitat Autònoma de Barcelona with the purpose to prepare, later on, an article for publication in one of the scientific journals of the field. Therefore, the structure of this thesis will be according to the guidelines for publishing, containing the abstract, key words, an introduction, the literature review including subsections with a brief heading, findings, conclusions and a list of references.

3.1 How this thesis is structured

The first chapter of the thesis was named “Groups in a Circle” as it seeks to portray the relevance between the two themes, whilst assigning importance to the group as part of the process of creating a circle. The focus lies on the group situation. From the beginning the researcher was drawn by the group situation in therapy. Group sessions in DMT usually start and end in a circle formation and they may maintain that formation, as well, during the whole session. In verbal group psychotherapies the members are also seated in a circular formation (Foulkes, 1964; Foulkes&Anthony, 1957). In the large group the sitting arrangements are made to a large circle or two concentric circles or perhaps with different provisions in the space depending on the adopted “school” of thought in each given case (de Mare, 1991). In this way, other aspects that a theme such as the circle may bring to mind were excluded. Tradition is such an aspect, in which a vast territory for exploration resides. For example circle dances and rituals, religious, ontological and philosophical implications are also very interesting as they cover a huge territory of thought during the centuries. Thus, in the first chapter an attempt towards a brief definition of the word “circle” is made which will help to justify why a connection is seen between groups and the circle, apart from the evident relevance.

In the next chapter the theme of the circle as a symbol will be addressed, briefly exploring the nature of that symbolism, how it resonates with human beings and how it is manifested in the structure of society, i.e. architecture. The purpose is to present the importance of the circle as a symbol, entering into the everyday life, penetrating in our language and subsequently in our thought, consciously or unconsciously. In the following subsection with the title “Groups in a circle. Why groups?” the author will try to provide some understanding of these questions. Why, is it that humans, want to be part of a group? Group psychoanalytic psychotherapy literature, DMT literature, and social psychology literature will be used as well as history.

The next subsection is a brief historical account of the sociopolitical conditions that existed at the time that group psychotherapy was first established as a form of psychotherapy. This will lead to

mentioning the curative factors found in the group psychotherapy, drawing mainly on the established aspects of the theme as a more detailed consideration of the theme is beyond the scope of this paper.

In the next chapter “Elements of the Circle” the researcher will be presenting the updated data existing in the field of DMT referring to the use of the circle. This chapter, and especially the subsection “The use of circle in DMT” is presenting the recent literature available on the subject and discussing its relevance. The basic elements found in the use of the circle structure in DMT that lead to the patients/clients¹ betterment will be distinguished. Latter on a brief presentation of such elements will be made, such as mirroring and multi-mirroring, containment-holding and physical contact-touch.

In the following chapter named “Group intervention in a circle” the author will be presenting what actually happens in a DMT movement circle, what sort of interventions may be applied within the circle formation, drawing from the literature of the field. Many of the DM therapists use the circle formation and the aim of this chapter is to give some guidance for more conscious and targeted interventions during in a circle. How we can constructively use the circle formation. What interventions can we propose and what kind of effect would such an intervention be expected to have. How can we use props within a circle. The DMT group is a very frequently used way of working. Most DM therapists are trained in group work in existing University programmes and the circle is a very frequent way of working either during the training of DMT's or actually while working with clients. As Karkou (2006) stresses the two DMT approaches, the interactive model of Chace and the psychoanalytically informed DMT are models that both refer to groups. The existing field literature will be used to focus on the interventions while at the same time presenting clinical examples in order for the lector to have a more vivid view of what is actually happening during movement in a circle formation.

¹ In this paper we will be using the terms patient/client inseparable.

4. LITERATURE REVIEW

4.1 GROUPS IN A CIRCLE

4.1.1 Definition of the word “circle”.

The word “circle” has innumerable connotations when referred to. While its definition also has a number of layers starting from the definitions as a geometrical shape in mathematics (a two-dimensional geometric figure, a line, consisting of the set of all those points in a plane that are equidistant from another point), as a movement pattern (moving in circles or curves), it is used in astronomy and in everyday language to represent states of life (life cycles). It is used to denote the sequence of the seasons. It can also have negative connotations as in the expression “vicious circle” meaning a negative situation that is repeated over and over again creating some state of entrapment. The word “circle” derives from the Greek κίρκος/κύκλος (kirkos/kuklos), as a metathesis of the word κρίκος (krikos) in Homeric Greek, which means "hoop" or "ring". The word circle is also used to denote a group of people sharing a common interest or a group of people who constitute a political, social, professional etc. union (Τεγόπουλος-Φυτράκης, 1995). The Greek word κρίκος (krikos) literally means a metal ring and metaphorically it is used to denote a bond, a binding agent of a chain. If one part is lost then the binding changes, the circle may break up. Every one of its constituent parts is essential to keep the unity.

Having defined the word circle, the author will proceed with the word circle as a symbol, a very strong and meaningful symbol across the centuries.

4.1.2 The circle as a symbol

The circle or the sphere is a symbol of the self according to Jung (Jung, 1964; Winnicott, 1986). It expresses the totality, the wholeness of the psyche and whatever form it takes (mandalas, worship of the Gods, rituals, myths and dreams) it expresses the most important aspect of life. The circle stands for unity and completeness.

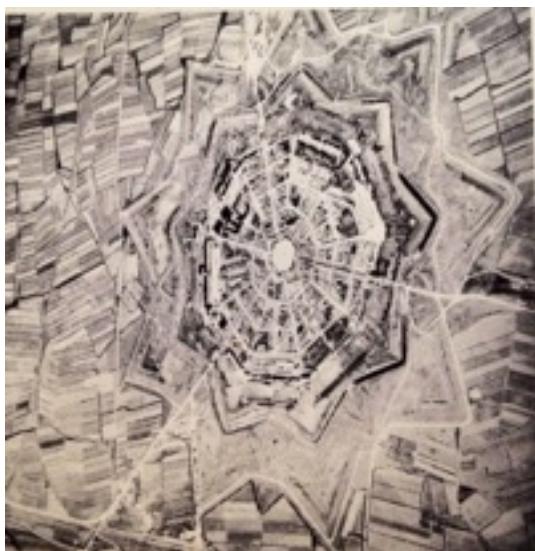
It represents the perfect and eternal, has no beginning nor end. There is a ligature between circle or disk with the number ten indicating the return to the unity after having passed from the hallways of multiplicity (Cirlot,1962). Subject to a perpetual motion it brings to mind the concept of the infinite, what is completed and restarted. It can be seen as a completion and fulfilment and is characterised by harmony. Early in history even it symbolised the male divinity and often it was used as a symbol of God, as a perfect existence (Fontana, 1993) or represented the heaven and perfection.

There are profound psychological implications in this particular concept of perfection. As Jung observes, the square, representing the lowest of the composite and factorial numbers, symbolises the pluralist state of man who has not achieved inner unity (perfection) whilst the circle would correspond to this ultimate state of Oneness. (Cirlot,1962,p. 47).

The circle sets the space inside and defines the space outside. According to Jerome (2002, p. 174): "In therapeutic dance the rituals mark the boundary between enfolding circle and the space outside it, which is dominated by different concerns ." It can be considered as synonymous with the circumference "just as the circumference is often equated with circular movement" (Cirlot,1962, p. 47) which also transfers the meaning of creation, of bringing into being, and of mobilising the forces kept inside.

The circle retains (contain-holding) and contains. It appears safe in its cyclical nature and predictable because it contains the meaning of repetition. In nature there are no straight lines instead there are multiple circular and spiral patterns. The sun the moon and the Earth have round shapes as circular are their movements both around themselves and around other celestial bodies. This is indeed an Archetypal symbol deeply rooted in the cultures of man, and religion, symbolising the life cycle. Seasons follow a circular path from autumn-winter-spring-summer and over again. Movement and stillness occurring simultaneously.

It is obvious that the symbolism of the circle as something infinite is also given the corresponding infinite attributes such as omnipotence, integration, perfection, and sometimes divine qualities beyond and outside human understanding. The influence is so strong that whole cities have been built according to symbols, (Jung,1964) and it is astonishing to observe photos taken from above



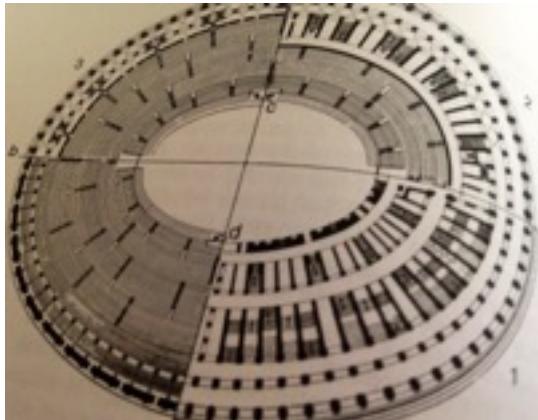
the structure of cities that obey to the rules of the cyclical formation or mandalas. One city like that was the city of Palmanova in Italy built in 1593, as shown in the picture on the left.

A closer look of architecture reveals the strong effect symbols have -consciously or unconsciously- in the structures of the buildings, mostly buildings that were created as places of worship. Starting from ancient

Greece the theatres were constructed in a semicircular shape, where the construction was made in such a way in order to fit in with the surrounding area.

Greeks adored the pure form; harmony was the major pursuit (Honour & Fleming, 1982) and these values can be easily observed in the theatre of Dionysos (constructed in 330 B.C) (picture on the left) and in the theatre of Delphi (constructed in 350 B.C), both with perfect view and perfect acoustics (Jordan, 1969; Honour & Fleming, 1982) without any other equipment apart from the voices of the actors themselves projecting from the circle. Places of worship for the ancient Greeks were isolated, distant sanctuaries as a form of offering to their corresponding deity, whereas for the Romans they were the expression of the imperial pride and strength, creating cityscapes. The Romans were the first to use urban planning like monumental art (Jordan, 1969). Ancient Rome was not glorious architecturally, but was rather consisted of poor neighbourhoods. Octavos (the adopted son of Julius Caesar) who was declared Augustus (28 B.C), transformed the city of Rome and if we take a look at a maquette -representation of ancient Rome we will observe a centric point beyond which the city unfolds. The Colosseum (70-80 A.C), the circular amphitheatre is considered to be a masterpiece.

The construction of round halls was a Roman achievement, as was the dome. The Pantheon is included amongst the most important buildings in history due to its dome - a full circle illuminated by a circular lantern in the centre - a symbol of the universe (Jordan, 1969).



Top view of Colosseum (Jordan, 1969)



The theatre of Dionysos, constructed in 330 B.C (Jordan, 1969)

Such seminal examples abound in the history of architecture but to mention them is beyond the scope of this paper. We could not but notice that the round shape, as well as the square shape, had a leading position forming for many scientists a basic problem as to how to combine them.

This makes us think of the passion that the ancient Greeks had for solving the problem of squaring the circle.

