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# Using the Body to Investigate the Impact of Verbal and Physical Aggression While Working on an Acute Psychiatric Unit: An Artistic Inquiry Through Movement

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USING THE BODY TO INVESTIGATE THE IMPACT OF VERBAL AND  
PHYSICAL AGGRESSION WHILE WORKING ON AN ACUTE PSYCHIATRIC  
UNIT: AN ARTISTIC INQUIRY THROUGH MOVEMENT

A Thesis  
Presented to  
The Faculty of the  
Dance/Movement Therapy & Counseling Department  
Columbia College Chicago

In Partial Fulfillment of the  
Requirements for the  
Master of Arts Degree in Dance/Movement Therapy & Counseling

by  
Kimberly Brooke Kaufman

December 2010

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PHYSICAL AGGRESSION WHILE WORKING ON AN ACUTE PSYCHIATRIC  
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A Thesis by

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## **Abstract**

The purpose of my research is to investigate how adverse experiences can be a source of emotional positive transformation and growth. Using artistic inquiry, I hope to address the questions, “How can I maintain a sense of safety in an unsafe and ever-changing environment such as the inpatient psychiatric unit” and “How does my passion for dance/movement help me to survive and nurture self under these circumstances?” Using movement as my primary expressive medium, I will explore common themes and patterns that may arise through videoing and journaling my processes in response to these questions. Through an understanding of my body-mind dynamics, it may increase my belief that in going to the “darkness” or enduring traumatizing life experiences, one can find possibility for renewal.

“Having made a discovery, I shall never see the world again as before. My eyes have become different; I have made myself into a person seeing and thinking differently. I have crossed a gap, the heuristic gap, which lies between problem and discovery”.

(Polanyi, 1962)

## **Chapter One: Introduction**

I embarked on many roads on the path of the great master thesis. My journeys first adventure started on a trip to Israel in the summer of 2008. This country had been at war for nearly 2000 years, yet I wasn't afraid. My friends and family were worried for my safety, and this eventually caused me to question whether or not I should be afraid. But did I even care what anyone else thought? This was my birthright after all. Maybe it was just the first step in my individuation process, learning to trust myself in places that seemed dangerous, unknown to me, and ever-changing. Though I suspected the trip would change my life forever it did not induce the anxiety that often overtook my rational thinking.

What I craved was autonomy and an open road. Making decisions on my own was often tedious. I always felt like I needed to gather second opinions from those around me. I felt like I was treading water in a sea of other people's opinions. At more crucial points in my life, I felt so dependent on others to pull me out of difficult times, that I often forgot how to take care of myself. In the chaos that I often created, I felt most comfortable; I broke up into parts, and forgot about my Self. Moreover, my parents and friends enabled me to continue relying on them, making it even more difficult to be independent.

I fed off the chaos that I unconsciously adored. Chaos brought meaning and distraction. The more I looked to the external, the less I needed to focus on the internal.

And where was my self? Self: the core of my being, the compassionate whole that is bigger than its parts. I hoped to find it in Israel. Though I experienced independence, my comfort in chaos still remained.

Returning from Israel might have been one of my greatest challenges that led me to my greatest strengths. I could no longer bare the dullness of life, even though it wasn't; my adventure to a far off land made everything else seem less important and meaningful. Here of course, I had to create some excitement, some sort of drama that would keep me on my feet. For example, I dreamt about returning to the holy land and enlisting in the Israeli Defense Force (IDF). I wanted to immerse myself in the culture, to feel what I thought the Israelis felt. I thought I could somehow embody what it was like to grow up with terror always around the corner. Chaos was what I knew, and have always lived by, but this couldn't last for long. I began to take a look at how I could change and document that in a thesis.

At first I wanted to conduct an ethnographic study of what it would be like to grow up in a country at war. As I worked hard to create a working proposal of my ideas on this subject, I realized that I was already living in this culture at war. I didn't need to travel far to re-create this. I was interning on an adult inpatient psychiatric unit, where something could erupt at any given moment. I always had to watch my back because a patient could attack me at any moment. This unsafe environment was the perfect place to foster my sense of self and self-care.

My motivation became facilitating a safe environment within my dance/movement therapy groups, but the only way I could to this would be to build trust in myself. My trust became the safe foundation the patients needed to stay present in the



group and hopefully feel at ease. So I made it a priority to trust myself. My challenge then became staying grounded: this meant maintaining a sense of order even when patients began taking their verbal aggression on me to act out and not taking their verbal aggression to heart. Thus, running dance/movement therapy groups became part of my self-care routine. When I had a successful group, which could mean either disorganized or structured (some of my best groups happened when I let go of expectations of what I had planned) it was therapeutic for me. Maintaining my self-esteem in an environment that could easily erode only reinforced my sense of self.

I realized that I didn't need to go to Israel to experience a culture of chaos; it was right there in the unit. One day at work I was setting up the day room for my dance therapy group. As I was placing chairs in a circle, a patient came up from behind me and punched me twice in the jaw. I screamed and quickly pushed him away, realizing that there was no one who heard me. I ran off the unit hysterical and in shock. I never felt safe at work after that.

I took a deeper look into my self and my process of experiencing safety and self-esteem in the context of an ever-changing environment. So my question was and still remains, how does one nurture oneself, safety and well being in an environment that is unsafe and ever-changing? How do I connect to my strengths to navigate these challenges? Through movement exploration and embodiment of the questions I have proposed, I have investigated common themes in my movement in reaction to these questions while working in an acute psychiatric unit. Through my research, I hoped to accomplish a clearer understanding of my process of learning to not collapse emotionally.

## **Chapter Two: Review of Literature**

As a dance/movement therapy and counseling intern on an inpatient psychiatric unit for approximately seven months, and working on another unit for 8 months, I became interested in the idea of fostering a sense of safety in an environment that can become threatening at any time. Concurrently, on a recent trip to Israel, I was aware of a similar concept of jeopardized safety. I became intrigued by a culture so unlike my own. I wondered what it must have been like to grow up amongst war and terrorism. I soon discovered that Israel and my experience of working on a psychiatric unit were similar in that they are both highly unpredictable. I have witnessed individuals being threatened on a daily basis by patients on the unit, which brought up the thought of Israel being terrorized time and again. Being part of the culture of such a unit put me inevitably at risk for emotional and physical trauma. My motivation for this study is based upon my experience of recovery from other traumatic life experiences and the growth I have witnessed through this process on both a personal and professional level. Through the literature I have collected I hoped to gain further knowledge on the research I have set out to discover.

### **Violence on psychiatric units**

Within the context of acute psychiatric wards, interest and experiences in patient to staff injuries, seems to be growing. Injuries from patient to staff incidents in psychiatric hospitals are highly stressful for both patients and staff members. (Lansgrud, 2007, p. 1).

According to Whittington and Richter (2005), in many countries, there is a significant problem pertaining to violence on psychiatric wards. “While patient psychopathology is often a factor, the violent interaction between ward staff and patients is often comparable to other violent interactions in the outside world...many acts of violence on wards occur following frustration or other rule imposition by staff” (p. 377). Similarly, Richards (2005) stated, “Recent reports of violence in in-patient units identify problems with poor environmental design, inadequate staffing, overcrowding, substance misuse, patient boredom and unstructured and non-therapeutic systems of care” (p.34). One reason for this overcrowding and inadequate care is a result of policies that have recently been made by the government of de-institutionalization and care in the mental health community. There have been a number of mental hospitals that have been shut down, causing the hospitals that are still in existence to become too diverse and oversaturated (Holmes and Dunn, 2001, p.1).

In Jones’s article on the international aspects of violent behavior on psychiatric wards, researchers investigate why violence and aggression occur in inpatient settings. And in the United Kingdom alone, there have been recent data (2003) that suggests an indicated rate of 35 incidents of patient aggression per 1000 staff a year in mental health settings (Richard and Richter, 2005). It is believed that aggression arises from miscommunication from staff and patients. Whittington and Richter stated,

Both staff and patients can be seen as coping with perceived threat presented by the other in the interaction in a context of uncertainty about the behavior of the other. The combination of misunderstanding,

reciprocal anger and need for safety, underpins an escalating tension in the interaction. These notions help us to understand these interactions better and could be incorporated in training for mental health staff.

(2005, p.377)

Nurses and mental health staff are exposed frequently to violence and/or abuse by psychiatric patients in clinical settings. In an article written about a study of the impact of verbal abuse and violence on nurses in the mental health setting, results have shown that there had been a psychological impression on the staff. “Nurses working in psychiatry departments were shown to experience a severe psychological impact when exposed to verbal abuse or violence. These results suggest the need for mental care approaches for nurses working in psychology departments” (Inoue et al, 2006, p. 29). Other research suggests that violence and abuse from patients concerns the mental states of both staff and patient. In fact, the mental states can have a direct affect on staff whether they burn out or have job stress and can directly affect the escalation of patient violence (Whittington and Righter, 2005). According to Inoue (2006) “The fact that patients freedom is limited in the hospital, an environment where their lifestyle is completely different from before, and that they have not recovered from their illness as they had hoped has been pointed out as the background underlying this state of affairs” (p. 29).

Research on the tendency of violence on acute inpatient psychiatric wards is thought to be the existence of many factors causing patients to become irritated and act out. Inpatient units force the patients to have to adjust quickly to the hospital setting, which can become quite different than other hospital settings. Inoue (2006) proposed that

aggression and irritation can also be caused by the treatment patients receive. “Reasons related to treatment include the fact that special environments that are never used in other fields, for example, isolation rooms and closed wards...and aggressive and violent behaviors are often byproducts of psychiatric illness itself, or of the medications utilized” (Inoue, 2006, p. 29).

