

# Embodied & Narrative Practices: Clinical and Practical Applications

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Abstracts

## Plenary 1

### Embodied motor practices: a developmental perspective

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Philosophers upholding an embodied approach to cognition have stressed the importance of analyzing early developing motor skills in order to better our understanding of later emerging social abilities. Research studies within developmental psychology and neurophysiology have suggested specific methods as well as useful distinctions that may be employed in analyzing these non-inferential precursors to intersubjective understanding. Subsequent research has highlighted that the analysis of these motor skills should not be understood as a static endeavour, but must consider the essential role of development. I will be presenting three very recent studies aimed at evaluating motor skills essential to the emergence of later, more complex, intersubjective abilities in children with typical development, autism spectrum disorders and Williams syndrome. The main scope will be to analyze and explain how the embodied approach may be applied to empirical research on early developing motor skills and may be of aid to the elaboration of appropriate intervention strategies for specific deficits, only when these skills are considered in a developmental perspective.

## Submitted Papers 1:

### Shared movement Dialogue: How we learn about other's minds through embodied pre-narrative practice

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In this presentation we propose a dance-informed view on the development of shared narrative practice. In dance duets mutual understanding and shared creation of relationship arise from kinaesthetic partnering.

Kinaesthetic attitude and neuronal processes enable dancers to empathetically attune to their dance partner during duet improvisation.

Kinaesthetic partnering can act as a model for mutual attunement during early developmental phases. Early phase experiences with others are pre-verbal and pre-semantic. In early development, actions of the child are responded to by an attuned action of the caregiver towards the child. By this the child experiences the own actions as being directed towards an external other. Intention and attention of the child come together

towards one person, object or goal, which represents the address of the child's kinaesthetic orientating. From the action of addressing one another between caregiver and child, little attuned movement sequences arise – “movement dialogues” or shared “kinetic melodies”.

During these embodied interactions shared experiences of synchronization and de-synchronization take place. The movement aspects of these interactions are present in all contact and will carry on to underlie all forms of communication throughout life. Thus, long before the development of words the child experiences texture of interaction through direct perception of shared movement qualities. In the co-creation of interpersonal relatedness the movers come to experience themselves as intentional subjects through their impact on shared patterns and movement qualities. The moving body, that is, the acting and perceiving body, generates experiences of shared kinetic qualities in the present moment.

Enacted intersubjectivity is generated during the intercorporeal participation in shared embodied actions. From participating in the kinaesthetic responsiveness, the duet/moving partners can generate intentions and meanings. Thus body-related primary interactions lead towards experiences of shared texture that later in development form the basis for shared narrative practices.

In therapeutic settings the “shared movement” approach is used in the treatment of patients with disturbed sense of self (for example, Autism, attachment trauma). Without a clear sense of self no differentiation between self and other can be achieved, which will result in a failure to develop narrative exchange/practice. In Dance Movement Psychotherapy “shared movement”, actively addressed by the therapist, is used to connect to the movement patterns of the child.

In the shared, reciprocal movement experience all the small addressing behaviours (or sub-aspects of addressing which we have called “social orienting movements”) of the client are mirrored/matched by the therapist by deepening the movement quality in one or more aspects (i.e. the quality for example, weight, time, space etc).

Clinical experiences with interventions of “shared movement” in a population with autism spectrum disorders (ASD) and attachment trauma thus far support the usefulness of the approach presented here. The underlying ideas serve as a starting point for a research project on non-verbal interpersonal engagement in children with ASD currently being undertaken in a clinical setting.

The presented ideas will be illustrated by short (video-) vignettes from dance performance and dance movement psychotherapy.

