

Running head: LISTENING TO MOVEMENT

Listening to Movement: The Use of Dance Movement Therapy in Groups to Reduce
Anxiety in Males Struggling with Addiction

Christine D. Ferris

The College at Brockport

Acknowledgements

I would like to acknowledge the many people that have given me support, insight, guidance, understanding, and encouragement throughout the years of my graduate program. They have been a great help to me throughout the program.

I would also like to thank all of my professors in the Counselor Education Program at the State University of New York College at Brockport. Each professor has facilitated a growth fostering environment for me to work on myself. Through each class I have grown as a person and as a counselor. Each one of my professors has offered a unique and effective approach to the counseling process; modeling genuine, unconditional positive regard and empathy through interactions each and every class. My learning's in this counseling program have greatly exceeded my expectations for my graduate studies. I sincerely thank everyone.

I also would like to thank the College at Brockport Counseling Center Services for providing me with a more than nurturing environment while learning basic counseling skills. Each and every one of the counselors working in the counseling center supported my education and provided me with many tools to use as a counselor.

In addition, I would like to thank Unity Health Systems for providing me with the opportunity to work with an exceptional counselor Mrs. Kathy Conti. Kathy has been supportive, empathic, understanding, challenging, and genuine supervisor. Kathy and I have developed what I believe to be a solid relationship. Kathy modeled counselor ethics, counselor multicultural responsibility, openness to feedback, accountability (by holding herself accountable), and unconditional positive regard, respect of co-workers, confidentiality, and core elements of group/individual psychotherapy. Because of Kathy

I have had the opportunity to see my blind spots as a counselor and gain awareness of both my strengths and weaknesses in the role of a counselor. Unity Health Systems also offered me experience in a variety of counseling settings working with a range of populations. Thank you Unity and *most especially*thank you Kathy!!!

I would like to thank my dad, Jim Fallon for his time critiquing my writing skills throughout each class. He has encouraged me to continue my education not only through his words but, through his actions. I do not believe I would be able to accomplish a master's degree without his support and accommodations. Thank you dad!!!

Additionally, I would like to thank my step mom, sisters, brothers; friends and Russell for listening to me talk out my stress each semester. Thank you all for your support, ear and encouragement throughout the years.

I would like to thank my children, Troy, Faith and Riley Ferris who have been my inspiration. They have shown me the importance of happiness in a career, the continuation of education, and example the benefits of hard work. My children have unknowingly sacrificed while I have pursued my goals.

Table of Contents

Abstract.....5

Review of Literature.....6

Method.....41

Results.....54

Discussion.....57

References.....61

Appendices.....65

Abstract

A study with the use of dance movement therapy as a counseling approach in a chemical dependency setting was presented. The objective of the study was to find out if the use of dance movement therapy in male chemical dependency groups reduces overall anxiety. The literature review describes dance movement therapy, aspects of chemical dependency and addiction, dance movement therapy used with specific populations, chemical addiction with creative art therapies, the process of recovery (stages of change), fundamentals of group work, anxiety, and movement therapy techniques used in chemical dependency groups. Methods of the study were presented with the use of four movement therapy interventions. The instrument and participants were also described. The results were evaluated qualitatively and quantitatively through pre and post test results and observations. The discussion presents areas for additional research and implications for future research.

Review of Literature

What is Dance Movement Therapy?

According to the American Dance Therapy Association (1970), dance movement therapy is defined as “the psychotherapeutic use of movement as a process which furthers the emotional, cognitive and physical integration of the individual.” The American Association for Health, Physical Education, and Recreation (1974) describes Dance movement therapy as the use dance and movement as the core means of communications between the client and the therapist during both individual and group settings. Dance movement therapy can be used in mental health settings, psychiatric hospitals, residential homes, schools, inpatient rehabilitations centers or in private practice settings. Dance movement therapy can be useful to clients of all ages and ethnic backgrounds and especially helpful to client with special needs, like populations who cannot express themselves verbally (American Dance Therapy Association, 1970).

The American Dance Therapy Association was founded in 1966 and maintains a code of ethics and has recognized standards for practicing professionals in the field. In the profession of dance movement therapy an individual must be registered. This registration is granted to individuals whom have completed a master’s degree as well as 700 hours of a clinically supervised internship. The Academy of Dance Therapists is an advanced level of registry awarded to therapists whom have completed 3,640 hours of clinically supervised work in an agency or school setting (American Dance Therapy Association, 2007).

A dance movement therapist focuses on mimicking the client’s movement patterns, empathy, and allows the client to lead the session with his or her own

movements. A client that is dealing with a chronic mental illness may communicate feelings in a rocking motion, for example. The dance movement therapist would then attempt to accept, relate and deal with feelings empathically through the movement (American Dance Therapy Association, 1970). Dance movement therapy has also been associated with increased kinesthetic sensitivity, a greater sense of body and awareness, a broadened range of movement, enhanced relationships, and authentic self expression (Dosamantes-Alperson & Merrill, 1980).

Dance movement therapy addresses the question of “who am I?” and “where am I?” Such questions assist in individual awareness and may help individuals realize where they are and where they are not. Through the use of movement therapy a client may gain a better understanding of being ultimately alone and awareness of the self as an individual (Lewis, 1984).

Dance movement therapy consists of several components each of which are critical for effective work to be done in the session. These components are listed as the following:

1. The relationship between the client and the therapist
2. Originality
3. Dance
4. Awareness
5. Movement
6. Play
7. Intuition
8. Completeness

9. Empathy
10. Genuineness
11. Metaphor
12. Imagination
13. Healing
14. Unconscious
15. Spirit (Lewis, 1984).

Where Did Movement Therapy Come From?

Individuals throughout history have expressed themselves with movement in a specific rhythm. This activity is called dance. The word dance is to be defined as different as other activities. The American Dance Therapy Association describes dance as “a purposefully, rhythmically, and culturally patterned sequence of nonverbal body movements and gestures which elaborate what a specific culture considers to be ordinary motor activity” (1970). Throughout history humans have danced before hard and difficult times as well as joyful celebrations. Dance is a language in and of its self and was a way for individuals to express their feelings to each other. All throughout history individuals have danced at significant experiences in their lives.

Movement as a Metaphor

Dance movement therapy is largely based on the idea of movement as a metaphor. When nonverbal communication is dissected the information at hand can provide increased awareness of the self, patterns of behavior, belief systems and relationships. The use of movement as a metaphor is significant for effective therapy to occur. The metaphor provides learning in the following ways: (1) the metaphor is a form of

symbolism; (2) it provides a way of working through a “block” or stuck situation; (3) it reflects issues of self-identity; (4) it gives representation of role-relationship patterns used by the client; (5) it connects past, present and future experiences for the client; (6) it allows the movement to hold multiple meaning and contexts; (7) it allows for expression of emotions in ways that may be otherwise inexpressible; (8) it connects left brain and right brain or conscious and unconscious processes; (9) it can be used to explore alternate ways of thinking; and (10) it assists in memory by linking connections. The metaphor is important to dance movement therapy because it has the ability to hold many layers of meaning (Meekums, 2002).

Neuroscience and Dance Movement Therapy

Further evidence of the use of movement as a metaphor occurs in the study of neuroscience. Neuroscience is the study of the central nervous system. All sensory information is processed through the central nervous system (CNS). The CNS is made up of the spinal cord and the brain. Kinesthetic information is processed through the joints and muscles but is connected to the nerves along the spinal cord. Additionally, for every sensory impulse that occurs a motor impulse is attached even if we did not move in that moment (Meekums, 2002).

Theoretical Approaches

Several different approaches are used to assist qualified clinicians who practice dance movement therapy. Many of the theoretical approaches to dance movement therapy are based on theories of psychotherapy and counseling. These theories are based on the work of psychoanalytic and Jungian dance movement therapy, person-centered techniques based on the work of Carl Rogers (Lewis, 1984).

Marian Chace's Approach

In the 1940's Marian Chace, a staff member at the St. Elizabeth's hospital in Washington D.C began to notice benefits in clients exposed to modern dance. Modern dance is movement without boundaries and limits (American Dance Movement Therapy Association, 1970). Chace, an experienced dance teacher began to apply the healing aspects of dance to work with people who had severe mental illness (Levey, 1992). Chace viewed individuals with mental illness as unique; capable of genuine interpersonal interactions and like any human being longing to be understood. The themes of Marian Chace's approach included: 1) Body Action; 2) Symbolism; 3) Therapeutic Movement Relationship; and 4) Rhythmic Activity.

Chace believed that seriously mentally ill patients communicated emotions by movement of their bodies. Certain types of movement reflect emotional blocks or expression that can be seen by a trained eye. These include musculature rigidity and movements in a rhythmic pattern.

Chace believed that work could be done on a symbolic level. To assist with symbolism Chace used techniques such as imagery, fantasy, recollection, verbalization and dance action. In order for symbolism to be effective the client needs to be supported and accepted on an empathic level. One example of this may be taking images of trees, animals or flowers as symbols related to self, conflict or growth.

Through dance Chace perceived, reflected and reacted to her client's emotional expressions. Chace described the therapeutic movement relationship as a deep connection of emotional acceptance. In order to reflect the client's movement she used a technique called mirroring. In this process Chace took the client's nonverbal movement

seriously to meet client “where he or she is at” and genuinely accept him or her emotionally. In other words, she communicated to her client, “I hear you, I understand you and I accept you” through her movement (Levy, 1988).

For severe mentally ill clients movement in a rhythmic pattern can provide comfort and security when dealing with chaotic emotions. Chace exaggerated some of these rhythmic patterns to assist the client with awareness of body language. In extreme cases Chace found that the client may slowly modify their own behavior and ultimately be able to verbalize underlying conflicts within their self. In a nutshell the rhythmic movement relationship provided a structured environment for the clients to release genuine thoughts and feelings within a group.

Chace would use her intuition to get a feel for the group by making a direct communication with each client in the beginning of the group. Chace used three interventions during her sessions one was mirroring or empathic reflection. Another was clarifying and expansion of expressive movement and the third was discussion movement. These specific techniques were used in Chace’s work to help guide clients in a natural progression from one stage to the next (Levy, 1988).

Blanche Evan

Blanche Evan started her career in dance movement therapy in the late 1940’s. Evan worked primarily with what she humorously called the “normal neurotic.” She specialized in creative dance for children. Evan’s foundation is based on natural dance as well as improvisational dance and she is a major founder of dance movement therapy. She developed a theoretical approach which included four major techniques: 1) the warm

up; 2) A system of functional technique; 3) improvisation and enactment and 4) verbalization of thoughts and feelings.

Evan believed that the warm up was an activity that would release any tension that the person may be feeling. She also believed that the warm up paved the way for a person to allow feelings to surface within the self. She stressed the importance of the warm up activity because it is the preparation for the rest of the session and to reduce the tension that may be covering the “real” issues. Evan would take turns picking a group member to lead the warm up activity. Exercises in the warm up generally focus on swinging motions to provide a sense of freedom and security.

Evan describes her system of functional technique as: “corrective exercise designed to retrain muscles to move in relation to nature’s design in a rhythmic expansion and contraction” (Levy, 1988, p.39). The functional technique specifically is work on posture, coordination, placement of body parts and movement in a rhythmic motion. Evan stressed that the body has the task of support for the physical and emotional well being of the individual. In addition the physical and emotional state of the individual is directly related to the spine (centeredness) and balancing of the body. With the task of keeping the physical and emotional state of the individual in mind (Levy, 1988).

Evan believed that our mental functioning is based on how well our physical body is functioning. She also believed that individuals are born to be able to grow. Evan believed the use of the human body as an instrument for expression is a psycho-physical need that dance movement fulfills. Evan’s theory is based on the following goals and concepts:

1. To rehabilitate the body

2. Give the client the permission to use space in a freeing way
3. Improve strength and flexibility of both the body and emotional expression
4. Increase the client's security of physical self expression by increasing awareness of self control over the body
5. Improve body awareness
6. To gain a better understanding of purposeful and meaningful body movement expression

Mary Whitehouse's Approach

Mary Whitehouse was another dance movement therapist. She began her work in the 1950's. Whitehouse worked with individuals who were functioning quite well in society. Many have previously been exposed to therapy. Such clients had some basic knowledge of both psychotherapy and movement. Whitehouse facilitated both group and individual sessions to assist clients with self-discovery through movement. She used improvisation as a tool in therapy and believed that clients were who came up with the way they wanted to move expressed creativity in the session. Whitehouse valued the use of creativity through dance as a form of self-expression, communication and self-disclosure. Mary Whitehouse's consists of several themes including: 1) kinesthetic awareness 2), polarity 3), active imagination 4), authentic movement and, 5) therapeutic relationship/intuition (Levy, 1988).

Whitehouse believed that kinesthetic awareness is the internal awareness of his or her physical self. She believed that kinesthetic awareness is different for each individual. and that sometimes individuals may have never developed a kinesthetic sense. In these cases the kinesthetic sense may become part of the unconscious. Whitehouse refers to this

as “living in the head.” She refers to individuals who do not have strong kinesthetic sense as being able to identify how he or she feels from one movement to another.

Whitehouse stressed the presence of polarity in the body. In the human body one body movement is the use of two sets of muscles. For example while one set of muscles are contracting the other set of muscles are extending. Whitehouse believed that while a client is moving they are automatically expressing her or her self in polarity. Whitehouse also believed that as one type of movement is chosen by a person the expression that was not chosen does not simply go away, it only goes unrecognized. An example of this is that a client does not stop to think of a straight movement as opposed to a curved movement.