Exposure of mental health staff to verbal abuse and violence by patients is prevalent and presumably has an adverse effect on the nurses and staff themselves. As in any case, when the mental health of staff is jeopardized, they can become more vulnerable to abuse; due to their unprotected states. Inoue (2006) stated, “They may care for their patients with a sense of despair, and that may adversely affect the subsequent quality of care they provide to their patients” (p. 29). Reports on the psychological effects on mental health staff have been described as an intrusion of symptoms, such as a higher tendency to be pessimistic and increased anxiety and depression. These symptoms have been noted to occur following exposure to verbal abuse or violence (Inoue et al, 2006).

### **Countertransference**

“Freud initially conceptualized countertransference as a therapeutic problem signifying the ways a clinician’s unconscious conflicts interfered with their capacity to comprehend the internal life of the patient”(Blumberg, 2010, p. 270). Beaudry (2007) suggested that the term transference was used as a reference to the patient’s re-creation of past relationships in the current therapeutic/analyst relationship. In the past few decades the notion of countertransference has widely expanded. Today it is often viewed as the therapist’s conscious and unconscious reactions towards his/her patients, which have in

turn become a source of data surrounding a patients experience intrapsychically and interpersonally (Blumberg, 2010).

There are four aspects of the dance therapist's experience with patients diagnosed with schizophrenia according to Sandel (1978), (1) the therapist's tendency to develop omnipotent strivings; (2) the intensity of the therapist's emotional involvement with patients; (3) the therapist's struggle to exercise self-restraint when confronting patients' inactivity; and (4) the effect on the therapist of the schizophrenics' sensitivity to the therapist's unconscious processes. Sandel stated,

The therapist's omnipotent fantasies often serve as a defense against the hopelessness of the treatment situation. Another aspect of treating schizophrenics is the intense emotional involvement they demand of the therapist. The schizophrenics' sensitivity to the therapist's unconscious processes is a further source of difficulty in working with schizophrenic patients. The dance therapist's personal investment in movement and possible conflicts about his or her role in the treatment setting provide the patient with ammunition for attacks on the dance therapist. Continued study of counter-transference issues which are both common to all therapies and unique to dance therapy will hopefully contribute to our understanding of the therapeutic process in various modalities.

(1978, p. 20)

## Trauma

Psychological trauma occurs as a result of a traumatic event. When that event leads to Post Traumatic Stress Disorder, a change can occur in the psyche. Trauma can produce a damaging effect on the brains chemistry, leaving the individuals ability to adequately cope with stress. A traumatic event involves a single experience, or an enduring or repeating event or events, which can completely overwhelm the individual's ability to cope or integrate the ideas and emotions involved with that experience. The sense of being overwhelmed can be delayed by weeks, years, even decades, as the person struggles to cope with the immediate circumstances (DePrince, 2002).

DeVries (1995) suggest that trauma, whether it be enduring, recovering from, and succumbing to trauma are all aspects of the human condition. "PTSD serves as a model for correcting the decontextualized aspects of today's taxonomic systems. It draws our attention away from our overly concrete definition of psychological illness as a thing in itself, bringing us back to the person's experience and the meaning which he or she assigns to it" (Nemiah, 1989, p. 1528). PTSD requires us to focus on the life history of the individual interacting with other individuals in the context of society and culture (Brody, 1994). PTSD is thus a description of an illness process based not on the intrinsic nature of the person alone, but rather on the person's sociocultural interaction over time (Bronfenbrenner, 1994).

## **Expressive Therapies and Trauma**

Dance/Movement Therapy along with other expressive therapies has been utilized in the treatment of PTSD. According to Speiser and Speiser, “The arts offer a nonverbal approach to communication that can address complex actual, symbolic, cultural, and existential issues” (as cited in Serlin, 2007, p. 249). Trauma impacts not only psychological health but also physical health. Because the relationship between the two is complex, research suggests using an approach to integrate the body and mind as a healing modality.

Comparable to Speiser and Speiser, Evan and Rifkin-Gainer (1982) suggested,

The approach of dance therapy uses non verbal and verbal expression to contain, express, and regulate strong emotional states. The capacity to tolerate, reflect on, and express previously repressed or inhibited emotion and thought appears central to coping with stressful life events. (as cited in Serlin, 2007, p. 201)

In a chapter written on expressive dance and trauma, the mind/body interaction is explored. Damasio (1991) and Shore (2001) wrote,

Neuroscientists have mapped brain/body pathways embedded in processing and liking of behavior, feeling, thought, and self-experience, so that verbal and nonverbal expression as well as conscious and unconscious experience, are now being examined as interrelated systems rather than separate domains of human experience. (as cited in Serlin, 2007, p. 204)

Serlin (2008) uses dance/movement therapy along with other expressive therapies to work with individuals with various forms of trauma including Post -Traumatic Stress



Disorder (PTSD) from war and terrorism. Serlin has been teaching in Israel since 1986. In July of 2008, she returned to Israel to teach a course called, Holistic Approach to Pain and Stress. Serlin recalls that when she first arrived to teach in Israel, she quickly discovered the ever-present state of trauma. In Irving Yalom's technique of group psychotherapy along with Dance Movement Therapy (DMT), Serlin teaches students in a masters program at Lesley University. "In the group process, we learn to use the support of the group to deal with any event that arises during the group" (Serlin, 2008, p. 10). There are many different ways to approach DMT groups. Serlin uses mindfulness practice to start her sessions, utilizing meditation to help her students transition into the group space and leave their everyday lives outside the room. Because Serlin works mainly in the Israeli context, and is Jewish herself, she is interested in letting her group members lead meditations with religious prayer. Serlin (2008) recalls one of her group sessions in Israel,

During the prayer/meditation, many people were crying. We then stood in circle, swaying to the music, holding each other and crying. One member burst out with news - two caskets were returned. Sobs broke out, especially among a few group members who were mothers of soldiers the same age as the ones being returned. (p. 10)

Serlin (2008) goes on to describe the rest of the session in which a theme of death came up. The group decided to read about Irvin Yalom's perspective on the importance of confrontation with morality. Using art and dance to create a ritual around death, the group stood in a circle, lit a candle and shared stories and memories. The theme next turned to death and rebirth of hope. Music was played to further the movement and the

group danced and laughed, using scarves and tying them together as jump ropes to express freedom. In the verbal processing at the end of the group, one of the members shared her experience of using dance for self expression,

The product, the finished picture or the actual dance, were of no consequence. The journey that took me to a safe space where my nonverbal creativity was released, processed and healed was the ultimate product. The confidence that I gained to use my body, hands and imagery to express and communicate on a level that words cannot explore brought about a state of peace and healing. (2008, p. 10)

According to Callaghan (1993), “Therapists must also keep in mind that the work with the body is likely to stimulate memories more quickly than if words alone are used”(as cited in Gray, 2001, p. 35). Working with victims who have suffered from PTSD due to war is similar to patients of torture. In an article on torture and the body, St. Just (1999) suggests that, “To facilitate the healing process, DMT can be modified through the use of recourses and titration. Resources are defined as anything that helps a person maintain a sense of self and inner integrity in the face of disruption-(Gray, 2001, p. 35). Grey (2001) implied, “It is important to remember that traumatized people often hold their breath, breathe shallowly, breathe rapidly, or sometimes, appear not to breathe at all, as a protection to experiencing increased bodily sensation and emotion” (p. 35). As dance/movement therapists, we can sometimes jump into the body too quickly for traumatized patients and as Grey (2001) advises, “Therefore, the introduction and the

expansion of the use of breath must be carefully managed, so as not to introduce uncomfortable or overwhelming sensation too quickly” (p. 35).

Johnson (1987) indicated that,

Dance Movement Therapy is an important resource for treatment of trauma because it is helpful for rehabilitation of the body. It provides vital tools for reconnection to the body and to the self. It gains access to the implicit memories that are encoded in the primitive brain as visual, sensory imprints because it uses the language of the body, moving beneath words which often block access to conscious awareness. (p. 7)

In a master’s thesis on mindfulness and trauma, Furlager (2007) examined how the healing process can be influenced by the use of embodiment and mindfulness. In her research, she poses the question: what is the place of mindfulness and embodiment practices within dance/movement therapy... Specifically with the intent to also look at meeting individuals cultural needs within the therapeutic setting. Furlager’s findings concluded that even without the intention to bring in the practice of mindfulness and embodiment, it was happening automatically through attunement and presence (of the therapist). In conclusion, she answered her own question by stating, “The place is indeed with the dance/movement therapist as part of his/her way of being” (p.107).

In a similar master’s thesis on research surrounding dance/movement therapy as a western healing modality for victims of cultural adversity, Tonsy (2004) expanded on the assumption that therapist and client can work together through attunement to create healing. “Together we might create health in our minds and bodies if only we are given the chance to be who we truly are, to listen, to dance together” (p. 3).

Dance/Movement therapist, Tannis Hugill in her article, *A circle to connect: The use of dance/movement therapy for the healing of trauma*, proposes that there are three important stages in the treatment of trauma using DMT: Safety, Renegotiations and Integration, and Repairing Relationship and Reentry into the World.

**Safety:** 1. Increases body awareness by providing a safe environment to carefully enter the body, noticing the support given by parts that are not traumatized and bringing gentle awareness to traumatized areas. 2. Allows the body to be experienced as a whole, developing trust in the information and wisdom it offers. 3. Teaches a felt sense of the body, creating a safe container, a recourse, in which the memories can be slowly and safely experienced and integrated. 4. Increases the ability to self-soothe by contacting the flow pleasurable of sensations moving through the body. 5. Teaches the ability to connect and ground the body to the support of the earth. 6. Develops the ability to identify and manage the intensity of feeling states arising in the body.

