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Voice upon dance movement:

The use of vocalization in DMT

*Exploring the how and why of the use of voice through vocalization
by clients in dance movement therapy in adult psychiatry*

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Abstract

The use of voice in dance movement therapy (DMT) is often embedded in approaches that integrate several (arts) therapies. Vocalization aims at facilitating the movement experience, while verbalization serves to facilitate self-understanding. This qualitative research project studied the how and why of vocalization in DMT in adult psychiatry within a constructivist and phenomenological approach. Data collection included participant observation notes of six DMT vocalization sessions, clients' evaluations, a survey among (dance) movement therapists in the field and three therapist interviews. Data analysis focused on the latter two.

Concerning the why of vocalization results confirm the four goals with vocalization derived from the literature: body activation/awareness, differentiation of self, expression of feelings, and unloading/catharsis. Three additional goals that emerged from the research data were found confirmed in the literature: connecting/contact, creativity, and gaining insight. Reported influences of vocalization were found related to these goals. LMA efforts were reported observed more, however data was inconclusive. The impact of movement is reinforced by adding voice, but equally focusing on voice and movement can be difficult.

Concerning the how of vocalization results include the identification of four types of body-oriented vocalization exercises, focusing on body/breath and voice through activation, awareness, techniques or relaxation; and four types of expression-oriented exercises, focusing on (emotive) vocal expression by affirmation, regulation, releasing or exploration (with twice as much exercises). All exercises relate to the goals identified. They include several combinations of voice/sound(s), words/sentences, and singing/humming with breath or body parts, movement or emotions, and props or music.

Toward the client population of adult psychiatry results were found inconclusive. However, traumatized clients need special consideration, as they have difficulty with use of voice, loud noises and aggressive vocalizations. Approaches to vocalization need a gradual build-up, from low-threshold structured group exercises to more challenging individual or interactive improvisations. Training and self-experience in vocalization for therapists is recommended.

KEY WORDS

Dance movement therapy, voice, vocalization, verbalization, goals, effects, exercises, approach.

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Geertje Kuipers
Enschede (NL)
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[1] This thesis was typed by the author.

Table of Contents

LIST OF TABLES

LIST OF FIGURES

1   Introduction

"Through sound, the emotions are heard as well as seen." (Levy, 1992)

This master thesis reflects my research project concerning the how and why of the use of voice through vocalization by clients in dance movement therapy in adult psychiatry[2].

ORIGIN OF THE PROBLEM

Dance movement therapy (DMT)[3], along with other creative arts therapies is often incorrectly considered foremost a non-verbal therapy (Malchiodi, 2005; Smeijsters, 2003). It is, in fact, both nonverbal and verbal[4], because during the sessions therapists and clients do communicate verbally, about thoughts, feelings, behavior and experiences, for instance at check-in or wrap-up rounds[5] (Malchiodi, 2005; Meekums, 2002; Payne, 1992). Instead of in this verbalization, I got interested in the use of *vocalization*[6] because the dance therapist at my first internship place[7] encouraged clients to use their voice with their movements. We would yawn, jabber talk or make sounds during warm-up, or add words and exclamations to our movements in a Chacian circle[8]. 'Oeh', 'Ah', 'Yes', 'No', 'Stop', and 'Away' where much heard utterances. I observed that some clients showed difficulty or resistance when using their voice with movement, while others seemed to enjoy it. As a co-therapist I also experienced some difficulty using my voice while moving. Although I like to sing, I did not dare to vocalize too loud or different from the others at first. As I wondered why the use of voice was promoted by the therapist and what it would do for the clients, I chose the use of vocalization in DMT as my master research topic.

WORKING QUESTION

Initial interest concerned the goals and effects of vocalization in group DMT in an adult in- or outpatient setting. The research was focused on the how and why of vocalization in DMT. This meant little attention to when and for whom it is used (i.e. which situations and client populations).

