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Becoming visible as a profession in a climate of competitiveness: The role of research

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Notes on Contributor

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Becoming visible as a profession in a climate of competitiveness: The role of researchⁱ

Bonnie Meekums

Abstract

Dance Movement Therapy (DMT) risks invisibility due to dominant academic discourses and defensive rejection of science by practitioners. An argument is made for the community of practice to engage with both positivist research on the one hand, and emancipatory / transformational research (privileging the marginalised voice of the individual) which could be seen as at the other end of a paradigmatic spectrum. The position taken here is that these offer equally important but different forms of knowledge and empowerment, though quality is less easily assessed for research of the individual. Ethics of research of the individual are also discussed and a clear set of guidelines are offered. The article concludes with a rallying call to all those who are engaged in training to engage in their own research and lead by example, forging alliances to support students who wish to engage with statistical analysis.

Key words: research; dance movement therapy; science; embodied wisdom; emancipatory / transformational research; splitting and projection.

Introduction

How does a profession become visible? More particularly, when it is, how is it seen? One of the first popular culture references to the therapeutic use of dance movement is to be found in the 1960 British comedy film, *The Pure Hell of St Trinian's*ⁱⁱ. In one scene of this film, the viewer sees the Minister for Education, initially delighted to hear that the girls have been locked up following yet more of their illegal and dangerous activity. However, he then discovers that he has been misinformed, and when he feels his anxiety rising he places a

record on the gramophone, prances around his office in a slightly camp fashion, and pronounces that his psychiatrist has referred him for a course in dance movement.

The reference is indicative of how dance movement as a therapeutic intervention was viewed then, and arguably still is today; as something to be laughed at rather than taken seriously. It was also, and still is, outside of the mainstream consciousness.

Dance Movement Therapy (DMT)ⁱⁱⁱ has a long history in Britain, yet registration of practitioners did not begin until 1996. There were two waves of development (Meekums, 2008). The first of these began in the 1940s and 1950s, around the same time that Marian Chace and others were pioneering American DMT. This first wave was influenced by Laban's Art of Movement. Laban also had an influence within British educational contexts, and this opened the way for some second wave UK pioneers like Helen Payne to develop their approach with children and adolescents in the 1970s; others began practising outside of the educational context (Meekums, 2008). The second wave led to DMT as it is practised today, incorporating a firm understanding of its psychotherapeutic potential. Despite Laban's influence on physical education curricula (which often included a dance component), dance as an academic subject in its own right within the UK did not begin until much later than in the USA; graduate degree programmes in DMT began in the USA in the 1970s (Levy, 1988), and in the 1980s in the UK.

Meekums (2008) describes her early days as a pioneer of DMT in the 1970s (which was influenced by the work of Mary Fulkerson and Steve Paxton, rather than Laban) as a time of naïve enthusiasm and hope, akin to the Zen concept of Beginners Mind, but she notes:

Beginner's mind was a two-edged sword. On the one hand, it facilitated our development, as we remained open to learning from our clients ... The other edge of the sword was that many of us felt inferior to our colleagues in psychiatry,

psychology or psychotherapy ... This provided the impetus, however, for further training and study (p. 104).

I would suggest that those feelings of inferiority still exist for some practitioners of both DMT and body psychotherapies today, despite the development of Registration and Training Standards. Some of that inferiority for DMT is associated with pernicious discourses associated with dance. For instance, both the fields of dance and DMT have been denigrated (by those in the mainstream) due to sexist and heteronormative discourses associated with a collective denial of embodied wisdom/expression (Meekums, 2010, p. 37). I have, in the past, been subjected to well-meaning advice within the academy to suggest that I might stand a better chance of receiving research funding if I were to just forget about DMT and concentrate on something more palatable, like exercise or education. For some DMT researchers, such attempts to make the practice invisible could play into a collective and painful history as outsiders (Meekums, 2008).