Active imagination can be compared to a Jungian concept of free association. This method is to bring both unconscious and conscious levels of thinking into the session. Whitehouse describes active imagination as allowing impulse to take form through the use of movement. She believed that one of the goals of dance movement therapy was to assist the client in releasing unconscious emotions that are buried in the body of the individual. These unconscious emotions are specifically located in the client’s joints, muscles and tissues. In addition Whitehouse believed that for a client to be able to participate in the use of active imagination there needs to be an empathic environment.

Whitehouse believes that authentic movement is occurring when a person is becoming aware of the self and asks the self: “what I am doing” – “I move” and “what is happening to me” – “I am moved.” Authentic movement is also occurring when a person is moving freely and able to give up control and choice. A sub-concept of authentic

movement is invisible movement. Invisible movement is the unconscious thoughts and feelings that are expressed through the authentic movement. Whitehouse believed for a person to achieve full awareness the individual must be able to include both conscious (authentic) and unconscious (invisible) movement (Levy, 1988).

Whitehouse believed that the dance movement therapist needs to trust his or her own intuition, and then teach the client to trust his or her own intuition. She felt that the key to this approach was to meet the client where he or she is at and allow the client to forge their own path. The therapist needs to refrain from telling the client what he or she thinks they “should” do and instead take a non directive role allowing the client to choose.

Mary Whitehouse developed what is called the Wigmanian improvisational approach to dance. She applied Jungian thought to the therapy and was a key pioneer of dance movement therapy. She was empathic, encouraged self-awareness, self-expression through movement (Levy, 1988).

Alma Hawkins's Approach

Alma Hawkins chaired the Dance Department at the University of California from 1953 to 1974. Hawkins introduced dance therapy at U.CLA. She started her career in dance therapy in the 1960's while working with Alfred Cannon, a psychiatrist who on the U.C.L.A campus. Her approach to dance therapy includes a facilitative role as opposed to a teacher or leader.

Hawkins work as a dance therapist was aimed at the use of the creative process to get in touch with a clients thoughts and feelings. She believed that movement therapy is the facilitation of movement events using time, space and energy flow. Additionally she

believes that movement therapy should be directed by the client's movement and what they give to the session. In the early 1960's Hawkins introduced the use of imagery to assist individuals with personal, concrete and abstract movements. She believed that imagery is a means of facilitating an "inner sensing" in the creative process (Levy, 1988).

The Creative Process and Preparation Phase in Dance Movement Therapy

The creative process is an aspect of dance therapy that exists within the relationship between the client and the therapist. The creative process can be described as a coexistence of both the client and the therapist where by the conscious and the unconscious are displayed through creativity. This is a process that mirrors a mother-infant relationship. This process is cyclical in nature and includes preparation, incubation, illumination and evaluation.

The preparation phase of dance movement therapy involves establishing a relationship between the client and the therapist. The therapist's intent is to establish the therapeutic relationship which involves unconditional positive regard for the client, acceptance and empathic responses to the client. These ideas are important when creating a safe and trusting environment for the client to work on the self. The preparation phase of the creative process involves a warm-up of the body. This warm up will vary depending on the dance movement therapist (Hervey, 2000).

The Therapeutic Process of Experiential Dance Movement Therapy

According to Dosamantes-Alperson (1979) the resistance to the experimentation with body movement is as a result of three factors. First is poor awareness of body movement. Second is the repression of an unacceptable emotion. And the third centers on the fact that individuals cut themselves off from allowing feelings to enter toward the

inner self and to the outside world. For effective movement therapy to take place the environment must be conducive to the client being at the center of his or her own experience (Dosamentes-Alperson, 1979).

Aesthetic Consciousness

Aesthetic consciousness is described as a very specific kind of awareness with four different components. The first component includes sensations, emotions and intuition. The second includes a solid understanding of qualities and form. The third is described as the ability to move dynamic polarities. And the fourth component is awareness of one's own aesthetic movement (Hervey, 2000). In other words the awareness of one's own artful beauty in regards to movement (Webster, 1976).

The study of aesthetics is a philosophy that involves the appreciation of art as well as the human response to sensory awareness. Sensation, emotion and intuition are expressed metaphorically in an expressive artistic form. Sometimes a creative expression through sense, heart and image may not be conveyed any other way.

Appreciation of qualities and form refers to the developed awareness of intuition emotion and sensation. After a sense of awareness develops in a person an individual can work on discriminating the fine details of the creative expression. An example of this may be notes of a song creatively expressed through a melody (Hervey, 2000).

Dynamic polarities could be described as intuitively perceiving the meaning of the entire picture through creative expression. A choreographer is an example of someone that understands the relationship between space, movement, sound, light, culture and interactions among dancers.

For a clinician to be aware of his or her aesthetic values first awareness of theoretical approach to Dance Movement Therapy needs to be recognized. Additionally, identifying what is measured to be beautiful and/or what specific qualities and form are respected by the clinician (Hervey, 2000).

Gestures and Insight

Gestures are body movements that communicate thoughts from one person to another. Hands and arm movements can provide a context for an understanding of unconscious thought. David McNeill, a psycholinguist at the University of Chicago believes that body movement gestures can contradict what a person is saying. McNeill's research on the meaning of gestures has concluded that gestures are a window into a person's thought process. McNeil also concluded that gestures can be separated into four fundamental groups; 1) deictic, 2) iconic, 3) metaphorical and 4) beats (Wachsmuth, 2006).

McNeil describes deictic gestures as gestures that refer to pointing. These are related to words such as here, there, this and I. Deictic gestures include both concrete and figurative ways of movement.

McNeil defines iconic as gestures that express images. Such movements are often used to describe space. In some cases iconic gestures may also be used to describe an event. A person may use an iconic gesture, for example, to give others a better understanding of details of an event.

Metaphorical gestures are gestures that are used to relate to a concept. These are the gestures that individuals use to put meaning to hand and body movement. A person

may gesture the removal of imaginary sweat from the forehead and say, “wow that was a close one!”

Beats are gestures that are associated with rhythm of the verbal communication. A person who is giving a motivational speech may use sturdy hand and arm movements to indicate or give stress to the importance of a specific point.

In a nutshell McNeill, postulates that people use gestures to assist in communication. In many ways the movement of making a gesture is a crucial way that the body communicates (Wachsmuth, 2006).

Mind and Body Connection

Do emotions directly affect the body? Some researchers believe that almost half of the patients who are seeking medical advice are having physical symptoms caused by emotions. Other professionals in the field argue that nearly ninety to ninety five percent of patients seeking medical attention are having physical symptoms due to emotional stress. This research indicates that the emotional state of the individual is directly related to physical health and well being. An individual in a state of emotional stress is placing the body in a state of vulnerability to disease and other physical health problems. The main reason for this centers on the fact that an individual in a state of emotional turmoil has their homeostasis disrupted.

Different parts of the brain are associated with the release of particular hormones. While the brain is releasing a particular hormone each hormone is associated with an emotional response. This emotional response affects the body and can lead to chronic physical health problems. When a person is feeling anxious or nervous an excess amount of norepinephrine and epinephrine is released into the body. The excess hormone

causes the arteries to thicken and the blood pressure to rise. High blood pressure can cause stroke, hypertension or a heart attack (Hafen, Karren, Frandsen & Smith, 1996).

The Unity of the Mind and Body

Dance movement therapy is based on the assumption that that our body movement is the internal formation of our life experiences. These formations have specific meaning and are crystallized by acceptance or rejection of both internal and external influences. These crystallizations are also reflections of our conscious, unconscious and personality. Through the process of dance movement therapy an individual has the ability to gain self-awareness of these formations and relate them to life experiences. Also, attitude is provoked by sequential muscle tension and/or relaxation made by the body; this is another example of how the mind and body are connected (Siegel, 1984). Attitude is a major contributing factor when it comes to a person openness to change (Shakoor, 2005).

Being Aware of the Body

Holding feelings in can result in psychosomatic systems such as headaches, ulcers, high blood pressure and asthma. When people hold feelings inside the physical body responds with muscle tension particularly the neck, back, eyes, and chest to name a few. The human mind seems to think or analyze about certain situations, this reaction doesn't seem to be effective in reducing stress or worries. A more effective way of dealing with stress requires a person to move from thinking to feeling. For most people this is a challenge and one place to start is to switch the focus of thinking to the body. This is when a person gains awareness of the physical body, awareness of emotional feelings become present (Bourne, 2005).

In addition to being aware of the client's body language it is equally important for the counselor to pay attention to his or her own body language. This could occur be in mirroring or therapeutic listening. Therapeutic listening would include listening to the client with empathy. If a client is explaining a sad experience the counselor may reflect with a simple facial expression. Mirroring occurs when the counselor matches the client's body language. This technique may not be as helpful when the client's body language is contradictory to what they are saying in the moment. If a client is explaining a situation that is sad and they laugh, mirroring may not be as effective (Cochran & Cochran, 2006).

Chemical Addictions

What is a chemical addiction? A chemical addiction is defined as a compulsive physiological need for a habit-forming drug. An addict is defined as a person who is devoted and/or has surrendered one's self to a chemical substance (Webster, 1976). An addiction to a chemical is actually directly related to a physical dependence on the substance. Physical dependence occurs when the human biology is directly affected when the drug is withdrawn or given to the body. This process starts when a person takes the drug and a single cell or multiple cell receptors are activated (Bakal, 1999).

Idea of Self Medicating

The idea of "self-mediating" is a term developed in hopes of gaining a better understanding of addiction. Self-medicating occurs when the addict uses drugs to control feelings of helplessness. Taking drugs is an effective technique for changing mood and body sensations especially depression, loneliness and boredom. An example of this would be an alcoholic who is using alcohol to suppress emotions related to the fear of

intimacy. In this example the individual may very well be limited when it comes to his or her emotions. An individual's living environment can also be a powerful contributing factor for the need of self medication (Bakal, 1999).

Chemical Addictions and Deception of the Body

Chemical addictions to both drugs and alcohol block off the path to genuine emotions and feelings. The body will not endure this abandonment of feelings and emotions for an entire life span. Individuals physically addicted to a substance face the battle of time. Time is the biggest enemy because the drugs effectively suppress unwanted feelings. When the drug wears off the addict is confronted with intense un-lived emotions. The individual who is addicted is actually in need of genuine nourishment. Without the drug to fill that void the addict can actually be feel a sense of hunger and the body responds accordingly. The foundation for addiction is actually laid at the very beginnings of an individual's life. The addiction of drugs and alcohol is similar to the addiction of anorexia or bulimia (eating disorders). The body is communicating in a very clear way its need for something more. The body is expressing a need for something missing within the self. The message is ignored, however, as long as the individual is misunderstanding his or her emotions (Miller, 2005).

Drug offers an individual an "easier" path. The drug gives an option of something that isn't as difficult, something that takes less time, energy and determination. In a very powerful way the process of using, abusing and then dependence is similar to the individual is being seduced. In later stages of the addiction the temptation occurs on a regular basis and becomes incredibly hard to resist. Within every person lives an ego which naturally desires to have "things" easier. A person who is starving is at risk of

falling into the obsession of having an intense desire to feel better and want to be left alone. Sometimes a child who is brought up with an excessive amount of rigidity can create a person to be starving. An example of this would be “don’t make waves; be nice; be a carbon copy; say yes, even though you don’t want to; behave yourself” are all examples of not being supported. Many individuals are starved of basic encouragement and support. At whatever age and for whatever reason they are filled with sorrow so with the end result an acceptance and loss of the creative soul. The individual is unknowing of when enough is enough or when he or she is being excessive. They may actually feel justified of their excess. The vision of reality is blurred because the needs of the individual are finally being met or so they see it that way (Estes, 1992).

Intuition and Addiction

When addiction takes over an individual they no longer are feeding the intuitive sense. The addict’s intuition becomes injured through addiction and this leaves them out of touch with the self. The addict doesn’t know how to ask for help from others and even if they could he or she is unaware of the needs of the self (Estes, 1992).

Creativity and Addiction

The root of creativity is play. The impulse to play is an instinct that human being have wired from within. People that do not experience play live a life without creativity. Without creativity an individual does not experience nourishment. Creativity has the ability to feed all emotional levels; psyche, spiritually, mentally, emotionally, and economically. In a perfect world an individual’s creativity is flowing through the self in many ways everyday. Creativity is like water in a river in that without the water all of the life in the river dies. This is what happens for individuals who are addicted or in

recovery from an addiction. Creativity can be a very powerful piece for a successful recovery in addiction (Estes, 1992).

Shame and Addiction

Healthy shame occurs when a person has an understanding of their own personal limitations. Healthy shame gives an individual approval to make mistakes and be human. When a person has a healthy sense of shame they have personal tolerance for making mistakes. Examples of healthy shame are when a person feels embarrassed or when a child acts shy in a large group (Bradshaw, FMS).

Unhealthy shame is when an individual is consumed by shame and it defines who they are. Unhealthy shame is the motivator of self-destructive behavior (Bradshaw, FMS). Individuals who are experiencing unhealthy shame are primarily feeling they are inadequate, worthless, exposed, and disgraceful. Unhealthy shame could be related to a person experiencing an unexpected event. The feeling of fear can bring on defense mechanisms such as: withdrawal (hiding), denial, rage, perfectionism, grandiosity and shamelessness (Potter-Efron & Potter-Efron, 1988).

According to John Bradshaw who was featured in a video titled, "Shame and Addiction", an addiction cannot be healed unless a person's shame is addressed. An overwhelming sense of shame has the ability to stop the growth of the individual. This occurs in family systems that are also consumed by unhealthy shame. A family system that is consumed by unhealthy shame functions on a dysfunctional level such as, alcoholism, obsessive gambling, eating disorder, obsessive spending or working. Bradshaw believes that ninety-five percent of shame is passed on from generation to generation. Often parents or primary care givers cover up their own feelings of shame.