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[2] For readers less familiar with dance movement therapy or research some terms are clarified in the footnotes.
[3] *DMT* is "the psychotherapeutic use of movement and dance through which a person can engage creatively in a process to further their emotional, cognitive, physical and social integration" (ADMT UK, 2003).
[4] *Non-verbal* means: not verbal; […] involving minimal use of language <e.g. *nonverbal* tests>. *Verbal* means: of, relating to, or consisting of words <e.g. *verbal* instructions> (Merriam-Webster, 2007/2009).
[5] *Check-in* refers to a verbal opening round about how everyone is doing at the moment of the session. *Wrap-up* refers to a closing round of verbal sharing of (reflections on) experiences during the session.
[6] A definition of *verbalization* and *vocalization* is given further down this chapter.
[7] This *internship place* was a psychiatric ward of a regional general hospital in the Netherlands, with adult inpatients and outpatients, and mixed psychopathology.
[8] A *Chacian circle* means moving together in a circle, often taking turns in leadership, and is part of the Chace approach (Bräuninger, 2006, pg. 98; Meekums, 2002, pg. 87).

In sum, the working research question was (re)formulated as:

"*How and why is vocalization used in DMT?*"

DEFINITION OF TERMS

Since vocalization is related to verbalization, for this research it is important to establish the similarities and differences between both terms[9].

- A definition of *verbalization* is: 'to speak or write verbosely'; 'to express something in words' (Merriam-Webster, 2007/2009).
- A definition of *vocalization* is: 'the act or process of producing sounds with the voice'; *also:* 'a sound thus produced' (Merriam-Webster, 2007/2009).

Simply put, similarities between vocalization and verbalization are that they both concern using the voice to express something. Differences include that with verbalization the expression is in speech and with vocalization the expression is in speech sounds (The Free Dictionary, 2009). These sounds can take different forms. Uhlig (2006) mentions sighing, crying, screaming, groaning, humming, laughing, and lamenting as forms of vocalizations. At the internship place also words and short statements were used. Aeschlimann et al. (2008) include yells and neutral short vocalizations as well.

LITERATURE SEARCH STRATEGY

The literature review will further discuss vocalization and verbalization in relation to DMT. The rationale for the selection of literature on the subject was influenced by not finding much literature about vocalization in pure DMT. The search area was expanded to music and drama therapy, where the use of voice is more common, and bodywork. Also verbalization was included, which is more common in psychotherapy. Based on the internship setting, for inclusion/exclusion criteria the search focused on adult psychiatry.

- Search words: (voice *or* vocal *or* vocalization *or* verbalization) *and* (psychotherapy *or* therapy *or* treatment) *and* (dance *or* movement *or* music *or* drama *or* bodywork).
- Inclusion criteria: adults; inpatients, outpatients; psychiatry.
- Exclusion criteria: (mothers and) infants, children, adolescents, elderly; mental retardation; voice disorders, physical vocal problems.

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[9] Throughout this thesis, *vocalization* and *verbalization* are written in *U.S. English* spelling; In U.K. English it is spelled vocalisation and verbalisation.

2 Literature Review

"In all cultures the human voice is regarded the earliest, most personal and natural instrument for straight expression and communication." (Uhlig, 2008) (translation)

The bodies of knowledge consulted in the literature review include psychotherapy and creative arts therapies in general, and dance movement, music and drama therapy in particular, as well as body-oriented approaches. Focus was on literature concerning the role of verbalization and vocalization and especially the therapeutic use of voice. First verbalization and vocalization are elaborated on separately. Next some approaches to voicework within different therapeutic modalities are described. Then the use of vocalization and verbalization in DMT is discussed, followed by how vocalization is used in some integrated DMT approaches. Finally, some conclusions are drawn.

