

## **Abstract**

The introduction of dance movement psychotherapy (DMP) to a mainstream secondary school in the United Kingdom was explored from the perspectives of some educators (n = 5) and pupil-clients (n = 3) to discover perceptions of, and influences on the process of establishing a DMP practice to support pupils within this setting. Semi-structured interviews were analysed using constructivist grounded theory by an ethnographically situated therapist-researcher. Two polarities of themes emerged: *constraints, normative inhibitions and expectations*, versus *empowerment, novel perceptions and awareness*. These polarities were evident at two levels of process: *school structures and community mind-set* and *individual engagement with DMP*. The results highlight inherent dynamics in positioning of therapeutic provision within a school environment, amplified in unconventional, creative and embodied forms of intervention. An awareness of the tension between these opposites may be useful for dance movement psychotherapists in setting themselves within mainstream education.

**Keywords:** dance movement psychotherapy; secondary school; mental health; empowerment; intervention; education system

## **Introduction**

The 'Five year forward view' white paper (NHS England, 2017) places young persons' mental health high on the government agenda, heralding additional funding for school-based mental health support, thereby supporting educational outcomes (Karkou, 2010). Secondary school can be considered a fundamental vessel for the transition between child- and adulthood (Karkou, Fullarton & Scarth, 2009). Thus, there is a growing recognition of the need for a child-centred approach to mental health in school: individualised psychotherapeutic provision, accounting for opportunities and challenges within the particular educational setting, is optimal (Dunsmuir & Hardy, 2016).

Holistic, body-oriented therapies may provide an alternative to current patterns of learning, interaction and intervention. Indeed, the many implications of modern 'disembodied' ways of being - which extend to both classroom learning and screen-based recreation – can be deleterious for both physical, mental and developmental wellbeing (Sigman, 2012). This endemic cultural shift is perturbing from a socio-ecological educator perspective – a paradigm in which pupils' bodily lived experience, experiential pedagogies, agency and participation (Brown, Jeanes & Cutter-Mackenzie, 2014) within the dynamics of school and wider settings (Lee & Stewart, 2013), are considered critical to learning. Dance movement psychotherapy (DMP) employs relational, creative and physical practices and recognises body and movement as fundamental to self-awareness. This form of intervention may therefore be an ideal antidote to the more passive, inactive and cognitive modes of recreation and learning experienced within the epoch of digitization (Mannell, Kaczynski & Aronson, 2005).

Despite this potential, DMP is still a relatively young profession, not routinely prescribed and somewhat rare in mainstream services and schools. Payne (2003) outlined some significant barriers to proliferation: DMP's reliance on the initial 'goodwill' and subsequent recognised value for individual schools, a lack of professional recognition, and

myths/misconceptions about DMP. Survey data suggests DMP to be a minority contingent amongst arts therapies (Zubala & Karkou, 2015). Of this contingent, the highest reported arenas of practice were healthcare, followed by private practice, and lesser in educational settings, with adults the most common client groups, followed by young adults, and only a third with children and adolescents. Within therapists' main client groups, mental health difficulties, followed by learning difficulties, were most commonly encountered, with a notable focus on autistic spectrum conditions (ASC), and dementia. This is echoed by Tortora (2009) who mentions DMP's typical school-based application to children with special needs such as ASC or other diagnoses.

These data illustrate the (un)likelihood of DMP being employed within mainstream school settings. Although arts therapies within mainstream schools have gained some ground (Karkou & Sanderson, 2006), there is a paucity of published research reporting on this area of practice (Karkou et al., 2009; Eke & Gent, 2010). Yet, DMP offers pertinent benefits to the child and adolescent population, such as the opportunity to display and release aggression safely and without authoritarian retribution (Payne, 2003). Additionally, enhancing body literacy during adolescence may help assuage body image-related issues and increase enjoyment of physical activity, for numerous psychological and physical benefits (Biddle & Asare, 2011). Nevertheless, commissioners face the task of funding services based on robust evidence, therefore the more unfamiliar DMP – as yet without a large body of clinical studies or NICE recommendations - is generally not implemented in schools, unlike counselling, behavioural therapy, or family therapy (Department for Education, 2016).

One way that schools can experience DMP without diverting funds from elsewhere, is through accommodating trainee therapists' clinical placements - a central feature of DMP training programmes. Furthermore, understanding current school perspectives would enable practitioners to more effectively promote and operate their services, enabling more pupils and

trainees to benefit from DMP placements. Coaten and Williams (2016) emphasise that dialogue with new/training DMPs is valuable in apprehending more universal facilitator experiences. Previous research has used a phenomenological, grounded theory approach to explore the experiences of DMP trainees (Payne, 2004) and Eke and Gent (2010) reported on DMP group work facilitated within a secondary school setting, yet neither study included interview data from other actors within the practice settings.

