

Dance and movement therapy approaches for patients and disabled clients: theoretical, methodological and practical peculiarities

Šokio ir judesio terapijos metodai pacientams ir neįgaliems klientams: teoriniai, metodologiniai ir praktiniai ypatumai

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SUMMARY

Dance and movement therapy is the object of the study in the article. **The aim** of the study is to determine theoretical, methodological and practical peculiarities of modern dance and movement therapy. The task of the study is to analyze theoretical, methodological and practical peculiarities of modern dance and movement therapy. Research problem is the gap between theory and practical issues in the dance and movement therapy. The definition of scientific novelty: there is not enough dance and movement therapy research work done in Lithuania (where dance and movement therapy is completely new phenomenon) and foreign countries. Research relevance is related to the lack of nonverbal upbringing of the temper and consulting services (e.g. dance and movement therapy) for the customers and patients, where verbal consulting is not efficient enough. That is why the analysis of theoretical, methodological and practical peculiarities of modern dance and movement therapy is so novel. Analysis and synthesis of scientific literature is the research method, which allows to represent research works done in theoretical, methodological and practical sections of Lithuanian and foreign authors. The analysis overtakes the use and influence of modern dance and movement therapy on individual and helps to solve his/hers physical, emotional and social problems.

Results. According to the works of the Lithuanian and international authors, the article explored the use of dance and movement therapy orientated to the solution of physical, emotional and social problems of patients and clients (ill patients and disabled people) with the aim to use variety of dance styles and methods. Conclusion: it was determined, that modern dance and movement therapy, based on various modern theories of psychotherapy that holistically unite the solutions of mind and body problems claiming to become one of the psychotherapy forms, is applicable to different patients according to their needs when verbal therapy does not perform effectively or altogether with verbal psychotherapy. Most importantly it means to create promoting research into methods of dance and movement therapy and nationally validated, professionally recognized training for specialists of dance and movement therapy in Lithuania.

Keywords: dance and movement therapy; psychotherapy; consulting; methods of verbal and nonverbal psychotherapy; holistic; body language.

SANTRAUKA

Tyrimo objektas – šokio ir judesio terapijos metodai.

Tyrimo tikslas – nustatyti šiuolaikinės šokio ir judesio terapijos teorinius, metodologinius bei praktinius ypatumus. Tyrimo uždavinys: išanalizuoti šokio ir judesio terapijos teorinius, metodologinius bei praktinius ypatumus. Mokslinė tyrimo problema pasireiškia tuo, kad yra atotrūkis tarp šokio ir judesio terapijos teorijos ir praktikos. Mokslinis naujumas apibrėžiamas, tuo, kad lig šiol tiek užsienio šalyse, tiek Lietuvoje (kur terapijos šokio ir judesio terapijos reiškinys yra visiškai naujas) dar nėra pakankamai atliktų šokio ir judesio terapijos tyrimo darbų bei išskirtų teorinių, metodologinių ir praktinių ypatumų. Stebimas trūkumas neverbalinio charakterio ugdymo bei konsultavimo paslaugų (pavyzdžiui, taikant šokio ir judesio terapiją), kurias galima būtų teikti pacientams, kai verbalinis konsultavimas yra neefektyvus. Todėl šokio ir judesio terapijos teorinių, metodologinių bei praktinių sąsajų nagrinėjimas yra ne tik naujas, bet ir labai aktualus. Straipsnyje naudotas tyrimo metodas: mokslinės literatūros duomenų analizė ir sintezė, leidžia pateikti Lietuvos ir užsienio autorių mokslinių darbų nagrinėjimą teoriniais, metodologiniais ir praktiniais pūviais. Pateikta mokslinės literatūros apžvalga apima šiuolaikinės šokio ir judesio terapijos taikymą bei poveikį individui, sprendžiant jo fizines, emocišnes bei socialines problemas.

Rezultatai. Išanalizavus užsienio šalių ir Lietuvos autorių darbus, išnagrinėtas šiuolaikinės šokio ir judesio terapijos taikymas, orientuojantis į pacientų/klientų (ligonių ir neįgaliųjų) fizines, emocišnes bei socialines problemas tuo tikslu, naudojant įvairius šokio stilius bei metodus. Išvada: nustatyta, kad šokio ir judesio terapijos šiuolaikinė praktika, grįsta įvairiomis naujomis teorijomis, holistiškai apjungiančiomis kūno ir psichikos problemų praktinį sprendimą, pretenduoja tapti viena iš psichoterapijos formų, taikomų įvairiems pacientams pagal jų poreikius tada, kai verbalinė terapija yra ne tokia efektyvi arba drauge su verbaline psichoterapija. Svarbiausia, yra skatinti šokio ir judesio terapijos tyrimus, validuotus nacionaliniu lygiu ir organizuoti specialistų, galinčių teikti terapijos, taikant šokį ir judesį paslaugas, profesinės kvalifikacijos mokymus Lietuvoje.

