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'Something More': The Unique Features of Dance Movement Therapy/Psychotherapy

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Abstract
Koch (Arts Psychother 54:85–91, 2017) identified five clusters of factors contributing to the effectiveness of creative arts therapies and which distinguish them from medical treatment. Dance movement therapy/psychotherapy contains these factors, yet something more sets it apart. Dance movement therapy/psychotherapy is unique because dynamic, expressive interrelatedness is combined with relevant theories drawn not only from psychology and psychoanalysis but from specialized movement frameworks. This article identifies ten features found only in dance movement therapy/psychotherapy. The author suggests dance movement therapists/psychotherapists will more ethically promote our profession's uniqueness by enhanced understanding of these features. Additionally, as public awareness of these features increases, dance movement therapy/psychotherapy will have a stronger and more essential place in the therapeutic landscape.

Keywords Dance movement therapy/psychotherapy · Nonverbal · Dynamic · Unique features · Something more · Enacted · Animated

Introduction

Non-verbal communication, sensing and making sense of bodily signals, offering nonverbal dynamic responsiveness to the client, and interactively exploring communications in the intersubjective space form the essence of dance/movement therapy/psychotherapy (DMTP). Dance/movement therapists/psychotherapists (identified with the American Dance Therapy Association's term dance/movement therapist in this article) are equipped to do this effectively because they are supported by unique features which differentiate DMTP from other therapies and psychotherapies. This article specifies ten key features with the intent of promoting the uniqueness

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of DMTP and enhancing understanding of its specialness. Most importantly, increased understanding of these features holds the potential for creating a stronger place for DMTP in the therapeutic landscape.

The efficacy of DMTP for various conditions and presentations is documented. Evidence continually accumulates for conditions such as autism (Hartshorn, Olds, Field, Delage, Cullen, & Escalona, 2001; Tortora, 2006), dementia (Hill, 2006; Nyström, & Lauritzen, 2005), cancer (Mannheim & Weis, 2005), children (Crouch & Anderson, 2002; Tortora, 2006), eating disorders (Kleinman & Hall, 2005; Koch & Weidinger-von der Recke, 2009; Ressle & Kleinman, 2006), Parkinsons (Fallik, 2007; Goodill, 2005), and trauma (Denning, 2017; Gray, 2001, 2002; Harris, 2007; Koch & Weidinger-von der Recke, 2009; Kornblum & Halsten, 2006; MacDonald, 2006; Valentine, 2007). However, DMTP has yet to be sufficiently embedded in the realm of psychotherapies, despite evidence for working effectively with the whole, embodied, moving person.

The mechanisms of change underpinning a psychotherapy modality can be used to understand a modality's differential success. Common features theory identifies the components common to most therapies and which account for much of the observed therapeutic change (Drisko, 2004; Messer & Wampold, 2006; Wampold, 2015). Common features are processes that fall somewhere between theory and practice. They are not modality-specific, but include components such as therapeutic alliance, empathy, expectations, etc. Nonetheless, no therapist practices in a non-specific manner (McAleavey & Castonguay, 2015; Prochaska & Norcross, 2007). Therapists train in specialized methods, each having 'specific ingredients' or processes distinct to a theoretical orientation. Together common features and specific ingredients offer indications of effectiveness. DMTP contains the typically identified common features, as well as certain special ingredients (Chaiklin & Wengrower, 2016). Nonetheless, viewed through these two concepts, the unique features of DMTP remain hidden.

Core processes is another concept that can be used to understand a therapy's mechanisms of change, and describes the working basis for the specific modality. Drama therapists have identified their core processes, which include dramatic projection, personification and impersonation, playing, and interactive audience and witnessing (Cassidy, Turnbull, & Gumley, 2014; Jones, 2008; Prochaska & Norcross, 2007). In a variation on this idea, Chaiklin (2017) identifies practices, roles and processes occurring in DMTP. These include

1. Gradual building of a coherent body image, which improves self-image and increases the chance of improving the quality of life and restructuring the self-image.
2. Accessing memory and information not available to the conscious mind (internal process of client)
3. Recognizing the importance of symbolic communication (role of the therapist)
4. Rhythm as a basic organizing principle of self and interactions (DMTP principle)
5. Regular use of groups (DMTP practice)

These may be better considered as common features because the elements named are not entirely specific to DMTP. For example, the use of a body-related factor such as rhythm is found in psychoanalytic processes (Daniel & Trevarthen, 2017; Nebbiosi & Federici-Nebbiosi, 2008).

