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Research Article

"I'm able to put my thoughts into picturing them physically" - Phenomenological experiences of Dance Movement Psychotherapy in a Secondary School: Unexpected empowerment over external contingency

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ABSTRACT

This study explored eight secondary school participants' subjective experiences of Dance Movement Psychotherapy [DMP], and how these perceptions relate to prior expectations and/or perceived outcomes from the therapy. How pupils and staff experience psychotherapeutic provision is of particular importance to engagement and process, with implications for therapeutic outcomes and – accordingly – the success and proliferation of such services within educational settings. A qualitative methodology based on Interpretative Phenomenological Analysis was utilised to explore these topics from the phenomenological lived experience of three pupil-clients and five staff involved. Experiences of 'unexpected empowerment' were most prominent along with related subthemes, and a differing notion of 'External Contingency' and its subthemes. Where clients did not expect to be provided with structured solutions or advice, their experiences of unexpected empowerment optimised the insight-based aspects of DMP. Alternatively, for a client anticipating a process resembling being led in a solution-oriented 'package', the client found it difficult to overcome dependency on – and seeking from – external influences as a resolution for subjective wellbeing. These results are discussed in the context of creative psychotherapies and wider social structures.

Introduction

Longitudinal studies show an overall continued rise in conduct and emotional disorders in children and adolescents since the 1980's (Collishaw et al., 2010). The recent decreases in Child and Adolescent Mental Health Services (CAMHS) funding and increase in young person's A&E admissions for psychiatric crises seem to compound this outlook (Neufeld et al., 2017). UK children do not fare well in terms of subjective wellbeing, when compared internationally (Klocke et al., 2014). In particular, UK children and adolescents report poor self-concept and self-image, and the period of time covering secondary school is particularly susceptible to psychological problems (Bradshaw, 2016).

A heavy focus upon the school as a deliverer of not just education but also intervention is set forth in the five-year forward view paper (Mental Health Taskforce, 2016), with measures such as training in 'mental health first aid' for teachers, to add to their ever-expanding role description (HM Government, 2017). Neufeld, Jones and Goodyer (2017) highlight the importance of robust school-based therapies as well as NHS secondary care such as CAMHS, and with funding cuts to the latter, schools are further obligated to address the shortfall in support.

How such school-based services are experienced by service-users inevitably affects therapeutic processes and outcomes (Levitt et al., 2016). While verbally-based counselling or teacher signposting and psychoeducation may be positively received, there is nevertheless a strong rationale for creative arts-based approaches in school pupil support. As outlined by Karkou, Fullarton and Scarth (2009), young clients may not have the necessary awareness, vocabulary, confidence or even willingness to be able to overtly verbalise problems, yet may express creatively and gain empathetic understanding within arts therapies. In addition, as arts can be pivotal in Erikson's (1968) teenage life stage of *identity formation* (Dollinger et al., 2005), so can they be a useful point of engagement. Clients may experience the art-form as enjoyable, develop self-sensitivity and mastery (Gladding, 2016), and so where other forms of therapy show limited effectiveness, arts-based approaches may be a last innovative call for practitioners looking to positively engage and intervene with school-age clients.

Dance Movement Psychotherapy [DMP] may be considered a discipline at the fringe of the more commonly encountered Art-, Music-

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and Dramatherapy (Zubala & Karkou, 2015). One way that schools experience DMP without additional funding, is by accommodating trainees' clinical placements – a central aspect of training programmes. Indeed, this is the only way that many schools can experience DMP in the current climate, and the novel experiences of such trainees can be valuable and relevant to more experienced facilitators (Coaten and Williams, 2016). Such trainees may be able to empathise with the parallel novel experiences of their clients, for whom DMP's unfamiliarity and focus upon the individual's body, movement and creativity can be perceived with more trepidation than other arts therapies (Parsons & Dubrow-Marshall, 2018). Yet, body- and arts-oriented therapies such as DMP offer additional opportunities to the client, such as mechanisms involving dynamic body awareness, regulation of psycho-physiological affect, and holistic integration of the individual as a feeling, moving and expressing organism. For high school students, specifically, *Dance Therapy* (that is, taking a cultural/anthropological approach) has contributed to the development of social and emotional skills (Panagiotopoulou, 2018), and *Educational Dance* activities for social and emotional learning loosely based on DMP, has led to increased self-management and relationship skills in middle-school students (Pereira & Marques-Pinto, 2017).

Which DMP mechanisms are responsible for enabling such psychological change has been hypothesised using various lenses: Röhricht (2009) suggests that neuroscientific explanations likely underlie the profound effects of involving the body in therapy, pointing to a growing field of evidence for this mechanism of effectiveness that extends beyond other mainstream modalities. Both Stern (2010) and Koch and Fischman (2011) have linked enactment, embodiment and dynamic vitality to experiences in and engagement with dance and DMP, respectively, through intersecting threads of neuroscience and phenomenology. A limited assortment of qualitative research has been undertaken to establish whether these theories hold true in clients' subjective experiences of DMP.