Raktiniai žodžiai: šokio ir judesio terapija; psichoterapija; verbalinės ir neverbalinės psichoterapijos metodai; holistinis; kūno kalba.

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INTRODUCTION

Dance and movement therapy (hereinafter, DMT) is gaining greater recognition abroad and in Lithuania. DMT professionals use a variety of creative methods to help people who can be hardly treated by verbal, counselling and psychotherapeutic measures, or when such measures are not satisfactory at all. Scientific research problem was formulated with the aim to understand and develop DMT as integrated part of psychotherapy and thus to perform an overview of the interfaces of practical application and theoretical justification thereof. The scientific problem occurs as a gap between the practical application of DMT for persons who have been diagnosed with mental or physical health problems, in solving their social problems, and the theoretical, methodological approaches motivating such practices in Lithuania. In the view of a recognized expression of globalization, in the context of intercultural traction and due to entrenchment of educational borrowing policy, manifested in terms of Comparative Education [1] there is an opportunity in Lithuania for validation of the professional specialty in the field of DMT. The focus is on the global educational trend - an individual's life-long learning and changes in the independent Lithuanian education system, which reflects global and, in particular, European advanced education trends. The need to develop dissemination of art therapy (including art, dance movement, drama, music and similar therapies) existing in European countries, promotes systematic education of professionals, who use DMT or its elements, and validation thereof at the national level. (The European Consortium of Arts Therapies Education [ECArTE was established in 1991; it combines 21 institutes of 7 European countries and works to formulate educational standards of art therapies in Europe (including art, dance, drama and music therapy), which would be validated and professionally acceptable at a national level.]). Scientific novelty is defined by the fact that so far there are not enough completed researches on DMT either abroad or in Lithuania (where DMT phenomenon, as a research subject, is totally new, and the specialist educational standards are not defined, as compared to other countries). M. Chace, M. Whitehouse and T. Scoop's experience is continuously referred to, who first tried to seek practical and theoretical interfaces of DMT. Later on H. Payne [2-5] revealed general and exceptional features of DMT. B. Meekums [6] determined that the development of creativity has an impact on personal health improvement. She examined DMT features and concluded that the promotion of creativity had a substantial therapeutic effect, as well as development of the relationship between the patient and the DMT professional. J. Hanna [7] mostly reviewed the psycho-biological, communicative and emotional features of dance. A. Kaeppler [8-10] developed the concept that dance reflected structured movement systems that were determined by the kinesthetic experience and communication. M. Liejssen [11] focus is on the practice of psychotherapy and especially on how psychotherapists can improve their verbal psychotherapy by adding a bodily perspective to their existing ways of working. In an experiential map of body-orientedness, different approaches can be situated on a continuum from verbal to nonverbal: on one side therapy that works with mostly verbal communication and on the other side therapy where words are hardly used and

attention goes to body work and bodily expression.

Studies on the DMT topic only start to emerge in Lithuania: social pedagogy analyzed the application of R. Laban's practical experience in students' education [12]; public health education analyzed the effect of dancing on disabled people [13]; G. Karoblis's [14] doctoral thesis on philosophy summarized the researches dealing with sports dance phenomenology, etc.; B. Baneviciute's thesis studied dance skills education in early adolescence [15]. Scientific novelty is perceived in the fact that scientists have not broadly examined the DMT phenomenon in Lithuania, and there is a lack of comprehensive disclosure of theoretical, methodological and practical aspects of this new therapeutic approach. Scientific relevance is related to the fact that it is important to investigate the effect of not only verbal but also non-verbal psychotherapy (e.g. DMT), by applying the science-based research methods. The research of the theoretical, methodological and practical interfaces of DMT presented in this article is not merely new, but also highly relevant for the integration of non-verbal methods alongside with verbal psychotherapy.

The goal of the research is to establish the theoretical, methodological and practical peculiarities of modern DMT for patients and disabled clients.

The methods of the research: the analysis and synthesis of scientific literature [16], and the elements of comparative education have been applied [17]. Following the studies of foreign [3-5, 18-23] and Lithuanian authors [13-15, 24-27] the application of modern DMT has been examined, focusing on the physical, emotional and social problems of patients and clients (patients and people with disabilities), using a variety of dance styles and techniques [28-33].

