

eadmt

presents

Resilience

within the changing world

1st European Association Dance Movement
Therapy Conference

26th – 27th September 2014

Rīga, Latvia

In co-operation with

**Rīga Stradiņš University “Art`s Therapies” Programme
& the Latvian Dance Movement Therapy Association**

Friday September 26th at The Medical Education Technology Centre of Rīga
Stradiņš University, Anninmuižasbulv.26a, Rīga, Latvia

Saturday September 27th at Maritim Park Hotel Rīga, Slokas str. 1, Rīga



Introduction

Resilience is the process of ‘bouncing back’ from difficult experiences, adversity, trauma, tragedy, threats or significant sources of stress. Resilience can be learned and developed in anyone. Research shows that it is an ordinary trait in humans and people commonly demonstrate resilience every day. Supportive relationships within and outside the family are important factors in resilience. Evidence of resilience is further demonstrated by a person, or community, having:

- the capacity to make realistic plans
- the confidence to develop strengths and abilities
- ability to communicate and problem solve
- the capacity to manage strong feelings and impulses

Building resilience is a personal journey and is reflected in cultural differences and using diverse strategies.

„The creative force belongs equally to the space of reality and the realm of fantasy” Mary Wigman
EADMT took a view of the Dance Movement Therapy profession and community across Europe and beyond, and identified in the early 21st century that the many faces of current adversity require resilience as practitioners, educators, researchers and administrators. The EADMT, by hosting this conference with the theme of Resilience, aims to provide a basis for future collaboration and communication across the continent. EADMT encourages the profession to recognise and have confidence in its strengths and particular abilities, and to robustly engage and communicate with the wider scientific world. Change is always with us; we must learn to embrace the challenges that meet us in our work places, amongst colleagues, across disciplines, and view them as positive encouragement to think and work even more creatively. As a profession and as a DMT community we must take a fresh look at our goals and take decisive actions to realise them. Such action requires working together towards common goals, utilising the individual strengths we bring to the table to create a powerful whole. Working in collaboration gives us strength to nurture an increasing positive identity of others and ourselves.

„Dance is a living language that is spoken by people and speaks of people!” Mary Wigman
When we work with clients, this is the very epicenter of our focus – developing personal resources to ‘bounce back’, re-align themselves, extend their vision to a wider perspective and reach out. Bouncing also requires flexibility – the ability to sway in the wind of change without being blown over or feel the need to stick rigidly to the known. The papers and workshops this weekend offer conference delegates the opportunity to explore beyond their usual territory, to engage with others who are talking the ‘same language’, be inspired by innovative practice and above all, make new friends with whom we can gain and offer support on our ongoing personal journey.

Susan Scarth & AntonellaMonteleone

Inspired by the American Psychological Association’s definition of Resilience, and who permit EADMT to cite extracts.

Road to Resilience found on www.apa.org/helpcenter/road-resilience.aspx#

Sub- themes

- Resilience *of* the dance movement therapist; addressing somatic countertransference through supervision, peer group discussion and personal therapy
- Building resilience *through* Dance Movement Therapy with different client groups and in various contexts
- Relevant research applicable to Dance Movement Therapy practice

DAY 1 September 26th, 2014

**Venue: The Medical Education Technology Centre of Rīga Stradiņš University,
Anninmuižasbulv. 26a, Rīga**

9.00 – 9.30 Registration

9.30 – 10.00 **Opening of conference:**

President of EADMT and representatives of Rīga Stradiņš University

10.00 – 11.15 **Keynote Presentation**

HELEN PAYNE, United Kingdom

*Patients with Medically Unexplained Symptoms in the Changing UK National Health Service:
Nurturing Resilience through the Body Mind Approach*

11.15 – 11.45 Coffee Break

11.30 – 11.45 Seminar: *Doctoral programmes as an avenue to further research in DMT in
the EU* with Helen Payne

Paper Presentations

20 minutes + 10-minute question & answer each paper presentation

11.45 – 12.15 Parallel A

A1. *Systematic reviews of research literature and their value for the professional survival of
dance movement therapists: lessons from Cochrane Reviews on depression and dementia*
Vicky Karkou & Bonnie Meekums, United Kingdom

A2. *Continuity and Change in Dance Therapy in Germany over a 30-year Period:
Interdependencies of Theory, Practice and Career Politics*
Marianne Eberhard-Kaechele, Germany

A3. *From Buenos Aires to Rome. Resilience in the immigration process*
Maria Elena García, Italy

12.15 – 12.45 Parallel B

B1. *The therapeutic use of dance within the somatic health care*
Ina van Keulen, The Netherlands

B2. Codarts, 'Arts for Health': Innovation, Entrepreneurship & Collaboration in Dance Movement Therapy

Simone Kleinlooh and Nicki Wentholt, The Netherlands

B3. Dance for Therapy or Dance Therapy

Alexia Margariti, Greece

12.45 – 13.00 Break

13.00 – 13.45 **Key Presentation**

ROSEMARIE SAMARITTER, The Netherlands.

Resilience as shared practice. Building resilience through Dance Movement Therapy

13.45 – 15.00 Lunch

15.00 – 15.45 **Key Presentation**

IRIS BRÄUNINGER, Switzerland

Resilience through dance movement therapy: A multidimensional perspective

15.45 – 16.00 Break

Paper Presentations

20 minute + 10 minute question & answer each paper presentation

16.00 – 16.30 Parallel C

C1. A Service Evaluation of weekly dance/movement groups on three acute adult wards over a six-week period

Mary Coaten, United Kingdom

C2. The unknown territory – building resilience while working with the negative countertransference in Dance Movement Psychotherapy

Video presentation

Aleksandra Rayska, Poland

C/D/E3. Building Resilience in DMT Using 'Ways of Seeing': International Webinar Training in Early Childhood Development

Panel Presentation 90 minutes length

Suzi Tortora, Chia Chun Hu, Elizabeth Rutten-Ng, Fabiana dos Reis Marchiori, Irina Biryukova, Jennifer Whitley, Tamara Sernecs

16.35 – 17.05 Parallel D

D1. The quality of life does not need to drop so rapidly after the age of 65 – The impact of intensive, short-term, group Dance Movement Therapy of seniors on the cognitive and emotional functioning of its participants

Marek Wójs, Poland

D2/E2. *Mysterium: A poetic prayer – testimonials on body/spirit conjunction*

Film 60 minutes length

Antonella Adorisio, Italy

17.10 – 17.40 Parallel E

E1. *The Kestenberga Movement Profile as a tool for Dance Movement Therapy/Psychotherapy treatment planning. Clinical applications of KMP of a 5-year-old child diagnosed with PDD-NOS*

Karolina Bryl, Poland

17.45 – 18.30 Key Presentation

HILDA WENGROWER, Israel/Spain

Resilience within a changing world: changing our identity and practice?

18.30 – 18.45 Closure

DAY 2 September 27th, 2014

Venue: Maritim Park Hotel Riga, Slokas str. 1, Rīga

Parallel Workshops

9.00 – 10.30 Parallel A

A1. *The paradox of falling: Grounding, collapse or resilience?*
Penelope Best, United Kingdom

A2. *Being a male Dance Therapist in a changing world*
Vincenzo Puxeddu, Italy

A3. *Multidisciplinary view on embodied movement*
Marja Cantell & Noya Nachmany, The Netherlands

10.30 – 11.30 Coffee Break and **Posters**

11.30 – 13.00 Parallel B

B1. *Amazon Journeys. Building Resilience in Palliative Care through Dance Movement Therapy interventions*
Jeannette MacDonald, United Kingdom

B2. *Building resilience in a group of alcohol addicted woman through Butoh Dance Method used as a tool of DMP*
Alexandra Capiga – Łochowicz, Poland

B3. *Embodying Kinaesthetic Empathy as an Intersubjective Phenomenon and Clinical Intervention*
Marina Rova, United Kingdom

13.00 – 14.30 Lunch and **Posters**– see descriptions below

Parallel Workshops

14.30 – 16.00 Parallel C

C1. *Veronica Sherborne's Developmental Movement somatic approach (SDM) working with children in special schools settings, promoting resilience: Adaptations and Applications of SDM to Dance Movement Therapy*
Lesley Craigie, United Kingdom

C2. *Working with the embodied mind in supervision: minding the body - a practical experience*
Heidrun Panhofer, Spain

C3. *Building resilience through grounding, bouncing and flow regulation. The use of swing and*



percussion music in Dance Movement Therapy
Teresa Bas, Spain

16.00 – 16.30 Coffee Break and **Posters**

16.30 – 18.00 Parallel D

D1. *Integrative Supervision: Strengthening the Dance/Movement Therapist in a Demanding Professional World*

Imke Fiedler, Germany

D2. *Traveling through sustainability & resilience in Dance Movement Therapy Research Education*

Maria Raluca Popa & Simone Kleinlooh, The Netherlands

D3. *Dementia and the dance; on-going forays in practice, theory and research bridging DMP praxis and dementia care*

Richard Coaten, United Kingdom

18.00 – 18.30 **Closure of Conference**

POSTERS

P1. Working with patients with eating disorders through DMT: resilience, confidence and commitment

Rosa-Maria Rodríguez-Jiménez and Patricia GraciaParra, Spain

P2. The resilient dance-movement therapist: dancing back home

Elena Rovagnati, Italy

P3. Can resilience be linked with movement quality? Construction of effort evaluation instrument and first results with different patient groups

Indra Majore-Dūšele, Anete Ziaugre, Una Reke, Astra Fogele, Evija Frolova, Ruta Marherte, Latvia

P4. Training Resilience using Contact Improvisation: play, cooperation, release, improvisation

Geneviève Cron, France

P5. Body Sources for Resilience. Perinatal Period and Dance Movement Therapy: Building Resilience through DMT

Francesca Borghese, Italy

P6. Dance Movement Therapy and the Contemporary Childhood World. Building resilience

Marina Massa and Anna Lagomaggiore, Italy

P7. The supervision process in a psychodynamic training programme in Dance Movement Therapy

Rosa Maria Govoni, Italy

P8. Resilience in the development of a serious mourning in a psychotic child

Simonetta Cianca, Italy

P9. Cultural resilience of Dance Movement Therapy amid the corporeal turn of consumer culture

Katalin Vermes, Hungary

P10. Let's dance; an educative/therapeutic approach for youth at risk.

Ina van Keulen, The Netherlands

KEYNOTE PAPER

Patients with Medically Unexplained Symptoms in the changing UK National Health Service: Nurturing Resilience through The BodyMind Approach

Helen Payne

The UK National Health Service (NHS) is the envy of the world, yet in these times of austerity our world is a changing ecosphere. Drastic NHS budgetary freezing in real terms have resulted in the need for long-term cost/resource savings and underspending. Patients in UK primary care with medically unexplained symptoms (MUS) (around 50% of each GP list) have disabling conditions and are extremely high health-seekers, frequently visiting GPs and using expensive tests and scans totalling over £3 billion. A solution for this worldwide problem which supports patients and conserves resources is urgently needed.

This potential for developing bodily symptoms which have no organic explanation, such as IBS, fibromyalgia, dizziness, panic disorder, numbness, insomnia, or chronic fatigue is like firewood waiting to burst into flames. Life events, for example child abuse/neglect, fewer years in education, lower incomes, trauma, car accident, divorce, work stress, bereavement, changes in routine/employment/family or parental illness can ignite the potential energy of the predisposing factor. This may subsequently precipitate a crisis whereby the patient becomes distressed increasing their use of health care services for the somatisation of this distress. Lack of internal resources, such as resilience, sustain habitual illness-behaviour as do financial reinforcement (disability/sickness benefits) if the patient dislikes a job, decreased self-confidence, lowered activity levels, social isolation and attention from others for the symptoms. Previously healthy coping skills become counter-productive strengthening illness-belief/behaviour, increasing health utilisation further. Depression and/or generalised anxiety frequently co-occur with chronic somatisation. A lack of effective treatment pathways, apart from pain relief, results in high costs to patient and health care systems.

In this presentation, resilience is defined as the capacity to adapt to an adverse situation, to bounce back, remain optimistic and learn from it. The more perceived stress the more fatigue, the less perceived stress the more energy created/retained. The lack of resilience after a crisis can be the basis for developing MUS. Chronic unexplained somatic complaints normally have a number of predisposing factors including rather low resilience.

The BodyMind Approach (TBMA) derived from DMP/Authentic Movement, is one solution to this worldwide problem. Practice-based evidence from a UK primary care service will be presented (based on previous proof of concept, market research and cost effectiveness studies conducted). An overview of how group TBMA can promote wellbeing and resilience through an understanding of the way stress/depression/life events interact with the body to disrupt regulation and exacerbate MUS will be presented.

KEY PRESENTATION



Resilience as shared practice. Building resilience through DMT

Rosemarie Samaritter

The presenter will address the relevance of Dance Movement Therapy to promote resilience as lived practice throughout the lifespan. Building resilience is often described as one of the core themes in DMT. Luthar et al (2000) define resilience as dynamic process of adaptation to serious threat or adversity. For the clinical contexts of DMT, therapists refer to resilience as a dynamic process of the human system's resources to adjust to the challenges of a changing environment and to recover from stagnation (Meekums, 2008; Devereux, 2008).

