

Dance as a form of Grief Resolution

By

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Dedication

I would like to dedicate this thesis to my family. For without them, and our crazy tribulations, this thesis wouldn't have happened. To my inspiration: my mum. If I can be one quarter of the woman you were to so many, I will have achieved more than I thought possible. Thank you for the lessons you taught me in life, and the lasting memory for me to reflect on. I miss you every day. To my dad for being so strong and loving through all of my life, who continues to be my best friend. Lastly, to my best buddy, Andy. I know you can't read this bud, but you're a true testament to how we should live life; enjoying what we want, loving without questions and being who you are without looking back. Your pure look at life will always be a reminder for me to have patience, understanding and to keep smiling.

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Chapter 1: Introduction

When I was introduced to the autoethnographic methodology, I was excited to finally have a chance to share my story. I was also eager to have an opportunity to inspect my experiences at a deeper level through the research and writing process. As I began researching the different types of autoethnographies, I found that the personal narrative approach resonated the most with the idea I had in mind for my thesis, since I wished to welcome my readers into my world. According to Ellis (2004), the purpose of a personal narrative is to understand the author as their narrative intersects within a cultural context and to invite their readers to enter their world. One of the main goals of a personal narrative is for readers to use what they learn from the authors' experience to reflect on, to understand, and to cope with their own lives (Ellis, 2004).

The purpose of this personal narrative is to express my story of the grief and loss I have experienced in my life, as well as the main coping mechanism that has helped me heal: dance. Writing my story has allowed me to connect with myself on a deeper level: a level that goes beyond simply living my life. I am absolutely amazed when I think about the depth and understanding one can achieve from writing about their experience and from re-living their story through the written word. I have shed a number of tears while writing this thesis, and I am happy for these tears. For, as I wrote my story, I began to process some of the emotions I had held onto for a long time. In the past, I remember feeling lost, numb, and unable to comprehend how others in my life were moving on as if nothing had happened: didn't they know my world was falling apart? This thesis is an account of the times in my life when my world was shattered. This story focuses on grief and the associated struggles in two phases of my life. During the first phase I adjusted to living with my special needs twin brother, and, during the second, I processed the

death of my mother. Ultimately, this story is about the losses I have experienced in my life and how dance helped me through them.

A Little Bit about the Author

This personal narrative is based on my story. My story begins with my childhood and my special needs, twin brother. My brother was born with a genetic disorder and has required one on one care since we were born. Our bond is strong, which I feel is partly due to the fact that I assisted with his caregiving throughout my life. The next phase of my story skips a number of years and focuses on the grief I experienced after I lost my mother. Though different, both of these experiences were difficult in their own right, and one way I dealt with my emotions during these times was to dance.

The focus of this thesis is to introduce you, my readers, to my beliefs about dance in general, as well as to the healing aspects of dance during the grieving process. Throughout all of my grief experiences, I danced. I danced to express my feelings, and, in turn, to experience feeling. I believe that dance is a place where the mind and body merge, a place where the body can make sense of one's thoughts and take the lead as movement: movement that speaks. Movement that allows another avenue to one's experience besides verbal expression. Dance is a private expression that only the person's body can truly express, and perhaps even their own mind may not understand at first. I don't really know how to describe this feeling other than the fact that dance makes me feel free and safe. It allows me to feel emotion in my body in a way that my mind can never experience. I hope that this personal account of what dance means to me may help you connect with my story.

I begin this chapter by briefly describing Dance Movement Therapy, an approach that I will expand upon in greater detail in later chapters. I will also introduce the concept of grief, and

grief in adolescence. I will then provide an overview of the autoethnographic methodology and how I intend to write my personal narrative. I will conclude this chapter by outlining the purpose of this thesis and its significance, as well as the structure of the document as a whole.

Literature

In order for you to have a general understanding of the approaches and concepts I will be exploring within this thesis, I feel it is important to briefly define them below. The literature that I will be incorporating into this thesis focuses largely on the body of work called Dance Movement Therapy (DMT). According to Pylvaninen (2010), dance movement therapy is:

A creative form of therapy, which used movement, dance and body experience as the means of communication to connect with the other and oneself... used to encourage integration of emotional, cognitive, social and physical functioning. A lived experience is created in DMT, and some layers of this experience are conscious, some remain unconscious. (p. 220).

In DMT, clients are guided by a trained therapist to process their emotions through their body (Pylvaninen, 2010). Special attention is paid to the client's movements. These movements are then explored for further expression and understanding of the client's emotions. DMT can be used within group or individual settings as part of a holistic approach to healing and growth (Pylvaninen, 2010).

Authentic movement will be discussed as another expressive modality, particularly because of its connection to DMT. Both approaches highlight the importance of movement in processing one's emotions. Wyman-McGinty (1998) stated that to engage in authentic movement is "to allow oneself to be directed from within and to give form, through movement, to the

images and feelings that arise from attending to one's somatic experience" (p.240). I will also introduce literature on the Mind Body Connection and mindfulness, including the three streams of awareness in mindfulness that a dancer employs (Siegel, as cited in Pylvanainen, 2010). In addition, I will review literature regarding grief and body work. It is important to note that I will be incorporating personal memories and excerpts from pieces I wrote during the periods of grief and loss in my life.

Every human being will experience grief at some point in their life. According to Ewalt & Perkins (as cited in Kandt, 1994), 90% of high school students have experienced a loss involving death. As a youth who experienced grief, I always found that exercising in any way helped me process my feelings. Exercise has been readily studied for its benefits on mood and emotion. Craft and Landers (as cited in Koch, Morlinghaus, & Fuchs, 2007) outlined the benefits of exercise on depression, and, one of these exercises was dance. Exercise in itself, whether it be dance or not, allows the mind and body to interact. In my opinion in the Western world, people may not connect the body and mind that readily; however, other cultures around the world use dance for storytelling, connection, or entertainment. Thus, both grief and dance are present in all cultures and ethnicities. However, it is also important to highlight the fact that dance will have a personal meaning to each person and that grief will affect each person in their own way. For me, dance was an opportunity to feel and express my grief in a safe manner and to allow my emotion to flow freely.

Methodology

I discovered the autoethnographic methodology quite late in my thesis project. When I started this process, too many years ago, writing an autoethnography was not an option. So, once I learned that this methodology was an acceptable form of thesis writing I was very excited. I

finally felt like I had found a type of thesis that resonated with my own views, as well as an approach that would allow me to express my story. In addition, the fact that I could use my story as research and contribute to the existing research on dance and grief was also quite exciting. But, before I begin sharing my story, I feel it is important that I provide you with an overview of what the autoethnographic methodology is all about.

Autoethnography combines both autobiography and ethnography (Ellis et al., 2011). Broken down, an autoethnography invokes “the self (auto), culture (etho), and writing (graphy)” (Adams et. al, 2015, p. 3). Adams et al. (2015) stated that writing autoethnographies was an effort to create research that could change the world. I believe that Adams et al. (2015) was referring to changing how people view research and how it can be conducted. And, I acknowledge that writing an autoethnography has certainly changed my world. I feel that this type of research is an opportunity to connect with people on a non-positivistic level and to provide readers with an opportunity to relate on a personal level to the research. I think the concept of an autoethnography breaks a social convention within the world of academia that allows for those who are not naturally gifted in research or writing, such as myself, to still contribute to academia.

According to Ellis, Adams, and Bochner (2011), an autoethnography is a way to do research and writing that allows the researcher to describe and systematically analyze personal experience in order to understand cultural experience. This was the main tenant that attracted me to writing an autoethnography. For me, the thought that my own experience could relate to a greater culture was humbling, yet motivating. I was humbled by the thought that my story could have meaning that could either add value or challenge an existing idea in the literature. Even more appealing was the idea that my story could contribute to something more than just my

memories. However, despite the advantages I have just outlined above, there are a number of concerns about social scientific and qualitative research that should be considered (Adams et al., 2015).

The first concern is that many traditional scholars and researchers do not believe that new forms of social, qualitative research are legitimate research. It will be a challenge to help these individuals realize that there are advantages associated with storytelling and personal narratives (Adams et al., 2015). Secondly, when researching and writing an autoethnography there is a heightened concern about the ethics and politics of research practices and representations, not only for the researcher but also in the community (Adams et al., 2015). This concern was generated from past research methods that harmed participants. In addition, Barnett et al. (2014) noted the concern that autoethnographies were not following the standard for current acceptable research. I will address this concern later in this thesis. The final concern is the increased importance of social identities and identity politics (Adams et al., 2015). Autoethnographies are focused on particular lives and themes that come from those lives, rather than general information about a large group of people (Adams et al., 2015).

As I mentioned in the beginning of this chapter, the specific type of autoethnography I have decided to use for my thesis is a personal narrative. Personal narratives have been used around the world as “verifiable truth” (Chaitin, 2014, p. 475). A truth becomes verifiable when a large number of personal narratives have been told about a collective experience or trauma. Due to the sheer volume and collective detail that is provided by each of these narratives, the information becomes verifiable truth. In the early stages of developing autoethnographies, Carolyn Ellis shared how she started autoethnographic writing while losing her partner. She began by keeping notes about her relational and personal experience of grief, and, eventually,

these notes became data that informed an autoethnography: a document that was quite different when compared to other forms of social research (Adams et al., 2015). Bochner (2012), a developer of the autoethnographic approach, highlighted a number of these differences:

1. The author writes in the first person, making themselves the object of the research.
2. The text breaches a traditional focus on generalization across cases and instead focused on a single case.
3. The text is presented as a story much like a novel or biography different from social science literature.
4. The story discloses hidden detail of private life of the case and highlights emotional experience.
5. The relationship is not portrayed as a snapshot, but instead shows the ebb and flow of a relationship in an episodic form that connects across the curve of time. (p. 158).

As an autoethnographic researcher, a number of the tenets described above resonate with me. In my opinion, any situation – though it may be experienced by many – is felt differently by each person. By focusing on one person's account, I feel that readers are able to obtain a rich and in depth look at how the story unfolded for that one person. Furthermore, readers can understand specific aspects about that particular experience that they may not accessible in the same way from a collective account.

Many cultures have used and still use recollections of one's experience, commonly referred to as stories, to pass down lore and history from one generation to the next (Germeten, 2013). These stories maintain their power because the details are internalized by the new generation as a story about their culture. These stories, according to Germeten (2013), are also called collective histories. I am comforted by the concept of collective histories being passed down through generations because, as a listener, one has an opportunity to be taken back to a

different time and to be a part of that history that can re-contextualize their own experience. I feel as if components of these collective memories – after they have been shared through generations within a culture – become a piece of how people identify themselves, not only individually but also as a member of a family. And, ultimately, as one moves through time and shares their story, it has the potential to become a verifiable truth. However, it is important to note that personal recollections can be constructed, reconstructed, and externalized; thus, changing the conceptualization of the event (Philantreous & Allen, 2006). In other words, as additional data is received from various people certain elements of their story may be altered. And, this story – including the alteration – may become part of the story that is passed down through time. Ultimately, it is important to keep in mind that in an autoethnography, the researcher's individual story is not the main focus, even though it may outweigh other portions of the document. Rather, the author's story is composed in order to add context and depth to the whole story and to draw meaningful connections between the story and culture (Ellis et. al, 2011).

However, it is important to note that writing in this fashion – connecting personal experience to a broader culture – can have risks. Research using human subjects has often done harm (for example Milgram's research) (Adams et al., 2015); therefore, a critical focus has been applied to research that involves human subjects (Adams et al. 2015). My thoughts on the matter come down to one simple fact: I am not trying to be objective about myself, rather I am writing about my recollection of significant experiences in my life. In my opinion, adding the autobiographical nature of a personal narrative allows me to avoid potential ethical concerns that I would have to face if I were to conduct an ethnographic study. Since I am the main focus and

there is no power based concerns as I write about myself, I feel more comfortable beginning this process.

There are some critiques that go against this line of thinking though. Coffey (as cited in Burnard, 2007) suggested that the “process of autoethnography is self-indulgent and narcissistic” (p. 812). I will admit that expressing my story on paper feels good, but I also feel as if it can do more than just tell my story. It is my hope that my experience will impact someone who relates to my story. In addition, I recognize that an autoethnography is not scientific knowledge and that it is, indeed, biased as the writer is the researcher and the participant. (Adams et. al, 2015). However, several scholars have highlighted the advantages of the autoethnographic approach, despite the critiques present in the literature.

Ronai (as cited in Philantreou & Allen, 2006) spoke about how autoethnographic approaches may be best suited to sensitive topics because this form of writing can provide invaluable insider knowledge that would be lost with a collective research model. Wall (as cited in Paquet, 2013) asserted that the intent of an autoethnography is to acknowledge the link between personal and cultural and to make room for non-traditional forms of inquiry and expression. Furthermore, Ellis (2004) and Ellis and Bocher (as cited in Strong, et al. 2008) spoke of how the purpose of autoethnography is to offer an evocative account of one’s life that draws from emotional and sensory experiences in ways that matter and help people to understand and relate to their experiences in a meaningful way. I feel that this is the power of an autoethnography: to help people put themselves in the place of others and consider aspects of their lives via the contexts and details of others stories (Jackson, as cited in Bochner, 2012). To most scientific writers, the belief that using one person’s story to affect others does not make sense and is one element of the autoethnographic approach that some may consider a limitation

(Adams et al., 2015). I believe that using stories to evoke emotion in readers can be seen as a limitation for those that are more scientifically minded, but I also believe that including emotion in research is a positive aspect as well, especially for those who are looking for a connection or who are feeling lost in the situation in which they find themselves. I feel that it is important, however, that autoethnographers never portray their research as scientific quantitative research.