Fear of denigration and rejection, I suggest, may be why some researchers choose not to use the word “dance” in their research^{iv} reports about DMT and associated therapies, despite being heavily influenced by either dance and / or DMT. A case in point is the work by Rohricht and Priebe (2006), which was taken as DMT for the purposes of a Cochrane Systematic Review (Xia & Grant, 2009) and ultimately influenced the National Institute for Health & Clinical Excellence (NICE) guidelines for evidence based practice (National Institute for Health & Clinical Excellence, 2010), yet Rohricht and his colleagues call this body-oriented psychological therapy and latterly (Rohricht, Papadopoulos, Suzuki & Priebe, 2009) body psychotherapy. This nomenclature exists, despite the acknowledgement that Dance Movement Therapists delivered the treatment in both cases. Rohricht et al’s description of the treatment is arguably indistinguishable from a DMT session as most practitioners, and reviewers of the articles (e.g. Koch et al, 2013) would understand it.

Paradigmatic influences

In order to understand some of the complexity behind this troubling situation, it is necessary to get to grips with the philosophical underpinnings of research. This includes an understanding of *epistemology*, which is “the study of knowledge, the acquisition of knowledge, and the relationship between the knower [research participant] and would-be knower [the researcher]” (Ponterotto, 2005, p. 127). An epistemological position underpins how knowledge is seen as being created and communicated, and what forms of evidence are felt to be justifiable; in particular, whether internal or external forms of justification are trusted. Another key concept is *ontology*: “the nature and reality of being” (Ponterotto, 2005, p. 127). So, what I am concerned with as a researcher here is: what do I think is real (ontology)? And how do I know that it is real (epistemology)? In addition, my *axiology*, “the role and place of values in the research” (Ponterotto, 2005, p. 127), will influence my approach to research. Taken together, my axiology, epistemology and ontology leads me to engage with particular research paradigms.

According to Guba and Lincoln (1994), a paradigm is: “the basic belief system or worldview that guides the investigator, not only in choices of method but in ontologically and epistemologically fundamental ways” (p. 105). This choice of position, I would argue, will depend on: my training (scientists tend to be positivist, for example); my inclination (do I do feelings, or facts, for example); societal discourse (which privileges external, verifiable “masculine” forms of knowledge); and rebellion, reason or a wish to be seen to do what is acceptable (which links to axiology but may, crucially, include unconscious defences).

Figure 1 offers one understanding of the range of paradigmatic positions open to researchers. Moving from left to right, the Figure shows a range of paradigmatic positions moving from positivist at one extreme, to critical-ideological at the other.

For example, in positivist research findings are called “results” and deemed to be largely “true”; until, that is, they are disproved by the next researcher. The central idea in this (scientific, experimental) research is to pose a null hypothesis, which might be something like, *Dance Movement Therapy has no effect on depression*. An experiment is then designed, using two arms; one in which DMT is offered to a group of people, and another in which some kind of control is offered, usually standard care. Participants are randomised to one of the two groups. This is a Randomised Controlled Trial (RCT), like those conducted, for example, by Rohricht, Papadopoulos, Suzuki and Priebe (2009).

Tracking to the right, post-positivist thinking might, like positivist research, follow a pre-determined protocol, though qualitative data may be included. Much of the early DMT research falls into this category (e.g. Higgins, 1993). Another, more recent example of post-positivist research is to be found in Meekums and Daniel (2011); this mixed methods systematic review looked at both quantitative and qualitative studies about the use of arts in prison settings. Interestingly, one of the limitations identified by the authors of their own research was that their strict pre-determined criteria meant they missed a lot of the richness of the experience of engaging with the arts. Other examples of mixed methods research are to be found in the practitioner surveys carried out by Karkou and Sanderson (2006), and more recently Zubala, MacIntyre, Gleeson and Karkou (2013), and in Karkou, Fullarton and Scarth’s (2009) mixed methods study of arts interventions with adolescent school students.