Literature review

Links between phenomenological client processes, optimal engagement and outcomes have been the topic of numerous studies in some modalities. Berg, Sandahl and Bullington (2010) interviewed clients of affect-focused body psychotherapy, finding that open-mindedness towards the modality and understanding of mind-body singularity heavily influenced motivation and client compliance, leading to optimal integration of affective physiology and cognition, and a deeper physical presence within their lived experience. Leseho and Maxwell (2010) interviewed women to find out how their 'creative movement' practice assisted with resilience in the face of difficulties such as trauma and abuse, reporting a sense of empowerment, healing, and a connection to 'Spirit' through dance. The question of *how* potential mechanisms are experienced by the clients encountering DMP, specifically, is critical for acceptability of this nascent therapy and success within a particular client group, while practitioners endeavour to establish it within the mainstream.

Mills and Daniluk (2002) explored childhood abuse survivors' perceptions of DMP mechanisms involved in their psychological recovery, finding experiences of spontaneity, permission to play, struggle, freedom, intimate connection, and bodily reconnection at the heart of their process. However, clients' views are not often represented in the DMP literature. More common are qualitative studies of process and active ingredients reported by Dance Movement Psycho/therapists (e.g. Levine & Land, 2016). Both Meekums (2008) and Devereaux (2017) have explored teacher's perceptions of DMP and its effects on children's behaviour within special needs schools, through the lens of educator-identified goals (such as attention in class). Open phenomenological enquiry in DMP interventions within a mainstream school context are very limited in number (Eke & Gent, 2010; Karkou et al., 2009) and the perspectives and opinions of the child or adolescent clients themselves are sorely lacking. Without an understanding of these experiences it will be difficult to tailor DMP to - or enable this therapy to proliferate within - such settings and populations.

Research questions and aims

The research questionswere as follows: 1. "What are the subjective lived experiences of pupil-clients and support staff who participate in a DMP intervention?", and 2. "What are the perceived links, if any, between preliminary (pre-therapy) expectations, in-therapy phenomenological experiences, and subjective outcomes?" Therefore, this paper reports on these experiences and perceived effects within one mainstream UK secondary school. A secondary aim is to explore any inferred links between preliminary perceptions, experiences and reported outcomes, from the clients' perspectives.

Methods

Study setting

Of interest to this study were the subjective experiences of individuals who encountered the DMP sessions – pupils (n = 7), any proximally involved curriculum support faculty [CSF] staff (n = 7) and additionally any reported or perceived pupil outcomes relating to these experiences. Although the School itself is a standard 'mainstream' comprehensive, the CSF oversees the educational and personal care and emotional support of two overlapping types of pupil: those with Special Educational Needs (SEN) albeit all verbal and high functioning, and those with social and emotional difficulties such as mental health issues or bullying. Approximately half of the pupils involved in the DMP service matched the former description (SEN), whereas the other half were those experiencing mental health or related difficulties, with some overlap. A team of CSF staff were involved in organising the DMP service logistically, including the CSF Manager, the School's Person-Centred Counsellor, and some Learning Support Assistants (LSAs) who accompany certain SEN pupils throughout their school day, including participating alongside the pupil-client where appropriate. All staff involved were familiarised with DMP practice iteratively, through formal and informal meetings and reflective discussions prior to and throughout the work.

Individual (1:1) DMP sessions took place weekly or fortnightly between October and July, during the therapist-researcher's training placement at the school, with referrals being made through the CSF. Sessions were mostly client-centred and tailored to each individual, implementing therapeutic approaches felt most useful to individuals in an 'eclectic/integrative' (Karkou & Sanderson, 2006) way. Activities included verbal discussion, image making, choreography, visualisation, free movement, sensory play, body sensing, mindful awareness and experimenting with aspects of movement (e.g. space). Movement observations and analyses were based on Laban Movement Analysis, body connectivity, Kestenberg Movement Profile and personal symbolic/metaphoric meaning (for further details of these methods see Chaiklin and Wengrower, 2015; Meekums, 2002), with the work supervised clinically by both an external Senior DMP Supervisor, and by the CSF Manager. Mainly taking place in the school's dance/drama studio, sessions regularly encountered problems with timetabling and privacy, meaning that therapy was both time limited, sometimes interrupted, and occasionally interspersed with school holiday breaks or logistical ruptures. However, every effort was made to repair these ruptures, promoting the continuity and 'safety' of the work.