Ethics, when writing an autoethnography or conducting any form of research, is very important. Adams (2008) suggested that autoethnographers must consider who is able to tell a story and who has the ability to listen. I think Adams is referring to the ability for a researcher to understand the ethical difference between being the listener and the storyteller, because, in writing an autoethnography, the author must consider those who may be involved, whether they be family, friends, or acquaintances. Adams et al (2015) noted that when autoethnographers decide to share their stories, their sharing does not outweigh their responsibility to care for themselves and others. I have considered the privacy and confidentiality of the people I have wrote about in this thesis. I have only named those individuals who have agreed to be research participants and who have stated, explicitly, that their names can be included in this document, such as my dad and brother. Others will be referred to as “friends” or “peers” in order to protect their privacy. I understand that I need to consider the feelings of people in my personal life as I write this thesis; however, I also realize that it is important that I, as the author and the protagonist of this story, consider my feelings too.

It is important to balance the need for the autoethnographer to heal with the need to protect him or herself, his or her relationships, and others’ privacy (Adams, 2008). In writing this thesis, I have had to rely on my friends and family for support in order to help protect my emotions. Adams et.al. (2015) highlighted that the personal risks of doing an autoethnography

can be significant, possibly due to revisiting traumatic events or in considering how others will react to the stories portrayed. Each of these elements need to be weighed by the autoethnographer before they begin the writing process, for once their paper is available to the public, it can be accessed by anyone and the author can be referred to, judged and quoted. I believe it is important for autoethnographers, myself included, to understand the gravity and implications of what they are writing about, for themselves and others. For example, I included samples of my mother's poetry, as well as my own work, in the upcoming chapters. Using this raw, emotional material was a source of pride; however, it was also a source of fear, for I realized that I could not edit or adjust after I had submitted the completed document: once it is out in the world, it is final.

I believe it is important for me to note that I will be writing only about my lived experience, and not the experiences of others. I will then compare and contrast themes I notice within my experience with relevant literature. And, I must also highlight the fact that I am writing this thesis to the best of my ability, as in, I am striving to recall my memories correctly; however, due to the amount of time that has passed since some of these events occurred, some of my memories may not be completely accurate. I would like you, my readers, to remember that this is my narrative truth, and, should you know my story, I hope that you read these words with an open heart. My overall goal for this thesis is to look at my experiences of grief and how I used dance as a way to cope with my emotions. It is my hope that this thesis will promote a deeper understanding of grief and dance for not only counsellors, but for society as a whole.

Purpose of the Thesis

During the research and writing process for this thesis I was looking for items that were either in line with my beliefs or in direct conflict with them. Initially, I wanted to see if my

experience was one that others had written about and if my story could relate to others. I wondered if other people have found dance as an effective way to express grief. In addition, I began to draw on information about exercise in general, and how physical activity is beneficial to one's mood state (Hansen, Stevens & Coast, 2001). I also spoke to a number of my dance peers, and many of these individuals expressed that dance was helpful for them during painful times in their lives. However, I must admit that it was quite difficult to find information directly related to the effects of dance on one's grieving process. I believe this lack of information is due to the fact that the idea of incorporating dance into counselling practices is a fairly new idea in the therapeutic world. In addition, body related therapies are just beginning to be researched in depth.

The main body of work that I found as I conducted research on dance and grief was Dance Movement Therapy (DMT). DMT therapists strive to promote integration and connection between the body and mind through dance (Pylvanainen, 2010). I believe that DMT is an approach that needs to be researched in much greater detail because its main tenets, which I will outline in subsequent chapters, are in line with the beliefs I hold about dance and grief. It is my hope that this composition may provide one small contribution to the growing body of literature in the collective field of study regarding dance and the associated healing effects on grief. I hope that this document will provide you, my readers, with more information on DMT and how dance may help individuals cope with their grief and loss. I hope that you will share the vision I have outlined in this thesis with others in your life, whether they are a client, a dancer, or a member of the general public.

Data Collection

The data collected for this study is drawn primarily from my memory. My goal is to bring you into my story, to show you the emotional impact of the losses I experienced, as well as my ways of coping. I also have included excerpts from old poems, journal entries, school assignments, and personal reflections. In my family, we used poetry as a type of diary, so I thought it would be fitting to include some of my mother's work in order to highlight her experience in line with my own. These personal documents will offer a detailed evidence of my memory of what happened during my periods of grief and loss (Philantreau & Allen, 2006). And, I must admit that as I went back and read through these writing samples, I often cried.

Significance of Findings

As I have stated above, body related therapies are still being researched, and, over time, more and more research is becoming available. I think that body related therapies, such as DMT, are very important to counselling practice because of their contribution to a holistic approach that may provide an alternative to the more traditional talk therapy methods (Barnett et al., 2014). In addition,, these body related modalities can be used in conjunction with more traditional methods, furthering the potential benefits to the client, should that client feel inclined to try alternate approaches. Overall, the potential to find connections and links to new and exciting techniques within the evolving field of counselling that, in turn, may help a therapist better assist their client, in my eyes, would be the true goal for a practicing therapist.

Structure of the Thesis

Throughout this thesis, you, my readers, can expect to see the theme of story, dance, and grief conveyed consistently. In this first chapter I have introduced the common themes of dance and grief, along with an in depth description of the methodology behind this thesis. In the

following chapters I plan to delve further into my own story and describe how dance has influenced my grief journey. Furthermore, I plan to explore the literature that is currently available on each of the major themes noted above. Below, I will describe more specifically what you can expect from each chapter.

In Chapter 2 I plan to tell you how my story was formed, in part, by my experience with my brother. I will introduce his disorder and explain how my memory of his condition effected my life and my overall development. I will begin to describe the concept of movement in my life and how it affected me as a child, setting the stage for my dance practise to grow. This chapter will also highlight my hindsight process as an adult, looking back and realizing that I was actively grieving as a child, but unaware of it at the time.

In Chapter 3 I plan to tell you about my mother. I will share the story that truly shapes this thesis. This phase of my life is potentially the most pivotal part of my grief journey, as well as the subsequent healing. Here I will also introduce you to Dance Movement Therapy and the more general literature on dance. I also plan to describe my concept of dance, as well as my experiential history with dance. It is my hope that this chapter will show you how influential dance has truly been in my life.

Following the story section of this thesis, in Chapter 4 I will discuss the implications that the major themes of this thesis will have for counsellors, focusing on movement and dance movement therapy literature. It is my hope that I will be able to provide information that will be useful to counsellors and will, in turn, be applicable to counselling practise. Finally, in Chapter 5, I will conclude this thesis by summarizing the common themes within the document as a whole and forming conclusions based on these themes.

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I have grand hopes for this thesis. I hope that you, my readers, will read my story and see these words as a piece of me that you can relate to. I also hope that, in turn, this thesis will resonate with people who have had their own grief journey and that these individuals can connect to my experience. Lastly, I would like to take the content of this thesis and find a way for these concepts to be relevant in the counselling world as another opportunity for those experiencing grief: an opportunity for clients to have a non-traditional, movement-oriented outlet to cope with and to process their loss.

Chapter Two

My story begins with my twin brother, Andy. Andy was born with a genetic chromosomal disorder called Fragile X Syndrome. I feel it is necessary for me to get a little technical here to describe Andy's disorder in order for you, my readers, to better understand my experience.

Fragile X is an inherited chromosomal disorder to the FMR1 gene that effects brain development (The National Fragile X Foundation, 2011). Functioning that is affected by the Fragile X mutation includes learning, behaviour, and communication. These elements function on a spectrum ranging from learning disabilities to more severe cognitive or intellectual disabilities (The National Fragile X Foundation). It is also common for autism or autistic like behaviours to be present in individuals diagnosed with Fragile X Syndrome (The National Fragile X Foundation, Feb 20, 2011). Associated disorders include Fragile X associated tremor/ataxia syndrome which effects balance, tremor, and memory in male gene carriers. In addition, Fragile X associated primary ovarian insufficiency can affect women, which impacts ovarian function which may lead to infertility and early menopause in some female gene carriers (The National Fragile X Foundation, Feb 20, 2011).

Andy has a moderate-severe level of Fragile X combined with autistic tendencies, and a seizure disorder. The presence of these conditions means that, on the spectrum of his disorder, Andy is very severe and his needs are high. Due to these disorders, he has often had some issues with motor ability and balance, although he is able to walk on his own. For anyone who may have grown up with a special needs friend or family member, I am sure that you can imagine that I did not feel like Andy was any different than an average brother, because I grew up with Andy

and his condition was all I knew. Today, my brother continues to grow and age as a young man physically, as the Y chromosome is not effected, but he remains at roughly a three year old mental range given the activity at hand as attributed to the X chromosome being damaged. However, Andy functions at a young adult level in some areas and is able to wash and clothe himself, though he needs one-to-one care and supervision outside of the home. In the home, he is able to care for his own immediate needs but requires support and supervision.

Andy's Abilities

Andy looks like any other young adult but has some speech abnormalities, which can make him difficult to understand. His speech capacity is also limited due to his mental age and therefore he can have difficulties expressing himself. Although there have been challenges communicating with And, he is a very loving and outgoing person who enjoys speaking to people and engaging with others. In his mind, everyone is his friend. Andy is a true joy to have as a brother, and he was a wonderful influence on me growing up. He taught me patience, understanding, and how to never stop having fun. And now, my two-year old daughter looks up to him, literally and figuratively, and he helps to guide her through their interactions. He will continue to learn skills that will allow him to act quasi-independently as an adult, but it is unlikely he will ever be able to live on his own.

One large aspect of dealing with my brother when I was a child was the pressure to assist with his care giving duties. We shared a bedroom until we were about seven, and we would often play in there together, and, if Andy starting having a seizure or acting out, I was usually there to alert a parent. As an adult, I remember how my parents slowly gave me responsibility in the home relating to Andy. As an adult, I appreciate the responsibility that was placed on me, as well

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as my parent's hesitation to do so. I also remember that my parents wanted to try and make everything fair for both Andy and I, but since Andy had special needs, it was rare that we would both receive equal attention. Now, in hindsight, I believe that one of the ways my parents tried to balance the inequality was by getting me involved in Andy's care taking. I appreciate how my parent's navigated my role in my brother's life and that this role was consistent, active, and gradually increasing in the level of responsibility. By doing this, I didn't really notice that I was being asked to do something and didn't feel put out by the added responsibility. I was very fortunate to live in a home with parents who allowed me to ask questions, to get involved, and to engage in my own way. These choices by my parents gave me the courage to ask questions, act on incidents when required, and push aside the fear I felt when my brother was ill.

By choice, I continue to be an advocate and driving force in my brother's life and plan to continue to do so throughout my lifetime. My brother requires the support of his family and friends in different capacities. First as a friend and companion, and second as an advocate for his best interests, abilities, and unique challenges he is faced with. This is my role in my brother's life as his adult sister.

The Beginning: Life with Andy

I would like to go back in time now a bit to describe how life was like growing up with Andy. As I have stated already, in the beginning when we were very young, I really did not notice that Andy was 'different.' I thought that I had a very normal childhood. I think of this phase as being blissfully unaware. I was a lucky child, able to participate in sports and see friends, in a time when electronics were not the norm and playing outside was. We experimented with many sports as a child: baseball, soccer, and – for me – dance. I thoroughly enjoyed sports

in general, and my parents enjoyed the social and physical opportunities for Andy. For soccer and baseball, Andy and I were often on the same team, given that we were twins and my parents often put us on a special needs mixed team. This meant that we often played recreationally rather than competitively—not that we noticed the difference. Some of my favourite childhood photos are of the two of us posing with a bat or soccer ball dressed in the same outfit, only different colours—my mum dressed us the same but me in a skirt and Andy in pants. We always looked so happy. We looked just like kids: big toothy gapped smiles, crazy hair, and mismatched socks. Plus, it was the 80s and the neon colours helped with the coolness factor of the photos. Life was silly and fun, and even the bad parts did not seem to be that bad as they were part of our normal life.

As a child, Andy had grand mal seizures regularly since they were linked to his diagnosis. It was normal to go to doctors' appointments, have oxygen tanks in the house, and have ambulances come to our home to take him to the hospital. I remember that my parents kept the oxygen tank under their bed on a trolley. As soon as Andy would start seizing, I would yell for mum or dad, and, as they ran into the room already calling 911, I would go into the bedroom and wheel down the oxygen tank. I remember being very afraid when Andy would have a seizure and thankful to have things to do. Once the oxygen tank was delivered, I would pack my bag for to prepare for my trip to the neighbour's house. Usually by the time the ambulance got there I would say hi to whoever showed up on my way out the door. I really appreciated those neighbours who took me in at those times.