## **The “Solution Focus” approach as an embodied and narrative practice**

**Kirsten Dierolf (Solution Academy, Frankfurt) and Mark McKergow  
(Centre for Solutions Focus at Work, UK)**

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The Solution Focused approach was developed by Steve de Shazer and Insoo Kim Berg and many others at the Brief Therapy Center in Milwaukee from the late 1970s to the end 1990s (Cade, 2007). It is a narrative practice of facilitating positive change whose application has been proven successful in many fields: therapy, education, organisations, social work and health care and more. The theoretical foundations of Solution Focus position it firmly as an embodied and narrative practice.

Solution Focused practice concentrates on interactions and see people as agents in their own lives rather than concentrating on explaining what happens inside a person. The change facilitator (be it a therapist, a nurse or an organizational consultant) elicits descriptions of desired changes in the observable behaviour of the client rather than finding out about causes of human behaviour and experience (de Shazer & Berg, 1992). In contrast to many other approaches to change, in Solution Focus, human life, behaviour, experience and emotions do not need to or even cannot sensibly be treated separately to help a client move into a desired direction.

Solution Focused theory is very coherent with the philosophy of Ludwig Wittgenstein. It assumes the primacy of language or interactions with their ever changing meanings-in-use rather than the importance of assumed underlying structures or interpretations (de Shazer & Berg, 1992). Solution Focus does not assume “mind behind the mind”, unconscious cognitive processes, again mostly in congruence with Wittgenstein’s “Private Language Argument” (de Shazer et al, 2007: 133-141). Miller & McKergow (2011) propose that the process by which such linguistic and grammatical change appears is ‘narrative emergence’.

There is extensive research into the effectiveness of Solution Focus in many sectors (Macdonald, 2007). Most research shows that using a Solution Focused approach is as effective as other methods but can achieve sustainable change more quickly. In the therapeutic field, there have been 97 relevant studies: 2 meta-analyses, 17 randomised controlled trials showing benefit from Solution Focused brief therapy with 9 showing benefit over existing methods. Of 34 comparison studies, 26 favour Solution Focused Therapy. Effectiveness data are available from more than 4000 cases with a success rate exceeding 60% requiring an average of 3 - 5 sessions of therapy time. A collection of organisational research and cases will be published soon (McKergow, 2011)

Solution Focused work is a highly pragmatic endeavour – SF practitioners help organisations and people change in the desired directions. SF professionals are mostly very pragmatic and not interested in the theoretical divergence from the usual mentalistic concepts of their professional peers (be it in therapy or consulting) and therefore they have long eschewed a theoretical description or clarification of their own model. It is not surprising, therefore, that their profile is not higher in theoretical circles. One recent exception is McKergow and Korman (2009).

## **Narrative Therapy and the Landscape of Affect**

**Sarah Walther (East Lancashire Child and Adolescent Mental Health Service)**

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Narrative therapy is an example of what philosophical theories and ideas can DO, in particular the difference they can make when working with people who are experiencing acute distress and mental health difficulties. The approach was developed by Michael White, who drew on the ideas of non-modernist thinkers such as Michel Foucault to propose alternative, non-structuralist therapeutic practices.

Although this workshop will cover just one aspect of how narrative therapy continues to be informed by philosophical ideas, it is helpful to contextualise this within the broader orientation of the practice:

- Narrative Therapy understands identity as constant negotiation of lives in social and relational contexts
- Meaning-making occurs through the use of narratives which connect action to meaning
- We use these narratives to make sense of ourselves and others
- These narratives shape our actions, identities, relationships and practices of living.
- Whilst our lives are multi-storied and hold multiple possibilities, we all live in the ‘milieu of discourse’ and the narratives which shape our lives often reflect dominant cultural and social discourses about normality and success.
- Narrative practice is interested in asking about the effects of narratives on people’s lives.
- Conversations invite people to reflect on their own preferred ways of living and carefully scaffold conceptual foundations to open up alternative possibilities from which they can act and think about themselves and others.

In this presentation, Sarah will describe how she has extended narrative practice to include an additional ‘affective’ dimension. This is an ongoing interest based around the idea of a ‘Landscape of Affect’, which Sarah developed and first introduced in 2010.