THE RESULTS OF THE RESEARCH

Theoretical basis of DMT. DMT is a psychotherapeutic method, using the dance and movement process to maintain the emotional, cognitive, social, physical functioning of individuals, helping them to become more involved in social relationships and social interactions [34]. Theoretical peculiarities of the dance and movement therapy: 1) authenticity; 2) creativity; 3) a holistic approach to a person and his/her environment (the unity of cognitive and bodily "Self").

The theoretical justification of DMT. Modern DMT professionals use both psychodynamic theories and psychotherapy techniques focused on personality growth, which combine non-verbal communication competencies and other education knowledge and skills of DMT. However, there is no single, centralized and universally accepted theory that could justify DMT.

The general theory of movement functioning according to I. Bartenieff and D. Lewis [19]. In 1980 they proposed the general theory of movement functioning, arguing that the body and its movement mediate between the inside of the human body (internal processes) and its external environment, thus expressing the functions of satisfaction, coordination and other needs in both environments. Most DMT specialists apply this theory in practice as a working model. They argue that a person's body develops depending on its use, and this has an impact on the psychological health and disease state. M. Chace [18] said that the muscular activity, in expressing emotions,

is the basis for DMT, because it is a measure of structuring and organization of the human body activity. According to her, dance is a potential tool for communication and re-integration into society, especially for patients with severe mental illness. DMT provides a special therapeutic environment, where different issues of self-communication and interaction with others can be explored and co-experienced.

The theories of personality's bodily "Self". The basic theories, examining the formation of the role of personality's bodily "Self", represent more biological approach to a person's body. On the one hand, the effect of social reality on the perception of human body and personality is emphasized, on the other hand, the dialectical conflict between a person's individual biological and social identity is underlined. V. N. Nikitin [29] analyzed the psychological and psychotherapeutic scientific literature by Russian and other foreign authors about the content of a person's bodily "Self". He said that one of the structural parts of the human cognition is the knowledge of the bodily "Self", and defined the "Self" as an integrated mental and social – cultural structure formed in the personality's development process, during which a person identifies with his/her bodily self. This is especially important for the application of DMT in cases of mental and physical illness and in rehabilitation of the sick and the disabled. For example, after a spinal injury, when the human body is no longer that what a person would like to see and accept, as well as in other areas, working with teenagers or the elderly, who cannot accept the biological nature of their bodily "Self", DMT can help draw attention to the body. DMT aims at helping a person after an injury or serious illness to shape his/her own overall identity, as well as the characteristic features according to the respective sub-cultural social environment and its changes.

The methodological peculiarities of DMT. The methodological rationale of DMT is based on theoretical assumptions that the therapeutic effects of dance and movement evoke the correction process of physical, mental and social functioning of a person involved in the therapy [29]. In the analysis of the methodological peculiarities of DMT it is important to note that dance could not be and has not been applied directly to patients. M. Chace, M. Whitehouse and T. Scoop spent a lot of years in reflecting the training of DMT and only after that presented information on the professional competencies and skills of the dance specialists required for usage of DMT in psychotherapy. These are observation, interpretation, change of dance elements, e.g., rhythm and space, to satisfy patients' needs. In June of 1942 M. Chace was invited to work with patients in St. Elizabeth hospital in Washington, where she first described the DMT process. This created the theoretical and methodological basis and allowed the development of DMT to contemporary practice. In the early development phase of DMT practice it was influenced by widely recognized psychodynamic psychotherapeutic theories in 1940 – 1960 [35]. In addition to that revival of nonverbal communication studies in 1960–1970 [36] and increasing awareness of the need to pay attention to a person's body in case of psychiatric disorders [37] opened the way for the use of other psychotherapeutic theories that focused on the personal growth of individuals, connecting internal mental processes with their social environment.

The methodological aspects of DMT for patients and

disabled clients are particularly important in applying this kind of psychotherapy in rehabilitation. DMT specialists integrate specific knowledge about the body, movement, motion and expression with the psychotherapeutic, psychological counselling and rehabilitation skills to help individuals upon their demands and by applying as wide range of treatment as possible [2-4, 28]. Social, emotional, cognitive and psychological problems can be solved in DMT group or individual sessions. Using different tools, work is done in various clinical environments, ranging from hospitals and clinics to the schools. The fact that DMT specialists focus more on a person's body language rather than verbal expression, distinguishes DMT among other psychotherapy types. However, although the roots and practice of DMT have much in common with psychodynamic rather than alternative therapies, it is often classified as a complementary therapy. I. Zwerling [38] states that there is a discussion ongoing about the necessity to consider DMT as a primary therapy. Essential methodological peculiarities of DMT for patients and disabled clients, in our opinion, have been formed historically and include theoretical insights of psychotherapy, practical studies of DMT and the summaries of their results.