Constructivist research acknowledges that findings are constructed, but maintains a distance between researcher and researched. Qualitative data are analysed in one of the tried and tested ways, for example thematic analysis or grounded theory. An example would be Helen Payne’s early research with adolescents (Payne, 1992). Another example of constructivist research is to be found in the phenomenological research of Mills and Daniluk (2002), who conducted in depth interviews with five women who had been sexually abused

in childhood and had engaged in DMT. The authors conducted a thematic analysis of the interviews, and identified six common themes: spontaneity; permission to play; struggle; freedom; intimate connection; and bodily reconnection. Their study also arguably had elements of co-construction, in that their initial findings were checked with participants for verification and refinement.

Constructionist research acknowledges that the researcher is part of the process in which findings are co-created research. A more constructionist and participatory study is described by Meekums (1998). This also, however, has some of the hallmarks of transformational / emancipatory research, since her careful study of the research process identified the fact that the women who participated and she herself were transformed by the research process itself, as well as by their therapy. In particular, in helping with the research the women (who were all survivors of child sexual abuse, and thus had experienced being silenced) felt that their voices were at last to be heard. The research, and the subsequent publication of a book (Meekums, 2000) were perceived as witness to their testimony. Transformational / emancipatory research is the most radical form of research and is self-consciously emancipatory in its aims, acknowledging power dynamics within the research and seeking to minimise these. Another example would be Allegranti's (2011) investigation into gender and sexuality, using processes derived from DMT and dance film..

[insert Figure 1 about here]

It is important to take stock at this point, and to acknowledge that, while the paradigmatic position taken by the researcher is likely to guide methodological choices, it would be naïve to assume that all qualitative research is the same, though some mixed methods researchers have argued that mixed methods constitutes a paradigm in its own right (Johnson, Onwuegbuzie, & Turner, 2007, cited in Freshwater & Cahill 2013, p. 4). This

proposition presumably arises because mixed methods research requires of the researcher an attitude that can encompass more than one way of constructing truth.

Interestingly, Meekums' (1999) research publication arising from her 1998 research does not fully explain the detailed and thoughtful adaptations she made to participatory designs available at the time, including co-operative inquiry (Reason, 1994); the 1999 publication glosses over emancipatory and transformational aspects of the research, presenting this as more of a constructionist or even constructivist study. This highlights one of the problems in reading any research literature, namely that the published account rarely represents what actually happened during the research process. Scientists and other positivist and post-positivist researchers in particular follow set formats in their writing, which sanitise the research story. It is well known, for example, that Kekulé solved the structure of the benzene ring (a core structure in organic chemistry) after dreaming of a snake eating its own tail. Also, Mendeleev solved the structure of the periodic table after a dream. Apollo moon scientists worked on hunches and intuition a lot of the time (Mitroff, 1974) and the mathematician Poincaré (1908-1982) identified scientific and mathematical discovery as a creative process. In fact, the whole of the research process can be viewed as a spiralic creative process of forming in which the stages of preparation (often marked by periods of frustration), incubation (in which, crucially, the researcher lets go of conscious effort), illumination and verification are repeatedly engaged with (Meekums, 1993, 1999). Seen as a wave, these four processes represent a rhythmic moving in and out of engagement; a kind of oscillation between the hemispheres of the cerebral cortex.

Judging quality in non-positivist research

So, how can the discerning scholar judge the quality of research that does not follow the rules of positivist or post-positivist research? Sandelowski (1986, p. 30) suggests that truth value in qualitative research is about credibility rather than validity: "A qualitative study is

credible when it presents such faithful descriptions or interpretations of a human experience that the people having that experience would immediately recognise it ... as their own”.

