

An Enquiry into the Therapeutic Dance

Virginia Woods



Virginia, BA, P.G.Dip.Psych., Grad.Dips.DT.and Movt.& Dance, Grad.Cert.DT., Grad. Dip. Rehab. Couns., is a dance therapist and registered psychologist. She has been working in the field for over 20 years and has experience in a broad range of populations and disorders including children, rehabilitation, depression and anxiety, eating disorders. She recently completed a Masters by Supervision with the Melbourne Institute for Expressive and Creative Arts Therapies (MIECAT). This article is based on phenomenological research towards the Masters award.

I became aware of the importance of the personal qualities that I bring to my therapy work the day I met my first client with anorexia. Racing to the appointment in movement preferences, quite normal for me, of quick, strong, and free flow, I came face to face with the client who was moving in her preferences of sustained, light, and bound flow. The impact was a jarring experience that focussed me on attuning to my client, aware of how much change had to be made in my posture and movement to meet her in a way that was comfortable for her. I lowered my voice to her volume and force and slowed down my movements - this gave me a sense of where she was at in that moment, and a sense of where I had to come from to be with her.

Although it was not the initial topic, this interface between the client's way of being in the world and my own became the subject of my Master's research

project. It began with exploring the process of introducing a client to dance movement therapy but, as I explored, I became more aware of the influence of my own way of being in the world, my experiences, beliefs, professional training and the effect this had on the therapeutic dance and the interface between the client's experience of the world and my own. Aware of how I cannot really experience the client's experience and can only know this through my own experience and view of the world, I realised the interventions I choose and propose to a client are my response to her experiences through my own.

The implication of this is the importance of being as consciously aware as possible of who I am and how I bring this to my work. My experience of the therapeutic relationship through this research is that it is itself a dance, a therapeutic dance, between the two of us, with a focus on the client's aim to work toward greater self integration. My role, as a therapist in this human relationship, became clearer and I became more relaxed about choosing interventions in the dance therapy process. This arose from an awareness that my training was a set of beliefs, that set a path through which the client and I travelled together; which was not an absolute truth but flexible and malleable with multiple possibilities influenced by my own personal qualities and way of being.

Research Methods

The research project took the form of an enquiry into my own processes as a dance therapist working individually with my client - in the style of a heuristic enquiry in phenomenological research, looking into an understanding of how a dance therapy process works for me as the therapist.

Approached from a constructivist perspective and acknowledging that the process of the research influenced the evolving form of the data, I became aware, in the process, of the importance of the intersubjective responding between Rose (the name I called my research client) and myself in relation to forming and shaping the session. I hoped to understand, more thoroughly, the therapeutic dance experience and not necessarily identify specific notions or prescriptions of how it should be done -

as in a post-positivist approach. From that perspective I adopted an experiential phenomenological approach (van Manen, 1990; Best, 1999), using the MIECAT form of enquiry, in order to explore and derive themes apparent in this particular therapeutic relationship (Lett, 1998).

Spinelli (1989) describes the phenomenological approach as attempting to

“strip away as far as possible, the plethora of interpretational layers added to the unknown stimuli to our experience in order to arrive at a more adequate, if still approximate and incomplete knowledge of ‘the things themselves’.” (p.16)

He goes on to say it uses description and “equalization”, or avoiding all value judgements on the material and suspending all expectations and assumptions from our viewing of the data being described. From this method it is hoped to understand the “variants” of our experience so that their influence can be better understood (p.16). Using description in the intersubjective response allows for a richer understanding of the process in the therapeutic relationship.

The MIECAT process of enquiry “uses a multi-modal, experiential arts approach to the exploration of significant life meanings”. It is based in a phenomenological approach to supporting people to search for “authentic knowing” of meanings in their life and through this to make more effective life choices. “The search uses our thinking processes, our imagination, felt body sensing, memories, feelings and emotions...it is based in respect, compassion and commitment to the search for an authentic way of living.” (MIECAT information booklet, 2002). Similar to dance movement therapy, the MIECAT process of enquiry aims to go beyond the spoken word and to explore more deeply the clients’ experiences - enabling them to be expressed and their meanings explored. It fits well with dance-movement therapy in providing processes for deep and multi-modal exploration of meanings gained through the dance-movement process.