This presentation will follow a dance-informed perspective to investigate and identify movement themes that contribute to the body's resources to recover from stress, illness, trauma and psychopathology. Examples from DMT in various populations and various therapeutic settings will highlight elements of dance and movement that enhance and stabilize resilience.

In DMT clients are invited into embodied creative expression. Vitalizing movement experiences present the mover with the possibility to connect to embodied sources of wellbeing (Lane et al, 2003; Koch et al 2010). Dance activities can offer a space for shared practice of embodied care and recovery (Siapno, 2012).

Dance related aspects of resilience will be presented under three perspectives: body-focused (i), emotion-focused (ii) and social/cultural focused (iii) (Allen ea, 2011).

i) Movement and dance support adequate functioning of the body's visceral and neuropsychological systems. They help to develop equilibrium at molecular and cellular levels by adjustment to challenging environments (Carny et al, 2010). Pain caused by allostatic load may diminish through vitalizing dance experiences (Mannheim et al, 2013).

ii) Dance offers embodied experiences to recuperate expressiveness (Harris, 2007). Energetic movement experiences help overcome stagnation (Mills & Daniluk, 2002). Connecting to others through expressive movement may help to overcome pathological isolation.

iii) Shared movement activities can help to co-create interpersonal attunement (Samaritter & Maagdenberg, 2013). Traditional and contemporary dance forms support the embodied synchronization the socio-cultural environment/existence (Gray, 2007).

The author will share clinical vignettes from literature and from her own work with various populations, such as DMT approach to systemic therapy for families at risk, DMT in post-trauma treatment with women war-survivors, DMT in the psychotherapeutic treatment of personality disorders and DMT in psychogeriatric setting.

KEY PRESENTATION



Resilience through dance movement therapy: A multidimensional perspective

Iris Bräuninger

This presentation explores the concept of resilience as it relates to relevant research applicable to DMT practice. The wide range of definitions, influenced by the early days of resilience studies, agrees on two elements relevant to resilience, namely adversity as in exposure to significant amounts of risk, and successful adaptation and competence (Crawford, Wright, & Masten, 2005; Pooley, & Cohen, 2010, Ungar, 2005; 2008). According to Ungar (2008) "(...) resilience is both the capacity of individuals to navigate their way to health-sustaining resources (...), and a condition of the individual family, community and culture to provide these health resources and experiences in culturally meaningful ways" (p. 225). Thus, resilience can arise within an individual and cultural context and can be understood as a *multidimensional construct* (Pooley & Cohen, 2010, p. 31).

Results of a recent study by the author, incorporating individual aspects of resilience, will be presented: The international Internet-based survey with DMT experts (N= 113) identifies resilience themes that come up in DMT sessions with the elderly (Bräuninger, submitted). Results of this study further suggest to relating DMT interventions with two resilience categories, namely personal competence and acceptance of self and life (Schumacher, Leppert, Gunzelmann, Strauss, & Brähler, 2005). Further DMT research findings from various studies suggest that DMT fosters community aspects of resilience, improves participation, social life, hope, and spirituality, and enhances resilience in culturally meaningful way.

As a consequence, three levels of resilience relevant to DMT research and practice are suggested. 1. Individual aspects of resilience, 2. Community aspects of resilience, and 3. Cultural aspects of resilience. Considering a multidimensional perspective, future studies may evaluate DMT' potential to enhance resilience on all three levels.

KEY PRESENTATION

Resilience within a changing world: changing our identity and practice?

Hilda Wengrower

Although it has been researched for decades, resilience is not commonly used as a construct in DMT. The following points will be addressed:

- An introduction to clarify the meanings, characteristics and uniqueness of resilience as a construct.
- Similarities and differences with related concepts.
- The possibilities it brings for innovation on DMT's areas of practice.
- How DMT can contribute to foster resilience in individuals, families and communities.

One perspective relates to resilience as a developmental process that begins before the subject is born (Masten & Reed, 2002). It is defined as a "dynamic process encompassing positive adaptation within the context of significant adversity." (Luthar et al., 2000, p. 543). Another perspective considers resilience as "good developmental outcomes despite high risk status, sustained competence under stress, and recovery from trauma (Werner, 1995, p. 89; Cyrulnik, 2003). Both viewpoints are interesting for our professional community and imply commonalities and differences in terms of our possible interventions. Resilience is a construct that includes notions of prevention, process and interactions.

Our world is changing in many aspects:

Globalization and cyber technology make a socio-economic impact; areas of production and commerce perish and others appear. Individuals and communities have to confront these processes. Digital media brings people closer but the quality of this communication is not always clear, all these factors can have a bearing on our lives. Resilience is an optimistic construct and very adequate for our changing world; it argues that people can overcome difficult life conditions, as Boris Cyrulnik wrote, they can transform an Ugly Duckling into a swan.

Cyrulnik is an example of resilience; he was the first to write and research resilience in France. His work is more known in France and the Spanish speaking countries. As a neurologist, psychiatrist and psychoanalyst, his books and articles give a strong support for DMT. According to his perspective, resilience is based on three points: early safe attachments, responsive communities and the characteristics of arts and creativity. With this I mean the possibility to adopt or enact flexible and diverse embodied viewpoints, create representations of trauma, to use sublimation and to communicate the unspeakable.

PAPER PRESENTATIONS

A1. Systematic reviews of research literature and their value for the professional survival of dance movement therapists: lessons from Cochrane Reviews on depression and dementia.

Vicky Karkou & Bonnie Meekums

The question on whether Dance Movement Therapy works or not remains central in decisions made to make this service available to a large number of settings. It is often the case that as practitioners we may have intuitive knowledge when our practice is of value to our clients. However, during a time of recession, intuition, testimonies by clients or evidence gathered within regular practice may not be sufficient to convince managers to retain existing or provide new services. Rigorous studies with particular designs are often seen as the only means of accepting arguments around effectiveness.

Systematic reviews of the literature and meta-analyses such as Cochrane Reviews are examples of published work that managers may often consult. They are regarded highly because of their rigour. They are also valued because they include information from randomized controlled trial and similar designs only, research designs that are seen as the gold standards for assessing effectiveness.

In this presentation, two Cochrane Reviews at different stages of development will be presented and discussed. They will both address dance movement therapy, the first for depression; the second for dementia. Lessons from these two reviews will be considered on the process of conducting them, methodological limitations and strengths of the studies included, types of research work that need to be conducted, the value of these reviews for dance movement therapy practice and their contribution to the resilience and growth of the profession. A critique of the positivist ethos of these reviews will also be presented and discussed.

A2. Continuity and Change in Dance Therapy in Germany over a 30 year Period: Interdependencies of Theory, Practice and Career Politics

Marianne Eberhard-Kaechele

This talk explores how Dance Therapy theory, practice and practitioners can meet the challenge of constant change, based on research of factors that influenced the development of Dance Therapy in Germany over the last thirty years. Such factors include the economization of academia and health care, new instruments of perception in research, the secularization and democratization of western society, social and demographic trends and finally, new pathologies resulting from all of these factors.

Qualitative Interviews, the content analysis of written documents, and a literature review show that health care in Germany has undergone a series of paradigmatic changes, which have forced Dance Therapists to adapt not only their practice but also the theories with which they conceptualize and explain the intentions, procedures and effects of DMT.

In the past, DMT has based its theory and some of its practice on currently dominant schools of psychotherapy, in an attempt to gain recognition and implementation in the health care system. But the increasing speed of paradigmatic change renders this survival strategy increasingly ineffective. Instead, the author argues that an emancipation from psychotherapeutic schools is necessary, to improve the evolutionary fitness of DMT. It is suggested that core concepts be extracted from the partly fossilized traditional approaches and the myriad of "new concepts on the block", which are often bound to certain

settings or populations. By this means, DMT theory may understand the stability of its own core, and at the same time achieve the flexibility required to adapt to changing conditions in health care.

The specific qualities of DMT can be understood as individual concretizations of generic concepts or metapatterns. Such patterns are to be found across disciplines of science and can therefore seldom be attributed to a single originator. As a result, it is argued that it is more appropriate to document the inception of a concept within the therapeutic method and describe its particular execution in practice, rather than battle over who had the idea first. Such insights on change processes gleaned from epistemology and evolutionary biology can put dance therapists in a position of control and action in dealing with change, rather than succumbing to an attitude of more or less helpless reaction.

Finally, it is observed that qualitative research with practicing therapists acts as a form of quality control, by stimulating reflection, strengthening the theoretical competence and the professional self-confidence of the participants.

A3. From Buenos Aires to Rome. Resilience in the immigration process

Maria Elena García

A narrative will begin to describe the different phases of this author's immigration process through both the literature on the subject and similar colleague's experiences. This paper proposes initial reflections and questions about the potential of Dance Movement Therapy (DMT) as an instrument, which reinforces the capacity of resilience in the traumatic periods of a migratory process.

The author considers the accumulation of trauma she lived through, the consequence of forced immigration because of political repression, the difficulty of systemizing one's legal position in a new country, the efforts to adapt to a new culture, and the elaboration of grieving while being far from her family of origin.

Literature with regards to resilience indicates that this is an ability which "permits one not to become ill or become trapped by difficult blows", and is the result of a balance between protection and risk factors, "some of these are general, while others are the result more specifically of the migratory process" (from Manetti, M. Zunino, Laura Frattini; L., Zini E. PROCESSI DI RESILIENZA CULTURALE: CONFRONTO TRA MODELLI EURISTICI *Università degli Studi di Genova, Dipartimento di Scienze Antropologiche, pag.6*, retrieved from <http://www.aipass.org/paper/manetti.pdf>)

The author, who has been a dancer, includes dance itself in factors of protection as a powerful channel aiding in emotional regulation and symbolic elaboration of the mourning and separations.

It was through her own experience of DMT, in the training program, through relationships with patients, in studying within peer groups and in Authentic Movement practice, that the author became aware of the 'costs' of integration. This includes the constrictions of one's own personal and cultural expression, which remain as underlying rhythms and characteristics within a new culture in order to adapt in a functional way. Dance Movement Therapy offers instruments to recognize the music, and the forms of vitality in oneself and in others. The multiple processes of attunement experienced in DMT groups were helpful to reduce the author's polarization, and to dynamically harmonize the impact of her two cultural dimensions. In synthesis, for this author this was a way in which to refine flexibility. "The term resilience has its' roots in the Latin word *resalio*, iteration of *salio*, which signifies to jump, to bounce and by extension to dance" (ibidem, pag. 1), in other words 'bounce back'.

B1. The therapeutic use of dance within somatic health care.

Ina van Keulen

Developments in the mental health care restrict job opportunities for graduate DMT students, on the other hand there is a growing interest within the field of somatic health care that considers the relationship between mental and somatic problems. Within this context patient organizations and health care specialists are becoming interested in dance and Dance Movement Therapy, which is promising for our profession.

Results of a meta-analysis (Koch, Kunz, Lykou, Cruz; 2014) suggest that DMT and dance are effective for increasing quality of life and decreasing clinical symptoms such as depression and anxiety. Since quality of life is regarded as an important objective criterion for evaluating medical interventions (Bräuninger, 2012) this finding has implications for the professional acceptance and standing of DMT and dance interventions in the health sciences.

Inspired by research in this field (e.g. Payne, Mannheim, Goodhill) a research project with the goal to develop new evidence based practice for psychosomatic problems was designed. In cooperation with patients, other professionals in health care, University's and the two DMT program in the Netherlands.

I will present a research proposal regarding this topic and share the results of the first pilots that took place from February until June 2014.

B2. *Codarts, 'Arts for Health': Innovation, Entrepreneurship & Collaboration in Dance Movement Therapy*

Simone Kleinlooh and Nicki Wentholt

CODARTS is a Rotterdam based international university providing high-level professional arts education in music, dance and circus arts. The university offers a Master in Dance Therapy; a three-year program which starts every two years. In a world where mental health care systems are rapidly changing, dance therapists need to be creative entrepreneurs and seek for collaboration and connection with other disciplines and professional fields.

This belief motivated the Master in Dance Therapy in 2014 to found Codarts, 'Arts for Health, a center for education, treatment and research in arts and health. Codarts, 'Arts for Health offers treatment for clients, jobs for dance therapists, internships, supervision for students and for researchers the opportunity to collaborate with the dance therapy field for sustainable research. Codarts, 'Arts for Health collaborates with 'Kenvak' (Research Centre for the Arts Therapies), mental healthcare organisations and insurance companies and focuses on prevention and treatment and enhancing the quality of life of different populations. In this presentation the mission and vision of the Codarts, 'Arts for Health center will be presented as a source of inspiration to the audience and the international field of Dance Movement Therapy.

B3. *Dance for Therapy or Dance Therapy*

Alexia Margariti

Ideas and questions are presented about dance as therapy and Dance Therapy, the latter being a well-defined therapeutic tool. Specifically, we present similarities and differences. We believe that these are important topics for the Dance Therapy community which may need to justify and / or redefine its function.

Recently, dance sessions have been used therapeutically. What does this mean? This needs to be addressed. Indeed, dance has been utilized by some Dance Therapists as a means to provide relief for their patients and / or to make them happy. Incidentally, there are very interesting research references in the literature on dance as therapy.

We may have to rethink / clarify some of the important needs of people in our society which Dance Therapists might be involved with. If our aim as therapists is to make people happy, then, yes, let's not stop dancing. But are important problems, possibly beyond the lack of happiness, solved by only dancing, or do we just forget about them for a short period of time while we are having fun dancing?