VERBALIZATION

Verbalization in psychotherapy plays at least two distinct roles. First, verbalization allows a client to externalize the inner speech or internal dialogue which regulates its own thoughts and actions. Second, the speech interactions between therapist and client facilitate subsequent revisions of this inner dialogue. Both directive and non-directive therapeutic styles make extensive use of discursive interaction as the fundamental "medium of exchange" (Smolucha, 1992). The verbal self-disclosure serves to develop a better integrated and a more clearly defined sense of self[10] (Legér & de Piano, 1998). Jennings et al. (1994) argue that most psychotherapy relies on the language of words to express things that are difficult to express, while new means of communication can be discovered through intensive work of the body and the voice. In fact, for some individuals, telling a story through an expressive modality is more easily tolerated than verbalization (Malchiodi, 2005). In contrast to verbal therapy, in creative arts therapies speech may not be the primary tool for understanding (Barden & Williams, 2007). Borenstein (2007) points out that in DMT nonverbal kinesthetic empathy[11] and movement interaction are primary in the therapeutic process, while verbal interventions support the process. Such verbal interventions might include sounds, observations about the process unfolding, calling clients by name or naming the movement images that appear (Stark & Lohn, 1989). In body-oriented therapy the body is used for experiencing and communicating, and Barden & Williams (2007) argue that verbalization and interpretation is not required to make real

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[10] *Sense of self* is seen by St. Clair as "our basic experience of the person that we are". Winnicot states that an integrated sense of self is attained through tactile, visual kinesthetic sensations and motility as an infant (Leirvåg, 2001, pg. 35 / pg. 3).

[11] *Kinesthetic empathy* is described as the experience of embodying another's feelings (Taylor, 2007, pg. 49); or knowing one's client through embodied identification with that client (Wadsworth Hervey, 2007, pg. 98).

what is experienced and expressed. In addition, Nolan (2002) states that therapist and client discussions during verbal processing should not shadow or interrupt the music (or creative arts) therapy experience. In expressive arts therapies therapists generally do not aim at interpreting individuals' drawings, movement, poems or play, but instead try to help clients understand their experiences, feelings and perceptions through verbal reflection (Malchiodi, 2005). Dosamantes Alperson (1977) states that in DMT movement and verbalization each contribute something unique to an experience of ourselves. Movement allows clients to contact their emotional, less conscious body-selves and to experience themselves in another way, while verbalization permits them to further differentiate the meanings of their movements. In conclusion, verbalization refers to the verbal reflection on and processing of (movement) experiences, feelings, thoughts and perceptions to differentiate and understand their meanings.

VOCALIZATION

The human voice can effectively communicate meaning as well as emotion. In addition to the verbal message, the voice can also send information about the mental and affective state of the speaker through acoustic clues. Lowen believed that there are identifiable qualities of voice which express specific feelings (Newham, 1998a). These vocal indicators of emotional states include pitch, loudness, tempo and timbre (Breznitz, 2003; Burt, 1994; Newham, 1998a; and Scherer, 1986). For instance, vocal expressions of happiness/joy and anger are categorized as high, loud and fast, while grief/sadness is categorized as low, soft and slow (Scherer, 1986). Human vocalizations convey positive, negative and neutral emotional expressions (Aeschlimann et al., 2008) and can include laughing, crying, yelling, and exclamations and short utterances (Aeschlimann et al., 2008; Uhlig, 2006). Many natural expressions in life are equally both movements and sounds, for example yawning, sobbing and laughing (Newham, 1998a). Human communication actually comprises several communication channels: eye movements, facial expression, the body language of gesture and motion, and the sounds of the voice (Newham, 1998a). Burt (1994) proposes they may constitute an inter-connected if not unified emotional expression system. The oral channel is composed of two levels: the vocal and the verbal, phonic and linguistic, or voice and speech. Speech is said to convey facts and voice to convey state of mind, moods, emotions and inner attitudes. Speech is considered verbalization and voice is considered vocalization. Importantly, in music, drama and DMT literature instead of vocalization terms for use of voice not referring to verbalization include *vocal sounds* (Darnley-Smith & Patey, 2003; Newham, 1999; Payne, 1992) and *voice sounds* (Andersen-Warren & Grainger, 2000; Jennings, 1992). Mahoney (2006) states that by *voice* he means expression in general, but with special emphasis on

vocalization. The literature shows that vocalization can also include linguistic, verbal vocalizations such as letter names, syllables and lyrics (Aeschlimann et al., 2008; Bernard, 2003). In conclusion, vocalization refers to vocal sounds and vocal expressions such as crying, laughing, screaming and yelling, including words and (short) sentences.