Richardson (2000, p. 254) offers the following questions:

- Substantive contribution: Does this piece contribute to understanding of social-life?
- Aesthetic merit: Does this piece succeed aesthetically (or is it boring)?
- Reflexivity: How did the author come to write this text? How has the author’s subjectivity been both a producer and a product of this text? Is there adequate self-awareness and self exposure for the reader to make judgments about the point of view?
- Impact: Does this affect me? Emotionally? Intellectually? Move me to action?
- Expression of a reality: Does this text embody a fleshed out, embodied sense of lived-experience? Does it seem true - a credible account of a cultural, social, individual, or communal sense of the real?

In light of this, it is perhaps worth pausing as reader to ask yourself the following set of questions:

- When did I last read a research report that gripped my attention in the way that the very best novels do?
- When did I last read a research report that moved me emotionally or moved me to action?
- When did I last read a research report that clearly articulated the researcher’s personal involvement in the research?
- What is the role of *passion* in research?

I would argue that, while Meekums (2010) is right to suggest the need to engage positively with science in order for the profession to become more visible, there is also a need for more transformational / emancipatory research that moves both researcher and potentially reader to action, or which at the very least discomforts the reader, undermining and

subverting taken-for-granted assumptions about the world. A clear example of this is to be found in Allegranti's (2011) performance based research, which deconstructs sexuality and gender through a choreographic, filmic and therapeutic process. Some autoethnographic research also falls into this category. For example, Muncey (2005) (a nurse) uses personal artefacts to challenge taken-for-granted assumptions about teenage pregnancy through her autoethnography. Spry (2001) argues that autoethnographic performance calls "on the body as a site of scholarly awareness and corporeal literacy" (p. 706). Through her engagement with this method, she challenges the dominant discourse of research as a purely cognitive and disembodied activity, leading to an appreciation of "a live participative embodied researcher" (p. 709).

Some editors and reviewers, however, see the autoethnographic method as too self-indulgent. This may be true in some cases, but not all. Spry (2001) suggests that "good ethnography is not simply a confessional tale of self renewal, it is a proactive weave of story and theory" (p. 713). Mykhalovskiy (1996) (a man), claims that the discourse of self-indulgence is influenced by traditional, masculine, academic discourse and thus serves to maintain the power base. It is worth considering how discourse (the way language and practices are structured with unconscious or conscious reference to where power lies) may have impacted on DMT research axiologies, and in particular how genderised discourses (e.g. women do feelings, men do serious work) play a part in this. For those Dance Movement Therapists who work in higher education, it is also worth asking how DMT researchers might have internalised the powerful masculine discourses of the academy, particularly at times when universities are undergoing exercises like the UK Research Excellence Framework, which determines how much research money the university will receive from government. It is understandable that some academics whose work lies towards the right hand side of Figure 1 (including much arts based research) feel side-lined through this process, their research less

highly valued than that which sits neatly on the left hand side (positivist and post positivist), particularly in academic institutes in which the dominant methodological approach (and the one that brings in research funding) is the Randomised Controlled Trial (RCT).

I would argue that autoethnographies can serve as witness for both writer and reader and can be transformative, though there is also the risk that, without good critical friends, the researcher can lose sight of the boundary between therapy and research. One promising approach being developed in counselling research is collective biography. In this method, a group of people who wish to explore a shared cultural issue, like migration, write and challenge the clichés in each other's accounts (Wright, Lang & Cornforth, 2012).

Ethics

The ethics of research in which the voice of the individual is privileged, as in autoethnographic or participatory research, are complex. Most research is written by people who are not, or who at least do not admit to being, service users. The service user voice is largely silenced / unheard. This reflects the dominant discourse about healthcare research that it is performed *by* researchers *on or about patients*. This results in sanitised stories that lack embodied presence.