**Renegotiations and Integration:** 1. Shapes information emerging out of the body as dreams, fantasies, images and feelings into dance/movement expression in the presence of the witnessing therapist who helps to control the intensity of expression so it is not overwhelming and re-traumatizing; Helps to accept the body and increase self-esteem by creating a positive body image; Helps relieve the tension and anxiety of hyper-arousal; Masters the traumatic material with the of creative play; Uses movement, sound, and imagination to assist in integrating trauma memory imprints into symbol and story, thus enabling the individual to discover the meaning of this experience in their lives

**Repairing Relationship and Reentry into the World:** 1. Encourages individuals to remember and accept the painful experiences through the process of sharing their creative

movement expressions with others

([www.awakeningbodywisdom.com/article=circle.html](http://www.awakeningbodywisdom.com/article=circle.html) p. 2-3)

## **Resilience**

Best and Garmezy (1990) suggest that resilience is “The process of, capacity for, or outcome of successful adaptation despite challenging or threatening circumstances.” Resilience in psychology is the positive capacity of people to cope with stress and adversity. This coping may result in the individual “bouncing back” to a previous state of normal functioning, or using the experience of exposure to adversity to produce a “steeling effect” and function better than expected. Resilience is most commonly understood as a process, and not a trait of an individual. Similarly, Edith Grotberg (1999) defines resilience as “a universal capacity which allows a person, group or community to prevent, minimize or overcome the damaging effects of adversity.”

The term resilience has been used to label three different types of phenomena: (a) individuals who have experienced traumatic events but have been able to recover well; (b) persons who belong to high risk groups, but who have more favorable outcomes than expected; and (c) persons who show positive adaptation despite life stressors (Best & Garmezy, 1990). Resilience can also be viewed as the phenomenon of recovery from a prolonged or severe adversity, or from an immediate danger or stress. In this case, resilience is not related to vulnerability. People who experience acute trauma, for example, may show extreme anxiety, sleep problems, and intrusive thoughts. Over time, these symptoms decrease and recovery is likely. This realm of research shows that age

and the supportive qualities of the family influence the condition of recovery (Carver, 1999).

## **Methods of Study**

### Heuristic Research

Heuristic research is the study of ones own experience (Moustakas, 1990, as cited in dance/movement therapists in action, pg. 127). Moustakas (1990, p. 9) stated, “Heuristic research came into my own life when I was searching for a word that would meaningfully encompass the processes that I believed to be essential in investigations of human experience.” According to the Greek language, the root of the word heuristic comes from the word *heuriskein*, which translates to, to discover or to find (Moustakas, 1990, p.9). The meaning of *heuriskein*, (Moustakas, 1990) discussed, also refers to the process of an individuals internal search where he/she can discover the meaning their experience through which they develop methods and procedures for analysis and further investigation. “The self of the researcher is present throughout the process and, while understanding the phenomenon with increasing depth, the researcher also experiences growing self-awareness and self-knowledge. Heuristic processes incorporate creative self-processes and self discoveries” (Moustakas, 1990, p.9).

Heuristic inquiry is an extremely demanding process, involving disciplined self-commitment, rigorous self-searching and self-reflection, and ultimately a surrender to the process. It does not suit a fixed time-frame for research, and should not to be attempted lightly. In essence, it is a research process designed for the exploration and interpretation of experience, which uses the self of the researcher (Hiles, 2001). It is a research process

that reflects Clark Moustakas's basic philosophy that "in every learner, in every person, there are creative sources of energy and meaning that are often tacit, hidden, or denied" (Moustakas, 2001).

There are six stages in which Moustakas uses to identify heuristic study which guide the unfolding investigations and comprise the basic research design (Moustakas, 1990, p. 27). The stages include, initial engagement, immersion, incubation, illumination, explication, and culmination. In the first stage, initial engagement, is a time when un-answered questions arise after multiple experiences which include thoughts or ideas. When engaged with the thought, idea, or question, the researcher is then ready to move into the immersion stage. Cruz and Berrol (2004) commented on the immersion stage, "As it implies, in this stage the researcher lives eats, and breathes the question. It will often turn up dreams or suddenly be seen everywhere" (p. 128). The third stage, *incubation*, the researcher tends to retreat from their research question in order to take in and absorb all the information that has been gathered. It is a time of contemplation and nurturing. According to Hiles (2001), this involves a retreat from the intense, concentrated focus, allowing the expansion of knowledge to take place at a more subtle level, enabling the inner tacit dimension and intuition to clarify and extend understanding.

*Illumination*, the fourth stage of Moustakas heuristic research as described by Cruz and Berrol (2004, p. 128) is the "inspirational or "aha" moment, where new understandings of the data and research question becomes conscious." In the fifth stage of *Explication*, Moustakas stated,

The purpose of the explication phase is to fully examine what has awakened in consciousness, in order to understand its various layers of meaning...Perhaps the most significant concepts in explicating a phenomenon are focusing and indwelling, where concentrated attention is give to creating an inward space of discovery, nuances textures, and constituents of the phenomenon which may then be more fully elucidated. (1990, p. 31)

In the final phase of Moustakas's six stages of inquiry is *creative synthesis*, which is often said to be the most challenging (Cruz and Berrol, 2004). It is within this stage that the researcher takes their knowledge surrounding their personal experiences and begins to in-turn, re-conceptualize it in turn of the current state of research and knowledge in the field. Hiles (2001) described the last phase as, "Thoroughly familiar with the data, and following a preparatory phase of solitude and meditation, the researcher puts the components and core themes usually into the form of creative synthesis expressed as a narrative account, a report, a thesis, a poem, story, drawing, painting, etc." One's inner experience can now be seen by others with meaning and purpose, this can either help others to gain a deeper understanding of their own experiences or convey question that have previously been unarticulated in the field (Cruz and Berrol, 2004, p. 128).

#### Artistic Inquiry

"With every dance/movement therapy thesis I witness coming into the world, I am impressed again with the natural, if unexpected, connection between research and creativity, art, and aesthetics" (Hervey, 2004, as cited in Cruz and Berrol, 2004, p. 181).



Artistic inquiry uses art making to collect and analyze data, and present results. It is a process that engages in and acknowledges a creative process, and is motivated and determined by the aesthetic values of the researcher. As a form of qualitative data, which is defined as a method of inquiry appropriated in many different academic disciplines, traditionally in the social sciences, but also in market research and further contexts. Qualitative researchers aim to gather an in-depth understanding of human behavior and the reasons that govern such behavior. The qualitative method investigates the “why” and “how” of decision making, not just what, where, and when. Qualitative methods produce information only on the particular cases studied, and any more general conclusions are only hypotheses (informative guesses) (Denzin, 2005).

Hervey, (2000, p.ix) quoted Pat Allen (1995) by stating, “Art is a way of knowing, and perhaps our most ancient mode of pondering and coming to terms with the problems, contradictions, and powers of human experience.” Hunter (2002, p. 388) described qualitative data as a creative process. She discussed that findings in the data are often wondrous and exciting, expounding new knowledge and perceptions that have been previously unknown. Furthermore, creative study of the self, as suggested by Moustakas (1990) is described as,

The researcher as scientist-artist develops as aesthetic rendition of the themes and essential meanings of the phenomenon. The researcher taps into imaginative and contemplative sources of knowledge and insight in synthesizing the experience, in presenting the discovery essences – peaks and valleys, highlights and horizons. (p. 52)

The process of artistic inquiry recognizes the creative process of the research. As part of the method in the creative process, rigorous self observation is required, as well as reflexive explication of the process (Hervey, 2004, p. 188). Shaun McNiff (1998), a professor from Lesley University illustrates art – based research (ers) and their defining qualities. He portrays the researcher’s willingness to their work with questions and a willingness to design methods. He stated, “In response to the particular situation, as contrasted to the more general contemporary tendency within the human sciences to fit the question into a fixed research method” (p.p. 33, 34).

Hervey (2004) demonstrated four phases in the process of artistic inquiry: data gathering, inner dialogue or data analysis, expression or presentation of results and outer dialogue or regulating feedback. In the first stage of artistic inquiry, there can be numerous motivating factors that lead the researcher to the formulation of a question that informs the inquiry. In describing this phase, Hervey stated, “It most definitely requires a thorough literature/media review, followed by various modes of data collection such as verbal, written, or movement interviews; video-recording movement; et cetera” (2004, p. 188). In the second phase of inner dialogue and data analysis, one attempts to come to an understanding of the data through some sort of analysis, as in any other research study. It is said to be one of the most difficult processes in this form of research due to the requirements of having to take all the gathered data implicitly into the self to listen for revealed meaning (Hervey, 2004, p. 189). Hervey stated, “The analysis culminates in a transformation of the raw data into a new form that synthesizes and expresses its themes, patterns, messages, or essences.” In the third phase, the form of the research is now shared in its stages of completeness. It is shown to peers, co-researchers, advisors,

internal review boards, et cetera. In the last and final phase of outer dialogued and regulating feedback, questions, challenges, and recommendation may be stimulated from each of the sharing of the research events. “This refining and regulating sends the artist/researcher back onto multiple cycles of the creative process, resulting in a final product that is accepted by the intended audience” (Hervey, 2004, p. 189 as cited in Cruz and Berrol).

Whether it’s within the context of research or an individual’s creative process, artistic inquiry usually will start with some sort of realization and a letting go of needing to define the final outcome while planning to do the work (McNiff 1998). In his final discussion on the methodologies of artistic inquiry, McNiff (1998) wrote,

In the creative process, the most meaningful insights often come by surprise, unexpectedly, and even against the will of the creator. The artist may have a sense or intuition of what might be discovered or of what is needed, and in some cases even a conviction, but the defining aspect of knowing through art, is the emanation of meaning through the process of creative expression. (p. 40)

### **Self care and burnout**

Stated in an article in Psychology Today, Howe (2008) described burnout and self care as a therapist. “Therapists burn out? Don't we have a bottomless reservoir of empathy and patience? Aren't we masters of healthy relationships, exquisite self-care and self-actualized career fulfillment?” We counsel on these ideals and personally strive for them as much as the next guy. But alas, we aren't immune to burnout, defined as "an

imbalance between the psychological resources of an individual and the demands being made on those resources." When we give more than we get, we burn out—a common pitfall in our work. We provide a service based on our thoughts, feelings and energy to an often challenging clientele.