This form of enquiry provides a relevant structure from which to explore the therapeutic process. The process aims toward deriving “approximations to meanings” or themes from the therapeutic interaction, which deepen our understanding of our process in general, recognising the intersubjectivity between the therapist and the client or the researcher and the subject. It is based on the premise that it is possible to “discover ...what is or can be meaningful to a person

in their lived experience. Understanding lived patterns of experiencing will permit core meanings to be identified” (Lett, 1998, p.1.). The core meanings can be reflected on and further understanding derived about the phenomenon being explored. Briefly, the process involves focussing on the researcher’s responses, reflection, indwelling, amplification through creative representation, description of the material, identification of key words and images from the material, reduction and coming to thematic material and construction of themes (Lett, 2003). In terms of the therapeutic and research perspective Lett reflects on how research data is obtained through this process:

“...reflective research upon himself, but kept for himself. To pour oneself stroke by stroke into a drawing or painting, to become fixed into the language of another’s poetic forms, is to be deeply aware not only of its form and its content, but also of one’s own developing sensed perspective and inner response to it.” (Lett 2003, p. 6).

In this case I was particularly reflecting on my own process, I was the subject of my enquiry. Working in the phenomenological frame allowed the themes to be explored to deepening levels of understanding, and supported my evolving understanding as I reflected and indwelled the data. (van Manen, 1990; Best, 1999). In line with phenomenological research I wanted the knowing to come out of the explorations and my lived experience. So I left investigation of the literature until I had finished exploring the data to get another sense of my experience.

Methodology

Who I worked with

I invited a client to volunteer to have 4 sessions of therapy which were videoed. One session was explored through the MIECAT form of enquiry. The client -‘Rose’ - although not formally diagnosed with anorexia, described symptoms in line with anorexia as outlined in the psychology reference DSM-IV (Diagnostic and Statistical Manual of mental disorders).

What was in the sessions

The sessions were a combination of dance therapy practice and the MIECAT form of enquiry. Each session began with a conversation about Rose’s experience and how she was in that moment. From the conversation a drawing, or movement exploration from the drawing followed, or more

conversations evolved out of the creative experiences. To finish we would both draw our experience of the sessions and, using description, discuss our own experiences. This sometimes involved giving Rose an intersubjective response which is a part of the MIECAT form of enquiry where the therapist responds to the client's expression/material with their own response.

The first two sessions involved beginning to hear Rose's story in more detail - identifying areas which could be expressed or explored through movement. Also, providing movement experiences that supported Rose being able to begin to express herself through movement, get in touch with her "felt sense" and become familiar with moving body parts or her body as a whole.

The third session, the focus of the project, was interesting and powerful as Rose appeared to find a connection to where the poor relationship with her body may have stemmed. This was explored in drawing, and dance and movement. It was powerful because Rose was able to move from a position she herself described as "resignation" to an experience of her "own strength". The shift was largely achieved through movement exploration, experiencing and the conversations around this as a result of us working together. Her expression, my input through description and suggestion, her response and the process continuing in this way; resulted in a therapeutic dance which involved the interaction of our two "beings" in contact.

What I did: the enquiry into the therapeutic process

My experiences were written down after each session, alongside the drawing of my experience. The sessions were videoed and, focussing on the third session in particular, moments that stood out for me from watching the video were written down with any dialogue happening at the time and a description of individual movement, movement quality, or patterns of relevant movement.

Picture 1.



Picture 2.



Picture 3.



From reviewing my notes and drawings, impressions, thoughts and feelings expressed were noted. From this I did drawings representing a map of the session summarising my experiences through the flow of the session and identifying points of transition (Pictures 1, 2, 3, and 4).

Picture 4.



I identified three significant moments from this to focus on what was happening for me. They were chosen from a felt sense, being moments which had some emotional interest for me. As I was interested in the flow and development of the session, one was in the beginning, one in the middle and one towards the

session's completion. On reflection these moments were interesting to me because of their significance as marking either a transition in my choices and flow in working with the client, or in a recognisable shift in the client herself in some way (physically or emotionally or in the description of her story).