Recently, Devereaux (2017) described educator perspectives on how dance movement therapy influenced behaviour within the special educational needs (SEN) classroom, finding influences on regulation, social functioning and sensory systems, yet limitations in time, duration and space that may impair the therapy long term. However, these findings were mainly specific to the SEN setting and population, and no recent research exists around the development of DMP within mainstream UK schools, from both clients' and educators' viewpoints. An exploration of the initial school-staff-pupil processes in action would extend knowledge for both practitioners and educators. This paper reports on DMP work within one such school, to benefit other DMPs and especially trainees encountering the school environment, as well as progressive faculties considering service development involving DMP. This study aims to uncover through grounded theory (Strauss & Corbin, 1998) the subjective perceptions and processes involved in introducing DMP to a mainstream UK secondary (11-16yrs) school.

## **Methods**

### ***Context of Practice***

The DMP service involved two groups: pupils (12-15yrs; herein referred to as 'pupil-clients') and staff; either personally supporting pupil-clients (Learning Support Assistants; LSAs), or

managing the DMP placement. Pupil-clients with varying physical, psychological and developmental needs engaged with DMP during the therapist's training placement within the school's Curriculum Support Faculty, which includes general psychological wellbeing provision as well as supporting Special Educational Needs (SEN) pupils. Pupils were offered DMP based on staff knowledge of the pupils' interests, needs and/or difficulty engaging with verbal counselling service. If interested, potential clients met with the therapist, their LSA and/or the School Counsellor in her office, where they would be informed about DMP and invited to ask any questions. Pupils could then choose to experience an introductory DMP session on another day, and whether to continue after this. Of initial interest to this study were perceptions and preconceptions of DMP, and experiences of this novel service. The faculty – highly regarded for innovative approaches to SEN, inclusivity and wellbeing - were supportive of adding DMP to their therapeutic 'arsenal'.

Sessions took place as weekly one-hour one-to-one sessions during term time (October-July), in the school's dance and drama studio. Some weeks, school timetabling issues would render this unavailable, but the bulk of DMP took place in this space. Pupil-clients were allocated times based on studio availability and their lesson timetable, arranged with relevant staff members during the morning meeting. SEN pupil-clients were accompanied by their LSAs, who sometimes participated in the sessions. Sessions were largely client-led, and included verbal work, functional and expressive movement/dance, image making, physical and sensory props. The DMP work was supervised weekly by a Clinical DMP Supervisor and discussed periodically with the school's SEN Coordinator and other key staff.

### ***Orientation and Design***

Need for this research arose from the author's experience of bringing a new therapy to an unfamiliar context, as a fledgling DMP practitioner. This 'triangle of unfamiliarity' offered both great opportunity and considerable challenges in establishing the service, insights which may benefit potential stakeholders (schools, pupil-clients, and new/training DMPs). Just as the service ultimately fulfilled its purpose through a flexible, dialogic process of collaboration and co-construction of practice between all actors, so this intersectionality of perspective was drawn upon in gathering and analysing data. Therefore, using the researcher's (auto)ethnographic observations and reflections as a starting point to explore those of the other actors in the setting was a rational approach to unearthing theory that would best represent the experiences and processes of all actors involved.

Grounded theory (Charmaz, 2011) emphasizes the importance of social interaction processes around meaning, self and perspectives, action and interaction. To reflexively incorporate the author's developing understanding, a pluralistic methodology (McLeod, 2001) was employed, encompassing pragmatic, constructivist grounded theory (Charmaz, 2011) and inclusive of tacit (auto)ethnographic knowledge originating from encounters on placement. This was appropriately bracketed through supervision during data collection and analysis, to neutralize author bias. Participants were encouraged to avoid censorship of negative or critical views, in order to 'help [the author] understand and develop' as a practitioner, thereby capitalising upon the trusting collaboration already developed. Further support for emergent findings was established through co-constructive dialogue with participants, assisting with integration and refinement of the core concepts, as well as empowering participants through constructive interpretation (Stiles, 1993).

### ***Protocol***

Once all DMP therapy had ceased, participants were sought on the basis that they had been a pupil-client or a staff member participating in or enabling the DMP service. All were familiar with the therapist-researcher, having built a working relationship during the school year. Through their different roles, staff members had helped facilitate the service either directly (e.g. through referring or attending) or indirectly (e.g. through managing the service). After firstly gaining carers' consent where appropriate, subjects were provided with study information and could then decide whether or not to attend for interview the following week. Study participants gave informed consent, were free to withdraw if desired and signposted to further support and information at the end.

A total of eight participants (three pupil-clients; five staff members) took part in interviews during the final fortnight of the school year. All were female excepting one male staff member. Pupil-clients were aged 12-15yrs, of varying ethnicities and backgrounds, and had taken part in individual DMP sessions at various times between September – July.