(<http://www.psychologytoday.com/blog/in-therapy>)

Many factors influence the effects of stressors on individual therapists, our personal history, developmental state, and personality as well as the potency of the individual or cumulative stressors affects our susceptibility to stress. "An accumulation of stressors...together in some critical mass" (Kottler & Hazler, 1997, p. 194) can conceivably happen to any psychotherapist in the course of a personal and professional lifetime and can knock even the physically and mentally healthiest therapists off balance. (<http://webcache.googleusercontent.com>). Susan Sandel (1980), a former student of Marion Chace, and an important writer in the field of dance/movement therapy, believes that without self- examination, supervision and peer support, the new therapist may be prone to feelings of frustration, self- doubt and emotional exhaustion (as cited in Levy, 2005, p. 203).

### **The Shadow Archetype**

In Jungian psychology, the shadow or "shadow aspect" is a part of the unconscious mind consisting of repressed weaknesses, shortcomings, and instincts. It is one of the three most recognizable archetypes, the others being the anima and animus and the persona. "Everyone carries a shadow," Jung wrote, "and the less it is embodied in the

individual's conscious life, the blacker and denser it is” (1938, p. 131). Psychologist Carl Jung believed that in spite of its function as a reservoir for human darkness—or perhaps because of this—the shadow is the seat of creativity. According to Jung, the shadow, in being instinctive and irrational is prone to projection: turning a personal inferiority into a perceived moral deficiency in someone else. Jung stated that if these projections are unrecognized, "The projection-making factor (the Shadow archetype) then has a free hand and can realize its object--if it has one--or bring about some other situation characteristic of its power" (1951). These projections insulate and cripple individuals by forming an even thicker fog of illusion between the ego and the real world

The shadow is dark, unknown, and potentially troubling. It can embody chaos and wildness of character. It is more commonly seen in others and dared to see it in ourselves. We tend to deny the shadow within ourselves because of its dark nature, and in turn, project it onto others ([http://changingminds.org/explanations/identity/jung\\_archetypes](http://changingminds.org/explanations/identity/jung_archetypes)). We all have a dark side, and if we deny our dark side, it will cast a shadow that will negatively impact our lives. In her book, *The Dark Side of the Light Chasers*, Debbie Ford teaches us how to confront these shadows. One can achieve harmony and “let your own light shine through” by owning every aspect of oneself. To Ford, “owning” means to acknowledge that a quality belongs to us. She explained, “The purpose of doing shadow work is to become whole. To end our suffering. To stop hiding ourselves from ourselves. Once we do this we can stop hiding ourselves from the rest of the world.”

Addressing Carl Jung’s ideas of the shadow, Ford (1998) stated,

Jung believed that integrating the shadow would have a profound impact, enabling us to rediscover a deeper source of our own spiritual life. “To do this” Jung stated, “we are obliged to struggle with evil, confront the shadow, integrate the devil. There is no other choice. You must go into the dark in order to bring forth your light” (p.5, 6).

### **Internal Family Systems Therapy**

Another way in which we as therapists may begin to self-regulate is through the practice of Internal Family Systems Therapy (IFS). Dr. Richard Schwartz presents in his text on IFS, “a highly enlightened therapeutic model for the treatment of human problems” (as cited in Vesper, 1995, p. 154). The IFS model addresses the intrapsychic problems of an individual and the inner-workings of an individuals mind. The result of this model presents the sub personalities that represent the different roles and points of view of an individual. Vesper stated,

The individual is actually framed as the sum of his/her parts. These parts interact with each other as members in the external family. Hence some parts may act impulsively or destructively while others may nurture. As in the family of origin or the family of procreation, some parts have more power, control, and resources than others. These imbalances create polarized thinking and trigger unhealthy behavior. The therapists challenge is to empower the Self to assume leadership over the parts by reestablishing harmony and balance across the internal system (p. 154).

There are three different parts that make up the internal system. These parts are known as: Exiles, Managers, and Firefighters. The Self is known to be the unconditional, compassionate whole. The residue of emotional pain such as trauma, or any other event that employs painful experiences is labeled as Exiles. The Exiles are felt to be so overwhelming that they are guarded at all costs (Mones, et al, 2007). As a way of suppressing the emotional pain, the other 2 parts become triggered. This is where the *Managers* step in. According to Mones (2007, p. 323) “These Parts emphasize internal and interpersonal control and do all that they can to keep the “gate” locked so that the person does not go too close to the experience of painful Exiles.” The primary function of the Managers is to protect the Self from pain. While in the process of defense, the Managers will begin to create new problems, an example being obsessive thinking. The other set of protective Parts are called the Firefighters. “These Parts serve the same purpose as Managers, that is, to protect the emotional pain from overwhelming the person. Firefighters act to soothe and distract from this pain (functional hypothesis/survival strategy). The most common Firefighters are addictions of all sorts, providing a “quick fix” analgesic to the long-held residue of trauma” (p. 323).

The goal of Internal Family Systems as stated by Richard C. Schwartz is, “A new way of thinking about and changing the human condition” (1995, p. 9). The nonpathologizing approach of the IFS model proposes that individuals be viewed as having all the recourses they need to better help themselves as opposed to having a disease or disorder. “Instead of lacking resources, people are seen as being constrained from using innate strengths by polarized relationships both within themselves and with

the people around them. The model is designed to help people release these constraints, thereby releasing their resources” (Schwartz, 1995, p. 9).

### **Conclusion**

As therapists we are rewarded time and again on the choice we have made to become one. As a profession, therapists gain a deep connection to not only their patients but to their selves as well, intellectually emotionally, and spiritually. Nonetheless, our work can seem highly demanding, depressing, and even terrifying at times. McKay (2000) stated, “The very pains and joys of human existence that our patients experience, we experience.”

Some of my questions for further research are, “What are the somatic experiences of women who work in the mental health field, specifically, on inpatient psychiatric wards?” “How can dance/movement therapy be an effective tool for women working on these wards?” “How do other dance/movement therapists working in the field with acute mentally ill patients maintain safety in their work environment?”

I am very interested in research that studies the psychological well being of mental health professionals in order to determine effective self care and therapeutic processes. I believe that it is critical to include those therapies that suggest creativity and personal expression. It has been said that it is through dance that the history of a people is enacted (Hickson & Krieger, 1996). Gray (2001) added, “If this is true, it can also be said that the history of an individual is enacted through the body” (p. 41).



## Chapter Three: Methods

**Methodology:** The methodologies I chose were artistic inquiry and heuristic study. I have chosen these methodologies because I have an interest in examining my process on both a professional and personal level. These methods encourage me to witness myself through a creative processing. Artistic inquiry uses art making to collect and analyze data, and present results. It is a process that engages in and acknowledges a creative process, and is motivated and determined by the aesthetic values of the researcher. I have conducted a heuristic study using artistic inquiry to inform my creative processes. I have chosen these methodologies to further my understanding of my self and my self through meta-processing. I have always been interested in delving into the darker parts of myself so as to promote growth along with an enhanced sense of self-awareness. By means of using a creative tool for exploration and study, it has allowed me to fully engage in all aspects of the research I have completed. Accessing my creative process thus provides me with a guide in which to look at my experiences through a different lens.

According to Moustakas (1990), “Heuristic research involves self-search, self-dialogue, and self-discovery; the research question and the methodology flow out of inner awareness, meaning and inspiration.” Artistic inquiry as defined by Lenore Hervey (2000) “(1) uses artistic methods of gathering, analyzing, and/or presenting data; (2) engages in and acknowledges a creative process, and (3) is motivated and determined by the aesthetic values of the researcher(s) (p. 7).” As a clinician, I work mainly through the framework of client-centered therapy, using attunement as my core tool. My practice is based upon the theories of Carl Rogers and Marion Chace. At the root of both frameworks, lies the underlying belief that all human beings are worthy of empathy, are

seen as ultimately good, and self-actualizing. “The task of the existential/humanistic therapist is to understand clients’ worlds as fully as possible and ultimately to encourage them to be responsible for making more conscious and intentional decisions in their lives. However, existential-humanistic counselors and therapists will also share themselves and their worldviews with clients as appropriate” (Ivy, 2007). Similarly, Chace built upon the use of movement and verbalization as a way to form relationships with her clients/patients. Levy (2005), stated, “By taking the patients nonverbal and symbolic communications seriously and helping to broaden, expand and clarify them, Chace demonstrated her immediate desire and ability to meet the patient ‘where he/she is’ emotionally and thus to understand and accept the patient on a deep genuine level.”

It has been through learning Chaces’ use of empathy and attunement, and Roger’s idea of the importance of client’s individual respect and relationship with others, that has formed my framework as a dance/movement therapist.

**Participants:** Because I am conducting a heuristic/artistic inquiry, I will be the research subject.

**Procedure:** I collected data through mind/body exploration, asking myself the question, “How can I maintain a sense of safety in an unsafe and ever-changing environment such as the inpatient psychiatric unit” and “What is the wisdom of my body informing me through movement?” The data will take the form of videotaping my movement responses to the questions. I analyzed data through identifying common themes that arose from my movement patterns and journal entries. The first step in collecting my data was moving in front of the camera making a conscious effort to focus on my research questions and embrace my emotional responses. The tripod was set up in my living room for seven days

and was where the recordings took place. I felt as though my living space provided me with a safe container in which I could fully express my emotional process. I tried to move at the same time everyday, but found it impossible due to my sporadic schedule. Most of the recordings took place in the am hours of the day, which I found easier than later hours of the day. In the morning is when I felt most attuned to my own feelings. I chose not to use music because it could influence my mood and I wanted my movement to be authentic. After moving for exactly 30 minutes, I journaled my experience, thoughts, feelings, and sensations that arose through the movement.