By having fun or by expressing ourselves while dancing for a short period of time, without engaging in a lengthy and specially constructed 'contract' with a specific person who is a therapist, are problems solved? Certainly, a clarification is needed here. Specifically, we need to assess the respective contributions of dance as therapy vs dance therapy (and all its varieties), especially since we may consider dance as therapy in competition with bona fide Dance Therapy. Given the emphasis on resilience in this conference, the above topic certainly appears to be very important and will be addressed in this paper.

C1. A Service Evaluation of weekly Dance Movement groups on three acute adult wards over a six-week period.

Mary Coaten

For the past five years I have run Dance /Movement groups on acute adult wards in the NHS. This has required a certain amount of resilience in order to maintain the continuous provision of this service in what can be a difficult environment.

This service evaluation highlights the benefits of such groups on individuals. The acute ward environment presents particular challenges. The client group can often have difficulty engaging due to the acute, sometimes psychotic nature of their condition. The transient nature of the ward environment presents particular challenges, however the creation of a safe, regular space and time in which to move and dance, requires individual resilience from a professional point of view. This approach facilitates engagement and, as arts based intervention is unique. The results from the service evaluation highlight the benefits of the practitioner maintaining a consistency of approach, plus the ability to support non-verbal and symbolic/metaphoric communications.

C2.The unknown territory – building resilience while working with the negative countertransference in dance/movement psychotherapy. Video presentation

Aleksandra Rayska

There have been many studies about the empathic relationship between the therapist and the patient, but the issue of negative emotions that a therapist might feel toward a patient remains relatively taboo. This video presentation was designed to bring to light those not yet discussed aspects of Dance Movement Therapy. The presentation is based on the research conducted in 2009, where the author was looking at how Dance Movement Therapists cope with their negative emotions towards patients. This video presentation takes a step further and ventures into the practical applications, that are bridging the roots of the DMT in preverbal knowledge with methods derived from a psychodynamic approach, that stress the importance of the unconscious processes in psychotherapy. How can the Dance Movement Therapist build her own resilience when coping with her patients negative emotions, and her own countertransference?

It will be a chance to explore in movement the link between the bodily- felt negative countertransference and the analytic exploration of it. The presentation will offer the opportunity to appreciate the Dance Movement Therapists background in movement to further the discussion of countertransference issues and build strength in our roots in dance. Within the presentation I will share experientials, which will show different ways of exploring the negative countertransference: analytic witnessing, kinesthetic empathy, kinesthetic seeing. In this way participants will have a chance to bridge the verbal and the non verbal process. The presentation will encourage self exploration and will consist of writing, drawing, working individually and in duos.

Preserving the basic DMT concepts, participants will have an opportunity to create an link between movement self-observation of negative countertransference with the fundamental concepts of psychodynamic theory. The dark side, unspoken about in psychotherapy, will be approached from a new and creative way. To become a building block of strength and personal as well as professional resilience.

D1. The quality of life does not need to drop so rapidly after the age of 65 – The impact of intensive, short-term, group Dance Movement Therapy of seniors on the cognitive and emotional functioning of its participants

Marek Wójs

The aim of the presentation is to present a study on the impact of Dance Movement Therapy on the cognitive and emotional functioning of the therapy participants. According to the definition adopted by the Association for Dance Movement Therapy United Kingdom, DMT is described as “the psychotherapeutic use of movement and dance through which a person can engage creatively in a process of furthering their emotional cognitive, physical and social integration”. This method is based on the assumption that there is a link between emotions and movement, therefore, by exploring the different range of motion, patient can gain a better insight in their own inner world, experience greater balance, increased spontaneity and adaptability.

The study involves a short-term, intensive group therapy (30 sessions, three times a week, 50 minutes per session). In order to assess cognitive function there was applied the Mini-Mental State Examination (MMSE); to assess emotional functioning – Emotion Recognition Test (Polish: TRE), Beck Depression Inventory (BDI), Empathic Sensitiveness Scale (Polish: SWE), Emotional Contagion Scale (ECS), Test of Visual Recognition of Facial Emotions (Polish: TWRET), and Test Evaluation of the Intensity of Facial Emotions (TOIET) in static and dynamic exposure. The therapy group consisted of the seniors.

The results of the survey indicate improvement in both cognitive (especially in working memory areas) and emotional functioning. Reduction of the level of depression has been proven, as well as the increase in levels of empathy and the ability to recognize facial emotions and subjective evaluation of intensity of emotion.

Test results indicate the seniors' improvement in the degree of understanding of their experience and in functioning in the social environment. These findings showed the effectiveness of the DMT in the context of the reversal the aging process, resilience and the strengthening of mental structures, i.e. as a therapy aimed at improving the welfare of a patient.

*D2/E2. **Mysterium: A poetic prayer – Testimonials on body/spirit coniunctio***

Film presentation

Antonella Adorisio

Guided by awareness of the integrative nature of the psyche, *Mysterium* bridges polarities and communicates in a way that links together matter and spirit, thoughts and emotions, images and reflections. Testimonials on spirituality and on the body/spirit coniunctio from 12 Jungian analysts from Italy, U.S.A., Venezuela, and India are joined with images from different countries around the world and testimonials from practitioners of Tibetan Buddhism in India and in Nepal. A multiplicity of experiences is collected mirroring the many in the One.

Through the flow of water, *Mysterium* unfolds as a poetic prayer and reflects the language of the soul. Dance is constantly present in the whole film. Jungian Analysts who use dance/movement in their clinical practice offer their testimonials (Joan Chodorow, Margarita Mendez, Tina Stromsted, Antonella Adorisio).

What is spirituality to you? What does body/spirit coniunctio mean to you? These are the questions that have guided the creation of the film. The creative process of the film was a process of resilience in itself. It was a way to transform painful emotions and mourning emotions into the beauty of spiritual images with the possibility to share deep experiences. It was a way to live active imagination, to experience the dialogue between conscious and unconscious through filmed images and to embody body/spirit coniunctio. Usually, when the film is shown, a particular atmosphere is created and most of the people feel moved or touched or transformed by watching *Mysterium*

*E1. **The Kestenbergl Movement Profile as a tool for Dance Movement Therapy/Psychotherapy treatment planning. Clinical applications of KMP of a 5 year old child diagnosed with PDD-NOS.***

Karolina Bryl

The research study includes clinical applications and possible ways of use of the Kestenbergl Movement Profile (KMP) of the 5 year old child diagnosed with PDD - NOS in Dance Movement Therapy / Psychotherapy.

Interpretation of the KMP, which is based on the movement analysis and observation, can help therapists understand, notice / see and detect specific areas of psychic conflict, or early developmental deficits. The profile contains nine categories of movement patterns, represented in the two systems, which refers to certain categories of movement. Research profile indicates a delayed, missed, distorted, or prematurely induced developmental milestones by showing insufficient or disproportionate amounts movement patterns.

Through the study of this profile the author shows how the KMP offers possible strategies for treatment planning and can help to identify patients strengths and deficits, guide the therapist and indicate possible interventions, help to determine what tools can be used, as for example: attunement, mirroring, or affined movement pattern with the patient. This study shows how KMP can be a powerful tool for Dance Movement Therapy / Psychotherapy to assess patients in developmental and psychodynamic terms.

C/D/E3.

Building Resilience in Dance Movement Therapy Using 'Ways of Seeing': International Webinar Training in Early Childhood Development -

Panel Presentation

Suzi Tortora, Chia Chun Hu, Elizabeth Rutten-Ng, Fabiana dos Reis Marchiori, Irina Biryukova, Jennifer Whitley, Tamara Sernec

The purpose of this workshop is to create a conversation and provide a learning model about working with children and families while sharing resources with other DMT's from around the world. It is designed to exhibit how DMT's across the world are sharing, learning, moving, and growing together in the field of early childhood development mental health and dance therapy on an advanced professional level in a bi-weekly webinar led by Dr. Suzi Tortora.

This panel of participants will present about their experiences in this type of learning format. Through this webinar experience, panelists will speak about the DMT's resilience developed by the support received from the international group when discussing cases while using Dr. Tortora's *Ways of Seeing* technique to explore countertransference on an embodied level. The DMT's will present their experience with the key components of this program including: 1. How to detect the "essence in the air" during a DMT session; 2. Developing a "Sense of Presence", by becoming aware of how the DMT's responses may influence the child's experiences in the session, staying aware of what aspects of her own sensory system and emotional self are stimulated while watching and working with the child and family, and; 3. The role of the DMT to honor the child's explorations with the goal of bringing order to what may at first appear to be chaotic or nonsensical, looking for the potential form from the formless, order from disorder, structure from lack of structure. From this perspective the DMT enters into the child's experience, joining her on her journey of self-expression and discovery.

A lively discussion will include the "immediate-moment" experience of dancing together across countries, and sharing DMT concepts, activities and cases through video-analysis in small and large study groups. Cultural diversity as well as the commonalities of our emotional needs across all cultural boundaries will be elucidated and exhibit how this group has created resilience in supporting each other through this group process using several client groups and in various contexts. Through small group explorations participants will have the opportunity to experience international case studies of a diverse population of young children. Using video, discussion and experiential participation, participants will experience the excitement and possibilities of building an international network of DMTs dancing together from home!

WORKSHOPS

Day 2

A1.The paradox of falling: Grounding, collapse or resilience?

Penelope Best

'In falling we are victims of gravity and we are agents of change.' (Claid , 2013)

Gravity is an inevitable and necessary part of life on earth. Gravity pulls us down and also provides a platform for resilience as individuals, as professionals, as communities. Gravity grounds us, yet as humans we often try to defy it and brace ourselves against its power. Falling is often seen as failing , an inability to maintain our dignity, our sense of identity or even our sanity. At what point in falling can we catch ourselves, or others? How do our personal stories as therapists influence how we might help clients find their point of resilience to bounce back or steady their core?

Collapsing suddenly, falling unexpectedly, letting go uncontrollably can be felt as shameful particularly in a social context. Such shame at collapsing might be felt physically, psychologically, emotionally, or spiritually. What can we rely upon in this time of social upheaval and shifting national / cultural identities? Where might we find resilience when we 'give in', let go, collapse? Is there a moment in the 'fall' when there is a choice between collapse and recovery?

This experiential workshop will explore our personal and interpersonal relationships to gravity. We will play with the notion that falling is an essential part of our daily lived- experience. There is a physical internal falling when we breathe, and also as we take a step, a split second of uncertainty about our balance. As humans we need to let go in order to allow movement, to permit change, yet paradoxically we also need to feel secure enough to do so. We need to trust that by going down towards the earth we can also come back up. While falling can be frightening, it might also lead to new perspectives, to new ways of perceiving one's body and capabilities.

Falling can be small or enormous; it can range from a drop in one's facial expression to a full body emotional earthquake. Falling might happen alone or in relationship. We will consider issues of power around who falls in relationship with whom. And we will reflect upon when we can access a sense of resilience and when we struggle. Throughout the workshop links will be made to participants' working practice as professionals, as team members and as individuals.

The workshop is supported by feminist, choreographic and somatic practices (Allegranti, 2013; Claid,2006; Paxton, 2003; Hartley, 2009) and interpersonal neurobiology (Siegel, 2010).

A2.Being a male Dance Therapist in a changing world

Vincenzo Puxeddu

In our changing society, being men and dance therapists requires specific pathways and specific opportunities in facing the dimension of difficulty or, more simply, the challenge of change.

The workshop addressed principally to male dance therapists, starting with certain experience and theory elements, aims to highlight the contribution made by the gender difference in the DMT work and profession. Gender identity is an essential element in the more general and complex dimension of one's own self. In his formative process, the dance/movement therapist needs to define and redefine his own identity in

encounters and exchanges with others. The therapeutic relationship affords a special opportunity, in which, as Bolognini (2006) underscores, the empathic process of understanding each other's affective states by "merging" with the other, also requires the ability to differentiate oneself from the other, to separate oneself from the other, while maintaining the ability to think critically.

The presence of a male therapist allows male and female clients to activate transference processes linked to the paternal figure or other significant authority figures. The dance/movement therapist thus has the opportunity to work with such transference for his patients' benefit. With male clients, a male therapist may facilitate the process of identification with a male figure that is "good enough." We know that, during infancy and adolescence, it is imperative for boys to be able to rely on an adult male figure so as to learn how to accept their own complex inner selves and develop a stable identity.

The creative process inherent in DMT fosters integration of less known or unrecognized parts of one's own self by experiencing the feminine and masculine polarities, and thus increasing the ability to be, on one hand, more receptive and reflective and, on the other, to affect the ways in which we act and make choices. An autobiographical paper introduces the workshop.

A3. Multidisciplinary view on embodied movement

Marja Cantell and Noya Nachmany

The goal of the workshop is to explore observation vocabulary and practical applications used in dance movement therapy, Body-Mind Centering® and special education. We suggest that in training to become more objective and specialized, we as observers might lose the support necessary to observe. Through attunement, however, we see what the mover initiates and ask what would support their development.