Orientation and design

The DMP therapist-researcher (first author) became aware of the diverse experiences of pupil-clients and others directly involved in the work, with links to reported effects of the processes within session

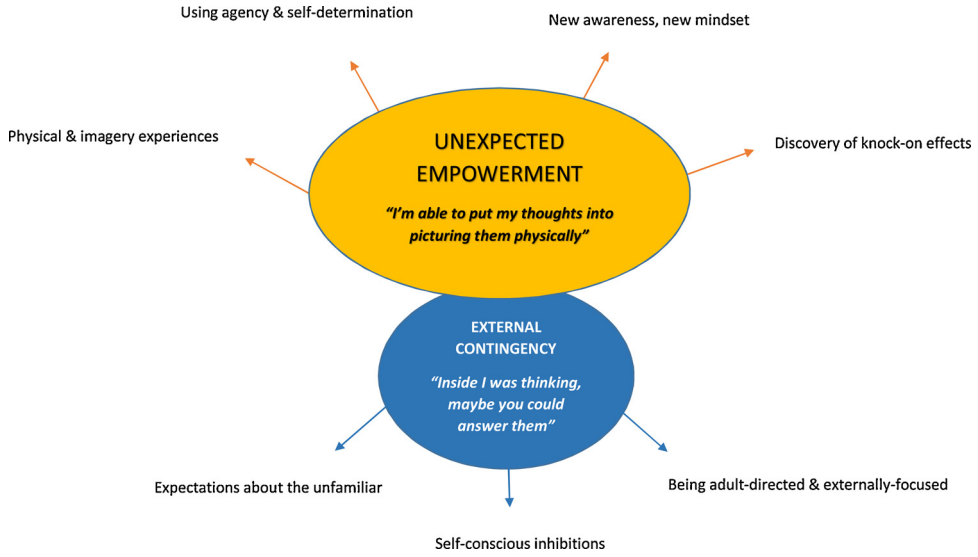

Fig. 1. Thematic motifs and their subthemes.

(perceived effects reported by the pupil-clients themselves, or observed anecdotally by staff), as an intrinsic part of her reflective therapeutic practice as a trainee. They felt that these experiences and perceived outcomes would be useful to analyse and interpret through research. Just as the clinical work itself utilized an eclectic approach to each client, so the gathering and analyzing of qualitative interview data employed a pluralistic (McLeod, 2001) methodology: emphasis was given to interpreting and analyzing the above subject matter phenomenologically, to understand each participants' viewpoint, while also contextualizing these experiences through ethnographic awareness of the systemic setting. Interpretative Phenomenological Analysis – a method which attempts to understand participants' subjective, personal perception and experience of phenomena, through close interpretation (Smith & Osborn, 2008) - was used to capture the essence of the eight participants' subjective experiences and understandings as closely as possible. Participants were encouraged to voice their authentic opinions, even if 'unfavourable', thus building upon the trust already secured in the professional relationship, and encouraging participants to confidently construct their own meaning (Stiles, 1993).

Protocol and data analysis

After gaining University of Salford ethical approval, subjects were approached after a short hiatus post-cessation of therapy. Carer consent was sought, as appropriate for some child/teen participants in the first instance, then subjects were provided with unambiguous written information to be able to decide whether or not to participate in an interview the following week. Care was taken to avoid any form of coercion, with the proposed interviews taking place completely separate to other school activities, in a quiet office away from classrooms, and sensitively debriefed afterwards. A convenience sample of three pupil-clients (all self-identified and recorded as female, aged 12-15yrs, two **white** British, one **black** British, one with SEN) and five staff members (all self-identified as **white** British and one as male) took part in interviews during the final fortnight of the Summer term. Of these five, two staff members had been involved in logistical and pastoral management of the service, whereas the other three had taken part in some DMP sessions alongside the pupil-clients. The therapist-researcher self-identifies as female and **white** British. Semi-structured interviews lasting between 60–90 minutes were conducted within a relaxed, conversational style to elicit, probe and clarify information while allowing for individual subjectivity (see Appendix A for interview guide). After transcription, an iterative process of interpretative analysis was undertaken, based on methodology described by Smith and Osborne (2008), which uses "…interpretative resources to make sense of what the person is saying, but at the same time…constantly checking one's own sense-making against what the person actually said." (p.72), before comparing analyses for convergence and divergence between cases. Higher level themes and subthemes were arrived at through (re) grouping of meanings then checked for aptness against the total sample, using participants' own words as exemplar quotes.

Quality in analysis

During interviews, emerging themes were discussed with participants to ascertain whether they were representative of their experiences. This provided opportunity for participants to clarify any nuances or disagreements with the emerging analysis (Smith, 2011). Once complete, the findings were presented to two staff members (the Manager of the CSF, and the school counsellor) who voiced their agreement. Further data auditing was conducted through a discussion between the first and second author of the first author's process in performing the IPA and reflecting on the logic used in identifying higher level and subthemes. Particular attention was paid to any biases and preconceptions of the first author, including the desire for the intervention to be helpful, while focusing on understanding the phenomenological lived experience of the participants. The discussion included an examination of the first author's reflective notes about possible influences on her interpretation of the transcripts (Koch, 1994).