There is something comforting in the effect that symbols have in the human mind and we agree with Rowland (2014) who states that

Symbols in art are the place where psyche and matter meet across time and space. By holding the tension between our embodied immanence and capacity for psychic transcendence, they knit us into the cosmos. (Rowland, p. 6)

Symbols are means of communication (Fontana, 1993). Just like letters in an alphabet constitute a language for humans to communicate with. Letters are signs “translated” into sounds, creating words and phrases so as to carry the meaning across. Symbols are “the art of thinking in images” as Hindu philosopher Ananda K. Coomaraswamy puts it, cited in Cirlot (1962, p. xxix). In this vast world where our vision is in practice very limited and restricted, symbols help us see a little further, broaden and expand our perception and psyche, expand the horizons creating new mental images and new energy. Symbols unite the opposites or what is phenomenally contrasting:

The essence of the symbol, is its ability to express simultaneously the various aspects (thesis and antithesis) of the idea it represents the unconscious, or ‘place’ where symbols live, does not recognise the inherent distinctions of contraposition; or again, the ‘symbolic function’ appears at the precise moment when a state of tension is set up between opposites which the consciousness cannot resolve by itself. (Cirlot, 1962, p. xxxi)

Symbols explain to us humans what is unexplained, what remains unknown and probably what will remain unknown, since we are in no position to know everything. They go beyond our human permeability and unite matter and meaning bringing together the parts of a fragmented totality creating a higher meaning.

If symbols are “the art of thinking in images”, metaphors realise the transfer of these images in mental schemata, nonverbal communication, expression, body movements expanding our perception and helping to unfold layers in our consciousness. The word ‘metaphor’ comes from the Greek words ‘μέτα’ (meta) and ‘φέρω’(phero) meaning literally to carry something from one place to another, also used as a figure of speech in which a concept is expressed as a parable or a simile (Τεγόπουλος-Φυτράκης, 1995). “Metaphor is a form of symbolisation” as Meekums (2002) stresses and a movement metaphor is an essential tool used by DM therapists as a creative process, occupying the potential space between client and therapist.

The earliest examples of the human capacity to symbolise exist in the child’s use of transitional objects (like teddy bears and comfort blankets) and transitional phenomena (including symbolic movements like thump sucking) (Winnicott, 1971). They provide a bridge between the individual; and the merged state, and between inner and outer worlds (p. 23-24).

Symbols and metaphors are essential tools in the hands of creative art therapies and DMT (Meekums, 2002). What words cannot describe perhaps the body metaphor maybe can.

Metaphor allows conventional mental imagery from sensorimotor domains to be used for domains of subjective experience. For example, we may form an image of something going by us or over our heads (sensorimotor experience) when we fail to understand (subjective experience). A gesture tracing the path of something going past us or over our hands can indicate vividly a failure to understand. (Lakoff & Johnson, 1999, p.45)

Symbols and metaphors may occupy the space between our bodily perceptions and the meaning needed to shape an experience, bridging what is conscious and what is unconscious, the space inside and the space outside, the subjective and the non-subjective.

In the following section the circle as a union of people constituting a group will be discussed, referring to the group situation as essential to form a circle of people. To create a circle of people more than two persons are needed.

4.1.3 Groups in a circle. Why groups?

DMT has received little research into group function although the group situation is used widely in training and in practice throughout art therapies (Houghan, 2012). Karkou (2006) stresses that the two major approaches in DMT, that of the interactive model of Chace and the psychoanalytically informed DMT (Sandel&Johnson, 1983) refer to groups. Schmais & Salazar (1998, p. 159) note that DMT “lacks a broad conceptual framework for explaining group functioning” while much of the work is done in groups. Most of the research seems to be focused on the individual, a view supported by Erikson:

a more systematic study of “I” and “we” would seem to be not only necessary for an understanding of psychosocial phenomena, but also elemental for a truly comprehensive psychoanalytic psychology (Erikson, 1998, p. 87)

when describing the importance of the “I” and “we” process in the psychosocial development of the human.

Dosamantes-Alperson (1984) is referring to “the phenomenal or perceived self” as a complex function that takes account of the distinction between “I” and “We” that was mentioned earlier citing Erikson. It is within this distinction that the construction of the phenomenal or perceived self takes place, the differentiation being otherwise impossible. The phenomenal self is described as “a social product” (p.147) shaped by our experience with other people. Erikson (1998, p.8) further states

that “Independence is a fallacy”, as he attempts to highlight the importance of contact with other people and our environment as a prerequisite for growth and development.

Stern (2004) exploring the intersubjectivity, implicit knowledge and consciousness as key factors in the understanding of present moments in psychotherapy and in everyday life, places overall emphasis on the intersubjective matrix, the moments created by two or more people. If we cannot orient ourselves, he states, in the intersubjective psychic space, meaning the situation whereby we cannot trace where we stand in relation with the others, in family, friends or groups, we become anxious leading to the rising of defences. So intersubjective orientation, to know where the others stand in relation to ourselves is described as the “preemptive “force” that mobilises behaviour” (p. 106). Intersubjective orientation is not only a regulator of the human behaviour concerning the others but also a regulator or a creator of the self identity and self cohesion: “We need the eyes of the others to form and hold ourselves together” (Stern 2004, p. 107).

Belonging to a group constitutes a basic human need. Through the group, -the individual can define their self, their inner and outer boundaries; -unite and construct the inner reality of the personality with that which exists beyond them, carving the limits through the hostile and the friendly, the familiar and the unfamiliar. Kaës (2004) reaffirms that the group is therapeutic because it is the place of internal reunification, the place of meaning.

We are born and live within groups more or less structured. The individual has no chance of making it through the first stages of his life outside the circle of his immediate family circle. Foulkes & Anthony look at nature to stress the importance of belonging and the expendability of the unit.

Nature speaks with a clear language. Throughout all species it is abundantly clear that the individual specimen is entirely unimportant and the only thing which matters is the survival of the group, of the community (p. 24).

Isolation and alienation is described in Foulkes & Anthony (1957) as a factor of mental illness as there is apparently an disintegration within the community, there is a fault in communication between its constituent parts, and he states that there is no antithesis or opposition between the con-

cepts of the individual and the group: "There are two aspects, two sides of the same coin" (p. 26). Therefore he sees that all psychopathology has a social base in interaction with intra-psychic processes. Yalom (2005) reaffirms the role of the interpersonal relationships in mental disorder or psychiatric symptomatology. Also he has observed that patients after a small number of sessions usually change their primary therapeutic goals which include mostly non interpersonal issues to interpersonal goals of treatment as for example to learn how to communicate with others more effectively, to learn how to love, to trust and be more honest instead of the primary annoyances such as depression and anxiety. Winnicott (1960) also stated that the environmental failure to support the infant may lead to pathological states of organisation of the ego : "In this way schizophrenia or infantile psychosis or a liability to psychosis at a later date is related to a failure of environmental provision" (p. 592).

Sullivan (1953) considered central the relational aspect of sanity or illness stating that psychiatry "cannot be concerned with anything which is immutably private; it must be concerned only with the human living which is in, or can be converted into, the public mode" (p.20). He further states that his system of thinking, drawing from biology, includes the principle of "communal existence", meaning that all organisms live in a continua with their environment, inseparable of their continuous development.

Adler (1996) talks about the "sacred, conscious circle" which the Western civilisation has dismissed from its system of values, ideology and way of thinking. Individualisation has gathered most of our attention, parenting and education focusing solely on the pursuit of personal goals and had forgotten-or deliberately forgotten-to include the space outside. This, as she states "has contributed significantly to the creation of unbearable rage, isolation and despair" (p. 192). She further states that there exists a personal body and a collective body describing the latter as:

I imagine the collective body as the energetic consciousness of the earth body, which includes all living beings. It is the body-felt connectedness among people, profoundly related to the source of our humanity (p.193).

Having mentioned Adler's concept of 'collective body' brings in mind of Jung's collective unconscious which is shaped by the human instincts and the archetype united within the psyche (Jung, 1964) central to Jung's thinking. Archetypes are primitive images, unconscious pre forms inhabiting the psyche as inherited structures.

Las "capas" mas profundas de la psique pierden peculiaridad individual a mayor profundidad y oscuridad. Se vuelven más colectivas hacia "abajo", es decir, al aproximarse al sistema autónomo de funcionamiento, para convertirse en universal y diluirse al mismo tiempo an la materialidad del cuerpo, a saber, en los compuestos químicos (p.477).

McDougal (1920) claims that something like a "group mind" exists which is independent of the members of the group that they belong to, examining the function of national life. He states at the end of his book that:

the group spirit, rising above the level of a narrow patriotism that regards with hostility all its rivals, recognising that only through the further development of the collective life of nations can man rise to higher levels than he has yet known, becomes the supreme agent of human progress (p. 301).

Tsegos (2002) states that the significance of the common experience was eliminated and the intake of the Other as a lived, embodied Universality had been considered far too much. He uses terms such as "the dogma of individual neutrality" (p. 27) which is a heritage from Renaissance, opposing to "the principle of personal otherness²" (p. 27).

Exploring the interplay between economy and group analysis, Dalal (2004) discusses the power of the interpersonal relationships and the enhance that it takes place. He states, when referring to the idea of Elias over the chains of interdependence:

"Quite simply, people need to look further ahead. These shifts constitute actual changes to the structure of the psyche as it stays in step with evolving norms and social structures. Although there are some problems with this model, one can see that what it espouses is a very different relationship between the individual and society – not one where they are inevitably at war with each other – but one in which they are aspects of the same process (p. 43)

² The translation from greek was made by the researcher.

The researcher had found difficulties in finding more recent literature supporting the idea of the necessity of groups as a way that helps overcome the individualistic view, deeply rooted in the western way of thinking and being. Such a purpose is indeed beyond the scope of this paper, although important to support our view of the circle as an intervention that supports the interpersonal process.

Groups, in whatever form they take or for whatever reason they are formed share something in common, constitute an entity, have specific characteristics and present a collective mental and psychic life.

To understand the need for creating a theoretical base supporting the idea of group analysis or the appearance of the group analysis per se it may well be useful to take a look back in history at the underlying sociopolitical conditions that existed at that time in Europe.

4.1.4 The emergence of group therapy and sociopolitical conditions

The history of the 20th century was marked by two World Wars in 1914-1918 and 1940-1944 which changed the existing geopolitical balances. At the same time it was a period of great development in science, technology, communication and information, giving the name to the last decades of the previous century as “the second industrial revolution” (the first industrial revolution was based on manual labour [1750-1830]). New technologies are applied, production is organised effectively with the division of labour and standardisation of products, new sectors are emerging such as the steel the electrical industries, medicine etc. With the evolution in transportation distances are minimised. Within the new possibilities that arose in the field of communications issues that previously remained unknown became more widely known. Distances were decreased literally with the development of railways and transport and metaphorically as news travelled faster. The notion of the time gained other dimensions in the human perception since what was substantially reduced was the time and not the distance. This new feeling of the perception of time contributed to the use of photography and cinema;; arts that could capture the moment and document the movement, cap-

turing the moment and bringing both into the here and now at any time. (Γκότση, &Προβατά, p. 77-79).

The new production processes and this rapidly changing and promising new world had its own set of negative effects. Workers were affected psychologically as the changes in the production processes transformed them from creators of their own product into a cog in a huge machine. Inequality between the lower, middle and upper classes led to class conflicts.