Sarah will briefly outline how Deleuzian ideas, developments in neurobiology and embedded and embodied models of cognitive science have shaped her practice and illustrate this with a description of a therapeutic conversation with a young woman.

## Plenary 2

### **Schizophrenia: A disorder of embodiment and intersubjectivity**

**Professor Dr Dr Thomas Fuchs, University Hospital Heidelberg, Germany**  
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Current neuropsychological theories attribute the core disturbances in schizophrenia to higher order cognitive processes such as “theory of mind or “metarepresentation”. In contrast, phenomenological approaches locate the main disorder in schizophrenia on a lower level regarding it as a fundamental disturbance of the embodied self, or a *disembodiment*. This includes (1) a weakening of the basic sense of self, (2) a disruption of implicit bodily functioning, and (3) a disconnection from the intercorporeality with others. As a result of this disembodiment the pre-reflective practical immersion of the self in the common world is lost. The paper reviews the arguments for an embodiment approach as against a higher cognition approach to schizophrenia.

## Submitted Papers 2:

### **Embodied Perceptual Practices for Clinical Supervision**

**Dr Heidrun Panhofer (Autonomous University of Barcelona)**  
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This paper presentation takes a new look at the methods of embodiment for clinical supervision. Making a rigorous distinction between knowledge derived by language and knowledge derived by the body without the intervention of conscious thought, it gives a practical example of how to access the knowledge of the body.

Stemming from the discipline of dance movement psychotherapy, a psychotherapeutic approach which uses embodied perceptual practices such as movement, play and dance, it draws on a recent study (Panhofer, 2009) which investigated the connection between movement and the possibility of “linguaging” the embodied experience (Sheets-Johnstone, 2007, p. 1).

The development of new tools designed to capture the embodied experience, is briefly described. The process of shifting between movement and writing, such as used for the study, resulted in an unexpected outcome: It allowed increased learning about the therapist’s countertransference and somatic countertransference, a finding which will be described with more detail.

The integration of these methodological tools is suggested to be beneficial not only for clinical supervision in dance movement psychotherapy, but also for body psychotherapies, arts therapies, and for any verbal approaches of psychotherapy supervision that aim to integrate the embodied experience and explore the intercorporeal perspective of the therapeutic relationship.

**Embodiment and ego-consolidation:  
Body oriented psychological therapy for schizophrenia patients**

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Schizophrenia patients often display marked body image disturbances, a variety of psychopathological symptoms have been identified in phenomenological research (e.g. Priebe & Röhricht 2001, Jenkins & Röhricht 2007). The phenomenological findings can be characterized as disintegration and disembodiment. Sass and Parnas (2003) referred to a ‘...decline in the fundamental sense of existing as a subject of awareness and action (diminished self-affection) and exaggerated, reflexive awareness of aspects of experience that are normally tacit or presupposed (hyper-reflexivity)...’. Subjectively these symptoms are experienced as fear of body loss/disintegration and the syndrome is often resulting in a range of cognitive and behavioural consequences, which seem to be directed towards ‘rescuing’ core aspects of a coherent - even though compromised - self consciousness. Schizophrenia has been conceptualised as a severe ego-disorder (Scharfetter 1981) with pre- and post-morbid dysfunctional self-experiences of ego-vitality, -activity, -demarcation, -identity and -consistency/coherence. Ego-consolidation, aiming to enable the patients to reconstruct a coherent, functioning ego-structure, is regarded as essential for body oriented psychological therapy in schizophrenia patients (Röhricht & Priebe 2006). The main goals of Body Psychotherapy in chronic schizophrenia are: 1. to reconstruct a basic and coherent ego-structure, strengthen self-referential processes and hence ipseity (“mine-ness”) as a prerequisite for safe social interaction; 2. to widen and deepen the range of emotional responses to environmental stimuli on the basis of enhanced contact with ones own bodily reality with physical anchor points in the external world; 3. to help patients explore a range of expressive and communicative behaviours (movement and speech) in order to reduce emotional withdrawal and improve affective modulation.