### ***Data Collection and Analysis***

Interviews lasting 60-90 minutes took place in a quiet school office and were semi-structured yet conversational, allowing for participant-led digression. Probes were used to clarify and elicit further information, and unclear statements were explored further to reach understanding. Hence, many questions were identical between participants, but some were not, as necessary for individual perspectives and for emerging theory (Charmaz, 2011). Open questions were employed to explore a) perceptions of DMP prior to engaging; b) reasons for choosing to engage; c) experiences of DMP; d) other opinions about DMP. These areas of enquiry served to identify - but not prejudice - the phenomenon of interest to the research question.

Interview order was firstly determined by convenience, then as work progressed, to achieve theoretical sampling and saturation. After interviews, notes and memos were made of any initially apparent categories of codes. Audio was analysed further for codes and categories, using constant comparative analysis, informing the direction of the next interview. *In vivo* codes – using participant’s own language and phraseology to uncover meaning and actions (Charmaz, 2011) – were emphasised and explored in collection and analysis. Hence, a cumulative building, dissecting and redefining of emergent themes occurred between interviews. Transcripts were re-visited over several weeks post-collection, as the researcher conferred with her co-author and clinical supervisor, to clarify themes and concepts where necessary.

## **Findings and Discussion**

Emergent concepts formed an axial model of systemic processes and experiential perceptions, which reveal a phenomenology of DMP within the dynamic individual-to-social context (Bronfenbrenner, 2005). Two thematic polarities were apparent, relating to implementing DMP: factors which presented challenges, and those which were enabling. More specifically, the two recurring polarities appeared as *constraints, normative inhibitions and expectations* versus *empowerment, novel perceptions and awareness*, and these were present at two levels of experience: 1) *school structures and community mind-set* and 2) *individual propensity to engage with DMP*. Figure one shows a pictorial representation of these polarities and levels, and their subthemes:

[Figure 1.]



The four thematic groupings and their supporting data are presented and discussed in detail below. (N.B. Data from the eight participants are denoted by the letters ‘C’ or ‘S’ to indicate either a pupil-client [C] or a staff member [S].)

***Theme 1: Constraints, normative inhibitions and expectations in school structures and community mind-set***

Certain time, space, privacy and priority constraints sometimes inhibited the implementation of DMP due to social and organisational factors. The tension between the aims, objectives and procedures of the school day, and those of creative psychotherapeutic endeavour, played out in a number of reported events and perceptions:

S7 “...it was a constant issue, the space, which obviously you guys need... But that's the [chaotic] nature... that has to be considered for anybody going into a school environment.”

S8 “Well it was the time constraints really... things had to be done on an ad hoc basis to fit around timetabling issues and rooming issues and different obstacles...”

S5 “...ultimately she's here to follow the school programme... because with the best will in the world, it's still a busy place, there's no privacy here, so... as you know trying to find that somewhere [private] in this place is difficult.”

The demands of the school day, time and space constraints and timetabled curriculum have been reported elsewhere as detrimental to facilitating creative therapies (Devereaux, 2017; Ebrahim, Steen & Paradise, 2012). Despite this inconsistency, pupils expressed that they wanted to have had more time to do DMP and to continue the following year. The time/space

and other environmental insecurities were also felt to be factors in inhibiting clients' immersion in experimental, creative or continuous process:

C1 "I think the main problem of it being at lunchtime is people do just walk in and they just ignore the sign on the door..."

C2 "I'd be quite relaxed during session but if someone started knocking on the door then I would get a bit more panicky about, oh no, are they going to see me, are they going to recognise me, are they going to tell other people..."

Foremost in engendering appropriate safety for psychotherapeutic work - especially where creative experimentation and uncertainty feature heavily - are privacy, consistency and containment of the space within which the work takes place (LeMessurier & Loman, 2008). Furthermore, the need for privacy is heightened within a population for whom social norms are of primary importance (La Greca & Harrison, 2005). The possibility of privacy breaches - when interruptions could occur at any moment - threatened the perceived safety of exploration. Aversion to 'exploration in general' was highlighted by a key staff member, who postulated whether the decline of outdoors physical play (Salmon & Timperio, 2007), in favour of screen-based interaction or pre-arranged extra-curricular activities, might be partially responsible.

Difficulties experimenting beyond the confines of pre-arranged, measured activities were echoed in both educational and extra-curricular arenas, with achievement and outcome expectations prioritising long-established structures and endeavours over DMP:

S8 "...there are certain lessons that her parents didn't particularly want her to miss, so that was an issue trying to fit around her parents' wishes..."

S7 "...hobbies outside of school...they're still going to a [directive] class...therein lies the difference..."

S7 "...just establishing yourself in the school environment initially is the first hurdle that the therapist has to overcome."

S4 "...there's always conflicts in setting up therapeutic provision with traditional school models..."

The prioritisation of more familiar activities resembling 'traditional' educational/school models, with similar approaches in extra-curricular hobbies, meant that non-directive, exploratory activities, i.e. DMP or other therapies, were less likely to be valued or funded.

As schools are tasked with achieving progressively robust, measured outcomes, with less resources (National Audit Office, 2016), cornerstone processes often prohibit progressive therapeutic provision. In this epoch of austerity falling upon even basic school amenities, enrichment activities are first to be expunged from school budgets.