Each member of our family had jobs so that the workload was shared, and it became a family rule to advocate for Andy outside of the home as a team. My parents made a conscious

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effort to not treat Andy any differently: We were a family, and we helped each other. Plus, we had fun doing it. I did not realize it at the time, but my parents had been preparing me, probably from as early as four or five years old, to help take care of and support Andy.

At roughly the age of six, my brother's seizures were fully regulated by medication. This is the time when I remember starting to realize that I had to act differently because of Andy's disorder. I started to realize that Andy may be slightly different than others. By this age, I had started going to school and spending more time at my friends' houses, and I think this shift really started to open my eyes to the differences between my friends' homes and my home. I remember feeling left out sometimes because Andy was getting all the attention, and I remember more of what we did together and what it was like. I also remember noticing how people began to look at Andy, and sometimes these people would ask what was wrong with him. I remember feeling very protective of my brother in these moments. I remember witnessing quite a few painful and extensive medical procedures for Andy, although I don't remember many specifics. During this period of time – when the realization of everything started to hit – was a very interesting time of life for me. I remember feeling confused with some of the realizations I was coming to about my brother. I remember sometimes feeling bad about noticing he was different. It was at this time that I asked to move to my own room. By moving into my own room, I was beginning to express a need to be independent from Andy. Having my own room was also an opportunity to escape from some of the responsibility and pressure that was associated with living in the same house as Andy.

Despite all of the challenges my family and I faced because of Andy's condition, we did have some fun and positive times together as well. In fact, we had a lot of positivity intertwined

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within our lives. Once Andy's seizures were regulated, there was a significant shift in our family life. We were able to relax and enjoy activities and life without having to worry that Andy would have seizures as often or as severely. At this point in time, I remember that our family was very happy. We went on trips, laughed a lot, and spent quality time together. We had a babysitter who was more like a nanny. She was also considered a part of our little family, and still remains a 'sister' to us today.

However, growing up with a brother who has special needs was also challenging, despite the fun times we had together as a family. There was unpredictability and stress associated with Andy's disorder that had consequences on our family life. One consequence was that I felt like I could not bond with my parents and my brother very strongly, since Andy received more of the attention and he often had to be chosen over me. I remember as a child I had a flu, and, like most children, I just wanted my mum. In this case, my mum had to take my brother and travel to Toronto for testing and treatment. I remember feeling very sad and angry that she was leaving me with my dad and would not stay to take care of me. I was just as important, right? My dad later told me that I looked at her and openly cried, saying to her "but I'm sick too mummy. Why can't you stay with me?" My dad assured me that these words made it extremely difficult for my mother to leave me. I imagine that this was a pivotal moment for my parents as they started to realize that I was beginning to notice a difference in the attention being received and given.

Looking back, having Andy in my life was a sense of responsibility, and having to assist with my brother's care very early on was a source of stress. An additional source of stress was the decreased attention I felt like I received from my parents compared to my brother. However, despite the difficult times I faced as a child, as I progress through adulthood, I look back and

appreciate my parents for their open policy of discussion of family problems and for putting our family first. As I think about it now, I imagine that it was just as difficult for my parents to try and balance taking care of their special needs son who did not really realize a difference and the needs of their daughter who was starting to realize a difference. Back then, this thought did not really occur to me at all. I realize now that my parents were instilling values in me that allowed me to look at my brother's disorder as a disorder, rather than as an identifying characteristic of him as a person. I believe that by instilling these values, they were avoiding any behavior that could lead me to inadvertently want to push him away. I feel that Andy's need for constant care and attention from my parents was one of the most difficult aspects of my brother's disorder as I started to become more mature and aware of what was happening within the family dynamic.

Dancing through Adolescence

As I mentioned earlier, Andy and I practiced group sports; however, we were able to participate in individual classes as well. For my individual classes, I danced. This was the one sport that I always got to do on my own. I started dancing when I was three years old. I loved it instantly, and I have the video to prove it. I watched it the other day to remember that time and experience which was quite emotional. At my very first dance recital—right in the middle of the performance—I walked to the front of the stage where my dad and granddad were taping to ask where my mum and Andy were. Apparently the audience loved it as we had a conversation and my dad kept trying to send me back. Eventually I waved, blew a kiss, and walked back to my dance troupe to finish off a rousing rendition of “Sugar Sugar”: you know, “honey honey.. do do do.. do do do, you are my Candy giiirllll.” I still have the costume and plan to share it with my daughter soon. According to my parents and nanny, I was an energetic and extroverted child and

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dance was perfect for me. My parents felt like it gave me structure and some sense of discipline, while at the same time allowing me to have fun and act out creativity. Plus, the tutus and the sparkles didn't hurt. I was three: what three year old doesn't love sparkles?

Once I really got into dance around the age of five, dancing was an opportunity to connect with peers, and be part of a team that wasn't centered on my brother. I was enthralled by my teachers who could kick so high and jump into the air while turning. I was also amazed at how groups could dance together. As I watched I could pick out my favourite dancer by the way that they moved. I was smitten with the beauty of dance and this began an early love for costumes. When I was dancing, I received all the attention: I was the star. I was picked up and dropped off to class, and I went shopping for special shoes and outfits. Dance was mine. I remember being fiercely protective of my dance, though I did not realize why. If I could not go to class for any reason I would become very upset. I was dedicated to going to every class, and I did not want to skip for any reason. After my performances I was showered with praise and smiles from my family and friends. There was a part of me that wanted and needed this feeling: to be seen standing alone. My mum always made an effort to come to every dance recital, and every parent viewing night, even as her health declined. She would often take me to McDonalds (which we rarely got!), or out for ice cream after. These outings were a chance to us to enjoy each other and have some time for just the two of us. I remember sitting in the back seat and she would tell me about the lights at the theatre and how to put on stage makeup. She was giving me tips that I still use today.

As I entered my early adolescence, my mentality toward dance changed from the opportunity to be the centre of attention, to a chance to further develop a social circle that did not

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involve my brother. Dance time became a break from reality. When I was at dance, my brother was never there. When I was at dance, I was able to be silly, unhappy, mad, or joyful. I was able to jump and dance around with friends without thinking about where my brother was. I did not have to worry about what he would want to do, or if he needed anything. My dance time stayed my time, and I was free. I thank my parents every time I dance for leaving the act of dancing just for me.

Around the age of 10 or 11, I began dancing at home. I would sit in my room choreographing to music, or dancing out in the front yard to music I could only hear in my head. I think everyone was very happy that my bedroom was above the garage because I banged around in that room, flinging myself on and off my bed in the most ridiculous dance moves. I am glad that the television show “So You Think You Can Dance” was not around then, because, based on the extreme dance moves the contestants perform and the associated ideas I would have had, it would have been dangerous. I remember one time, when my dad came upstairs to ask if I was okay since we had just had an earthquake. I had no idea: I had danced straight through it. Dance, while physical in visible form, became my mental break. Dance was beginning to be an expression of feelings that I had to contain most of the time even though, at the time, I was not aware that it was doing so. I was able to associate dance with getting away from any of my stresses or unpleasant aspects of life, not necessarily related to my brother. Depending on my mood and the emotions I wanted to express, I would dance to anything. I can still remember the day I watched a willow tree in the breeze and I started to move just like it. I did not even begin to feel silly until I heard my dad giggling behind me wondering what I was doing.

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What I did not realize at the time was that I was essentially beginning to appreciate the idea of authentic movement. Authentic movement is a newer phenomenon in the literature. It incorporates aspects of dance into its structure, and can be defined as

a simple form of self-directed movement. It is usually done with eyes closed and attention directed inward, in the presence of at least one witness. Movers explore spontaneous gestures, movements, and stillness, following inner impulses in the present moment. The witness watches and tracks inner responses to the mover with the intention of not judging, but focusing on self-awareness. (authenticmovementcommunity.org).

This definition is reminiscent of my dancing at home. I was starting to realize that my body wanted to move, and whenever it did I felt something. Authentic movement can assist people to access feelings that are not conscious, although one could argue that they are known to the somatic aspect of the unconscious (Wyman-McGrity, 1998). At home I was alone and safe in my bedroom to be spontaneous and crazy and emotional without judgement or anyone watching. The movements were pure and honest with whatever I wanted to convey at that time.

Davis (2007) stated that “movement is the personality [made] visible” (p. 6). In authentic movement, as the participant explores the emotions they feel through expression of the body, their personality style is visible. For example, one person may choose to dance slowly and prolong each movement until it evolves into the next, while others may choose to sharply snap from one movement to the next. There may also be a mix of styles based on the music or the emotions being expressed. Either way, that person’s way of expressing themselves is evident through their movement, showing how they would choose to express it rather than dancing to another person’s choreography. Through these motions, feelings can begin to be expressed as

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well as observed, allowing others into that person's inner world (Wyman-McGrity, 1998). I feel that as a child, most children go through a stage of 'dancing' that is more akin to authentic movement. I certainly feel that as my dancing began to develop and mature, it started with exploring authentic movement. I will bring you back to my experience moving with the willow tree. I remember it started very innocently: I was alone in the back yard, and it was a warm, balmy day with a slight breeze. All I could hear was the tree rustling in the breeze. When I started moving with the willow tree, I felt an extreme sense of peace and tranquility, like I was floating away. I experienced a lovely, all-consuming feeling within my body, closing my eyes and just letting myself move like the long, graceful branches of that tree.

One of the founders of authentic movement, Mary Starks Whitehouse, created the approach by incorporating work from Dance Movement Therapy and Jungian's studies on active imagination and symbolic meaning in a physical action, as well as her own roots of dance (Davis, 2007). Dejanikus and Jackson (2004) noted that authentic movement allows for the participant to release control, allow evolution, and become in touch and kind toward their true self. I think that while dance is telling a story, authentic movement is a simpler form of expression that may be more raw and unfiltered and based primarily on emotion. Whitehouse (as cited in Wyman-McGinty, 1998) asserted the importance of waiting for the inner impulse to move, differing from ego-directed planned movements. Releasing the person's body, the emotions can flow more freely into the muscles, feeding the movement and taking on a whole new look. To observers, that person almost appears consumed by the dance: they are the dance and it is completely natural to their body. No other could dance the same way, and it does not matter what one looks like: it is just movement.

That being said, I think that movement can also hold more meaning at times. For some, this movement can even be related to a spiritual connection. Sointu and Woodhead (as cited in Kraus, 2014) noted that bodily movements may enhance spiritual practices by helping the individual access inner emotions, thoughts, and feelings; thus, resulting in embodied spiritual practices. McGuire (as cited in Kraus, 2014) said that dance may help people to access their emotions and feelings, which, in turn, may contribute to their spiritual experience. In authentic movement, by utilizing both the participant and the viewer, “the invisible becomes visible, the inaudible becomes audible, and explicit form is given to the content of direct experience” (Davis, 2007, p. 6).

Authentic movement and dance was very important to me as a child. It allowed me to be safe and expressive while I was feeling an inner turmoil I did not understand. To draw on some of the information stated above, I feel that utilizing authentic movement to access my inner emotions and allowing these feelings to become visible was powerful, even if I was engaging in the movement all by myself. The age of adolescence is a very emotional time and these movements held more meaning for me given the life I was living and the responsibilities I was facing at such a young age. I know I cannot change it, and I have no regrets. And I would like to believe that if I was placed in the same situation again that I would act in the same manner. I do not wish my brother was different. In fact I encourage who he is and I am proud of the young man he has become. From the ages of 6 to 12, dance was very influential in my life, teaching me a way to cope with the various stresses I was experiencing and how I could express myself. Dance also helped me manage my emotions during the period of my life I am going to tell you about next.

When I was eight, my mother was diagnosed with breast cancer. During this time, I began what I felt was the next chapter of my life, and, this period of time is what I will tell you about in the next chapter of this thesis. Sadly, for the next eight years, our family resumed our habit of hospital visits, tests, and travelling for treatment as the cancer wove its way through my mother's body. This is a time I remember with grave clarity.

Chapter 3

I would like to take a minute to introduce you to my mum. This chapter is about her, and how her illness and death affected me, along with how I used dance to cope with my loss. My mum was great. She was English and a little snobby, and she had a great style, a wonderful smile, and a killer sarcastic sense of humour. She was also compassionate and kind, and she loved her family and friends tremendously. My mum was loyal and stubborn, and I miss her like crazy. I know all of these things about my mum based on my short 15 year experience of knowing her, seven of which was during her battle with cancer. As I write this thesis, she has been gone longer than I have been alive, and I still tear up when I think of her. Mostly because I miss her, and I regret that she was not able to experience my wedding, her grandchildren, her son's success – all things in which she would have revelled. So, this chapter is dedicated to my mum: May she always rest in peace and live a long, happy life in her family's hearts and minds.

Sweet Jesus, look kindly at this person

I come to you, not pure of mind or word or deed

But sick with cancer and in great need

The fear is invasive, the pain can be too

And I try Lord, I try, to surrender to you

But I am just humble, not gifted or wise

And I pray when I'm desperate or scared

I need to say thank you for my family, for my friends

For the support and love they give me, with no thoughts of an end

And yet, Lord, I wish you could take this away

Just work a miracle, or at least stop the pain
I know this is rambling, and I'll stop now to you
As I close, give me strength to walk the road to you.