The practical peculiarities of DMT. The concept of practice has remained unchanged since the ideas outlined by the first DMT professionals, when the motion and movement had been seen as an individual and complex communication through the development of expression. A person's body and movement are seen as DMT language, which should not be discouraged by the therapist's interventions, because otherwise it would be equivalent to the instructions provided in the verbal therapy on what patients should speak. DMT currently aims to measure and record the correction results of a person's physical, mental and social functioning. For this purpose, the experimental-clinical trials of movement are carried out.

Spread. DMT was formed as an official psychotherapeutic practice in 1940 [39], affected by spreading therapeutic practice of using dance and movement in Europe and other countries [39]. The professional activity of specialists, using dance and movement as therapeutic methods, started in the USA around 1966 [28]. The American Dance Therapy Association (hereinafter referred to as the ADTA) launched its activities as a specialized organization with 73 eligible members.

Locations of use of DMT. DMT professionals work in psychiatric and rehabilitation institutions, schools, care facilities, addiction treatment centers, health care institutions, counselling and crisis welfare and alternative treatment centers.

DMT practice targets. DMT is an opportunity for treatment, relaxation, and celebration. This therapy is an effective tool used for stress management and solution of physical and mental health problems [40]. The question arises: for what patients DMT is applied; what are the problems of these patients and their solutions; how are DMT professionals working and what is the practical therapeutic process?

Patients. DMT professionals work with individuals of all age groups, groups and families. The contemporary categories of patients participating in DMT have expanded and include both educated and sick children [41, 42], women having breast cancer [43, 44], individuals suffering from eating disorders [45], patients with Parkinson's disease [46], cardiologic patients,

persons with spinal cord injury, using wheelchairs [27, 47].

Most DMT professionals work in the areas of personality growth and social welfare, palliative care, medical illness, developmental disabilities and addictions. About 60% of DMT professionals classify their activities as psychiatric and psychotherapeutic treatment [28]. Since 1970 up to now DMT has been applied in working with such social groups as teenagers and parents, children with autism and developmental disabilities, the elderly and old people. When integrated into psychotherapy, DMT can be applied for individual patients diagnosed with, for example, mental health disorders, post-traumatic stress syndrome, or for persons having the refugee status, in solving their psychosocial problems [3].

Patients' and disabled clients problems. After emotional stress emotions remain in the human body for a long time. Without the ability to relax emotionally, the emotions existing in the human body can turn into frustration, discouragement, fear, anger, and self-destroying behavior. Words are only one way of expressing own feelings and emotions. R. F. Cruz [28] states that ~ 84% of information during communication is received and transmitted non-verbally. Our bodies have a peculiar vocabulary that had been formed much earlier than we started talking. Movements and body language are most often more honest expression and evaluation of us, as we are. Our body communicates all the time. Therefore, we communicate in rest and sleep, while being free or during a rage attack.

DMT professionals help their clients to increase self-respect, change appearance, develop effective communication in order to gain (communication) skills and improve interpersonal relations with others, broaden the movement vocabulary, and acquire communication insights. The insights and experience gained during dance and movement, are translated into behavior. New ways and opportunities are created, which would assist the client to deal with problems in his/her daily life.

Compliance of the competencies of a DMT specialist with a client's needs. The skills of professionals using dance and movement techniques in the therapy shall meet each client/patient's uniqueness and needs, by accordingly selecting the right form of dance or movement. DMT specialists use movement and body language as the main tool to monitor, assess, analyze and perform therapeutic interactions and therapeutic interventions. Therefore, development of educational competencies of DMT professionals must include very different styles and shapes of dance and mobility.

The practical methods of DMT. There are no equal forms of DMT treatment. Despite the different methodologies used and the variety of the techniques, the common feature is that the body movements are combined with feelings. And it gives good results in psychotherapy [31]. Whether choreography (stylized), or improvised movement is used to address the social, emotional, cognitive and physical problems, the essential aspect of DMT is that the body language unites both body and mind.

In this article we divide the methods into several categories that are inter-related but still different: 1) by dance and movement process; 2) by dance and movement styles; and 3) by dance and movement rhythm.

The methods by DMT process. Considering DMT as treatment, the therapeutic process is analyzed.