In order to cover up these feelings of shame a parent may act shameless themselves through perfectionism, control, power, criticism and blame caused by a lack of self awareness of their own personal limitations and self acceptance (Bradshaw, FMS).

According to Bradshaw toxic shame can be healed through several techniques which he likes to call the eight S's these are:

1. Spirituality - This is getting in touch with silence and the inner child, also called a higher power.
2. Surrender – This is having an understanding that the disease is bigger than any human being. Surrender also requires letting go of cover ups and masks.
3. Socialization – This is being involved in a group and confiding in one or more persons about past experiences.
4. Self-disclosure – This is relating to others about past experiences.
5. Surfacing memories-This is working at remembering the past and allowing it to surface and sharing those experiences with others.
6. Self-love- This is looking at the inner self for love instead of reaching for an external source of security.
7. Sensitive to the system - This is becoming aware of the role or title that become “normal” to the self and work from there. An example of this is when a person who played the hero role learns to allow themselves to become vulnerable.
8. Self-talk – This is making an effort to stop negative self-talk and eventually tell the self positive attributes.

All of these are offered to individuals through the use of Alcohol Anonymous (AA) or Narcotics Anonymous (NA). These are twelve step programs to recovery. Bradshaw stresses that shame can be healed through using twelve step (Bradshaw, FMS).

“The Science of Addiction”

Carlton Erickson a professor of pharmacology and toxicology and the director of the Addiction Science Research and Education Center in the College of Pharmacy at the University of Texas at Austin authored a book designed for health care providers who work with chemical dependency. In the book titled, “The Science of Addiction”, Erickson describes addiction as a disease of the brain. Erickson recognizes that addiction is chronic and has the capability to relapse, and includes social aspects as well as spiritual and behavioral components. Erickson, however, places a significant amount of emphasis on biological, genetic and physiological aspects of the disease. He views addiction as a means of describing behavior, dependence as a brain disease and abuse as a willful conscious choice. Erickson offers the idea that while all helping professionals need to hold individuals seeking treatment accountable and responsible for drinking and drugging, some individuals cannot help their drug use as much as a cancer patient can overcome continued cancerous cell growth. Erickson believes that the “powerlessness” of the disease is not a moral weakness but a brain chemistry disease. He maintains that willpower, control, choice and motivation are important factors when dealing with drug abuse. Drug dependence, however, is a disease based on brain histology and neurochemistry (Erickson, 2007).

Alcoholics Anonymous

Alcoholics Anonymous (AA) was founded by Dr. Carl Gustav Jung, Rowland H, Ebby T, and Bill Wilson. Bill Wilson's "spiritual experiences" provoked him to interact with Dr. Bob Smith through May and June of 1935. At the time AA saw itself as a bridge between medicine and religion. The core concepts of AA are selfishness, self-centeredness, hopelessness, need for others (fellowship). These concepts were developed by Bill .W telling his story of being an alcoholic, refraining from advice or a theoretical approach. These concepts were factual and developed from real life experience (Kurtz, 1979).

Alcoholics Anonymous (AA) is a group of individuals who share their experiences to support sobriety for themselves and others. To be a part of AA an individual must have the desire to stop drinking. AA does not keep a formal log of all of the members attending group meetings but it is estimated that 1,989,260 members attend alcoholics anonymous worldwide. AA is based on a twelve step program that assists individuals with living a satisfying life without drugs and alcohol. It offers person-to-person support in the form of "sponsorship" to individuals who seek the desire for more support than attending meetings.

Each AA meeting is unique depending upon the format. The various formats include:

1. Closed discussion meetings where a person attending must be an alcoholic.
2. Open speaker meetings which are open to both alcoholic and non alcoholic, members, tell their story and describe their experience with alcohol and how they have become sober and what they have changed.

3. Open discussion meetings in which one member of the meeting tells his or her story and then leads the meeting in a discussion on recovery.
4. Step meetings are usually closed discussion meetings and involve a dialogue of one of the twelve steps.

AA sticks to a few key principles to maintain its success. The philosophy of AA is that it is neither possible nor responsible for controlling individuals who do not want help. AA cannot take on all of the personal problems of its members regardless of sympathies. These principles were established to insure survival of the organization as well as model healthy limits (W. Bill, 1958).

The Twelve Steps

The following twelve steps were developed for individuals seeking recovery from alcohol. They are:

1. We admitted we were powerless over alcohol, that our lives had become unmanageable.
2. Came to believe that a Power greater than ourselves could restore us to sanity.
3. Made a decision to turn our will and our lives over to the care of God *as we understood him*.
4. Made a searching and fearless moral inventory of ourselves.
5. Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
6. Were entirely ready to have God remove all these defects of character.
7. Humbly asked Him to remove our shortcomings.

8. Made a list of all persons we had harmed, and became willing to make amends to them all.
9. Made direct amends to such people wherever possible, except when to do so would injure them or others.
10. Continued to take personal inventory and when we are wrong promptly admit it.
11. Sought through prayer and meditation to improve our conscious contact with God *as we understood Him*, praying only for knowledge of His will for us and the power to carry that out.
12. Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs (Alcoholics Anonymous World Wide Services, Inc, p.59-60).

The Use of Dance Movement Therapy on Psychiatric Patients with Depression

In the United States alone seventeen million people suffer from depression. The cost of treatment for depression exceeds the cost of treatment for heart disease in the United States. A recent study conducted by Sabine Koch, Katharina Morlinghaus and Thomas Fuchs investigated dance therapy intervention on psychiatric patients who suffer from depression. The researchers compared the dance therapy intervention to a music therapy intervention. The dance intervention resulted in significantly less depression than the music group intervention. This study used such interventions such as upbeat circle dance and movement on a stationary bike. Only twenty one people participated in the study but the researchers used a control group to increase the validity of the study (2007).

Chemical Dependency and Other Creative Therapies

A recent study given by Noreen M. Glover.-Graf and Eva Miller conducted at the University of Texas Pan American suggests that other creative art therapies can be very beneficial in group treatment for persons who are chemically dependent. The study used various techniques of phototherapy. The study was qualitative in nature and addressed trust and trusting relationships, honesty with self and others, self-worth, power healing from abuse from other as well as self and self-portrait. The clients were asked to take photographs of at least five images that related to the themes addressed. Clients talked about how the images that they brought to the group related to their emotions and experience. While conducting the study the researchers found that the images brought to the group addressed many other issues. The literature indicates high rates of abuse among individuals struggling with a chemical addiction. In future research studies that use creative art therapy techniques ample time needs to be allotted for issues that are brought up unexpectedly (Glover-Graf & Miller, 2006).

What is Recovery?

Recovery is a journey to transform the self. Recovery is reclaiming something that has been taken or lost. For some it may be a new start and less of getting something back. In some cases an addiction may have developed before an individual has developed a “true self.” Recovery is also defined as a progression of discovery of a new reformed self. Recovery is an opportunity to resume a “normal” life that has been preoccupied by an addiction.

Recovery is not a change from bad to good. Recovery is taking off the masks that individuals wear and getting to know the real self. This is called *surrendering* it is a

point of letting go of the previous self and figuring out who the new self is. Surrendering occurs when an individual accepts his or her loss of control and powerlessness and starts seeking an authentic self. The authentic self guides the individual and is not an attempt to be good or bad.

Recovery is also about taking responsibility for powerlessness. This is a paradox of recovery. Addicts are taught they have a disease and that they are powerless over being an addict and yet clinicians expect addicts to take responsibility for decisions. This can be very frustrating for individuals in recovery. Becoming an addict is a process and so is recovery. Recovery is also a developmental process.

Stages of Change

An individual who is in recovery is faced with the process of change. This process cannot be done alone. When an individual moves from one stage to another it is essential that each stage is accomplished at the rate of the individual. These stages cannot be forced by another person and the stages are at the will of the individual in recovery. The five stages of change include:

1. Precontemplation Stage- This can be denial or just the beginning of the possibility of a need for change.
2. Contemplation Stage- This stage is when an individual acknowledges a need for change however is fearful for change.
3. Preparation for Action Stage- This stage a person in recovery is preparing to take action and develops a plan for the change.
4. Action Stage- In the action stage the individual is actively implementing the prepared plan for change.

5. Maintenance Stage-In the maintenance stage the individual in recovery is maintaining change and avoiding relapse (Prochaska., Nocross, & DiClemente, 1994).

Fundamentals of Group

Group therapy offers clients a different learning environment than working with a counselor individually. A client engaged in group therapy relates to other group members who share goals or similar experiences. Psychotherapy groups often vary in size and range from six to ten members. Group therapy can in many ways provide members with a safe environment to share feelings and gain self-awareness (Sharft, 2004).

The focal point of group work is interpersonal and is based on the interactions between the members, the leader and the group. Basically, the effectiveness of the group is based on members noticing and processing interactions among themselves and others including the group leader throughout the life of the group. This is known as the interactive process of group work.

Though the process of group interaction each member of the group will grow at different rates depending on several factors. Many factors determine the growth and insight that will be gained from each group member as they experience the group. Becoming an effective group member involves active participation each session.

Openness

Group members have to be open to discovery about themselves as well as others while engaged in the group. This means allowing others to see the “true self.” Openness is a key factor in decreasing defensiveness, building trust and increasing self-awareness.

Openness also allows for the individual to accept feedback and process information. Openness is essential for allowing one's self to be vulnerable. This involves group members taking risks.

Willingness

Willingness to change is seen by the amount of resistance a person is expressing. Personal growth through the process of group requires willingness to explore, confront, and the inspect the "self." Willingness to change involves being open to discovery of the unknown (Shakoor, 2005).

Here and Now

Being in the here and now is an important group skill that leads to increased self awareness. This is determined by how much an individual is consciously aware of his or her behaviors in the present moment. Here and now is living in the moment. The essence of here and now is also described as an increased focus of being rather than doing. When group members are encouraged to be in the here and now group members may notice where they live in regards to the future, present or past. When the group lives in the here and now the members have a greater opportunity for increased self awareness (Shakoor, 2005).

Remembering to Remember

Remembering to remember is critical for an individual to increase awareness. Remembering to remember involves group members paying attention to what body language of self as well as others, what is being said by self and others, interactions between self, group members and leader, feelings expressed during the group and periods of silence in the group.

Being Objective

In the process of group it is critical for group members to learn to objectively observe themselves as well as other group members. Observing objectively means noticing body language and other behaviors. In this process of objective observations group members hear feedback from themselves and other group members. Observing objectively means group members may comment on each other's body language, speech, non-speech, silence and behavior (Shakoor, 2005).

Expressing Feelings

Group members are in the process of learning how to effectively express feelings. This requires the members to practice expressing feeling using words that describe a feeling. This requires group members to pay attention to expressing a thought versus a feeling. Typically when group members say, "I feel that or I feel like" it usually means that they are expressing a thought rather than a feeling.

Feedback

Giving and receiving feedback among group members is essential to creating a growth fostering environment. Group members need to be able to give feedback to each other and this is exactly when the role of objective observational skills becomes useful. Receiving feedback from other group members requires group members to listen well and have an outlook that is open to what others have to say (Shakoor, 2005).

Group members are encouraged to pay attention to seeing the self, seeing others and seeing the group as a whole. Personal process of group members may reflect what the self is seeing. In addition, group members are challenged to notice how they may relate or withdrawal when it comes to emotional process.

Group Therapy Techniques Used in a Chemical Dependency Program

According to Unity Health Systems a chemical dependency community agency located in a mid-size city in the northeastern U.S., a core component to treatment of a chemical addiction is the process of group therapy. Unity Health Systems facilitates groups that address goals, rules/norms, behavior, feedback and feelings.

Group Rules

Group rules at Unity Health Systems are based on the core values of the organization. The rules address issues of respect for others and self, confidentiality and participation.

The group rules include the following:

1. What's said in group does not leave the group room.
2. Be on time for group and ready to work.
3. One person speaks at a time
4. Group members may not leave the room during group unless given permission.
5. Group members are encouraged to get in-touch with feelings however may not act on their feelings.
6. No violent behavior or threats of violence are acceptable.

Behavior is a core component of effectiveness of group as a whole. Many factors contribute to an effective group however; the following list is a guideline for individuals who want to achieve their goals through the process of group.

1. Take initiative on your own, don't wait!
2. Speak in "I" statements.
3. Be in the here and now, pay attention to the present while in group.

4. Become aware of your body language, pay attention to your body.
5. Pay attention to the role you play in group.
6. Listen to what other say as well at what you are saying.
7. Expect periods of silence and pay attention to your feelings during these periods.

Feedback involves communicating thoughts objectively to others. It also involves receiving others thoughts openly and without defenses. Sometimes group involves confrontation when others are objectively reporting what they see or think about how another person sounds, thinks, or behaves.

The disease of addiction suppresses all of an individual's feelings. Recovery from an addiction allows feelings to surface and it is important for people to express feelings in group. When feelings are acknowledged and expressed a person can more easily and let go of feelings suppressed from the past. Some people use judgments such as good or fine to describe their feelings. These judgments don't adequately express what a person is *really* feeling. The group process encourages individuals to be very specific to help pinpoint what a person is actually feeling in the moment (Unity Health Systems, 2008).

Facilitators Role in Support Groups for Substance Abusers

Support group facilitation is different from psychoanalytic group facilitation. Support groups that address substance abuse are more effective when the group leader is more active, offers instruction, and focus on their role in the group. The group leader's role in the group is to maintain the tone and flow and spell out specific topics or themes as well as create a safe environment for self disclosure. The group leader's role is to be

genuine but caring. The group leader's attitude often will offer a friendly curiosity to address support, confrontation and interpretation.