Themes derived from the enquiry

The main experience I became aware of, in the process of the session and further in the enquiry, was how many things were happening at once for me while I was present to the client, on many levels of my being, physical, mental, emotional and spiritual. A summary of these were:

- Being present with all senses
- Checking with my experiences
- Checking with my knowledge and theoretical base, and my own experiences with this
- Having emotional responses to Rose's story
- A chief emotional response being of enormous "love"
- An experience of felt sense to Rose's story
- Awareness of my values and spiritual beliefs.

This is in the context of my being present as a whole body sensory and cognitive experience. I described this experience as a **matrix of experiences** which I sifted through in moments to formulate my responses and being with the client. I found that when working in this way my matrix of experiences is meeting with the client in the way that we interact and share with each other. I can only know her experiences through her reflections to me and how I experience these through my own background. I can never truly know her. This emphasised for me the importance of understanding myself as I enter the therapeutic relationship and what I bring with me.

In general terms when I meet with a client with the intention of assisting them to meet their intention for themselves, I am much more than my training, skills and theoretical bases. I enter the therapeutic dance with the client with conscious and unconscious awareness of who I am, with a set of personal and spiritual beliefs which are both mutable and immutable, and life experiences which colour those beliefs. And no matter how clear my intention for understanding I can never wholly and purely know the client's experiences, this will always be a process

where I only know their experiences through my experience of them. This knowledge is influenced by my "tentacles of experience" through which I am filtering theirs. My "matrix of experiences" meets the client's "matrix of experiences".

I feel affirmed in my initial reflection on the therapeutic relationship as a shared human journey that focuses on the client with their intention of personal understanding for themselves, but I will always be touched and moved by the other, sometimes frustrated and sometimes with an experience of the deepest awe and love for the possibility of their whole self and our shared humanness. During the enquiry I did a visual description of the experience of companionship (See p.20. Picture 5.), and further described the experience in a poem.

*I see you, I hear you, and I am with you
And I know I can never "know" you
I have only my experiences of you, and your
descriptions of your experience
But I know I experience you with warmth and
love

It fills my being
As I respond to your story with my story with my
aches and pains
As I see you in your beauty, that you can't/won't
see

I am sad.
And I am hopeful that in the journey together,
through our journey together you may find it
and embrace it.
We are two beings in connection – responding
to each other

Bringing our worlds into contact
With an intention of respect and honouring
With a feeling of being together and being
separate.
With an acknowledgement of a role that I play
as your companion
And acknowledgement that we are both here as
human beings
Floating in a universe of experiences which we
can only attempt to share
You bring yours to me and I sift through mine to
honour yours. V.W.*

Picture 5. The Experience of Companionship



Themes that arose within this companionship experience of the client were:

1. Similarities and differences between client and therapist in relation to companionship. Here I am referring to different aspects: similarities in our human journey or existence, similarities in a sense of our qualities of being human and, therefore, assumptions I may be able to make about another's emotions and behaviour, particularly in relation to communication. There will be some broad similarities in terms of our Australian culture, although finer differences in terms of our life experiences within that context. Some would assume, being human, that we probably have a desire to move towards "wholeness", as in "self-actualisation theory" (Yalom, 1980), and in eastern philosophy (Muktananda, 1991). The differences lie in our uniqueness as individuals and in the separateness of our individual "Self". I cannot get inside her to know what it is like for her, so we will have different experiences and learned ways of managing in the world, different beliefs and ways of communicating and expressing ourselves, different values, interests, skills and abilities.

There seems general agreement, in the phenomenological, systemic and social constructionist theory, that people are unique individuals but are constantly influenced by others, aware of others viewing them and their perception of others, with an emphasis on the importance and implications of this in the therapeutic relationship (Hardham, 1996; Hoffman and Cecchin, 1993). From the point of view of therapy, a number of writings point to the 'immersion' of the therapist in the world of the client (Lett, 2003; Pearmain, 2001; Best, 1999) implying a way of pursuing a more accurate experience of the world of the other, of bridging the differences between therapist and client.