Also, the 20th century was the century psychoanalysis was born. In the century turning point dominated both in art and in thinking of the time "The search for new ways of viewing the world, combined with the trend toward rejection of all hitherto accepted convention and prejudice" (Honour & Fleming, 1982, p. 658). A deeper effect on the thinking of the time seemed to be the revolutionary views of Freud concerning the unconscious sexual impulses and the release of the repressed desires as well as a new attitude towards the relation of the human to its surroundings. In 1912-1913, Freud published the *Totem and Taboo* putting forward the first theoretical assumptions for the groups and institutions (*Totem and Taboo* 1912-1913, *Group Psychology and the analysis of the Ego*, 1920-1921) as Kaës (2004) mentions. Something that happened near the initial development phase of psychoanalysis before and after World War II. The first theoretical formulations for analysis in a group took place in the period following the Second World War. The interest of psychoanalysis for groups therefore coincided with the rupture and the crisis caused to the social fabric and the individual as a result of the destruction of "whole sides of the Culture" (Kaës, 2004, p. 7). The first founding moments of the discovery of the group psychoanalysis were in the 40s in London shortly after the death of Freud and the start of World War II. Bion and Foulkes were the first to implement a collective framework based on the psychoanalytic situation, although there had been previous attempts (by SR Slavson who was the first who applied a group under treatment in 1934, for children and adolescents, Kaës , 2004). In the early 60s psychoanalytic theorisations on the group knew a renewed growth as a result of the systematisation of psychoanalytic methodology to treat mental disorders which previously were not treated differently. This development coin-

cides with social progress towards industrialisation and urbanisation. In the next section the therapeutic factors of the group will be mentioned briefly.

4.1.5 Therapeutic factors of the group

According to Foulkes (1964, p. 33-34) the therapeutic factors of the group situation can be summed up in the followings:

- 1) Fosters social integration and relieves isolation.
- 2) It creates what he called the “mirror reaction”.
- 3) Activates the collective unconscious or condenser phenomena.
- 4) Promotes exchange.

Yalom (1975) also defined the curative factors of therapy in groups as listed below:

Instillation of hope, Universality, Imparting of Information, Altruism, Corrective Recapitulation of the Primary Family group, Development of Socialisation techniques, Imitative Behaviour, Interpersonal Learning, Group cohesiveness, Catharsis and Existential Factors.

Schmais (1985) drawing from the curative factors that are stressed for the verbal group therapy has pointed out eight factors that she calls “healing processes” referring to the group situation in a DMT session. These “healing processes” are:

Synchrony

Expression

Rhythm

Vitalisation

Integration

Cohesion

Education

Symbolism

The author stresses that the above mentioned “healing processes” describe guided group experiences which lead to therapeutic change, highlighting that none of the above processes can be comprehended in isolation “since they are dependent on each other” (p. 18). She also states that some of the factors described as “healing processes” may have a different goal in therapy, meaning that, for example, cohesion refers to a group while integration refers to a type of change and that all of them constitute a unity of factors in a constant interplay between them.

4.2 ELEMENTS OF THE CIRCLE

4.2.1 The use of circle in DMT

Bräuninger (2014) conducted a research into the techniques-interventions used in DMT that have positive effect and are most successful in promoting quality of life, stress management and stress reduction. The research included experienced therapists in leading groups and private practices from eleven different locations across Germany. Her results found that the “Chacian Circle” which is widely used amongst dance movement therapists is a successful group DMT technique because it “...places the participants in the group and the therapist in equivalent democratic positions, which enhances therapeutic relationships through movement” (p.446). The elements of the Chacian approach which were found to be important interventions were the mirroring and the echoing of the emotional states of the clients as well as working in and with the circle, resulting in increasing the Global Value and reducing the somatisation.

In an earlier study, Bräuninger (2012) searching for the efficacy of DMT group on improvement in quality of life, the author highlights the significance of the group work stating that “The DMT group experience might be responsible for the positive short-term effects on social relations and “Global Value” (p. 302). She reports the positive experience of learning from each other, the **group cohe-**

sion through rhythmic interaction as well as the satisfaction of the universal need of the human being in searching for a meaning.

In another pilot study conducted by Hamill et al (2011) with elderly patients suffering dementia and their carers, the circle dance was the main intervention. “It is proposed that moving together in a circle can facilitate a concrete sense of **connectedness** between group members” (Violets-Gibson, 2004; cited in Hamill et al, 2011, p. 712). The intervention took place mainly in a circle formation with variations on the movement (simple walks, sways, moving into the circle, and arm waving) with the participants being seated or standing and with the use of materials such as scarfs, small musical instruments or materials that the participants were encouraged to bring from home. Spontaneity was supported as well as participation in the activity of moving together in the rhythm of the movement over performance. The circle dance was the main structure of the intervention, and was not introduced solely as an initial phase or a closing phase of the session, though the participants were in a circle formation for the duration of the intervention.

Circle dance provides an opportunity to engage in **touching, holding, moving together gently and to be part of a group**³; this is promoting re-attachment and connection by overcoming communication difficulties through the use of non-verbal means and verbalisation of those experiences whenever possible and as required. (Hamill et al, 2011, p. 712).

The participants in the circle intervention had benefited emotionally, socially and cognitively. The authors stress the need for further research due to the time limited design of the study, stressing the necessity “to explore the impact of the interventions on emotional or behavioural symptoms of dementia patients and the associated interactions with others/carers over a longer period”. (Hamill et al, 2011, p. 719).

Koch et al. (2007) researched over the effects of a circle dance with jumping rhythm and holding hands in patients suffering from depression. She compared three groups: one who had DMT session with the circle dance to both a music - only group, patients who sat listening to music and a

³ Bold letters added by the author

movement-only control group who had a home trainer. Although, as the author stresses, the limitations of the research include the brevity of the intervention as well as the typicality of it, the results showed an important decrease in depression, anxiety, lifelessness, and tiredness. “Dance was the only condition that did significantly decrease depression after the intervention” (Koch, 2007, p. 347). But which exact elements of the dance were of specific importance in the reduction of the depression were not analysed once various conditions were covered with the dance. These conditions were that participants were standing in a circle, while holding hands. Also, the learning experience which was embedded in the intervention and the interaction with co-patients and therapist/helpers.

Generally, the question is whether a repetitive exercise without vertical movement in trunk and upper limbs (home trainer group) or a group passively listening to the music of the dance (music-only group) can truly be valid comparisons to the rather holistic, social and engaging condition of the dance.(p. 347).

Koch et al. (2007) suggested that in order to understand fully the therapeutic factors of such an intervention, it would be interesting to create two circles dances allowing better experimental control, comparing circle dances with jumping rhythms with circle dances without jumping rhythms.

Beard et al. (2014) designed a pilot study to address this specific question. Her pilot study consisted of examining the effects of circle Irish dances used as rituals in the beginning and the end of the sessions, with and without jumping rhythms and holding hands in three experimental groups. The first group performed jumping rhythms with holding hands, the second did circle dances without jumping rhythms and holding hands and the third did no movement at all. She found that the circle Irish dance intervention decreased depressed affect and increased vitality amongst patients suffering mental health illnesses with psychotic symptoms. The levels of depression decreased in all groups but most significantly only for the group that danced the circle dance with hands held but without the jumping step. Furthermore she suggested that the most significant aspect of the intervention was the holding hands aspect of the dance once “the depressed affect decreased most significantly in the group that danced with holding hands but without the jump step” (p. 75). The vitality effect increased as well but only in the group of holding hands with no jumping step.

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 (Beard, 2010, p. 76).

The use of the circle in DMT seems to be gaining the attention of recent research examining the specific effect that it has on the participants as it seems to be a popular way of working across DM therapists. In the following section we will be referring to the basic elements that we found in the use of the circle in DMT group sessions.

4.2.2 Basic elements of the circle found in DMT

From the literature review above our attention is directed to the specific movement intervention in DMT in a circular formation which contribute to the patient's betterment. From the resent research on the field, presented above, we have found the following elements that are useful for the patients/clients when in a circle formation:

- Mirroring - Echoing of Emotional States
- Containment-Holding
- Physical Contact-Touch-Holding hands.

From the literature review we have found as well the factors that are promoted by the movement in group circular formation in DMT or in other words by which way the patients were helped. These factors are the followings:

- Social relations-Connectedness
- Solidarity-Increased Global Values
- Learning from Each Other
- Be part of the group
- Vitality

At least five of these elements have their analogous in the group analytic situation (see above "therapeutic factors of the group") and at least four of these factors have their analogous with the

'healing processes' that Schmais (1985) described. The relevance is presented in the table below (Table I). It is important to note that some of these elements overlap one another, may as well have special features (Global Value measurement for example). We charted them only by seeing the general relevance that these elements present with the curative factors mentioned earlier in group psychotherapy and the 'healing processes" in group DMT. In the following section we will be searching the mirror and multi mirror phenomena in the group situation.

Table I.

Basic elements of the circle found in DMT literature	Therapeutic factors in group psychotherapy Foulkes (1964), Bion (1962)	Therapeutic factors in group psychotherapy Yalom&Leszcz (2005)	Healing processes in DMT groups. Schmais (1985)
Mirroring-echoing of emotional states	It creates the “mirror reaction”.	Imitative behaviour	
Container-Holding	Wilfred Bion's (1962) concept of the “container/contained”		
Physical contact-touch-holding hands			
Social relations-connectedness	Fosters social integration and relieves isolation	Development of socialisation techniques	Integration
Solidarity-Global Values	Activates the collective unconscious or condenser phenomena	Universality	
Learning from each other	Promotes exchange	Interpersonal learning	Education
Be part of the group		Group cohesiveness	Cohesion
Vitality effect		Installation of hope	Vitalisation

Comparison of essential elements found in circle DMT and group therapeutic factors

4.2.3 Mirroring and multi-mirroring

Mirroring is a very powerful and widely used intervention amongst DM Therapists. The theory of mirroring was used in the developmental psychology to point out the importance of the notion of “being seen” for the infant’s development from the mother or the primary carer. Winnicott has put much importance on the gaze of the mother towards her infant as an act that creates, outlines and reaffirms the existence of the infant. He calls this gaze, this look from the mother towards her infant as a creative look or a gaze that creates (Winnicott, 1971). When this gaze is motionless, deprived, depressed the infant has a mirror that is distorted so it cannot create a real identity of who it is. “The formation of the self-concept is never accomplished in isolation; rather, it is the result of interpersonal relationships” (Capello, 2009, p. 85). In many instances the mother’s preoccupations are reflected to the child and the only thing the child sees are the mother’s preoccupations. In this case there is a broken mirror, a mirror that does not respond to the infants cues, so there is a mirror that looks and not a mirror in which one can look upon (Winnicott, 1971, p. 182). The infant looks but cannot see itself in this mirror. As described by Meekums (2002) the mirroring of the mother gives a meaning to the infant of a world, which is so little is known by him/her and so they are co-creating the universe they live in. The mutual gaze of mother and infant is a crucial factor in the well-being of the infant and plays an important role on its latter development. The amount and the quality of mirroring we had as babies will determine the way we are as grown-ups in our relationship with the rest of the world. Marian Chace’s emphatic reflection in group DMT or mirroring had a powerful effect on the psychiatric patients she was working with, reminding at the professionals of that time that in reality there are no “inaccessible” patients” (Levy, 1992, p. 35). Marian Chace’s technique includes the mirroring intervention in the primary phase of a DMT session, the warm up part of the session. Kinaesthetically and visually she was capturing the non-verbal communications of the patients declaring as well in a non-verbal manner “I understand you, I hear you and it’s ok” (Levy, 1992, p.38).