Having a range of movement choices and the ability to modulate are important aspects of development and resilience. Sensory motor choices enable us to measure time and space and to respond to internal and external events. In our previous studies (Cantell&McGehee, 2006; McGehee, 2011), we observed that children at risk for developmental delay were compromised in two fundamental areas: ability to yield and to organize sensory motor tasks around a functional midline. Similar physical presentations have been noted in research concerning resiliency, trauma and stress. Yielding actively to gravity, or weight sensing, is noticed in early development as a molding into a caregiver or onto a supporting surface. How an infant is moved and carried influences his or her relationship to gravity, time, and space – and thus to how s/he processes kinesthetic and sensory cues. There is interdependency between the integration of sensory motor information and attunement. The comfort of midline connection is important throughout life as our attention is constantly drawn outward and stressors accumulate.

Observing yield and midline requires the context of a relationship: willingness to embody a relational self, meeting someone where s/he is. Relational observation can be less effortful and stressful for those being observed, as well as caregivers, educationalists, therapists and health providers. The rich encounters provide a safe container for more efficient observation and intervention. An observational model that respectfully brings the vocabulary of many disciplines together addresses many populations.

During the workshop we will investigate how by integrating the developmental movement reflexes and basic movement principals such as push, reach and pull, we are able to experience and re-embody yield (Bonnie Bainbridge Cohen: 'Sensing Feeling Action'). In addition, we will demonstrate how body rhythms in relation to external rhythm and movement flow can trigger new pathways in the body and therefore in the brain. The intention is to share both theoretically and in practice an embodied observation model that supports the integration of experience between self, other and environment and improves function, learning, relationship, and communication, providing resilience and choice.

B1. Amazon Journeys: Building Resilience in Palliative Care through Dance Movement Therapy interventions

Jeannette MacDonald

The World Health Organisation (WHO) defines palliative care as, “ an approach that improves the quality of life of individuals and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.” In the twenty first century, partly due to medical advances many individuals survive life-threatening diseases and may receive palliation for diseases, which may not be their ultimate cause of death. Palliative care is not, therefore, terminal care and it is important to understand its evolution.

In my own work with this population I invite clients to join me on a journey, emphasising the fact that we are all on a journey towards the same destination, but along the way we take our own individual paths, sometimes from choice and sometimes to avoid obstacles, help others, etc.; a myriad of possibilities! Clients may feel empowered to discover that they retain many personal choices about their journey.

Although I have been engaged with this work for many years, I am now privileged, following a recent personal diagnosis of breast cancer and a mastectomy, to have profound personal insight into the diverse physical, emotional, cognitive and spiritual dimensions of facing our mortality and the value of DMT along the journey.

I do hope that you will join me on this journey because as our world population ages, palliative care will assume a larger profile and I am passionate in the belief that DMT has a significant role to play in alleviating the suffering associated with enhancing quality of LIFE.

B2. Building resilience in a group of women addicted to alcohol, through Butoh Dance used as a tool of Dance Movement Psychotherapy.

Alexandra Capiga – Łochowicz

Addiction can be seen as a loss of resilience to difficult emotions, difficult relationships, experiences and loneliness. One of its effects for an addicted person is losing touch with the body. Tension, lack of freedom and sometimes a complete freeze are characteristic features of the movement of an addicted person, as defenses against *feeling*. The body, which could be an ally in the fight against addiction, becomes a stranger.

This workshop will be based on my experience with working with non-drinking alcoholics. In my work with this group I use Japanese Butoh Dance Method. The workshop will be built on the firm structure of the session: the relaxation stage, playful stage and movement/confrontation stage.

In the relaxation stage we will focus on the breath, lazy stretch the joints and various parts of the body. We will also focus on the body sensations such as tremor or tension, that we try to connect with specific emotions. Ability to recognize them could allow an addicted person to better understand themselves, their own needs and behaviour patterns, which gives an ability to react quickly when the craving appears.

In the playful stage we will have fun together looking for child-like spontaneity and creativity. This part of the workshop is aimed at pulling the attention away from the appearance and fear of being judged, minimize anxiety, release laughter and freedom of movement .

The last part of the workshop will be devoted to the movement/confrontation stage, during which we will direct our attention to the inside, to explore the relationship between body, mind and emotions, and track

impulses for movement. This part I lead verbally, which creates a secure framework for spontaneous dance, which can express unconscious material stored in the body.

B3. Embodying Kinaesthetic Empathy as an Intersubjective Phenomenon and Clinical Intervention

Marina Rova

This practice-based workshop will look at 'kinaesthetic empathy' both as an intersubjective (relational) phenomenon and as an intervention within clinical practice. The workshop will draw from my embodied interdisciplinary doctorate research and will be informed by dance movement psychotherapy (DMP), phenomenology and cognitive neuroscience methodologies and findings. Kinaesthesia derives from the Greek words 'kinein' movement and 'aisthesis' sense, therefore could be described as the 'movement sense' or the process of sensing through movement. For this study, I am specifically interested in how embodied practices can support and/or develop clinicians' embodied (kinaesthetic) empathy toward their clients' lived experiences within clinical encounters. Recent research in the field of cognitive neuroscience has implicated the so called 'mirror-neuron system' (MNS) in intersubjectivity and empathy via a fundamentally embodied process (Gallese, 2003).

This workshop draws on current advances in the field of cognitive neuroscience directly relating to how a 'mirror neuron system' helps us perceive and relate to others (e.g. Silas et al., 2012; Jola et al., 2012; 2011). Further, this workshop will introduce discourse about the importance and relevance of embodied interventions and approaches within clinical practice assuming that empathy is grounded in relational, embodied and intersubjective foundations (Finlay, 2006; Gallese, 2003; Allegranti, 2011). The following specific research questions will be explored: How do we perceive through our bodies? How do embodied approaches inform clinicians' empathic relating to their clients' lived experiences as well as their own reflective practice and development? What are the emerging concepts of embodied empathy arising in clinical encounters? What are the benefits of employing interdisciplinarity within clinical, research and artistic contexts? How can DMP benefit from employing cognitive neuroscience tools in evidence-based research and practice?

My research bridges art, science and clinical fieldwork in search of novel ways in understanding lived experiences in relationship. In an era where socio-economic pressures threaten our professional and personal identities it is important to return to and remind ourselves of the wisdom and power of embodiment as the most important contribution to our psychotherapeutic, artistic and research endeavors. Our bodies ARE resilient and our bodies are here now! I agree with Reynolds and Reason's (2012) assertion that "the wider context of this topic [kinaesthetic empathy] is a moment of synergy, possibly of historical importance between research in the arts/humanities and the sciences (p.20).

C1. Veronica Sherborne's somatic approach (SDM) to working with children in special schools settings, promoting resilience: Adaptations and Applications of SDM to Dance Movement Therapy

Lesley Craigie

Veronica Sherborne developed ways of moving to raise a child's body awareness and help create meaningful relationships with others. Sherborne movement is deeply influenced by the work of Rudolf Laban who acknowledged and valued difference within children's movement vocabularies and styles of moving. Sherborne's innovative work is especially usefully in special schools where she worked with children and young people severely challenged with physical, intellectual, sensory and/or emotional disabilities. Veronica Sherborne's work aims to improve a child's confidence, raise their self-esteem and develop feelings of trust with others. Through particular movement experiences children can learn to become more resilient human beings who can meet new challenges and difficulties with courage and perseverance. In the workshop we will use practical techniques to demonstrate how Sherborne material can be adapted and applied to DMT and to note the differences between the two.

It is possible to analyse and learn about the child's inner world through Sherborne movement. Through cradling or nurturing movements the adult can see to what degree the child can trust his/her body weight to the adult. In movement activities which require a sharing of body weight, balancing feelings and emotions with another is necessary. In sustained pulling and pushing actions the child is encouraged to use both his physical and mental strength.

By exploring the variation and possibilities within Sherborne movement experiences, workshop participants will gain an experiential understanding of how a Dance Movement Therapist can incorporate SDM into their therapeutic work to promote resilience within children and young people.

C2. Working with the embodied mind in supervision: minding the body - a practical experience

Heidrun Panhofer

Haven't we all spent long hours in clinical supervision talking and reflecting consciously about our clients? And haven't we at one point all discovered the richness of exploring our bodies' experience, the importance of our somatic countertransference, reflecting from a non-verbal, bodily place of knowing in movement?

This workshop proposes a group supervision model that shifts between moving and writing and integrates embodied perceptual practices for supervision, as suggested by Panhofer et al (2011a & b). Working with the idea of an embodied mind it makes a clear distinction between knowledge derived by language and knowledge derived by the body without the intervention of conscious thought.

Participants will be invited to bring one significant moment from their clinical practice: a moment of insight, metaphorical vision or connection making, or an event which significantly developed the therapeutic relationship or pushed the therapy forward in some way (Elliott et al, 1994; Campbell et al, 2003), from either their own or their client's perspective. Parting from this moment an investigation into verbal and non-verbal terrains will follow.

C3. Building resilience through grounding, bouncing and flow regulation. The use of swing and percussion music in Dance Movement Therapy

Teresa Bas

According to the American Psychology Association (2014), resilience is the process of enduring and coping well in the face of traumas such as the loss of relatives, serious illnesses and other traumatic experiences. This workshop aims at showing how the use of percussion and swing music within psychoanalytical Dance Movement Therapy can contribute to the development of resilience.

Starting from the physical definition of resilience, that of the capacity of an object to regain its original state after being stretched or compressed, the workshop aims at exploring what kind of movement or aspects of movement could one consider related to resilience: elasticity? Knowing how to fall? More specifically, the author will reflect on some elements of Swing dance that could be considered a moving metaphor of resilience. Swing dance is a social and community dance stemming from African percussion and European melody which is known to bring strong and positive feelings in people (Bas, 2013). Through practical experience, the workshop will lead participants to reflect on aspects of resilience within movement, especially through the elasticity and strength involved in bouncing and other swing dance moves.

Moreover, through the example of a significant moment within the DMT process of an adolescent facing great anxiety and loss in her life, we will highlight the importance of bouncing and jumping rhythms (KestenbergAmighi et al., 1999) to lower depressing feelings (Koch et al., 2007). Maria, a young woman who has hardly ever seen her father, suffers from phobia of impulsive acts and suddenly faces the loss of her mother, gradually rebuilds the “ground under her feet” within the process of DMT.

By playing more and more with her spontaneity and sense of self through bouncing and jumping rhythms accompanied by reggae and percussion music, Maria would gradually stop needing the dancetherapist’s constant guidance in movement and become more self centered. Also by enhancing direct and strong movements or explore a wider space around her. All of which would help her identify more clearly her feelings and needs and set better limits.

As the American Psychological Association (2014) further notices, good strategies to built resilience include seeking help, taking care of one's mind and body, exercising regularly and paying attention to one's own needs and feelings. All of which is implicit in a DMT process, where the therapist is empathically committed to the intersubjective experience rooted in the body (Fischman, 2011).

D1. Integrative supervision: Strengthening the Dance/Movement Therapist in a Demanding Professional World

Imke A. Fiedler

As a Dance Movement Therapist, haven’t you ever left a session with tense shoulders or an upset stomach? Then the process of kinaesthetic empathy or of somatic countertransference might have left its traces in your muscles.

This workshop introduces a concept of supervision for dance/movement therapists that combines the psychoanalytic “Balint group model” with bodily interventions and a systemic perspective (S. de Shazer) on the clinical setting of the dance therapists. Case examples will be explored first in movement and later linked to theoretical findings.

In our daily practice of dance/movement therapy, the use of kinaesthetic empathy and somatic countertransference offers important information and insight, but they also have inherent potential stressors and tensions to our own bodies. If these mechanisms are analysed and transformed by supervision, they may become a “box of resilience and resources” for the dance therapist/supervisee and her/his work.

The perspective on the institutional structures shall bring about some understanding for the role of the dance therapist within the clinical and team setting. These organisational issues might create additional pressure, uncertainties and stress for dance therapists in this changing professional world, and can also have a big impact on the case dynamic.

The integration of a psychoanalytic and systemic perspective in a “triadic integrative supervision” process (C. Rappe-Giesecke) may offer supportive insights and facilitate the supervisee with bodily and emotional competence. Thus, supervision is a process to build and strengthen resilience for the dance/movement therapists.

D2. Traveling through sustainability & resilience in DMT Research Education.

Maria Raluca Popa and Simone Kleinlooh Research in DMT is needed and at Codarts’ Rotterdam this belief is firmly integrated in the curriculum of the Dance Therapy Master Program. Students are challenged to develop a sustained and resilient attitude towards doing Research. As an enquiring attitude requires a reflective and open mind, students at the Master Dance Therapy Program are encouraged to experience their research process as a journey of discovery, a journey into the unknown.

From 2009 until 2013 Codarts’ professorship Sustainable Performance developed a new didactical approach called; ‘The Journey’. A metaphor for the path of development and growth which both enables and enriches a sense of discovery and creativity, in new learning, new insights, a new reality, all of this together referred as ‘Flow’. During this journey students (and teachers) learn (outside of the fixed framework of education) while interacting with each other and their environment. The inspiration for this travel concept was derived by Frank Heckman from Campbell’s *The hero with a thousand faces* (1949). In 2012 this concept was successfully implemented in the Dance Therapy Master Program. ‘The Journey’ distinguishes between five dimensions: Calling, Fellowship, Dragons, Performance and Return. Each of these dimensions represent a specific quality, which the students meet during their journey of discovery – both through their individual process of growth and development as well as in their research process. Students become aware of important phases of enquiry that they experience as they undertake a research project in the professional DMT field. They are encouraged to discover the possibilities and richness of doing research, to expand knowledge and insights, to advance their own professional development and to enjoy the multi-layered processes involved. During this workshop the didactical concept is presented through lecture and movement.