Nonetheless, DMTP with its expressive and movement-based focus stands apart from other therapies and psychotherapies. Koch (2017) offers the construct of 'active factors' to understand the efficacy of creative arts therapies. Active features are mechanisms of effectiveness distinguishable from the therapeutic features found in medical treatments and other psychotherapies. Koch names five clusters of active factors: hedonism (pleasure and play), aesthetics (beauty and authenticity), non-verbal meaning making, symbolism and communication, enactive transitional support, and generativity (creativity). DMTP contains these active factors. Nonetheless, something more differentiates it from other creative arts therapies. At the centre of the uniqueness of DMTP is a group of features that enable dance/movement therapists to understand an individual's body-mind-self by using the moving body and expressive, dynamic inter-relatedness.

Curiously, psychoanalytic research on therapeutic efficacy may offer the closest understanding of the uniqueness of DMTP. Stern and the Boston Change Study Group (Stern, Sander, Nahum, Harrison, Lyons-Ruth, Morgan, Bruschweilerstern, & Tronick, 1998) combined psychoanalytical research on how verbal interventions could be augmented with observations of the nonverbal relational events occurring between infants and caregivers. Stern, et al, (1998) created the term 'something more' as shorthand for the transformative nonverbal psycho-emotional experiences happening in the expressive, procedural (i.e., movement-based) interactions between infant and caregiver. Stern's group proposed that 'something more' was the mechanism for human psychological development (Hughes & Baylin, 2012; Trevarthen & Aitken, 2003).

Extrapolating this idea into psychotherapy, psychoanalysts hypothesized that powerful and lasting therapeutic change occurs the embodied, nonverbal, relational interactions between client and therapist (Orange, 2001; Orange, Atwood, & Stolorow, 1997; Schore, 2012). Without training in movement as a therapeutic factor, however, psychoanalysts merely speculate about the inner workings of this concept. Descriptions such as "asymmetric, bidirectional state regulation"; "moving along toward unclear goals discovered through free play"; and "emergent properties evolving from improvised, ad-libbed variations occurring in free play" are used by psychoanalysts to approximate the critical dynamic activities (Stern, et al, 1998). Meanwhile, dance/movement therapists regularly and practically deploy 'something more' in their work. Freed from a primary reliance on words, dance/movement therapists have the tools and training to work in the nonverbal, non-linear, interactional, dynamic and communicative inner and outer spaces.

Despite the usefulness of the idea of 'something more', the uniqueness of DMTP requires fuller explication. A unique profile of features contributing to therapeutic change emerges when the expressive, moving body is placed foremost in the therapeutic process. Full understanding of these features can increase ethical practice and highlight DMTP as an effective treatment distinct

from the current plethora of therapies and psychotherapies. Ten features important to the present and future viability of the DMTP profession are identified and discussed below.

Profile of Unique Features in DMTP

Dance

Most uniquely, dance is the core of DMTP. Dance/movement therapists and our clients dance and/or move expressively together. No other creative arts, body-based, or verbal psychotherapy uses dance as its primary medium. Some therapies use movement, but movement is not the same as dance. DMTP includes movement but focuses on its expressive communication in order to access and engage parts of the self that no exercise, words, or repetitive action can contact.

Dance has therapeutic value. Research has shown that dance can reduce stress, improve posture, balance, coordination, and fitness levels, increase levels of serotonin, and develop new neural connections in the regions of the brain controlling executive functioning, long-term memory and spatial recognition (Burzynska, Fine, Taylor, Knecht & Kramer, 2017). Other studies suggest dance can improve cognitive capacities and memory function (Coubard, Duretz, Lefebvre, Lapalus & Ferrufino, 2011).

However, the psychotherapeutic value of dance is what makes DMTP unique. The psycho-emotional self-building it provides is similar to Daniel Stern's concept of vitality affects. This construct is Stern's attempt describe the dynamics of implicit relational knowing or 'something more' (2010). He hypothesized that dynamic experiences of space, time, force, and flow offer the physical, emotional, and life-affirming vitality which humans require to know our self and our place in the world (Stern, 2010). Though not trained in LBMS, Stern was influenced by the work of Rudolf Laban and Warren Lamb. He recognized that the elements of dance could psychotherapeutically activate and integrate the affective, interactional, and cognitive dimensions of self, and called for its inclusion in psychotherapeutic treatment (Stern, 2010).