Bridget French, 2007

My Mum

As I prepared to write this chapter, I started to thoroughly look through all of my poetry and journal entries from when my mum died. I had forgotten that I had found some of my mum's poems that she wrote in the hospital, which I kept in my poetry books. I chose to include some of her writing in this chapter so that you, my readers, can see not only my struggle with this time in my life, but also hers: her fear and her hopes. I want you to get a feel for the strong woman who rarely showed me the feelings expressed in her poem above. I think she kept them to herself, to protect us, since we were so young at the time.

My mum was diagnosed with cancer when I was eight years old. My memories of this time are confusing. I remember being emotional, confused, scared, and hoping to push all of it away. I knew I did not feel quite right, but I could never explain exactly what that meant or how that felt. In a similar manner as dealing with my brother's disorder, my parents were very honest with me about my mother's condition. They even made doctor's appointments so I could ask questions and get the answers I needed about my mother's illness. As a child, I needed to feel in control, rather than letting my parents drive what knowledge I had. I felt like I had helped control my brother's care: so why not my mother's? And, ultimately, I continue to feel this way to this day as I approach similar situations as an adult.

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My mum's cancer started out in the breast, but over the next seven years it weaved its way through her body from her back to her neck and back down until, finally, it reached her liver. Throughout her illness, I watched radiation treatments, learned how to give bed baths, and became even more involved in my mother's everyday care. We were fortunate to have a trusting and loyal babysitter who took care of my brother and me every day after school and over summer. She was a large influence on my life and a supportive entity for my parents while my mum was so ill. In order to help out in my own way, I took it upon myself to start watching over my brother at school more. I would often visit his resource room, reporting back to my parents my interpretations on the work he had and the instructors. I more than once was pulled into the principal's office for telling a teacher how to do their job, or for getting upset with them if I did not like the way my brother was being treated.

While I was somewhat aware of what was happening to my mum, my brother's limited processing of the situation was that his mum was sick, that his daddy worked a lot to help mummy get better, that our babysitter was our best friend, and that I was his sister. For Andy, his reality was simple: the people he loved were in his life and he got to watch his movies and play his games. The complexity of the situation was lost on him. I was still quite young to process such a large event in life, and I felt confused. Though I had the illness and treatments explained to me, I processed my fear, sadness, and confusion by taking initiative to take charge and grow up. I grew up by demanding to know what was happening with my mum's treatments. I remember one of the doctor's appointments I attended with my mum. She fought back smiles as I asked the questions I felt needed to be answered. I do not really remember what I asked, but I remember telling her that this situation was serious and asking her not to smile. I am sure my mum was silently giggling behind my back, but I appreciated this opportunity to feel as if I was

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in control. That being said, I still needed a place to escape all the illness and stress at home, and I found this escape through dance. Faithfully, I was ferried to and from dance class by whatever avenue was available. I appreciated this consistency in a very chaotic period of my life.

By the age of 11, my mother was in and out of the hospital regularly. The cancer had eaten away at her vertebrae in her neck and she had to undergo a very serious surgery. She had to get a metal cage inserted as a support structure in her neck and a metal bar down her spine. My mum was in the hospital for quite some time, but she wanted desperately to be at home. We were fortunate to have a nurse come in and teach us how to help care for my mother, and to assist her with daily tasks. We had a number of people in the community come in to help clean the house, as well as to care for my mum's basic needs. I remember that she hated having someone else do it for her, since she was a nurse. And, like many nurses, she made a terrible patient. She hated not being able to help with the cleaning and running of the house. Being stuck in bed was something my mum never experienced before she became ill.

The majority of my mum's care came down to my dad. He would ask me to help with other tasks that she would usually do, including housework and helping with my brother, and, occasionally, he asked me to help him care for her. My anxiety over the illness grew, and we seemed to have little reprieve from either of them. I experienced this anxiety in various ways, one of which was that I could not go to sleepovers, which at 14 was "weird." Any time I tried, I had to go home. I remember I went to sleep over at my aunt and uncle's in Chilliwack. I think the thought was that I knew them well and that it was over an hour's drive away so it was far enough that I could not just pop around the corner and come home. Well, at midnight that night, my uncle was driving me half way to Maple Ridge, while I cried in his passenger seat, feeling a

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mix of guilt and a need to go home. The first half of that drive was lovely: my uncle kept saying “it’s okay petal” to me over and over and patting my knee or my shoulder. My dad, on the other hand, was livid. So, compared to the first half of the drive with my uncle, the second half of that drive with my dad was quiet after he expressed his severe disappointment in me. I not only felt his disappointment, but I felt disappointment in myself as well. It took me a very long time to figure out that I was afraid that my mother would die if I was not there. Understanding that my body and mind were reacting to a stressor I did not understand has allowed me, as an adult, to pay more attention to how I respond in similar situations; thus, when I find myself adversely reacting in a way I do not necessarily understand, I have realized that I must give myself the time to realize why I am reacting in this manner. I believe that this feeling of mine was very hard for my dad to process: he already had an ill wife, a special needs son, and now his daughter was acting out as well. I think my dad is kind of a super hero for holding all of that on his shoulders, and still making us feel loved throughout all of it. He also worked as many jobs as he needed to keep us all happy and to provide us with what we needed, including food and medicine for my mum.

Andy and I were never limited to what we could do, regardless of how many jobs my dad needed to get. It became more and more financially difficult for my brother and me to be involved in everything we wanted to, but I did not realize this fact until I became an adult. Dance became a cherished gift I was fortunate to receive. I would get to be “normal” and it was my time. Before class, I would talk to friends about boys, and have my best friend dancing beside me. We would giggle about our costumes and practice our dance moves so that we could enter the yearly talent show at school. During class, there was not any illness or responsibility. I just had to move to the music and enjoy myself. I did not care if anyone saw me dance. The point of

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dancing was that it let me tell my stories and express my emotions, both in class and when I would escape in my room from the scary events that were happening on the other side of that door. Despite my need for alone time to dance, I was still very engaged with my family. We still shared mealtimes, went on family outings as we could, and helped each other as we needed it. We were all feeling the stress and strain of what was happening to our family.

As my mother's illness progressed, I went further and further into myself. I felt bad if I didn't help around the house or with my brother, but sometimes it was just too hard. More and more, dance was a place for me to escape. I know my mum supported my dancing because she attended every show she could, and she would sit in her bed and have me give her details about all my classes. She would also listen to the music chosen for our dance that year, asking me to show her my favourite parts of the dance. After watching me, she would offer tips about pointing my toes and straightening my posture. I hope she enjoyed those moments as I much as I did. Even with this support, I danced to cry the tears I felt looming. I danced to re-live the anger. I danced to escape. I danced to feel something powerful. And, I danced to get a different type of attention. With my mum's illness and Andy's disorder, I was getting attention that I didn't want: I didn't want all of those sorrow filled eyes on me asking how I was. I didn't want people asking me how Andy was taking everything. I didn't want the constant questions about how my mum was. For all of these people asking all of these questions meant that I had to talk about it. Honestly I did not feel old enough or articulate enough to speak about these difficult, emotional topics: it made me very uncomfortable. How was I, in my teenage years, supposed to explain the process that I was experiencing to an adult? So, when people would speak to me about dance, these conversations fulfilled my desire to receive some attention outside of my mother's illness and the inevitable death I knew was coming. I danced because it made me feel better, and I

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danced because it helped. I felt a very strong connection to my mum: we were very close and her love of dance paired with mine was topic we loved to explore.

My mother and I were best friends. We did everything together. She taught me my love of shopping and how to bargain shop. We were always talking and laughing together. One of my favourite shopping memories was one time when we were down in the U.S. We would go to the outlet malls and we would rent her a scooter for the day. Every time she would put it on rabbit speed – the highest speed the scooter could go – and zip around the stores with us chasing behind her carrying her bags. She loved to shop and buy for others. At the end of the day, she would tell us she was tired and that she needed a nap when the rest of us were sweaty and had to hoof everything back to the car so she could have a rest. She would look at us with that little twinkle in her eye. I enjoy sharing these stories of her, especially so long after she passed: it keeps her alive in my heart and mind.

As I remember our times together, I also remember that we rarely fought. I cannot say how much I miss that time with her. When I was 14 years old, we were told that the cancer had moved to my mother's liver, and that there was nothing they could do. She was going to die. I wrote a story for school just after she died about the last shopping trip. She actually was too ill to come, and so she sent my babysitter and I off to her favourite shop with a gift card. Afterwards, "as she watched us model the clothes with the gift card she had given us, she looked at us with this smile and this content face as though it was the last time she would ever see us. Little did we know it was" (French, 2008). This is one of my favourite memories, but one that sparks great emotion in me as I remember her face very clearly: she had tears in her eyes, yet her face was full of pride. She laughed and giggled with us like nothing was wrong. I was 15 at the time, and,

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while I knew it was coming, I was so afraid of it to actually arrive. I found poems written by my mother at roughly the same time, an excerpt saying that “dying is easy for myself but you see, it hurts to see the pain in my friends and family” (French, 2006).

In my journal I wrote about how, on the week she died, I came up to the hospital and the atmosphere was so different. The nurses just looked at me, and there was a prayer on her door. None of this clicked as to what it meant. I was told to hold my mother’s hand, but it scared me because it was clammy. And, as I started to talk to her in her bed, her breathing – so raspy and heavy – would stop. She would cough, and this continued for almost two days. I remember I was in there with her alone, and she coughed and stopped breathing for a moment. I ran screaming from the room, afraid that this was it. At one point she woke up to tell us she loved us, and I could not tell her back, “that meant I had to say goodbye, and I wasn’t ready to do that” (French, 1997). I felt such guilt that I could not say it. I had given her a gift two weeks before she died: a silly beany baby dog I found at the hospital gift shop – and it fit perfectly in the palm of her hand. We called him Wilbur. She died clutching Wilbur to her chest, a symbol of holding us all close to her heart. I hope she wasn’t as afraid as I was. I clutched Wilbur the whole way home, tears streaming down my face silently. On November 10th, 1997 my mother died of cancer. I was 15-years-old, devastated, petrified, and relieved. Before she died, my mother wrote a poem. And, I found this poem in the box from her hospital room. I feel the words she wrote likely portrays how she was feeling just before she died.

My daughter, so fresh, at the threshold of life

My son, an Angel of yours in our life

My husband, my sister and all who care

Who hate to see me suffering here

I want to get up and I want to walk

With no pain and no fear but when do I know?

This is the right time?

Your body is right, I just have to try it and hope it's alright

Bridget French, 2007

Life without Mum

After my mother's death, life was different. I had lost my best friend, my confidant, and my support system. The family as a whole struggled with losing our matriarch. The difficulty alone of explaining to my brother that his mum was not coming back continues to be a topic of discussion today. We were fortunate to have a few family members that stayed with us and supported us. We, our little three person family, became even tighter. I began to take on the role of caring for my brother while my dad was at work after our nanny left, as well as on weekends when he had to work or wanted to go out. Dad, the nanny, and I began to share responsibility of Andy's care-giving. We made a deal that I would not get a job, but instead care for Andy, and my dad would buy me a car when I graduated. My brother was not difficult to care for as I was already used to his schedule and needs. He has a happy, outgoing personality, and is easily pleased, enjoying the company of others. I understand it was necessary, but, in some sense, I did feel put out and sometimes angry that I had to be the one caring for my brother. I then felt guilty

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for feeling angry. For a girl who just lost her mother after an extended illness I was devastated, and, at times, it was hard to feel that way and let myself mourn due to the responsibilities I had. Interestingly, this is what I remember most about this time: the overwhelming sadness and the overwhelming sense of duty to my family.

As a 15 year old girl, I was at an age where I felt it was all about me. I started to feel left out when all of my friends were at parties or movies, and I did not get to go. I did not resent my brother or my dad, but I did sometimes get angry that I was in that position. I am sure that my dad never wanted to be in a position without his wife, caring for his two kids alone. In the year my mother passed away, I lost many additional people to cancer and other various causes. I lost an aunt, an uncle, my dog – who also died of cancer – and a few patients I had worked with while volunteering at the local hospital. After all of these deaths, I started to shut down. In reading through my old journals and poems, I noticed that I started to get angry and upset that death kept happening: “I’m tired of being god’s punching bag” (S. French, 2008). It felt like every time I answered the phone someone was telling me that someone died or was ill. Emotionally, I was so confused. I wanted to hide, but at the same time I wanted to scream and shout. I wanted to run away from the pain and the sad looks of every adult. At school, the teachers were “giving me a break.” I even heard a teacher, who, bless his heart was just trying to help, told someone it was ok I hadn’t finished the assignment because of everything that was going on in my life. Well, in that moment, I lost it. I got so angry that this teacher thought he knew how I felt. Really, I was projecting an anger that he did not deserve, and fortunately he knew this too. I remember how painful it was watching mum’s pick up their kids from school: watching them open the door with a big smile on their face, seeing the mother’s being denied a hug or kiss because it wasn’t ‘cool’, observing the mother’s taking their child’s backpack and

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loading everyone into the car, and hearing the music through the car's speakers as they drove away. I wanted my mum back.