Results

A prominent motif of 'Unexpected Empowerment' was arrived at, comprised of four subthemes, and a differing motif of 'External Contingency', with three subthemes (Fig. 1). Both motifs were evident in some respect at different temporal stages in participants' experiences, evidencing a connecting thread between pre-intervention expectancies, process experiences during DMP sessions, and perceived outcomes from the intervention.

Physical and imagery experiences

Clients reported novel experiences around the physical and visual/imagery aspects of sessions, which were unexpectedly empowering for them. They had never before considered using physicality and imagery

(whether external or imagined) in a focussed way for the purpose of self-exploration and wellbeing, and this was experienced as both motivating and revelatory for them (N.B. all eight participants are numbered and also lettered 'C' or 'S' to denote whether a Pupil-client or staff member, respectively):

C1: "When I had to push the wall as hard as I could, I pictured… all these bad things were like in this wall and I could just push it away and… It was quite hard hitting because I'd never thought that I would be able to do something like that… I was in control of those thoughts, and I could push it away…"
C1: "…it's hard to explain what I do but I change and I'm able to put my thoughts into like picturing them physically, like with the 'garden' [visualisation] I could picture thoughts as things…"
C2 "…just to get it down on paper and see exactly for myself in front of me what my struggles were…everything I was feeling inside really, it just went onto that piece of paper…"
C2 "…you can express yourself in different ways… it's really creative."
C3 "It helps your body move… In a dancey sort of way… it gets you up on your feet and dancing and moving to the music."

This way of experiencing the self physically and creatively during sessions reportedly 'carried forward' into the perceived outcomes form the sessions, as their day-to-day lived experiences and self-concepts were positively impacted:

C1 "Becoming a lot more aware of my body language, I think that's the main thing…."
C1 "…before I was very like huddled over … but now I sit up straight and…I imagine I'm in a bubble and what [bullies are] saying just bounces off and I feel more confident and I feel like I can handle it a lot better."
C3 "It's helped me to get more active… Coz it gets me moving."
S6 "…she was overwhelmed by how she could actually move and be able to do a dance without it looking silly or different than anybody else…

These benefits were especially apparent for clients who encountered the novel aspects of DMP with less prominent preconceptions of how the physically creative aspects were 'supposed' to be. Oppositely, Client 2 had notions of 'dance classes' and so derived less benefit from the unfamiliar and less consistent use of movement within her DMP sessions, as illustrated in the following subtheme.

Expectations about the unfamiliar

Some clients tried to predict the format and purpose of unfamiliar DMP processes in a way that was outwardly-seeking, as opposed to inwardly-exploring. Especially for Client 2, some of the insight-oriented approaches of activities, designed to help the client connect to internal conscious and unconscious material, were regarded through the lens of external value judgements and contingencies such as (author's interpretations) "will this make me likeable?" or "what is the endpoint of this?". This may have been related in part to her previous dance class experience, where her technical dance ability was critiqued.

C2: "…it's not really in the name cos I just thought it would be completely dance…I wasn't really sure what I expected… I'm not quite sure what it did but I'm pretty sure that it did help me, but I'm not sure what it was supposed to do and what it did…"

Staff members attributed such expectations and attempts to cope with the unfamiliar to a lack of prior experience operating in the absence of more obvious instructions for meeting the expectations of others:

S8: "…to have that kind of level of openness to put them in charge can be a little frightening, and they can feel a little bit embarrassed that they might do something wrong."
S7: "…they don't know what your expectation is, they're not used to operating without that in place…I think initially…they would be going "okay what's… She's mad! What she got me doing? Who set me up for this?… what am I supposed to do, what are they expecting me to do?"

With this lack of experience in dealing with the challenge of uncertainty, it was more difficult for some clients to recognise the inherent benefit of exploring 'unfamiliar territory', perhaps due to being unable to tie DMP approaches to more familiar 'educational' (and externally contingent) 'learning outcomes'. During interviews, the author and some key staff members recognised that it would have been helpful to create a video or leaflet to clearly set out the methods and mechanisms of DMP, along with an example case study/vignette to illustrate the application to practice. Despite the absence of this preview, clients generally appreciated experiencing a new form of awareness as a minimum, and a 'whole new mindset' in some cases within sessions or as an outcome:

New awareness, new mindset

C1 "…every session I just remind myself that I can make myself stronger, I can make myself less vulnerable and more confident, so… I feel good."
C1 "It was weird thinking about things in a whole different way…"
S8 "I guess it's more about self-awareness… how you feel when you're doing it, and being aware of your breathing and listening to your body…

Staff all observed the experiencing of self- and body-awareness as a prominent mechanism of DMP, and for clients this reportedly carried forward to beneficial outcomes of such experiences:

C1: "…it was, for me, feeling more confident… It just completely changed my mind set and it worked, and I was able to cope with it a lot better."
C1 "…before I never really realised when my leg shakes but now I've become a lot more aware… if I know I'm doing it then I'm able to stop it…"
C1 "Yeah emotionally it made me quite a lot stronger because it put me in a completely different mindset …it's completely changed my mindset."
S7 "…the thing that stands out is the young people that have benefited from it… recognizing what's happening to her body as a result of that was very empowering or useful for her to begin to look at the inside… She has seen it for herself…"

Once experienced positively, self-awareness of this sort became an asset, which enabled a new level of self-confidence and determination, promoting better coping in difficult social situations.