**Data Analysis:** I analyzed my data through reading my journal entries and viewing the movement videos to examine common themes that arose. First, I took notes while watching my videos, and when I noticed patterns in my movements, I wrote it down. After viewing all the videos I reviewed my notes and looked at them in terms of Laban Movement Analysis, Bartenieff Fundamentals and The Kestenberg Movement Profiles. I coded through finding patterns in my movements and emotions. For example, in videos one, three, five and seven I use my effort of weight to establish stability. When I utilize my weight, I become stable emotionally, feeling a stronger sense of self. I have also included in my data analysis a four minute choreographed dance as a result of my experience with this study.

## **Chapter four: Results**

The intention of my research was to answer my question, “How can I maintain a sense of self and safety in an unsafe and ever-changing environment such as a psychiatric unit?” I also explored the assumption that in going to the “dark” places of my implicit self I could find growth and recovery. This question became important to me when I reflected about my internship at the hospital. Furthermore, it wasn’t until I looked back on my experience that I realized it had traumatized me. Through my methodologies that involved movement and reflection, I was able to process my experience of working in the hospital. I connected to my body and gained a clearer sense of self which enabled me to work through my trauma more thoroughly. It was clear in the analysis of my videos that the explication of the shadow aspects of my personality and implicit emotions reveal an imminent possibility of renewal, growth and, above all, self discovery.

**Most frequently repeating movement patterns: One being the most frequent and eight being the least frequent**

1. Rocking
2. Pushing
3. Swaying
4. Abrupt stopping motions
5. Pacing
6. Punching movement
7. Tapping/and or patting body
8. Pressing on face

## Video/movement analysis

### Video One

I found myself on the floor, enclosed in the fetal position. I was rocking, self soothing, stretching, I was asking myself my question. I was accessing my *head-tail* as I slowly twisted my spine from side to side. I sat up from time to time. At some point I was flat on my back with my legs pushing up against my couch. I was pushing with *high intensity* and a lot of *straining*. I only seemed to be using the lower half of my body as the upper half seemed somewhat unstable with little control. I began to find my breath and as I did this, I observed that I am letting go, releasing from strain.

Gradually, my gentleness with myself turned into anger again and I started to narrow back into myself and hide. All the while, I was still on the ground only really engaging my *horizontal dimension*. I seemed stuck and unable to stand, to move forward, and to pull myself out of being stuck. I sensed my self shortening, becoming smaller and almost wanting to curl right into the inside of my self. I began to access my voice and yell, “why am I even doing this? What is authentic anyway?” I was tapping into my *flow* and *weight* and *time*. My movements were mostly bound creating a sense of lack of control. My weight was aggressive and strong and I looked easily panicked. I was in a *passion drive* and *rhythm state*.

### Video Two

On the floor, I began with slow neck rolls and slight rocking. I was lying down on my back with my hand placed on my core while I was noticing and giving attention to breath. When I sat up, my movement suggested that I am brushing something off my

body. My head began to move from side to side, representing the motion of saying “no” and slowing turns into a jerking movement, until it looked like I was re-enacting getting punched in the face. My timing became sudden and jerky, and almost on the verge of hysterical. It is clear that I was in the *effort* of *time*. My movement echoed that of the psychiatric patients.

When I reached a standing position, I started to pat my body all over as if to wake it up. My arms then began to make larger movements and it looked as though I was trying to flap my wings. I found stillness in my *vertical dimension*. Similar to other videos, I noticed my most active body parts, my arms. I increased the pressure in the upper half of my body and it seemed as if I was trying to juggle something very heavy in my hands, and it was as if something was beginning to weigh me down. I fell to the floor. I found myself again in *rhythm* state.

I came to a sitting position and situated my body in a meditation position. I found stillness for about one minute, until it looked like I could no longer sit still. My most frequent pattern emerged: I began to rock. I moved from rocking to stillness for approximately five minutes until I finally stood up. While standing, I reached one arm up and looked at it. I began to seem frustrated (a very common theme.) I twirled around the room with indirect use of space, my limbs demonstrating flexibility, starting with my arms. It crescendos into full body movement. When I slowed myself down, I started to enclose and retreat into myself by wrapping my arms around my self. My head hung low, and I observed a *head-tail* disconnect. My meandering through space fell short as it looked like I became single-focused in my awareness of my emotions, stopping and staring blankly.

### Video Three

Unlike video one, my movements were displaying more *free flow* and openness. I could see the energy flowing through my movement. Similar to video one and most of the videos, I began on the floor, although this time I was not curled up, but sitting upright utilizing some *verticality*. My arms circled around my body, which eventually led to an opening of the chest and widening of the arms. My eyes were closed for the first ten minutes of movement, and I wasn't sure if it was because I was afraid to be seen or if I was tapping into my inner awareness. I was *bound* and stuck close to the ground for safety. I utilized my *head-tail* by twisting in my spine. I stayed in this position for a brief period and began to sit up again, placing my hand across my chest onto my heart. My arms widened again and I sensed that I was starting to trust the process, which could be seen in my use of bigger movements. I became less directional in my movements and more *indirect*, flexible and explorative. I was *mobile*.

I noticed a pattern that is exactly the same as in video seven, where I used the wall to hold my weight. I pushed against it, and bounced off to gain momentum as I drifted around the room. That revealed to me that I had a need to tap into my *weight* (self) before making decisions to move forward. As I found myself back against the wall again, it looked as if I was listening to the wall and then quickly I pulled myself away as if something had frightened me. I then twirled around until it seemed had become vulnerable and afraid as I bent down, curled my body into itself and found safety on the ground.

When I recovered from whatever unpleasant stimuli seemed to be bothering me, I looked frustrated and self soothed by letting myself gently rock as seen in both one and



seven. In the last few minutes of the video I reached for something and brought it near to me, I observed it in my hand, and then I set it free.

#### **Video Four**

I began video four standing in my vertical dimension and doing shoulder rolls that turned into full arm movements. As seen in all the videos thus far, I commonly swayed slowly. My swaying turned into *cross-lateral* movements. When I reached stillness, I took a slight bend in my knees and started slowly using my arms to push away from myself and then pulled them back in, another common theme. As I tapped into my *weight*, I was exerting pressure in my movements. As I gradually twisted into the center of my self, I reached the floor and landed in a sitting position. It is here that I found my most common pattern of my use of *direct space*, honing in and curling up into a fetal position: my safe place.

After a few minutes of resting in fetal position, I sat up as my right arm threw a fake punch to my face, then another, re-creating my attack as seen also in video two and seven. I observed that my body seemed as if it had been defeated by my concave chest and sunken shoulders. I was shaking my head “No” also seen in video two, until I was standing and walking quickly from one side of the room to the other. Once again I found stillness and fell to the ground resembling an over exertion. My knees were tightly brought up to my chest and my arms were wrapped around them. It again seemed that I was feeling ridged and direct in my space.

I collapsed into fetal position yet again, and faced my back towards the camera. When I decided to finally sit up, I looked from side to side as if to check something in my back space. Abruptly my whole body moved and it seemed like a quick tantrum of

frustration. For a minute I was in *awake* state, unfamiliar to me. I lay down on my back and recuperated by a slight heel-rock in anticipation of sitting up again. When I reached sitting, I initiated a movement by tracing an invisible circle around my kinesphere. I utilized my arms to create an abrupt “stop” motion, as I was pushing something away from myself (*rhythm state*). When they retreated back, my hands gently rested on my heart area. I repeated this “stop” movement until I was standing and pointing to the traced space bubble I had created as if to show someone not to enter.

### **Video Five**

I began standing in video five, which was different from one and three. It seemed that in the later videos, I was more likely to spend more time off the ground and standing. As in all the movement videos, I always found myself slightly rocking. I was trying to find my balance as I swung my arms with quick use of time. I noticed a pattern where my arms are the more active parts of my body. I was in careful consideration of myself. I was trying to be strong and present. I was in *rhythm* state.

I moved into a *passive weight* and appeared somewhat defeated, similar to video one. I found it interesting that the next thing I did is a version of the *defense scale*, which was most likely to organize and take control of the frustration that had developed. Comparable to video three, I noticed a *reach and pull pattern* where I reached for something, and brought it into myself. But then my movement suggested irritation by *high intensity- straining* then releasing my whole body. As if to recover, I enclosed my arms across my chest and moved to the floor into my fetal position, which implied that that is where I sought safety.

Similar to one, three, and seven, I observed my use of the wall or the couch to hold my weight as I pushed against it. As I bulged back from the couch, I seemed aggravated again and began rubbing my hands on my face and neck. I burrowed my brow and clenched my teeth (*biting/strain/release*). Once the frustration seemed to step aside, I started picking myself up, limb by limb until I was *vertical* once again. I seemed stable and able to take a stand.

### **Video Six**

Video six contained the least amount of movement. There were much longer intervals of stillness, limiting my ability to analyze. I began on the floor, *directing* in space in my fetal position and eventually shaping my body into a *big X*. After a few moments of lying there, I used free flow to allow my energy to flow through me to enable me to sit up. I came to standing moving my arms and shoulders in slowly. I paced in a circle around the room for a while until I pushed myself against the wall, as seen in previous videos. I fell to the ground, passively giving in to my weight.

In fetal position again, I pulled myself up to sit and rock back and forth. I reached my head back as far as it could go, only activating my chest, neck and scapula. I then released my chest and arms and head as if I was spreading my whole upper body. My hands clasped together tightly, and I held them close to me with increasing pressure and bound flow. When I released them, I started to push them against my knees to initiate yet another round of rocking. I turned over onto my stomach and pulled my upper body up and then pushed myself back down. I sat up and clenched my fists tight as I rocked until I came to standing. I exhibited little to no movement for the next few minutes. Finally, I

began to contract and release in my core and raised my arms up and down. I collapsed to the floor and into a *big X* again.

I sat up and pounded on my knees aggressively, and my next movements suggested frustration. My body was *bound*, controlled and restrained, one of my most common themes. I curled up and wrapped my arms around the back of my neck, then stillness.