Therapeutic Origins in Ancient Healing Arts

DMTP is often considered a modern therapeutic modality, originating in the 1940′s when modern dancers began working with patients in mental wards and later with private clients in their own studios (Franz, 1999; Levy, 1992; Meekums, 2002). Viewing DMTP from a western medicine perspective, this is historically accurate. However, the rhythmically expressive, dancing body has been part of healing and transformation throughout time and culture (Dunphy, Guthrie, & Mullane, 2016a, b; Bartenieff, 1975). A continuous healing lineage using the body, dance and rhythm can be traced back over 40,000 years through Australia's Indigenous Aboriginal populations (Jordan, Searle, & Dunphy, 2017). First Nation cultures around the

world have used shared rhythmic movement to improve health, promote well-being, create community connection, and maintain cultural and spiritual knowledge. First Nation people use a variety of art forms in their ceremonies, including dance, music, and song as well as body painting, and costuming, but the irreducible, central tool of healing is the body and its rhythmic communication (Dunphy & Ware, 2018). The direct connection of dance to indigenous healing arts establishes DMTP as a therapy that predates verbal therapies, and highlights a unique cultural dimension that is not part of other therapies.

Specialized Movement Analysis Frameworks

Most psychotherapies draw on psychological or psychoanalytic assessment tools such as the DSM-V (APA, 2013) or the Psychodynamic Diagnostic Manual (PDM Task Force, 2006). In these, the body is only indirectly included and mostly through behavioural descriptions. In DMTP the body is directly observed and assessed. Specialized frameworks for observing, assessing, and analyzing expressive body movement include the Laban/Bartenieff Movement System (LBMS) (Bartenieff & Lewis, 1980; Hackney, 1998; Laban, 1966; Wahl, 2019), Kestenberg Movement Profiling (Kestenberg-Amighi, Loman, Lewis, & Sossin, 1999), Bartenieff Fundamentals$_{tm}$ (Bartenieff & Lewis, 1980; Hackney, 1998), and developmental movement patterning (Cohen, 1993, 2018; Frank & LaBarre, 2011; Hackney, 1998). These systems are not restricted solely for use in DMTP. They could support and enhance other psychotherapies. However, they are seldom employed by other creative arts therapists or psychotherapists, possibly because learning them requires significant physical and theory based training. When applied, the frameworks support valid, reliable, and semi-quantifiable movement observations, comprehensible formulations and assessments, and clinically useful treatment interventions (Cruz & Koch, 2004; Tsachor & Shafir, 2017).

As well as contributing to the uniqueness of DMTP, these movement frameworks are themselves unique. Qualitative components of movement, beyond biomechanics, anatomy and basic function, are language, categorized, and psychotherapeutically understood. For example, using LBMS movement communications can be organized into body, effort, shape, space, phrasing and relationship components which:

1. Acknowledge the historical and current developmental processes that result in identifiable movement patterns,
2. Offer a languaged view into one's relationship to the space used within the body and around the body,
3. Provide a nonverbal explication of the energy configurations that underlie expressivity and support functional action,
4. Describe the external adaptations and internal adjustments made in the body as it meets the demands of the world (Studd & Cox, 2013),
5. Map the ebb and flow found within the sequential stream of movement communication,

6. Work with the dynamic, implicit, intersubjective nature of dynamic relational interactions

Specialized movement frameworks help dance/movement therapists explore inside the movement, access nuanced data, and better understand the client. Emotional communication originates from within the body as physiological somatosensory and motor tendencies. These feelings are "neurobiologically-ingrained potentials of the nervous system", hardwired into our DNA for survival of the individual and the community (Panksepp, 2005, p. 158). However, when identifying feelings, most people do not use the dynamic descriptive words unique to their inner world. Instead they employ more abstract terms, such as depression, anxiety, stress, etc. These abstractions can mislead and distract both client and therapist from therapeutically useful information. For example, clients might present with the generic diagnosis of anxiety assigned by their general medical practitioner or psychologist. Unpacking the sensations and motor impulses that became lumped into and lost within the word 'anxiety' can reveal a rich and diverse array of subjective experience(s) unique to the individual, and critical to therapeutic treatment.