Self-conscious inhibitions

Despite the potential to enhance self-awareness positively, self-consciousness of an inhibited nature (i.e. based on external value-judgements) was a common barrier, highlighted by the following subtheme:

S7: "I think embarrassment would be the keyword for them… embarrassed to move in a certain way because they feel so judged all of the time…"
C1: "…it's quite a good room, but I just hate big mirrors because it's just everywhere you turn you're just there…I was literally sort of facing myself and facing everything that I'm putting out there it was just sort of… no escape from myself… being right there, just always seeing myself there…"
C2: "…when I'm talking to someone I feel like I can't look at them for

a long period of time, I have to look away or… Remember when you were like coming straight at me, I had difficulty…[laughing] I could not [maintain eye contact]"

A large mirrored wall in the studio could not be covered, and this could divert C1's attention from the subjective- to the objective-self, counter to the intended processes. C2 discovered during an exercise around 'direct approach to contact', that being approached directly prompted the impulse to withdraw eye-contact and become hyper-self-aware. This information could have been put to use, however the work with this client was near to the end of the school year and so was time limited, therefore it was not possible to provide the support required to transcend the expectation of dance class. Otherwise, perhaps DMP work would have developed more intrinsic self-confidence, as was experienced by others.

Using agency & self-determination

A key ingredient in clients' embodied experience was in owning and directing their own independent decisions through physically enactive and creative processes:

C1 "I somehow did it and it made me feel quite proud…because I could decide what I saw, I could decide what I was pushing away, I could decide what I was going to do with my body… it felt really good to be in control because everything else in my life, I've got no control over."
C3 "I felt more independent [when TA was absent from sessions] coz I could ask you any questions…"
S6 "…there was no right or wrong way of doing it, it's just how are you are feeling at the time and how your movement goes with it… it is them developing their own ideas and you supporting them…she wanted to be out of her wheelchair more and that enabled her to do that… so I think that gave her more confidence again, to be able to be independent…"

This newly-found independence of choice and action again was a key transformation to their experiences outside of sessions, as they became more self-directed and confident in action:

C1 "…I realised that it actually was something to do with me and there was a way that I could help myself… "
C3 "[DMP] makes me surprised at what I can and can't do…"
S5 "I think in DMP because she has been able to direct [her power] within boundaries and express herself… DMP kind of helps that structuring of how we're going to deal with this power that you've now been given… Self-directed vs directed by others…"
S6 "…knowing that she wanted to achieve something and being able to achieve it… I think dance therapy showed her that she could do things like everybody else but in a different way…"

It was felt that the challenge of making their own choices during sessions, guided by attending to internal perceptions, contributed to their personal growth.

Being adult-directed and externally-focussed

The main barriers to the experiential gains around agency and self-determination were in a propensity to seek direction or validation from external sources; namely, adults and peers:

C2: "…inside I was thinking, well maybe you could answer [my dilemmas]…cause I wasn't really sure myself. I guess I came to dance therapy to maybe ask those questions and get some answers… maybe some techniques I could work on like some more I don't know things written down on paper that I could try for the week…"
C2 "Then again, at the end of the day you can't force anyone to be friends with me or like me, so… You know."
S8: "There are a few occasions where we did try to encourage independence, and I would step out of the room or occasionally be inside the room but not participating…I think [client] struggled maybe a little bit more with that… We spend so much time together that it's… just what is the norm in school."
S8: "I think it can be a little bit scary at first because young people are so used to being told what to do in all situations in school really…"
S7: "They are so used to being told what to do… what the expectations are of this that or the other, that actually then to be given a free rein is a bit like "you what? I don't know, I don't know what I want to do…"

The theme of *Being adult-directed and externally-focussed* was an antithesis to agency and self-determination, while also overlapping/related to client's *Expectations about the unfamiliar*. Rather than working out their own stance or wishes in relation to the nondirective and internally focussed thrust of DMP, some clients sought for the therapist or LSA (learning support assistant) to give both overt instruction linked explicitly to concrete, personally-salient outcomes, which for C2 centred around being accepted by her peers (rather than accepting herself as a valuable objective in itself). Hence, this external/other focus was an obstacle for some, yet perhaps an insightful one that by experiencing it, may have had latent effects outside of therapy sessions.