Service users (and that includes both the author of this article and potentially every reader and reviewer) are experts on their own experiences. They can tell in meaningful ways what it feels like to, for example, live with a particular health condition, or to undergo therapy. The *way* research is conducted with service users can reproduce oppressive power dynamics; consider the researcher who interviews others, reduces this data to themes, gets his or her Masters degree without the interviewee being represented as more than a code or her/his words as more than an illustration of the researcher's contribution to knowledge. One of the core skills of the ethical researcher is reflexivity, which can be defined as "thinking

about how you are thinking about practice in the political, social, ethical, and historical context ... closely aligned to emancipation and transformation” (Freshwater, 2008, p. 216). Transformational research is unlikely to be clearly articulated through a protocol. The evolving nature of research design can be likened to an improvisatory dance, or to finding a loose end of wool, then pulling to see where it leads:

I understand the labyrinthine processes of human knowledge and my own mind well enough to know that the most effective way of doing research (for me) is to find a loose end and pull. Then I follow the unraveling string, keeping a cautious eye out for lurking Minotaurs” (Gabaldon, 2006, p. 1396).

The method (sic) in research that privileges the voice of the individual is thus unique to each researcher, not neat and linear but messy and in chunks that do not necessarily hang together at the outset. The emphasis is on the authenticity of the voice, which illuminates a local truth, particular to a place, time and cultural context.

An important question arises in autoethnographic research, of how to protect anonymity when the subject is oneself-in-relationship. One response to this set of problems is to develop clear guidelines for ethical review. The University of Leeds School of Healthcare (personal communication) has developed just such a set of guidelines:

1. Does the researcher declare his or her motivation for the study?
2. Who benefits, and how?
3. Is the writing likely to make reference to others?

If likely to make reference to others (bearing in mind that we all exist in relationship):

- a) Is this issue addressed in the proposal?
- b) How will the person(s) or representative(s) be consulted? (Written information and consent forms may not be the best way to do this)
- c) How is the issue of power within the relationship considered and addressed?

- d) Bearing in mind power dynamics, to what degree is informed consent likely, given the procedures identified?
 - e) For example, is this discussed with all persons to whom the research is likely to refer?
 - f) Is consent a process rather than one-off?
 - g) Are participants reminded of their right to withdraw at any time?
 - h) Are participants given the opportunity to comment on and influence drafts?
 - i) Are the implications for the relationship considered?
 - j) How will sensitive information be handled? (e.g.: fictionalised accounts; composite characters; careful checking with the other person; representation of multiple voices and multiple truths)
4. Whilst this research is not positivist and has an organic nature (making firm predictions about the method difficult), has the researcher considered options for how data will be collected, stored and worked with, and any implications of each stage for ethical review?
 5. Has the researcher considered what will *not* be revealed, and why?
 6. What, if any, are the *positive ethics* of this story / these stories being told? (e.g. the telling of stories by marginalised individuals, or the telling of stories seldom heard due to societal focus on a different kind of story)
 7. How are individual voices and truths (including the researcher's) treated / respected?

Tolich (2010) considers whether autoethnography is, in fact, research, and therefore whether it needs to be subjected to ethical review. Such a position could lead to unethical practice, but Tolich does offer ten guidelines which, despite having been developed completely separately, bear a remarkable similarity to those described above. His system

groups these guidelines into three useful headings: consent; consultation; and vulnerability. The guidelines relating to consent emphasise the importance of process consent, and also the possibility of coercive influence. In terms of consultation, he suggests that nothing should be published that the author would not show to those who are discussed in the text. When discussing vulnerability, confidentiality is a key concept; Tolich asks the reader to consider the effects of revealing confidences between participants, for example family members, and suggests autoethnography should be treated as “an inked tattoo” (p. 1608); future vulnerabilities should be anticipated, and the author should assume that everyone who is mentioned in the text will read it one day. Above all, risk of harm to self and others should be minimised, and if necessary a *nom de plume* should be used.

Ultimately, the decision about how much to reveal is an act both of self-care and care for others. This has to be balanced with the equally powerful ethical imperative to disseminate research findings.