Movement frameworks used in DMTP offer the specific, systemized relational language that every psychotherapist needs because the dynamic, intersubjective therapeutic relationship holds the key to effective treatment (Prochaska & Norcross, 2007; Stern, et.al., 1998). Nonetheless, relational experiences are only abstract events unless movement is included. For example, Stern described the mother-infant dyadic dynamics using adverbs and adjectives that captured the invariants of motion.[1] These offered rich dynamic data which unfortunately, without training in LBMS, he struggled to systematically organize for effective therapeutic use.

Movement analysis frameworks can lead to connection between body and mind. The invariants of physical movement, particularly the efforts of LBMS, offer a bridge to the invariants of the psychological self identified by psychotherapy theory: agency, vitality, cohesion, and continuity (Lauffenburger, 2016, 2017; Lee, Rountree, & McMahon, 2009). Dance/movement therapists are aware that working with the weight/force effort of LBMS can assist understanding of a client's sense of agency (Lauffenburger 2016; Stern, 1985). In other words, stomping, pressing, pushing, or other dynamic strength actions form a physical bridge to the psychological sense of what it is like to have an effect on one's environment.

Unique movement assessment tools have also been generated from the LBMS framework (Dunphy, Mullane, & Allen, 2016a, b; Dunphy & Mullane, 2017). Although movement assessment scales are found in the psychological and medical literature, they focus on gross and fine motor function, and omit the qualitative aspects of movement. Within DMTP's movement assessment tools the observed expressive components of movement enable analysis of subjective experience as

[1] An invariant, an irreducible factor, is "that which does not change in the face of all the things that do change" (Stern, 1985, p. 71). Within LBMS for example, four key *physical* invariants of movement experience – force, time, space, and flow – can be explored and categorized (Bartenieff & Lewis, 1980; Laban, 1966; Lauffenburger, 2016).

well as a nuanced view of the inner life of the client (Bartenieff & Lewis, 1980). Clinical interventions based on the subsequent assessments support organization (and re-organization) of the client's inner world and assist meaningful connection to the outer world (Moore, 2009; Wahl, 2019).

The Prioritization of Feeling Over Words

When words hold priority, the declarative narrative can hijack the mind's attention. In verbal therapy, the 'what' can become central, giving primacy to thoughts, beliefs, and ways of thinking. Stern noted, "language then causes a split in the experience of the self" creating a bias toward "events in the domain of verbal relatedness [which] are held to be what has really happened, [while] experiences in other domains[2] suffer an alienation" (1985, p. 163). Implicit relational knowing or 'something more' occurs within qualitative, subjective experiences of self-with-other and is where powerful therapeutic growth and change can emerge (Stern, et al, 1998). The non-verbal domains of relatedness are brought into prominence in DMTP by its prioritization of feeling.

Neuroscience, attachment, and infant development research acknowledge that nonverbal dynamics, or the 'feeling of what is happening' in relationship, is central in therapeutic treatment (Beebe & Lachmann, 2002; Damasio, 2000; Schore, 2001; Siegel, 2017). Thoughts and behaviours are the external manifestation of internal dynamic, affective processes, or feelings (Panksepp, 2005). Narratives are constructed by appending pre-existing beliefs, thoughts, and events onto feelings. Unfortunately, stories can divert us from the truth of the present moment. Additionally, some populations cannot form verbal narratives, and benefit simply from the movement-feeling-imagery connection. In other client groups, narrative can re-traumatize the client or engender rumination and anxiety. Siegel notes that "our ordinary language can be a prison, locking us in the jail of our own redundancies, dulling our senses, clouding our focus" (2007, p. 54). Dance/movement therapists prioritize interventions based on sensation and motoric impulse, as well as the quality and shape of relationship, thus are better able to 'unlock verbal prisons' and focus on the present moment (Karkou & Sanderson, 2006).

Finally dance/movement therapists use movement analysis frameworks to process their feelings within the body by maintaining focus on the movement, and then expand this information into theoretical understanding (Fischman, 2009). The ability of dance/movement therapists to think via feeling, sensing and movement is a direct result of training and use of the specialized movement analysis frameworks.

[2] Stern identified four domains of relatedness that tie to the development of the self. These are the domains of emergent relatedness, core relatedness, intersubjective relatedness and verbal relatedness. The first three occur within the nonverbal components of relationship and often become alienated once we are able to speak and use words (Stern, 1985).