The general process scheme of DMT according to M. Chase

basically covers three main phases: 1) clinical preparation and choice of diagnostics; 2) the first phase of treatment: monitoring of the patient's body movements and charting of monitoring scheme, as well as selection of further movement and dance treatment; 3) the second phase of treatment: analysis of the patient's movements, consisting of information about the movement energy and dynamics in the treatment process [31].

The DMT process scheme according to M. Leventhal. Most professionals use American M. Leventhal's method [48], including five stages: 1) physical, mental training, warm-up, the patient's relaxation and preparation for unfolding; 2) selection of the process scheme proposed by the therapist or the patient; 3) selection and performance of exercises, combining the body and mental experiences in a single act; 4) stop and concentration on search for the patient's most important moment, experience; 5) the end, covering mainly movement and dance, often carried out together with the therapist. M. Leventhal says that working in this way, the patient is gaining more confidence, and the therapist can better monitor the patient's vital problems.

DMT process scheme, using various techniques based on the "here and now" principle. These are Gestalt psychotherapy technique [49]; psychoanalytic "breathing together" technique [50]; the body integration technique [51]. Other methods are also used, by applying breathing and touching.

Methods by dance and movement style. Styles and shape of dance and movement are not merely tools used for recognition of the patient/client's issues, but also a powerful therapeutic method helping the personality to express in its social context. Dance movements can reveal joy, pain, sadness, anger, aggression, etc. For all those who have problems in communication, who for one reason or another, distance themselves from the surrounding social environment, dancing helps to "open up" the limits of their interpersonal relationships with others that they have created. The dance movements offered to the patients are selected so that they could be performed and the patients would not be afraid of doing something in a wrong manner. In order to help the patients to express their feelings, various dance steps and movement styles are applicable (Table 1. DMT methods by dance and movement style): ancient dances (have a sedative effect); classic ballet (helps to stretch the muscles, shape the body lines; the patient more quickly perceives the body limits, for example, feels the right or left side, etc.); ballroom dances (sports, household or social dancing – waltz, tango, foxtrot, boogie-woogie, etc.) help in solving social adaptation and integration problems. C. Schmais recommends to select the dancing style depending on the person's needs. Shy and constrained persons are apt for Spanish dances; lacking self-confidence, the ones confused in different situations are apt for active (sharp) jazz movement; belly dancing is suitable for sexual development. Sometimes a specific dance shape is chosen, which matches particular feelings. G. Karoblis's [14] insights conceptually relate the treatment of amateur dance and application of modern ballroom dance for therapeutic purposes – change of human physical, social, mental, spiritual functioning, i.e., presence. G. Don Campbell [52] states that it is essential to learn jazz for everyone, especially for children, because it educates the ability to maintain a dialogue, without losing from the sight the entirety of social function and reconciliation of differences, even if they are opposites.

Table 1. DMT methods by dance and movement style. (Created by Soraka and Sapezinskiene)

Ref. no.	Style	Example	Influence on the client / patient's well-being
1.	Ancient dances	Polonaise, etc.	Have a sedative effect
2.	Classic ballet		Helps to stretch the muscles, shapes the body lines, makes the patient more quickly perceive own body limits.
3.	Ballroom dances (sports, household or social dancing)	Waltz, tango, foxtrot, boogie-woogie, etc.	Help in solving social adaptation and integration problems. Applicable for people who have been isolated from society for a longer period of time.
4.	Latin American dances	Samba, Brazilian mamba, etc.	Helps to maintain a coherent personal mind and body being, to feel safe, pleasant, increase human energy.
5.	Freestyle (improvisational) dance		Helps the patient to resume forgotten movements that were once known. Actualizes feeling conflicts, the solution of which requires move from perception of senses to the action plan.
6.	Authentic dance	Contact dance – improvisation, etc.	It is a person's body therapy that exploits the game and communication in dancing. It teaches to feel own body, listen to oneself, to own intuition and to decide at a certain moment of time. The knowledge of the world is formed through the person's body: trust, awareness of responsibility and resistance, sense of intuition.
7.	Individual and group dance	Greek dance "Zorba" with increasing rhythm, etc.	It develops an individual's ability to feel oneself, helps to distinguish individuality and teaches to adequately respond to others; it influences development of social human feelings, in particular transformation and reduction of such feelings as fear and anger.
8.	Jazz dance		It educates the ability to maintain a dialogue, without losing from the sight the entirety, socially function and reconciliation of differences. It helps to deal with difficult tasks, promotes creativity and "breaking" of stereotypes.