Even though I wanted her back, and really that was all I wanted, my friends were a huge support for me, as well as their families. They took me in and made me feel comfortable and welcome in their homes, which turned out to be another place to sometimes escape. My best friend's mother would wash my jacket when I came over and would feed me snacks. She would tell me I was strong and beautiful, and every time I walked in the house she treated me as if I was her own daughter. These people were always there for me. When I had my wisdom teeth taken out, I went and stayed with my best friend so her mother could take care of me. In fact, my best friend and I had surgery on the same day so she could take care of us together. I know that she was especially worried about me, not only because she told me, but because of her doting attitude and attention to detail. I appreciated her kindness and generosity so much, and I was so torn about how to actually accept this help. On one hand, I enjoyed having someone do those things for me, in a way that a mum would. On the other hand, I felt a bit unsure given that she was not my real mum. In the end I decided to take it. I eventually got used to it, and I am so glad that I did.

I did a lot of talking, and my amazing friends did a lot of listening, often with tears running down their faces. Despite the amazing support I received, I felt alone in the sense that none of my friends had experienced anything like I had. According to Perkins (as cited in Kandt, 1994), 90% of high school students have experienced a loss related to death. I was shocked to read this, because when it happened to me I felt so alone. It felt like death was uncharted water for my group of 15 year old friends and classmates. Kubler-Ross (as cited in Kandt, 1994) called

adolescents “forgotten ones”, based on the lack of research around adolescents and grief. I certainly agree with the idea that no one really is comfortable dealing with an emotional, unpredictable, yet highly impressionable, adolescent. I remember that in the next few years of high school, three others in my school lost a parent, and that was hard to hear. I felt so loved, but at the same time so empty. This feeling was very hard to rationalize. I honestly cannot think of what else my friends could have done, since they did it all. Whatever I asked for and whatever they thought would help, they did. However, I still had to go through my own process to heal. Losing multiple people that year made it very hard for me to trust and to take anyone new in, so instead I stuck close to those I loved and trusted already.

Although I had support from many people I trusted in my life, I needed a personal outlet to help me manage my grief. In looking into DMT and authentic movement, I have realized that many of the tenets leading to the creation of these therapies, resonate with my experience during my adolescent grief. My outlet was dance. After the age of 15, when I danced I had moved away from dancing in order to receive external attention to a different view focusing on giving myself attention. According to Akandere and Demir (2011) “dance allows us to show the energy inside of us” (p. 652). I was not telling anybody about the emotions I wanted to show, rather I would enact how I was feeling in the privacy of my own room through my own choreography. I was identifying with my feeling. Winnicott (as cited in Pylvanainen, 2010) suggested that the identity individuals have from the start is their body. By sensing the feelings in their body, the client is sensing the function of the body’s self. According to Freud, our egos were initially body egos. Furthermore, people need to perceive the actions and sensations of the body and in that way become conscious of them (Pylvanainen, 2010), thus allowing the in depth healing that having conscious awareness of the body facilitates. Bodily expression, through dance for example, is

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one method to assist others to understand a person's universe including their lived experience, emotion, and actions. (Winnicott, as cited in Pylvanainen, 2010). I still went to my dance class, and performed in recitals doing another person's choreography. I still found this to be a fulfilling experience for me as I got to express an emotion and tell a story. Dance took on a new light in a way to express myself and to still hide the thing I was not ready to verbally tell. I enjoyed dancing because it let me be free: it allowed me to dance without necessarily having to give away the secrets expressed through my movements. No one had to know what I was thinking. I was a tiny moving vault with a very special passcode. As far as everyone in my class was concerned, we were all doing the same moves trying to portray the same story we were given by our teacher; therefore, it was a safe dance in an emotionally tumultuous time. Inside, I could attach whatever feelings made sense to me for that dance and how it related to my life. For example, I would often feel alone in a room full of people; however, instead of feeling nervous and ostracised, I was able to dance the feelings out without judgement. And, ultimately, dance was fun. Fun was something that did not exist among all the sadness.

Now that I understand a bit more about authentic movement and DMT, I truly believe that I was unintentionally practicing elements of authentic movement. When Jung started the concept of active imagination – where the unconscious is translated into artistic measures such as images or narrative which was a basis for authentic movement and in turn DMT – it started with an understanding of the therapeutic value of artistic experience (Lescho & Maxwell, 2009). In my mind, authentic movement and DMT have named and formally led the way to showing how movement of the body can unlock and facilitate the mind to release its attachments, holding on to the unconscious and allowing the flow of emotion. By incorporating supported movement into DMT and authentic movement, the participant is not alone to muddle through their emotions.

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Rather, they have a helper to guide them through the emotion and to explore the complexities of the emotion that may arise. According to Plyvanainen (2010), DMT uses movement, dance, and the body's experience to communicate. My experience with dance that I shall apply to DMT, is that DMT allows the person to connect the unconscious and conscious mind. I believe that this connection is done without the person being necessarily aware, until a therapist or the person realizes the difference between the unconscious and the conscious. Instead of just focusing on the mind and talking through the emotions and grief, incorporating the body allows for a new and deeper dynamic into resolving grief. I certainly feel that after the loss of my mum, the opportunity to dance and express was paramount because it allowed me to show myself without the awkward need to verbally discuss the pain I was feeling. Had I been given the opportunity to go to a DMT session, I think I would have jete'd at the opportunity (that's a dancer's jump). In the next chapter, I am going to speak more in depth about DMT and dance itself.

CHAPTER 4

Body related modalities such as Dance Movement Therapy (DMT) are relatively new in the counselling world, although dance as a therapeutic tool has been used for thousands of years for some cultures (Kourkouta, 2014). According to Spencer (1984), “there is no time in human history when dance has not existed, and no place in the world where human beings have not danced” (p. 113). In addition, Kourkouta et al. (2014) inferred that with ancient civilizations, it was a common belief that dance was essential in forming a child’s personality. I feel that dance had a role in my own personality formation because it was a constant activity I took part in every week. By dancing so often, I had an opportunity to practice and hone my dance technique. Furthermore, Dance taught me about discipline; how to show up and be part of a team, as well as a healthy competitiveness with myself and my fellow dances. I was able to be challenged and challenge myself in a way that was constructive. I also learned to love dance, so dance eventually became a part of me. My dance part was the creative, fun, spontaneous girl who loved to walk on her toes. I was the girl dancing in the hallway and didn’t really care if anyone saw me. I was proud to say that I danced, and I looked forward to my class every week to get away from home and to do something different and fun. As a kid going through counselling for my grief I was not aware of any body therapies. When I was young, dance was just a form of sport and while it was believed that sports were good for kids, this view was focused on exercise and physical health rather than mental health. Looking back, I realize that my mental health was, indeed, affected by dance, though I was not aware of it at the time. I was calm when I danced. When I was dancing I would feel in control, and focused on my body and the detailed movements being done. After engaging in a class I felt more centered with my body and less stressed about the world.

It is important to note that from a western view, dance is a recreational sport, whereas, in various other cultures dancing is much more than just a form of exercise. Different cultures use dance and to pass down sometimes ancient stories (Cayou, 2012) in culture. These stories are not only an example of the history of that culture, but are also a teaching tool about that culture (Cayou, 2012). For some, these collective stories told through dance and movement may be a source of comfort which may help individuals through grief. That being said, I believe that one does not need to identify with a specific cultural background in order to enjoy dance and to find dance helpful during grief, And, in the counselling room, people from all walks of life who enjoy movement and dancing may find that a body modality therapy could work for them. Whichever modality resonates best with their clients should be the approach counsellors strive to use in session. In this chapter I will introduce common reactions to grief, as well as the concept of adolescent grief. I will then speak about dance and DMT in the literature today, including the benefits and critiques.

Grief

Death is a scary concept for many. Death is always present in life, and it haunts some people so that they create defenses to cope with or defend against, their awareness of death (Yalom, 2002). Grief has many aspects to it: psychological, social, physical, spiritual, and emotional (Jeffreys, as cited in Rogers, 2007). People who are grieving often experience physical symptoms, such as sleep problems, exhaustion, lack of strength or energy, restlessness, gastrointestinal disturbances, shortness of breath, weight loss, and loss of sexual desire and anxiety. These symptoms demonstrate that people's thoughts and feelings can alter the physical body and function (Rogers, 2007).

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In that regard, the body's somatic responses can be related to a person's body memory, effecting how they move, or if they move at all. In my opinion, some people become lost in their grief, and, at times, their grief can evolve into what is termed complicated grief. Complicated grief can be defined as unusually severe and prolonged grief that impairs functioning, and affects about 2 -3% of the population (Shear, 2015). There are certain physical reactions, for example, weight loss, that may be obvious to those who care about a person, even if the individual is not aware they are showing any signs. Being aware of one's body can help a person to connect their somatic reactions to their associated mental state. Rogers (2007) asserted that being aware of a person's body during times of stress can inform one of unattended grief and emotions, as well as assisting in telling their grief story.

It is important to note that body awareness is a large tenet in authentic movement; however, some participants may not be very aware of their own body. In this case, the viewer in authentic movement could play a key role and alert a participant to possible emotional components to the movements that they are making.. For example, when the therapist watches their client dance, they may notice that the dancer does not move their torso, or that they favour the left side of their body. At this point, the therapist could share their observations and collaboratively explore the movement with their client. On the other hand, if someone is aware of their body, they may be able to pick up on how their body is reacting in a stressful or grief related situation. In my opinion, being aware of and understanding one's body is very difficult for many adults. A DMT therapist can facilitate this awareness. As a parent, I have found that children are more clearly connected to their bodies than are adults. My child tells me if she's hungry. If something hurts, she tells me. Children do not analyze their emotions and sensations like many adults, such as myself, do.

Swank (2013) asserted that activities involving self-expression, such as dance, may be especially useful for children experiencing grief. Children appear to be free, and they rarely have the same stresses and limitations as adults, and, when they do, their mental maturity does not necessarily allow them to process these feelings in the same manner as adults. I believe that by not having the same mental habits that adults do, children are able to be more aware of their body, and more in tune with what their body needs. In my opinion, body awareness in grief and movement based therapies can be very helpful, so taking a note from children and trying to allow that natural emotion to flow may be useful for adults to keep in mind.

Swank (2013) also found that children use sports as a coping mechanism to provide distraction. Sports are also an opportunity for children to connect with memories shared with their loved ones, especially when engaging with family and friends (Swank, 2013). I believe that allowing children to engage in physical activity is a way for them to connect to and unleash memories and to feel again. Body centered therapies can free the mind to let the body experience the emotions, and the mind can then follow suite. And, as children grow up, learn, and transition into adolescence, their developing mental and cognitive abilities can change how they react to stresses such as a death in their life.

Adolescent grief is surprisingly normal, and, according to Kandt (1994), is experienced by adolescents more frequently than was previously thought. I feel that adolescence is often not thought of as a time of grief, but instead as a time of transition and growing. Kandt (1994) stated that a recipe for avoidance is to combine adolescents and death and grieving. I think Kandt (1994) said this statement because adolescents experience such angst during this phase of development. Thus, for adolescents, the death of a parent is directly in opposition of their life cycle tasks, since adapting to life without their parent is not part of the period that typically is

dedicated to personal growth and associated angst (Muselman & Wiggins, 2012). As an adolescent who lost a parent, I must admit that I was sent into a mental tailspin as I tried to make sense of what had happened to me, as well as how to move forward. Gordon (as cited in Kandt, 1994) asserted that “nothing in previous experience has prepared the youth for the feelings of rage, loneliness, guilt and disbelief that accompany a personal loss” (p. 22).

Adolescents are at a very difficult age in their development: they must work toward forming their identity, exerting control over themselves, and finding ways to fit in with peers. And, as a result, adolescents may try to delay their grief response or conform to a more adult model of grief resolution to avoid attention (Kandt, 1994). I feel that as I was going through my own grief as an adolescent, I also tried to delay and run away from the grief at times. I wanted to appear normal when everything wasn't. I wanted to be strong, and I did not want to see others crying nor did I want to cry myself. I feel fortunate that my mum prepared me for what was coming and spoke to me about common reactions. She said to me that it was okay to hurt and to express that hurt. But, regardless of my mum's words, I still felt an innate need to hide it and to protect myself. Batten and Oltjenbruns (as cited in Muselman & Willings, 2012) found that after the death of loved one, an adolescent may need to redefine their newly formed identity. In my experience, I did need to form a new identity, and part of that was a caretaker role for my brother. I did not mind taking on this role. I enjoyed having some say in Andy's world and in a sense I felt like it was a natural progression into this role from my previous helper role. But, I also needed a piece for myself aside from caretaking, and that piece was incorporated with my dancing. My dancing allowed me to make that piece of myself a part of my new identity: a stronger, more prominent aspect of my personality that I continue to hold onto dearly today.