2. Influence of spiritual beliefs in therapy.

My spiritual beliefs have always been central to my being but I was particularly influenced by an eastern form of yoga meditation and philosophy that has transformed my sense of self and the way I see others. This experience has been on a cognitive level but also very much on an experiential, feeling level. The main philosophy in these beliefs, that influences my approach with my clients, is that we are all equal and "loveable" as all beings are actually a form of "God" - "God" in this context being a term for universal consciousness; one great energy that connects every living thing. The belief in my philosophy is that if we can relax we can experience the deep peace that exists within us and permeates the whole of existence.

The term spiritual is hard to define, and is referred to in different ways in the literature. In the context of this research I am referring to it in terms of the beliefs outlined above and also in terms of that experience which I have of indescribable 'love' for my client. Muktananda would describe this in terms of connecting to the universal energy.

Pearmain (2001) refers to this experience when she discusses the spiritual aspects of the heart in great depth. Much of the material she refers to is from eastern traditions of philosophy and spirituality. She discusses the "knowing" from the heart, and its relation to our felt sense, being a whole body experience. She also points to the heart as being the link between people, the source of compassion. So thinking about the experience I have described on "love" for my client, of "shared human-ness", in the terms she has described, I can see it as relating to the other on this heart level.

Pearmain also writes about current studies of the heart that are discovering the wide role it has in our being in linking the material to the spiritual. This is also supported by scientific studies which are reported in the "Institute of Heart-Math" (website www.heartmath.org) which describes in great detail how the heart functions as the central organiser of our sensing in our body. It implies its central importance in our relationships with others and "intuition".

In looking at the literature on spiritual beliefs in therapy I was drawn to an article by Mary Whitehouse (1977a), whose work in dance/movement therapy was very influenced by Carl Jung. She speaks of the "self" in terms of Jung's description of the small "s" self and the "Self" with a capital "S". "Self" "...meaning also the world of the transpersonal, a world greater than the individual, more powerful than the ego. The Self is the totality of aliveness; it is wholeness, known and unknown, good and evil." (p.54). Whitehouse then refers this concept to

therapy in terms of the “Self” striving to be known, with the therapist and client together on a “*long journey toward what [Jung] calls Individuation- the unique and conscious development of potential in a particular person, the slow unfolding of a wholeness already there*”(p.54). This concept is similar to that of Swami Muktananda (1991) and other eastern philosophies described in Pearmain (2001). There is an experience of hope in this approach to counselling. Not only is it respectful and honouring of the person but it is also acknowledging the possibility that somewhere in the person is an experience of wholeness, and that we are both (therapist and client) equal in that experience.

This approach to the therapeutic relationship in a spiritual context provides a different approach to the more “authoritarian” models of counselling such as cognitive behaviour therapy and psychoanalysis. It is sometimes talked about in counselling and psychotherapy practice and training. But my own experience is that the models based on cognitive interventions, or where the therapist is seen as the expert, although intentionally accepting and respectful of the client, actually can override the experience of the client. By being with the actual experience of the client, by valuing them and their experiences truly, by acknowledging their experiences with as much validity as my own I can get closer to the real experience of the client and their own wisdom in how they want to be with it. By honouring the spiritual experience of the client, as a human being on a journey to their true Self, the therapist honours who the client is and where they are on that journey.

3. *Personal characteristics, beliefs and experiences influencing my work as a therapist.*

In reviewing my reflections I have summarised these personal aspects influencing my work in therapy as: personal characteristics (such as determination, strength, helpfulness, problem-solving, “do”-ing, passion for dance, self-doubt); beliefs around dance and its therapeutic benefits, beliefs about spirituality and about myself, expectations for myself and the client; personal life experiences in general, in childhood, spiritually, and through my professional training and work. It was no wonder, when I first began this process, that I was aware of so many things happening at once, my ‘matrix of experiences’. When I went to the literature I found similar descriptions of this ‘matrix’ particularly in systemic and social constructionist theories (Hardham, 1996; Hoffman and Cecchin, 1993).

Penelope Best (2000 & 1999) has taken up the concept of the mutual influence of therapist and client and explored it in terms of supervision for dance-movement therapists. She specifically discusses the

importance of the therapist being aware of their own “*metaphors and life narratives*”, as well as those of the client and the effect of each on the other. She says the therapist needs to be aware of their own therapeutic stance, creative processes and personal narratives that they bring to the professional arena. She sees the “*personal/creative ‘self’ as being crucial to the professional ‘self’*”. “*Personal*” includes: “*body, imagination, life experiences, beliefs and metaphors in creative work.*” “*Professional*” includes: “*theories, rationale, positioning methods which organise the therapist’s actions.*” (1999, p.17).