APPROACHES TO VOICEWORK

Voicework is seen as a process of using the voice to explore the Self through expanding the expressive range of the voice. It includes singing, chanting, improvisation, breathing techniques, bodywork and visualization. The therapeutic effects of voicework can be somatic as well as psychological (Newham, 1998a). Approaches to voice work were found in several bodies of knowledge, such as drama en music therapy, as well as in body-oriented methods[12]. *Vocal Dance & Voice Movement Integration,* developed by Patricia Bardi[13], is a somatic movement approach that includes hands-on body work. Active breath, touch and voice are used to get in touch with the body and facilitate movement expression (Looman, 2006). It includes documented body work techniques from *Body-Mind Centering* (BMC)*, an experiential approach that applies anatomical, physiological, psychophysical and developmental principles (Bainbridge Cohen, 1994), and is allied to DMT (Meekums, 2002). BMC's use of vocalization in relationship to breathing and movement is highly informed by and similar to *Bartenieff Fundamentals* (Bainbridge Cohen, 1994; Bartenieff & Lewis, 1979). However, Bardi has not published on her Vocal Dance approach, so its research base can not be verified. In contrast, Paul Newham[14] well documented his *Voice Movement Therapy,* which presents practical methods and shows validity through an extensive research base (Newham, 1998a). This approach also includes extensive body work, and combines singing, acting, moving, massaging and counseling[15] (Newham, 1998a; Newham 1998b). Both methods originate from over 20 years ago, offer accredited training programs[16,17] and present a comprehensive approach to voice work. However, their intensive body work seems to go somewhat beyond DMT in

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[12] Some voicework approaches are not considered a therapeutic method in their own right. This is why the seemingly well known and influential approach of *Roy Hart Theatre*, founded by Alfred Wolfsohn and Roy Hart (Willems, 1996; Newham, 1998a) is not discussed here.

[13] *Patricia Bardi* is a dance-voice artist, bodywork specialist and psychologist. See URL http://www.patriciabardi.com (accessed 07-Oct-2007).

[14] *Paul Newham* is author, therapist, teacher and speaker. See URL http://www.paulnewham.com (accessed 09-Oct-2007).

[15] *Counseling (or counselling)* is generally seen as a verbal therapy for less disturbed patients in contrast to psychotherapy, although in some literature they are seen as qualitatively the same: "there is nothing that a psychotherapist does, that a counselor doesn't do" (Sommers-Flanagan & Sommers-Flanagan, 2004, pg. 8).

[16] The *Vocal Dance & Voice Movement Integration certification program* is recognized by ISMETA (International Somatic Movement Education and Therapy Association), based in the USA.

[17] The *professional Voice Movement Therapy training course* is accredited by RSA (Royal Society for the encouragement of Arts, Manufactures and Commerce), based in London, UK.

the author's view, although a link can be seen to body (connectivity) focused *Bartenieff Fundamentals* (Hackney, 2002), which does belong to the body of knowledge of DMT.