### ***Theme 2: Empowerment, Novel Perceptions and Awareness in School Structures and Community Mind-Set***

Despite the above challenges around logistics and recognition of DMP's potential within the existing school system, open-mindedness around mental wellbeing was apparent in the school community. The school systems were unwieldy for the reasons set out above, yet individuals within that system were willing and open to novelty:

S4 "...young people would be openly in the playground at break talking about [therapy], and that openness about that is really important..."

S8 "The school has an interest in trialling different therapies... it was an experimental way of offering something new to the kids."

S7 "My first thoughts on [DMP] were "Oh fabulous!" ...we are always looking for new and innovative ways of working with young people..."

The SEN/wellbeing staff interviewed were passionate advocates of additional services. The school was especially approving towards novel enhancements to student wellbeing, as exemplified by their use of a dramatherapist, Educational Psychologist, two full-time Speech and Language Therapists and other features. Staff- and student-level strategies are recommended to democratise access, integrate care and reduce stigma around mental illness in schools (Fazel, Hoagwood, Stephan & Ford, 2014), and efforts to normalise mental wellbeing can reduce derogatory connotations held by school pupils (Pinfold et al., 2003). The school's enhanced awareness of wellbeing-need transferred to individuals' attitudes (see Theme 4), and heightened staff and pupils' appreciation of DMP's physical aspects and potential for expanded awareness, supplementing usual school activities:

S6 "[In] normal lessons, it's a case of 'you need to do this and this, to be able to achieve this' ... it's a rigid way."

C3 "...in your normal lessons you're just sat in a classroom, but you're actually not doing anything helpful with your body."

S4 “I think during the structures of school days... you’re probably not going to get to explore or test yourself in those ways...that individual freedom in relation to the testing of their own boundaries in a safe space - you don't really get that opportunity...”

Staff and pupils recognised DMP’s potential to extend psychological and physical repertoires and sense of ‘active mastery’ (Devereaux, 2017; Payne, 2003), beyond and differing from other school activities. The non-dualism of mind-body in DMP combined with the client’s creative and non-directive process, makes it markedly different to commonly-encountered subjects such as dance, P.E., art, P.H.S.E., or even other therapeutic interventions (Röhricht, 2009). Some appreciation of DMP’s potential to empower pupils through agency and participative experience (Brown et al., 2014), meant that the physical and exploratory aspects were well received. Accordingly, the school community encouraged pupils’ participation for empowerment:

C2 “I heard about it through [staff]...she knew that I like dance and she also knew that I had lots of stuff going on, anxiety and stuff so she thought maybe it might help me”

S4 “It fitted quite nicely with our ways of working... helping young people understand themselves and how they operate within society.... The phrase I like is this idea of ‘personalisation not normalisation’ and I think that probably is more akin to a therapeutic approach than schools operating a traditional model of education.”

Pupils were encouraged by proactive staff members, signposting and referring pupils to the service, befitting the school's ethos of '*personalisation not normalisation*'. Withdrawn, depressed or passive adolescents rarely self-refer for support (Eke & Gent, 2010). Additional problems with self-image and body objectification are commonplace, which could be targeted by DMP's experiential body-based approaches over time (Grogan et al., 2014). Therefore, proactive LSAs and other staff can prove crucial in promoting engagement with holistic activities to enhance social-emotional adjustment.

***Theme 3. Constraints, normative inhibitions and expectations discouraging individual engagement with DMP***

Participants reported unfamiliarity or pre-conceived expectations about DMP, and were constrained by peer-related social norms i.e. divergence from socially-accepted styles of movement or behaviour. Expectations were generally uncertain or foreboding in nature, centring on a *fear of the unknown* or, alternatively, inaccurate expectations around familiar notions of 'dance lessons':

C1 "I just thought it would be quite embarrassing, because I'm not a dancer... I thought this is going to be weird [laughs], dancing about...some music on, and then you asking me to like... saying 'do you feel the music' and all this [laughs], kind of very hippyish do you know what I mean?"

C2 "I wasn't quite sure what to expect... I expected it to be like learning different dances... I thought it would be less like speaking one-to-one and... basically like a dance lesson."

Prior to engaging, clients generally expected the main thrust of DMP to be dance, rather than purposeful psychotherapeutic exploration for adaptive functioning. The issue of ‘what to call DMP’ to minimise anxiety and maximise engagement was discussed with key staff members, but no term was deemed fully fit for purpose. Renaming DMP to assuage uncertainty and normative concerns is reported elsewhere (Eke & Gent, 2010). Further, staff usually displayed a mixed understanding of a) what DMP involves practically - in the context of the session itself, and within the schools’ own mesosystem, and b) which psycho-affective processes enable the ‘therapeutic’ effect to occur in individuals. Although these were explained in meetings with the SEN Coordinator and other key staff members in initiating the service and sessions, most staff members had not directly experienced DMP themselves, and would have benefitted from such an embodied experience prior to rolling out the service to the pupils. Coupled together, the prospective client anxiety around body and movement, and organisational uncertainty about DMP processes, posed a question of how to present DMP:

S6 “I don't think she realised what it was all about when she first asked...would she be disappointed with not being able to do the movements that she wanted to do?...it's a case of them seeing themselves as failures - ‘I'm not going to be able to do it, I can't do it’.”