In this technique, the therapist moves with the client and reflects something of the quality of movement, not necessarily reproducing every aspect. The aspects that are reflected are often intuitively chosen, but may be particularly significant for the person concerned”. (Meekums, 2002, p. 52).

The mirroring technique in DMT has the characteristics of a movement dialogue between therapist and client or between peers in a group, which can be used as a vehicle towards free exploration of material that has not yet been brought up.

The purpose in all cases is to set up a movement dialogue with the other person. It often leads to other forms of improvisation but it always makes contact with the clients through reflecting their movement. Issues that can be addressed with this technique include the experience of being a leader or follower, and it can be a starting point for tremendous playfulness or a deadly serious interaction (Penfield, 1992, p. 172).

McGarry & Russo (2011) focused on the mirroring technique in DMT and the specific effects that this intervention has on patients. They state that mirroring helps patients to have a more coherent emotional understanding of how others are and promotes emotional bonding and thus, empathy between therapist and clients as well as between the clients themselves. They stress that it is not a mere mimicry or a synchronisation in social circumstances, but specifically as it is used in DMT it has the potential for promoting understanding:

In DMT, it seems likely that the process of mirroring, which enhances empathy for others, is mediated by an emotional movement feedback system that involves mirror neuron circuitry. In order to understand another's emotional movements, we activate the neural areas associated with creation of these movements, which in turn affects the limbic system, enhancing our sensations of the emotions associated with these movements. As a result, we come to better understand other people's intentions by feeling these intentions, or emotions, ourselves. (p. 182-183).

Behrends et al. (2012) had designed a dance movement intervention to foster empathy with patients suffering from empathic disorders such as autism. The hypothesis made to design the intervention was based on interactional movement and dance elements such as imitation, synchronous movement and motoric cooperation that can foster empathic and prosocial capabilities.

We suggest that the conscious practice of variations of imitation and mirroring (with both copying and contrasting of movements) has the potential to foster both unconscious mimicking behaviour and the important ability of self-other differentiation, and to thus contribute to increased social integration, affiliation, and agency (Behrends et al 2012, p. 112).

They agree with McGarry and Russo that mirroring enhances empathic capabilities taking the idea of a therapy consisting of therapeutic mirroring a little further. In a study mentioned before, con-

ducted by Bräuninger (2014) the mirroring and the echoing of the emotional states of the clients were pointed out as successful interventions in group DMT sessions following the psychodynamic orientation. The authors concluded that these interventions may strengthen the self confidence of the group members as well as their physical resilience.

In a group situation while in a circle the mirroring is multiple. As stressed in Steiner (1992) being reflected by many people in a group has a powerful effect on the individual, he/she sees themselves echoed by others and therefore they feel heard and accepted by a whole and not only by one person. Steiner uses the term “multimirror” to describe the function of mirroring in a therapeutic community:

Based on the assumption that residents suffer from a distorted perception of themselves and their environment, due to lack or distortion in their earliest experiences of “being seen” by their caretakers (Kohut 1964) one can view the therapeutic community as a multimirror. (p. 145)

Foulkes writing about “*mirror reaction*” states that patients in a group therapy hearing that other people suffer from similar annoyances and anxieties, can be relieved of anxiety and guilt: “Apart from counteracting narcissism, forces of identification and contrast are at work here” (Foulkes & Anthony, 1957, p. 34). He also states that when people come together in a group they learn foremost about themselves by observing how others react upon them, what effects and impact has their own behaviour upon others and the picture they form of them (Foulkes & Anthony, 1957).

Pines (1984) emphasises on the difference of viewing oneself in the mirror alone and the actively being mirrored by another person, by another self. The latter, with its encompassing two separate identities with its differences and similarities, is the one that leads to change as: “It is difference that carries information, and difference is only understandable in a context. Without difference there is no change and no development” (p.9). In the group situation there is a constant tension between “me” and “you”, and through this tension oneself defines his inner and outer reality. As Pines highlights the difference carries information of the type “where do I stand according to that

difference that I see in you, what kind of similarities exist amongst us". Pines (1984) stresses another important aspect in the group analytic situation. The dyadic projection cannot last long in the life of a group. This kind of projection receives a triadic form of mirroring "and a benign cycle of projection and introjection is initiated which can often lead to the freeing up of the closed psychic system and thereby to renewed psychic growth" (p.8). The multiple mirroring that happens in a group situation in a circle formation is thus, an openness to new possibilities of perceiving oneself, giving various aspects and a more spherical view of a specific problem or annoyance as well a less rigid and more flexible way of moving through the annoyance.

Capello (2009) stresses that "being mirrored by others (validation) and taking centre stage (perhaps in the middle of the circle)" (p. 86) helps patients to build their sense of self, in other words clarify their identity with the help of the gaze of the others in the circle. Erfer&Ziv (2006) include mirroring while in a circle as one of the techniques used with children in a psychiatric unit in order to promote cohesion to the group, as a nonverbal way of nonjudgmental movement interaction.

Mirroring is a major concept in psychotherapy, not properly addressed here as it is beyond the scope of this paper. It is a widely used technique amongst DM therapists to declare to their patients, as Chace (1953) was saying, that I see you and I understand you. It sends a feedback to the patients of to how others see them and how they relate to them and it is a powerful instrument for cultivating empathy. In a circle formation the mirroring takes the characteristics of the multi-mirroring as there is more than one participants and one's movements are mirrored (as it will be demonstrated latter on in the sub section of "changing leadership") by the whole group in a group movement intervention.

Containment and holding are two other major principles in psychotherapy and psychoanalytical thought, that DM therapists are familiar with. In the following section these two concepts will be examined briefly.

4.2.4 Containment-Holding

The terms holding and containment are essential in psychotherapy and psychoanalytical thought. Winnicott (1960) greatly believed in the influence of the environment of the growing infant as a very important factor affecting how the infant would grow. He saw inherent potentialities in the infant but stressed that the fate of these potentialities were in the hands of his primary environment and the quality of the maternal care. Winnicott's holding largely refers to the actual holding of the infant by the mother, the physical holding, how she handles her infant in her arms. This is the actual, practical and physical holding of the baby, the everyday routine of care. Winnicott was referring as well, to the psychological holding of the infant which has an ontological meaning as the mother is the watcher of her infant's continuity of existence in time. Gradually as the infant grows, it internalises the quality of the mother's holding of this specific continuity of his existence over time and emotional flow.

With the care that it receives from its mother each infant is able to have a personal existence, and so begins to build up what might be called a continuity of being. On the basis of this continuity of being the inherited potential gradually develops into an individual infant. If maternal care is not good enough then the infant does not really come into existence, since there is no continuity of being; instead the personality becomes built on the basis of reactions to environmental impingement (Winnicott, 1960, p.595).

Bion's concepts of container and contained (1962) are examining the process of thoughts that come from a lived emotional experience. Bion's emphasis was put upon the process of thinking as fundamental for mental health, a need that actually is an emotional need as thinking provides meaning. This need for thought matures and is fed in the social context through communication. When this thinking capacity is impeded, as well as the curiosity that leads to learning, there is a restriction in growth (Bion, 1959). The container is the mother and the contained are the infant's fears and anxieties. The function of the mother as a container is to receive these anxieties and fears, process them, digest them and give them back processed to the baby. When the mother cannot contain her baby's fears and if she is unable to modify these beta elements, as Bion names them, using the alpha function (the metabolism-digestion of these anxieties) these fears return to

the infant enlarged and in a heightened form. The result is that the baby receives the message that his fears are intolerable, un-contained. So the thinking is disturbed.

Bion's concept of the container-contained relation was to have significance not only for Kleinian thinking but for psychoanalytic theory generally. It added the possibility of the psyche's adaptability and re-established the importance of external reality which had been lacking in Kleinian psychology. Like the work of Winnicott, Bion focused on the importance of the individual's relationship to his environment and the importance of the mother's adaptability to respond intuitively to her infant's needs. (Glover, n.d.).

Tosey (1992) exploring the theory and practice in DMT includes the theme of the containers, along with synchrony, relationship, meaning and the energy of wholeness as "the most prominent and significant issues" of practicing DMT (p. 252-259). Referring to the notion of container lists various ways with which DMT encloses the theory of the container within its practice. The DM therapists undertake the role of the container, containing the client/patient both physically and emotionally. Space as well is referred to as a container where the therapists safeguard the therapeutic setting to create a safe environment for improvisation and free exploration and the context (physical space, boundaries of the institution, contract, etc.) in which DMT takes place is also characterised as container. The safety, especially in the early stages of a therapy, is stressed also by Meekums (2002) as the setting of the conditions so as the patient/client to feels contained in order to start the exploration. She proposes a containment approach to DMT which takes into account that sometimes the Mental Health Services in their struggle to prevent unpleasant outcomes with some severely disturbed patients use strategies that replicate the unwanted experiences that might have caused the problem in the beginning. One of the techniques for containment is the keeping strict time boundaries in the session. This helps the patients/clients to deal with certain difficult material "for the given time each week" (Meekums 2002, p. 57) and to take the responsibility of organising time within the session when and if dealing with difficult issues. Sometimes it is not so easy to close a session. Participants may not want the session to end. The rituals in the beginning or the end of the session while in a circle may play that role of container.

I often use structures within a circle at the beginning and end of the group, because the circle both reaffirms group identity and provides a spatial metaphor of containment...The cir-

cle dance might be taught to the group in the early sessions, or it might arise out of a group improvisation, emerging as the group's own choreographed dance (p. 57).

The group itself is seen as container as well as the circle, according to Tosey (1992). A group that inhabits a therapeutic space has been described as a substitute mother: a container to hold difficult feelings providing a significant structure which encourages synchrony and safety. The movement within the circle provides a safe container (Bion, 1962; Payne, 1992; Tosey, 1992).

Karkou (2006) also reaffirms that the group DMT functions as a container working with people with enduring mental health problems.

Containing and holding thus play an essential role in DMT, either referring to the physical space and the actual time of the sessions, the movement itself and the holding-containing attitude of the therapist towards the patient/client. The group is itself and the circle is a container or a "substitute mother" as Tosey (1992, p. 254) stresses, encapsulating in its function all the above aspects of containment-holding. It offers a safe place, time structure and boundaries as well as a movement metaphor of the activity of containment-holding of its members. Everyone can deposit a movement statement in the circle and this statement will be held and contained not solely by the therapist but from the whole group as a body.

In a previous chapter, when referring to the research of Beard et. al (2014), it was shown that the holding-hands was the most important aspect of the intervention in a circle formation in decreasing the levels of anxiety of the participants. This drives the research to a brief reference on the use of touch in DMT.