This paper will demonstrate how a manualised approach has been developed in response to a range of disturbed body experiences and ego-pathology symptoms.

**Plenary 3**

**Disturbances of Self-Boundary Enaction in Schizophrenia**

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Schizophrenic disturbances manifest in a variety of signs and symptoms such as disturbances of thought, perception and action, and often today they are described simply in such aggregative terms. What unifies these symptoms however, and what makes them symptoms of schizophrenic psychosis, is their manifesting core disturbances of the self – in particular, disturbances of ‘ego boundaries’. In this paper I use the theoretical resources of enactivism to explicate, in a non-cognitivist manner: a) how such ‘boundaries can be conceived in non-metaphorical terms, b) how such self/other boundaries, whilst correctly conceived of as ‘transcendental’, are nevertheless continually laid down and negotiated in and through ongoing bodily and linguistic interpersonal interaction, c) how disturbances in the enaction of self boundaries are productive of psychopathology, and d) how an enactive framework may contribute to the psychotherapy of schizophrenic conditions.

## Plenary 4

### Interviewing the deluded

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In this presentation, I'll provide an overview of the clinical, conceptual and practical difficulties that one can encounter when interviewing patients with delusions. Many of these difficulties can be due to the stage of the illness, but also to issues such as lack of insight and problems in communication. At one extreme, there are patients who are too unwell to be able to speak of their beliefs, and at the other those whose beliefs are as yet unformed and manifest only as an altered affective stance to the world. These real difficulties in the clinical encounter serve to highlight the problems one has in viewing delusions as simple false beliefs, structured like propositions, but rather emphasize the importance of considering affect, embodied social interaction, imagination and narrative practice in understanding those with psychosis.

## Submitted Papers 3:

### Narrative, the 'normal' and neurological impairment

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What happens when intersubjectivity explores unshared experience? This situation occurs frequently, for instance in those with neurological impairment and between the young and old.

Impairment or difference can swamp the other's vision, and indeed lead to misunderstandings in embodied emotional and other expression. People with Parkinson's Disease have been considered dull and depressed because of the effects of that disease on facial expression, while those with Moebius Syndrome, the congenital absence of facial expression, have been thought - wrongly - to be autistic or to have learning difficulties because of the consequences of their neurological impairment. We cannot always trust our implicit reading of others different to ourselves.

Neurological impairment can also disrupt interpersonal relations simply because of the consequences of visible difference. Those with facial disfigurement and spinal cord injury, for instance, find this a problem and have to learn to monitor and manipulate, to an extent, those they meet until they are at their ease and can see the person within.

Narrative is an important way in which the distance between people with different bodily experiences can be reduced. It is unclear, however, the extent to which such a conversation can lead to a truly empathetic appreciation. To what degree can one ever know what it is like to live with a condition one has little experience of? To what extent can someone who has only known one condition reflect on their experience in a communicable way?

Careful and detailed observation, through narrative, is one of the best tools available, and examples of this will be given. In the end, however, creativity and respect are required; creativity to try to understand the experience of people with conditions outside one's own experience - and frequently outside one's imagination - and respect towards those with differences that we cannot completely understand or capture.

### **Being-with-oneself: embodied disruptions to the intersubjective structure, differentiation, and directness of self/other**

**Mr. Adam Farley & Professor Helen Payne, University of Hertfordshire**

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Psychological research demonstrates disrupted self/other-awareness in those with autism spectrum disorders (ASD - Frith & Happé, 1999; Williams & Happé, 2009a; Williams & Happé, 2009b). However, such accounts have been criticised for focusing upon epistemic modes of awareness (i.e., belief), neglecting the socially embedded development of such capacities (Hutto, 2008; McGeer, 2001), and for maintaining that mindreading abilities are mediated through the deployment of theoretical knowledge (Gallagher, 2004). In contrast, critiques from phenomenological quarters maintain:

- (1) That we typically apprehend others' mental states *directly* (i.e., without the explicit deployment of theoretical knowledge) during interaction; such directness itself developing (and is enacted) through interaction processes (De Jaegher, 2009; Gallagher & Zahavi, 2008).
- (2) Mindreading difficulties in ASD reflect severe disruptions to the direct and reciprocal character of second-person engagement. Evidence (Williams, 2004; Senju, 2009) suggests that those with Asperger's/High-functioning autism *do* consciously employ theoretical knowledge to compensate for such disruptions, to understand others' behaviour and to navigate social situations.

Considering the intersubjective constitution, developmental expansion, and maturation of self-consciousness, the presentation will explore disruptions of self-consciousness in ASD from a systemic framework - as a 'private' extension and continuation of interaction. Through considering first-person descriptions, and psychological research, this presentation will consider the origin of such disturbances as located within the pre-reflective and intersubjective structure of the body. The utility of conceptualising ASD as a disrupted sense of subject/object duality from which arise 'higher' disruptions of self-distanciation will be examined. The contention is that disruptions of self-consciousness in ASD reflect a qualitative alteration to the directness of self-acquaintance - structurally similar to disruptions of second-person engagements in ASD i.e., a disrupted ability to (self)-engage - rather than being indicative of impaired higher order awareness.

Starting from an analysis of first-person descriptions the overwhelming exteriority with which the body is experienced in ASD will be outlined (Williams, 2003). This exteriority, it is argued, is intermittently subject to involuntary and intense states of unidirectional incorporation (porous body boundaries) during which the person's sense of differentiation from the external world (including others) diminishes. For example, whilst heavily immersed in stereotyped behaviours and engagements with objects (Williams, 1988). These vacillations between overly opaque and transparent states of bodily boundedness lead to a breakdown of the 'mediated immediacy' of the worldly-engaged person. The breakdown, in turn, diminishes the person's ability to incorporate the affordances as conferred by inter-personal engagements (i.e., identification processes) upon the developmental expansion, and maturation, of self-consciousness.

The analysis will conclude with a systemic re-conceptualisation of re-experiential acts. It will be argued that the capacity to 'privately' relive past episodes represents a non-epistemic and intersubjectively structured act (developmentally and occurrently); a process of *re-embodiment*. Evidence of re-experiential disruption in ASD will be considered in relation to disturbances of identifying with others and to the body's intersubjective structure. Hypotheses regarding the automatic versus consciously instigated occurrence of re-experiential acts in those with ASD will be proposed.

## Neural and Narrative Connectivity in Autism, from Theory to Therapy

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Autism is a developmental disorder in which “theory of mind”, that is, the ability to represent others’ beliefs and feelings as distinct from one’s own, is disrupted. People with autism have trouble taking the perspectives of social partners, and acting on the reality that other people may want different things and focus on different goals than they themselves do. This failure of theory-of-mind is diagnostically and clinically one of the most significant disabilities in autism – but is it the most significant aetiologically? Or might theory-of-mind skills, and theory-of-mind deficits, emerge from more fundamental skills and deficits during the process of development?

At a neural level, attempts to pin autism to a single theory-of-mind region or subsystem within the brain or to a single cognitive module have been unable to capture the full range of autistic cognition, behaviour, and neurophysiology, because these models encompass only one sort of perspective-taking: in addition to the theory-of-mind deficit in taking others’ *social* perspectives, people with autism experience deficits in taking temporal perspective (what will happen next year versus what’s happening now), spatial perspective (what’s happening around the whole room versus what’s happening in front of me), and counterfactual or conditional perspective (suppose event X occurs, what happens then?). Our and others’ experimental work has shown that all these social and non-social perspective-taking activities are linked, psychologically and neurally, in people with autism spectrum conditions as in people in general.