S7 “...they're just so you know, ‘what if? What if?’ Rather than go and have a go, see what happens... It's that fear of taking a step in a different direction... a lot of young people are very very restricted, even in going out and playing on the street.”

Anxiety around active participation was apparent, specifically within DMP and more generally around ‘taking a leap into the unknown’ (although staff did not comment on these restrictions in relation to themselves). The psychodynamic roots of DMP encourage responding non-judgementally to one’s movement impulses in order to reveal and process unconscious material, therefore an element of unpredictability tends to be an inherently active feature of the work (Bräuninger, 2014). Pupil-clients’ expectations exaggerated this ‘leap’, apprehensive that physical/creative tasks would exceed their resources and appear ‘silly’:

C1 “...teenagers who weren’t so open-minded or creative-minded, they would just be like, ‘what is this? I'm not doing this, I'm too cool for this’. A lot of teenagers are like that...”

C2 “I just want to look as normal as possible, coz like if they see me then I've got no chance making any friends or anything...”

S7 “[Young people are] very self-conscious, embarrassed, don't know what to do sort of thing, and that’s just in a talking therapy!”

S7 “...asking them to ‘put themselves out there’... moving and doing different things... I would say they would be fearful of making a fool of themselves...that somebody might see them ... putting themselves out there, expectation might be too great for them...”

S8 “...another student I know was quite reluctant to give it a go, and probably felt sort of...inhibited, was worried about making a fool of themselves at first...”



Pupil-clients' inhibitions included how they were 'supposed' to act, and also whether others would approve if they knew. These social norms stemmed from perceived scrutiny and conformity within their peer group and wider communities, and were considered by staff even more pronounced in male pupils; hence, only females were put forwards for DMP. The lack of male pupil-clients and staff - a limitation of the present study, and of others (Koch & Bräuning, 2005) - may partially stem from hegemonic constructions of masculinity and dance in Western culture (Risner, 2007).

Constraints of low-confidence and social conformity present both barriers – and opportunities – for movement-based therapy. Indeed, an acute study of both male and female participants in a single body image-focused group DMP session (Grogan et al., 2014) reported positive effects on body image and feelings of connectedness, freeness, self-consciousness and body-acceptance, running contrary to their prior fears and self-conscious objectification of the body. Nevertheless, the open possibilities of DMP, and some of its non-directive elements can challenge self-presentational image control. The current study's participants risked exposure by *'putting themselves out there'*. In a sense this expectation is partially accurate, yet, once engaged in DMP activities, the reality was reportedly 'fun' and non-anxiety provoking.

#### ***Theme 4. Empowerment, novel perceptions and awareness encouraging individual engagement with DMP***

Intra-individual factors that encouraged engagement with DMP included having creative interests and open-minded perceptions:

C1 "...every new experience comes with new feelings, and I can always put those feelings into my artwork, or into my writing..."

C1 “I’m not one of them [closed-minded] people... that's kind of the main thing I brought with me, just not got to be embarrassed... I'm quite open minded and I just wanted to try it out...”

S7 “...I can think of some [boys] in my recent past who... probably would have quite relished it, but they are particular kinds of young people and they are usually open to that creative side of who they are.”

‘Creative’ pupils were more likely to be referred, and any willingness or agency towards experimentation (somewhat atypical, considering the aforementioned normative concerns) boded well. This is echoed by Karkou and Sanderson’s (2000) survey of practitioners, citing prominent criteria for referral as responsiveness to dance/movement and an ability to work spontaneously. Some links between ‘creative types’ and mental pathology have been documented (Nettle, 2006), yet for responsiveness to DMP it seems that creativity was a facilitating factor. With SEN pupil-clients, the uniqueness of their abilities, and familiarity with service involvement also engendered a greater level of openness to DMP:

C3 “I thought it would be nice... I expected [how DMP would be], coz I knew what dance was...”

S4 “...I’m not surprised at all that some of the young people with significant disabilities or SEN had less fear...! ...the immense strengths that are accompanied with their uniqueness, gives them a better starting point if you will.... [they] are more used to that discourse and openness about their needs....”

S6 “I think she already knew her expectations...she always saw herself as not having a disability... I think she was already able to own her space - and everybody else's in the interim! [laughs].”