D3. Dementia and the dance; on-going forays in practice, theory and research bridging DMP praxis and dementia care.

Richard Coaten

DMPs working with people with dementia require every ounce of their presence, their skill, playfulness, humility, compassion and resilience in working ‘with’, and ‘on’ the coherence of ‘lived-body’ experience. Bio-medical science focuses on pathology and diagnosing what may not be functioning well, while the Dance Movement Psychotherapist seeks to find and uncover that which still remains, by way of “Building Bridges of Understanding” (Coaten, 2009) between the ‘known’ and the ‘not-yet-known’; uncovering meaning in behaviour and communication, and supporting personhood wherever personhood is threatened. That we

are trained to look for and use these remaining capacities is of even greater significance in relation to cognitive decline, loss of verbal language, identity and the slowing of body movement (Phinney&Chesla, 2007).

Working in the field for the past 29 years has been moving, challenging and inspiring. It has been a professional and personal journey beginning with fear and insecurity born of ignorance about how and why this condition manifested. Had I the skills and resources to offer anything? The counter-transference initially presented as fear and feelings of inadequacy; sometimes expressed somatically as feeling frozen in my body, sometimes my mind a blank. Sometimes I had little idea what to do, as I felt I had lost focus. Some of the presenting aspects of the condition seemed to be manifesting through me, although I do not think at the time that I had the insight to know this. This was the start....

The aim of this workshop is to explore a personal narrative of learning and developing into a DMP, expressed through a growing resilience and confidence that began to emerge as I paid close attention to my own process and to what was taking place for individuals in the primarily group-based sessions I ran. This growing resilience has manifested over the years in being able to work more intuitively, more confidently and freely while responding to individual need.

Workshop content will weave a synthesis of movement, dance, song, story, reminiscence, research and theory into a coherent whole while, “building bridges of understanding” (Coaten, R, 2009) linking different disciplines including anthropology, ethnography, philosophy, dementia care and DMP. Multi-disciplinary approaches helped form and nourish growing resilience and skill, together with studying and understanding the scientific and neuro-scientific researches and developments in the field; all of which are of relevance to younger DMPs, those considering working in this important field and those already doing so.

POSTERS

P1. Working with patients with eating disorders through DMT: resilience, confidence and commitment

Rosa-Maria Rodríguez-Jiménez and Patricia Gracia Parra

Patients with eating disorders adopt complex metaphoric ways to express their emotional pain. That explains difficulties to attach to the different treatments. Adherence to treatment is a strong indicator of their ability to adapt well in the face of trauma or adversity.

In this work, we present the preliminary results of an intervention with Dance Movement Therapy for patients diagnosed with eating disorders. The objectives of the clinical intervention were oriented to manage resilience, acquire a more realistic body image, to improve levels of self-confidence and self-knowledge, diminish anxiety and to improve the capacity to express emotions and to maintain adequate social relations (Krantz, 1999; Kleinman, 2005).

Two groups of 10 teenagers with eating disorders participate in the study, during a 12 week period. All patients were diagnosed restrictive anorexia. One group was constituted by inpatients just in the second week of hospitalization. The other one was composed by outpatients.

Qualitative methodology was implemented offering the opportunity to focus on achieving a deep understanding of patients' reflections (Patton, 2002). Specifically, data was collected from their daily dairies, including written and graphical production. Diaries were completed by the two movement psychotherapists who were leading the sessions. These provided primary information about the setting, environment, behaviours, outcomes, and central themes relating to the process.

Following the principles of qualitative methods, data analysis was made through successive readings of reflexive dairies, followed by data categorization. Both reflexive dairies of the two session leaders were also included in the analysis. Inductive coding continued until no new codes emerged in the transcripts. Data triangulation permitted to establish four meta-categories. Evidences for all of them are presented during the process.

Data analysis showed the appropriateness and kindness of a DMT approach for treating eating disorders. Specifically, it is important to remark the level of confidence and commitment in the group, the increasing of resilience, the establishment of positive relationships among patients, and the increased capacity to express their own emotions. Movement patterns also adjust to those appeared in previous studies. For the future, we intend to continue with this line of research by incorporating quantitative methodology in the studies.

P2. The resilient dance-movement therapist: dancing back home

Elena Rovagnati

The work we present comes out of a study-group composed by a DMT Supervisor and 11 dance/movement therapists: Albina Bandera, Grazia Benvegna, Lara Castoldi, Francesca Consonni, Antonella Cuppari, Franca Del Martino, Francesca Durante, Gianna Cerasoli, Laura Montanarella, Maria Paola Rimoldi, Tiziana Pellizzari. The definition of resilience we start from is that of Grotberg: "Resilience is the human capacity to face, overcome, and even be strengthened by experiences of adversity".(1998, The International Resilient Project). Applying this definition to the psychological and movement abilities of the dance/movement

therapists, we consider resilience as the capacity of entering the client's choreographies in order to offer a possibility of a good relationship; and finally of coming back to one's own original choreography, that is one's own personal and professional identity. This happens through a process of elaboration-separation-integration of the elements which emerged during the therapeutic relationship.

For all the participants this search was inspired by the desire of deepening the knowledge of one's own "resilience dance".

In particular, we asked ourselves about two characteristics of being resilient, which are shared by the scientific community: the "feeling to belong to a community" and the "flexible attitude".

For this purpose we focused on three aspects:

- group of dance/movement therapists,
- supervision,
- and "dancing back home".

The peer group is a situation in which the feeling of belonging can grow up. The supervision can help the process of distinction between the therapist and his/her client, and it supports the therapist's consciousness of being "flexible" in the therapeutic relationship. The "dancing back home" is the definition we gave to all those gestures that the therapist uses in order to recover his/her identity and internal cohesion, and psychosomatic borders as well. Everyone in this work-group could re-build and go over one's own "dancing back home" again and again: this dance was made of unchanged elements as well as of something evolving. The group found that the constant and recurrent sharing on these themes was very useful. Further, they considered it an occasion of professional growth as well as a tool to prevent burn-out risks. Among others, this experience was based on theoretic references by R. Laban, J. Chodorow, J. Adler, T. Stromsted, D. Siegel, R.M. Govoni, P. Pallaro.

P3. Can resilience be linked with movement qualities: construction of effort evaluation instrument and first results with different patient groups.

Indra Majore-Dūšele, Anete Ziaugre, Una Reke, Astra Fogle, Evija Frolova, Ruta Marherte

There are many art based assessment instruments in Art Therapy, for example, Diagnostic Drawing series, Birds nest drawing, which are possible to use in quantitative research. Necessity to form an instrument for carrying out assessment of patient/client groups in Latvia has been determined by the Medical Technologies prescribed for the practice of health care professionals, and it is also need for quantitative research field in dance movement therapy. The first stage of this process has been done in formulating and creating guidelines for an assessment instrument that is based on the theoretical concepts and development of Effort Theory (Rudolf Laban, Irmgard Bartenieff), the category of Laban Movement Analysis and the construction of a first test. Work has been continued evaluating the psychometric properties to test the instrument in different settings. The instrument consists of two exercises where one is movement improvisation, which is assessed in all Effort elements.

Research results identify certain and clear differences in the use of movement qualities comparing different patient groups and representatives of the general population. If thinking about resilience as capacity to adapt skills in trauma and adversity (like chronic physical or psychiatric illness), research results identify movement qualities are linked with well-being, self-efficacy and self-esteem. The main features underline obvious differences in the use of the active Weight factor (Light and Strong Weight Effort), use of Time and Space factors for patients with depression, schizophrenia and juvenile idiopathic arthritis in comparison with the general population. Research results and future research plans will be discussed in poster presentation.

P4. Training Resilience using Contact Improvisation: play, cooperation, release, improvisation

Geneviève Cron

In this presentation we discuss how Contact Improvisation (CI) practice may affect people's resilience potential. Dance Therapy settings offer opportunities for clients to both move and elaborate about physical experience. It is mainly a group practice. Though being a non-therapeutic practice, contact improvisation is also a form of movement often considered to be able to change people's relational habits. CI is mainly an exploratory practice; it is based on improvisation and freedom of movement. It trains basic survival instinct: peripheral vision, falling, self-security. Being based on improvisation, it also trains the mover to react to unattended events in a released state of mind and body, both attuned and independent to the partners' bodies and movements. Because there are very few rules, it can be seen as a free play practice, that could be compared to children playground. Plato said "You can discover more about a person in an hour of play than in a year of conversation", which was confirmed by French sociologist and philosopher Caillois (1958) and psychoanalyst and paediatricpsychiatrist Winnicott (1975). Play therapy here is meant in its non directive acceptance, i.e. in the psychodynamic methodology. Even if play therapy is designed for children, previous work (Cron 2013) show that CI may be seen as a play for adults, that may be used as a foundation for dance-and-movement-therapy settings.

As referred in the literature, CI has shown to be an efficient method for alternative connection with various public : people with sensitive or motor disabilities, people with eating disorder, prisoners, people with autistic syndromes, people with Parkinson disease, depressed people.

This study presents the outcomes of a questionnaire about people practicing contact and its effect on resilience measure (RSA, Resilience Scale for Adults) proposed by Friborg (2003) and evaluated by Windle (2011) as one of the most efficient scale for measuring adults resilience ability. The questionnaire is made up of five parts measuring personal and social competences, family coherence, social support, and personal structure. It has been spread among the European CI community.

Results show that resilience level of CI practitioners is higher than general population's level. This level is even increased after years of CI practice. But detailed results show major variations : personal and social competences increase after years of practice while family coherence and social support are not impacted and personal structure tends to decrease.

P5. Body Sources for Resilience. Perinatal Period and Dance Movement Therapy: Building Resilience through DMT

Francesca Borghese

The work I present is about the author's experience as a DMT group leader in two specific programs run by hospitals for future mothers: Preparing for Childbirth and Mothering for a positive development of mother-child relationship. Such programs were run over a 5 year-period and involve almost 1000 women. This work has been reviewed by Elena Rovagnati and Anna Zanolli. Resilience can be defined as the capacity of human beings to survive and thrive in face of adversity. It is an ability formed by both internal and external factors (A. Cannevaro 2001). Pregnancy and birth represent a moment of great transformation in the life of a woman which may generate a feeling of disorientation both towards her own changing body and towards a human being who cannot express themselves through words. DMT during pregnancy and throughout the perinatal period aims at helping the mother enhance her own flexibility, confidence and self-esteem (3 key elements

of resilience) by rooting such capabilities deep inside the body in order to achieve a positive body communication with the newborn, hence indirectly laying the foundation for the development of a resilient child. DMT focuses on developing awareness of the individual's body competence, non verbal and pre verbal communication therefore can be regarded as a privileged tool in this critical phase. The 8 DMT group sessions during pregnancy and the 4 sessions in the first months after childbirth included an experience of the body language (i.e. breathing, experimenting with different movement efforts and rhythms) and a time for sharing and elaborating the lived experience hence connecting body and words. As a result women stated that their level of anxiety towards delivery and newborn care was significantly lower and that they had acquired greater confidence in the perception of their own body as a source of knowledge and competence. Evidence was gathered by means of client satisfaction questionnaire, individual interviews and therapist's observations. To conclude, DMT enhances resilience during pregnancy and the perinatal period by providing significant experiences of body competence as a source of greater flexibility in coping and thriving at this turning point in life. Greater insight into the issue is provided by the work of DMT with neonatological medical and paramedical staff as experienced by E. Rovagnati.

Main theoretical references by R. Laban, P. Hackney, J. Kestenberg, S. Lowman, A. Ferro, G. Bestetti, P. Fonagy.

P6. Dance Movement Therapy and the Contemporary Childhood World. Building resilience.

Marina Massa and Anna Lagomaggiore

"But where the danger is also grows the saving power" F. Holderlin

One of the main characteristics of the contemporary world is the difficulty in accepting the experience of limitations and boundaries (Anzieu,1985 Bauman,2003 Recalcati,2010). Today, in fact, one of the main problems of caregivers is to set limits. Often they are not able to provide a space where childhood uneasiness can be accepted, held and thought. This situation creates a deep uneasiness in children, who, therefore, increasingly communicate it through distortions of their body language, which expresses a pain that it's difficult to be put into words.

We are two dance movement therapists and psychologists, who work in a private context with a DMT individual setting. In this poster we would like to illustrate the characteristics of the motor and body expressiveness as done by children who arrive today to ask for help in a DMT individual setting.

We work with children who have learning disorders, problems in process of individuation and separation from parents, difficulty in expressing anger and aggressiveness. In these cases DMT is the right therapy for them, since these children manifest their uneasiness through non-verbal ways. We work accepting and supporting their body movement because we think that in this way it is possible to meet children there where they are: in the place without words of their uneasiness. Our work with children begins with sharing and mirroring the shapes, the rhythms, the quality of their movements, non- verbal expressiveness. In our opinion, thanks to this, it is possible to awake in them the discovery of creative resources, which can help them to untie the knots (release the tensions) that have stopped their development process.