Splitting and projection

An individual’s axiology can be influenced by unconscious processes. Meekums (2010) suggests that the painful history of DMT being marginalised in relation to the dominant discourse of science can lead to a defensive splitting and rejection of all that is deemed science, and sometimes all that is deemed Research (capital letter intended). Scientific discovery has illuminated some of the core theories and practices of DMT, including the phenomenon of kinaesthetic empathy (Meekums, 2012). Those randomised controlled trials (RCTs) that have been conducted in DMT have sometimes been influential, and this will increasingly be the case as more Cochrane Systematic Reviews (CSRs) are published. CSRs offer one of the best forms of evidence, as they combine findings from all the available RCT studies for a given intervention (e.g. DMT) and client population defined primarily through diagnosis (e.g. people with depression), using statistical analysis where appropriate. The

method is very time consuming and not for the faint hearted; there is a rigour bordering on rigidity to all CSRs. But CSRs are considered by many to offer the best evidence available of causality and are seen as the gold standard of evidence, because they are based in a mathematical, positivist model. This is one form of truth. It also happens to be the form of truth that is associated with power and money, because it is the only form of evidence that usually holds sway with funders. As Cooper and Reeves (2012) identify through their interview-based research with key figures in the psychological therapies field, RCTs are likely to influence policy for some years to come. This is not without reason; few individuals would want to take a new medication for a medical condition on the basis of just one person saying they quite liked it. A more rational position would be to ask whether, for a sufficient number of people, it had clinically proven benefits to outweigh any adverse side effects. If Dance Movement Therapists do not engage with this kind of science, the profession risks staying at the margins forever, and eventually disappearing from view.

This does not mean that other forms of evidence (linked to other kinds of research question than merely *does this work?*) are not persuasive or worth engaging with. Another, arguably pernicious form of splitting occurs when researchers strongly identify with the scientific method and reject all other forms of research as inferior to this; in particular, when embodied ways of knowing are denied and denigrated and service user voices are silenced. I have strongly argued above for more emancipatory / transformational research, in which the service user voice is dominant. Qualitative research can also be persuasive in helping practitioners to know *how* to practise. For example, Meekums (1999) demonstrated the importance, through her qualitative research with 14 participants who had been sexually abused as children, of attention to psychological safety. She listened to the stories women told about their recovery from child sexual abuse trauma, focussing on the metaphors they used in relation to the sequential unfolding of their recovery narratives. As a result, she was

able to offer explanations for both therapeutic gain and deterioration, linked to the client's degree of psychological safety. Interestingly, Meekums' research supports and is supported by other collaborative qualitative research by Payne (2004), which highlights the importance of safety in student learning within personal development groups.

Sometimes, just sometimes, narrative fictionalised evidence changes policy. A case in point was the 1966 television film *Cathy Come Home*. The film had the effect of changing policy so that fathers could stay with their families in homeless hostels (http://en.wikipedia.org/wiki/Cathy_Come_Home).

The next generation of researchers

Where does the profession go from here? Given that training of Dance Movement Therapists is at post-graduate level, all students should be developing some important research skills. Sometimes, these skills are taught in very subtle ways, but I have summarised them in Figure 2.

[insert Figure 2 about here]

Core practitioner skills like self-awareness and reflexivity are essential to research; they help researchers to identify blind spots and thus mitigate against biased research. In relationships with research participants, a respectful attitude to others and the ability to form a bounded relationship contribute to ethical research practice. In order to generate rich research data, the ability to develop an empathic connection with interviewees, and to pay attention to both verbal (including metaphoric) and non-verbal communication are essential. In tolerating the ups and downs of research, resilience and an ability to tolerate not-knowingness are crucial. In addition to all of this, Dance Movement Therapists and Body Psychotherapists have specific skills in working with and through the body as a source of knowledge; this opens up new questions and methods that may be less available to some researchers. However, many students and indeed practitioners are unaware that they are