Some SEN clients (three pupils with additional physical and educational needs took part in DMP over the course of the year; one able to be interviewed) had less subjective barriers to their perceived suitability for moving creatively and experimentally, relishing the challenge of doing something different. The appropriateness of DMP for those with learning and/or physical disabilities outlined in ‘Dance? Of Course I Can!’ (MacDonald, 1992), perfectly encapsulates many of these clients’ attitudes, reportedly due to familiarity with tailored service provision and a drive for more physical activity and self-expression:

S8 “I often would get the impression that she would like the opportunity to move more...”

S4 “...young people with physical disabilities, through the nature of the curriculum and the nature of their day, they are going to be sat for a lot of the time... So I think it’s particularly of benefit, in my external view, for those with physical disabilities.”

S5 “...I thought it would be an ideal opportunity of her to express some of her feelings...”

S6 “...especially where she was getting herself all stressed it was a way of releasing that.”

Seeking and enjoyment of physical activity and unrestrained self-expression were observed both within DMP sessions and also in staff reports of pupil's behaviour outside of sessions, when they would look forwards to the chance to 'decompress', display and release challenging emotions (Payne, 2003), relinquishing the alternative expectations of quiet and still learning. Fitzgerald (2005) described traditional conceptualisations of ability still prevailing in school PE, leaving disabled pupils feeling like a 'spare piece of luggage' in contexts where the sociocultural 'physical sporting ideal' predominates. One in three are reported to feel 'sad' due to such exclusions (Sylvester, Donnell, Gray, Higgins & Stalker, 2014). Yet, disability incurs additional benefits in physical participation, as the effects of low activity and poor diet occur disproportionately compared to their non-disabled counterparts (Slevin, Truesdale-Kennedy, McConkey, Livingstone & Fleming, 2014). Notions of restriction/empowerment, passivity/agency typify key issues around disability and physical education (Barton, 2017) in delineating the adjustments necessary for true emancipation. The SEN pupil-clients' drive for empowerment was felt to encourage engagement with DMP, and notions of self-directedness within the sessions were reportedly the most rewarding and impactful aspect for them. Perhaps the constraining sociocultural characteristics of physical activity environments described above may explain why they found the opposite polarity of embodied/enactive (Koch & Fischman, 2011) and expressive DMP so agreeable.

## **Conclusions**

This study uncovered societal and individually internalised expectations and restraints, polarised by novel awareness of experience and potential power. In implementing a new DMP service, this tension of polarities manifested upon the living, creating, moving adolescent body as a lived representation through which to abide by – and potentially transcend – these

constraints, within the institutional space of school. The community and institutional environment represented both the inhibiting and normative threat itself, and the proactive resource through which personal empowerment might be engaged and crafted.

Findings reflect universal developmental tensions of the adolescent life stage: negotiating adjustments somewhere between babyhood - with its complete freedom to experience bodily and express enactively, and adulthood - in which behaviour is channelled according to ever increasing responsibilities. Adults tasked with guiding individuals through the gamut of these liminal years, including the therapist, do so with a keen sense of – and well-intentioned commitment to overcoming – the stifling structures and mentalities that become part (adaptively or otherwise) of the individual psyche during school years.

Although limited by sample size, there are potential implications for DMP therapists who may be new to the profession, the school environment or both, and these could be further explored in larger, perhaps longitudinal studies to determine optimal ways to introduce DMP to new school settings. Therapists can expect the aforementioned social and structural constraints to pose a challenge to DMP work, but also that one might balance these by identifying and capitalising on the drive towards novel perceptions, awareness and empowerment beyond the status quo - inherent human strengths to be found in individuals at all levels of the institution-community structure. Schools where this drive is a core aspiration of the school ethos might enable a greater chance of optimising DMP work, tipping the balance in favour of empowered development in the young clients for whom educators and therapists strive to hold space.

## **References**

Barton, L. (2017). Disability, empowerment and physical activity. In J. Evans (Ed.), *Equality, education, and physical education* (pp. 43-55). Oxon: Routledge.

Bräuninger, I. (2014). Specific dance movement therapy interventions—Which are successful? An intervention and correlation study. *The Arts in Psychotherapy, 41*(5), 445-457.

Biddle, S. J., & Asare, M. (2011). Physical activity and mental health in children and adolescents: A review of reviews. *British Journal of Sports Medicine*, doi: 10.1136/bjsports-2011-090185

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. California: Sage.

Brown, T., Jeanes, R., & Cutter-Mackenzie, A. (2014). Social ecology as education. In Wattchow, B., Jeanes, R., Alfrey, L., Brown, T., Cutter-Mackenzie, A. & O'Connor, J. (Eds.), *The socioecological educator* (pp. 23-45). Netherlands: Springer.

Charmaz, K. (2011). Grounded theory methods in social justice research. In Denzin, N. K. & Lincoln, Y. S. (Eds.), *The Sage handbook of qualitative research, 4* (pp. 359-380).

Coaten, R., & Williams, S. (2016). 'Going far is returning': Dance movement psychotherapists find resilience and learning and call for more collaboration and dialogue. *Dance, Movement & Spiritualities, 3*(1-2), 161-175.