Enactive and Animated Practice

Embodiment and mindfulness are often considered to be body-focused experiences. Embodiment, defined as "the tangible form of an idea" (Caldwell, 2014) is most appropriately used in philosophy, psychology, and sociology in discipline-specific ways, primarily to imply that an idea is grounded in physical experience (Glossary of Multimodal terms, 2018). "Embodied' or 'embodiment' have been regularly paired with psychological concepts, e.g., 'embodied cognition', 'embodied mind,' to denote that they are contained within or informed by the body. However, Sheets-Johnstone argues that the use of 'embodied' as a modifier is lexical band aid covering the three hundred year old Western wound of the body – mind divide (Sheets-Johnstone, 2010, 2011).

Mindfulness is also a lexical paradox. Operationally, it is defined as "the awareness that emerges through paying attention on purpose, in the present moment, and non-judgmentally to the unfolding of experience moment to moment" (Kabat-Zinn, 2003, p. 145–146). Mindfulness involves a top down processing of body level information, and treats the body as a thing we watch. In reality, the body is a dynamic process, or what we are being. Caldwell suggests that mindfulness can "restrict or inhibit movement, the system through which we know, identify, and enact our self" because it considers movement as reactive (2014, p. 84).

The ongoingness of experience, the sensation of change occurring within us, and the impulses to react and respond provide dynamic data for knowing our self. This can be 'watched' but for effective therapy, it must be felt and explored through movement. Caldwell created the term 'bodyfulness' to denote "the reality of [the] sensing and moving… conscious body movements which generate a fluid nonverbal narration of self and identity" (2014, p. 89). Focusing also on movement, Sheets-Johnston suggests the term animation,

> Animation is the ground floor of our being alive in all its affective, perceptual, cognitional, and imaginative guises and states and in a surrounding world to begin with. In other words, animation ground the full range of those intricate and varying dynamics that constitute and span the multiple dimension of our livingness…. By animation, I mean precisely the fundamental kinetic realities that inherently conjoin cognition and affectivity to make synergies of meaningful movement possible (2010, pp. 118–119).

Animation and bodyfulness, rather than embodiment and mindfulness, organize and reorganize us through an internal dynamic relationality. They form an irreducible and dynamic basis for knowing self. Unique among therapies, DMTP practice is an animated one.

Focus on the Dynamic, Animated Self

DMTP stands apart from other psychotherapies because its seminal tool is the therapist's and client's dynamic, animated body-selves. Other body and sensory/motor psychotherapies include the body by analyzing posture or gesture, performing

repetitive actions, or the holding a prescribed position until emotions emerge. Thoughts, belief systems or narratives are then deconstructed from these diagnostic activities. This is in contrast to DMTP where feelings and improvised movement are the core therapeutic process.

Movement, internal and external, is the essence of life. Darwin's original research suggested that the mind developed to support movement (Sheets-Johnstone, 2010). Llinas posited that animals developed a brain and nervous system when they evolved to move (2001). Sheets-Johnstone feels that expressive movement, or animation "encapsulates what is fundamental to life, the vibrant and spirited way living creatures come into the world, and the vibrant and spirited way that is gone when they die." She adds that it provides "the dynamics essential to our progressive sense-makings of ourselves and of the world" (Sheets-Johnstone, 2009, p.375). Movement, not thinking, is the basis for the development of self (Lee, Rountree, & McMahon, 2009).

Using Body as Mind

The acceptance of body as mind is another unique aspect of DMTP. Describing humans as animated "morphologies-in-motion" (Sheets-Johnstone, 2010, p.112), Sheets-Johnstone posits that our animate movement is the generative source of fundamental human concepts such as near and far, hard and soft, jagged and pointed, weak and strong, open and closed, and so on (Sheets-Johnstone, 2016). She offers an 'animate' expansion of Lakoff and Johnson's idea that meaning is grounded in our sensorimotor experience and that it is through embodiment meaning can be extended (Lakoff & Johnson, 2002).

Dance/movement therapists often dance with their clients in order to create meaning. They have the training to engage with the client's expressive action while internally processing the psycho-physical information. Some dance/movemet therapists gather, process information kinesthetically, and then cognitively evaluate the "feeling of what happens" (Damasio, 2000). They see feeling and thinking are seen as two sides of the same coin (Cohen, 1993; Meekums, 2002). And they approach body *as* mind, and not as a symbol of it.