What all these social and non-social perspective-taking abilities seem to have in common is a dependence on the rapid and automatic integration of many brain regions and cognitive subsystems – in effect, a domain-general ability to connect many separate, simultaneous channels of perceptual and cognitive events into an ordered structure: in a word, a narrative. This internal narrative ability depends not on any particular part of the brain, but rather on the degree to which widely separated parts of the brain connect with each other. Rather than a computationally and neurally local phenomenon, mental narrative is a network phenomenon – and narrative connectivity depends on neural connectivity. This neural and narrative capacity is not inherent, but must be developed. Its emergence relies on proper interactions between individual brain regions – interactions that can be guided by participation in understanding stories that link characters’ goals and beliefs to actions. This recognition of theory-of-mind as a developmental, emergent phenomenon opens a route to education and therapy.

A disconnected, autistic brain cannot bring separate channels together: one is unable to connect simultaneous actions and motivations, to connect one’s own perspective with the simultaneously represented perspective of a social partner, to connect a thought simultaneously with its expression in words, to connect an exogenous percept simultaneously with an endogenous concept, or even to connect simultaneous visual and

auditory events. The key limitation is that of simultaneity: a person with autism can represent action or motivation, egocentrism or allocentrism, thought or syntax, external perceptual or internal mental events, and sights or sounds – just not at the same time. One possible workaround, then, involves removing the demand for simultaneity: what if the acts of knowing and imagining, self-representation and other-representation, thinking and phrasing, perceiving and conceiving, seeing and hearing didn't have to occur at the same time? In other words, what if communication could take place asynchronously?

Typed text, unlike conversational speech, is an asynchronous communication medium: there is no demand to time utterances to maintain the flow of conversation, no demand for precise temporal sequencing of movements of the throat, tongue and lips, and no demand to perceive the spoken word in real time. The partially composed text itself serves as an external memory; thus there is no requirement to hold in mind the expression of a thought at the same time as one retains the thought itself. One can leave off in the middle of a word, interrupt, then resume. One can attend to the text and to other stimuli in turns. Thus the narrative structuring inherent in this textual medium can in some measure substitute for the lack of narrative connectivity in the autistic brain. In a study of typed communication as a therapeutic medium for children with autism who lack communicative speech, we have found that the textual medium increases communicative capacity. Also, tellingly, direct gaze at a subject of communication can actually *decrease* communicative capacity – a case of a salient *percept* interfering with a nascent *concept*. The same holds, more subtly, even for individuals outside the clinical autism spectrum, who manifest only subtle degrees of social communicative impairment compatible with typical development. These results suggest that the conceptualisation of autism as a deficit in the emergence of neural – and therefore narrative – connectivity is a productive one not only for theory but also for therapy, and that the act of narrative sequencing and perspective-taking in general may spur the development of the social perspective-taking that constitutes theory-of-mind.

## Submitted Papers 4:

### Discovering Embodiment: a poetic method

Dr Christina Bracegirdle

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Hindsight offers an opportunity to understand in the present what was experienced in the past. This presentation, written with hindsight, intends to explore how trauma enabled embodiment to be forcefully felt and later usefully used in a doctoral research project. The shocking trauma of the murder of my sister by her husband created physical reactions within my body (Caldwell 1997). For example clumsiness seemed to become a daily nuisance as the destructive influence of trauma was embodied within (Sidoli 2000).

At the time I was training to become a counsellor as well as being a client in therapy. But to manage such intense reactions and the accompanying emotional feelings I also wrote poetry. Although I had written poetry for years there was an almost overwhelming desire to write as if an intuitive part of me recognized that writing would help. Through personal therapy and writing poetry the realization dawned that I did not want contain murder within my internal world but rather wanted freedom from it. Writing poetry brought such opposing aspects of myself together (Van der Hart, Nijenhuis and Steele 2006) and eventually conceived the idea of research to find out if other clients battled with opposition.