developing research skills when they learn these core practitioner skills. I do not mean to suggest that core practitioner skills should be transposed to research without critical reflection. There is a need to consider the boundaries between clinical practice and the use of similar skills in the research domain, to avoid unethical or methodologically unsound practice. When the research participants are also clients, there is an ethical imperative to bear in mind the client's needs and not allow research goals to overshadow these (Hervey, 2004). It is for this reason that Meekums (1998) made adaptations to her aspiration of co-operative inquiry, because full participation in the research would have added an undue psychological burden on participants who were struggling with daily living. The core therapist skill of reflexivity (and the supervision process as an extension of this) could enable the therapist-practitioner to do much of the thinking necessary in order to place the client's needs centre stage.

It is interesting to note that most of the research skills I have identified in Figure 2 are gendered by society as soft and feminine, and thus inferior to the hard sciences / logical and analytic thought, which are seen as masculine. The receptive body is associated with femininity, whereas the disciplined body is seen as masculine and thus superior. This can make it difficult to develop researcher identities. However, if as individuals we see research as something that is essentially alien, we collude with dominant discourses about research as a logical, disembodied and predictable event (Meekums, 2010). There is a need to engage passionately with research, incorporating embodied wisdom and acknowledging our strengths as practitioners.

If individuals and training programmes are able to integrate a researcher practitioner identity and demystify research, individuals and groups can begin to contribute to the development of the professional community of practice both as consumers and practitioners of research. I would liken this development of researcher practitioner identities to a series of evolving social dances. One of the ways to assist each other in these evolving social dances

is through the process of peer review. This begins in the academy, when tutors offer constructive feedback on students' written work, and continues through journal work and in other editorial functions. This is a great leveller; I am a journal Co-editor and frequent reviewer of other people's work, yet my own writing is subjected to blind (hopefully impartial) peer review, just like anyone else's, and can still be rejected. I never expect for my paper to be immediately accepted, and am grateful for the time and trouble taken by my colleagues to peer review my work, so that the finished article is as good as it can be. In addition, I sometimes engage critical friends who act like PhD or Masters dissertation supervisors, commenting helpfully on my work before I have to face the pain of faceless and nameless feedback, which may not necessarily be as caring as it could be.

Those colleagues who have responsibility for training the next generation of Dance Movement Therapists and Body Psychotherapists could usefully do four things:

- a) Engage with their own on-going research, writing and reviewing
- b) Help students to articulate their skills as researchers, perhaps using this article to critically discover where the boundaries lie between the activities and skills of therapist and researcher
- c) Encourage students to write, leading by example.
- d) Make their own research visible, through research registers and on professional web sites.

I would also like to challenge Dance Movement Therapy academics to consider how to build capacity in experimental research and systematic review. Some encouraging examples of experimental research in DMT exist within the UK and elsewhere, for example: Koch, Morlinghaus and Fuchs' (2007) careful experiments evidencing the efficacy of circle dances in the alleviation of depression; Payne and Stott's (2010) mixed methods research of DMT for medically unexplained symptoms; and Vaverniece, Majore-Dusele, Meekums, and

Rasnacs' (2012) Latvian study on DMT for obesity and emotional eating. In addition, Nina Papadopoulos, a senior Dance Movement Psychotherapist, has contributed to the treatment manual for a RCT of DMT for schizophrenia (Rohricht & Priebe, 2006; Rohricht, Papadopoulos, Suzuki, & Priebe, 2009), which as identified earlier has influenced policy by having been cited in the Cochrane Systematic Review of Dance Movement Therapy for schizophrenia (Xia & Grant, 2009) and ultimately influenced NICE guidelines. This is an example of how even one well conducted study can influence policy and practice. Other CSRs include a published protocol of DMT for depression (Meekums, Karkou & Nelson, 2012), now submitted as a review, and a full review of DMT for improving psychological and physical outcomes in cancer patients (Bradt, Goodill & Dileo, 2011).