D. Coulter recommends jazz as the way helping the patients to "break" the stereotypes. He argues that it is complicated to know jazz. In order to "get out of jazz twists labyrinth", we have to keep the rhythm. Jazz moves into chaos; from which it creates order. G. Don Campbell [52] notes that the healthiest and most readily available are Latin American dances (for example, samba and Brazilian mamba), and their rhythms. The Latin style helps to maintain a coherent personal mind and body being, to feel safe, pleasant, increase human energy. Freestyle (improvisational) dance is the patient's movement by own rhythm, freestyle dance improvisation helping the patient resume forgotten movements that were once known, i.e., crawling, rotation, marching and other basic movements learned in infancy and childhood. Movements awaken memory, facilitate the exchange of feelings that actualize conflicts, for the decisions of which patients are encouraged to transfer to a conscious plan, which is one of the therapeutic goals [53]. In a freestyle dance the patient learns to use space of the room, play with different spatial levels, vary in strength and power of the body, consciously work with free improvisation rhythm and pace, develop individual choreography. The patient gives aesthetic form to his/her improvised dance.

The example of an authentic dance may be the so-called contact dance – improvisation: intuitive body therapy that exploits the game and communication in dancing, and is based on the intuition of DMT participants. Contact dance teaches to feel own body, listen to oneself, to own intuition and to decide at a certain moment of time. The contact improvisation includes a wide variety of technique directions, such as yoga, aikido, contemporary dance, theater, acrobatic elements [54]. Contact improvisation gives the body a vital force, lightness, flexibility and plasticity.

Individual and group dance styles. The individual style

of art therapy, including dance therapy, is prescribed by a physician or a DMT specialist. Group sessions are used to solve communication and social problems. At the beginning of the group dance and movement classes the group "warm-up", "introduction" methods, etc. are used, characterized by synchronicity, rhythm intensification. Group DMT develops an individual's ability to feel oneself, it helps to distinguish individuality and teaches to adequately respond to others. During interaction with other members of the group there emerges an opportunity to "give" and to "take", to transform such feelings as anger, fear, and, consequently, reduce or get out of the social isolation.

Styles change. During treatment, the dance styles can be switched, expressing different characters and movements. For example, the Canadian dance specialist M. Danson cooperated with doctors, psychologists, dieticians, masseurs, and others. Her patients in Toronto clinic followed a special diet for unhealthy obesity. M. Danson prepared DMT programs that consisted of three sensuous state solutions and respectively different styles.

During the first stage the body had to be provided with energy. Since the body was almost deprived of food, it was necessary to get as much feeling stimulation as possible. It can be achieved through dancing, and thus feelings become brighter. M. Danson stressed positivity of this stage, by activating movements, bold gestures and high jumps.

The second stage – work with depressive state that is reflected in heavy helplessness of the human body. The belly is growling, the mouth and eyes want to swallow food, all thoughts are just about the food. At this moment rotating movements are necessary, such as calm soothing waltz. During this stage, patients start to talk about their personal feelings and embonpoint problems.

In the third, final stage the patients gleefully spin, feeling lightness and happiness. Circle dance develops group feelings, allowing to feel the common success.

Methods by dance and movement rhythm. The following methods can be used for DMT: eurhythmics (E.J. Dalcroze); R. Steiner's eurhythmics, four elements dance method (A. Giršon), etc. This article deals with eurhythmics (E.J. Dalcroze) and four elements dance method (A. Giršon).

Eurhythmics (rhythmic system) method. The core of E. J. Dalcroze's method is rhythm [26]. Eurhythmics is a harmonious and expressive movement and motion. The essence of the method is that "the first and the main musical instrument for a person is his/her own body, used for expression of his/her feelings and emotions" [26]. Improvisation combines music and the body and is a natural extension of what a person learns while listening to music and training own body movements. Everything is focused on the process rather on the final result (as it is in the case of learning how to dance). However, the scientific studies show that DMT training sessions allow to develop the human capacity to understand the music and evolve. A. Vilkelienė cites the qualitative research (the case study of patients with cerebral palsy), and emphasizes what needs to be considered when modeling the impact of the music on a disabled individual. Rhythm is one of the main means of musical expression, covering both artistic and therapeutic effects on a disabled person. The strength of the effects depends on the disabled person's sensory and emotional memory.

