

‘A Dance across the Atlantic’: A correspondence about understanding the difference between definitions, and whether Dance Movement Therapy is a Body-Psychotherapy.

This electronic dialogue / e-mail exchange happened towards the end of 2006.

Patrizia Pallaro wrote:

Dear Courtenay,

I read with great interest your "Letter to the Editor" published in our USABP Journal (Vol. 5, No. 2, 2006, pp. 4-8). In your letter you write of dance/movement therapy not being psychotherapy, stating: “dance/movement therapy is a field in itself. In some cases, this can be seen as a form of body psychotherapy, and we have much work here to do to integrate the moving body into psychotherapy. . . . However, most of dance/movement therapy is definitely a *therapy* and does not pretend to be psychotherapy, nor body psychotherapy, though it can often be very psychotherapeutic.”

Dance/movement therapy is psychotherapy, as defined by the American Dance Therapy Association (see <http://www.adta.org/faqs/index.cfm#general4> scroll down to *General Questions About Dance/Movement Therapy*):

- Dance/movement therapy is the psychotherapeutic use of movement as a process which furthers the emotional, cognitive, social and physical integration of the individual.
- Dance/movement therapists work with individuals who have social, emotional, cognitive and/or physical problems.
- They are employed in psychiatric hospitals, clinics, day care, community mental health centers, developmental centers, correctional facilities, special schools and rehabilitation facilities.

- They work with people of all ages in both groups and individually. They act as consultants and engage in research.

I wonder why you think that dance/movement therapy is not psychotherapy. Would you like to dialogue about this? Patrizia Pallaro

P.S. I agree that Authentic Movement is not psychotherapy per se though my own psychotherapy work is deeply informed by its principles.

Courtenay Young wrote:

Dear Patrizia,

I am very sorry that you disagree with me. The definition that you quote does not (to my mind) describe or define dance/movement therapy as psychotherapy.

Maybe part of our disagreement is because - in Europe, anyway - we have quite a different definition of what 'psychotherapy' is, as we are really trying to establish psychotherapy as an independent profession, distinct from that of psychology & psychiatry. Over here, dance/movement therapy is not a recognised branch of psychotherapy as such (yet ?).

I am not totally happy with the published EAP definition of psychotherapy (www.europsyche.org). I have suggested an alternative, but the European Training Standards and the European Certificate of Psychotherapy (ECP) clearly define psychotherapy as requiring 4 years of post-graduate specialist training, with a relevant 1st degree, incorporating at least 1400 hours of training, including own therapy, including a clinical placement, including supervised practice, etc. etc.

Of course dance/movement therapy is psychotherapeutic and I totally support it as a very valuable therapy: no problem there I hope. Furthermore, in certain circumstances, the particular training and

local registration criteria in the US may make no discernible difference between dance/movement therapy and psychotherapy.

I don't know what particular 'type' of dance/movement therapy you practice nor do I know the details of your training, but it is interesting for me to notice that someone distinguished like Susan Aposhyan makes a definite distinction between (say) Body-Mind Therapy and Body-Mind Psychotherapy. This is the sort of distinction that I think I was trying to draw out with my reference to dance/movement therapy, maybe incorrectly, maybe clumsily, but still (I believe) pertinent.

However I think that I was also trying to make a wider point - that we may have to be a lot clearer about our definitions and distinctions. Much depends on perception and experience. By the way, what does ADTR mean?

Yours

Courtenay Young

Patrizia Pallaro wrote:

I can certainly agree on the difference between definitions (and word usage) here in the US and in Europe.

I am dually trained and licensed in the US (as a marriage and family therapist, dance/movement therapist and psychotherapist) as well as in Italy (as a psychologist and psychotherapist). I have noticed that in the US, social workers for example, are often in private practice and are "psychotherapists" even though the original mission of their profession should offer more of an out-there-in-the-community engagement. In Italy, for example, social workers are social workers, they cannot be in private practice, it would defeat their professional mission. Likewise, psychologists here

have tried many times to have "prescribing" privileges, meaning that they can prescribe medications just like psychiatrists (and in some states they do have such privileges). Counselors, in the US, can also be "psychotherapists." In Italy instead, there is a separate category for psychologists engaged in providing "psychotherapy." Psychologists are required to get further training, enrolling in psychotherapy schools which are approved by the Ministry of Education. After completing their training, in order to practice psychotherapy individuals need to be dually licensed as psychologists AND as psychotherapists. To note, the Art Therapy Italiana psychotherapy school (in Bologna) is an approved post-graduate institution, training dance/movement therapists to become "psychotherapists." It seems to me that, while (and I quote you) "dance/movement therapy is not a recognised branch of psychotherapy as such" throughout Europe yet, in Italy it is.