Discovery of 'knock-on' effects

Staff reported observing certain by-products of the work outside of sessions:

S6 "…her putting on that [dance] show… that's all stemmed from her accessing the dance therapy. That was amazing."
S8 "…it obviously encourages creativity…"
S6 "…whether it's the dance side of it or the music side of it, they are forever singing all of the time, and these are some of our very vulnerable students, so it's really brought them out of themselves…"
S4 "…especially those with quite significant disabilities, were actually able to challenge themselves… which then obviously has a knock-on effect in lessons, social situations and other things…other elements associated with development and education."
S5 "…there's been a marked difference in - what all teachers keep noticing - in the amount of walking that the young lady does…"

Enhanced physicality, creativity and the confidence to express creativity were observed within the wider school environment, stemming from experiences within-session. In addition to C1's newly found abilities to sit up straight and notice when her leg shakes in class (see previous themes), physical after-effects and novel propensities were also reported by C3:

C3: "…I've done swimming in the past, but then I stopped so I want to try that again. I want to try some yoga, some kickboxing, and maybe some tennis…"
C3 "…it gave me an idea of what I want to do and I really enjoy dancing… I think I love dance!"
C3 "[DMP has helped] the way that I walk. When I was born [my feet] were turned out…but DMT has helped to bring them back in."

It was reported that using physically active exploration may have increased clients' repertoire of physical self-perceptions, involving future possibilities of and motivation towards novel physical activity scenarios, such as taking up new empowering and enjoyable activities. However, any benefits of the intervention may have been limited by barriers such as time, which was constrained by both weekly timetable and space prioritisation issues, and by the end of the placement and school year. These barriers were mentioned by all participants, who wanted the DMP service to continue.

Discussion

The study aims were to develop an understanding of the experiences of pupils and staff participating in a new DMP placement provision within a mainstream secondary school and to explore any perceived links between preliminary perceptions or expectations, actual experiences of DMP and its reported effects. The results indicated that participants experienced a sense of 'Unexpected empowerment', arrived at through physical and imagery experiences, using agency and self-determination, experiencing a new awareness and mindset and discovering knock-on effects. On the other hand, some participants conveyed a sense of 'External contingency', indicated by difficulties with expectations about the unfamiliar, self-conscious inhibitions, and being adult-directed or externally-focused. Importantly, individual differences were apparent in how clients responded to the intervention. A possible thread was detected, in one client linking preliminary expectations about the unfamiliar with self-conscious inhibitions during the process of DMP, ultimately resulting in a state of dependence – both in wishing to be adult-directed in session, and in focusing on external relational difficulties rather than internal processes. Whereas, for the other two client participants, their ability to set aside preconceived expectations enabled them to engage creatively and/or focus on their subjective internal awareness, thus overcoming barriers such as inhibition or seeking external instruction.

The motif of 'External Contingency' appears strongly aligned with some qualitative observations presented by Panagiotopoulou (2018, p.29) in describing their high school pupil-clients' reluctance towards finding their own rhythmic synchrony in group Dance Therapy: "They did not improvise on the basis of what they wanted to do but they constantly were preoccupied with what they had to do and therefore, they kept asking for directions. Since they danced in the way they had been taught to they found it hard to improvise." This seeking of direction from adults and reluctance to improvise or lead for themselves continued in reduced expressiveness, as well as a reported association with more familiar educational activities: "…the students had difficulty in both taking initiatives and expressing themselves freely. Though the instruction was to dance freely, the students expected to receive instruction on how to dance. As one student said, he did not like the idea of dance therapy at school because he considered it as another school subject…They systematically avoided leading the group and when someone finally accepted the role of the leader, they felt highly embarrassed as was evident by their posture and lack of improvisation." (Panagiotopoulou, 2018, p.30). The above account appears to tie in with all three subthemes of 'External Contingency' in the present paper: 'Expectations about the unfamiliar', 'Self-conscious inhibitions', and 'Being adult-directed & externally-focused', therefore perhaps the challenges reported by pupil-clients in the present study represent more universal barriers within the high school population (and possibly beyond). Nevertheless, the persistence of Therapists and clients in respectfully overcoming resistance to the key activities of DMP may be the crucial journey through which positive change is arrived at.

The findings illustrate and exemplify the power of the creative and physically enactive process to transcend and extend clients' current repertoire of knowledge, experiences and responses, through the medium of artistic expression (Hämäläinen, 2007). Also, some key undertakings in working in a novel, body-oriented and self-exploratory way are implied, which present both challenges and great opportunities. Children suffering from the commonly reported poor self-concept/image may embrace the opportunities inherent in DMP in working in a novel, body-oriented and self-exploratory way (Bradshaw, 2016); however there are key challenges highlighted by the findings. These challenges emphasise the importance of supporting clients' journey towards being open to the subjective, internal and present-moment processes in therapy, without grasping for abstraction or interpretation (Stern, 2004). Therapists must find ways to engage and enable young persons whose perceptions and responses are more focused on external contingencies, such as pre-conceived ideas of dance/therapy, how others may view them, and what others may expect of them behaviourally. Wengrower (2001) has written at length about the 'culture clash' which occurs between the aims and principles of therapy and those of school-based education, which differ and even conflict with one another. As pupils are to an extent imbued by this school culture, their perceptions of therapy may therefore be akin to being told by an authority figure to disregard, or even act in opposition to, the rules instilled throughout their previous years of education, and to operate using a completely different level of awareness to the conscious, clear pragmatism of educational 'learning objectives'. Helping clients to overcome these barriers should therefore be an area of practice development for any therapist working creatively with populations who are less open to, or anxious around, the non-directive, intrapsychic elements of arts or mind-body therapies (Berg et al., 2010).