Enactive Use of Psychotherapeutic and Psychoanalytic Theory

There is no single psychotherapeutic theory to which all dance/movement therapists subscribe. However, it is how they use psychotherapeutic theory that is unique. Dance/movement therapists understand psychotherapeutic constructs from a kinaesthetic perspective, asking "how would this idea feel and manifest itself expressively in movement?" An example of this unique perspective can be seen in the concept of empathy. Empathy is a core concept in many verbal therapies. It is defined as the ability to understand and share the feelings of another. Affective, cognitive, developmental, and rhythmic components inform empathic considerations (Finlay, 2016). Yet despite this broad range of data, most psychotherapists work only verbally with the client. They might use a body-based idea, such as rhythm, but only within verbal

responsiveness. In other words, the therapist might speak more slowly or with a lullaby rhythm to attempt to soothe a distressed client (Finlay, 2016).

Dance/movement therapists use the more extensive dynamic data to expand empathic understanding and responsiveness into movement and dynamic relationship (Fischman, 2016; Sandel, 1993). Tortora (2006) identified processes involved in the attuned dynamic dyadic exchange termed kinesthetic empathy. She suggests that the receptive side of the experience includes witnessing the client's actions, the dance/movement therapist's personal reactions and sensations to these observations, body knowledge obtained from trying on the client's movement, and the affective (sensory/motor) responses which emerge. On the active, responsive side matching, clashing, attuning, and mirroring may occur (Kestenberg-Amighi, Loman, Lewis, & Sossin, 1999).

Other psychotherapeutic concepts and theories are similarly broadened when movement is integrated. In attachment theory, emotional interactions between an infant and primary caregiver are hypothesized to affect the child's behavior and emotional relationships well into adulthood (Ainsworth, 1991; Beebe & Lachmann, 2002; Bowlby, 1969; Tronick, 2007). Dance/movement therapists combine training in relational movement patterns with an understanding of attachment styles (Frank & LaBarre, 2011). For example, the six developmental movements (yield, push, reach, grasp, pull, and release) offer greater insight into a client's nonverbal engagement/avoidance strategies (Cohen, 1993; Frank & LaBarre, 2011). By layering the developmental patterns with movement qualities, body connections, and spatial access, the 'something more' of attachments relationships can be better observed, understood, and potentially changed.

The focus on body/movement in DMTP also enhances treatment of trauma (Denning, 2017; Gray, 2001, 2002; MacDonald, 2006). Research suggests the procedural/implicit realms of behavior and interaction are damaged by trauma, and that treatment will be much less effective unless body/movement is included (Ogden & Fisher, 2015; van der Kolk, 2014). Interventions common to DMTP, such as "body to body attunement, kinesthetic mirroring, interactive [implicit] regulation, self-awareness, interactional movement, symbolism, and expression," support the efficacy of trauma treatment and allow it to be expanded in nonverbal ways (Pierce, 2014, p.7).

Psychoanalytical processes can be broadened by including the moving body. Interpretation, which is a key component of psychoanalysis for illuminating personal meaning, is an example. Personal meaning is "something which exists within a world of subjective experience" (Stolorow, 1994, p. 43). Effective treatment requires inclusion of the felt, dynamic, physical domain because the subtle shades of subjective experience can be only partially captured by words. Personal meaning can be more fully explored through the creative dance movement process. Thus in DMTP, the inner world of the person emerges dynamically and is more immediately open to experimentation and change.

'Acting out' is another psychoanalytic concept reframed within DMTP. It is deemed inappropriate and detrimental to the therapeutic process by most psychoanalysts. They believe the disruptive, repetitive, or impulsive actions are used unconsciously used by clients to avoid awareness or to rid themselves of unconscious

wishes and fantasies (LaBarre, 2001). Conversely, dance/movement therapists do not consider acting out as pathological but instead as communicative. They feel it provides data and opens up exploration and understanding. "Non-verbal behaviour is unavoidably involved in everything that we do and say and is necessary to be understood more fully" (LaBarre, 2001, p.4).

Other psychoanalytic concepts have been enriched through the inclusion of expressive movement. Transference/countertransference (Dosamantes-Beaudry, 2007), supervision (Best, 2008), affect theory (Lauffenburger, 2017; Puls, 2017) have been previously written about from a DMTP viewpoint. Additional concepts may be identified for future discussion.