Perhaps dance/movement therapists can be "psychotherapists" if they have the appropriate training. So far in the US, any specialized training is entirely voluntary practice. Each of the 50 states here has its own laws, rules and regulations about the licensed practice of "psychotherapy." In some, psychotherapy practice is what is protected, in others, it is the title of the practitioner. I might be trained as a psychotherapist, and have say, a license to practice as a counselor. If the laws of the state in which I practice do not recognize counselors as "psychotherapists" or allow them to engage in "psychotherapy" I may not be able to call myself a "psychotherapist," nor to practice as one.

All of this certainly indicates a certain fluidity of word usage, definitions etc.

The current definition of psychotherapy by the EAP does fit the profile for a dance/movement therapist:

(1) The practice of psychotherapy is the comprehensive, conscious and planned treatment of psychosocial, psychosomatic and behavioural disturbances or states of suffering with scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving disturbing attitudes to change, and to promote

the maturation, development and health of the treated person. It requires both a general and a specific training/education.

(2) The independent practice of psychotherapy consists of autonomous, responsible enactment of the capacities described in paragraph 1; independent of whether the activity is in free practice or institutional work.

ADTR means Academy of Dance Therapists Registered, this is the advanced level of registry, signifying that an individual has the education and experience to be in private practice, teach dance/movement therapy and to supervise interns. Dance/movement therapists applying for ADTR status, need (among other requisites) to provide proof of two (2) years full time or its equivalent (3,640 hours), within a psychotherapeutic model, more than half of these hours having been acquired within the past seven (7) years. Dance/movement therapy employment must be supervised by an ADTR or licensed/registered mental health professional in a clinical treatment setting. 3,640 hours do NOT include personal therapy. I'd like you to notice here that those hours are twice as many as the EAP calls for. Interestingly enough, many dance/movement therapists may NOT be able to practice at all in certain states here, unless licensed to do so, even though their training and experience qualify them to engage in clinical work.

So where are we now in this conversation? Please let's continue this dialogue, Patrizia

Courtenay Young wrote:

Dear Patrizia,

There might be an (all too easy) tendency for us 'Europeans' to line up against US systems and thought-forms. We can both agree the EAP definition is inadequate. We can both agree that some social workers in the US poach territory or titles into psychotherapy; some nurses trained lightly in

CBT do the same in the UK; and probably a lot of incompletely professionally trained people both sides of the Atlantic use the 'psychotherapy' label relatively inappropriately.

I think that there are three 'issues':

(1) We need to recognise that we are in a changing medium: the goal posts seem to be floating; parameters keep changing; there are more and more 'controls' being applied to what 20-30 years ago was a largely unregulated field. Definitions that once might have been adequate are now insufficient. Trainings that were good enough, eclectic, centered on one person, or somewhat idiosyncratic, now seem as inadequate, insubstantial, incomplete or even improper. (I don't want to give specific names here, and I am not necessarily referring to any therapies or psychotherapies mentioned herein, but I am aware of examples that can substantiate all these 'labels'.) We need to be clear on what 'ground' we are standing now.

(2) Given a reasonably wide, professional definition of "psychotherapy" with reasonably high training standards, etc. etc.(however badly, or not, this is defined on either side of the Atlantic), and given an equivalent set of reasonably high standards for Body Psychotherapy (or Somatic Psychology), does this (do these) definition(s) generally include or exclude Dance/movement therapy in the same way as other psychotherapies such as Transactional Analysis, Gestalt, Psychosynthesis, Positive Constructivism, etc. might be included or such as Rolfing, Authentic Movement, Autogenic Technique, Holotropic Breathwork & Rebirthing might generally be excluded; or

(3) Do these warrant a different generic 'title' - Expressive Arts Therapies, or Expressive Arts Psychotherapies - and what would be the difference between these? How would Authentic Movement (about which we both agree to be excellent, deeply explorative, psychotherapeutic and yet not a psychotherapy) fit into one but not the other? What might be the different criteria?

Yours

Courtenay

Patrizia Pallaro wrote:

I agree with everything you say, Courtenay. I am suggesting that maybe here in the US, very simply, therapy and psychotherapy are fairly interchangeable terms. "Psychotherapy" might be the product of postgraduate training programs here as well but such study is just voluntary. Someone who just graduated from a four-year counseling program, may call himself a "psychotherapist" whether he has trained for it or not.

At any rate, I just read a summary of a research conference in Germany on dance/movement therapy, where Bonnie Meekums, a UK DMT (therapist), presented a paper with this title: "Is dance/movement therapy psychotherapy in its own right?" I do not know what she concluded.

By the way, do you consider CBT psychotherapy?

Until the next time,

Patrizia

Courtenay Young wrote:

Dear Patrizia,

Please don't take any offence at this: but is not this "*I just thought that maybe here, very simply, therapy and psychotherapy are fairly interchangeable terms*" just a little naïve?

Please don't also ask me my opinion of CBT. Just don't get me started, as I could keep going for hours. I admire the way they have 'stolen' the position of "evidence-based". It is partially our

(everyone's) own fault as we just have not done the research properly, and they have done research ... maybe not 'the' research, but enough for a good 'body' of evidence.