Similar to psychoanalytic groups, support groups that address substance abuse are geared toward self-discovery and require the group leader to explain that group members will get out of treatment what they put in. Sharing with each other who you are and what your difficulties are, supporting one another and giving each other feedback. This will require risk taking at times and require a degree of vulnerability as a group member (Khantzian, Halliday, & McAuffe, 1990).

Anxiety Related to the Body

Anxiety is rooted from our survival instinct. When people face danger our bodies react with a survival mechanism that is called the fight or flight response. In most cases of people who suffer from anxiety this reaction is more sensitive than in individuals who do not experience an increased amount of anxiety. Additionally, people who suffer from anxiety tend to have experienced a traumatic event and this fight or flight response is a learned reaction that the body remembers. The learned response becomes counterproductive because the response that the body is having is perceived by the individual (Foxman, 2007).

Research suggests that anxiety is a key consequence of individuals who grow up in alcoholic or drug abusing families. Other personality traits can develop as a result of living in alcoholic or drug abusing families. This includes not being able to relax or experience enjoyment in life, people pleasing which are qualities of an anxious mind (Foxman, 2007).

When individuals are “uptight” muscles tend to be tense and this restricts breathing. When breathing is restricted a person is more susceptible to an increased amount of anxiety. When muscles are tense individuals also help keep feelings suppressed. Individuals are able to relax muscles throughout the body experiences less anxiety. When individuals have an anxious mind the body is not relaxed.

To become more in tune with feelings individuals first need to become aware of their body. Body toxicity indirectly adds to increasing amounts of anxiety. Toxins that may add to increased anxiety may be caused by the consumption of prescription or recreational drugs. The chemicals or drugs build up metabolic waste products in the body which are produced in excess when under stress. Regular consumption of alcohol can also damage the liver and eventually lead to cirrhosis (Bourne, 2005).

Relaxation Visualization Exercise

Visualization is an imagery exercise used to increase a person’s awareness of their behavior, their feelings and their internal state of being. Visualization techniques offer an increased awareness of the relationship between kinesthetic sensations, feelings and the unconscious mind (Bourne, 2005).

Visualization requires participants to physically relax. One particular exercise is to bring group members from thinking to a feeling mode. This relaxation technique is designed to help individuals slow down from doing to being (Bourne, 2005).

The goal for using this specific method is to increase body awareness. The relaxation exercise is a here and now experience that encourages group members to quiet the mind, release emotional tension, decrease anxiety, gain a sense of tending to the body and learn an effective coping strategy. This strategy will be used in the last hour of group

after group members have experienced an hour of group process directly related to recovery and sharing feelings (Bourne, 2005).

Mindfulness

Mindfulness is defined as moment-to-moment awareness. Mindfulness can offer a tool to assist participants with how to live in the here and now. A mindfulness exercise may help individuals accept the current situation as it is, without trying to change it or get in the way of the situation. The practicing of mindfulness exercises can foster patience, trust, letting go, acceptance, and a nonjudgmental attitude (Bourne, 2005).

Meditation involves equanimity which is basically acceptance of things as they are. It also includes a sense of compassion towards the self and others and focused attention. Meditation and relaxation exercises promote mental health, physical health, reduce stress and tension, and interrupt anxiety thinking (Foxman, 2007).

Movement Therapy Techniques Used in Groups

Bill T. Jones conducted a workshop at the 1997 American Dance Therapy Association's Annual Conference based on his most recent book at the time, *Last Night on Earth*. Jones introduced dance movement therapy techniques that included a warm up, trust exercises, artistic inquiry, poetry, dance creations, stories, images, spatial arrangements, emotional gestures, and performance (Hervey, 2000).

Jones focused a technique that involved the participants in creativity choreography of the self with verbal expression. The participants then came up with one gesture that described their life.

The participants were asked to draw a lifeline to describe critical landmarks in their lives. The landmarks were time of diagnosis, here and now, and at the time of their

death. Then the participants were then asked to share with the group the lifeline that they had mapped out. Each participant was additionally asked to walk from one landmark to another. Participants were asked to create a video portrait that involved powerful emotions such as love and fear (Hervey, 2000). Jones welcomed feedback from the participants and treated participants as experts of their own lives. He defined the purpose of the workshop as a communication of feelings (Hervey,2000).

Recommendations of the Use of DMT in Chemical Dependency Setting

The methods of this study have been suggested and approved by Dance Movement Therapist and Licensed Mental Health Therapist Anne Coltre who currently practices DMT in chemical dependency groups with a variety of populations. In a recent interview Coltre believes a relapse of addictive behavior is a reaction based on an impulse. Such impulses stem from body movement. Increased self-awareness of body movement can help prevent a relapse. Coltre states that in a group setting among individuals grappling with chemical addiction Dance Movement Therapy can provide increased impulse control (personal communications February 6, 2008).

A Recent Movement Therapy Group among Adult Chemical Dependency

Coltre recently modeled how she facilitates an adult chemical dependency group in an outpatient setting with the use of dance movement therapy. She warmed the group up with a hand movement exercise, engaged the group with a playful group juggling exercise, facilitated a trust exercise and ended the group with a peaceful mindfulness exercise. Coltre educated the group through each exercise about body and mind connections, ways to relieve stress and emotions related to movement. Coltre's movement therapy technique also included full acceptance for each group member,

empathy, gentle reflections, humor, playfulness, and mindfulness (personal communications March 21, 2008). Coltre also believes that Dance Movement Therapy can be an effective tool among individuals working on addictive behavior when group members are open to discovery. She believes that she finds her groups more effective when she uses other creative art therapies in addition to Dance Movement Therapy. Coltre warms the group up and eases group members into movement therapy and then works on activities that introduce right side of the brain activity. She uses tools such as drawing, mindfulness activities, play dough, music, imagery and meditation. She explains that in her experience individuals seem to enjoy a warm up activity rather than jumping right into movement therapy. Coltre explains that introducing the creative process and getting individuals to explore creatively can assist individuals with getting in touch with feelings. She suggested the use of pieces of other creative art therapies to help open group members up to discovery about the self. She has approved all of the methods used in this study and has found one hour of dance movement therapy used at the beginning and end of the session as most effective. Lastly, Coltre revealed that in her experience when the group experiences such activities it tends to add to group cohesiveness and bond group members with one another (personal communications February 6, 2008).

Method

Goal

The goal of this study was to reduce stress of adult males in chemical dependency outpatient programs by the use of dance movement therapy. Four dance movement therapy interventions were implemented over the course of one month.

Setting

The setting was an intensive outpatient chemical dependency program. The study took place in a mid-size city located in the northeastern U.S. All of the participants of the study signed consent forms found in Appendix A and an authorization for release form located in Appendix B. All of the individuals in the study were men who have received a diagnosis for substance dependence.

Participants

The participants in this study consisted of eight group members. The participants in the study ranged from 21 to 43 years in age. The socioeconomic status ranges from poverty to upper middle class. Four of the participants served time in state prison. All but one of the participants entered the outpatient treatment center due to a court mandated obligation. Four of the participants have been ticketed for Drinking While Intoxicated (DWI's) two times in the past ten years.

All of the participants meet the criteria of the DSM-IV with chemical dependency diagnosis. The diagnosis ranges from alcohol, marijuana, cocaine, opiate and hallucinogen dependence. Some of the participants also meet the criteria of the DSM-IV for the following disorders: anxiety, depression, anti-social personality, and obsessive compulsive disorder.

The Instrument Used

The Global Measure of Perceived Stress was used in this study. First group members were given a pre test and then after the intervention group members were given a post-test. The results were studied to find out if the intervention of dance movement therapy reduces perceived stress of group members struggling with chemical dependency.

The Global Measure of Perceived Stress was used for several reasons. The first is that the test consists of fourteen questions. This makes it simple and concise for group members (Cohen, Kamarck & Mermelstein, 1983).

The PSS has adequate internal test-retest reliability and is considered an economical tool that tests chronic stress level. The test is easy to administer and has been proven to possess substantial reliability and validity for examining stress levels related to behavioral disorders (Cohen, Kamarack, & Mermelstein, 1983).

The concepts that the PSS measures include life events, chronic stress, expectations, coping resources and personality factors. The scores of the test were calculated by reversing the score that the participants gave on a scale of zero to four (Cohen, Kamarack, & Mermelstein, 1983).

Plan and Procedures

A men's phase III group was selected to participate in this study. A phase III group is the last stage of outpatient treatment. It lasts for ten weeks and meets once a week for two hours. The group members are also required to attend one individual session every group sessions. The group that was selected for this study was based on the feedback from the participants prior to the study. Feedback included evidence of feeling anxious, stressed, worried, bored, and unsure. Many of the participants reported struggling with having to deal with life on life's terms.

The intervention of this study included one hour of dance movement therapy interventions over a four week period. The dance movement therapy intervention consisted of an assessment, group process, and dance movement therapy techniques, and discussions of chemical dependency related to the use of dance movement therapy. The

researcher had been working with these participants for two months prior to the study. The group has developed norms, rules, goals, and a therapeutic relationship with the facilitator.

Inspiration of movement can come from: visual imagery, visual arts, rhythm, and music, drama: inspiration comes from senses and knowledge of the body. Centering-a movement principals and is the location of both the physical and psychological center of the body to achieve a feeling of oneness (Minton, 2003). Dance movement therapists believe that we experience ourselves, others and the world through our bodies (Ellis, 2001).

The Use of a Warm up Exercise

The warm up exercises is designed to introduce group members to thinking with the right side of the brain. According to Coltre warming the group up may increase openness among participants (personal communications February 6, 2009).

Dance Movement Therapy Intervention One

Objectives

1. Educate the participants about dance movement therapy related to reducing stress level and relapse prevention.
2. Discuss the duration and some of the dance movement therapy techniques used in the group sessions.
3. Discuss expectations and concerns of the study
4. Read and acquire signatures from participants from the authorization of release and consent forms.
5. Administered the Global Measure of Perceived Stress

6. Educate participants about the use of movement and how it relates to feelings
7. Increase group members ability to use the right side of the brain (the creative side/feeling/movement side)
8. Use imagination by the use of a story related to addiction.

Materials

1. Pen for signing forms
2. A Global measure of Perceived Stress Questions
3. Music and a copy of lyrics to “All at once” (See Appendix C)
4. A copy of “The Red Shoes” (See Appendix D)

Group Meeting

I. Group members inquired about the role of the participant in the study.

Concerns and expectations for participating in the study as well as how the specific techniques used in this study could help prevent relapse and reduce stress were discussed.

II. The group facilitator read the consent and authorization for release forms out loud. Group members signed both the forms provided.

III. Group members answered the questions provided on the Global Measure of Perceived Stress Scale.

IV. Group members were educated about dance movement therapy. How you move communicates how you are feeling. During relaxed concentration you are tuned in to your body’s feelings as you connect with visual images in your mind. This helps with body awareness. The way we can interpret body movement is similar to the way we can interpret tone of voice and gestures that accompany our

speech. Movement is a reflection of our energy. Movements may be fast, slow, choppy or graceful

V. The group listened to a song written by Jack Johnson named “All At Once.” (See Appendix C) This song addresses feeling overwhelmed, lost, out of control. The song also addresses recovery themes such as feeling alone, changing one’s perspective, hope, and reaching for love with others. The following questions were asked to the group members after listening to the song: Could you relate to the lyrics of the song? What feelings came up for you as you were listening to the song? How does this song relate to your recovery?

According to the American Music Association, music therapy can be used for individuals in various populations to increase wellness, manage stress, alleviate pain, express feelings, improve memory, expand communication and encourage physical rehabilitation. The methods used are specific to the needs and goals of the population. The American Music Association does include lyrical analysis as a method to meet the goals of music therapy (Silverman & Marcionetti, 2004).

IV. The facilitator read a story of addiction named “The Red Shoes” (See Appendix D) the following questions were processed by the group: What could you relate to in the story if anything? What are you feeling now after have heard the story?

The group members related to each other with the use of “I statements” and talked about their own experience with addiction. The group members shared feeling out of control, judged by others and having to deal with addiction for the rest of their life and taking what seems to be the easy way to escape reality. The group members were curious

about certain parts of the story and wanted to know specifically about the man in the red jacket and the meaning of the shoes. Group members seemed to use the story as a metaphor.

Dance Movement Therapy Intervention Two

Objectives

1. To experience body movements as a metaphor
2. To increase self-awareness of body movement in a group setting
3. To build group trust and cohesiveness through a team building exercise
4. To gain experience of here and now
5. Explore group members feelings related to movement exercises
6. Reduce stress levels through the use of creativity, and play

Materials

1. Five balls that are easy to catch with different textures all around the size of the palm of a hand
2. A parachute like material made of spandex with a whole in the middle.

Group Meeting

I. This therapeutic relationship building exercise was aimed at group cohesiveness through movement. Anne Coltre (as mentioned previously, a registered Dance Movement Therapist) modeled this exercise with an adolescent chemical dependency group. The sequence is as follows a) stand up and form a close circle, b) stand with their feet shoulder width apart, c) put hands at shoulders and have each hand meet the hand of both group members on both the left and the right of one another, d) put some pressure to

the right and have the group shift, e) put some pressure to the left and allow the group to shift.

II. The group members were asked the following questions:

1. What were you feeling through the exercise?
2. How did you experience yourself vs. the group as a unit?
3. What can you relate this experience in your own recovery?
4. What was the relationship of power in this exercise?

III. The group members were asked to move the palms of their hands together in a circular motion and listen to the friction created by this body movement. The group members were then asked to place the palms of their hands over both eyes for a few seconds. The group members were then asked to stretch their spine and in a twisting motion first to the right and then the left. The group members were asked to visualize the stress moving out of their body. Lastly, the members were asked to close their eyes and notice the depth of their breathing.