4.2.5 Physical contact - touch in DMT - holding hands

DMT is a verbal and nonverbal psychotherapeutic approach. In order to enhance the therapeutic relationship, to communicate, to establish safety and to intervene the DM therapists use verbal as well as non-verbal ways equally. The non-verbal aspect of the therapeutic relationship is amongst the key principles of DMT theory and practice, as stressed in Meekums (2002) (citing Schmais, 1985; Stanton-Jones 1992). Touch is a nonverbal way of communication. The use of touch is a theme of great interest in psychotherapy and psychoanalysis creating lots of debates and conver-

sations amongst authors. In this paper we will not expand on this subject, the debate or the ethics of the use of touch for therapeutic reasons in psychotherapy or psychoanalysis. We will however explore briefly the use of touch in DMT between therapist and client/patient and between members of a group in particular. As we have presented in the subsection “The use of circle in DMT” recent findings in the research of King et. al (in revision) demonstrate that the element of the holding hands while in a circle dance have positive effects for patients suffering the negative effects of severe mental health problems. So touch, and more specifically holding hands as it is demonstrated in the research by King, is an important element of DMT group sessions while using the circle formation.

The existing literature on the use of touch in DMT treats the issue without addressing it directly and openly. There is a lack of exploration in the use of touch in DMT literature as shown by Malaquias (2010), Popa & Best (2010) and Matherly (2014), the latter having attempted to address the subject “by examining, through qualitative interviews, the applications of touch in DMT by three experienced dance/movement therapists working in the field” (p.78).

Touch has many implications and the way one approaches the subject of touch in a therapeutic setting depends on a variety of elements as shown by Malaquias (2010) and Popa & Best (2010). DM therapists, many of them familiar with dance techniques such as contact improvisation (dance maintaining a contact between the two dancers) may feel more familiar with the use of touch, so the background of the therapists may play an important role in the approach applied. Cultural and social norms also play a vital role on the choice to touch or not.

En la sociedad occidental, los investigadores han organizado las actitudes culturales respecto al toque en un continuo de su sensibilidad cultural táctil: las personas de origen germánico son las menos táctiles, americanos e ingleses un poco más, los escandinavos ocupan una posición media, y los latinos y mediterráneos están en el otro extremo de alta tactibilidad; los asiáticos están en diversos puntos del continuo, dependiendo del país (Jourard, 1971, Mehrabian, 1971, citados por Zur, 2007; Phelan, 2009). (Malaquias 2010, p. 25).

The theoretical background that one comes from and which informs their practice is also of great importance. Those drawing and informing their practice from psychoanalysis may be more reluctant to, or even completely avoid, any form of touching. As Popa & Best (2010) stress expanding

the discussion in the psychotherapy and body based therapy: "even within such a broad body of literature, touch remains a highly controversial and debated issue that is not always openly discussed and acknowledged" (p. 34). They propose that touch within DMT sessions is a useful implement, including:

ritualistic/social gestures; conversational markers; consoling/reassuring; playful; grounding/reorienting; corrective experience; instructional/modeling; celebratory/congratulatory; experiential; referential; inadvertent; prevention of self-harm or others; and self-defence as therapist. (p. 8)

Popa & Best (ibid) assign importance to the training that the DM therapists receive resulting in a higher sensitivity regarding the use of the therapeutic touch.

One could argue that the strong observation skills that the dance therapists develop are currently used to discriminate between different types of movement and, implicitly, between different types of touch. (p.9)

In the same line with Popa & Best, Malaquias (2010) in her conclusion, she states that movement and touch have similarities and that the use of touch is part of the therapeutic process:

Asimismo, creemos que la DMT posee herramientas inherentes al trabajo con el cuerpo y el movimiento, que le permiten integrar el uso del toque de forma e caz y heurística para el proceso terapéutico; además, el encuadramiento de la relación terapéutica, especialmente la integración del cuerpo del terapeuta, garantiza una utilización ética del toque en DMT. (p.82)

Touch has its developmental parallel to the relationship of mother and infant, it is the first way of communication between the two (Penfield, 1992). The first contact of the infant with the mother is primary and firstly through touch, through skin contact between the two. Consequently, different forms of associations, depending on the touching experience that we have had, may arise when one is touched as highlights Steiner (Steiner, 1992) suggesting the mindful use of touch: "If encouraged at the right moment it creates the quality of nurturing which so many have never experienced, or if they did, did not get enough of" (p. 150). Penfield (1992) agrees with the nurturing, comfort aspect of the touch, adding the provocative ways in which touch can be used for, stating that what is provoked is emotional material. She points out that the provocative touch can be used in order to provoke interaction or to work on a block on the clients' body.

The effect of touch and of the holding hands, as stressed by Schmais and Salazar (1998), can have different results depending on the population applied in to, and on the stage that a particular group is at. For example the use of touch while in a circle formation along with synchronous movement with a group of adolescents had very different results. In the one case the use of touch and synchronous movement gave the adolescents the needed closeness in order to "exert their autonomy and leave the circle" (p.159) while in another group with adolescents in-patients the use of touch and synchronous movement was used so as to remain within the circle, whereas with totally different populations such as psychotics the functions were slightly different, having in common the proximity that these notions create.

Hirsch and Summit (1978) applied DTA⁴ to a session with psychotic in-patients. They determined that touch at arms' length and moving in and out of the circle enabled the group members to become close to each other. (p. 159).

Schmais (1985) says that touch in a group DMT session may be made firstly from a distance so as to prepare the participants slowly and gradually to accept the actual touch. This could be made by being close physically in the circle, moving side by side, by sharing a common rhythm or a common activity. The same effect, the preparation of the actual touch could be accomplished by auditory or visual stimuli in the circle, such as the listening of the stamping on the floor, the rustling of the clothes of the other participants, the gestures and the direct visual contact. All these can be a preparatory stage for the actual touch, especially when a client/patients is identified as being reluctant to accept or perform any touching. Steiner (1992) gives an example of an institutionalised 47 year-old patient of her's, diagnosed with schizophrenia, who had undergone eight hospitalisations and residency in several hostels, attending at a day centre five days a week attending industrial therapy. In the DMT sessions the client participates mainly by complaining over his physical or emotional state, leaving frequently from the session sometimes coming back, sometimes not.

In spite of his, at best sporadic participation in the group's movement, he can suddenly jump into the middle of our circle and show us complicated dance steps like the Samba or a Russian folk dance. Moving together with the rest of the group he relates little to other resi-

⁴ The capitals DTA stand for Dance Therapy Analyses. In the article cited there is a an explanation as well citation of the research approaches analysing group DMT sessions.

dents of whom he can be quite inconsiderate. After joining in for a short while he will stop to sit down, turn away, or leave the room. He is institutionalised, needy and emotionally young. This expresses itself in his longing for touch. Like an infant he wants attention and contact. He may not participate actively for a whole session, yet when we close, i.e hold hands in a circle, he will join in. (p. 152).

In the above example we see how the circle dance with the holding of hands helps a very withdrawn patient to participate even for a short period of time and how the touch in the case of the group is not overwhelming or scary or loaded with associations, once everything is open, clear and structured. For many patients with enduring mental problems such as schizophrenia it is very common to have persecutory hallucinations, food poisoning ideas, someone being in their body etc. (Capello, 2009). These ideas have a common characteristic which is the invasion, the infringement of one's own boundaries. Capello (2009) suggests as a useful technique to help patients build solid body boundaries, amongst others, the tactile stimulation of the body periphery as well as the holding of hands by others. We agree with Warnecke (2011) when stating that:

Touch will usually evoke a bodily response from the other; it is an essential form of communication and we speak and listen through our hands. Mere hand to hand contact can reveal distinct and unique patterns of personal psyche-soma dynamics. (p. 236)

The act of holding hands while in a circle seems to give a sense of self, reaffirming body boundaries. Another aspect could also be that for the severely withdrawn patients, such as in the above described case, the circle and the holding of hands in the circle may be their only active and non threatening way of touching and being touched in a safe, contained and holding environment, strengthening their social skills. It may be their only opportunity to be touched whatsoever. Sinason (2009) describes how one patient remembered her years later because of a handshake. She mentions this beautiful example during her stay on the Greek island of Leros where she visited an asylum. Despite the disgustingly lacking hygiene conditions she gave a patient with Down's syndrome a handshake, and left a marking memory for him.

Matherly (2014) in her research conducted qualitative interviews with three experienced DM therapists working in the field, on the applications of touch in DMT. On her findings she stresses that most of the references concern "socially based motivations" (p.82). Making contact with the client

was one of the major motivations to touch as well as establishing contact between members in a group

as a means for clients to give and receive contact in a safe and managed way. One participant noted the power inherent in the act of “offering” touch in a group. The intervention of “reaching out” and “inviting” touch in the safety of a group setting, often observed in the DMT group (or with an individual client), allows the client choice, the opportunity to choose to meet or be met, or to refuse the contact in a potentially non-threatening way.” (p.82)

Physical touch and holding hands while in a circle has a strong effect on the patients enhancing communication amongst the participants, develops social skills, gives the patient the opportunity to choose whether to touch and/or to be touched, reaffirming the body boundaries.

In the next section the issue of DMT interventions possible made in a circle group formation will be addressed, with the aim of promoting a more conscious and therapeutic way of intervening in the circle. How and why we use the circle and why are some of the questions to be dealt.

4.3 GROUP INTERVENTIONS IN CIRCLE

This chapter aims to give an account of the interventions possible made in a circle formation in DMT group sessions. Much of the work done in DMT is done in groups (Houghan 2012; Karkou 2006) so the circle is a potential as well very probable shape to appear in the course of a group session. As far as we know there is no guidance summing up the possible interventions in the circle therefore the aim of this chapter is to provide some guidance for DM therapists working with groups in order to intervene in the circle consciously and with therapeutic efficacy. We will be using examples from the existing field literature.

4.3.1 Rhythm- Synchronicity-Joint movement

Rhythm is everywhere and “permeates every aspect of human life” (Chaiklin&Schmais, 1979, p. 75). Our heartbeat has a rhythm so does our respiration, our walking, the blood running through

our veins (Capello 2009, Chaiklin&Schmais 1979; Schmais 1985). Rhythm happens as we speak inside our body, the rhythmic activity of our own body never ceases, keeping its sequence most of the time without our awareness. Inside our body exists a movement with rhythmic structure, and this rhythmic structure is what keeps us alive, to paraphrase a little what Sheets-Johnstone declares about movement: "Movement is not simply a sign of life, it is the *preeminent* sign of life" (Sheets-Johnstone, 2010, p. 3).

Lila Espenak, one of the pioneers of DMT, considered the rhythmic expression of her patients very critical. She had designed various tests to evaluate the psychological as well the physical condition of her patients. One of the tests, test III, called "Control of Dynamic Drive (Rhythm, Time Concepts), dealt with the patients sense of time, as this factor reveals "both the individual's inherent personal rhythm (as a sum total of his personality) as well as his ability to adjust to any given organisation from outside (i.e., to cooperate)" (Levy 1988, p.67)

Rhythm is one of the first sensed experiences of the foetus from the rhythms of his/her mother's internal function, as we read in Schmais (1985).

Floating in a world of sound and motion, the fetus is beset by the steady beat of the mother's heart and blood vessels and the quicker pulsations of his or her own. The circulatory system and the other major bodily functions, including brain waves, peristalsis and muscle action, can be characterised by rhythm. These rhythms, shared by all people, can be considered universal to the species (p.22).