A possible explanation for the perceived seeking for familiarity and safety is likely to be found in shortcomings in the therapeutic space and therapeutic alliance. Common factors research (e.g. Wampold, 2015) holds that the therapeutic relationship characterised by safety, security, unconditional positive regard and other Rogerian tenets is fundamental to the initiation and success of therapeutic work. Similarly, a recent a synthesis of client-reported helpful factors in the treatment for depression was compiled incorporating findings from all arts therapies, integrative arts models, and mainstream talking therapies, and presented in a framework of 'active ingredients' to be implemented in creative therapy for depression (Parsons et al.,in preparation). Central to this framework were fundamental relational features and skills, including (but not limited to) comfort and containment in therapy space or organisation and providing a coherent explanation of therapy. These two essential ingredients may have been lacking as evidenced by the ruptures and inconsistencies of the therapy space due to organisational factors – a common complaint in school therapy settings (Wengrower, 2001) - and one client's expectation of more behaviourally-oriented treatment. In addition, as the therapist was a trainee, uncertainty around their own DMP practice may have mirrored the clients' perceptions of unfamiliarity, hence impairing their ability to impart security in the process. Winnicott (1960) and Gravell (2010) highlight that for clients to overcome barriers to exploration, they must experience the therapist as a 'secure base' and a sense of 'holding and containment' in the therapy space and process. Shortcomings in these conditions may explain why Client 2 felt an aversion to exploration.

Taking a more strengths-based view, therapists should endeavour to capitalise on and promote the active ingredients that contribute to 'Unexpected empowerment', and how to better track and measure latent effects occurring outside of and beyond DMP work, such as a continued evolution of the creative process post-therapy. Some findings of Parsons et al.'s (in preparation) active ingredients found by clients to be helpful in therapy closely match the positive experiences conveyed within the present study. A central tenet of client active engagement (autonomy and agency, physical engagement with interventions), as well as increasing awareness and insight, and encouraging physical and/or creative pursuits or other satisfying experiences outside of/beyond therapy, seem to match the client experiences which contributed to their overall 'Unexpected empowerment' in the current study. Connecting with the body, nonverbal processes and symbolism and metaphor in movement and interaction have also been proposed as mechanisms in recent reviews of DMP (Karkou et al., in press; Meekums et al., 2015). It is these processes in DMP that are hypothesised to be responsible for the (empirically supported) circularity of movement, perception and affect (Fuchs & Koch, 2014), which may have led to the experiences of new/altered awareness and mindset, as well as being unexpectedly empowering in of themselves.

Certain implications for practice are highlighted by this study. During secondary school years, young people undergo a developmental life stage where peer approval is central. Therefore foremost in working with this population is a heightened need for safety and privacy in the

work, i.e. a reliable space without interruptions and consistent structure and timing of sessions in order to build trust within the therapeutic relationship. It will be difficult for clients to let go of their public/peer-facing 'persona' and explore internal phenomena if an adequate therapy space and schedule cannot be provided, as was seen in this study.

Secondly, children and adolescents vary in their stages of psychological development, such that two people at around the same age in secondary school may differ greatly in their level of independence and self-awareness. While one may relish the chance to discover their own unconscious material and integrate it into a personal narrative through creative methods, another may require a great degree of therapist direction and scaffolding early in therapy to provide secure *holding* in activities, reflecting an earlier psychological stage of development with lower levels of agency and self-determination. It is important that therapists are prepared to provide some activities with clear/simplified aims, structures, processes, and outcomes relating to the client's logical/everyday goals early in therapy when working with such clients. Taking a pluralistic orientation to the work, which appreciates the role of individual differences, will enable therapists to negotiate the safest and preferred approach with the client in order to provide the most beneficial supports (Parsons et al., in preparation). This implication emerged based on the responses of the different children, especially Client 2.