The therapeutic relationship can offer children a space where they can feel that they are seen and recognized in a gesture, in a quality of movement, in a posture so that their body language can regain its communicative value. Children restore confidence in their abilities of expression and creativity and regain the experience of their body boundaries. In the therapeutic relationship they find a concrete and symbolic

ground, which allow them to bounce back, increasing their resilience (from latin *re-salio*: to bounce, to hop, and also to go up again on a capsized boat, trying to turn it on the right side).

Many studies about the resilience have indicated that the artistic expression is a protective factor that builds resilience in people (Cyrułnik, 1999, 2004, Milani M. Ius, 2010). In fact the artistic expressions gives important trust and hope, able to give a painful experience a shape and therefore to positively transform it.

In the poster we are going to illustrate some clinical cases conducted in a DMT individual setting and show how DMT in a psychodynamic approach, can "build resilience" in children (Cyrułnik & Malaguti, 2005) through its methods and techniques of intervention (Laban Movement Analysis and Kestenberg Movement Profile), sustaining confidence in their creative and development processes.

P7. The Supervision process in a psychodynamic Training Programme in Dance Movement Therapy.

Rosa Maria Govoni

I will present theory and technique of supervision for training in Dance Movement Therapy, practiced at Art Therapy Italiana (ATI), that provides training in art and dance therapy in Bologna. Our approach integrates classic dance/movement therapy training since thirty years, with the study of object relations theory of the British Independent School (Kohon, 1992) and more recent neuroscience studies. (Schorre, 1999). I believe this process is fostering Resilience in the changing and developing a new professional identity.

The creative modalities used are: movement, gesture, and dance. The complex task of supervision within our Dance Movement Therapy psychodynamic training programme involves linking specific theories to the clinical material presented, and then supporting specific methods of intervention to aid patients in the exploration of their experiences. As we develop the trainees' understanding of clinical issues and related therapeutic interventions, we bring to awareness transference and countertransference themes and elucidate unconscious motivations and healing phantasies present in both patient and therapist. (Heimann, 1950; Racker, 1968; Ogden, 1982, 1998; Wyman-McGinty, 1998, 2005; Pallaro, 2007) We try open up the student to finding ways to creatively spark their patients' growth. All this needs to occur in an emotionally safe space in which both trainees and patients are respected for their hard work.

Movement, words, imagination, creativity, self-reflection and analysis, all contribute to the rich psychological interplay between therapist and supervisor and the parallel process referred from the therapist's relationship with her patient. Body expression facilitates access to that *potential space* in which transformative events can take place at the threshold between internal and external reality, as indicated by Winnicott (1965, 1971). The capacity to symbolise is fostered by allowing unconscious communication between patient and therapist (or therapist and supervisor) to surface. We stimulate this by engaging the therapist's creative process in response to unconscious communication, developing movement and body based interventions, then verbalising the co-constructed experience. The goal is the integration of body and psyche in both patient and therapist.

To foster the dance movement therapist's understanding of psychological process as it relates to and informs bodily expression and meaning in training, clinical practice and supervision, we use the following specific instruments:

- Laban Movement Analysis, Bartenieff studies (Laban, 1950; Bartenieff & Lewis, 1980)
- Kestenberg Studies and Movement Profile (Kestenberg, 1973; Kestenberg & Sossin, 1979; Lewis & Loman, 1990; Kestenberg Amighi & al., 1999)
- Authentic Movement process (Adler, 1985, 2002; Chodorow, 1991, 1998; Pallaro, 2000,)

P8. Resilience in the development of a serious mourning in a psychotic girl

Simonetta Cianca

Case study: the change in the 'interruption of the continuity of being: pain in the elaboration of mourning and the heroic overcoming of pathological stages of development.

Materials and dances produced during the creative process and the therapeutic DMT lasted for 8 years, of a girl with psychotic features in a borderline personality.

This case is going to be published in the Proceedings of the thirtieth anniversary of Italian art therapy.

P9. Cultural Resilience of DMT amid the Corporeal Turn of Consumer Culture

Katalin Vermes

Moving bodies bear and express not only personal but social and cultural dynamics, so the transitional space of Dance Movement Therapy is formed not merely by the psychological patterns of individuals, but also by hidden cultural motifs. Dance Movement Therapists have to conceive of the dynamics of the body, the dynamics of the psyche, and the dynamics of the group. But the cultural resilience of DMT also requires reflection on wider cultural dynamics, which constitutes DMT itself as a cultural formation. This poster explores the cultural position of DMT within contemporary culture, theoretical and phenomenological critiques.

In conjunction with other theories and practices, such as phenomenological philosophy or contemporary dance, DMT is undoubtedly developing a new, integrated personality model. This new model supersedes the Cartesian body–mind dualism, which has influenced modern scientific thinking, and led to an objectified and instrumental use of the body in Western culture. Thus, the body–mind integration through DMT further impacts upon the personal and cultural experience of the individual.

In postmodern consumer culture, therapies of the body have gained an extraordinary, yet precarious significance: a 'corporeal turn' is taking place (Sheets-Johnstone). The body offers a new form of identity in an age in which traditional and communal forms of identities have collapsed. Excessive care of the body's well-being and fitness signals a narcissistic obsession with corporeity (Lasch, Featherstone). The corporeal turn goes hand in hand with a therapeutic turn (Furedi). Consumer culture's growing interest in bodily and emotional well-being works, on one hand, as a process of emancipation; on the other hand, however, it functions as a compensation for heavy cultural losses: for the deflation of communal and spiritual values capable of superseding individual feelings (Yates). While a rising popularity of bodily and therapeutic culture can be understood as a cultural recovery from the Cartesian split of modernity, it can also be interpreted as a kind of cultural defense mechanism or malignant regression (Bálint). Consequently, psychotherapeutic methods working with body and movement have become overburdened within the dynamics of contemporary culture. Reflection on cultural dynamics helps Dance Movement Therapists to transform excessive regression to body feelings into a real development based on the body–mind integration, thus changing malignant cultural regression into benign.

P10. Let's dance; a educative/therapeutic approach for youth at risk

Ina van Keulen

In the Netherlands there is a new tendency to implement youth care into the community. In general, youth workers are not equipped or educated to counsel youth psychotherapeutically however they do have the capability to close the gap between youth and the professional youth care.

In 2011 we started a research project at KenVak in collaboration with youth workers, institutions for youth care, arts therapist and students. There were 4 project groups; art, dance, drama and music. The first year of the research project we worked together and in the second year all project groups formed their own Community of Practice.

The aim of the project was to develop an intervention to increase inner strength and decrease the risk of developing criminal behavior. For the dance project we developed dance interventions in two different places, in collaboration with the participants, trainee DMTs, youth and social workers, and a psychologist. One pilot took place in an institution for youth care, the other at a centrum for youth work on a school campus.

In this presentation I will share the results from this project with a focus on the similarities and difference between the two projects.

Presenter Biographies

Adoriso, Antonella: Jungian Analyst, Teacher and Supervisor at CIPA (Centro Italiano di Psicologia Analitica), Rome; Member, Teacher and Supervisor at IAAP (International Association for Analytical Psychology); Dance Movement Therapist (ATI); Art Psychotherapist; Registered Psychologist; Psychotherapist; credentialled supervisor for APID; with Diplomas from Art Therapy Italiana and the University of London. Antonella studied Authentic Movement with Janet Adler and Joan Chodorow. She leads international workshops on Authentic Movement and, since 2004, collaborates with Joan Chodorow as co-leader at the Pre-Congress Day on Movement as a form of Active Imagination at the IAAP international congresses. Member of the International Dance Council CID-UNESCO. In the past she has also worked as a professional dancer and as a teacher of contemporary dance. She is the author of numerous papers on active imagination and authentic movement. Her main research includes active imagination, body/psyche connections, spiritual practice, the archetype of the feminine.

Bas, Teresa: Major degree in Psychology (Universitat de Barcelona), MA in Psychotherapy (Universitat de Barcelona), MA in Dance Movement Therapy (Universitat Autònoma de Barcelona), Registered Member of the Asociación Española Danza Movimiento Terapia, Registered Member of Federación Española de Asociaciones de Psicoterapia, Registered Psychologist in the Col·legi Oficial de Psicòlegs de Catalunya, Associate member of the Barcelona Network of English Speaking Therapists. Teresa has worked for 8 years as a co-therapist and supervisor in the training course 'Máster en Danza Movimiento Terapia' of Universitat Autònoma de Barcelona; has 15 years experience as a psychotherapist and 8 years as psychoanalytical Dance Movement Therapist working in private practice: individually with adults and children. She also conducts groups of body awareness and Dance Movement Therapy for adults and mothers with babies.

Best, Penelope Ann: has extensive practice experience as a Senior Dance Movement Psychotherapist (DMP), clinical supervisor, international educator/facilitator, and researcher supports her continued curiosity about the importance of embodied reflection within relationship. Penelope has a private psychotherapy practice and a supervisory practice. The Relational Creative Processes Model (RCPM) of supervision is her passion. She co-created and teaches upon the first UK accredited DMP Supervision Training, Roehampton University, UK. Penelope co-created, designed and led (now as mentor) professional DMP trainings in Warsaw, Poland, and Zagreb, Croatia, and continues as a core DMP tutor at Codarts in Rotterdam, Netherlands. She runs international workshops annually in Romania & Australia. Currently Honorary Visiting Fellow Exeter University, Honorary Fellow of ADMP UK, and Fellow of Higher Education Academy. Recently External Examiner for Derby University and President of the European Network for Dance Therapy (2007-2010).

Biryukova, Irina: BC-DMT, CAGS is a dance movement psychotherapist, clinical psychologist in private practice with 20 years of experience. She is the head of a DMP Programme of the Institute of Practical Psychology and Psychoanalysis in Moscow.

Borghese, Francesca: Degree in Philosophy (with Educational Psychology) at the Pavia University, Italy. Post-

graduate Dance Movement Therapystudies (Art Therapy Italiana, APID) Bologna. Francesca undertook further studies (1st level) in the Kestenberg Movement Profile (KMP) movement analysis system. She currently provides Dance Movement Therapy to children at different school levels, in hospitals and in private practice. She offers individual and group therapy in a team of Educational Psychologists, Pediatricians, Psychologists and Child Neuropsychiatrists.

Bräuninger, Iris: PhD, MA, researcher at the Department for Research and Development, University Hospital of Psychiatry in Zurich, Switzerland, supervisor and private practitioner. Iris was a post-doctoral researcher at the Stress and Resilience Research Team, University of Deusto Bilbao, Spain. She is a teacher and a Master thesis tutor at the DMT Masters Programme, Autonomous University Barcelona and teaches internationally in DMT, research, KMP and application of DMT. She is a registered supervisor with German (BTD) and Spanish (ADMTE) Association, registered Dance Therapist (DTR) with ADTA, KMP Notator and holds the European Certificate for Psychotherapy (ECP). Her research focuses on resilience, improvement of quality of life, stress coping strategies through DMT, intercultural competence, KMP, and development of movement assessment tools. She has published extensively on DMT, quality of life, resilience, stress and movement assessments.

Bryl, Karolina: MS Psychosomatic Regeneration, BA Dance, Dance Movement Therapist/Psychotherapist (Polish Institute of DMT), Certified Movement Analyst (CMA), Kestenberg Movement Profile Analyst (in training), Instructor of Improvisation Movement and Symbolism of the Body (Institute for Dynamics of Dance and Movement in Essen). Member of Polish Association of Dance Movement Psychotherapy, Polish Choreological Forum, International Committee of American Dance/Movement Therapy Association, Registered Somatic Movement Educator and Therapist (ISMETA). Clinical experience is in adult mental health and children with special needs. Karolina offers group & individual work in the of University Hospital Cracow, Psychiatry Department, in private practice and at Interfaith Medical Center, New York.

Cantell, Marja: a Finnish born movement researcher who facilitates self-reflective and creative movement for individuals and groups world-wide. She has expertise in children with movement difficulties and adolescents with body image challenges. Recently, she has enjoyed the notion that science recognises human beings are neurologically endowed with the capacity for mutual knowing, understanding and feeling. She thrives to describe the process of body-mind practices, using models that emphasise our artistic and creative needs as well as our innate need for mirroring and relationships.

Capiga-Łochowicz, Aleksandra: a certified Dance Movement Therapist, Art Therapist, Board member of Polish Association of Dance Movement Psychotherapy. She works clinically and in a private practice with adults and adolescents. Her passion is Butoh which she studied in Japan. Her professor was Itto Morita, who works as a Dance Movement Therapist and supervisor in Sapporo. She is the author of the first Polish book about Butoh 'Rebel of the body: Hijikata's Butoh'. Since 2012 she leads workshops for women addicted to alcohol based on Butoh dance method invented by Itto Mori.

Cianca, Simonetta: Registered Psychologist of Lazio region, Diploma TdR at 'La Sapienza' University of Rome; Dance Movement Therapist, Italian Art Therapy course; APID Supervisor and Member of the 'Communication

Commission'; Postgraduate Art Psychotherapist (Goldsmiths University of London); in charge of a professional training centre for young people (14 to 21) with disabilities in the Roman local authority.

Coaten, Mary: has worked, for the past 5 years, in acute adult psychiatry, allowing her to develop an interest in researching specific aspects of the practice. Further to this Mary has recently embarked on a Dance Movement Psychotherapy (DMP) Masters degree at Edgehill University in November 2013. As part of that degree she is looking at the benefits of individual DMP for adult mental health services. This builds on previous research experience in psychosomatics at University of Glasgow, where she devised and developed a randomised controlled trial entitled: 'A study of the impact of psychodynamic counselling on disease activity in early rheumatoid arthritis'. This involved a psychodynamic counselling intervention measuring immune system response alongside qualitative measures.