Rhythm has such a strong impact on humans that is even, structuring the communication amongst them. Rhythm is present in our "interactive behaviour of communication" as stressed by Capello (2009, p. 93) citing Kendon who describes the conversation between two people as a dance rhythmically synchronised. In DMT the rhythm is used to foster communication between therapist and patient and amongst patients themselves. (Capello, 2009): "There is some undefined sense of satisfaction that is felt when a group of discordant and isolate patients becomes unified through synchronised rhythmic movement" (p. 93).

Another aspect of the function of rhythm could be its predictability. Bowlby (1969) attachment theory has shown the importance of the quality of interaction between mother and infant. Citing a number of workers with clinical experience, he supports the great significance for a child's development and social interactions given by conditions such as "a mother's sensitivity to signals", "her timing of interventions" and "whether a child experiences that his social initiatives lead to predictable results" (p.346). The timing of the mother to intervene, in other words, builds a strong sense in the infant that his social actions would have some predictable results, that he knows what to expect from his environment when he acts in a certain way.

Rhythm is one of the eight elements Schmais (1985) named "healing processes" in DMT groups leading to positive change and health. She links rhythm with the infantile gratification or non gratification accordingly, explaining some individual behaviours either towards the use of certain rhythms or towards avoidance of rhythmical activities. "When the group rocks to a common pulse, it seems as if they share in a regressive fantasy that binds them together" (p.23).

The Kestenberg Movement Profile (KMP) is a complex system used for observing and notating movement and nonverbal communication. It was designed under the influence of the Laban Movement Analysis (LMA) and it is nowadays used as an instrument in clinical practice (Loman&Merman, 1996). KMP has two major systems, the Tension-flow-Effort System or System I and the Shape- flow-Shaping System or System II. The first system

documents a line of development beginning with movement patterns available to the fetus and newborn and continuing throughout life (tension-flow rhythms and tension-flow attributes) which describe inner needs, feelings and affects. (p.30)

The tension flow rhythms, ten in number⁵ are based on developmental patterns and reflect basic needs and impulses. As Loman&Merman stress, when two or more people share similar tension flow rhythms "the core of emphatic communication is present" (p.32). So a shared rhythm, or in

⁵ Sucking, snapping, twisting, straining, running, stop/starting, undulating, surging, jumping and spurting. The rhythms are categorised either indulging or fighting.

other words synchronous movement, in a circular formation for example, connects people and also has an organising function as highlighted by Meekums (2002): "The beat has a unifying, containing quality that encourages a discipline of the emotions". (p.59). Rhythmic movement promotes grounding as Steiner (1992) notes through the strengthening of a sense of self "by emphasising our contact with the ground and re-affirming our connectedness within ourselves and with this world through gravity" (p.149).

Chaikin and Schmais (1979) describe four major classifications that describe the Chace technique, which are Body Action, Symbolism, Therapeutic Movement Relationship and Rhythmic Group Activity. What interests us here is what they say about the Rhythmic Group Activity:

For example, a group rhythm can be shared by patients who have difficulty or a reluctance to follow a spatial design of a movement. As feelings are expressed in a shared rhythm, each member draws from the common pool of energy and experiences a heightened sense of strength and security (p.80-81).

Therefore, in a circle formation a rhythmic activity would promote an emphatic communication amongst the participants and an organising function of emotions, in a safe and contained environment provided by the enclosing circle, sweeping away any doubt or shamefulness about participating. "If the dance action is taking place in a circular formation, he feels a great deal of support from the group" (Chace, 1953, p.207). Consequently a rhythmic activity in a circle would provide the group with a unifying sense, promoting communication amongst the participants.

Synchronistic movement in a circle of people, which can be facilitated through rhythm has a powerful, contagious effect, made known to humanity centuries ago when the ancient man danced his sorrows, transitions, and anxieties away (Steiner, 1992).

This non-verbal communication, called synchrony can be the first step in building a bridge between two different worlds, the one of the client and the one of the therapist. Group movement is even more powerful. 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 (Spenser 1985) (p. 149)

Schmais (1985) when discussing another “healing process” in group DMT, the cohesion, states about common rhythmic activity that:

Rhythm helps to stimulate and to organise the individual’s behaviour, as well as to put him in time and in step with others. According to Kendon (1970), if the capacity to be in time with another person is restored, the patient regains “a skill of critical importance to his capacity as a social interactant (p. 30).

It has to be stressed that sometimes the rhythmic, repetitive movement in a circle group formation may prove overwhelming for some individuals (Capello, 2009). The DM therapist may encourage the participants to leave the circle individually or in pairs and then return to the circle formation.

This process of separating and regrouping challenges the patient to individuate from the group, provides an opportunity to practise self-control and develop listening skills, and demands concentration and focus (p. 98).

All those concepts outlined above relate to the rhythm as a group activity in a circle formation leading to the suggestion that a rhythmic activity would promote:

- communication
- social interaction
- cohesion of the group-sense of belonging
- a safe containing environment
- support
- organisation of emotions
- grounding

An example of a moving circle (Karkou 2006), with holding hands and a rhythmic structure preparing the members to be separated after 12 sessions, will be given. The therapists had decided to give 12 blocks of group sessions in a voluntary organisation with community principals. The group members were five, with a wide range of ages (34-75), all diagnosed with some form of schizophrenia. For reasons of economy, parts of the description will be used.

The goal for the remaining sessions was to facilitate an ending and allow for relevant feeling to be shared (...) Members talked a lot about families and relatives, making references

to death, loss and separation. In the movement section, soon after a physical warm-up, Jeanne initiated an outward movement with her arms that originated from the chest and was directed towards the centre of the group. Roger called this movement the “broken heart”. The group developed a dance that started from holding hands in a circle which incorporated Jeanne’s ‘broken heart’ movement and finished with individuals standing very close to each other. A clear, unifying rhythm was adopted that kept all members in a movement synchrony. They called it the ‘ring dance’, a name that seemed very relevant to the proximity between members and the circular formation adopted throughout the dance.

In the above case we see how the synchronistic rhythmic movement while in a circle formation with holding hands helped the participants process feelings of separateness, endings and loss in a satisfactory and non-harmful way, stating metaphorically too the bonding that this ‘ring dance’ made them feel with each other.

The DM therapists have to bear in mind that the circle formation as well as the continuous repetitive movement may not always have the desirable results mentioned earlier, namely providing cohesion to the group, the practice of social skills, grounding etc. For some populations, for example chronic schizophrenic patients, as stressed in Levy (1988) the cyclic repetitive movement may actually indicate high levels of apathy, dependence, and compliance obstructing a patient’s experiments in autonomy.

Billmann, a pioneer of Dance Rhythm Therapy in France, developed the technique of ‘Primitive Expression’ (PE), highlighting the importance of rhythm and traditional group dances stressing that “Traditional dances are, therefore, a metaphorical manifestation, but also a profound incarnation of life in its most profound level, of the heart and breath” (2009, p. 82). She connects rhythm with the oral heritage transmitted from generation to generation without the intervention of writing, awakening this way the collective memory that connects people to each other, nature and their own bodies. Rhythm, according to Billmann (2009) awakes an unconscious knowledge, and acts as a medium of “humanizing” (2011, p.93) the fetus. This call to humanise the infant is done through rhythm, transmitted by the mother’s voice and body rhythmic sequences. Billmann (2011) uses the term ‘transitional rhythm’ (p. 94) with a clear reference to Winnicott’s transitional space created through play, as a way to differentiate the Self from the Other. The transitional rhythm “is particular-

ly prescribed in the treatment of psychosis, a state of generalised fusion-confusion in which 'there is no *other*'⁶ (p. 94). Margariti et. al (2012) conducted a research applying the technique of PE to a small group of psychiatric patients. She found that:

a relatively short duration of PE treatment led to observable changes in psychological state, behaviour, and brain physiology. It was found that the patients (1) experienced an increase in their happiness level, (2) expressed a positive attitude to the PE process by utilising appropriate word associations, and (3) exhibited (a patient subset) an increase in EEG activity related to a relaxed awake state (p.95).

In the following section some guidance on how to apply a rhythmic intervention in the circle will be provided.

Rhythmic Intervention in the circle

Choosing a rhythmic music the therapist could give a simple rhythmic movement, for example a simple pace following the rhythm, sways, slip-steps (Jerrome, 2002) combined with some gesture, or arm movement, for example clapping, heeltaps one one's body, swings of the arms, maybe choosing to use some of the Kestenberg rhythms. The rhythmic pace may carry the group closer or further, opening or closing the circle, leaving and approaching the circle (Payne, 1990) especially if the therapist has signs that some of the participants are overwhelmed by the proximity or the circle itself. If so, the rhythmic pace could be performed from a bigger circle slowly reducing the distance between the participants. Images could be provided as well, such as for example a balloon that grows bigger or smaller. Other directions could be provided as well. For example the group could move to the right or to the left, depending on the population. For example Jerome (2002) states that in order for the circle to progress to the left or to the right when working with elderly individuals, some extra care either from the staff or more functioning participants, is needed. Variations of this rhythmic activity could include turns, changing levels, and variations of the rhythm itself, for

⁶ Italics in the original

example slower or faster. Using the Effort - Shape principles of Rudolf von Laban (Laban, 1948) the therapist could find variations to propose within the rhythmic structure.

A sequence may incorporate, for example, for weight, walking and stamping; for space reaching in various directions; for time, moving in an slow motion and then with quickness; and finally, for flow moving in a restrained way and then in a relaxed, easy way (Stanton, 1992, p.130).

Stanton (1992) proposes the above, describing a physical warm up in a psychiatric setting stressing that with this population, the acute patient, the warm-up may occupy most of the time of the session, especially if the group is in its initial stages. Therefore the circular formation may last for a long period of time during a session and variations may be needed in order to keep the interest of the participants and promote the exploration of feelings.

4.3.2. Changing leadership in the circle

Changing and sharing the leadership (Capello, 2009) in a circle formation, or else known as ‘follow my leader’ (Meekums, 2002) is a widely used technique amongst DM therapists. We owe this important technique to Marian Chace. This intervention consists of the participants standing in a circle, each person taking a turn with the leading improvised movement which the rest of the people follow, mirror, or change. The therapist usually starts with a movement asking the participants to follow and then passes the leadership to the other members of the circle. The capacity of leadership is described by Capello as a “quality of personality” (p. 89) that contains the elements of self-conceptualisation, self-esteem, authenticity of movement and the creative process that can guide someone to the search of the self, satisfying the drives of self-determination and self-mastery. “By being trusted to support someone else or lead the group, they learn to trust themselves and to take initiative” (Schmais, 1985, p.32). Asking a patient to choose a movement and guide the whole group makes him take responsibility for himself and of the others, exposes his personal election in front of others, reflects on how his election is taken, interpreted and accepted by others, provided that there is a safe and non-judgemental environment.

For hospitalised psychiatric patients, the DMT session may well be the only occasion for them to “present” themselves and develop skills as leaders in an appropriate, productive manner and receive immediate feedback about their behaviour (Capello, 2009, p.90).