Dance and DMT

So what exactly is dance? For the purpose of this thesis, the definition of dance I have decided to utilize is a “sequence of movements, integrated from the body, by the sounds of voices or instruments” (Kourkouta et al., 2014, p. 230). Dance can be done to music, or to sounds, and may not always be in time with music: the idea is to let the body be free to move as it likes in order to aid in expression. Fatidou (as stated in Akandere & Demir, 2011) asserted that dance is one of the most direct ways to express feeling. In addition, Akandere and Demir (2011) stated that when dancing, movement that encompasses physical, emotional, and cognitive elements transforms into a purposeful phrase of action. As a person who enjoys watching others dance, I can identify two different reactions I commonly have as a witness to these stories. When I can sense that a dancer is emotionally connected to their movement, the experience that unfolds for me is almost magical. I feel transported into this dancer’s world. However, on the other hand, when I get the feeling that a dancer is just moving for the sake of moving, the experience is quite different for me. I remain a person on the outside. For example, I have had the pleasure of watching a number of Aboriginal dancers. The amount of passion and emotion that goes hand in hand with the extravagant costumes and movements makes me feel as if I have been transported back in time. Another example of witnessing strong emotional connections between the dancer and their story is the ballet. In ballet, there are no words and the movements portrayed by each dancer tells the story in a powerful way. In each of these examples, and in my experience of dancing, there is no wrong or right way to move, for a person moves to express their story and their feelings. Each movement is their own, and therefore exactly how it should be.

History of Dance

Dance has been around for as long as the human race has documented art. Spencer (1984) walked through the various dance related images and history from the Magdalianin time showing still drawings of dance. Spencer (1984) then described dance through to the middle ages where it lost its sacred status in the Western world. Spencer (1984) also described how, in Christian times, dance became sacred again. Many ancient cultures used dances to portray stories, life events, and lore of their culture. And today, certain cultures still utilize dance for life events such as births, deaths, to promote rain, and as a single expression (Cayou, 2012). The single expression of dance represents the story that the person wants to portray. Furthermore, these dances can be a source of collective memory: tying generations together, linking the collective memory to the art of dance being performed (Capello, 2007). In African culture, dance is utilitarian and social and therefore more of a reflection of life (Cayou, 2012) rather than the modern version of dance which is primarily recreational.

As stated above, dance was used throughout history for many purposes and continues to be a depiction of life experiences today; however, contemporary versions of dance have taken on a different feel than traditional forms of dance exercised by ancient cultures. In my opinion, dance as a whole has evolved from storytelling to being used recreationally and therapeutically. Capello (2007) spoke about how dances that are familiar to people can support the therapeutic process because if they are known, or partly known, it can awaken personal images and emotions from the past which are useful in dance/movement therapy sessions.

Dance in Children and Adolescence

As you know, I danced as a child. As an adult, I can say that I feel dancing gave me a very strong foundation for fun, as well as the importance of exercise, commitment, teamwork, and a method for focusing my emotions. For children, dance is a modern educational tool that can focus on kinetics, motion, and cognitive abilities while also promoting creativity (Kourkouta et al., 2014). Aktas and Ogce (2015) suggested that, especially as a form of therapy for children, DMT may be appropriate since dance encourages gentle behaviours and calm, powerful thinking. As a child, I found that dance was gentle because the reason behind it was to move and to experience a variety of emotions and sensations. Emotionally, I would feel calm when dancing since I was given an opportunity to express what I was going through at the time by moving my body: a safer alternative than verbalizing my thoughts and feelings. At the same time, dance also helped me to gain confidence in my body (Aktas & Ogce, 2015). I was able to control the movement I wanted to make and practise to make my leg go higher, or bend deeper. By having this control over my body, I felt confident in it. I believe that this calm nature of dance can be helpful for children since it is also enjoyable, and therefore more likely for children to do. As a child, dancing was exercise and enjoyment, and as life became more complicated I turned to my love of dance as self-therapy. Dancing for myself and by myself felt therapeutic as I did not have to answer to anyone or explain how I was feeling: I could just move organically. Kourkouta et al., (2014) spoke about how with children, dancing had helped to restore relationships with their environment, as well as assisting them to find an inner hidden rhythm to help with disciplining their mind and body. As I stated above, moving organically with whatever emotion I was feeling allowed me to experience the world in that moment. For example, sometimes if I was walking through the woods, I liked to jump or weave myself between the trees. There was something

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about the feeling of being in the vast forest – the soft floor below my feet, the sun peeking through the trees, and the rustle of tree branches – that makes me happy. And, when I'm happy I like to dance. Sometimes I would dance and jump from one tree root to another. Other times I would simply take a flying leap in the middle of the trail: I felt free in that big forest.

Feeling a sense of freedom through dance and movement helped me to be a happier, calmer child. Akandere and Demir (2011) asserted that dance for children and adolescents can be a bridge to psychological health, cognitive development, and emotional growth. As an adolescent, I continued to dance. I truly feel that my adolescence was incredibly emotional in every way. Not only was I dealing with the common struggle that adolescents face with identity development and puberty induced hormones, I also lost my mum – my best friend – after a very long illness, which only compounded my emotional state to what felt like a very unstable, and, at times, unmanageable level. Having dance as a way to express myself was a lifesaver in my eyes.

Dance Movement Therapy (DMT)

As I started this thesis process, I learned about Dance Movement Therapy (DMT) and instantly I was interested. Dancing, and therapy? Jackpot. Historically, DMT dates back to the late 19th century; however, in the 1960's Marian Chase developed the language of DMT (Barnett et al, 2014). Only recently in the last 50 years has dance changed from being used as a form of expression to being a formalized therapy (Kourkouta et al., 2014). This shift started in roughly the 1940's when modern dance became part of popular culture (Baptista & Narciso, 2015). Dance requires that one uses their entire body in movement. DMT therapists believe that the development of a person's emotional congruence requires a holistic approach, utilizing the body, mind, and emotions (Goodgame, 2007). The product of the DMT process is considered to have become a manifestation of the person's developmental stage, personality, unconscious process,

cognitive operation, and affective state (Barnett et al, 2014). DMT works on these areas to foster a change in clients, either individually or in group settings.

Capello (2007) stated that DMT therapists ask people in a group setting to focus on themselves and to be in the here and now, moving with synchrony with the group to a common rhythm. While clients are moving, the therapist supports the feeling of belonging; therefore, the therapist uses simple techniques such as holding hands or repetitive movements that support the participants to lead. Movements are then identified and reproduced in order to obtain a sense of success and satisfaction (Capello, 2007). I have not tried DMT myself, but I imagine that this feeling of success is reached by the mirroring of action, almost in the same sense as a talk therapist re-iterating the client's feelings correctly. Pylvanainen (2010) referred to how body movement can unlock some of the unconscious feelings and thoughts housed in the mind. The methods of unlocking these emotions and feelings is purely the art of moving, along with the support of a therapist to help protect and safely allow the participant to experience the emotions in a contained and safe environment. According to Connor (2000), the expression of dance can "nourish the soul" (p. 74).

According to Stanton (as cited in Barnett et al., 2014), DMT therapists believe that a person's physiological and psychological health are the same, and must be treated as such; therefore, within DMT, the client is encouraged to experience mindfulness. Mindfulness, as defined by Siegel (as cited in Pylvanainen, 2010) is a form of internal attunement where the client is more aware of what is happening in their body and mind. Mindfulness in DMT is key. Seigel (as cited in Pylvanainen, 2010) believed that mindfulness consists of three streams of awareness: (1) direct experience, or the raw sensation and perception of the body; (2) the conceptual stream, which would consist of thoughts and words; and (3) the observer, who would function as the

inner witness. Becoming mindful of these nodes of awareness is the difficult part, since, in DMT, the participant is working with all three streams of awareness (Pylvanainen, 2010). This process could be difficult for someone who may have never been in touch with all streams of awareness before; therefore, such clients could become overwhelmed. Ultimately, in DMT, the therapist can help their client's unpack their emotions in a mindful manner during sessions.

It is important to note that if being mindful is a new construct to a client, the thought of bringing in mindfulness may be un-nerving and confusing. Being mindful facilitates a greater openness which can be a strange experience for the client, and one that may not be welcomed at first (Pylvanainen, 2010). That being said, with all the possible emotions that come forward during sessions of DMT, it is important for the participant to be mindful during sessions, not only in their emotions expressed, but also of their body. Being sensitive to the body is key, for "observation of the difference of when the movement feels like [their] own when it does not feel like [their] own is essential in consciously connecting with one's own activity and in one's body-self" (Pylvanainen, 2010, p. 227). The sensitivity to the body is also awareness of self.

You may be wondering something in this moment: How does one actually conduct DMT sessions? To begin with, it is highly recommended that the therapist is certified with the American Dance Therapy Association (ADTA). In order to start the program, the therapist must hold a valid Master's Degree and 700 hours of supervisor clinical service. Once accepted, they complete 3640 hours of supervised clinical experience, after which the DMT certification board will award certification. The specific state can then provide the therapist with a licence (ADTA, as cited in Barnett et al, 2014). Once a therapist is certified by the ADTA, movement is the primary intervention utilized during DMT sessions (Cruz, as cited in Barnett et al, 2014). Typically, DMT sessions are a group experience and quite structured (Baptista & Narciso 2015).

A session begins with a check-in, usually in a circle setting to engage the participants in expressing how they are feeling emotionally and physically. Then the participants begin a warm up, mostly to prepare the body and to mobilize the participants to make them conscious of their body as a way to access the here and now (Baptista & Narciso, 2015). During the warm up, the therapist may begin to imitate the client's movement to highlight the distinct features of what they are observing (Barnet, 2014). Then, depending on what comes up during the warm-up, the group proceeds to theme development. If nothing comes forward in the warm up, the therapist may begin to lead the session by suggesting movement depending on the process being explored (Baptisa & Narciso, 2015). The therapist would continue to build on the client's movement as they evolve and may provide explanation and encourage experimentation with the movement (Barnett et al, 2014). Finally, a check out and final verbal closing is conducted where everyone can share their insights, ideas, sensations, and anything else they experienced during the DMT session. Check out is also an opportunity to transition the participants back into the exterior space (Baptisa & Narciso, 2015). In addition, check out is the time where the therapist may comment on shared themes or verbal responses (Barnett et al, 2014). In theory, the structure of a DMT session seems fairly simple, although I imagine that the process is likely more in depth that it appears on paper. Given the existing range of uses for DMT, such as depression, I look forward to becoming certified and understanding the process more fully.

Where does DMT apply?

Recently, DMT has been studied as it has been utilized for various therapeutic challenges, although depression is the area studied the most. In a study on mild depression in youth who had experienced the physical trauma of cancer, heart disease, and neurological impairments, Jeong et al. (2006) discovered that the youth who partook in DMT sessions experienced positive

psychological and psychosocial effects. Akandere and Demir (2011) also completed a study of dance on depression as a result of various illnesses and asserted that DMT can help with healing with psychosocial and psychophysical effects of many disorders including cancer, heart disease, and neurological impairments. The use of DMT with participants suffering from depression was also studied by Koch, Morlinghaus, and Fuchs (2007). These authors found that participants in the DMT group showed a significant decrease in depression: dance acted specifically on depression reduction as well as a higher increase in vitality than those in a music group. The results of the study also concluded that the patients with the highest level of depression benefited the most from movement therapy (Koch, 2007).

According to Koch et al. (2007), the benefits of DMT include “improvement of body image, mood, affect, gender role and libidinal aspects (joy, lust)” (p. 341). Among all uses of DMT, Aktas and Ogce (2005) spoke about how DMT can be used for people with social, emotional, cognitive, and physical concerns, and is considered a popular, pleasant, and a low stress activity. Emotionally, DMT can help one to feel more positive, joyful, and confident, allowing exploration into loss, anger, and frustration which the client may not wish to engage in verbally (Aktas & Ogre, 2015). I feel that it is important to note that dance in comparison to other forms of exercise is not superior. It is important that the participant determines the activity of choice depending on their needs.. In my opinion, if dance resonates with a person, it can be helpful, whereas for others, different forms of exercise may be more appropriate. However, I believe that the emotional connection in other physical activities may not be as strong when compared to dance. As a female dancer, I realize this is my biased opinion on this matter.

In their article, Koch et al. (2007) suggested that DMT may be more attractive as a therapy modality for females; however, I disagree with this statement. Yes, it is true that the student pool

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is majority female in various dance studios around the world who practice a modern approach to dance, but this majority is beginning to change. As various types of dance enter the dance world, more males are joining. Also, in most ancient cultures, men were the primary dancers who told the stories. Expression of emotion, often featured in dance, can show vulnerability and strength – by both men and women. As a child and adolescent, I had few male dancers in some of my classes, but I wish there had been more. Male dancers add a very interesting dynamic to a dance, in that they bring a more masculine edge that the teacher has to incorporate into the routine. For example, when a male dancer enters a class, the teacher may have to alter the movements to make sure a male does not feel like the movement is too feminine. I have had personal experience in doing so as a dance teacher. These adaptations can be accomplished through many avenues including posture and positioning of the body. In turn, the opportunities for telling a story with some male dancers, as opposed to all female dancers, can be enjoyable to explore. Now, as an adult, I see both boys and girls coming in and trying out dance, and I think this shift is great. These boys are comfortable and are embracing something they enjoy. They are owning it for who they are, just like the girls. Dance class allows anyone to dance, regardless of gender, or age, or ethnicity. I strongly believe that anyone can experience the positive effects that dance creates.