In my professional life I respond to my clients in ways which I have learnt as “*effective*”, methods and theories that have been taught from an authoritarian standpoint, that I largely accept if they fit with my own values and beliefs. Best (1999) describes this as my “*theoretical filter*”. I was awakened to the automatic nature of this in reading Shlien’s (1987) discussion on the concept of ‘transference’ and his argument about the acceptance of transference in psychotherapy and the loss of the context from which it came. Hoffman and Cecchin (1993) take this point and discuss having awareness of techniques and strategies in therapy while looking underneath for what feels real for them. They describe the importance of evaluating each situation and adapting decisions by consulting with one’s own beliefs. Whitehouse (1977b) also raises the importance of having a theoretical stance that recognises the theoretical models as not being the “*whole*”.

Best (1999) includes personal ways of being in the “*theoretical filter*” and emphasises the value in being aware of how they influence the way I interact with my clients. She points to “*holding multiple viewpoints and acknowledging the importance simultaneously of theoretical and personal constructs.*”(p.20). How to do this involves focussing on “*interrelationships*” between “*personal and professional, movement and words, client and therapist, mind and body, felt-level and abstract level, non-verbal and verbal metaphors.*”(p.20). This occurs both internally within the therapist and externally in the relationship with the client. In addition, Best points out how even breaking down the concept of the mutual influence of the therapist and client in this way is already influencing how the relationship is seen.

Wosket (1999) has a similar view to Best - she also reflects on the value of the essential wisdom of the therapist which develops through experience and, she says, goes beyond the theories and models “*to encompass a rich, potent and varied blend of life experience, self-awareness, technical and procedural expertise, ethical judgement and perspicacity, together with a sound understanding of one’s own*

limits of knowledge and competence.”(p. 27). Spinelli (1995), in his discussion on transference, points to the importance of bringing into awareness what you bring to the session in terms of “*not only strengths and skilful expertise... but also (of) weaknesses and failings*” (p.276). Both Pearmain (2001) and Lett (2003) emphasise the importance and value of including the personal responses and resonance of the therapist in the therapeutic relationship.

The implication in these discussions is the importance of therapists understanding their own values and influences (professional and personal) and how they interact with the client’s values and way of being. As it is impossible to completely bracket out our own personal material we need to acknowledge and work with it, and at times it seems it can actually have a valuable place in the therapeutic process. The processes described by both Lett (1998) and Best (1999, 2000), offer practical ways for therapists to develop more awareness.

4. Bracketing out personal experiences – when, how and when not to worry about it

In my enquiry some of the issues raised were the conscious moments of recognising my personal response and evaluating its value and relevance to the client in that moment, and unconscious moments when my personal material subtly influenced the process in the session through choices I made in my response. I also explored the influence of my personal qualities and the value of staying present to the client’s experience.

Having discussed the inevitable influence of the therapist’s “way of being” in the therapeutic relationship, most of the authors referred to have commented on the value of being fully present to the client, through being aware of and including the therapist’s response, in the therapeutic relationship, as opposed to the neutral position advocated by traditional therapy training. In discussing neutrality in therapy Hoffman & Cecchin (1993) comment: “*I know one group that, in the attempt to be neutral and connote everything positively, began to distrust each other and to long for a more open exchange*” (p. 31).

On the other hand while the therapist is attempting to remain neutral there is also the issue of trying to be “*therapeutically influential*” (Hardham, 1996). Hardham points out that in aiming to influence the client positively we need to be conscious of the context we are creating and how it is influenced by who we are.