### **Video Seven**

As I viewed my last video, I was pleased to observe that I was off the ground and *vertical* for almost the whole 30 minutes, a reflection that I had moved from a regressed place to a more confident state. It looked as though my movements had gone from *bound* to *free* as I utilized *flow adjustments* comfortably. I started standing, similar to video four and five. I was slowly pacing back and forth. Suddenly I began to walk in circles very quickly. I stopped abruptly as if to make a statement of “stop”. I began to roll around on the balls of my feet, as my upper body was hanging over limply. Using *directness*, I lifted one leg up and pointed my toes, then with the other leg. I spread my legs apart, representing a football line man stance. With both hands on my upper thighs, I used my weight to push down. I contracted and released in my core, and began to shift from side to side slowly. I was in *dream state*.

I gently placed myself on the floor and started tapping it with the bottom of my feet. I brought my legs in to my body and started to rock until it turned into a spinal twist. My twisting turned into spinning on the floor. I was moving very slow using my hands to pull me through space. When I came to stillness, I brought my knees to my chest and crossed my legs. I rested my head on my knees and rocked side to side. I looked

contained and content. I gently fell backwards, letting my back grace the floor. I stretched both legs to the ceiling, then quickly rose up and became vertical. I took three steps and immediately collapsed to the floor again, only to stand right back up. Using indirect use of space, I walked for a moment until I found myself throwing fake punches to my face; reenacting again, my attack.

I recovered from the ground by *lengthening up*. I released my chest, and my head stretched back. I found stillness and placed my hands over my face. I started to fidget with my hands and rubbed them together as if they were cold and I was trying to warm them up. I shifted into standing on the tips of my toes, letting the upper half of my body fall limp. As I moved closer to the floor, I finally indulged and took a seat. It seemed that I was examining my hands; I started to clap them and simultaneously clapped my knees, then the floor, then my face. I was in *rhythm state* once again.

Utilizing my *sagittal* dimension, I walked slowly, almost as if I was in slow motion or treading through snow. I initiated a reach for something in space and I tried to pull it close to me. The more I tried and pulled, it looked like I was tugging on a rope. It appeared as though I had gotten my “something” and was satisfied enough with it to let it go. I released it into the air. I then found myself at the wall, pushing on it with *light weight* and *gentleness*, as if I didn’t need its full support. As I repelled from the wall, I began to dance and I seemed calm. When I found my stillness, I opened up my hands and faced my palms up as if I was accepting a gift. I took a bow to all the four directions. I was done moving. My movements were emotive, displaying explicit transformations.

### **Frequently occurring movement patterns**

The analysis of all seven videos implied that there were eight frequently re-occurring moving patterns. Rocking was my most frequent pattern, and occurred in all my videos. Rocking occurred both sitting and standing. The second most frequent pattern was pushing. Pushing took place when I seemed frustrated, angry, or trying to be stable. I would push against the wall, the couch, the floor, and myself. The third pattern was swaying. Swaying usually happened while I was vertical and moving about the space. An abrupt stopping motion was the fourth pattern that emerged frequently. Abruptness in my movements often signified anger. The fifth pattern was pacing. Pacing happened when I became bored in my movements. Punching was the sixth occurring pattern and appeared twice in my videos. When I utilized a punching movement, it represented my attack at the hospital. Tapping was the seventh pattern, and it usually contained tapping or patting myself. The least frequent pattern, yet still repeated, was rubbing my face: another movement that could indicate frustration and/or anger.

### **Summary**

The videos caused me to relive my experience at the hospital. I felt constricted at the thought of working at the hospital. My heart raced a little and I felt tense and somewhat angry. I held resentment towards the hospital, my co-workers and the psychiatrists. How do I let go of all this anger? I relived the attack in my head, over and over. Two punches to the jaw. I ran screaming. I was afraid of the patients now, and obsessively aware of my backspace. I was questioned by my co-workers whether I wanted to stay at the hospital or quit (I ended up staying 4 months after). I felt unsupported and unseen. It's almost as if I belonged on the unit myself...how different

was my experience as a therapist now that I felt just as trapped as the patients? My findings suggested that the process of responding to my experience through movement and later analyzing it helped me to get to a comfortable point where I was capable of gaining closure of my time spent at the hospital. Therefore, movement and dance nurtured my progression of healing. I feel that my research question was answered by the results.

## Chapter five: Discussion

Through my research I found that working at the hospital further diluted my sense of self. However, using artistic inquiry as my research tool enabled me to address and start to overcome my trauma. As I progressed through the videos, my movement patterns changed, influencing my mood. The more I asked myself my research questions concerning, how does one nurture oneself and maintain safety and wellbeing in an environment that is unsafe and ever-changing, the more my movement repertoire expanded. Movement allowed me to gently act out my memories and traumatic occurrences that took place on the unit in the safety of my own home. I felt more comfortable letting myself move and be moved. I felt secure in letting go of my bad experiences.

Psychological changes also accompanied movement changes. My body became accustomed to self directive movements, and it became easier for me to express my emotions through them. As movement changes occurred, so did my ability to accept the past events. I admitted to myself that it was okay that I had not been able to maintain a sense of self. When I experienced freedom within my movement, I sensed freedom in my mind. I underwent feelings of closure, compassion and validation as shifts happened in my body.

There were eight distinct and repeating movement patterns that arose throughout the videos. The most frequent of patterns was rocking. Rocking is indicated as self-soothing and where I go to recuperate. It was my safe movement and a form of self care during the making of the videos. There were times I needed to self-regulate because of



memories that were triggered. Rocking eased these moments. The second most frequent movement pattern, pushing, occurred mainly out of frustration and irritation. But sometimes it happened when I was trying to maintain stability in my movement and my mind. Pushing sometimes helped me access my weight, letting me feel a sense of self. Swaying, (the third most frequent movement), often signified contentment. The motion of swaying made me feel free. Abrupt stopping motions were a substantial occurrence in my videos. They clearly represented my need to set boundaries. As I contemplated my research questions, I often needed to act them out. My stopping movements became a theme of taking control. Pacing was a direct result of boredom. When I paced it was often because I had no inspiration, energy, or patience. Pacing was a grey area for me, the movement I went to when I was not receiving information from my body. Another repeating movement theme was punching. I reenacted my attack in two separate videos. When I asked myself my questions regarding safety, I found that I would regress and re-traumatize myself by throwing fake punches to my face. I correlate this to my relationship to chaos: I needed to create drama to feel I was doing something worth writing about. Tapping was the sixth frequent movement pattern. I used tapping to wake my body up when I felt I had no power. Tapping sometimes also represented boredom. The least frequent movement was rubbing my face, although it occurred occasionally. I would rub my face because it felt good, it was self-soothing. As with other patterns of movement, I also rubbed my face out of frustration.

During the time I spent making my videos, I continued to have reoccurring nightmares about being back at the hospital. The nightmares ranged from me being attacked and being locked up in the unit as a patient. In some of my videos I began to

take on the role of the psychiatric patient. I believe that my experience began to intertwine into my day to day reality and as a result, into my dream state. It wasn't until I analyzed my videos that I was able to truly see the meaning in all this. I was traumatized. I was taking on not only the role I play as a therapist but also tapping into somatic transference as a patient. Sometimes I did feel crazy. Through processing my movements, analyzing, and journaling, my nightmares began to lessen.

Dance/movement nurtured the parts of my self that were otherwise suppressed. It gave me the freedom to express my self non-verbally, letting my body lead the way. Movement created space for me to be free and let go of unwanted experiences. Dance equaled creativity and helped me to utilize my creative process. I had always believed that creativity spawned from inspiration. Whether it was positive or negative, inspiration stirred up emotions for me that became a creative process. Artistic inquiry as a form of research enabled me to help resolve my adverse experiences. Using my body to investigate the impact of verbal and physical aggression I received at the hospital was a creative outlet to work through my trauma.

The emotional pain that came along with my experiences and the making of my videos morphed into a calm sadness. Instead of having anger towards my situation, I felt failure and a loss of idealism. I finally had a job as a dance/movement therapist and I had to quit in order to maintain my sanity. My expectations were broken down and I saw what I felt was the dark side of the field that some choose to ignore. Yet, I learned a great deal of sanity, humility, and self-discovery through this process.

## **Movement Choreography**

My last movement video is a culmination of my process throughout the writing and movement of my thesis. It was an experience that helped integrate all my research. The movement phrases in the final video was part choreographed and part improvisation. The dance represents my time spent working on the psychiatric ward, the making of my movement video, my process writing of my thesis.

My dance is about resilience. It's about enduring adverse experiences. My movements symbolized struggle and breaking free from it. I wanted to embody a psychiatric patient locked up. I continued to use a confined space: a hallway, where I didn't have much room to move. I felt like a patient. I felt trapped, depressed, panicked, and full of anxiety.

While choreographing, I focused on movement patterns that arose during my previous videos. I picked out the phrases that seemed most significant to me and used them in my final dance. Additionally, I concentrated on the emotions that I possessed throughout my study and placed them into movements. I wrapped my body up in yarn as if to look/feel restrained, in my movements. The yarn was thin enough so I could create the effect of breaking free from them. I was tangled in yarn throughout my dance which resembled how I felt emotionally.

In regards to my research question, "How can I maintain a sense of self and safety in an ever-changing environment such as the psychiatric unit"? I realized through my artistic inquiry through movement that in order for me to maintain my self, my sanity,

and my safety I had to first accept my attachment to chaos which needed to be fed. So I let myself embody chaos as much as I could. As I embodied chaos through movement, it became cathartic. Movement was an outlet. As long as I was keeping a creative space where I could move and foster others creativity (in movement), I maintained a sense of self.