IV. This exercise is named “separating heaven and earth.” It is a stretch of the body that releases excess energy. It is an exercise that is used in many different countries of the world. This exercise is geared at moving energy in the body (Eden, 1988).

1. Stand with your hands on your thighs, and fingers spread.
2. With a deep inhalation through your nose, circle your arms out, having your hands meet at chest level with fingers touching in a cathedral or prayerful position. Exhale then through your mouth.

3. With a deep inhalation through your nose separate your arms from one another and stretch one high above your head while flattening your hand back, as if pushing something above you. Stretch the other arm down while flattening your hand back, as if pushing something toward the earth. Hold this position for as long as comfortable.
4. Release your breath through your mouth returning your hands to the cathedral or prayer position. Repeat this process switching the arm that raises to the arm that lowers. Do one or more lifts on each side.
5. Coming out of this position bring your arm down and allow your body to fold over at the waist. Hang there with your knees bent as you take two deep breaths. Slowly return to the standing position, with a roll of the shoulders (Eden, 1988).

V. Group members were asked to stand in a closed circle and were explained the following directions: The group is going to participate in a group juggling exercise. Each person is going to have a turn and you are going to throw the ball to another group member, call their name and make eye contact. Each group member is included. Once the pattern is established we are going to add more balls to the exercise. Once the pattern is developed it will not change.

After the group juggling exercise the group discussed the following questions:

1. How did you experience this juggling group activity?
2. What happened within the group?
3. What was it like to work together as a team?

VI. Group members were presented with a turquoise parachute like material with a big hole in the middle. Group members were asked to hold the prop and pull it towards themselves. Group members pulled it in different directions and were forced to work together as a group. Group members were encouraged to enter the middle of the circle and have the prop waved around them. One participant took a risk and went in. Group members all entered the center of the circle with the prop holding each group members place in the circle. Group members put weight on the outside of prop. When one group member moved another group member was forced to adjust themselves (power shifted in the group). One group member decided not to participate in this activity. This choice was embraced by the group with acceptance.

A recent study that featured the role of movement as a metaphor showed that the use of props such as games, stretch cloth, balloons and drawing materials is useful to hold the attention of group members. The use of props also attracts group members and assists in engagement (Ellis, 2001).

Dance Movement Therapy Intervention Three

Objectives

1. To gain self awareness of movement through an imagery exercise
2. To build trust and cohesiveness
3. To gain perspective on how people perceive things differently
4. Reduce stress by being in the here and now

Materials

1. Imagery exercise (See Appendix E)

Group Meeting

This imagery exercise is partially a relaxation exercise. The relaxation part of the exercise is geared at opening the group members up to be more open and can help individuals allow themselves to become vulnerable. Guided imagery can lead to growth opportunities. Imagery and meditation exercises involve a process similar to psychotherapy in which individuals are forced to look at the inner self with all its fears, beliefs, and uncomfortable feelings (Foxman, 2007).

I. Group members were guided through an imagery exercise (see appendix E). The imagery exercise was geared for group members to increase self awareness. This particular imagery exercise walked group members through places in their mind that had to be created. In this exercise group members were challenged with using the creative (right side) side of the brain.

II. After group members experienced the imagery exercise the following questions were asked:

1. What was it like to close your eyes as a group?
2. What did group members experience in the imagery?
3. Did you notice any impulsivity within yourself through this exercise?
4. What did you learn about yourself through this exercise?
5. How could this type of self-awareness help you in your recovery process?

Group members also gain creative insight with this exercise. The use of creativity in one's life is one of the most valuable assets a person can use. Creativity feeds an individual's soul inwardly at many levels. The levels include psychic, spiritual, mental, emotive and economic (Estes, 1992). When an individual has experienced or continues

to experience any type of abuse abandonment or neglect, creative life may become contaminated (Estes, 1992). Through the imagery exercise each group member was provided with an opportunity to get in touch with how they experience their creativity.

III. The Group members shared what it was like to close their eyes while in a group. Some group members shared that it was hard to trust when they had their eyes closed as a group. Each group member shared his own experience with the imagery exercise describing differences in weather, size of the hill, gifts, windows in the house, the opening to the door to get into the house and paths walked on.

Dance Movement Therapy Intervention Four

Objectives

1. To practice ways to reduce stress
2. To increase group cohesiveness and trust among group members
3. Practice here and now
4. Listen to song “Used To Get High”
5. Administer the Global Measure of Perceived Stress Scale

Materials

1. Muscle Relaxation Exercise (See Appendix F)
2. Music to “Used To Get High” (See Appendix G)
3. A Global Measure of Perceived Stress Manual(See Appendix I)

Group Meeting

I. Meditation Exercise “Visualization for Reducing Anxiety”

Stay in tune to the place in your body that you feel emotional sensations such as anger, fear, or sadness. This could be your gut or your heart. This is your inner place

of feelings. Wait and listen to whatever you can sense or pick up on in your place of feelings. Allow yourself to sense any feelings or moods that are waiting to surface. Simply wait until something emerges. Once you've obtained a general sense of what you're feeling, it may help you to make it seem more concrete by answering the following questions: Where in my body is this feeling? What is the shape of this feeling in my body? What is the size of this feeling? If this feeling had a color, what would it be?

The group processed what the group members experienced as a whole by answering the following questions: What was it like to close your eyes in a group? What was it like to let go and feel relaxed in a group or as a group? What was it like for you to pay attention and tend to your body?

The group processed what it would be like for group members to use the body as a metaphor. This exercise was aimed at empowering group members to say out loud what they think and feel about their own body movement through the relaxation exercise. The group processed how they experienced their own body in a relaxed state.

The group processed how group members relate the relaxation tool in recovery by answering the following questions: How could paying attention to the body prevent a relapse? What can group members do to in the future to pay attention to the body to prevent a relapse?

This exercise is designed to introduce group members to thinking with the right side of the brain. According to Coltre warming the group up may increase openness among participants. The warm up used in the first method was providing group members with a copy of lyrics to a song related to recovery (refer to Appendix G).

1. Listen to the song “Used to Get High”
2. What things come up for you as you heard the song?
3. What were you feeling while listening to the song?

The song played addresses addiction in many different forms, escaping unwanted emotions, and society. Such topics are very relevant to a substance abuse groups (Khantzian, Halliday & McAuliffe, 1990).

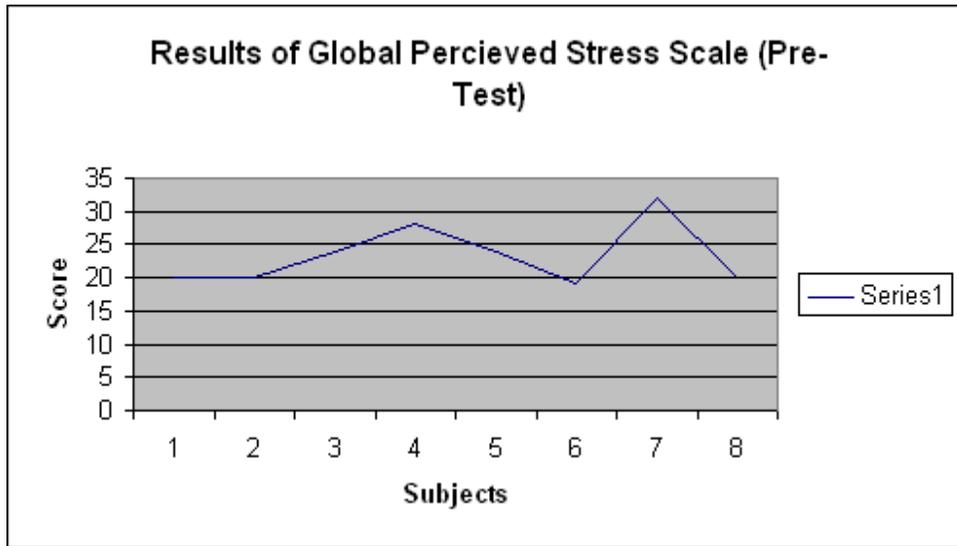
II. Administered a Global measure of Perceived Stress at the end of the intervention.

The methods used in this study involve what is called insight meditation. Insight meditation is the practicing of here and now. This is also known as mindfulness. The mediation exercise that was used forces individuals to be in the here and now and ask themselves “What am I doing right now?” (Foxman, 2007).

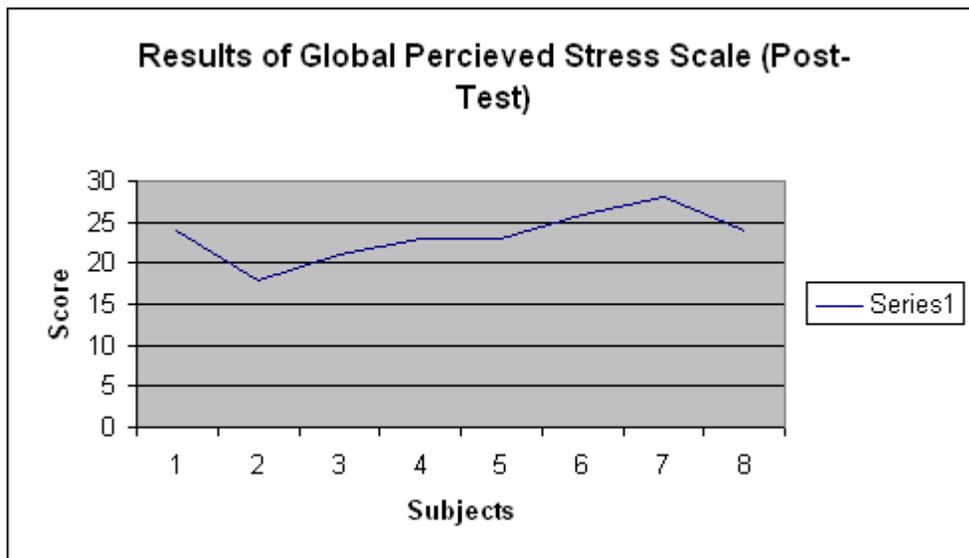
Results

The dance movement therapy intervention was evaluated by the use of a quantitative measure the Global Measure of Perceived Stress for pre and post testing. By the use of this method the research will demonstrate analysis of the results.

Group members were given the Global Measure of Perceived Stress Scale prior to any of the dance movement therapy interventions and the same test after the four weeks of dance movement therapy intervention was implemented. The sample size consisted of eight participants. The mean of the pre-test was 23 with a median of 22 and a mode of 20. This graph indicates the results of the pre-test used:



The results of the post-test were 23 with a median of 23 and a mode of 23. The test results indicate that there was not a decrease of stress from the pre-test to the post-test in the participants. The range of the pre-test was 10 and the range of the post-test was 12 indicating that some of the individuals were brought closer to the middle of the group when tested for anxiety.



Specific Questions on the Perceived Stress Scale

The third question on the PSS (refer to Appendix H) asks specifically if participants have felt nervous or stressed in the past month. The results of the pre-test indicate each participant answering either fairly or very often. The results of the post-test indicate each participant answering either sometimes or almost never in all but one of the participants. In this specific question the results indicate a decrease in stress from the pre-test to the post-test.

The 10th question on the PSS (refer to Appendix H) asks the participants how often they were on top of things. The results of the pre-test indicate each participant (with the exception of one) felt they were almost never or sometimes on top of things. The results of the post-test indicate each participant (with the exception of one) felt they were on top things fairly often or very often.

Qualitative Results

Participants of the study added thoughts and opinions of the use of dance movement therapy in a chemical dependency group. Pseudonyms will be used when describing input from participants to ensure confidentiality.

Shane

Shane described the dance movement therapy as breaking up the monotony of the group. He explained that he could tell who had a wall up and who didn't. Shane added that being in the dance movement group meant that he had to be willing to let go and have fun with a group of people.

Adam

Adam explained that the dance movement therapy wasn't what he expected. He remembered that he could have fun being sober with a group of people. Adam shared that he felt like a kid, playing games and having fun.

Steven

Steven shared with a group member (who missed intervention 2) that he had to trust the group and it was hard for him to participate. He also explained that the scale was not specific and he was more stressed when taking the post-test due to his final exams and he didn't have a place to record why he was stressed.

Ben

Ben's first phase III group was a dance movement therapy intervention. Ben shared that he didn't want to participate and trust the group. Ben said he wasn't here to play games, he is here to learn. Ben chose to watch the group in the parachute exercise during the second intervention. Two weeks later, when the dance movement therapy was finished he added that he doesn't want to let anyone in.

Discussion

Addiction is a family disease and according to the research addiction involves both genetics as well as environmental factors. Addiction also includes social, spiritual and behavioral components (Erikson, 2007). As mentioned in the literature review individuals who live in an unpredictable environment or have parents who deal with chemical dependency may have an increased amount of anxiety (Foxman, 2007). The genetic factor and the environmental factor between the anxiety and chemical

dependency creates a need to address anxiety when working with individuals dealing with a chemical addiction.

Dance movement therapy has been found to help individuals increase self-awareness, assist individuals get in touch with their feelings and trust (Lewis, 1984). No evidence was found of dance movement therapy reducing anxiety among males in a chemical dependency setting. This study offers new findings.

Individual Results of This Study

The individual results of this study indicate that dance movement therapy does increase trust, self-awareness, having fun in a group setting without alcohol or a substance. These findings are consistent with the research found in the literature review.

Shane

Shane found that it was hard for him to let go and he could see others who had a wall up. This report indicates an increase of self-awareness and relationship between the self and trust.

Adam

Adam reported that he had fun in the dance movement therapy intervention. This report may indicate that he had a reduction in anxiety in the actual group session. The PSS tested for overall anxiety in all aspects of a person's life; not necessarily for a reduction in the actual session.