Coaten, Richard: PhD BA(Hons) Dip.ITD RDMP is a registered Dance Movement Psychotherapist with the South West Yorkshire Partnership NHS Foundation Trust in the UK. He works part time in Older Peoples Services in Calderdale running a Dance Movement Psychotherapy Service. He is an experienced psychotherapist, dancer, community dance worker and arts and health specialist. His special interests are in movement and dance based work with older people and those with memory problems. He is the Chair of the NHS Trust's 'Creative Minds' Collective in Calderdale, Co-ordinator of the first Centre of Excellence in Movement Dance and Dementia (www.dancedementiahub.co.uk) and is on the governing council of the ADMP (UK). As a Churchill Fellow 2010, Richard is also a member of the 'Arts and Older People's Network' which, together with the Baring Foundation is helping develop arts and health work nationally. He is an Associate Lecturer at Edge Hill University, Ormskirk on the new MA programme in DMP.

Craigie, Lesley: has been at the forefront of the development of Dance Movement Therapy in Scotland. Lesley was Vice President of the Scottish Association of Movement Therapy in Edinburgh from 1983 – 1993, during which time she helped to run two Movement Therapy courses in conjunction with Edinburgh University. Lesley has completed Level 1 and Level 2 in Veronica Sherborne studies. She has over 25 years experience of working in Special Schools where she developed a style of working called Creative Interaction (CI). In 2011 she was delighted to gain registration as a Dance Movement Therapist via the Grandparent Route. Lesley continues to teach, offer DMT in special education and to supervise other therapists. She also maintains a deep commitment to research exploring the value of DMT for children severely challenged by autism.

Cron, Geneviève: is an associate researcher at the Laboratoire Techniques et Enjeux du Corps (Body politics and techniques) at Université Paris Descartes. She is completing a Master in Dance and Movement Therapy (DMT) and works as a dance and movement therapy assistant in schools, psychiatric hospitals, a procreation hospital and with people with various abilities. She also teaches gymnastics, contact improvisation and contact tango. She performs as a dancer for dance companies in France. She completed her MS in applied mathematics in 1995. She defended her PhD in 1999 on data fusion, fuzzy logic and pattern recognition for diagnosis at the Université de Technologie de Compiègne (UTC, France). She's been working in the private sector in the postal automation industry (Solystic) and in the public sector at the Centre nationale de la recherche scientifique (CNRS) and Bibliothèque Nationale de France as researcher, engineer, expert and project leader.

Dos Reis Marchiori, Fabiana: MA, psychologist and dance/movement therapist. Her focus is children with special needs. Participant in the 'Ways of Seeing' programme and pioneer of this approach in Brazil.

Eberhard-Kaechele, Marianne: Doctor of Studies in Dance and Dance Therapy, York University, Canada; Expressive Arts Therapy, European Graduate School, Switzerland; Doctorate, University of Witten-Herdecke, Germany. Trainer, supervisor, teaching therapist accredited by the German Dance Therapy Association, European Certificate of Psychotherapy holder and KMP Notator. Presently lecturer and researcher at the German Sport University department of neurology, psychosomatics and psychiatry, and private practice for dance therapy. 30 years experience in clinical institutions for eating disorders, psychiatry, psychosomatics and psychotherapeutic medicine. Research: dance therapy theory and methodology, PTSD, mentalisation, interpersonal coordination, embodiment. Founding board member of the German Dance Therapy Association (BTD) she developed the first full time private programme in dance therapy training in Germany in 1983. She has sat on numerous boards and committees in the health care system and is presently a board member of the National Arts Therapies Association (BAGKT) and on committees for establishing government recognition (AB BB) and implementation in reimbursement systems (AG Imp).

Fiedler, Imke: Masters in Dance/Movement Therapy from the University of California, Los Angeles, USA. She is a BC-DMT of the ADTA. Later she received her training in Kestenberg Movement Profile with S. Loman. She is the programme director of the „Dance Therapy Center Berlin“ since 1990 and also teaches DMT in China since 2011. Imke has more than 15 years of clinical experience in DMT with psychiatric, psychosomatic and psychotherapeutic clients. As a licensed psychotherapist she works with individual clients in her private practice. Additionally, she holds a Masters in clinical supervision from the University of Hannover/Germany. Thus, she works with various groups, teams and individuals on case and team supervision. She has presented at various conferences and is the author of articles and chapters on dance therapy. Recently, her interest focusses on the integration of bodily and movement techniques in the process of supervision.

Garcia, Maria Elena: Dancer, choreographer, dance movement therapist (Art Therapy Italiana) is a psychotherapist, vice president of the Professional Association of Italian Dance Movement Therapists from 2008 to 2012, is a member/supervisor of the Associazione Spagnola di DMT. She is on the faculty of the Masters Program in DMT, Universidad Autonoma de Barcelona and the four year course Music Therapy, Centro di Educazione Permanente della Citadella, Assisi, Italy. She has held courses for the Conservatory of Rome, Frosinone, L'Aquila, l'Università Roma Tre, the Catholic University of Rome, l'Accademia Nazionale di Danza and other institutions. She has held therapeutic groups at the Comunità Reverie for psychiatric patients for several years and has a private practice. Maria Elena has studied and practiced the discipline of Authentic Movement 1991-1999 and is Co-founder of the Movimento Creativo method - Garcia-Plevin (1993).

Govoni, Rosa Maria: Psychologist, Psychotherapist, Dance Movement Therapist BC-DMT USA, she has worked in collaboration with National Health in clinical projects for different populations, autistic psychotic disable children/adolescents, DCA, Breast Cancer Survivors, in public and private settings. Since 1984 she is a teacher and supervisor at Art Therapy Italiana, directing the DMT department of the Training Programme in Art and Dance Movement Therapy from 1990 to 2006. Rosa Maria is a Co-Director of the Institute of

Expressive Psychotherapy integrated to Art Therapy and DMT, recognised by the Italian National State Ministry of Education. She is a founder of APID and has been Vice President for 3 years. She has published many articles on DMT in different languages and has been teaching in different Psychotherapy and DMT programmes across Europe including Authentic Movement Trainings in different settings. Now President of ATI Coop she also works in private practice as DMT and Psychotherapist.

Hu, Chia Chun Jessica: MA, BC-DMT, LCAT, NCC, LP-LMHC, experienced working with children and seniors in psychiatric hospital and nursing home, and co-presented *Ways of Seeing* with Dr. Suzi Tortora at the Annual American Dance Therapy Conference (2013).

Karkou, Vicky: Professor of Dance at Edge Hill University from 2013, and with a particular remit to develop research and clinical work in the use of the arts for wellbeing across the life span. She publishes extensively in peer reviewed and professional journals as a sole or co-author and is the co-editor of the Journal *Dance, Movement and Dance in Psychotherapy*. She is currently supervising PhD students and is looking to expand this work further on topics such as diverse evidence of the value and effectiveness of the arts for depression, dementia, medical conditions and learning difficulties. She is also interested on topics such as the development of body narratives for personal, interpersonal and social awareness and change.

Kleinlooh, Simone: MA, BC-DMT (ADTA), senior registered dance therapist and registered supervisor in the Netherlands and USA. Lecturer on Masters of Dance Therapy, Codarts and member of Advisory and Research committee. Extensive clinical experience with adults with borderline personality disorder, PTSD and mood disorders. She has a private practice in Dance Therapy, Coaching and Supervision, and is a teacher, mentor and supervisor at Zuyd University in Heerlen, Faculty of Healthcare, Arts Therapy/Dance and Movement department. Simone is a Member of KenVak; Research Center for the Arts Therapies, a joint venture of Zuyd University and guest teacher in China, and offers international DMT and nonverbal communication trainings.

Lagomaggiore, Anna: is a Dance Movement Therapist, Psychologist, Art Psychotherapist, Certified Movement Analyst (LIMS, NY), supervisor and teacher for Art Therapy Italiana, Vice-President APID (Italian Professional Association Dance Movement Therapy), Deputy Delegate EADMT, Founder of the Association INDACO for DMT and AT in Genova (Italy). Since 1990 she has worked with patients with genetic disorders (Cepim) and privately with children and adults with various diseases and difficulties (eating disorders, anxiety, learning problems).

MacDonald, Jeannette: trained at the Royal Ballet School, London. She danced professionally in Europe and the UK before pioneering her work with dance in the UK National Health Service. She created the first post as a Dance Movement Therapist within the UK National Health Service and continued to develop the profession within the health service over a 38 year career. Jeannette teaches and lectures nationally and internationally and is currently core tutor on the DMT Masters Course, Codarts, Rotterdam where she also holds the Group Process. She is visiting lecturer for Masters' Courses in Edinburgh, Warsaw and Zagreb. She has published a number of book chapters and peer reviewed articles and continues to maintain a private therapy, supervision and consultancy practice. She is a regular contributor to national and international conferences. Jeannette maintains strong links with the dance profession and is a Life Member of the Royal Academy of Dance and a Practical Teaching Supervisor on its teaching courses. She is a current member of ADMP Council and delegate to the International Panel of the ADTA.

Majore-Dūšele, Indra: is lecturer and supervisor in Riga Stradins University Arts Therapy programme, coordinator of Dance Movement Therapy specialisation, she has Masters degrees in Psychology and Health Care. A founding member of the association she has been Chair of the Board of Latvia's Dance Movement Therapy Association, and Board member in Latvia's Union of Arts Therapies. Indra is a certified Dance Movement Therapist (registered with the Ministry of Health) and works as Dance Movement Therapist in private practice. The author of publications and articles in arts therapies her main research interest is mindfulness aspects in dance movement therapy and other helping professions.

Margariti, Alexia: was born in Athens, Greece. She studied at the State School of Dance in Athens and continued her studies in Paris, France, at the Sorbonne Paris IV, where she obtained a Maitrise de Danse. She has a PhD in Dance Therapy from the University of Peloponnese and University of Athens Medical School. Alexia is a Professor of Dance, a Dance Therapist, and past President of the Greek Association of Dance Therapists. For 20 years she has been the Director of the Arts, Movement and Dance Therapy Center "Kinissi-Choros-Ekfrasi" in Athens. She has worked at several psychiatric hospitals and institutions in Greece, engaged in dance therapy for psychiatric populations, children with special needs, drug addicts, other special populations and "normal neurotics". Her research interests involve quantification of body movement and of neurophysiological parameters in dance therapy.

Massa, Marina: is a DMT, Psychologist, Psychotherapist, Art Psychotherapist. Teacher and supervisor in training for DMT- Psychotherapist for ATI, member of APID Didactic Commission. Since 1987 she has worked with children (3-11 years old) in school and public educational agency. Since 2002 she works as Psychotherapist/DMT in private setting (Counseling and Psycho-diagnostic evaluation, psychological support, mid and long term psychotherapy for children, adolescents, parents, neurotic and borderline adults with specific tools of DMT). Since 2011, she is one of the coordinators of an APID Study Group about DSA (children with dyslexia) with a very interesting Research that will may be presented in the next European Conference 2016.

Monteleone, Antonella: licensed and registered Psychologist and Psychotherapist, nationally registered Dance Movement Therapist, an accredited DMT teacher and supervisor by Italian DMT Professional Association (APID), and teacher of Authentic Movement. She holds a doctorate in Clinical Psychology from the University of Padua, Italy and is a Jungian Analyst candidate member within AIPA (Italian Association Analytical Psychology). She is member of the Research Committee of the Executive Board of APID; a past member of the Board of ATI Association (Art Therapy Italiana) and past Chairperson of the secondary ATI Association of Milan and Lombardia Region. One of the founding members of the European DMT Network, she has participated in the Steering Group of EADMT and now holds the role of Secretary to the EADMT Board. Antonella works in the Italian National Health Service as a Clinical Psychologist/Psychotherapist and runs a private practice; an expert in work with a variety of client groups; including children and families, people with a range of disabilities, adults and young people with neuroses and mental ill health, adoption and trauma. Her research and study interests rest in the area of parenthood, infant-parent relationship and the psychology of trauma.

Nachmany, Noya: is an ex-dancer, a Body-Mind Centering® Practitioner, a Somatics Movement Educator and Dance Therapist. She is also the European Representative for the Board of directors for the BMC® Association. Her on-going research of 'Walking Patterns' in relation to our early reflexes and developmental patterns became her specialty. She is teaching regularly 'Visual Rhythms' and Embodied Anatomy.

Panhofer, Heidrun: holds a PhD from the University of Hertfordshire, England and a Master's degree in in Dance Movement Psychotherapy from Laban Centre, London City University. She designed the Master and Postgraduate Programme of Dance Movement Therapy at the Department of Psychology, Universitat Autònoma de Barcelona, Spain and coordinates the programme since 2003. As a co-founder and senior registered member she served as the president of the Spanish Association for Dance Movement Therapy, ADMTE for four years. She lectures and supervises in DMT at different universities and institutes in Europe, has published extensively on DMT skills, embodiment approaches, supervision in DMT. Her clinical practice includes group and individual work with children, adolescents and adults in special educational institutions, different psychiatric settings and private practice in the UK, Germany and Spain.

