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On the value of conducting dance/movement therapy research

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Introduction

My aim in this paper is to encourage dance/movement therapists to carry out research. To provide a framework for discussion, I pose and respond to two questions frequently asked by dance/movement therapy trainees: (1) why is research important for the field of dance/movement therapy? and (2) why should dance/movement therapists do 'scientific' research? Additionally, I address some of the reasons given by DMT trainees in resisting conducting research: they claim that they are better at communicating through movement than words, they do not have time, and they lack the necessary skills.

Discussion

What is research? Research in its broadest sense is something we have all done at some time, for example, by consulting a consumer report before buying a washing machine, or looking up the date when Marian Chace started her pioneering dance therapy work with patients at St. Elisabeth's hospital. However, Penelope Hanstein (1999), in her recent text *Researching Dance*, differentiated scholarly research as going beyond systematically collecting information and making it available to others. Scholarly research, she states, is the process of creating new knowledge through the synthesis of ideas in new ways, through

seeing "not only what is, but what might be" (Hanstein, 1999, p. 23). And research does not need to be limited to the rational, analytic, and disembodied. She likened it to the choreographic process: "Like dance making, research is a purposeful, creative, interpretative, and intuitive process that is often circuitous and improvisational" (Hanstein, 1999, p. 23). I will attempt to develop some of these themes in this paper.

Why is research important for dance/movement therapy? We know it works and so do our clients. Let doubters come and take a session. My first response to this question is: we need to do it for them, for our clients. Freud (1955) placed particular importance on psychoanalysis as a method of research as well as a form of treatment. His acclaimed case studies provided the foundation for his theories of mental functioning that have had a major influence on 20th century thought, far beyond the boundaries of psychoanalysis itself. He is perhaps the best-known example of the researcher clinician for which research and clinical practice went hand in hand. Few could hope to emulate his prodigious output. His case studies could be cited as an example of the value and potential influence of qualitative research as a basis for theory construction.

I believe that we have a responsibility to our clients to continue this tradition of seeking ways of understanding and treating their distress, and of building theory on the foundation of clinical experience. We have an ethical responsibility as individual professionals to employ the most effective approach to treatment presently known; in other words, to

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remain aware of current research in our own and related fields such as the other arts therapies. We have a responsibility as a profession to encourage, support, and conduct research that asks such questions as: (1) is DMT equally effective with all client groups? (2) would scarce DMT resources (you) be better targeted on selected client groups who we know can benefit? (3) what duration and frequency of therapy is most effective: is once a week enough? (4) how best can more experienced practitioners share their experience and skills with others? (5) are different theoretical models or facilitation styles more effective with some clients than others, or is it a case of one size fits all? (6) exactly what changes and benefits can DMT produce? and (7) how important is the verbal part of DMT, and do we have sufficient training in this aspect?

My second response to the question (why do research?) is that we need to do it for us. Research and scholarship are vital if we are to establish DMT as a profession. We need to create and expand our knowledge and skills base by sharing experience through written accounts of our practice, developing theoretical models, and testing our claims. Acceptance as an area of study within the university system, recognized professional training courses, and established posts within the health care system are contingent upon research. Employment, improved remuneration, strengthened professional identity, and being part of a wider influence which values the emotional, relational, and embodied dimensions within our culture can lead to a more confident and effective profession.

Such questions as: why should we do 'scientific' research? why should we justify ourselves to other professions on their terms? why use other professions' methods and language? and how can we measure feelings or quality of life? challenge the suitability of so called 'scientific' research for DMT. Peter Fonagy (2000), Professor of Psychoanalysis at University College London, has drawn attention to the gulf between two cultures in psychology. These cultures live together "... like neighbors in a large apartment building, quite happy to walk past each other for years without even learning each others' names" (p. 6). One (psychoanalytic) culture restricts itself to personal insight, to ideas and theories evolved from direct experience of therapeutic work with clients. This group has developed a rich descriptive body of knowledge and models of the mind that have found their way into every aspect of our culture. However, many in this group fear that experimental research could damage the unique insights offered by clinical research. The other culture:

other subspecialties of the 'science of mind' have the benefit of a powerful, reasonably well-funded discipline which has progressed particularly rapidly over the last quarter of a century, prides itself in a cumulative knowledge base, is strong enough to both generate a range of technologies and to interface with neighboring disciplines, and is generally acclaimed as a relatively successful natural science (Fonagy, 2000, p. 2).

Fonagy (2000) advances a strong argument for bridging the gap between these two cultures, urging psychoanalysts to take more interest in research findings in other disciplines, and to apply research methods from these disciplines to their own practice. He believes that without such closer integration psychoanalysis may become extinct (p. 6).

Ours is a very different profession and at a different stage in its development. Far from being too rich in theory as is psychoanalysis, theoretical models are still hardly articulated. Perhaps too, because of the practical body based skills required, much of our teaching is by necessity experiential and sometimes not far removed from the apprenticeship style of the pioneers. Yet the criticism of insularity leveled by Fonagy toward psychoanalysis has also been made of us from within our own ranks. Chaiklin (1997) pointed out how little research is reported in the *American Journal of Dance Therapy*, and that dance movement therapy is under-represented compared with other arts therapies in the interdisciplinary journal, *The Arts in Psychotherapy*. Like psychoanalysts, we need to communicate more, not just with our traditional colleagues in the other arts therapies, but with those in the related sciences of the mind if we are to survive.

Having said that, there are real problems with applying 'scientific research' methods to psychotherapy and the arts therapies. The traditional randomized, controlled trial, widely hailed as the gold standard of medical research, is a method built on the foundation of a positivist paradigm or world view, which many have argued no longer adequately represents current ways of understanding the nature of reality. Lincoln and Guba (1985) reviewed these arguments, and advocate a 'Naturalist Paradigm' which they argue more closely represents a contemporary understanding of the world. This paradigm challenges some of the most fundamental axioms of the old ways of thinking, for example, the view that 'knower and known are independent' is replaced by the view that 'knower and known are interactive and inseparable.' The old model maintains causality, the new that 'all entities are in a state of mutual simultaneous shaping' (Lincoln & Guba, 1985, p. 37). Clearly within such an interactive world, concepts such as the objective observer, and controlled variables have limited validity. It is not surprising that

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