In contrast, some approaches from music therapy seem to work more on an unconscious level. The unconscious[18] stores all experiences, memories and repressed materials and cannot be studied directly but is inferred from behavior (Corey, 2008). *Giving Voice* indeed deals with issues in an indirect way (Rakusen, 2001). It is presented as a holistic approach, involving a mixture of noise and silence, movement and stillness, reflection and sharing. These concepts are also found in DMT with *Authentic Movement*[19] (Pallaro, 1999). Jill Rakusen[20] has authored a number of summary reports on her method, including Rakusen (2002), but a research base is lacking, which diminishes validity. In contrast, Diane Austin's[21] publications concerning Vocal Psychotherapy[22] present an extensive research base. Her *Vocal Holding Techniques* form an analytically-oriented method of vocal improvisation, using unison, harmonizing, mirroring and grounding. Breathing together initiates vocal attunement to the client's vocal quality, dynamics, tempo and phrasing (Austin, 2002). Also movement, speech and drama can be integrated (Orth, 2005). This approach includes concepts also found in DMT, such as mirroring[23] with Chace (Levy, 1992), attunement[24] with Kestenberg (Borenstein, 2007; Lundy, 2002) and dynamics and phrasing in *Laban Movement Analysis* (LMA)[25] (Bartenieff & Lewis, 1979).

Like DMT, the voicework approaches discussed above aim at the integration of body, mind and emotion. They have been used with different kinds of client populations, including high functioning people, and clients suffering from sexual abuse, eating

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[18] The *unconscious, preconscious and conscious* refer to levels of consciousness examined by Freud (Morin, 2006, pg. 258), which are seen as the keys to understanding behavior and the problems of personality (Corey, 2008, pg. 62). These levels also include self-awareness and body-awareness (Morin, 2006, pg. 259).

[19] *Authentic Movement* (AM) is based on active imagination and aims at eliciting movement from unconscious material, focusing on thoughts, feelings and images in silence. It involves a (one or more) mover/client(s) and a witness/therapist, who observes without judgment or interpretation (Pallaro, 1999).

[20] *Jill Rakusen* is a musician and a professional health educator, and co-founder of the National Foundation of Giving Voice. See URL http://www.givingvoicefoundation.org.uk (accessed 31-May-2009).

[21] *Dr. Diane Austin* is a music psychotherapist and vice president of the executive board of The American Association for Music Therapy. SeeURL http://www.dianeaustin.com (accessed 31-May-2009).

[22] The *Advanced Training Program in Music (and Vocal) Psychotherapy* offered by the Music Psychotherapy Center is approved by the Certification Board for Music Therapists (CBMT), based in the USA.

[23] *Mirroring* refers to reflecting back but not imitating another's movements, in order to convey an understanding of their experience. This may involve spatial patterns, qualities, emotional tone, body shape, dynamics, vocalizations, etc. (Borenstein, 2007, pg. 59; Levy, 1995, pg. 198; Lundy, 2002, pg. 119).

[24] (Empathic) *attunement* refers to the ability to experiences, understand and reflect the verbal and nonverbal behaviors, and emotional and physical experience of others. Techniques involved include molding, shaping, mirroring, joining, and clashing (Lundy, 2002, pg. 119).

[25] *Laban Movement Analysis* (LMA) includes three main areas of movement observation: body, Effort (dynamics) and space. Their interdependency in body movement can be observed in such as rhythm and phrasing, and affinities (toward specific combinations) (Bartenieff & Lewis, 1979, pg. 16/71/85).

disorders, addictions or physical problems. In sum, they methodologically use sound and song to help clients give voice to or resolve trauma and inhibition (Austin, 2002; Looman, 2006; Newham 1998a; Newham 1998b; and Rakusen, 2001). Newham (1998a; 1998b) also aims at cathartic release and increasing creative possibilities.