## **Conclusion**

### What is the Self?

I discovered if I don't have a sense of self, how can I maintain safety. What is the Self? I often asked my self that question. I closed my eyes and pictured my body made up of several different parts. Those parts I thought of as many "selves" that represent seemingly different identities, although all are part of one whole. Alan Stroufe has defined the "self" as an internally organized cluster of attitudes, expectations, meanings and feelings (Siegel, p. 129). In the practice of IFS (Internal Family Systems), the self is made of up three separate parts, "managers", "exiles", and "firefighters". Each part plays a central role in how we present ourselves in the world. Managers are parts that are in preemptive protective roles. These parts work to keep a person safe and healthy, often by preventing hurt feelings and experiences from flooding a person's awareness. Exiles often hold experiences that protective parts of the person believe are too much for the whole system to tolerate, like experiences of chronic shame, hurt or abuse. Firefighters are parts that emerge when exiles break out and demand attention. These parts work to distract a person's attention from the hurt or shame experienced by the exile by engaging in impulsive behaviors. They can also distract us from the pain by causing a person to focus excessively on less demanding situations.

It is when I felt that all my parts had taken over that I was unable to find my true compassionate self. It had taken me years to accept all the different aspects of my self and to realize that they reveal themselves as they are needed. I learned not to push away

even the most frightening of parts, because I believed that there is something to gain and learn from each one.

My process throughout my research had been everything but simple. I fought it till the end. I allowed myself to get to the point where I could no longer linger in between the arguments of my parts. They had done their job, keeping me from starting a journey I so obviously wasn't ready to begin. It wasn't until I learned to stop fighting that I was able to really see into my self and start the work.

Due to external factors in my life, I often felt I had to completely break. I learned that through moving and listening to my body, I became able to self regulate. I discovered that movement helped those moments where I was hijacked by anxiety, and where I felt a lack of sense of self. My windows of tolerance expanded and led me to a deeper understanding of the process.

My healing started when I began my videos, when I began to dance. It made me realize how important it was for me to maintain a creative process, whether I was working in the field or not. In the safety of my living room, I let go. I released anger and frustration, tears and humiliation. I relived and moved through trauma. I fostered chaos and allowed myself to feel the "crazy". I found safety when I was able to tend to my traumatic event, and learned to feed myself with support. Through the dancing I achieved control and stability. When I felt in control I felt safe.

When I danced I created but when the movement died, I felt vulnerable. Promoting wellness through dance/movement therapy groups inspired me. Helping patients find their voices through their bodies had a tremendous positive impact on me. It

was healing for me to cultivate universality through dance. I had a realization through journaling that when I was unable to run dance/movement therapy groups at the hospital, I lost a connection to my Self. Even the chaos gave in. My dance was my shadow: it was the darkness that had to be let out. It symbolized breaking loose from restraint. When I went into the darkness and let the shadow free I found growth and recovery.

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## **Appendix A**

### **Definition of Terms**

#### **BARTINIEFF FUNDEMENTALS**

Originally introduced by Laban, developed by Bartinieff, and further developed and defined by Hackney, the six body connectivities consist of breath, core-distal, head-tail, upper-lower, body-half, and cross lateral. It is believed that harmony in movement as well as harmony in internal and external relationships cannot be fully realized unless all six internal connectivities are working together in integration. The theory is built on the concept that stability is needed for mobility as well as mobility for stability (Hackney, 2002).

#### **BIG X**

Within Bartinieff's six connectivities, Big X is an exercise in attaining cross-laterality. It represents the connection between the body quadrants. This movement exploration allows for us to open passageways or highways diagonally through our core, enabling us to cross movement in a connected way from one side to the other as well as up and down and forward and back (Hackney, 2002).

#### **BIPOLAR SHAPE FLOW**

One of Katzenberg's nine body attitudes, bipolar shape flow refers specifically to symmetrical expansions and contractions. Because the changes are symmetrical, bipolar shape flow encourages stability and an internal sense of balance. It also supports centering on the self and has been described as an expression of primary narcissism by psychoanalytic theorists. There are six elements of BSF: narrowing, widening, shortening, lengthening, hollowing, and bulging (Kestenberg, 1999).

## **BODY-MIND**

As defined by Alfred Adler, body and mind are co-operating as indivisible parts of one whole. The mind is like a motor, dragging with it all the potentialities which it can discover in the body, helping to bring the body into a position of safety and superiority to all difficulties. In every movement of the body, in every expression and symptom, we can see the impress of the mind's purpose (Adler, 1933).

## **DEFENCE SCALE**

The first of Laban's spatial scales is the Defense Scale which is based on movements which link the six dimensional directions in a particular order. The order of the scale was also used in combat as the basis for systematic defense exercises, e.g., in sword fencing the parrying for the purpose of protecting the six vulnerable areas of the body (Maletic, 1987).

## **EFFORT**

One of Laban's four basic categories of movement, Effort consists of subcategories of space, weight, time, and flow. Effort elements reveal the inner attitude toward the same four motion factors. Because most people have predilections to particular Effort elements and Effort combinations, an individual's movement styles will be identifiable to that person and also reflective of character traits. Effort reflects the emotion underlying the movement (Bartenieff & Lewis, 1980; Davies, 2001).

## **LABAN MOVEMENT ANALYSIS**

Rudolph Laban created and developed a movement notation system, as well as an elucidation of the core elements and organizational principles common to all human movements. The basic elements common to all movements as illuminated by Laban

Movement Analysis may be categorized under three broad headings: (1) the use of the body, (2) the use of space, and (3) the use of dynamic energy (Moore, 1998).

### **KESTENBERG MOVEMENT PROFILE**

Based in part on the theoretical formulations of Laban and Lamb, Kestenbergs expanded on Laban movement analysis, adding subsystems of movement patterns to effort/shape patterns and correlating all movement characteristics with psychological phenomena, creating a developmentally and psychologically coherent profile. More specifically, the Kestenbergs system views minute variations of movement patterns, rhythms, and preferences with regard to their relevance to psychosexual stages of development, affects, defenses, adaptive functioning and self and object representations (Levy, 2005).

### **SCHIZOPHRENIA**

As defined by the American Psychological Association, Schizophrenia is a serious mental illness characterized by incoherent or illogical thoughts, bizarre behavior and speech, and delusions or hallucinations, such as hearing voices. Schizophrenia typically begins in early adulthood (<http://www.apa.org/topics/schiz/index.aspx>).

### **STATES**

Laban describes states (of being) when single effort qualities are combined in two's, a rich variety of dynamic actions and movement moods results. The combination of the two effort elements is called a state. There are six states and each state has four possible combinations. Each combination can represent individual's states of consciousness. The six states are: awake, dream, remote, rhythm, stable, and mobile (Moore, 1993).

## **TENSION FLOW ATTRIBUTES**

Within Katzenberg's movement profiling Tension Flow Attributes represent movement patterns used to express effective reactions and the response to safety and danger. They can express attributes or qualities of emotions and reflect core temperament. There are six TFA's: even flow, flow adjustment, high intensity, low intensity, abrupt, and gradual (Kestenber, 1999).

## **TENSION FLOW RHYTHMS**

Kestenber describes Tension Flow Rhythms as periodic alternations in muscle tension that create discernible patterns. The constellation of tension flow rhythms an individual uses reflects his or her predominant needs as well as the influence of developmental phase and external environment. The rhythms coincide with Anna Freud's developmentally theory. There are 10 rhythms: (oral) sucking, snapping/biting, (anal) twisting, strain/release, (urethral) running/driftng, starting/stopping, (inner genital) swaying, surging/birthing, (outer genital) jumping, spurting/ramming (Kestenber, 1999).

## Appendix B

(Journal entry before starting the movement  
process and while still working at the hospital)

This is my Self.

I stared at the camera for weeks. It stood erect in my living room facing me everyday. It had become a decorative fixture just to remind me that it wasn't going anywhere until I motivated and started my movement. I asked myself, "What is this resistance to start this process?" When I finally mustered up the confidence to jump in front of my oh- so- patient friend, (the camera), it wouldn't turn on. I had the impulse to throw it to the ground and put it away for another day; then in came the procrastination I had become very familiar with. The very thought of movement made my stomach churn. I noticed that I had become tense and quite bound, a very similar sensation I had been getting ever since I started working at the hospital on the inpatient psychiatric unit. I felt stuck. I noticed the parallel process between my feelings of helplessness with my patients and my inability to find my strength to tap into my creative process.

I started to reflect on my current job. I wasn't satisfied. I wasn't driven. What happened to my passion? Had I become a sponge, absorbing the depressive state of my patients? Or maybe I was experiencing countertransference. Either way, there was something missing. I contemplated the question, "How does my passion for dance/movement therapy help nurture the self?" I had not felt like my self was being nurtured. I considered that this might have been a result of my lack of running dance therapy groups. Since facilitation of dance/therapy had played such a huge role in terms



of my self care, and it was now missing from my routine, I felt unsafe. How could I bring back the dance?

(Journal entries after movement)

**2/18/10, 2:00 pm**

### **VIDEO One**

This is my window.

First video, 30 minutes. I felt nauseated, worn out, drained and dizzy. I found myself thinking, “What is authentic?” Strange and endless thoughts streamed through my mind, and I engaged them with no hesitation. I just rolled around the floor for a half hour and videotaped myself doing so. But did I “just” roll around, or was my unconscious stepping in and moving me? I settled on the fact that it was a little of both. I hadn’t let myself move and be moved by my implicit emotions for a while, and I felt exposed. It still felt like I was being watched, even when I had turned the camera off. The camera began to feel like a being that was containing the space. I felt mostly alone though.

At first I just wanted to lay there, to curl up in a ball and protect myself. I didn’t want to be seen. I forgot the question I was supposed to have in mind and I couldn’t recall the moment it arose. When it did, I asked myself over and over “How did I maintain a sense of self in an unsafe and ever changing environment?” The question began to trigger deep set memories of the psych unit, of getting attacked by a patient, of

feeling miserable. I then began to sense a feeling of being trapped, tied up, unable to get out. Sometimes I wondered if this is exactly how most of my patients felt.