They now seem to be 'incorporating' (lots of puns here) many of the new inroads into areas out of mainstream psychotherapy: things like EMDR and Mindfulness. Is it psychotherapy - yes, of course - to a certain extent, even though they don't like admitting to the 'psycho' bit.

Yours

Courtenay

Patrizia Pallaro wrote:

Courtenay,

New neuro-psycho-biological research (see Allan Schore's work) is actually evidence for the right brain dominance in our human lives and therefore pointing to the conclusion that only embodied experience and emotional attunement, as they manifest in the body, can be the inroads to successful treatment and recovery. As you know, research from across the rainbow of therapies points to the only important factor in the therapeutic work: the fundamental ability of the therapist to relate to his patients. Theory or technique do not matter, only the intrinsic "goodness" of the person we trust with our deeply felt experiences and how that person responds to us.

So you know (wish everybody did!) that "evidence-based" research is just a biased frame which measures only some measurable variables, the ultimate goal being to quantify treatment reimbursements. Up to now, it was difficult to quantify our right brain work . . .

Anyway, I do think of EMDR and mindfulness as just techniques. I love this dialogue! Thanks for engaging,

Patrizia

Courtenay Young wrote:

Dear Patrizia,

Yes, this dialogue is fun. Yes, I am familiar with Allan Schore's work - I met him recently at the Biosynthesis conference in Lisbon - I know this is really exciting stuff for many Body Psychotherapists, though I find his work (or his presentations), quite cerebral and self-referential.

I am also familiar with the results of the meta-studies in multi-modal efficacy research that you mention. You are right: the most significant factor is the therapeutic relationship (which implies a reasonable ability of the psycho/therapist to relate to their patients/clients). Incidentally the second most significant factor, I believe, is the attitude or involvement of the client in the therapy.

But this brings me to my point. Can we just rely on the "intrinsic goodness" of the therapist to relate to our deeply-felt experiences. Or do we need someone who has been there themselves. This implies extensive own 'psychotherapy' and most 'therapy' trainings do NOT include this in the curriculum. I trained for 4 years and was an excellent Biodynamic masseur: I could ... (say) deep-drain long-held emotional tension and people would bounce off the ceiling and then we would send them to Nirvana all in the same session. Phenomenal stuff: but I was doing 'it' to them. This is an elaborate, highly skilled, psychotherapeutic, technique. It needs lots of training. And ... it is not psychotherapy.

Psychotherapy, according to this perspective, is a joint collaboration of the client/patient and therapist, exploring their inner world, so as to become more self-empowered, creative, etc. This requires an understanding and knowledgeable presence: someone who guides the process (not the person) from behind: rather than leading, directing, teaching or manipulating. The therapist (or psychotherapist) needs a clear and informed 'road-map' of the inner territory: something that cannot just be learnt, but has also to be experienced. It is no god 'knowing' what to do and how to work with an abused client: you need to have contacted your own (forms of) abuse and let this be present in the empathic relationship, as well.

Anyway, that's my view on it. If I sound over emphatic or passionate, that sort of distinction is what I have been struggling for the last 15-20 years within the politics of psychotherapy. That is what prompted me to ask my fellow body psychotherapists in America at that first conference in 1996 in Beverly, MA to form the USABP: primarily to distinguish between psychotherapeutic 'body therapies' and good body-psychotherapy.

Courtenay

Patrizia Pallaro wrote:

Psychotherapy *is* a joint collaboration between patient and therapist.

Therapists need to have the capacity to touch upon their own inner resources and be able to “resonate” with their patients’ experiences. We also need to be able to “contain” our own as well as our patients’ experiences as we, together, make sense of them. The point is: would a “certifying” institution guarantee that this occurs in the consulting room? Of course not! But getting back to your original point, we, dance/movement therapists strive to understand our patients’ experiences (as well as our own), contain them and make sense of them in a collaborative effort with our patients. Isn’t this then engaging in psychotherapy?

Patrizia

Postscript by Courtenay Young

The UK Association of Dance Movement Therapy (ADMT UK) has recently announced that it is changing its name to the Association for Dance Movement Psychotherapy UK, effective from April 2008. Whilst this change has the approval of the Health Professions Council (HPC - the professional body for Dance Movement Therapy), the UK Council for Psychotherapy (UKCP - the professional body that represents and registers many other psychotherapies), has not been consulted. This 'goal post' change just reinforces something of what I meant about the confusion of definitions. CY

[Editor's note: HPC regulates all the creative arts therapies in the UK. DMT is the last to be going through this process. All creative arts therapies have post graduate MA programmes as a minimal qualification. Art therapists have an MA programme in art psychotherapy which is longer than the usual MA in art therapy training. Some members of ADMT UK have additionally trained at post graduate level in counselling or psychotherapy which accurately reflects the term dance movement psychotherapy. Those who have a senior registration of ADMT are qualified to practice privately. Some are in addition, accredited as psychotherapists by UKCP. Since the 2007 AGM all registered members of ADMT UK may now call themselves Dance Movement Psychotherapists].

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