VOCALIZATION AND VERBALIZATION IN DMT

In contrast to music and drama therapy, in DMT the use of voice through vocalization seems to be more an adjunctive tool. Although Chaiklin (1992) considers vocalization and verbalization an integral part of DMT, verbalization is more common in certain parts of the DMT session, especially in verbal check-in rounds or during verbal processing of the movement experience (Meekums, 2002). Nevertheless, Stark & Lohn (1989) consider verbalizations, including vocalizations, along with the movement experience important ingredients in the therapeutic process. They can enhance the integrating effect of DMT on both individual and group level. One major category of verbalization use they identified is to facilitate the movement experience by stimulating body action and sensation, differentiation of self[26], and recognition and expression of feelings. Appropriate verbalizations to these goals are rhythmic sounds, simple statements, and tone of voice, associations and images. The other major category is to facilitate self-understanding, by clarifying and providing insight into the personal meaning of the movement experience (Stark & Lohn, 1989). However, their method toward the identification of these two categories of verbalization is not clearly described and justified, which reduces validity. As in other DMT literature (Meekums, 2002; Levy, 1992; Levy, 1995), also no clear definitions of verbalization and vocalization are given. Still, Stark and Lohn's (1989) publication was the only one found discussing verbalization in DMT at length. Moreover, their distinction of verbalization categories with subsequent goals was very useful for this research, because, from descriptions above, vocalization is obviously included in (but not identical to) the first category, while verbalization pertains more to the second category.

An example of Stark & Lohn's (1989) verbalization category of facilitating movement experience is found in a DMT method called *Moon Dance*, an ancient Korean group dance symbolizing unity with nature, in which participants hold hands and move in a circle while chanting. The repeating of simple rhythms and sound combines emotional with physical energy and helps clients to creatively express inner conflicts and desires (Capello, 2007). An example their verbalization category of facilitating self-understanding

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[26] *Differentiation of self*, a concept in Bowen theory, is defined as the degree to which one is able to balance (a) intrapsychic emotional and rational functioning and (b) interpersonal intimacy and autonomy in relationships with important others (Skowron & Friedlander, 1998, pg. 235).

is found in *Experiential Movement Psychotherapy*, which integrates movement, imagery and verbalization, based on Authentic Movement originated by Mary Whitehouse[27]. It allows spontaneous client verbalization following the movement experience for further differentiation of its meanings (Dosamantes Alperson, 1977). In contrast, the *Chace approach*[28] probably pertains to both categories. Marian Chace[29] encouraged psychiatric patients to vocalize with words and sounds to support their movements, while her own ongoing narrative verbalization served to invite insight, identify affect, guide further interactions and structure the group process (Levy, 1992; Stark & Lohn, 1989).

VOCALIZATION IN INTEGRATIVE DMT APPROACHES

In DMT literature vocalization was mostly found in quite early developed approaches which integrate dance therapy with other arts therapies or psychotherapies. For instance, around the 1950's Blanche Evan[30] integrated language, vocalization and verbalization in her *Dance/Movement/Word Therapy* with 'normal neurotic' urban adults. Aims included liberation of the voice in emotive expression of repressed drives, thoughts and feelings (Bernstein, 1995; Levy, 1992). One technique was to '*actionize words*': to improvise on words and sentences to elicit meaningful content. Applications include women survivors of sexual abuse (Bernstein, 1995) and women with eating disorders (Krantz, 1999). No recent publications were found.

As Chace was both a dance and a drama therapist, using Moreno's[31] *Psychodrama*[32] in her work, a few next generation DMT therapists integrated both dance and drama into their approach. For example, around 1980, influenced by the work of Evan, Moreno and Chace, Fran Levy[33] formalized the integration of drama, dance, music, movement and visual arts in her *Psychodramatic Movement Therapy*, later called a *Multimodal Approach*

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[27] *Mary Whitehouse* (1911-1979) was a dancer and a major dance therapy pioneer, who worked outside the hospital setting with well functioning, normal neurotic adults (Levy, 1992, pg. 61).

[28] The *Chace approach* includes four major components: Body Action, Symbolism, Therapeutic Movement Relationship (mirroring) and Rhythmic Group Activity (Borenstein, 2007, pg. 57-58; Levy, 1992, pg. 24-26).