An aspect I quickly touched on above was the mind body connection, a concept that is strongly present in DMT. According to Pylvaninen (2010), “body memory is the container of past experiences” (p. 222). Movement, such as dance or gentle stretching, helps clients to loosen tight and shielded muscles as they can free up emotion and feelings that cannot be articulated (Rogers, 2007). Bodily expression, through dance for example, is one method to assist a person to understand their universe through their lived experience, emotion, and actions. The body can

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hold the mental and emotional problems through muscle tension and strained movement (Aktas & Ogce, 2015). The body can hold pain and grief, as well as the mind. It is my belief that people are usually more aware of their mental pain than their physical pain, being able to say that they feel sad or upset, but dismissing an upset stomach as a purely physical event. Grief and pain emotions are often bottled up and kept within the body and movement is one way to focus on then release those emotions. This movement may be calculated or spontaneous. Moving spontaneously through dance can help the person to trust their own impulses allow them expression or choosing to contain them as they choose (Aktas & Ogce, 2015). This movement allows a person to slowly become aware of what their body may be saying. I was not always able to link my understanding of what my body was saying with my portrayal of emotion. If I had had a viewer or therapist observing me, I feel as if this person may have been able to help me understand what my body was telling me more effectively. Becoming conscious of the impact of these emotions, or even just the awareness that they are there, is substantial for many people going through movement based therapies. Ultimately, clients that go through dance therapy have an opportunity to achieve greater self-awareness and a more positive sense of well-being (Aktas & Ogce, 2015).

As you may remember, I stated previously that I felt like dance was fun. The fun element was one of the main tenets that started me on my dance journey. I agree with Mills and Daniluk (2002) that, with DMT, it is crucial that therapists “remember the importance of play and fun as a counterbalance to some of the more emotionally challenging aspects of therapeutic work” (p. 83-84). Counsellors, such as myself, may be excited with the idea of leaving the chair and embracing a new modality, but should do so with caution. It is important to make sure to guide the client. Mills and Daniluk (2002) also suggested that counsellors consider the client’s

psychological history, such as those who have experienced abuse. In my experience, most clients already have a relationship with their body that may be unknown to the therapist, and, through including embodiment work in the session, some of this past relationship may come to light, allowing the client to process some of this emotion housed in their body. This process also comes with the realization that the therapist will need to address emotions coming forward for clients that may be triggered by becoming aware of this past relationship between their bodies.

Critiques

According to Aktas and Ogce (2015), therapists have asserted that there are no known negative effects of DMT. Although, as DMT does incorporate a physical aspect of therapy, some researchers feel that a participant with any type of chronic conditions such as heart disease or arthritis, as well as pain or discomfort of the joints, should discuss treatment options with their doctor to avoid any physical injury which may outweigh psychological change (Barnett et al, 2014). I agree that anyone who may have any type of physiological condition should always contact their doctor to make sure that they are safe to engage in a non-traditional form of therapy that may exacerbate a current condition. Barnett et al. (2014) also stated that clients should be aware, before entering into DMT sessions, if they are not comfortable using their body in therapy, since DMT does incorporate body movement; therefore, the client should understand the full modality of the therapy before enrolling. Furthermore, DMT may be more emotionally difficult for clients who have pushed emotions out of their awareness and once again may be confronted by them (Barnett et al, 2014). I think that the role of the therapist is to work with their client to determine which limits are acceptable and to not push too hard past the point where the client may be unable to handle the emotions flowing forward. That being said, if the therapist is also schooled in more traditional methods of therapy, an emotional dialogue could be an

opportunity to switch gears to something more comfortable to the client. Cohen (as cited in Aktas & Ogce, 2015) also advised that finding a therapist that clicks with the client is key, since DMT involves spontaneity, trust, and expression of difficult emotions. Barnett et al. (2014) suggested that it is best for clients to be referred to a specialized therapist in DMT, since using DMT in regular psychotherapy practice may be difficult or embarrassing for the client which would be counterintuitive to the therapeutic process.

Lastly, according to Barnett et al. (2014), evidence for effectiveness or efficacy is lacking because most of the research conducted so far has been case study based with quasi-experimental designs, or randomized clinical trials with insufficient sample sizes. Researchers have not been able to conduct research that is double blind and placebo-controlled in a randomized clinical trial with larger sample sizes; therefore, currently, there is not enough of an evidence base for clients to consider DMT as a justifiable, evidence based practice. I feel as if someone who appreciates the traditional therapies and evidence based therapies would be less inclined to participate in DMT sessions because the research does not support the approach (Barnett et al., 2014). I also think that these individuals would likely be more comfortable with a type of therapy that they know is empirically supported. Ultimately, I believe that the choice of therapeutic approach comes down to what the client believes about evidence based practices, as well as what they are striving to achieve in therapy. It is important that any prospective clients are well informed of what they can expect from any type of approach – including DMT and body related therapies – and they are then given the option to decide which technique is right for them.

Conclusion

DMT and dance are gaining momentum in the counselling field. Increasing amounts of certifications and programs in body related therapies are becoming available. I find the evolution

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of DMT in the field to be very exciting, especially now that many body related therapies are being researched in order to put forth evidence to support the associated benefits of movement in the therapy room. I believe that DMT is still young in the counselling world, and therefore will require further research; however, I also feel that what has been accomplished to date is positive and is leading to opportunities for therapists and clients who have not previously explored movement in past counselling experiences.

CHAPTER 5

After dedicating so much time and energy to writing the past four chapters of this thesis, I found myself staring at a blank page, wondering how I could meaningfully conclude this final chapter. I thought to myself: What are the most important concepts I would like my readers to learn more about? What key themes should I highlight? In order to help me answer these questions, I looked back on everything I had written, and, thankfully, I noticed a number of important concepts and themes that I would like to summarize and provide further insights on for you, my readers. Overall, the essence of this thesis is that dance is helpful in so many ways for people: a finding that is in line with my initial hopes for this thesis. In turn, I believe that there are a number of ways that the information presented in this document could assist any counsellor who may have clients who are dance-inclined.

Implications for Counselling

As I reviewed all of the literature that I uncovered on dance and DMT, I really had to stop and consider – as a prospective counsellor, but also as a dancer – how this information might fit into my own counselling approach. I also had to stop and think about counsellors who are not dance inclined, and who may not be aware of DMT: How may this thesis be relevant to these therapists? I can tell you that I do plan to receive DMT training one day, and that I am very excited to go through the training process, but, in the meantime, I would like to share my thoughts on how dance and DMT in counselling may be helpful for others counsellors.

The first implication that came to mind was the fact that the exercise component of dance and DMT itself may be helpful to clients. According to Ren and Xia (as cited in Kourkouta et al., 2014), “clinical reports suggest dance therapy may be effective in improving self-esteem and

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reducing stress. As a form of exercise, dance therapy can be useful for both physical and emotional aspects of quality of life” (p. 231). In my opinion, the physiological aspect of improving physical and emotional elements for any client is, in itself, impressive. I feel adolescents may reap the benefits of DMT more than adults since young people live very much in the here and now and react to the emotions they are feeling in that moment. I also feel that adolescents usually are looking for a way to feel better immediately, so if they are feeling uncomfortable they may be looking for a quick solution. When I was an adolescent, I remember feeling like I needed the hurt to go away quickly, for experiencing the negative emotions on such a continuous basis was extremely painful. In hindsight, I understand that I needed to experience the pain in order to heal, but, given my experience described above, I also can empathize with adolescents who would like to address their issues quickly.

Counselling is one method to explore adolescent’s presenting concerns, as well as adult clients who are hoping to start the healing process. After some growth has occurred in the therapy room, I feel as though many clients can start to feel better again. And, I believe that starting to feel better when one is going through counselling can be a huge motivator for client’s to continue working toward whichever goal they are striving to achieve, which, in turn, will hopefully contribute to greater therapeutic growth as counselling progresses. It is important for me to mention that I believe therapeutic growth can be achieved through many therapeutic approaches, including DMT.

Although many clients participate in individual counselling services, therapeutic growth may also be encouraged through group therapy sessions. It is important to note that DMT is widely used in a group setting in order to reach a large number of people. In addition, group members are able to learn from the experiences of others in order to augment their own skills, as well as

finding connection between themselves and all of the participants. According to Xia and Grant (2009), DMT can be practiced in a variety of settings, including psychological rehabilitation, nursing facilities, and day-care centers, and it can also be integrated within health promotion programs. I feel that the flexible nature of DMT, which allows the therapist to adjust to the interactions that are happening during the session, would make it ideal for a therapist to employ in group settings. In these flexible sessions, the therapist can alter their course depending on what arises with the group members, similar to how counsellors approach many talk therapy sessions.

Furthermore, in certain group settings such as nursing homes, those coming to the sessions are most likely in a similar phase of life and may have experienced, or are currently experiencing, similar challenges. Having similar life experiences and challenges could make a group setting a potentially positive experience for the clients, contributing to a connection with their peers and with their therapist. As for the example of a nursing home, DMT group sessions may be an opportunity for non-verbal clients to engage in counselling since they are unable to participate in talk therapy. In addition, incorporating DMT into a health promotion program could be a great way to teach attendees of the group about emotional comprehension, as well as the physical benefits of dance. One of the largest benefits of DMT is the importance of involving both physical sensations and emotions in the therapeutic process. Incorporating the physical and emotional into one exercise encourages an integrated approach to health, touching on some of the major facets that people usually bring to counselling. And, as I have stated previously, there are times when some clients do not want to talk about their presenting concerns. In my experience, I did not enjoy speaking about my pain to anyone, and I gave guarded recollections

to my peers who I trusted. Having the physical release of emotion that dance provided added the layer I felt I was missing.

One aspect of DMT is that many of its elements can be adapted and made available to counsellors for their work with clients (Capello, 2007). For example, using expressive therapies – especially in conjunction with more traditional therapeutic practices – can provide the client with a holistic experience. A counsellor may be able to use an expressive therapy if they are feeling at a dead end with verbal methods; thus, DMT could potentially be a new lens to help counsellors better understand their clients (Leseho & Maxwell, 2009). That being said, some researchers believe that therapists who are not trained in DMT should not incorporate DMT techniques into their practise (Barnett, 2014). However, Leseho and Maxwell (2009) asserted that there are, indeed, benefits of dance and movement without the aid of a licensed dance therapist. I agree with this author's assertion, because the main tenets of DMT are ideas that might resonate with many clients, such as: "(1) [the] body and mind interact so that a change of movement will affect total functioning; and (2) movement improvisation allows the client to experiment with new ways of being" (Meekums, as cited in Leseho & Maxwell, 2009, p. 18). I believe that these tenets represent ideas that most clients may find beneficial, and many therapists could easily incorporate into practice.

One aspect of dance that I love its universality. For instance, over the past few minutes as I have been sitting at my desk writing, I have watched my two year old daughter dancing. It is interesting to see what dance is to a child: her movements were unconventional for a trained dancer, but gorgeous in their spontaneity and exploration of her space and time. My favourite part was the pure joy on her face as she moved and laughed and enjoyed feeling through her body. Taking this short break from writing this chapter and observing my dancing daughter has

invigorated me, especially for this next point: Dance is universal and has been around for as long as human beings are aware of. Therefore, it is not surprising that Leste and Rust (as cited in Leseho & Maxwell, 2009) asserted that dancing is believed to provide healing power, regardless of “age, culture, geography, ethnicity, education, socio-economic status, family background and religious affiliations” (p. 27). Consequently, this tool could be used for everyone, and anyone.

Key Findings and Themes

In this moment, I find myself pondering my thesis experience: What is the big deal about dancing and healing? Why and how did I write an entire thesis on twirling and flinging oneself into the air? These questions have circled through my mind, and I am quite sure that my husband, and, perhaps members of the general public, would likely ask similar questions too. I think that these wonders are due to the relative recentness of movement based therapies and body centred treatments. Even after going through an entire undergraduate degree, I did not hear about body centered therapies. Courses were all about Jung, Watson, and Freud. Only once after I had started my Master’s Degree training did the focus shift to a number of the modern day approaches and what was being developed and used with clients in contemporary society.

Since movement therapies are a newer modality in the land of therapy, these approaches are still gaining traction in the research world. At the time of this thesis, finding research on dance and dance movement therapy was limited, and somewhat preliminary. I look forward to the revelations that come forward over the next several years and decades. However, it is important to note that the information I was able to find on dance and body movement therapies did, in fact, help me build a greater understanding of these approaches, as well as helping me recognize several common themes which I will discuss below.

Common Themes

The first theme I noticed in the literature was the belief that dance does, indeed, help. What I mean by this is that research continually demonstrated that dance helped clients – whether as a part of DMT or as a part of their individual lives – to experience positive results, both physically and psychologically (Akandere & Demir, 2011; Kourkouta et al., 2014; Pylvanainen, 2010). In addition, studies that particularly paid attention to children and adolescents uncovered that dance and physical activity are helpful to younger people, especially in a grief setting because engaging in sports is a common adolescent activity, as well as an enjoyable activity that can be adapted in therapeutic settings (Akandere & Demir, 2011; Aktas & Ogce, 2015; Kourkota et al, 2014).