Both Pearmain (2001) and Best (1999, 2000 & 2003) in all her articles discuss how this felt-sense, or non-verbal realm of the therapeutic relationship has value

for the client in its reality. It is also real in that it cannot be avoided and therefore should be taken into account. Whitehouse (1977b), in a discussion on the nature of transference in dance therapy, also points out the reality of the involvement of the therapist’s material and how at different points this has actually been an unavoidable, yet valuable part of the therapeutic process. She sees this as a more human approach, and one that is more likely to create a congruent process with less confusion for the client. Whitehouse (1977b) also points out the importance of accepting your own qualities and the influence of them. I found this particularly relevant to my experience with Rose when I was encouraging her to experience her own strength. Although this was influenced by my own resistance to helplessness, it was also a reflection of my own inner strength that I have developed as a result of this resistance. I was able to offer Rose an opportunity to experience her own strength, because this is a quality I am familiar with.

In the MIECAT form of enquiry the process of the inner experiencing of the therapist, in response to the client’s story, is recognised and included as a process in the interaction and brought into the intersubjective space. Lett (2003) proposes the therapist recognise his own inner experience when he

“listens within, chooses between what is his and is not for viewing at this moment, and what resonates within him from the client in a way which amplifies his being in her material. He gives back the gift of his amplified resonance, as a deeply felt interpretation.”(p.4)

This process acknowledges and honours the real relationship between the client and the therapist. Lett suggests that the therapist learns to identify intuitively what of his own experiencing is of value to the client’s deepening experience of their own story, how much to expose and how much to contain. My own experience in this enquiry was that even when the influence of my material was subtle, when I stayed with the intention of being present to Rose, I was able to maintain the focus on her story. Then the influence of my own story was at least minimal and, perhaps, a positive influence providing a context from which to explore.

There will always be times, as discussed in Best (2000), Pearmain (2001), Spinelli (2003), Whitehouse (1977a), and others when it is the reflexive, felt level of the therapist which is the subtle influence. And the best that can be done with this is to be aware, remain present to the client and be responsive to what is happening in the moment within the intersubjective responses between client and therapist. This will be discussed further in discussing the role of the therapist.

5. On resonance and dissonance in therapy

The topic of resonance and dissonance occurred in the enquiry in relation to periods where I felt “stuck”, or when Rose did not seem to relate to the direction I was suggesting, and periods where my experience and response to her seemed to be meaningful for her. The experience of the first could be described as dissonance and the experience of the second as resonance.

The experience of dissonance has with it feelings of discomfort, or surprise, or curiosity (as described in this enquiry), and it has often been associated with failure or something not quite right. In my case I became aware that it was associated with my feelings of self-doubt. In other cases I have heard colleagues in counselling accusing the client of “resistance” which creates this feeling. Whitehouse (1977b) has an interesting approach to this. She says:

“Aware of bodily inhibitions, tensions, reluctance to express emotion, they arrive on your doorstep and mine, dutifully doing what we ask, or stubbornly refusing. It is the same thing. The bridge is again the transference, this time internalised and nearly invisible. You have to deal with your feelings of failure and lack of success in contacting them while they struggle behind their walls with what is going on. You may realise that this interaction is neither good enough nor what is really needed...Now you are faced with an intensity of emotion having very little to do with you personally. At this point you can let it flow over you, without accepting the idea the way this person feels is your fault but also without retreating in the hope that you have nothing to do with it..”(p.4)

If we take transference here to refer to the client’s story rather than projected material, the interesting piece of information for me is recognising that the client’s response to the process of the therapy is not all about me or who I am. Whitehouse is advocating balance here between my story and the client’s, not relinquishing responsibility but also not taking complete power for it. The implications for me are that this assists me not to get stuck in self-doubt, as a response to what is happening with the client, but be able to recognise the uncomfortable feeling and bracket out my own fears to stay present to the client’s experience.

Lett (2003) points out that it is not possible for the therapist to be present to his own experiences and the client’s all the time. There are moments in the process in which the therapist will have to take time to step back to sort through their experience and responses to the client, in order to re-enter the intersubjective space with a relevant response.

Whitehouse (1977b) also emphasises the importance of congruence and honesty in the therapist’s response. She says there will always be moments when I differ from the client on an issue, or when personality characteristics cause discomfort. Addressing this situation honestly not only provides the client with confidence in their own intuition but also provides a stage for the client to explore ways of working with this situation in the real world.