[29] *Marian Chace* (1896-1970) was a dancer, choreographer and performer and "The Grand Dame" of dance therapy, who pioneered with (severely disturbed) hospitalized psychiatric patients (Levy, 1992, pg. 21).

[30] *Blanche Evan* (1909-1982) was a dancer, choreographer, performer and DMT pioneer, who originated her own approach to dance therapy and was a pioneer in her emphasis on dance as a therapy for the neurotic urban adult (Levy, 1992, pg. 33).

[31] *Jacob Levy Moreno* M.D. (1892-1974) was a leading psychiatrist and psychosociologist, a leading pioneer of group psychotherapy, and founder of Psychodrama and other action-oriented approaches to psychotherapy (Landy, 2007, pg. x). Also see URL http://en.wikipedia.org/wiki/Jacob_L._Moreno (accessed 11-7-2009).

[32] *Psychodrama* is a form of therapy in which participants explore internal conflicts through acting out their emotions and interactions through dramatic action. In group therapy, each person in the group can become a therapeutic agent for another. See URL http://en.wikipedia.org/wiki/Psychodrama (accessed 11-7-2009).

[33] *Dr. Fran Levy* is a psychotherapist/creative arts therapist in private practice and director of the Center for the Arts in Psychotherapy in Brooklyn and New York City, USA (Levy, 1995).

to Psychotherapy. Aims were recognition of thoughts and feelings, self-expression, catharsis and insight. Although verbalization was more prominent, vocalization came in when clients were encouraged to add sounds or words to their dance/drama (Lawlor, 1995; Levy, 1992). Case material includes a clinical suicidal adult client and higher functioning outpatients (Levy, 1992) and clients with co-dependency issues (Lawlor, 1995). No recent publications were found.

In the same period, Penny Lewis[34] integrated exercises from *Gestalt therapy*[35] in dance therapy with normal and neurotic adults. Vocalization was included in intensification and personification exercises, by encouraging clients to vocalize tension in different parts of the body (Kestenberg Amighi et al., 1999; Levy, 1992). In addition, Burt (1994) and Newham (1998a) mention the *KMP Vocalization Profile*, adapted by Brownell & Lewis (1990) from the *Kestenberg Movement Profile* (KMP)[36], for the observation of vocalization in connection with movement, where audio qualities of voice were related to KMP movement patterns. However, Davis (1992) found their paper too sketchy and lacking discussion of the relation of their approach to the research on vocal signs of affect such as Scherer (1986). More recent references to this approach were only found in Lewis (2002).

However, around 1970 Lewis had also developed *Authentic Sound, Movement and Drama*, an interactional approach to Authentic Movement. Differences with the latter are that it includes sound and drama, and it encourages interaction between mover and therapist and/or group members. This technique was included in the *Developmental Themes Approach in Drama Therapy*, and was found in more recent publications (Lewis, 2002; Lewis & Johnson, 2000). It has been applied with clients of all ages with problems due to unsuccessful development, including personality disorders, PTSD, eating disorders, mood and anxiety disorders, some forms of schizophrenia, autism and learning disabilities (Lewis, 2002; Lewis & Johnson, 2000).

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[34] *Penny Lewis*, formerly Bernstein (later on Parker Lewis) (1946-2003), was a dance/movement theorist, author and clinician, who originally studied with Chace and Bartenieff (Levy, 1992, pg. 183). She was also a drama therapist, KMP analyst, and trained in Gestalt therapy and Jungian Analysis (Lewis, 2003, pg. 18).
[35] *Gestalt therapy* is an existential, experiential psychotherapy founded by Fritz and Laura Perls that focuses on the individual's present experience. It emphasizes personal responsibility, awareness and integration (Corey, 2008, pg. 9/198). Also see URL http://en.wikipedia.org/wiki/Gestalt_therapy (accessed 11-Jul-2009).
[36] *Kestenberg Movement Profile* (KMP) consists of a movement framework expanded on LMA that includes a nonverbal assessment tool for observing and interpreting movement patterns of individuals in the context of relationships and developmental issues (Borenstein, 2007 pg. 61-63; Koch, Cruz & Goodill, 2001, pg. 73).