Steven

Steven reported that the dance movement therapy involved trust. He also wished that he had a place to record why he was stressed. This indicates that researchers may want to consider a scale that provides a place for participants to give an explanation.

Ben

Ben was not willing to participate in the dance movement therapy interventions. He reported that he struggled with trusting the group. This report indicates self-awareness.

After the dance movement therapy interventions were implemented the participants of the study indicated that they thought they learned a lot about themselves in a group setting. One participant of the study explained that he thought the imagery exercise really got him thinking about his own perspective. Researchers in the future may want to consider studying self-awareness. The research found in the literature review suggests that expressing feelings through dance can increase self-awareness (Meekums, 2002).

Analysis of the Quantitative Results

The results from the PSS indicate that the mean of the pre-test and the mean of the post-test did not change after the implementation of the dance movement therapy interventions. The results did however show a reduction in the range indicating that dance movement therapy interventions may have brought the scores of some of the individuals towards the average.

These findings hint that the use of dance movement therapy in a chemical dependency setting may reduce anxiety among the individuals who struggle with anxiety disorder.

Limitations to the Study

As mentioned previously this study was based on the use of dance movement therapy in a chemical dependency setting, with the population being selective to males

exclusively. The selectiveness of males in this study offers a solid understanding of the use of dance movement therapy with males alone. Conducting research with a group of both males and females may create more barriers with the participants. Some group members may have a hard time sharing feelings or taking risks with the opposite gender in the group.

In contrast, group members that have a hard time letting go with the opposite gender in the group may learn skills of how to take risks. The risks may be larger for the participants but the benefits could outweigh the costs.

Another important aspect of this study is that the principal investigator (who conducted the study) was female. This may have an impact on the group of male participants. The group dynamics may change with a female in the room. Group members may not feel they could fully self-disclose with a female counselor. This could create a challenge for both group members as well as the principal investigator.

The principal investigator is also the group facilitator. This fact may be both strength and a limitation to the study. This dual role may be seen as an asset due to the therapeutic relationship that has already been established with the clients. This may increase openness to the dance movement therapy interventions used in the study.

This fact may also be considered a limitation because the clients may have answered subjectively to the tests administered. In the chemical dependency agency where the study took place it is one of the counselor's roles to communicate often with probation and parole officers, parents/family members, pre-trial (court), and drug court.

The study measured the reduction of anxiety in males with the use of dance movement therapy. A reduction in anxiety for the group members could have been the

reason for any intervention or tool from sober social support (AA), other group members, a longer amount of clean time, group, etc. In addition to the anxiety scale future researchers may want to consider the use of both qualitative and quantitative research, this may offer exactly what the dance movement therapy does for participants in a group.

The measurement scale used in this study does not indicate whether or not a participant of the study experienced a stressful event at the time of the pre test or the post-test. Researchers may need to consider this in future use of this scale. Participants in this study are early stages of recovery; participants have been covering up feelings with the use of alcohol and/or drugs for years. Many are feeling for the first time in years and this in and of itself can be a very stressful time. As stated previously many of the participants have been victims of abuse and through the process of group therapy it is likely that these events come up for individuals.

As stated previously the PSS tests for chronic stress, stressful life events, expectations, and coping resources. The PSS is a measurement tool used for behavioral disorders (Cohen, Kamarack, & Mermelstein, 1983). This test does not give a solid understanding of whether or not the dance movement therapy interventions used reduced stress among the participants of the study.

Kathy Conti a current chemical addiction therapist who works at a community health agency. Many of the participants in the study (new to recovery) are still experiencing the negative consequences to drug and/or alcohol use such as DWI and a loss of license, probation/parole obligations, loss of job, having to move in with parents or halfway house, losing children or spouse, failing out of college etc. Are all commonly reported by individuals seeking treatment in a chemical dependency program (personal

communications, January 22, 2008). Some of these negative consequences may have escalated or decreased while either the pre or post-tests were administered.

Additional Areas for Research

The dance movement therapy intervention took place over a four-week span and one hour each group session the intervention was implemented. This amount of time gave participants a taste of what dance movement therapy is all about and how it may reduce stress in day-to-day life. A few of the group members who participated in the study missed one or two of the group sessions that the dance movement therapy was implemented. This limits the amount of time the participants were actually engaged in the dance movement therapy.

Additionally, the study was implemented in a phase III outpatient treatment center; some of the participants of the study completed the outpatient program and could not finish the study. Other participants came into the study from phase II and did not get to fully engage in the results of the study.

In the future, researchers may implement a dance movement therapy intervention for a longer duration with a larger sample size to draw from. A larger sample size may help with unexpected absences and participants completing the outpatient program. Future researchers may also want to consider working with a closed group (who doesn't allow new group members to join at any time). New group members adding to the group may increase the anxiety of participants of the study; this may change the results of the study that is testing for a reduction in stress.

Implications for Counselors

Future counselors may want to consider the following factors with the use of dance movement therapy in chemical dependency settings.

The group members shared that the dance movement therapy interventions seemed to break up the monotony of group. Dance movement therapy can offer a different and sometimes playful way for group members to share, trust and live in the moment.

Many of the techniques used in dance movement therapy involve props. The principal investigator came up with the tools necessary for the methods used. Mental health and chemical dependency agencies may want to consider providing these types of props for counselors to use. In addition to trainings on how such strategies may be implemented.

The research suggests that dance movement therapy incorporates the following: 1) healing 2) awareness 3) empathy 4) movement (Levy, 1988). The research found related to chemical dependency suggests that self-awareness, paying attention to body movements and mindfulness may help prevent a possible relapse (personal communications, February 6, 2008). The connection between the two may give counselors working the field of chemical dependency a better understanding of how to treat this relapse-prone disease.

Many of the clients that participated in the study were sent by the court to engage in treatment. According to Jennie Militello who is a coordinator of a chemical dependency outpatient treatment program, group can be very heavy with emotions. A trust intervention or sharing activity may help clients enjoy coming to group especially if

they are getting something out of it. This may also increase attendance among the group members (personal communications, March 18, 2008).

References

- Alcoholics Anonymous World Services. (2007). A.A. At A Glance. Retrieved February 16, 2007, from <http://www.aa.org>
- Alcoholics Anonymous World Services. (2007). A member's eye view of Alcoholics Anonymous. Retrieved February 16, 2007), from <http://www.aa.org>
- Bakal, D. (1999). *Minding the Body*. New York : NY. The Guilford Press.
- Bourne, E. (2005). *The Anxiety & Phobia Workbook Fourth Edition*. Oakland, CA : New Harbinger Publications, Inc.
- Bradshaw, J. (1990). *Homecoming Reclaiming and Championing Your Inner Child*. New York, NY : Bantam Books.
- Blackwelder, R. (2007). [Review of the book *The Science of Addiction*]. W. W. Norton Company, 288.
- Carr, J. (1979). *Communicating With Myself : A Journal*. Menlo Park, CA : The Benjamin/Cummings Publishing Company, Inc.
- Cochran, J. & Cochran, N. (2006). *The Heart of Counseling*. CA : Brooks/Cole.
- Cohen, S., Kamarch, T. & Mermelstein, R. (1938). A Global Measure of Perceived Stress [Electronic Version]. *Journal of Health and Social Behavior*, 24(4),p385-396.
- Dosamantes-Alperson, E., & Merrill, N. (1980). Growth Effects of Experiential Movement Psychology [Electronic Version]. *Psychotherapy: Theory, Research And Practice*, 17(1),p.63-67.
- Eden, D. (1998). *Energy Medicine*. New York, NY : Penguin Putnam Inc.
- Efron, P. & Efron, R. (1988). *The Treatment of Shame and Guilt in Alcoholism*

- Counseling*. Binghamton, NY : The Haworth Press, Inc.
- Estes, C. (1992). *Woman Who Run With the Wolves*. New York : Brooks/Cole.
- Ellis, R. (2001). Movement metaphor as mediator: a model for the dance/movement therapy process [Electronic Version]. *The Arts of Psychology*, 28(3),p.181-190.
- Foxman, P. (2007). *Dancing with Fear*. CA : Hunter House Publishers.
- Glover-Graf, N., & Miller, E. (2006). The Use of Phototherapy in Group Treatment for Persons Who Are Chemically Dependent [Electronic Version]. *Rehabilitation Counseling Bulletin*, 49(3),p.166-181.
- Hafen, B., Karren, K., Frandsen, K., Smith, N. (1996). *Mind/ Body Health the effects of Attitudes, Emotions, and Relationships*. Needham Heights. MA : A Simon & Schuster Company.
- Hearsum, J. (Producer). (2008). *Shame and Addiction* [Motion Picture]. (Available from FMS, Productions, Inc., Address)
- Hervey, L. (200). *Artistic Inquiry in Dance/Movement Therapy*. Illinois : Charles C Thomas Publisher, LTD.
- Houghtalen, R. (2005). *Substance Use Disorder Practice Guideline Tool Kit*. Rochester, NY : University of Rochester School of Medicine & Dentistry.
- Johnson, J. (2008). All at Once. *On Sleep Through The Static* [Medium of Recording: CD.]. CA: Brushfire Records.
- Khantzian, E., Halliday, K., McAulitte, W. (1990). *Addiction and the Vulnerable Self*. New York. NY : The Guilford Press.
- Koch, S., Morlinghaus, K., Fuchs, T. (2007). The joy dance: Specific effects of a single Dance intervention on psychiatric patients with depression [Electronic Version].

- The Arts of Psychotherapy*, 34(4), p340-349.
- Levy, F. (1988). *Dance Movement Therapy A Healing Art*. VA : National Dance Association.
- Lewis, P. (1984). *Theoretical Approaches in Dance-Movement Therapy Vol. II*. Dubuque : Iowa. Kendall/Hunt Publishing Company.
- Marriam-Webster's New Collegiate Dictionary*. (1976). Springfield, MA: Merriam-Webster.
- Miller, A. (2005). *The Body Never Lies*. New York : NY. W. W Norton & Company.
- Minton, S. (2003). *Dance Mind & Body*. Champaign : IL. Human Kinetics.
- Meekums, B. (2002). *Dance Movement Therapy a Creative Psychotherapeutic Approach*. Thousand Oaks : CA. Sage Publications.
- Prochaska, J., Norcross. C., DiClemente, C. (1994). *Change for good*. New York: William Morrow and Company, Inc.
- Siegel, E. (1984). *Dance-Movement Therapy Mirror of Our Selves The Psychoanalytic Approach*. New York : NY. Human Sciences Press, Inc.
- Sharft, R. (2004). *Theories of Psychotherapy and Counseling Concepts and Cases*. Pacific Grove: Thompson Learning, Inc.
- Shakoor, M. (2005). *The Elements of Group Work: Personal Effectiveness in Groups*. Unpublished manuscript.
- Silerman, M. & Marcionetti, M. (2004). Immediate Effects of a Single Music Therapy Intervention with Persons Who Are Severely Mentally Ill. *The Arts in Psychotherapy*, 31, 291-301. Retrieved November 4, 2006, from Science Direct database.

Wachmouth, I. (2006). Gestures Offer Insight: The Body Speaks [Electronic Version].
Scientific American Mind, 17(5).

Appendix A

Consent Form
Reducing Anxiety with the Use of Movement
Therapy among Adults Dealing with Chemical Dependency

Introduction:

As a member of the Unity Chemical Dependency at Brighton you are being invited to participate in a research study. It is being conducted as part of Christine Ferris's (Principle Investigator/Student Researcher) master's thesis for the Department of Counselor Education at SUNY College at Brockport. The research study was approved by Unity Health System's Institutional Review Board and is being conducted through Unity's Department of Psychiatry and Behavior Health. It is recommended that you read this form carefully before deciding whether or not you wish to participate in this study.

Purpose of the Research Study:

The research study is being conducted to gather information on whether or not the use of dance movement therapy techniques helps clients reduce anxiety in an adult substance abuse group. Your input is important and may contribute to future treatment programs.

Confidentiality and Voluntary Participation:

Your participation in this study is voluntary. There will be no effect on your present and future treatment if you choose to participate or chose not to participate. If you do choose to participate in this study, you may withdraw at any time. If you do chose to withdraw from this study any information you have provided will be kept confidential.

Imminent threat of harm to self or others is required to be reported to your primary therapist.

During the interview, the Principle Investigator/ Student Researcher will record the responses to the pre and post tests with no identifying information in order to ensure confidentiality. All of the information gathered by the Principle Investigator will be filed in locked drawer to be read by only by the Principle Investigator/Student Researcher and will be destroyed following the statistical analysis. Consent Forms and pre/post tests will be destroyed on April 30, 2008.

Description of the Study Procedures:

You will be invited to participate in a pre and post test that involves your written reflections of the use of dance movement therapy and how it relates to building therapeutic relationships.

Risks and Benefits of Participation:

There are no anticipated risks or benefits to you because of your participation in this research study. This study is designed to gather information that may provide suggestions that could help in the development of future treatment plans.

Payment:

There will be no payment for your participation in this research study.

Contact Persons:

Principle Investigator/Student Researcher:

Christine D. Ferris
Intern
Unity Behavioral Health; CD
At Brighton Site
(585) 272-8330

Faculty Advisors:

Tom Hernandez
Department of Counselor
Education
State University of New York
College at Brockport
(585) 395-2258

Unity Health System, Department of Psychiatry
And Behavioral Health:

Kathy Conti, LMSW,
CASAC and Addiction
Therapist III
Unity Chemical Dependency
At Brighton Site
(585) 272-8330

If you believe you have suffered a research related injury, contact Christine Ferris at 270-8330 ext. 237 who will give you further instructions.