When I consider these viewpoints, looking at my experiences in this session, I am able to feel more relaxed about the process. It allows me to be human and have human responses, as opposed to having to be an expert. It allows me to trust my responses and be real with them in my interaction with the client. Looking at the process between Rose and myself there was a successful outcome in our relationship and in the material that emerged for Rose, despite or because of my being present to my own feelings as well as being present to Rose.

Feelings such as “love” or emotional responses to the client, or on behalf of the client for the therapist, are often given the label of transference on the part of the client and countertransference on the part of the therapist. In my training I have been led to believe that my feelings should be examined and put aside as countertransference. However there is a body of literature that discusses the real nature of transference and countertransference. Shlien (1987), in his discussion on transference of love being part of the process in the therapeutic relationship where the therapist is offering the client understanding, also discusses ‘misunderstanding’. He says: *“the therapist is responsible for two fundamental behaviours – understanding and misunderstanding- which account for love, or for hate, and their associated affects.”(p.44)* Misunderstanding, he argues, is as natural a response as understanding. Misunderstanding occurs in many ways from concrete practical issues such as payment for the session to a disagreement on issues. He promotes the acceptance of this as a part of the therapeutic process that can be looked at, rather than isolating it as transference.

In her discussion on “*dialogic confirmation*” Verducci (2001) reflects on the fact of dissonance occurring because of not being able to **know** the other’s experience, of only being able to work towards a knowing through communication. There will be times when we cannot directly communicate, and it involves “*checking and rechecking*” in conversation and in reflecting on non-verbal cues for congruency and accuracy. There are implications here for multi-modal processes (art, dance, poetry etc.) as ways of accessing material that cannot be expressed in other ways. Difficulty in transferring and

communicating information can be frustrating and perhaps this is part of the uncomfortable experience which occurs when we experience dissonance. Continuing to work towards expression and through this discomfort can lead to greater access to meaning for the client.

6. The influence of training and beliefs and conscious intention on the therapist's enactment of her role.

All the points discussed above have implications for the role of the therapist when the therapist is included as a whole person in the therapeutic relationship and the mutuality of the relationship is accepted, despite the focus on the client. Acceptance of this shifts the role of the therapist away from an authoritarian position of advisor and expert to a companion on a human journey. Intention has an important part here, of helping the therapist be aware of how she companions. The relationship of the therapist and client will have components of compassion and understanding, which will influence the relationship.

The implications for my role as therapist, as discussed in Best (1999, 2000), Pearmain (2001) and Lett (2003), are to get to know myself well, to have a clear sense of my values, beliefs, creative self-expression, theoretical premises etc., as well as knowing my bodily expressions (metaphors and qualities). This will give me a base from which to be aware of my response to my client's stories and experiences. As Hardham (1996), Yalom (1980), Wosket (1999) and Gibney (1996) point out, my 'self' in therapy is my "tool". Strategies, techniques and styles of therapy and models can give us an outline of ways of "doing" therapy, but how we "are" in therapy depends on knowing "who" we are and developing trust in our own wisdom and experiences. Wosket emphasizes the importance of the relationship in therapy rather than focusing on the methods and techniques and outlines a range of research outcomes supporting this. Both Wosket and Yalom focus on ways of developing the "natural helping repertoire" (Wosket, p.17) of the therapist and helping them to develop their unique way of being with the client.

Final Summary: What Do I Think I Know Now?

I began this research without really being aware of the package I bring with me to the therapeutic relationship in terms of all the things I have spoken about professionally and personally. I come to this part of the paper with much more awareness of who I am as a therapist and without the value judgements of these influences being "good" or "bad", but just "being" who I am. This does not take away from the responsibility of care I have for my client in being aware of the vulnerability with which they come to

therapy, but it makes me more aware of the importance of being present first and respectful of our human relationship.

While I was undertaking this research project I attempted to decipher the philosophical approaches to the therapeutic process. I have attempted to understand the differences between systemic and social constructionist approaches and theories in phenomenology as they related to my exploration. I am not sure that I have fully succeeded because what I have realised is that although I value the thinking of these philosophers and theorists, what I value most is the doing and being with my client. What I have become aware of in doing this project is the most important thing in therapy is being present with my client in the best way possible and being conscious of what I bring to the process. Recognising that we are both on our own journeys helps me to keep in mind the importance of recognising that what I offer will not always be what that person relates to at that time and that is ok. But my attitude of respect to her and acknowledging Who she is, is the most important thing. Whether my approach is within the systemic or social constructionist philosophy, or what the basis of my training methods etc. is, is not as important as "who I am with my client".