Four elements dance method (A. Giršon). The author of the method A. Giršon uses the metaphorical technique of dynamic visualization (visualization of movements), based on the sensation of the body and its inner rhythm [30]. This DMT covers five stages. The first four stages are dedicated to the journey to the so called four elements world, and the fifth stage is the final and inclusive one. Each stage comprises various dance and movement techniques: 1) keys to the body (the earth element – sensation of own body; the air element – breathing; the water element – flow of blood and other body fluids; the fire element – internal rhythm, e.g., heartbeat, pulse, etc.); 2) visualization of one of the stages in space, using dance and movement; 3) identification with dance and movement expressed by the element; 4) the end of the element expression, gaining awards of the element and corresponding titles; 5) the ritual ending, by saying out loud what awards and titles a patient has acquired. The final part of the session includes the closing dance expressing the combined elements.

Combination of DMT with other forms of art therapy. O. A. Svirepo and O. S. Tumanova state that Moreno has used DMT as an auxiliary therapeutic tool in psychodrama therapy, but, in fact, the benefit is that the dance does not require verbal communication at all [30].

SCIENTIFIC RESEARCH ON DMT

Currently the terms etic and emic are often used, which are defined by linguists as meaning the differences in approach (etic – theoretical scientific approach, emic – local people approach), according to Kenneth Pike's analytical method [55]. In empirical studies this reflects the principles of method harmonization (triangulation of the quantitative and qualitative research methods). Within qualitative research,

there are a number of methodologies which significantly favor the emic over the etic and vice versa [56]. The etic perspective encompasses an external view on a culture, language, meaning associations and real-world events. An etic approach (sometimes referred to as "outsider," "deductive," or "top-down") uses as its starting point theories, hypothesis, perspectives, and concepts from outside of the setting being studied. Already at the end of the nineteenth century and at the beginning of the twentieth century the first dance theorists (James George Frazer, Jane Ellen Harrison, Ernst Grosse, Edward Burnett Tylor) were able to show that dance was very important for the study of society [55]. Dance studies were based on evolutionism theory, which argued that dance had evolved from primitive into more complex, "civilized" forms. Now it is appreciated that all cultures and their dances have their own unique stories, and it is not possible to establish identical categories in different cultures [55]. In investigating the effects of dance movement therapy (DMT) in a psychiatric outpatient clinic with patients diagnosed with depression. DMT aims to engage the patients in physical and verbal exploration of their experiences generated in movement based interaction. The assumption was that DMT, which includes both physical engagement as well as emotional and social exploration, would alleviate the mood and psychiatric symptoms. In investigating the effects of dance movement therapy (DMT) in a psychiatric outpatient clinic with patients diagnosed with depression. DMT aims to engage the patients in physical and verbal exploration of their experiences generated in movement based interaction. The assumption was that DMT, which includes both physical engagement as well as emotional and social exploration, would alleviate the mood and psychiatric symptoms [57].

Traditionally the qualitative research strategy of DMT is dominated, when the performed dance can be studied according to its content and form, as a process in relation to the other participants, i.e., as a subjective research material in the properly constructed methodology. Dance can be content and/or form, process and/or product, in relation to qualitative inquiry [32]. Although dance scientists and some dance education researchers use primarily quantitative methods, a variety of qualitative, usually interdisciplinary, approaches have dominated dance research, with researchers invested in exploring dance and dancing as bodily experience, aesthetic object, and social and cultural process [32]. The researchers' self-presentations are becoming increasingly popular (who I am, why I do this, what my experience is, I have the right to write this and that, because I am this and that), by emphasizing the present, and the dance tends to be analyzed as a practice: while previously scientists used to trace dance forms, now it is dancers' experience that is distinguished [55]. This is related to the research objectives of the DMT practice.

DMT specialists have always sought to explore with the purpose to understand and explain how DMT works and what they do [58]. The phenomenological research and data collection method is most commonly used, which is combined with the traditional research strategy (for example, a thorough monitoring of personal behavior and its changes in the natural environment). Sometimes video and recording equipment is used for capturing the research results. According to C. Schmais and D.J. Felber [58], three main strategies are used for the DMT effectiveness studies: research scales, experimental

studies and descriptive analysis. The scales are created with the purpose to measure the differences in an individual's behavior and other personal characteristics, as well as their changes in group DMT, but this method does not reveal much information about the ongoing group processes. Experimental studies measure a person's behavioral changes in isolation, by obtaining the objective information about the phenomenon, but little is reflected on the group processes. Lastly, descriptive account of dance therapy sessions furnishes a comprehensive picture of the event, but they are highly subjective and not replicable [58]. Filming or video recording technique makes it possible to investigate the group processes, to isolate and monitor the manifestations of group process development, leadership competition models, expression of movement and touch and how it affects the development of interpersonal relationship, the exerted synchronized activities and how they affect the participants' behavioral development, etc. [58].