Moving forward into visibility

Today, if you Google Dance Movement Therapy you will be able to see many examples of writing, publicity and YouTube clips. The profession is far more visible than ever before. It will perhaps be possible to say that DMT as a profession has arrived in the British consciousness when a UK or American sitcom has a Dance Movement Therapist as one of the main characters, alongside dentists (*My Family*), palaeontologists (*Friends*), IT specialists (*The IT crowd*) and physicists (*Big Bang Theory*). It is perhaps no accident that the characters in all of these once very popular shows are deemed to practise hard science. They have *made it*, and so humour is needed in order for the viewing public to see them as human.

Some of us, of course, would prefer to stay on the margins, where we can complain while abdicating all responsibility for being there. However, if DMT does want to come of age and become more established, offering job security and increased availability to clients who cannot afford to pay, then it is imperative that practitioners and researchers critically reflect on their own academic distress. The community of practice faces a stark choice:

embrace scientific method, or risk complete obscurity. A part of this process, it is essential to address individual fears and prejudices in relation to science, and begin to develop partnerships that build capacity in a range of research endeavours. DMT training programme leaders need to encourage applications from numerate graduates, and provide ways for them to engage in quantitative research studies through partnerships with colleagues who understand statistical analysis. In this way, capacity will be built and DMT can compete in the world of evidence based practice. In summary, I urge all those involved in DMT practice or research to consider how DMT might begin to integrate a commitment to scientific research into the collective identity, without ever losing sight of the richness that comes from a love of, passion for and commitment to embodied wisdom, and to dance as an art form.

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ⁱ An earlier version of this article was given as a keynote speech to the Association for Dance Movement Psychotherapy Conference, 29 September 2012, London.

ⁱⁱ Produced in Shepperton Studios by Sidney Gilliat and Frank Launder, directed by Frank Launder with choreography by Philip and Betty Buchel and screenplay by Frank Launder, Val Valentine and Sydney Gilliat. I am grateful to Philip Spence for bringing this reference to my attention.

ⁱⁱⁱ I have used the term Dance Movement Therapy (DMT) throughout this article, as this is an internationally recognised term. The profession is also referred in the British context to Dance Movement Psychotherapy (DMP), and in the American context to Dance/Movement Therapy.

^{iv} I am using the term research here to mean “a critical systematic process of inquiry: its aim is to move from opinion to knowledge” (Williams & Irving, 1999, cited in Cruz & Berrol, 2004, p. 11).

Figure 1

Paradigmatic positions (after Guba and Lincoln, 1994; Ponterotto, 2005)

Category	Positivist	Post-positivist	Constructivist	Constructivist	Critical-ideological
Epistemology	Findings true	Findings probably true	Findings constructed	Findings co-created	Findings mediated by power relations
Ontology	Experimental / quantitative	May include quantitative and qualitative	Reflexive, dialectical	Reflexive participatory	Emancipatory / transformational

Figure 2:
Transferable skills of DMT / Body Psychotherapy

- ▣ GETTING STARTED: Personal motivation, curiosity, the ability to articulate and question patterns
- ▣ EPISTEMOLOGY AND ONTOLOGY: Engagement with the body as a source of knowledge, engagement with the creative process (see Meekums, 1993)
- ▣ REFLEXIVITY: Self-awareness, a capacity for reflection and for reflexivity (learning from our reflections on intersubjective phenomena), the ability to use supervision, a willingness to be changed by the encounter, the ability to use a 'critical friend'
- ▣ ETHICS: A respectful attitude, the ability to form a boundaried relationship
- ▣ DATA COLLECTION: A capacity for empathic connection, the ability to listening to verbal and non-verbal communication
- ▣ ANALYSIS: an understanding of metaphor, a willingness to allow not-knowingness
- ▣ DISSEMINATION: The ability to communicate findings