I have gathered confidence, in writing this research, in my own characteristics that I bring to the therapeutic relationship and in the gathering and forming of my "clinical wisdom" alongside, and inseparable from, my personal wisdom which is always forming and developing. I am confirmed by the writings of Yalom (1980) and Wosket (1999) and sit more comfortably with myself as a "good enough" counsellor with all my ways of being: these include all my matrix of experiences, whether or not I conform or use certain approaches, methods or theoretical bases or an eclectic version of them all through my own filters. Finally this is an evolving way of being as a counsellor that shifts and changes with every client I meet and work with, and every personal and professional experience I encounter.

REFERENCES

- Best, P., 1999;** Improvised narratives: dancing between client and therapist, in *e-motion ADMT UK Quarterly*, Vol XI No. 4, Winter
- Best, P., 2000;** Theoretical diversity and clinical collaboration: reflections by a dance/movement therapist, in *The Arts in Psychotherapy*, Vol. 27, No.3, pp.197-211.
- Best, P. 2003;** *Interactional shaping within therapeutic encounters: Three dimensional dialogues*. unpublished paper, University of Surrey Roehampton.
- Gibney, P., 1996;** To embrace paradox (once more, with feeling): a commentary on narrative/conversational therapies and the therapeutic relationship. In *The Therapeutic Relationship in Systemic Therapy*, Flaskas,

C. & Perlesz, A. (Eds.) (pp. 90-104). London: Karnac Books.

Hardham, V., 1996; Embedded and embodied in the therapeutic relationship: understanding the therapist's use of self systemically. In *The Therapeutic Relationship in Systemic Therapy*, Flaskas, C. & Perlesz, A. (Eds.) (pp. 71-86). London: Karnac Books.

Hoffman, L & Cecchin, G., 1993; Chapter Two Joining Theory to Practice. In *Exchanging Voices: A Collaborative Approach to Family Therapy*, Campbell, D & Draper, R. (Eds.) (pp. 57-79).

Institute of Heartmath, 2004; internet website www.heartmath.org

Lett, W., 1998; *Existential Counselling in Practice*, summary in Readings Booklet for Melbourne Institute for Experiential and Creative Arts Therapy.

Lett, W. 2003; *Intersubjective inquiry- An experiential procedure*, Unpublished paper, Melbourne Institute for Experiential and Creative Arts Therapy.

Muktananda, Swami, 1991; *Where are you going? A Guide to the Spiritual Journey*", SYDA, N.Y.

Pearmain, R; 2001; *The heart of listening – attentional qualities in psychotherapy*, Continuum, London,

Shlien, J., 1987; A counter theory of transference, in *Person-Centred Review*, Vol 2 No.1, Feb.15-49.

Spinelli, E., 1989; *The Interpreted World*, Sage, London.

Spinelli, E., 1995; An existential-phenomenological counter-theory of transference, in *Counselling Psychology Quarterly*, Vol. 8, No. 4, pp 269-277.

Spinelli, E., 2003; Embracing the world: extending the boundaries of the therapeutic relationship, in *British Psychological Society Psychotherapy Section Newsletter*, No.34, June.

van Manen, M. 1990, *Researching lived experience: human science for an action sensitive pedagogy*. State University of NY Press.

Verducci, S., 2001; Moral empathy: The necessity of intersubjectivity and dialogic confirmation; from the internet. In *Philosophy of Education Society*.

Whitehouse, M. S., 1977a; C.G. Jung and dance therapy: two major principles, in Penny Bernstein (Ed.) *Eight theoretical approaches in dance movement therapy*, Dubuque: Kendall Hunt Pub. Co.

Whitehouse, M. S., 1977b; The transference and dance therapy, in *American Journal of Dance Therapy*, Spring/Summer 1, 3-7.

Wosket, Val, 1999; *The therapeutic Use Of Self*, Routledge, London.

Yalom, Irvin D., 1980.; *Existential Psychotherapy*, Basic Books, USA.