As I have stated previously, I could not agree more with the statement above. As an adolescent, dance was probably the one activity that kept me on an even keel. Although I had an amazing support system around me that would have done anything they could have to help me, external support was not enough. I needed something within myself that allowed me to feel like I was taking action and dealing with the pain on my own. Dance allowed me to feel like I had power and control over my emotions. Being able to re-gain that element of control was a significant change in my grief journey. Furthermore, Mills and Daniluk (2002) suggested that the joy, creativity, and fun that is felt when dancing is a welcome relief to the pain and sadness that accompanies grief, a statement that I agree with whole-heartedly.

Another theme that I discovered while writing this thesis was about the association between dance and expression. Although this theme is in line with the theme listed above, I believe that it is different because expression is more likely to be focused on, encouraged, and supported when therapy rather than physical exercise is emphasized. The expression aspect of

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dance is particularly foregrounded in both authentic movement and DMT. Expression is, in fact, the main output of the clients dancing that is then discussed and built upon in session. It is important to note that how one expresses themselves in a session is always led by the client and is, in turn, their own truth. This expression can then unlock emotions, nourish the soul, and allow exploration into areas that the client had not considered going verbally (Aktas & Ogre, 2015; Connor, 2000; Pylvanainen, 2010). When the client becomes conscious of these movements as they express them, they are plumbing the body's wisdom. In authentic movement, the client's expression is also paramount, allowing the therapist into the person's inner world as the viewer (Wyman-McGrity, 1998). In my mind, expression is healing. Allowing one's emotions and feelings to be set free and out of the lock of the mind is cathartic in itself. And, when these emotions are further explored and supported, one may be able to begin the healing process. In my experience, I found that I was locked in my mind with grief. I remember wondering how I could live without her and what I would do without my best friend. But, when I danced I was able to face these fears and allow my body to slowly and gently unravel what I was scared of in a protected, yet cathartic, manner. Ultimately, I believe that although one may not be aware of what they choose to express, their body can allow amazing feelings to come forward with support and coaxing from a supportive person.

For a moment I would like to step away from the themes associated with dance and DMT and mention a theme I noticed about another core concept of this thesis: grief. I was actually quite surprised by the prevalence of grief in children and adolescent populations. More specifically, I was shocked by the percentage of adolescents who have experienced a loss due to death (Kandt, 1994). And, although I was able to find some information and statistics on grief in children and adolescents, I was surprised by the lack of research that was available about this

topic. That being said, throughout the articles that I was able to find, it was apparent that children and adolescents received some kind of therapeutic intervention if they had experienced grief and loss. On a personal note, recently I had the pleasure of volunteering with an organization called Camp Kerry (campkerry.org). Camp Kerry is dedicated to family bereavement and is focused on family reconnection after an adolescent has lost a loved one. Camp Kerry strives to bring the fun back to family life, even during grief. When I went through my grief experience, there was nothing like Camp Kerry available to my family, and I truly feel that it would have been extremely helpful for us to have been involved in a process like that. It gives me hope to see that organizations are being developed that want to focus on the family, as well as addressing adolescents in such a turbulent time.

One aspect that initially drew me to Camp Kerry was the musical component, although I was a bit disappointed by the fact that dancing was not offered. However, recently, the camp has decided to incorporate movement and dance into its programming, and I was extremely excited about this new addition. When I think about this new integration of music and movement, I think back to a drum circle I was fortunate to be involved in while at the camp recently. Every one of the campers, parents, and families were drumming away and moving their bodies to the rhythm. The act of creating rhythm together was so powerful. I was amazed that the room was full of people who were practically strangers to each other, yet, somehow, a sense of unity was established. During that time, I realized that I was not alone. I was part of the circle. This feeling of connectedness was similar to how I feel about dance, I am part of a group, yet I am also engaged with my own emotions. In the drum circle, I was there to support each of these people, just like they were there to support me. I remember banging on my drum, moving to the beats we were creating together, and realizing that I was healing.

The sense of unity that was created through music and movement in that drum circle makes me think about the next theme that really caught my attention as I conducted research for this thesis: human beings have always danced. Dance has been around for as long as there has been documentation (Spencer, 1984) and it has always served some sort of purpose. I believe that movement and dance allows people to connect to each other in a powerful way. I also feel as if dance helps people share their experiences, which is in line with what Cayou (2012) has asserted: Culturally, dance has been used for to transmit lore and for storytelling, and even as a sacred component of life in a tribe. The familiarity in many of these dances, and what they portray can be comforting to certain people and can also allow for stories to be told throughout generations (Capello, 2007). In addition, dance has always been used to evoke emotion: each costume and movement of the dance is orchestrated to create feeling in those watching and to bring the viewers into the performer's world for that short period of time. Dance has always employed costumes and movement to assist in its portrayal of the story. Dance has been taught through generations, from young children to senior's showing its relevance for any age. In my opinion, the whole point of dancing is to enjoy dance. And, dance can also provide the dancer's story to the viewer and hopefully bring them in to the experience they are hoping to portray. I find it interesting how dance has evolved in different styles and forms, but, in the end, the purity of the movement and the intent behind it has not really changed much at all. This ancient art is still alive and well in our modern time, and I believe that it keeps evolving and getting better.

Lastly, the final theme I noticed was that dance and emotion are connected. I reviewed research on the uses of dance for adolescents and children, as well as for individuals suffering from cancer, depression, or neurological issues. And, as mentioned in the paragraph above, I also reviewed literature on the cultural uses of dance. In each of these research areas, dance was

always connected to emotion and how dancing allowed for the expression of emotion, which, in turn, contributed to positive results (Goodgame, 2007; Swank, 2013; Adandere & Demir, 2011; Capello, 2007). I think it is important for you, my readers, to know that I am not confusing emotion and expression. While the expression that comes from DMT and therapeutic dance is usually emotional, I believe that the two are independent. As I dance, I have often expressed something at the request of a choreographer, but this is not my own emotion and it does not resonate with me on an emotional level. However, in other circumstances, the scenario is exactly the opposite. I once did a dance that was a tribute to a girl I did not know. She had died and knew all of the other girls in the class, so I danced it anyway. But, instead of thinking of this girl, I thought about my mum and made that dance connect to my own emotion base to allow for a more authentic expression. Therefore, due to my experience described above, I must admit that I was pleased to see dance and emotion reflected in the literature, as these themes that I uncovered were in line with my initial thinking as I started to write this thesis.

Where Am I Now?

Throughout this journey human beings have chosen to call life, I have had my ups and down's, and my challenges and successes. Since I am now nearing the end of writing this thesis, I find myself thinking about how my life has changed over the past several years since my grief journey began. I am an adult now, writing about a time that seems so long ago, yet, when I really stop to think about it, my experience still brings tears to my eyes as I remember that time of pain. Growing up was hard! I am now a mother of one, with another one on the way. I am married and am looking forward to what I have looming in front of me: a great family, a potential new career in counselling, and who knows what else.

I feel like I have come a very long way from that 15 year old girl who went through so much. I draw on that experience regularly to help remind me to stay humble and to focus on how “your problems are framed by your experiences” (French, 2007). Let me explain to you, my readers, what this quote means to me. Since I experienced so much at such a young age, I sometimes find that I have to take a step back and remember that many people in my life have not been through what I have been through in terms of grief and loss. For example, I have to be very aware of how I react to a friend when they tell me that they have recently lost a parent. I have to realize that my experience was not more difficult or worse than theirs, just because I experienced that particular loss as a young girl. It just means that I have already experienced it. I also like to remind myself that everyone has their own reaction to grief and loss. That reaction is based on their relationship to those they have lost, and my reactions were based on the time of life that I experienced them, as well as my relationship with my family members; thus, I do not feel that it is fair to compare my experiences to how others react. I can only compare my experiences to the evolving story that I tell about it.

For example, my father is now ill. And, as I walk with him through this illness like I did my mum, I am reminded of what may be coming: the pain, the fear, the death, the grief – and it frightens me. I am not ready to let him go, but unfortunately I do not have much of a choice. As I have been thinking about this idea, I am surprised to realize that, as it turns out, maybe it is not any easier losing a parent through a prolonged illness as an adult than it is losing them at a young age. Who would have thought? Not me. In a way I thought I would be better prepared for an extended illness given my past experience with my mother’s death; however, my relationship with my dad is very different than my relationship to my mum, and, in some ways, my dad and I

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are closer given what we have had to go through together. My dad has taken my mum's place as one of my best friend's.

As I prepare myself for this impending grief journey I believe I am going to have to go on, I am already looking to how I am going to cope. I still have many of the same friends, and I know that they will be there for me just as much as they were the first time. And, I now have the addition of my supportive husband and my beautiful children to look to for comfort and solace. Having children is a very interesting aspect of grief that I had not previously considered. My existing child brings me great joy, and her smile lights up every room. All she has to do is a little twirl and she has me dancing beside her. I think that my kids are a comfort for me, as well as a distraction, and, even a reminder. What I mean by this is that my kids have needs that I need to attend to, which, in turn, reminds me that I must take care of my needs as well, especially as I get closer to the birth of my second child. Looking forward, I can see this responsibility being a benefit: I have a focus to look toward as I go through my next grief journey. And, whenever my daughter teases me, I will know that she got her sense of humour from her grandad. I will probably tear up a little at first, but then I will engage in the silliness with her, fostering my own memory of his playfulness with her. I will also be reminded of their bond together, which brings me considerable joy. In this moment, I feel very connected to my parents. I have a greater appreciation of my parent's struggles with my brother's disorder, as well as the experience of the prolonged illness my mother faced. If anything, I appreciate their patience, love, and great parenting through all of these challenges.

It is amazing to think that, as an adult, dance still brings so much joy to my life. I have not taken a year off since I was 15 years old. I absolutely love it. I competed at a dance competition for the first time in my life this year at 34 years old, and pregnant. It was a blast. The

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best part is that my dance journey is not over: I'm still not bored with it. In the last few years, I have not had any recent events that have led me to turn to dance for my emotional expression. Instead, I have just enjoyed being in the experience and allowing myself to enjoy expressing what I am feeling at the time. For example, if I am feeling annoyed with a personal experience I would hit some moves harder than others or jump a little higher, allowing me to express part of that simple emotion. And, even if I do not feel like going to dance class, I find that going makes me feel better.

Interestingly enough for me, I feel like one part of my reason for dancing has come full circle. Once again, dance is an opportunity for me to get away from responsibility. As a child, my responsibility was to my brother. But now, as an adult, my responsibility is to my child and husband. When I am able to go to dance, I do not have to worry about who needs supper, who is potty training, and what bedtime is that night. I get to go to class and enjoy my "me" time, joke around with my friends, and be silly. I enjoy simply being away for an hour or two.

I appreciate that I can use dance to fit the time of my life that I am in and that I can tailor it to the level of emotional expression I wish to convey. I am sure that there will come a time where I will need that outlet of expression with the impending death of my father. I'm already starting to prepare myself for this. I find it interesting that there is less denial this time. Maybe I have grown up! I feel comfortable that I will be able, once again, to come back to dance – my old friend – and rely on her to be there for me in the moments that I need her. I think that just like before, I will find dance helps me, even just in the purest form of moving whenever I find the time is right. What is different this time is that, should I feel I need it, I could try DMT to help me process my grief.

Conclusion

Throughout the process of writing this thesis, I have enjoyed exploring the benefits of dance during grief experiences. I feel as if the research I uncovered about dance, grief, and healing has been in line with my initial focus for this thesis: to find experience dance as a form of grief resolution. From the research currently available on the topic, I feel as though I am not making a leap when I say that dance does help individuals work through their grief. (Swank 2013; Rogers 2007). As a child and adolescent, I was fortunate to already be enrolled in dance classes, for I had a base that I could build on to express my grief. Through dancing, I was able to go deeper into myself to pull out the emotions that I needed to feel and express in order to eventually heal. Dance is a form of self-expression that can help one release their emotions, while also providing them with an opportunity to have fun and to be distracted from their grief for a little while (Mills & Daniluk, 2002).

Research has also suggested that dance and movement may be useful in the therapy world for counsellors to utilize with suitable clients (Baptisa & Narciso, 2015; Barnett, 2014; Connor, 2000) A suitable client is someone who: (1) is aware of DMT and how it works, (2) may be looking for an approach that can work in conjunction with more traditional talk therapies; (3) may be seeking a different approach to counselling entirely; and/or, (4) is open to the idea of utilizing an expression based model for therapy. DMT is becoming more known in the therapeutic world as a holistic approach to therapy that incorporates mindfulness and being aware of one's body and what it may be holding (Plyvainainen, 2010). It is important to note that in DMT expression is the key factor (Aktas & Ogce 2005; Koch et al, 2007). Clients who are interested in learning more about the association between dance, expression, and healing may benefit from attending an organized DMT program to help guide them through their counselling

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journey. It is also interesting to mention that a therapist or client may choose to incorporate elements of dance and DMT into their life outside of the therapy room in order to simply enjoy dance and the positive feelings that come from movement and expression.

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