The unconditional acceptance of the movement statement by the DM therapist, which is cultivated in the other members of the group with her/his attitude, taking the movement non verbally and incorporating it, is a special and unique feature of DMT where there are no stylised movement requirements for anyone to participate in (Capello, 2009). Every movement is accepted. There are no strange, bizarre or irrational movement statements that would be disregarded. This leads to a deep satisfaction as

there are no failures in a DMT session. The simple beauty of the moving body and its relationship to other moving bodies in space offers success in each session (p. 88).

Zorba the Greek danced when he was sad, but he also danced out of joy. Dancing, moving one's whole body, is essentially a pleasurable experience (Steiner, 1992, p. 151).

The process of moving is rewarding for its own sake; Schiller described it as ‘loosening up one's body image’ (Payne, 1990, p. 29).

Bunce (2006) working with patients with Parkinson's disease reaffirms that positive regard from others provides positive self-regard, stressing that patients, whatever their condition or the stage of their disease need to feel, at some time, good about themselves, valued and accepted. They might consider the disease as a punishment for themselves, therefore disregarding themselves. Positive validation from others may help to diminish this attitude of self punishment.

Observing others in your posture or movement, while in a circle, each and everyone executing the movement in their own unique way can offer, apart from satisfaction and a sense of achievement, information about one's body and body movement creating “a more realistic image of the body” (Capello, 2009, p. 89) and thus give non-verbally much information to the participant about the “self” present in the circle whose movements are echoed by the whole group.

The expansion of the movement repertoire could be another benefit of the changing leadership technique. Seeing other's peoples moves and trying them with your own body helps experiment and 'taste' what one particular movement feels like. As Steiner (1992) explains, this is not as easy as it may appear speaking for psychiatric populations due to "emotional investment in the perfection of one particular style using a limited range of movements" (p. 144). She stresses that it is beneficial to encourage the members of the group to imitate each other, an action that expands the existing and established movement repertoire.

Changing leadership in a circle benefits the participants on a personal level, as we have demonstrated above through the expansion of the personal repertoire, self-mastery, self-esteem, gaining pure satisfaction of moving with the others. Levy (1988) stresses also the social aspect cultivated in the person by participating and taking the lead. Speaking for the warm-up phase of a DMT session, he sees the changing leadership technique as a way to "support group interaction and stimulate social awareness and a feeling of community" (p. 250).

Chace (1953) stressed another important aspect of the technique of changing leadership, that of the position of the leader-therapist in the group, in other words the role he/she assumes in the group. By passing the leadership to the patient the leader-therapist of the group remains a member of the group "rather than assuming the authoritarian role of the teacher" (p.207). This may help the group members to ask for help and as a by-product of the intervention to gain more confidence in their own body action and relation to others.

Although changing leadership in a circle may seem a very simple intervention, it can be a very useful and powerful tool in the hands of the therapist to elicit movement, to warm-up the participants both physically and emotionally, to lead to a movement improvisation and free associations. It can help patients to express feelings and see the immediate response by their co-participants, in other words receive immediate feedback. Changing leadership may help patients to enhance their observational skills, observing little by little with greater detail the movement of their peers in the cir-

cle promoting better understanding of their own body and body movement, expand their movement repertoire and increase empathy and kinaesthetic awareness. The intervention of passing the leadership can reduce the defences towards the therapist which may lead to establishing the therapeutic relationship. Although it may seem simple as an intervention there are some parts that need to be taken care of in order to avoid having results opposite to those anticipated. In the following section a description of how the changing leadership technique is structured will be provided.

How to change leadership in the circle

Every member of the group stands in a circle and everyone, including the leader takes a turn initiating an improvised movement. The leader starts, especially if the group is new, and may need to repeat the movement. Once the movement is clear, she can then ask the participants to take to that movement in their own body, in other words, to repeat it. Once the movement is repeated by the group, the leader passes the leadership to another member. Stanton (1992) states that the group should be encouraged to be spontaneous and “not to prepare or plan their turn taking the lead” (p.131). The therapist needs to be sensitive, as stressed in Levy (1988), not to interrupt either verbally or nonverbally the suggestions of the participant in lead otherwise the participant will have understood that “although she has delegated the leadership, she does not find the patient capable in this role” (p.205). The therapist may choose the movement he/she proposes to the group by the movements observed during the initial phase of the session or while standing or waiting, for example to play the music or for other arrangements to be made.

This can be very small, everyday movement, like the tapping of the hand or foot. By suggesting to the whole group to follow it, the leader emphasises and legitimises each participant, helping them to feel that they all have a valid contribution to the flow of the group (Steiner, 1992, p.148).

Sometimes the participants may feel ashamed or they may say that they don’t know what movement to give to the rest of the group having -or not necessarily- a limited movement repertoire or due to the stress of the moment, especially when the group is in an early phase. This can cut the flow of the group. The therapist may suggest, as Meekums (2002) illustrates, passing the leader-

ship around the circle asking from the participants to just continue the movement that the group was doing so far : “No one had to ‘think up’ a movement. I hoped by saying this I could avoid losing the flow within the circle and minimise stress (p. 73). The therapist may give the choice to the members to pass the leadership straight on if they don’t want to lead the group. Gradually she encourages new movements, doing the movement the participant’s way and reflecting on what was actually happening: “I reflected what I saw, both verbally and non-verbally. I said that I noticed John was moving his hands as if he was passing something from one to the other” (p. 73).

In the example presented above the therapist helps the participants to gradually change the movement without intimidating them or even just making them feel uncomfortable. Themes may emerge during the changing leadership intervention, which may give more emotional material to be explored in the following phases of the session. They may also lead the participants to spontaneous improvisation, even leaving the circle and then returning. With questions coming from a movement such as in the above example the therapist can slowly move on to the examination of the group’s themes that emerge during the changing leadership.

In the next section the circle as a ritual will be examined.

4.3.3 The circle as a ritual in DMT group sessions.

The word ritualisation is used by Erikson (1977) to denote “a certain kind of informal and yet prescribed interplay between persons who repeat it at a meaningful intervals and in recurring contexts (p. 43). He refers to the ritualisation between a mother-infant couple when the mother feeds, clean or puts the infant to bed stating that this sequence of movement can be highly individual and yet also, to an outside observer recognisable to a certain degree. This first human ritualisation “supports that joint need” (p.44) as Erikson states, for mutual recognition between mother and infant. These ritualisations may be familiar to humans due to the great amount of rituals unfolding in our everyday life such as waking up or going to bed, going to work, carrying out a personal hygiene or social rituals concerning death, birth, anniversaries, marriage etc (Meekums, 2002).

In DMT, rituals are used frequently. Meekums (2002) states the frequent use of a closing ritual in order to allow group members to cope with the end of the session, namely with the transition of being in the room for therapy and the outer world as “Ritual seems to have a deep social and psychological significance in enabling groups and individuals to process transitions” (p. 57). There seems to be a comforting sense in the use of the rituals helping to feel in control of a situation and alleviate anxiety as Steiner (1992) stresses and to provide a framework, something already known “in order to contain difficult thoughts and feelings” (p.149-150). Rituals have the element of keeping the person conscious while the transition takes place, rather than becoming overwhelmed by it (Meekums, 2002).

Another important aspect of the rituals, as stressed in Serlin (1993) is to help members become re-integrated into the group using group rituals as “central to healing” (p. 73). Serlin (1993) states that often DM therapists choreograph rituals for the whole group or the whole clinic, including staff and patients, to celebrate new members or to farewell members leaving, or change in community. “Ritualising events give them significance and place, helping to re-store a sense of coherence to patients who have torn lives” (p.75).

Through rituals and group dances in a circle formation, as demonstrated by Bräuninger (2014), the elderly can be supported in coping with feelings of hopelessness and despair, gaining at the same time comfort and joy. Death and dying was found to be amongst the themes that emerged in the DMT sessions with the elderly influencing the quality of life measurements. Providing group experiences such as simple dances in a circle, working with touch can help the elderly process these difficult feelings.

Circle dances were found by Beard et al. (2014) to be most adequate as a ritual at the start or at the end of a DMT session, with physical touch when working with schizophrenia spectrum disorders helping patients to organise the chaotic world they live in.

The ritual and the circle are powerful entities, creating solidarity, a sense of community, inclusiveness, and equality. Bartenieff and Lewis (2002) highlight the importance of rituals for people with mental health disorders by referring to them as “pathways to reconnections with recovery” (p. 149), because they can bring direction to the chaos many patients are living in (p. 14).

Ritual circle dances in a group DMT session can be choreographed both by the therapist or the material that comes up from the participants. Meekums (2002) uses “both those choreographed from clients own material and set circle dances” (p. 74). These rituals, developed early on in the life of the group (Payne, 1990) can be used during the life of the group, every time the group is reunited. As Payne stresses these rituals “may be anything” (p.36) promoting relaxation to the group and anticipation for the session. Payne (1990) highlights as well the importance of linking themes from session to session for the purpose of giving a continuity to the group, which make us think that a ritual at the start of the session could be a linking point from a past to a present session. Names can be given to the ritual dance and “are best derived from an improvisation on a very positive theme, for example ‘power’, ‘protection’ or ‘connectedness’” (p. 58). In the following section a clinical example of such a dancing ritual in a circle formation is provided:

We stood in a circle, all women, all having suffered feelings of powerlessness... Each woman contributed her own unique movement, and the whole group echoed each movement in turn. At the end, we performed all of the movements together, finding easy transitions between them. Then I chose some music, a powerful rhythmic piece based on Aborig-

inal American chants. As we continued to recycle the movements our dance took on a new energy. I asked the group what they wanted to call their dance and they chose the title ‘Protection Warrior Dance’. After that, we often used the dance to mark either the beginning or end of a session, or when we felt in particular need of a reminder that we are both individually and collectively powerful women. (Meekums, 2002, p. 75).

The circle formation seems to be a group shape that promotes the creation of rituals which can be used at the beginning or at the end of the session. Rituals help to alleviate anxiety, become conscious during a transition providing a framework and a sense of control over the situation. Rituals can also be used to welcome someone to the group or farewell someone from the group giving importance to the group’s life events. They can even provide relaxation and anticipation for the session, reconnect each member with the group after a short separation and bring to mind the group’s material.

There are other possible interventions made in the circle that are found in the literature, which will be described in the next section.

4.3.4. Other interventions possible made in the circle.

Other interventions apart from those mentioned earlier can be made in the circle depending every time on the personal style of the DM therapist, his/her creativity, background etc. Some more ideas of intervening while in a circle, found in the relevant literature of the field, will be provided

‘Spotlight dance’ and ‘change partners dance’ are another way of working in the circle (Capello, 2009). The ‘Spotlight dance’ includes the members of the group taking turns in the centre of the circle showing their moves to the rest of the participants and then returning to their places. The ‘change partners dance’ welcomes two partners in the centre of the circle to dance, share a movement experiment while the rest of the circle members support them. Capello (2009) mentions these dance activities as a way to intervene in a non-verbal way in order to foster the self-esteem of the participants, stressing that especially individuals with mental disorders are especially frequently observed to have a considerable loss of self esteem, as well as feelings of inadequacy and inferiority. A moving statement in the circle that is taken, accepted and valued by the whole group can offer “a sense of pride and accomplishment” (p.87) and satisfy the need of the patient of

being seen. The therapist can see the non-verbal expression of increased self-esteem in the smiling faces of the participants, sustained eye contact or spontaneous applause from the whole group.