Several DMT studies examined a person's self-perception and expression of his/her identity in the group [7]. The pilot study to assess the effectiveness of dance psychotherapy showed that for patients with medically unexplained symptoms the change of approach to symptoms can be very useful. For this purpose, special interventions are used to stimulate the mind and body interactions, i.e., to promote self-changes in awareness and behavior [4, 5]. It has been studied and continuously analyzed, whether after 12 weeks of group DMT its participants (with identified medically unexplained symptoms) have changed the approach to their body symptoms and received any other benefit from their perspective [4, 5].

Historically, it was important to demonstrate that DMT was effective, especially because of the fact that psychotherapeutic processes holistically integrated a person's emotional, physical and cognitive functioning [59]. Some researchers are now incorporating research and language from neuroscience to corroborate basic tenets of DMT and offer a bridge to other disciplines [60-64]. Dance/movement therapy actively engages the brain through the body with interventions that impact both physical and psychological functioning [65-67].

Focusing on the DMT benefit for treatment of post-traumatic symptoms, it is important to note that as the fields of trauma psychology and neuroscience seek to understand how the body-mind is affected by developmental trauma, it is hoped that dance/movement therapy might contribute its rich arsenal of relational, movement, and body-based interventions to support the development of a holistic and effective treatment model for clients dealing with trauma-related dissociation [68]. The role of dance/movement therapy in connection with five areas of neurological functioning: 1) arousal and rest; 2) emotional regulation; 3) implicit (preverbal, preconscious) and explicit (verbal, conscious) memory; 4) the mirror neuron system; 5) right/left brain integration [63]. The clinical examples of application of the group DMT method are provided below.

CLINICAL EXAMPLES [63]

A group session began with a member talking about feeling invaded by a family member's "meanness" towards her. Another group member related to the confusion and frustration through her own experience of struggling with how to respond to a co-worker's aggression. The group decided to explore the theme of setting boundaries through a movement experience

in pairs. One person in each dyad embodied an "aggressive" energy towards the other; and second experimented with full body movement responses. A range of full effort movement dynamics filled the room as interactive dances came alive in each pair. Afterward, one member stated, "I didn't realize how mad I was till I felt the heat in my body, and moving with my instinct to push back felt so satisfying." Another had found a different solution, "I wanted to stay connected, and I moved slightly to deflect the energy coming at me, so I didn't have to absorb it all. This gave me an idea about how I might approach the situation." The following session, group members referred back to their movement experiences as they tracked the ways in which they had set boundaries in life situations that had come up during the week. There was excitement in the room as they spoke. One participant stated, 'The movement impacted what I decided to do directly-when things got heated, I knew it would not be productive, so I just changed the subject, and it worked! I felt less out of control.' The movement experience had provided a dynamic opportunity to explore the relationship between body and emotions, to evoke awareness and explore choice, and respond to complex situations more effectively. As a more conscious interrelationship between the mind and the body is developed, the body naturally becomes the resource for emotional self-regulation and integration. Moving actively, with full effort, can allow strong feelings, such as anger, rage, or joy, to be more consciously experienced and expressed, making them more available for verbal processing. Depending on one's needs in the moment, sensing and responding to the body through movement can be used effectively to regulate or contain emotion [67].

DISCUSSION OF THE RESULTS

The research results achieved by the authors of the article and foreign scientists [2-5, 7, 18-20, 27, 33, 69, 70] coincide in several basic aspects. The DMT methods are applied to patients and the sick: first, with physical and / or mental disabilities, social integrity problems, as well as for the purposes of personality development; second, in cases, where verbal therapy does not work, or for the purpose to supplement the verbal therapy treatment by non-verbal dance and movement therapy interventions. Scientific literature database, compared with the practical use of DMT methods, is poor; the research work done is not sufficient to allow the dance and movement therapy evolves as one of the forms of psychotherapy.

CONCLUSION

It has been determined that modern DMT practice for patients and disabled clients, based on various modern theories, holistically embracing the person's body and mental practical problems, is gaining self-methodological basis and aims to become one of the form of psychotherapy in Lithuania, which can be applied for different patients according to their needs, when verbal therapy is not as effective, or in line with verbal psychotherapy. However, the most important task is to promote the DMT research validated at the national level, and to conduct the recognized professional training for specialists who provide DMT in Lithuania.

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Received 18 February 2016, accepted 15 June 2016
Straipsnis gautas 2016-02-18, priimtas 2016-06-15