My experience of writing poetry led to a method of data collection that asked participants to write a few words/short phrase on each line of a weekly journal. This was to give voice to their thoughts and feelings

after weekly counselling sessions over a period of up to forty weeks. Writing in this poetic style, embodied affect and gave birth to compelling stories, internal journeys that demonstrated how opposition enabled emotional shifts in the client in counselling. The intentions and emotional states of the participants could be perceived in the writing through felt embodiment (Meldrum 1993; Etherington 2004). In turn embodiment was used to write findings poems (Bracegirdle 2007) to tell the stories of the participants and demonstrate what had been discovered. It was possible to see how they made sense of themselves through the writing process as their narratives became important aspects of their counselling process.

## **Bodily Narratives**

**Dr Maarit Ylönen (Dance Therapy and Psychotherapy Services)**

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In this presentation we discuss applications of narrative methods of Dance Movement Therapy. We describe our experiences and share some applications of our methods which we have developed together during last few years for adult patients in group- and individual psychotherapy.

Theoretically we lean on post-modern concepts of psychotherapy and phenomenology of body. In this presentation we focus on narrative identity. DMT offers bodily methods, such as body awareness, nonverbal dialogues and movement metaphors as bodily language.

The aim of narrative DMT is that clients could integrate the fragments of their past and present life via multisensory methods. Along the process the story of their lives will have new shades and they are empowered to see their future with positive alternatives.

Creative methods, such as bodily experiences, creative movement, images and drawings of clients have formed individual and collective kinesthetic and symbolic narratives along the therapy. The diversity of narratives offers new perspectives for understanding embodied forms of healing processes. As an example we shall share one client's narrative, the case of "Invisible Fairy".

Finally we discuss possibilities of non-verbal and artistic methods in psychotherapy. Non-verbal and kinesthetic dialogues deepen ones self-understanding, and create new possibilities in communication.

## **People with Multiple Sclerosis' experience with physiotherapy**

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The purpose of the study was to investigate how people with multiple sclerosis' (PwMS') experience single sessions of physiotherapy in a hospital's out-patient clinic, and especially elucidate their perceptions of movement during such consultations.

Qualitative research interview was performed with a strategic sample of 12 PwMS, complemented with seven video taped observations of single sessions of physiotherapy in an out-patient clinic. Content analysis was performed using a phenomenological perspective, inspired of Merleau-Ponty's theory about the body. The procedure involved meaning condensation and coding, which emerged into four categories and formed two themes.

The following categories appeared: "Expressions through movement – all of me", "Perception of the body segments' interplay", "Perceptions of change", "Tailored self-assisted exercises" which constitute the themes: "Knowledge of the body segments' interplay related to ADL" and "Insights in limitations and possibilities". "Contextualised perceptions of movement as a source for expanded insights" emerged as an overall theme. Contextualisation implies that the physiotherapist's explanations with regard to prerequisites for movement and the individual's difficulties in performing activities of daily life (ADL) are intertwined with perceptions of movement. Contextualised perceptions of change seem to enhance PwMS'

understanding of their actual movement disturbances, promote interest in self-assisted activities and insights in future possibilities and limitations regarding ADL. Contextualised perceptions of improvement may underpin the person's sense of ownership and sense of agency and hence promote autonomy and self-encouragement. The importance of early access to contextualised perceptions of movement is emphasized. It might be a challenge for severely disabled PwMS to follow up self-assisted activities.

Contextualised perceptions of movement seem to be a source to gain expanded insights for PwMS and such perceptions may enrich the communication between the therapist and the patient.

The findings indicate the importance of contextualised perceptions of movement as an integrated part of the health care for PwMS in the out-patient clinics, but further investigations are necessary to deepen our knowledge.

## Workshop

### **Relational health: activity and care**

**Professor Stephen Cowley (University of Hertfordshire), Dr João Major (University of Braga, Portugal), Dr Rui D. Amos (Portugese Catholic University, Portugal), Dr Sarah Bro Pederson (University of Southern Denmark), Dr Susan A.J. Stuart (University of Glasgow),**

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