Lastly, there is a clear need for a coherent explanation of therapy, communicated effectively to specific populations, as discussed between the first author and some staff during interviews, when a vignette 'preview' for clients was suggested. A major criticism of DMP is a lack of standardised protocols and experimental research (Meekums, 2010) with which to reliably translate theoretical mechanisms into empirically-supported therapeutic practice. The diversity of DMP's methods of application have thus far prevented a robust body of scientific evidence around outcomes and effectiveness from being developed (Meekums et al., 2015). Therefore, it can prove difficult to describe the process and likely outcomes of DMP work in concrete terms to prospective clients, especially when the client is strongly focussed on effecting external events and other people's behaviour, and expecting more traditional dance/choreography sessions as a cornerstone of the process. One potential issue with providing a 'preview' vignette would be a setting of expectations for a specific way of working, when the individual clients' needs may differ significantly to those in the example. A pluralistic approach acknowledges that both client and therapist are embarked on an adaptive journey, the routes, vehicles and landmarks of which will become clear along the way (Cooper & McLeod, 2011). Therefore, highlighting of this individual variability, an initial personally tailored 'formulation', and regular reviewing and recalibrating of the therapy direction and process may help assuage uncertainty relating to preconceived ideas and expectations.

Limitations of the study

In spite of the small sample size, using IPA as a research method has enabled valuable experiences to be captured, with recognisable implications for this small sample. There were more female participants than male, considered by the authors to stem in part from traditional cultural conceptions of gender and dance (Risner, 2007). The autoethnographic elements of this study revealed issues of reflexivity and the therapist-researcher's personal and professional interests in this form of therapy. As a proponent and trainee practitioner of DMP, the author's perspective was key in the interpretation of client representations, as well as the quality of the therapy provided. While this can be perceived as a limitation efforts were made to bracket personal viewpoints and support their emerging practice through extensive clinical supervision and discussion with the second author, who is not a DMP practitioner. The first author's experience of the research process closely resembles the phenomenological description of effective reflexivity put forth by Finlay (2008: "…in this process, something of a dance occurs-a tango in which the researcher twists and glides through a series of improvised steps. In a context of tension and contradictory motions, the researcher slides between striving for reductive focus and reflexive self-awareness; between bracketing pre-understandings and exploiting them as a source of insight." Thus, the experience of engaging in this dance of psychological negotiation indicates some degree of neutralizing any excessive bias of vested interests.

Conclusions

This study interpreted a close understanding of the phenomenological experiences of participants - their prior expectations, experiences in therapy and perceived outcomes - in relation to DMP, which were the aims of the study. The main findings were themes relating to 'unexpected empowerment' contrasted with 'external contingency', arising from associated individual differences/expectations, experiences in and features of DMP therapy, and perceived outcomes related to the wider context. These findings highlight the importance of a client-led therapeutic relationship and stable therapy space, requirements which are amplified in novel, body-oriented and self-exploratory therapy with adolescents. These were a challenge to establish in the school environment, despite efforts to meet these and other individual needs.

Upon reflection, the first author's autoethnographic experience of unfolding endeavour as a student and practitioner of DMP may too have resembled a process of unexpected empowerment, while also at the mercy of external contingencies such as wanting to achieve meaningful results on placement and trying to 'get it right'. Therefore, something of a parallel process may have occurred in which concepts of power and powerlessness, knowing and uncertainty were shared by both therapist and client, emerging in the intersubjective arena of the therapy space. Future research is warranted to explore, using similar qualitative methods, the concepts uncovered in this study but with a larger, gender-balanced sample. Furthermore, researchers and/or practitioners could also trial the preliminary use of vignettes to illustrate 'what to expect' in DMP. Importantly, longitudinal research should be implemented to observe and record any subtle and long-term after-effects of DMP/arts therapies.

Appendix A. – Interview Guide

Pupil-Client Example Interview Questions

How did you first hear of Dance & Movement Therapy at school?
What did you think when you first heard about it?
Why did you choose to take part in DMT?
What were your expectations for it prior to starting?
What concerns or challenges (if any) did you have?
What happens when you have a DMT session?
What do you think and feel when you have a DMT session?
How do you feel after a session?
(How) is this different to what you expected before?
What do you like (if anything) about DMT?
What do you dislike (if anything) about DMT?
What would you change/what could be done differently?
What stands out for you as memorable about your time doing DMT?
What (if anything) has changed in your personal, emotional or social life since starting/finishing DMT that you think DMT may have led to?
How has DMT helped or hindered you (if at all)?

SEN Faculty Staff Example Interview Questions

How did you first hear of the Dance & Movement Therapy at school?
What did you think when you first heard about it?
What were your expectations for it prior to starting?

What concerns (if any) did you have (for self or for pupil)?

What happens for you when (pupil) has a DMT session?

What do you think and feel when (pupil) has a DMT session?

What do you think the purpose of DMT at Priestnall is?

How much do you understand the activities involved (that you are aware of)?

How do you think (pupil) feels after a session?

(How) is your experience of the DMT delivered at Priestnall different to your expectations?

What do you like (if anything) about DMT?

What do you dislike (if anything) about DMT?

What would you change?

What stands out for you as memorable about your time facilitating (pupil)'s access to DMT?

What (if anything) has changed in (pupil)'s personal, emotional or social life since starting/finishing DMT that you think DMT may have led to?

How has DMT helped or hindered (if at all)?

From your perspective, how does DMT fit in with the school organisation and/or environment (social/physical/practical)?

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