Department for Education (2016). Mental Health and Behaviour in Schools. Departmental Advice for School Staff. Retrieved from [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/508847/Mental\\_Health\\_and\\_Behaviour\\_-\\_advice\\_for\\_Schools\\_160316.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/508847/Mental_Health_and_Behaviour_-_advice_for_Schools_160316.pdf)

Devereaux, C. (2017). Educator perceptions of dance/movement therapy in the special education classroom. *Body, Movement and Dance in Psychotherapy, 12*(1), 50-65.

Dunsmuir, S. & Hardy, J. (2016). Delivering psychological therapies in schools and communities. Retrieved from [https://beta.bps.org.uk/sites/beta.bps.org.uk/files/News%20-%20Files/REP110%20Delivering%20psychological%20therapies\\_2.pdf](https://beta.bps.org.uk/sites/beta.bps.org.uk/files/News%20-%20Files/REP110%20Delivering%20psychological%20therapies_2.pdf)

Ebrahim, C., Steen, R. L., & Paradise, L. (2012). Overcoming school counselors' barriers to play therapy. *International Journal of Play Therapy*, 21(4), 202-214.

Eke, L., & Gent, A. M. (2010). Working with withdrawn adolescents as a moving experience: A community resourced project exploring the usefulness of group dance movement psychotherapy within a school setting. *Body, Movement and Dance in Psychotherapy*, 5(1), 45-57.

Fazel, M., Hoagwood, K., Stephan, S., & Ford, T. (2014). Mental health interventions in schools 1: Mental health interventions in schools in high-income countries. *The Lancet. Psychiatry*, 1(5), 377.

Fitzgerald, H. (2005). Still feeling like a spare piece of luggage? Embodied experiences of (dis)ability in physical education and school sport. *Physical Education & Sport Pedagogy*, 10(1), 41-59.

Grogan, S., Williams, A., Kilgariff, S., Bunce, J., Heyland, J. S., Padilla, T., ... & Davies, W. (2014). Dance and body image: young people's experiences of a dance movement psychotherapy session. *Qualitative Research in Sport, Exercise and Health*, 6(2), 261-277.

Karkou, V. (1999). Art therapy in education: Findings from a nationwide survey in arts therapies. *International Journal of Art Therapy: Inscape*, 4(2), 62-70.

Karkou, V., Fullarton, A., & Scarth, S. (2009). Finding a way out of the labyrinth through dance movement psychotherapy: collaborative work in a mental health promotion programme for secondary schools. In Karkou, V. (Ed.), *Arts therapies in schools: research and practice*. Jessica Kingsley, London (pp. 59-84).

Karkou, V., & Sanderson, P. (2000). Dance movement therapy in UK education. *Research in Dance Education*, 1(1), 69-86.

Karkou, V., & Sanderson, P. (2006). *Arts therapies: A research-based map of the field*. Elsevier Health Sciences.

Koch, S. C., & Bräuninger, I. (2005). International dance/movement therapy research: Theory, methods, and empirical findings. *American Journal of Dance Therapy*, 27(1), 37-46.

Koch, S. C., & Fischman, D. (2011). Embodied enactive dance/movement therapy. *American Journal of Dance Therapy*, 33(1), 57.

La Greca, A. M., & Harrison, H. M. (2005). Adolescent peer relations, friendships, and romantic relationships: Do they predict social anxiety and depression?. *Journal of Clinical Child and Adolescent Psychology*, 34(1), 49-61.

Lee, P. C., & Stewart, D. E. (2013). Does a socio-ecological school model promote resilience in primary schools?. *Journal of School Health*, 83(11), 795-804.

LeMessurier, C., & Loman, S. (2008). Speaking with the body. In McCarthy, D. (Ed.), *Speaking about the unspeakable: Non-verbal methods and experiences in therapy with children* (pp. 45-59). Philadelphia: Jessica Kingsley Publishers.

MacDonald, J. (1992). Dance? Of course I can. In Payne, H. (Ed.), *Dance movement therapy: Theory and practice* (pp. 201-217). London: Routledge

Mannell, R. C., Kaczynski, A. T., & Aronson, R. M. (2005). Adolescent participation and flow in physically active leisure and electronic media activities: Testing the displacement hypothesis. *Loisir et Société/Society and Leisure*, 28(2), 653-675.

McLeod, J. (2001). Developing a research tradition consistent with the practices and values of counselling and psychotherapy: Why counselling and psychotherapy research is necessary. *Counselling and Psychotherapy Research*, 1(1), 3-11.

National Audit Office (2016). *Financial sustainability of schools*. Retrieved from <https://www.nao.org.uk/report/financial-sustainability-in-schools/>.

Nettle, D. (2006). Schizotypy and mental health amongst poets, visual artists, and mathematicians. *Journal of Research in Personality*, 40(6), 876-890.



NHS England (2017). *NHS five year forward view*. Retrieved from <https://www.england.nhs.uk/five-year-forward-view/>

Payne, H. (2003). *Dance movement therapy: Theory and practice*. London: Routledge.