If you have any questions about your rights as a research subject, you may contact the Office of the Institutional Review Board at Unity Health System at (585) 723-7056, Monday through Friday, 8:15 AM to 5:00 PM.

Signature and Date:

I have read (or had read to me) the contents of this consent form and have been encouraged to ask questions. I have received answers to my questions. I give my consent to participate in this study. I have received a copy of this form for my records and future reference.

Study Participant: _____ (Print Name)

Study Participant : _____ (Signature)

_____ (Date)

Appendix B

Reducing Anxiety with the Use of Movement Therapy among Adults Dealing with Chemical Dependency

Authorization for Release of Information

The Federal Health Insurance Portability and Accountability Act (HIPAA) require study investigators to get your permission to use information about your health that is either created or used as a part of the research. If you have never received a copy of the Unity Health HIPAA Notice, please request one from the investigator for one.

The study investigator will make every effort to keep information we learn about you private. It is possible, however that the protected health information disclosed with this authorization may be re-disclosed by others without your authorization and may no longer be protected by the HIPAA regulation.

Information that will be used for the study will include your responses to the pre and post test given. Only the Principle Investigator will have access to your responses given on your pre and post test. Upon completion of the study your pre and post tests will be destroyed. Consent Forms will be destroyed by April 30, 2008. There will be no way to connect your responses on the pre and post tests to anyone.

The study investigator will use your health information to conduct the study. This study is designed to gather information, which may assist in future treatment interventions. This study may provide you with additional relapse preventions strategies. This study may increase communication skills.

To meet regulations or for reasons related to this research, the study investigator may share a copy of this consent form and records that identify you with the following people. The Department of Health and Human Services, the Institutional Review Board at Unity Health System, and State University College at Brockport.

The information collected during your participation will be destroyed April 30, 2008. You have the right to receive personal information about your health for purposes of this research study at the end of the study.

Your authorization for this study will not expire unless you cancel it. You can always cancel this Authorization by contacting the study investigator. If you cancel your Authorization, you will also be removed from the study. However, standard medical care and any other benefits to which you are otherwise entitled will not be affected. Canceling Your Authorization only affects uses and sharing of information after the study investigator gets your written request. Information gathered before then may need to be used and given to others. For example, by Federal Law Unity Health System must study information to the FDA for drug and device studies it regulates. Information that may need to be reported to the FDA cannot be removed from your research records.

As stated in the consent form in the section on Voluntary Participation, you can also refuse to sign this consent/Authorization and not be part of the study. You can also tell us you want to leave the study at any time without canceling the Authorization.

By signing this consent form, you give us permission to use and/or share your health information.

Study Participant: _____

Signature _____

Date _____

Person Obtaining Authorization:

I have read this form to the subject and/or the subject has read this form. An explanation of the research was given and questions from the subject were solicited and answered to the subject's satisfaction. In my judgment, the subject has demonstrated comprehension of the information.

Print Name and Title _____

Signature _____

Date _____

Appendix C

All At Once

All at once
The world can overwhelm me
There's almost nothing that you could tell me
That could ease my mind

Which way will you run?
When it's always all around you
And the feeling lost and found you again
A feeling that we have no control

Around the sun
Some say it's going to be the new hell
Some say it's still too early to tell
Some say it really ain't no myth at all

We keep asking ourselves
Are we really strong enough?
There're so many things
That we got too proud of

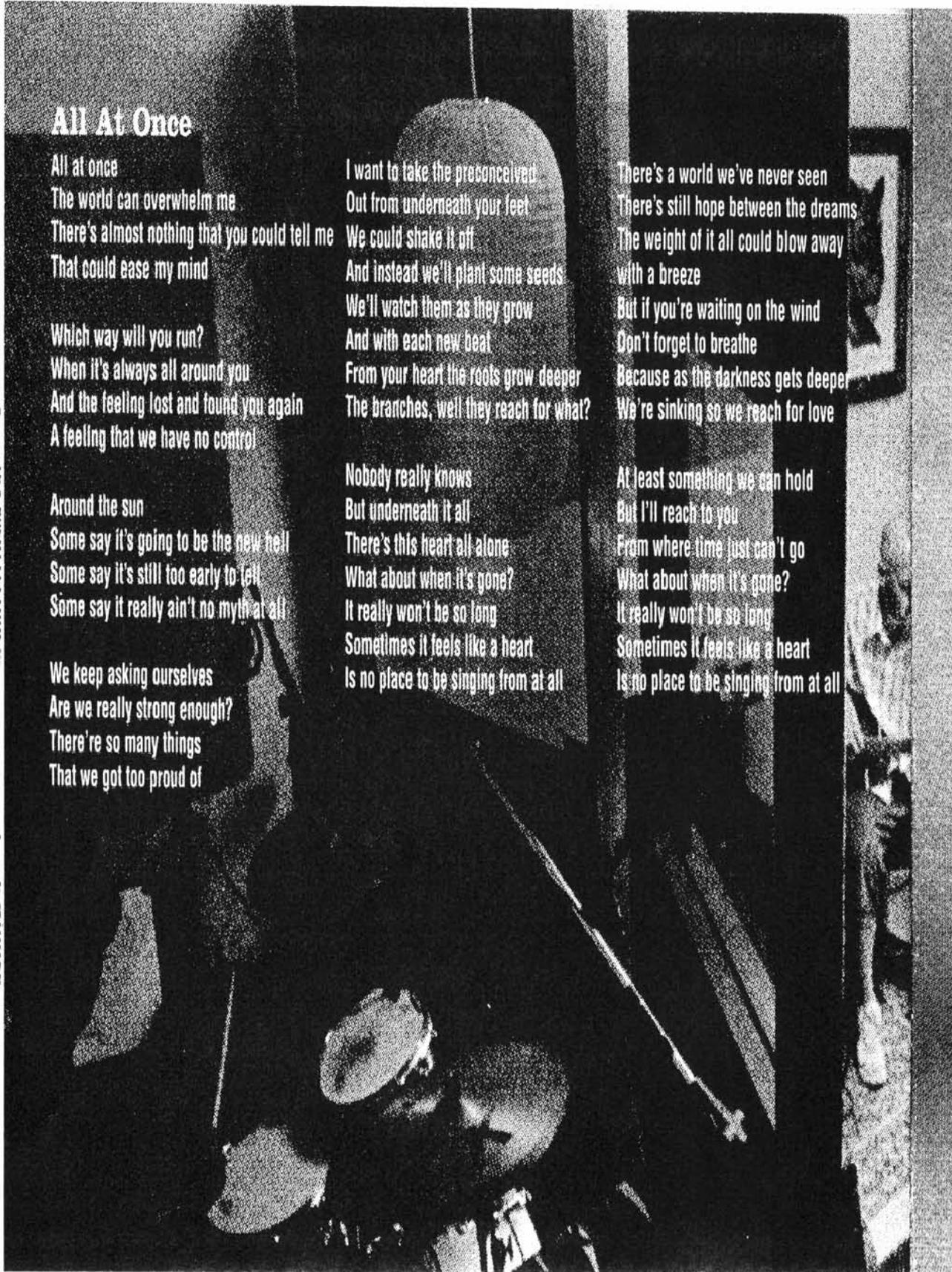
I want to take the preconceived
Out from underneath your feet
We could shake it off
And instead we'll plant some seeds
We'll watch them as they grow
And with each new beat
From your heart the roots grow deeper
The branches, well they reach for what?

Nobody really knows
But underneath it all
There's this heart all alone
What about when it's gone?
It really won't be so long
Sometimes it feels like a heart
Is no place to be singing from at all

There's a world we've never seen
There's still hope between the dreams
The weight of it all could blow away
With a breeze
But if you're waiting on the wind
Don't forget to breathe
Because as the darkness gets deeper
We're sinking so we reach for love

At least something we can hold
But I'll reach to you
From where time just can't go
What about when it's gone?
It really won't be so long
Sometimes it feels like a heart
Is no place to be singing from at all

*Heart: I am the resurrection... Come, Lord Jesus! Oh please
I have overcome the world. Come, Lord Jesus! Oh please
send someone to help me catch the light again
Amen*



Appendix D

The Red Shoes

Once there was a poor motherless child who had no shoes. But the child saved cloth scraps wherever she found them and over time she sewed herself a pair of red shoes. They were crude but she loved them. They made her feel rich even though her days were spent gathering food in the thorny woods until far past dark.

But one day as she trudged down the road in her rags and her red shoes, a gilded carriage pulled up beside her. Inside was an old woman who told her she was going to take her home and treat her as her own little daughter. So the wealthy old woman's house they went, and the child's hair was cleaned and combed. She was given pure white undergarments and a fine wool dress and white stockings and shiny black shoes. When the child asked after her old clothes, and especially her red shoes, the old woman said the clothes were so filthy and ridiculous, that she and thrown them into the fire, where they were burnt to ashes.

The child was very sad, for even with all the riches surrounding her, the humble red shoes made by her own hands had given her the greatest happiness. Now, she was made to sit still all the time, to walk without skipping, and to not speak unless spoken to, but a secret fire began to burn in her heart and she continued to yearn for her old red shoes more than anything.

As the child was old enough to be confirmed on The Day of The Innocents, the old woman took her to an old crippled shoemaker to have a special pair of shoes made for the occasion. In the shoemaker's case there stood a pair of red shoes made of finest leather that were finer than fine; they practically glowed. So even through the red shoes were scandalous for church, the child, who chose only with her hungry heart, picked the

red shoes. The old lady's eyesight was so poor she could not see the color of the shoes and so paid for them. The old shoemaker winked at the child and wrapped the shoes up.

The next day, the church members were agog over the shoes on the child's feet. The red shoes shone like burnished apples, like hearts, like red washed plums. Everyone stared; even the icons on the wall, even the statues stared disapprovingly at her shoes. But she loved the shoes all the more. So when the pontiff intoned, the choir hummed, the organ pumped, the child thought nothing more beautiful than her red shoes.

By the end of the day the old woman had been informed about her ward's red shoes. "Never, never wear those red shoes again!" the old woman threatened. But the next Sunday, the child couldn't help but choose the red shoes over the black ones, and she and the old woman walked to church as usual.

At the door to the church was an old soldier with his arm in a sling. He wore a little jacket and had a red beard. He bowed and asked permission to brush the dust from the child's shoes. The child put out her foot, and he tapped the soles of her shoes with a little wig-a-jig-jig song that made the soles of her feet itch. "Remember to stay for the dance," he smiles, and winked at her.

Again everyone looked askance at the girl's red shoes. But she so bright like pomegranates, that she could hardly think of anything else, hardly hear the service at all. So busy was she turning her feet this way and than, admiring her red shoes, that she forgot to sing.

As she and the old woman left the church, the injured soldier called out, "What beautiful dancing shoes!" His words made the girl take a few little twirls right there and then. But once her feet had begun to move, they would not stop, and she danced through

the flower beds and around the corner of the church until it seemed as though she had lost complete control of herself. She did a gavotte and then a czardas and then waltzed by herself through the fields across the way.

The old woman's coachman jumped up from his bench and ran after the girl, picked her up, and carried her back to the carriage, but the girl's feet in the red shoes were still dancing in the air as though they were still on the ground. The old woman and the coachman tugged and pulled, trying to pry the red shoes off. It was such a sight, all hats askew and kicking legs, but at last the child's feet were calmed.

Back home, the old woman slammed the red shoes down high on a shelf and warned the girl never to touch them again. But the girl could not help looking up at them and longing for them. To her they were still the most beautiful things on the face of the earth.

Not long after, as fate would have it, the old woman became bedridden, and as soon as her doctors left, the girl crept into the room where the red shoes were kept. She glanced up at them so high on the shelf. Her glance became a gaze and her gaze became a powerful desire, so much so that the girl took the shoes from the shelf and fastened them on, feeling it would do no harm. But as soon as they touched her heels and toes, she was overcome by the urge to dance.

And so out the door she danced, and then down the steps, first in a gavotte, and at czardas, and then in big daring waltz turns in rapid succession. The girl was in her glory and did not realize she was in trouble until she wanted to dance to the left and the shoes insisted on dancing to the right. When she wanted to dance around, the shoes insisted on dancing straight ahead. And as the shoes danced the girl, rather than the other way

around, they danced her right down the road, through the muddy fields, and out into the dark and gloomy forest.

There against a tree was the old soldier with the red beard, his arm in a sling, and dressed in his little jacket. "Oh my," he said, "what beautiful dancing shoes." Terrified, she tried to pull the shoes off, but as much as she tugged, the shoes stayed fast. She hopped on one foot and then the other trying to take off the shoes, but her one foot on the ground kept dancing even so, and the other foot in her hand did its part of the dance also.

And so dance, and dance and dance, she did. Over highest hills and through the valleys, in the rain and in the snow and in the sunlight, she danced. She danced in the darkest night and through sunrise and she was still dancing in twilight as well. But it was not good dancing. It was terrible dancing, and there was no rest for her.

She danced into a churchyard and there a spirit of dread would not allow her to enter. The spirit pronounced these words over her, "You shall dance in your red shoes until you become like a wraith, like a ghost, till your skin hangs from your bones, till there is nothing left of you but entrails dancing. You shall dance door to door through all the villages and you shall strike each door three times and when people peer out they will see you and fear your fate for themselves. Dance red shoes, you shall dance."

The girl begged for mercy, but before she could plead further, her red shoes carried her away. Over the briars she danced, through the streams, over the hedgerows and on and on, dancing, still dancing till she came to her old home and there were mourners. The old woman who had taken her in had died. Yet even so, she danced on by, and dance she did, as dance she must. In abject exhaustion and horror, she danced

into a forest where lived the town's executioner. And the as on his wall began to tremble as soon as it sensed her coming near.