Dealing with themes such as use of space, space boundaries and body boundaries, awareness of body parts could be worked with exercises such as sitting in a circle and moving out of the circle with an activity added each time a person leaves the circle and each time a person arrives at the circle, such as clapping when arriving and stamping when moving away from the circle (Payne, 1990). Payne used this moving activity, amongst others, with adolescents with moderate and severe learning difficulties, autism, child depression, school phobia etc.

Furthermore, the circle can be used to warm-up the bodies of the participants in order to move with more security during the whole session once joints and muscles are more prepared. Payne (1990) mentions exercises using stretches forward and side with variations such as rising and sinking, in order to mobilise the joints and the spine, repeated several times. Some props could be used as well to help with stretching. Some elastic cloth held by all the participants can help pull, stretch, support and feel supported while in a circle formation.

Props are frequently used during a DMT session helping the participants insights to remain at the level of the metaphor if the material raised is too overwhelming to reach to full conscious awareness (Meekums, 2002), which protects the patient and the group as a whole if they are not yet in a position to deal with that emotional material. Props, as something external can help to project onto them feelings, memories and associations in a safe way, redirecting the energy towards the prop used. An example found in literature of the use of props whilst being in a circle formation, will be given:

Wendy attended to the group session as usual. At the beginning, I mentioned that there would be just five more session after today. No one seemed particularly perturbed. However, when we started to move with the stretch cloth Wendy threw herself at it, allowing the group to support her as it contacted her waist and provided a secure yet flexible barrier.

She repeated this movement a few times, and she said that the cloth (read group?) had stopped her from going over the edge. (Meekums, 2002, p. 105).

In the above example we see how the stretchy cloth used by the whole group while in a circle formation helped the participants process the theme of separation in a metaphoric level providing at the same time the containment needed.

Props passing from one to another while in a circle formation can create a central focus towards the group and not to the self, and help establish communication (Erfer&Ziv, 2006). Depending on how they are used the focus can turn inwards or outwards. As for example, if a puppet is passed around and the participants are asked to squeeze it and name a feeling, as explained in the description of Erfer&Ziv (2006) in a session with children in a psychiatric setting, the attention is directed towards the self. When the activity changes, as passing a ball from one to another with the feet, without using the hands and without dropping it the attention is directed to interconnection, cooperation and communication.

Seats can also be used if the participants have spatial difficulties in movement. Hamill et al (2011) used the circle as the main structure of the whole session working with elders suffering from dementia. Other props used include items such as scarves, small musical instruments or materials that the participants were encouraged to bring from home to promote interaction between the participants. Variations of steps known from traditional circle dances, drawn from the cultural legacy of each country can be used while seated or standing, as well as different kind of arm hold, such as locking elbows, or shoulder hold from Greek dances (Jerrome, 2002).

5. FINDINGS

From the literature review over the use of the circle in DMT group sessions presented above, the researcher has found that:

- The circle in DMT group sessions seems to encompass basic psychotherapeutic concepts such as the mirroring-echoing of emotional states and the holding of the patients. The mirroring effect is stressed as a therapeutic factor in group psychotherapy.
- At least four areas of the therapeutic factors in group psychotherapy as stressed by Foulkes (1964) and Yalom&Leszcz (2005), there seems to be a convocation with our results of the literature review in the use of the circle as an intervention in DMT. These areas are: social relations-connectedness, solidarity and Increased Global Values, learning from each other and the sense of 'belonging', being part of the group. The relevance is presented in the table (Table I). We have not found the analogous of the therapeutic factors in group psychotherapy and the use of circle in DMT referring to the physical contact-holding hands.
- Four areas of the 'healing processes' of DMT group, described by Schmais (1985), were found to be related theoretically with the use of the circle in DMT. These factors are Vitality, Cohesion, Integration and Education.
- It is possible that physical contact-touch while in a safe therapeutic environment can be promoted within a circle formation.
- The circle is a very frequent shape in DMT when working with groups. Groups in DMT is also a very frequent way of working.
- The circle enhances therapeutic relationships through movement, caring democratic characteristics (Braüninger, 2014).
- There does not appear to exist, at least not to the knowledge of the author, any guidance that would accrue all the possible interventions made in the circle.

- Some of the most prevalent potential interventions made in the circle formation of DMT group are: the rhythmic-joint movement, the changing leadership with variations such as the 'spotlight dance' etc., the circle as a ritual at the beginning or at the end of the sessions.
- The circle can be used as a ritual at the beginning or at the end of the session (Beard et al., 2014). Rituals can help the participants cope with anxiety (Steiner, 1992), transitions (Meekums, 2002), integration to the group (Serlin, 1993) and link themes from session to session giving a continuity to the group (Payne, 1990).
- Populations that seemed to have benefited from the use of the circle formation during DMT group sessions are elderly individuals suffering from dementia (Hamill et all, 2011), patients suffering from depression (Koch et al. 2007), and mental health illnesses with psychotic symptoms (Beard et al., 2014), and children with mental health issues.
- The circle is a powerful symbol providing safety, predictability and a sense of wholeness. We see the influence of the round shape in our everyday lives in architecture through buildings such as theatres, churches, public places of worship or spectacles. The circle or the sphere can be seen as a representation of the self (Jung, 1964; Winnicott,1986).

6. Conclusions

With the present study the researcher intended to provide an understanding of the function of the circle in DMT. The circle in DMT is a very frequent shape and a very popular way of working during DMT group sessions. The members of the group will attend in a circle at least during the initial and the closing phase of the session, so the circle will occupy two of the four phases of a DMT group session. For some populations the circle may actually occupy the most of the session. Consequently it is important to have a full understanding of the functionality of the circle, what effects it has on the participants and how DMT practitioners can intervene with accuracy and effectiveness.

From the literature review and the critical examination of what has been written so far with regards to the circle in DMT it was found that there is a theoretical correlation of the curative factors of group analytic therapy, the ‘healing processes’ in group DMT of Schmains and the use of the circle. Only the more general aspects of the factors were looked upon so further research is needed in order to validate whether or not there actually is a relevance. The areas where there was a correlation could be characterised as areas of social development, taking care at the same time aspects of the individual. “Circle dance brings together emotional, physical, cognitive and spiritual aspects of being. It emphasises relationship and group solidarity, but is also an intensely personal experience” as Jerome (2002) stresses (p. 173). The sense of belonging and being part of a group, gaining more effective social tools to communicate thus alleviating isolation, opening the self to a more universal way of being and gaining the pleasure of learning from each other, are the areas of similarity amongst the effects that the circle seems to have to the participants and the group analytic curative factors and the ‘healing processes’. The mirroring effect and Bion’s term of ‘container/contained’ are two other factors that correlate with the group analytic therapeutic factors. As the author believes to have demonstrated, the circle functions as a container (Karkou, 2006; Meekums, 2002; Tosey, 1992) of emotions, thoughts, fears and movement statements of the participants. The shape of the circle might speak with a metaphoric language to the need for containment and holding of the individuals.

No theoretical proof was found on the similarity of the factor of touch with group therapeutic factors which seems to be present in moving circles in group DMT sessions. Referring to the factor of touch and more specifically in the case of the circle, the holding hands factor, the author has demonstrated its significance as a nonverbal way of communicating, helping even the most withdrawn patients to participate, feel accepted, touch and be touched reaffirming the body boundaries. The holding hands factor was found to be the most important aspect of the circle dance in Beard et al. (2014), referring to patients within a psychiatric setting suffering enduring mental health problems. Beard et al. (2014) had shown that holding hands while in a circle formation may have contributed to the decrease of depressed effect and the increase of vitality effect in patients suffering with enduring mental health issues.

The possible interventions manifesting in the circle was found to be the use of the rhythm known as 'the rhythmic group activity', the 'changing leadership' with variations such as 'spotlight dance' or changing places with a partner after having exchanged a dance in the middle of the circle. Also, the use of props and the use of a ritual in a circular formation done at the beginning or/and at the end of the sessions was found in the literature review.

Rhythm as a common group activity may again, have an effect on the social development of the participants as shown by the literature review once the effects of people moving together in a common rhythm were found to foster communication, social interactions, provide grounding and organisation of emotions within a safe contained environment and they promote group cohesion and a sense of belonging. The cohesion of the group seems to be an important factor for a group's life in order to positively affect the individual. Yalom&Leszcz (2005) state that the presence of cohesion early in the group's life is crucial and affects the positive outcomes of the therapy.

It is critical that groups become cohesive and that leaders be alert to each member's personal experience of the group and address problems with cohesion quickly. Positive client outcome is also correlated with group popularity, a variable closely related to group support and acceptance. (p. 61).

Perhaps it might be of interest for further research to observe the use and the results of targeted interventions in the circle, such as synchronistic group activity, early in the life of a group, and whether this helps the group's cohesiveness. The group's cohesiveness seems to be a precondition for other therapeutic factors to function optimally as it involves more actively the participants in the here and now (Erfer&Ziv, 2006; Schmais, 1985; Yallon&Leszcz, 2005).

Another important effect in the circle that was found by the researcher, is the learning from each other. The changing leadership technique may be one of the interventions that promotes interpersonal learning, along with other functions that this intervention supports, such as the fostering of the participant's self esteem, adherence to observation capacities, and feelings of acceptance and validation. Foulkes (1964) stresses the importance of 'exchange' in the group analytic situation as a factor that "alters the emotional situation"(p.34). Schmais (1985) states that "Looking at how other people move, they can distinguish their own unique qualities, and looking at the group as a whole they find a commonality of experience' (p.31). While moving within a circle formation a lot of exchange takes place, such as cooping one's movements, exchanging glances, holding hands, supporting each other with a prop, being close yet maintaining one's optimal distance.

One of the major limitations of this study was the severe lack of contemporary literature referring to the use of the circle in DMT, although it is a very popular way of working. Most of the literature found was written more than a decade ago and the references concerning the circle were rather sporadic. Most recent studies concerning the circle were limited and the researcher had to look thoroughly in order to find some traces of the circle in DMT. Another limitation of the study was the amplitude of the theme selected. Many aspects (i.e tradition) were thus, not included in order to focus the research, despite their significance relevance with the theme of this study. The author invites for further research and maybe a multi disciplinary approach would reveal significance aspects of the use of the circle in DMT. Despite the fact that the theme of the circle is very wide, promising finding were traced but need to be evaluated, examined and supported empirically, methodically and practically.

With the present study the researcher intended to decode the function of the circle in DMT group sessions, locating possible therapeutic effects drawing from the existing literature of the field. Gathering all the existing informations referring to the circle from the literature of the field was also a main scope of the present study.

The circle seems to influence the individual in various modes and levels at the same time, naming the spheres of self, body and world. These three spheres constitute an inseparable unit, lived at once. The moving, living, breathing circle, with the according archetypical symbolism that it contains seems to resonate to our human need for wholeness and completion. If the psyche is resembled with a sphere and if some parts of the psyche are detached or lost then the lost or detached parts maybe possible to be reunited if we move together in a circle.

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