Payne, H. (2004) Becoming a client, becoming a practitioner: Student narratives of a dance movement therapy group. *British Journal of Guidance & Counselling*, 32(4), 511-532.

Pinfold, V., Toulmin, H., Thornicroft, G., Huxley, P., Farmer, P., & Graham, T. (2003). Reducing psychiatric stigma and discrimination: evaluation of educational interventions in UK secondary schools. *The British Journal of Psychiatry*, 182(4), 342-346.

Risner, D. (2007). Rehearsing masculinity: Challenging the 'boy code' in dance education. *Research in Dance Education*, 8(2), 139-153.

Röhricht, F. (2009). Body oriented psychotherapy. The state of the art in empirical research and evidence-based practice: A clinical perspective. *Body, Movement and Dance in Psychotherapy*, 4(2), 135-156.

Salmon, J., & Timperio, A. (2007). Prevalence, trends and environmental influences on child and youth physical activity. *Medicine and Sport Science*, 50(R), 183.

Sigman, A. (2012). The impact of screen media on children: a Eurovision for parliament. *Improving the quality of childhood in Europe*, 3, 88-121.

Slevin, E., Truesdale-Kennedy, M., McConkey, R., Livingstone, B., & Fleming, P. (2014). Obesity and overweight in intellectual and non-intellectually disabled children. *Journal of Intellectual Disability Research*, 58(3), 211-220.

Stiles, W. B. (1993). Quality control in qualitative research. *Clinical psychology review*, 13(6), 593-618.

Strauss, A.L. & Corbin, J. (1998) *Basics of qualitative research: grounded theory procedures and techniques*. London: Sage

Sylvester, J., Donnell, N., Gray, S., Higgins, K., & Stalker, K. (2014). A survey of disabled children and young people's views about their quality of life. *Disability & Society*, 29(5), 763-777.

Tortora, S. (2009). From the dance studio to the classroom: Translating the clinical dance movement psychotherapy experience into a school context. In Karkou, V. (Ed.), *Arts therapies in schools: research and practice* (pp. 27-43). London: Jessica Kingsley Publishers.

Zubala, A., & Karkou, V. (2015). Dance movement psychotherapy practice in the UK: Findings from the Arts Therapies Survey 2011. *Body, Movement and Dance in Psychotherapy*, 10(1), 21-38.

## List of Figure Captions

Figure 1. Overview of thematic polarities at school/community and individual level

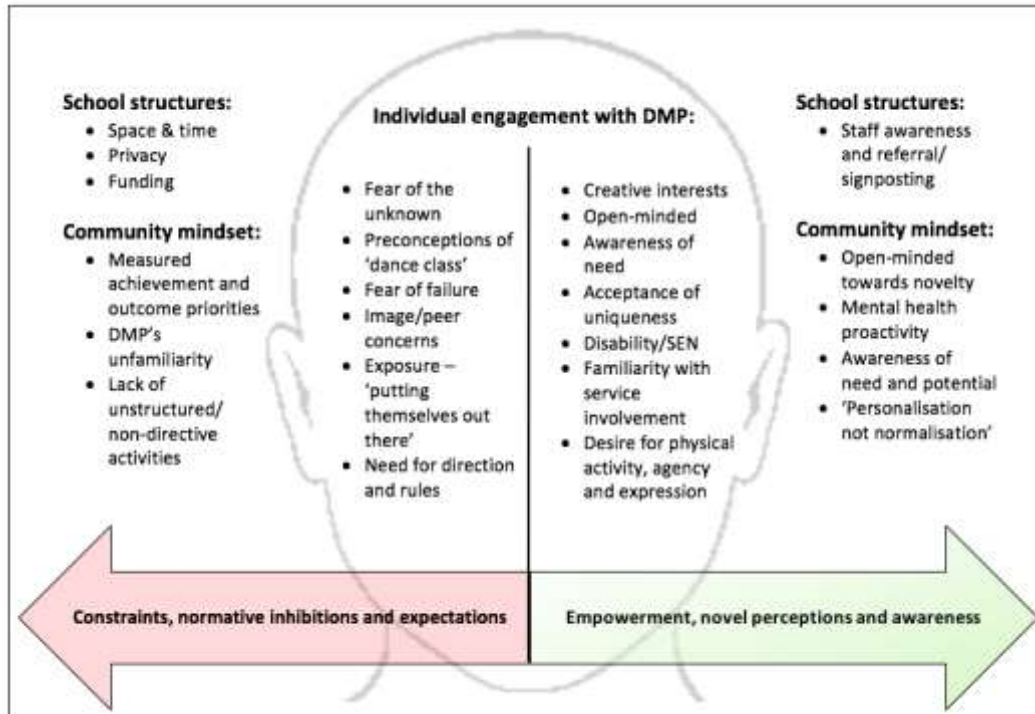


Figure 1. Overview of thematic polarities at school/community and individual level