“Please!” she begged the executioner as she danced by his door, “Please cut off my shoes to free me from this horrid fate.” And the executioner cut through the straps of the red shoes with his ax. But still the shoes stayed on her feet. And so she cried to him that her life was worth nothing and that he should cut off her feet. So he cut off her feet. And the shoes with the feet in them kept on dancing through the forest and over the hill and out of sight.

Appendix E

Imagery Exercise

I ask that you remain quiet through the whole imagery exercise. By any chance if you have trouble with being fully engaged in the exercise I ask that you do your best to remain quiet and be respectful of others participants in the room. I will be asking you questions throughout the entire exercise, when we are finished with the exercise I ask that you answer the questions then if you are willing to share with the group your experience. Does anyone have any questions?

Close your eyes.....take a deep breath....inhale.....exhale.....Relax your body....take a deep breath...inhaleexhale.....Relax your face muscles...take a deep breath...inhale.....exhale.....

Imagine your walking alone through the woods.....notice your surroundings.....pay attention to details around you.....notice the weather.....notice the ground that you walk or stand on.....you continue to walk over a hill..... you continue to walk until you come to a fork in the road.....you are forced to make a choice to continue to walk up the hill or on a path.....you continue to walk until you notice a house.....notice the amount of windows on the house.....notice the pathway to get into the house.....a person greets you.....the person gives you a gift.....look at the gift.....notice the detail of the gift.....you take the gift and continue to walk down the path that you came in on.....

Appendix F

Progressive Muscle Relaxation Technique

Progressive muscle relaxation involves tensing and relaxing, in succession, sixteen different muscle groups of the body. The idea is to tense each muscle group hard (not so hard that you strain, however) for about ten seconds, and then to let go of it suddenly. You then give yourself fifteen to twenty seconds to relax, noticing how the muscle group feels when relaxed in contrast to how it felt when tensed, before going on to the next group of muscles. You might also say to yourself, "I am relaxing," "Letting go," "Let the tension flow away," or any other relaxing phrase during each relaxation period between successive muscle groups. Throughout the exercise, maintain your focus on your muscles. When your attention wanders, bring it back to the particular muscle group you're working on. The guidelines below describe progressive muscle relaxation in detail:

- Make sure you are in a setting that is quiet and comfortable. Observe the guidelines for practicing relaxation that were previously described.
- When you tense a particular muscle group, do so vigorously, without straining, for 7 to 10 seconds. You may want to count "one-thousand-one, one-thousand-two," and so on, as a way of marking off seconds.
- Concentrate on what is happening. Feel the buildup of tension in each particular muscle group. It is often helpful to visualize the particular muscle group being tensed.
- When you release the muscles, do so abruptly, and then relax, enjoying the sudden feeling of limpness. Allow the relaxation to develop for at least 15 to 20 seconds before going on to the next group of muscles.

4. Tense and Relax Your Whole Body

- Allow all the *other* muscles in your body to remain relaxed, as far as possible, while working on a particular muscle group.
- Tense and relax each muscle group once. But if a particular area feels especially tight, you can tense and relax it two or three times, waiting about 20 seconds between each cycle.

Once you are comfortably supported in a quiet place, follow the detailed instructions below:

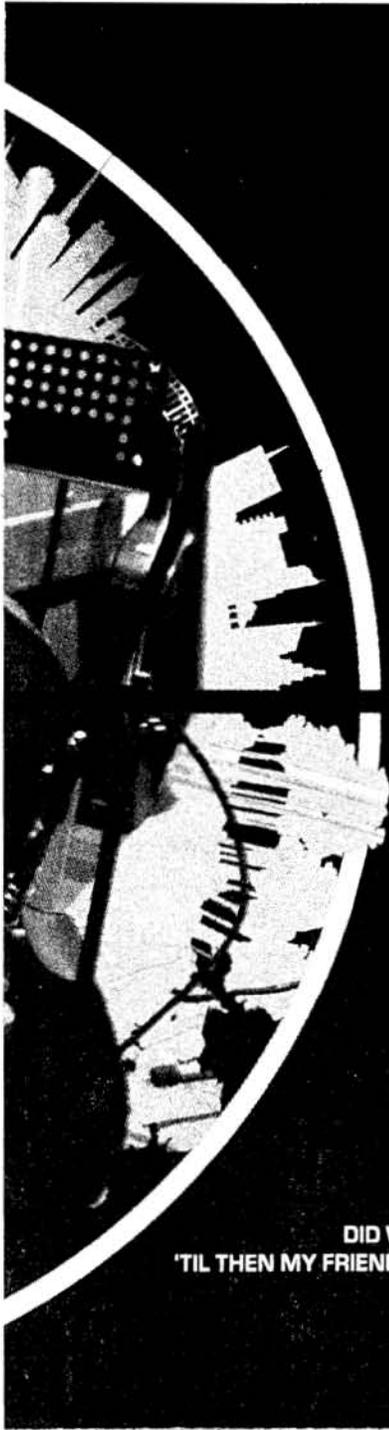
1. To begin, take three deep abdominal breaths, exhaling slowly each time. As you exhale, imagine that tension throughout your body begins to flow away.
2. Clench your fists. Hold for 7 to 10 seconds and then release for 15 to 20 seconds. *Use these same time intervals for all other muscle groups.*
3. Tighten your biceps by drawing your forearms up toward your shoulders and “making a muscle” with both arms. Hold . . . and then relax.
4. Tighten your *triceps*—the muscles on the undersides of your upper arms—by extending your arms out straight and locking your elbows. Hold . . . and then relax.
5. Tense the muscles in your forehead by raising your eyebrows as far as you can. Hold . . . and then relax. Imagine your forehead muscles becoming smooth and limp as they relax.
6. Tense the muscles around your eyes by clenching your eyelids tightly shut. Hold . . . and then relax. Imagine sensations of deep relaxation spreading all around the area of your eyes.
7. Tighten your jaw by opening your mouth so widely that you stretch the muscles around the hinges of your jaw. Hold . . . and then relax. Let your lips part and allow your jaw to hang loose.
8. Tighten the muscles in the back of your neck by pulling your head way back, as if you were going to touch your head to your back (be gentle with this muscle group to avoid injury). Focus only on tensing the muscles in your neck. Hold . . . and then relax. (Since this area is often especially tight, it’s good to do the tense-relax cycle twice.)
9. Take a few deep breaths and tune in to the weight of your head sinking into whatever surface it is resting on.
10. Tighten your shoulders by raising them up as if you were going to touch your ears. Hold . . . and then relax.
11. Tighten the muscles around your shoulder blades by pushing your shoulder blades back as if you were going to touch them together. Hold the tension in your shoulder blades . . . and then relax. Since this area is often especially tense, you might repeat the tense-relax sequence twice.
12. Tighten the muscles of your chest by taking in a deep breath. Hold for up to ten seconds . . . and then release slowly. Imagine any excess tension in your chest flowing away with the exhalation.
13. Tighten your stomach muscles by sucking your stomach in. Hold . . . and then release. Imagine a wave of relaxation spreading through your abdomen.

14. Tighten your lower back by arching it up. (You can omit this exercise if you have lower back pain.) Hold . . . and then relax.
15. Tighten your buttocks by pulling them together. Hold . . . and then relax. Imagine the muscles in your hips going loose and limp.
16. Squeeze the muscles in your thighs all the way down to your knees. You will probably have to tighten your hips along with your thighs, since the thigh muscles attach at the pelvis. Hold . . . and then relax. Feel your thigh muscles smoothing out and relaxing completely.
17. Tighten your calf muscles by pulling your toes toward you (flex carefully to avoid cramps). Hold . . . and then relax.
18. Tighten your feet by curling your toes downward. Hold . . . and then relax.
19. Mentally scan your body for any residual tension. If a particular area remains tense, repeat one or two tense-relax cycles for that group of muscles.
20. Now imagine a wave of relaxation slowly spreading throughout your body, starting at your head and gradually penetrating every muscle group all the way down to your toes.

The entire progressive muscle relaxation sequence should take you 20 to 30 minutes the first time. With practice, you may decrease the time needed to 15 to 20 minutes. You might want to record the above exercises on an audiocassette to expedite your early practice sessions. Or you may wish to obtain a professionally made tape of the progressive muscle relaxation exercise. (See appendix 3.) Some people always prefer to use a tape, while others have the exercises so well learned after a few weeks of practice that they prefer doing them from memory.

Remember—regular practice of progressive muscle relaxation once a day will produce a significant reduction in your overall level of anxiety. It will also reduce the frequency and intensity of panic attacks. Finally, regular practice will reduce anticipatory anxiety that may arise in the course of systematically exposing yourself to phobic situations (see chapter 7).

Appendix G



USED TO GET HIGH

I USED TO GET HIGH FOR A LIVING
BELIEVING EVERYTHING THAT I SAW ON MY TV
I USED TO GET HIGH FOR A LIVING
EATING ALL THE BULLSHIT FOOD THAT THEY SOLD ME
I USED TO GET HIGH FOR A LIVING
THINKING THAT MY DESTINY WAS OUT OF MY CONTROL
I USED TO GET HIGH FOR A LIVING
THERE'S LOTS OF DIFFERENT REASONS AND I'LL TELL YOU SO

SUPER SIZE, LARGE FRIES, BIG MAC, COCA COLA
GO ON MAN, PICK YOUR POISON
SPEED, WEED, ECSTASY, LSD
MAN, IT DON'T BOTHER ME 'COS WE'RE ALL ON SOMETHING
CAFFEINE, CIGARETTES, ALCOHOL
YOU KNOW I'M CLAWING AT THE WALLS TRYING TO GET MY FIX
PROZAC, ADD TABLETS, COKE, SMACK
NOW YOU KNOW I AM TURNING TRICKS 'COS

ESCAPE, CAN'T WAIT ALL TRYING TO GET AWAY
FROM THIS PLACE MAN THAT WE'RE FEELING
CAN'T DEAL, CAN' T FEEL WHAT'S REAL
ALL TRYING TO CONCEAL ALL THIS TIME WE'RE STEALING
NO DOUBT, THE ROUTE YOU'RE ON
CAN'T FIND THE CLOUT THAT YOU'VE BEEN NEEDING
'TIL THEN MY FRIEND YOU MUST CONTEND
WITH THE MONSTER THAT YOU'RE FEEDING

GOT LINKS OF THE CHENEY
GETTING CRAZY, GETTING LAZY, WITH THEIR FOREIGN RELATIONS
STARTING WARS, CLOSING DOORS
TRYIN TO BRING ABOUT ONE QUICKER, MAN, REVELATIONS
ECONOMIC RATIONAL CALLING FOULS WITH THE WORKERS
JUST TRYING TO MAKE IT PAY
COST CUTTING, HEAD BUTTING
BIG BUSINESS DO WHAT THEY LIKE AND YOU DO WHAT THEY SAY
WHAT'S WRONG GET ALONG, JUST PROLONG ALL THE THOUGHTS
YOU GOT GOIN ON, ON THE INSIDE
APPEASE, STAND AT EASE, JUST TRY TO PLEASE
ALL THE APATHY THAT YOU'RE TRYING TO HIDE
HOW NOW BROWN COW

DID WE GET FROM THIS STANDING PLACE...AND NOW WE'RE KNEELING
'TIL THEN MY FRIEND YOU MUST CONTEND WITH THE MONSTER THAT YOU'RE FEEDING

JOHN BUTLER: VOCALS, ACOUSTIC/AMPLIFIED 11 STRING GUITAR
SHANNON BIRCHALL: ELECTRIC BASS GUITAR
MICHAEL BARKER: DRUMS, CONGAS, SHAKERS

Appendix H

Items and Instructions for Perceived Stress Scale

The questions in the scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate how often you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. This is don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives:

0. never
 1. almost never
 2. sometimes
 3. fairly often
 4. very often
1. In the last month, how often have you been upset because of something that happened unexpectedly?
 2. In the last month, how often have you felt that you were unable to control the important things in your life?
 3. In the last month, how often have you felt nervous and "stressed?"
 4. In the last month, how often have you dealt successfully with irritating life hassles?
 5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?
 6. In the last month, how often have you felt confident about your ability to handle your personal problems?
 7. In the last month, how often have you felt that things were going your way?
 8. In the last month, how often have you found that you could not cope with all the things that you had to do?
 9. In the last month, how often have you been able to control irritations in your life?
 10. In the last month, how often have you felt that you were on top of things?
 11. In the last month, how often have you been angered because of things that happened that were outside of your control?
 12. In the last month, how often have you found yourself thinking about things that you have to accomplish?
 13. In the last month, how often have you been able to control the way you spend your time?
 14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

Appendix

I ask that you remain quiet through the whole imagery exercise. By any chance if you have trouble with being fully engaged in the exercise I ask that you do your best to remain quiet and be respectful of others participants in the room. I will be asking you questions throughout the entire exercise, when we are finished with the exercise I ask that you answer the questions then if you are willing to share with the group your experience. Does anyone have any questions?

Close your eyes.....take a deep breath....inhale.....exhale.....

Relax your body....take a deep breath...inhaleexhale.....

Relax your face muscles...take a deep breath...inhale.....exhale.....

Imagine your walking alone through the woods.....notice your surroundings.....pay attention to details around you.....notice the weather.....notice the ground that you walk or stand on.....you continue to walk up a hill.....you continue to walk until you come to a fork in the road.....you are forced to make a choice to continue to walk up the hill or on a path.....you continue to walk until you notice a house.....notice the amount of windows on the house.....notice the pathway to get into

the house.....a person greets you.....the person gives you a gift.....look at the
gift.....