Creativity as Therapeutic Premise

Although considered part of most psychotherapies, creativity is typically used as a psychotherapeutic tool, goal, or seen as a quality of the therapist. For example, in psychoanalytic self-psychology, creativity, along with wisdom, humour, empathy, and an acceptance of one's mortality are outcomes of successful transformation of narcissistic tendencies (Kohut, 1971; Lee, Rountree, & McMahon, 2009). Cognitive-behavioural therapists might add creative approaches to deliver less palatable components of CBT (Edgar-Bailey & Kress, 2010). These examples contrast with the continuous engagement of the client's creativity occurring in DMTP. Creativity is a resource within the client and within the therapeutic relationship, and sits as the foundation for all therapeutic interaction (Wengrower, 2016). Additionally, creativity forms a bridge through symbolic communication between body and mind, as well as between client and the dance/movement therapist (Caldwell, 1996). Creativity, the essence of the intersubjective therapeutic collaboration, is the process by which the client explores personal meaning, sense of self, and unique relational experiences.

Dynamic Change as a Therapeutic Premise

Ancient wisdom and present-day thought agree that change is inevitable and part of human beingness. This idea is encapsulated by the Greek philosopher Heraclites who said, "You cannot step into the same river twice". Taoism, another ancient system of thought, teaches that contentment is achieved through accepting the universe's natural forces and the inevitability of change and finding a way to live harmoniously with both. Contemporary therapy is concerned with facilitating some form of change (Prochaska & Norcross, 2007). However, growth and change require assistance from others. Stern et al. comment that "despite neurological maturation, any new capacities require an interactive intersubjective environment to be optimally realized" (1998, p. 6). In other words, successful change requires continuous and dynamic implicit human interactions.

Tolerance and regulation of change is key to health and well-being. However, like creativity, the ability to tolerate and regulate change is often seen as an outcome of

therapy. In many therapies, clients explore behaviours, belief systems, and thought patterns in order to change their attitudes or feelings. In DMTP, clients work directly and dynamically with the inner and outer experience of change, welcoming with curiosity the fluctuating somatic sensations and movement impulses which underlie feelings (Panksepp, 2005). Through playful explorations, client and therapist actively co-regulate the process and tolerance of change. Over time, co-regulation and self-regulation are felt and embodied, and one's ever-changing feelings become tolerable and manageable (Capello, 2016; Homan, 2010). Becoming mentally and emotionally nimble, resilient, and adaptive is facilitated through consistently working with the ongoing dynamic changes occurring in dance. Because experimentation and play are at the centre of DMTP, change becomes a natural experience and not a feared or orchestrated event.

Summary

This article discusses ten unique features that underpin the effectiveness of DMTP. Dance, specialized movement frameworks, and the reframing of psychological theory to include the expressive, moving person are unique to the profession of DMTP. The prioritization of dance, the feeling/sensing of inner and outer worlds, incorporation of creativity and a playful, curious exploration of change are key components of DMTP's contributions to health and well-being. Harbouring no secret ingredients other than those related to the use of the expressive, moving body, dance/movement therapists enact the 'something more' that psychoanalysts and psychotherapists have sought for effective therapy.

Verbal psychotherapies are now informed by neuroscience, infant developmental studies, affect theory, trauma therapy, and attachment ideas. These theories highlight the inadequacy of verbal, static, cognition-based therapeutic stances. Ideas like 'something more' (Stern, et al., 1998), 'the feeling of what happens' (Damasio, 2000), implicit relational knowing (Stern et al., 1998), and 'felt sense' (Gendlin, 1988) have become common psychotherapeutic phrases pointing to the need to address the dynamic, implicit, procedural, affective and relational. A dynamic expressive entity, such as a human being, cannot be engaged solely through static, verbal, cognitive means. Clients must be met dynamically by an equally 'animated' therapist. Unique components of DMTP help dance/movement therapists address the challenge of engaging the animated, expressive person in the therapeutic process, as well as addressing the complexities of dynamic intersubjective interactions.

Finally an eleventh unique factor might be added: the dance/movement therapist. The fearlessness with which dance/movement therapists counter traditional therapeutic approaches and use the uniqueness of DMTP is extremely special. Full engagement with human vitality requires that implicit, non-verbal, dynamic communications be knowledgeably teased out of hiding and brought into therapeutic view. Only a unique type of practitioner using a unique therapeutic practice can effectively explore the dynamic, nonverbal shadows.

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