Parra, Patricia Gracia: BA Contemporary Dance (2001) and MA Performance (2003), London Contemporary Dance School. MA Dance Movement Therapy, UAB (Barcelona, Spain). Certified as a Somatic Movement Educator by the Body-Mind Centering School (Liverpool). Currently studying to become a Somatic Practitioner in BMC. She has been teaching Contemporary Dance and Dance Improvisation for the past 15 years in different Universities and higher dance education centers, both in Spain and abroad. Continues her teaching in diverse institutions while dedicated to co-directing two associations: Movimiento Atlas (www.movimientoatlas.com); dedicated to the development and dissemination of Somatic Movement Education and Therapy with a strong focus on research. In this frame, she is conducting pioneer research in Spain, on the applications of DMT and Somatic Education in Clinical, Educational and Work settings, and contributing to the field with a number of publications.

Payne Helen: Professor, PhD; RDMP; UKCP accredited psychotherapist; first Fellow of ADMP UK as pioneer of DMP in the UK; founder member of the association, leader of first post graduate accredited training, and extensive research activity and publications - most recently the Founding Editor-in-Chief of The International Journal of Body, Movement and Dance in Psychotherapy, published by Taylor & Francis. She has worked intensively with children with learning/behavioural difficulties/ASD/offenders, conducts research, supervises PhDs and teaches, presents, examines internationally. Trained in Dance; Laban Movement Analysis; Person-Centered Psychotherapy and Group Analysis, Helen offers clinical supervision and her own form of Authentic Movement with groups and individuals privately. In 2007 she was conferred as a UK academic 'Professor in Psychotherapy' at the University of Hertfordshire. As one of the Directors of a new University spin-out company 'Pathways2Wellbeing' she trains facilitators in, and delivers, The BodyMind Approach (TBMA)[™] to patients with persistent, physical symptoms which have no medical explanation.

Popa, Maria Raluca: PhD Social Sciences & Humanities, MA Dance Therapist (SRVB registration in process), with extensive research experience in arts therapies, the social sciences and the humanities. Member of NVDAT, ADTA and DAIMH. She collaborates as an author and reviewer with the journals *Body, Movement and Dance in Psychotherapy* and *Tijdschrift voor Vaktherapi*, and has undertaken several research projects commissioned by Codarts Rotterdam, including the most recent "The Place of Dance inside Dance Therapy Education at Master Level: The situation at Codarts Rotterdam put in the larger context of Dance Therapy education in The Netherlands and abroad" (2011). Member of the research committee and teaching assistant for the research modules at the Master in Dance Therapy at Codarts since 2011. Clinical experience and interests include working with elderly with dementia, older adults with the Korsakov

syndrome and acquired brain damage, adults with mood disorders, children and youth psychiatry, mother/parent – baby relationships and infant mental health.

Puxeddu Vincenzo: born in Sardinia, Italy he graduated in Dance with a specialisation in Dance Psychotherapy from Sorbonne University, Paris. Later he gained a Doctorate in Medicine with a specialisation in Physical Medicine and Rehabilitation. Vincenzo completed his PhD at René Descartes University, Paris in Clinical Psychology regarding the empathetic process and the regulation of emotions through DMT. Currently he is Clinical Director of a Rehabilitation Centre in Sardinia, Italy and teaches DMT in Rome at the National Academy of Dancing and in Barcelona at the Autònoma University. Past President of APID (Italian Professional DMT Association), co-director of Masters Programme in Dance Therapy, René Descartes University, Paris.

Rayska, Aleksandra: MS, MA, is a dance/movement therapist and supervisor from Poland, who is currently pursuing her PhD in Clinical Psychology at City University of New York. She is working clinically and academically both in Poland and in the US. She is a dance/movement therapist registered by the American Dance Therapy Association. She obtained MS dance/movement therapy at Pratt Institute, New York, US and MA in psychology at Warsaw University, Poland. She is certified by Polish Dance Therapy Association as a dance/movement therapy supervisor and therapist. She works clinically with adults, teenagers and kids mostly in the mental health area.

Rodríguez-Jiménez, Rosa-Maria: PhD in Physics, she also holds a Physics Degree from Universidad Complutense of Madrid and an Education Degree for Special Needs from Universidad Pontificia de Salamanca. Rosa-Maria earned a MA Dance Movement Therapy from UAB. She has been a professional dancer and dance teacher for many years. She is an instructor at the Universidad Europea de Madrid (UEM) since 1998, where she teaches DMT, Creative Body Therapies and Dance and Creative Movement for disabled people. She has been in charge of the Volunteer and Cooperation Office at the same university for 9 years. Much of her work has been focused on cooperation social projects through creative dance and movement. She is Vice-president of the Spanish Association of Dance Movement Therapy and Delegate for EADMT. She chairs the Dance Movement Therapy module in the Official Master on Eating Disorders and Obesity at the UEM. She is Master thesis tutor at the DMT Master (UAB), and teacher in the Creative and Artistic Therapies Master (ISEP). Her research has primarily focused on education and clinical treatment of persons with autism, eating disorders, old people and children with special needs with DMT. More recently she focuses on non-verbal communication problems and promoting emotional competences in educational contexts. She has over 30 research publications and chapters of books. Co-founder of Movimiento Atlas Association.

Rova, Marina: is a dance movement psychotherapist, researcher and independent dance artist. She currently practices within adult mental health, and a specialist perinatal mental health service in the National Health Service, London/UK. She has been awarded a PhD Studentship (2012-2015) by the Psychology Department of the University of Roehampton to conduct research on 'kinaesthetic empathy' combining dance movement psychotherapy, cognitive neuroscience and phenomenology. She continues to collaborate with artists and therapists towards developing interdisciplinary projects, performances and events.

Rovagnati, Elena: Degree in Developmental and Social Psychology, Università Cattolica del Sacro Cuore, Milan. Post-graduate studies of dance-movement therapy by Art Therapy Italiana in Bologna. Associate and supervisor of Apid since 2004 (Associazione professionale italiana danza-movimento terapeuti). Dance-

movement therapy trainer and supervisor in the School of Art Therapies, Lecco (Italy). Her professional experience includes: conducting trainings and supervision for psychologists, teachers, social workers; conducting trainings for parents regarding the primary relationship and the developmental steps from birth to adolescence; prevention of psychological diseases in childhood through dance movement therapy and storytelling with groups of children in compulsory schools; psychological support to parent-child relationship and to physically disabled individuals through dance movement therapy approach; psychological support addressed to groups (pregnant women; psychophysically disabled people; adults).

Rutten-Ng, Elizabeth:MaDaT, DipEd, is a dance therapist in Netherlands, founder of Embodied Movement. Presented her thesis in ECaRTE conference; co-presented with Suzi Tortora in ADTA Conference on *Ways of Seeing* in 2013.

Samaritter, Rosemarie: is a licensed senior DMT, psychomotor therapist and supervisor. Her work is rooted in her studies in Dalcroze Rhythmics, Modern Dance, Dance Movement Therapy, Integrative Movement Therapy and Short Term Experiential Dynamic Therapy. Since 1987 she has been working in outpatient settings in Dutch National Health Services and in private practice with children, adolescents and adults. She is specialized in DMT intervention in personality disorders, post-trauma treatment (war survivors and sexual trauma) and psychopathology of disturbed sense of self (e.g. attachment trauma, autism). Rosemarie has been involved in the development of the first professional DMT programs in the Netherlands. She has been teaching DMT theory in methods in various DMT programs in the Netherlands, Finland and Germany. She has been involved in the development of guidelines for mental health services for the Dutch National Health Services.

Scarth, Susan: licensed and registered Dance Movement Psychotherapist and supervisor (RDMP), holds a Masters in Creative Arts Therapies (MCAT), Certificate in Movement Analysis (CMA) and Level 1 Certificate in Sensorimotor Psychotherapist. Susan is a past chairperson of ADMP UK, was Member of the Steering Group for the actualisation of EADMT and currently holds the position of President. She has extensive experience of providing Dance Movement Psychotherapy (DMP) with a variety of client groups; including children and the elderly, people with a range of disabilities, adults and young people experiencing severe mental distress as a result of trauma. She combines a Chief Executive Officer role at Moving Forth, Scotland with a psychotherapy and supervision practice and DMT teaching in Italy, Poland, Croatia, Paris and Bucharest. She has a special interest in Trauma and PTSD. In 2014 she embarks on a Prof. Doc. in Health Sciences, Queen Margaret University, Scotland researching the application of the Embodied Practitioner in the health and social care professions.

Sernec, Tamara: is a special educator completing her study of Arts therapy specialization in Slovenia. She is integrating the principles and methods of DMT in Schools where she works.

Tortora, Suzi: holds a doctorate from Teacher's College (PhD), Columbia University and is a consultant to the 'Mothers, Infants and Young Children of September 11, 2001: A Primary Prevention Project' in the Department of Psychiatry, Columbia University under Dr. Beatrice Beebe. She developed the Dréa's Dream Pediatric dance/movement therapy program at Memorial Sloan Kettering Cancer Center, New York City, where she is the manager of this DMT program. She has published numerous papers and her book *The Dancing Dialogue: Using the Communicative Power of Movement with Young Children* is used extensively in DMT training programs. She holds a board position at NY Zero to Three Network; has a private practice in

New York City and Cold Spring, NY; teaches nationally and internationally; and has been featured on “Good Morning America”, “Eyewitness News” ABC –TV and in Malcolm Gladwell’s book, *What the Dog Saw*.

Wengrower, Hilda: Ph.D., DMT. M.A. in counselling. Teaches and lectures regularly in Israel (Academic College for Society and Arts), in Spain (UBU) and other countries. Private practitioner and supervisor. Wengrower has published papers and chapters in different languages on subjects related to arts therapies in educational settings, DMT with children with behavioral disorders, migration, qualitative research, arts based research and DMT. She is an active member of the Israeli Association of Creative Arts Therapies promoting and organizing conferences and activities and was founder and academic director of the DMT master’s program at the University of Barcelona. She is book reviews editor of the International Journal Body, Movement and Dance in Psychotherapy. Coedited with Sharon Chaiklin the book *The Art and Science of Dance Movement Therapy, Life is Dance*, which has been published in Spanish and English and is being translated into other languages.

Wentholt, Nicki: BA, BA Ed., programme manager of the master in Dance Therapy, teacher of Laban based modern dance technique, mentor, choreographer, coach, at Codarts’ Rotterdam Dance Academy - 25 years. Former dancer with dance company WerkcentrumDans in Rotterdam and freelance dancer throughout Europe. Guest teacher with several dance companies in the Netherlands and Europe. Member of various boards and committees on behalf of dance and the arts. Currently in training to become a Certified Movement Analyst.

Whitley, Jennifer: M.S., R-DMT, LCAT has taught Tortora's work through *Intro to DMT with Children* in the classroom setting (NYC) and co-presented two workshops at the Annual American Dance Therapy Conference (2013).

Wójs, Marek: Psychologist with a specialisation in Clinical Psychology, Dance Movement Therapist/Psychotherapist and Theologian. Author of first Polish quantitative studies on the effects of Dance Movement Therapy. Since 2002 Marek has held numerous training sessions and internships in cognitive-behavioral, psychodynamic and DMT therapy in a variety of healthcare settings in Poland (psychiatric day unit in Warsaw during 4-year training at the Institute of DMT in Warsaw). He lectures at the University of Social Sciences and Humanities in Warsaw. Experienced in conducting individual and group psychotherapy. For the last three years has been working with preschool and school children, also working with teenagers, students, adults in midlife crisis, and with people over 75 years of age. Currently conducts his own practice, The Therapy and Development Offices ‘Wings of Personality’, and works in Help Society for the Youth.

Van Keulen, Ina: Professional Dance Education, Master Dance Movement Therapy, MPI certification. Senior Lecturer in Dance Movement Therapy at Zuyd University of Applied Sciences and the Master of Arts Therapies at Zuyd UAS. Researcher at KenVak, Dutch Research Center for the Arts Therapies. KenVak is a joint venture of the Universities of Applied Sciences Zuyd, Utrecht, ArtEZ, HAN, Codarts and Stenden. Member of the Dutch Association for Dance Therapy. Developed the education for bachelor and master (DMT part) at Zuyd University. Special interests: theoretical and methodological development of DMT, practice based evidence in training and therapy programmes.

Vermes, Katalin: PhD, associate professor of Philosophy at Semmelweis University, Faculty of Physical Education and Sport Sciences. Psychodynamic movement and dance therapy group leader, trainer and supervisor of Hungarian Association for Movement and Dance Therapy, a member of training committee of

HADMT and the Hungarian delegate at EADMT. She has led psychodynamic movement and dance therapy groups since 1998 and has taught in HAMDT training since 2004. Her fields of research include the philosophical and psychological interpretations of corporeity, phenomenology of the body, movement and dance therapy, and philosophy of sport. She is the author of a book and several theoretical articles about the above mentioned issues.

Ziaugre, Anete: is a dance movement therapist now working in Education, Science and Rehabilitation foundation with geriatric patients. Her research interest is assessment of movement effort qualities in quantitative researches.

Una Reke, Astra Fogle, Evija Frolova, Ruta Marherte: all Riga Stradins University Masters programme of Art Therapy graduates in the specialization of Dance Movement Therapy.

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