Then dread overcame me. When was this going to be over? Frustration made me sick to my stomach, but I had to push through, just like my job at the hospital. “Just make it till the end of the day” is the contaminated lie and denial I would console myself with every day I was there. Yet no one else seemed to care, they were just going through the motions, walking around like zombies, conforming to their own denial. These thoughts began to make my movement feel aggressive and angry. I wanted to cry as I relived the dark time I spent at the hospital I finally let go of my own restraints and let the tears swell up in my eyes. There were only a few tears, but found myself wanting more, the full release. Maybe then I could move more freely. But then calmness rushed through my body as quickly as the tears came and went. I stared, not wanting to wipe off the already crusted tears on my cheeks. I remembered at that moment one of my teachers telling my class, “Wiping your tears is just like pushing your problems away.” So I let them sink into my skin.

Just as I started to feel at ease, impatience took over. My mind started racing at the thought of having to do this six more times. I got angry at the very idea of it. But this was my process right? It was not supposed to be easy; besides, the frustration would give me something to write about. My alarm clock went off and I felt relief. After months of dreading, I finally made some movement.

## Video Two

What a day for a daydream.

“I don’t want to move” was the first thought I had when I woke up that morning. I had nightmares all night, and there wasn’t even coffee before I videoed. I pressed record, and attempted to start standing up. I almost immediately dropped to the floor; it seemed way too early to be that exposed. Yet I didn’t feel I needed to hide, but rather I felt extremely irritated and wanted the whole world to see it. I found it extremely difficult to concentrate, to connect my body-mind. My thoughts were wondering, I closed my eyes, and started to daydream, not even thinking about what I was supposed to be doing. I forgot the camera was on record. I brought myself back to the present moment and asked myself the question I was supposed to contemplate. Again, “How do I maintain a sense of self and safety in an unsafe environment?” and “What is my body informing me about it?” I began to recall a recent conversation with my advisor in which I told her that I lost my sense of self at my last job. I embodied this thought. I couldn’t help but imagine myself as a patient on the psych unit: how very similar our experience must have been as therapist and patient. I don’t even think I was moving at this point.

I felt stuck in my movement and paralyzed at the process of recalling it. I wondered why I was blocking it out? I remembered almost getting up and just ending the video. What kind of information was I going to get from just laying here half asleep and

frustrated? Then I recalled that everything is information. My chest felt constricted and I wanted to throw my computer on the floor. I was hating this process.

At one point I had wished that the camera was a person, someone who was witnessing my movement and holding the space for me. I longed to process my experience with my witness and have them reflect their experience of it back to me. But then I realized that it is up to me to contain myself, to trust my experience, my self. I related this to how I felt at work: I needed the environment to be more nurturing, safer. But not every work environment is nurturing. Did I need this because I didn't trust my work as a therapist? Was I unable to contain my patients? Or maybe my insecurities stemmed from not being good enough. As a recent graduate, it was important that I felt supported by co-workers, and received feedback and constructive criticism from them. I learned that stillness may have been my biggest movement and that daydreams offered insight.

2/20/10 6:40 am

### **Video Three**

And I claimed my freedom.

As I walked past the hospital at 6:00 am, a wave of relief came over me. I even found pleasure at the thought of those who still worked there and I didn't even feel guilty I never had to walk into that dark place ever again. I felt free, free from the chains that I let hold me down for so many months. Free from the dread of social exclusion and injustice in my workspace. Free to be my raw self.

I had these thoughts as I began my movement. The word “freedom” seemed to hum in my mind like the wind whistling through the snow that was falling outside the window. I felt a sense of calm as well. I hadn’t felt this content in months. Could it be because I was free from the responsibilities of the psyche unit? I fought for a long time to make my situation at the hospital better, fought for the patients, fought for acceptance, and, above all, I fought for respect. I had to stop fighting at some point, but I didn’t want to give up. I felt this as I moved, I had to let go and just be.

My thoughts entertained my movements and my movements inspired thoughts. I noticed my head-tail connection. I felt empowered and strong. I felt brave and motivated. Something was shifting in me. As I moved, I began to surrender to my body, let it move my self. I listened, I sensed, I witnessed. I felt proud to be an individual with passion. I opened my arms, and felt as if could let the world in without letting it take over me. As Peggy Hackney (2002) has stated, “A spine which supports and easily achieves verticality while also having the potential for fluid grace with flexibility seems to convey an important message: This person is proud to be the human being s/he is and is comfortable attending to the world” (p. 85).

I felt confident and safe as I moved. I believed that there were times on the unit where I did lose my sense of self, and it wasn’t when I didn’t feel safe. It was when I didn’t realize how miserable I actually was there and just kept on going. I had forgotten what I was there for: to facilitate change in my patients, to help them connect back to themselves. But how was that possible if I couldn’t connect to my self? I lost the inspiration, I let it get sucked out of me like a vacuum and I just sat there and watched. I

watched it happen to my co-workers too. I felt so sad. So I quit. I took the situation into my own hands and decided what was best for me. This revealed itself in my movement as I cupped my hands together and then released something I had been holding onto so tightly. I watched the bound energy fly far away from me, and I claimed my individuality, my freedom.

2/22/10 8:30 am

#### **Video Four**

No title.

I woke up to a nightmare about the hospital, another indicator that I was not meant to be there. As I started recording, I thought about the hospital as a traumatic learning experience. I barely moved. I felt stuck and somewhat paralyzed by this thought. My body felt bound as I tried my hardest to connect to my free flow. My weight felt heavy and I sensed a feeling of hopelessness, an emotion that often came up for me at work. I struggled to connect to my body. I couldn't stop thinking. I wasn't even sure what to write. My movement video felt insignificant and forced. I couldn't just sit there and try to come up something to say when there is nothing.

## Video Five

### Taking a stand while maintaining balance

After the previous video movement experience, I was skeptical about how the rest was going to go. I had been finding it really difficult to concentrate on my questions when my mind just wanted to wander. I supposed this could be some sort of defense mechanism to keep me from really tapping into some of the darker experiences. I had been feeling a lot of repetition in my movements, and this was starting to resemble my experience at work. Everyday, I would hope something would be different, that I would have some sort of “ah ha” moment. No matter how hard I tried or how enthusiastic my attitude was, things continued to stay the same. There was always someone or something that would tear this down, break my excitement, and tell me slyly, “Good luck with that” until suddenly I had nothing left. Nothing left to give; I had used up all my strength and was left drained.

My movements have been clearly mirroring my work experience. The frustration, the stagnation—always sitting and waiting for something to do. Was this how my next two videos were going to be? How could I break this pattern? I answered my own question by stating that it was time to take a stand. And that is just what I did to maintain my sense of self in the environment of the hospital. And I knew deep down in my heart that I was not a quitter, but I also knew that when I’m so miserable that I dreaded going into work, something needed to shift. If that shift meant having to quit, so be it. I knew

for a fact that there was a way to be centered and content while working in such a hostile environment because I experienced it in my internship. While there was still a bit of burn out, the staff kept on going, motivated to help their patients, to make a change, to facilitate them through recovery and support their peers. When I started my job, I felt fresh, motivated, inspired, and ready to do what was possible to make a change. But I had no one on board with me, and I couldn't do it alone. Thus, this slowly stripped me of my confidence both personally and professionally.

As this all came to mind, I found myself moving into the Defense Scale. I started to center myself, and felt the need to organize my thoughts. I found it interesting and ironic that I did not use this scale even once in my dance therapy groups while working at the hospital.

2/24/10 8:30 am

### **Video Six**

#### Listening to my body

Sometimes my body felt so heavy that it didn't want to move. Sometimes my body had so much energy, it couldn't stop moving. I was reminded that I must not only listen to my body's physical needs, but also, its emotional needs. I found this irritating and quite difficult. It used to be so easy for me to let my body be moved by emotion, feelings, thoughts, but this video I was just the opposite. I could only hear its physical discomfort, its need to stretch or rest. Maybe I was trying too hard, waiting for the



moment when I had some epiphany that led to me move and be moved from within. Not happening. This frustrated me, and I felt inadequate, unable to tap into my body-mind.

Over and over in my head, I asked myself my research question. I waited for my body to react, and it seemed almost numb, stubborn. For the first time while videoing, I checked my clock a few times. I couldn't wait for it to end. Towards the end, I started to get anxious, I noticed my heart rate start to build, yet, I couldn't stop it, I tried focusing on my breath, and that brought up anger. I thought of channeling that anger through movement, but it felt to forced and unauthentic. But I also felt unable to move through it. Or maybe I wanted to stay in the anger, it was/is after all a safe place for me to go. The problem I found staying in that place is that it holds me down, and I let it take over. Sometimes it shocked me that I can forget so easily those parts of myself that just need to be nurtured and most of all accepted. If that's where I needed to go, then I shouldn't fight it.

2/25/10

### **Video Seven**

I will not fall.

My last video and I had to admit that I was a bit relieved. Through most of my videos, I have found that when I let my mind wonder to the unit, I pictured the hallway and the door that leads onto the locked unit. It was interesting to me that I didn't picture the dayrooms, where I held my groups. I thought of the doorway. Maybe because the door was my escape. My escape either into the unit or off of it. When I mentioned that

heading onto the unit can act as an escape, I was referring to escaping from the office of callous therapists. It wasn't only the patients I had to protect myself from, it was my colleagues as well.

As I moved, my mind wondered to thoughts of falling and picking myself back up again. I tried moving this. I experimented with standing my ground, not letting myself collapse to the ground, but rather, plant my feet and raise my upper part of my body. I experienced bi-polar lengthening, my heels deep rooted onto the floor, while my head reached up. This position made me feel strong again, empowered and gave me the confidence that I would not let anyone walk all over me. I was capable of being a good therapist: I just had to keep myself up. So that's what I worked on. Whenever I had the urge to go to the ground, which felt very safe for me, I encouraged myself to keep standing, no matter how frustrating it was. I felt the need to challenge myself. I wanted to prove that I didn't need to hide, that I didn't need to bury myself in the ground. As long as I was centered and standing on my own two feet, I would feel a sense of safety.