VOCALIZATION AND MOVEMENT IN DMT

Although DMT shares some characteristics with body-mind techniques, like breathing, posture and vocalization (Levy, 1995), DMT literature rarely acknowledges the effects of vocalization on body movement (Cruz & Thompson, 2000). In fact, little effect studies with vocalization were found. Although with an exclusion criterion population, Cruz & Thompson (2000) mention Monica Kloesz, who studied the (positive) effects of vocalization on body image and body movement in women with mental retardation, using *Kestenberg Movement Profile*. In contrast, Trask (2005) applied movement to encourage vocalization, in an integrated developmental approach including *Body-Mind Centering* motor development patterns also used in *Bartenieff Fundamentals* (Hackney, 2002), to increase self-confidence and sense of self in a female adolescent with developmental delays. Application of the approach indicated that movement precedes vocalization and that the fundamental nature of vocal expression comes from movement (Trask, 2005).

CONCLUSION

In conclusion of the literature review, findings are that in DMT literature the use of vocalization is often mentioned in only little detail. Vocalization is more frequently found embedded in early developed approaches integrating dance, drama, music, bodywork and/or other experiential (psycho)therapies. The extent of publications and research bases and therefore validity varies. The approaches discussed here have been used with a wide range of client populations, and most of them provide case material to illustrate their clinical application. Additional case examples including vocalization are found with children and their families (Borenstein, 2007), autistic children (Erfer, 1995), elderly (Sandel & Hollander, 1995), women in labor (Steiner Çelebi, 2006; Steiner Çelebi, 2009) and sexually abused men (van der Linden, 2002). However, due to the differences in focus and modalities of the approaches found, little can be said about the transferability of findings between client populations. Furthermore, little effect studies with vocalization and few recent publications on or developments of specific vocalization approaches in DMT have been found. Also, little contrasting literature or contraindications have been found, other than the need for sufficient ego strength[37], to tolerate in-depth self-examination (Bernstein, 1995; Borenstein, 2007). This may present a gap in the literature or in the researcher's research base. On the other hand, vocalization seems to be considered a regular inclusive tool in DMT for any population, just like the use of music, props, imagery and verbalization (Borenstein, 2007; Erfer, 1995; Levy, 1992; Levy, 1995; Meekums,

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[37] *Ego strength* is the ability to cope with both internal and external stress (Charman, 2004, pg. 28); including the ability to discern reality from fantasy and manage anxiety-provoking material, as relatively unstructured exploration in DMT may elicit (Pallaro, 2007, pg. 214).

2002; and Sandel & Hollander, 1995). It seems that the main requisite may be that the therapist should be trained in the use of voice and the vocal apparatus (Newham, 1998a; Malchiodi, 2005), and that its application should be tailored to the clients' characteristics, needs and abilities (Bernstein, 1995; Borenstein, 2007; Bräuninger, 2006; Frank, 2003; Levy, 1995; Malchiodi, 2005; Meekums, 2002; Newham, 1998a; and Stark & Lohn, 1989). Although Bossinger (2006) emphasizes that the effects of singing and dancing are mutually reinforcing, Borenstein (2007) states that sounds, singing, vocalizations and verbal dialogue are intended to complement rather than conflict with movement expression, as movement expression is the leading therapeutic tool in DMT. For DMT therapists interested in vocalization, conclusion is that we may have to study, experience, evaluate or develop DMT approaches to voice work first and then integrate them into our own therapeutic working model.

3 Methodology

"Research can be an intense personal learning experience as well, there being a reflexive relationship between research and the life of the person conducting it." (Payne, 1993)

RESEARCH QUESTION

The literature review presented several approaches to voice work and integrative methods in arts therapy using vocalization, concerning too broad a field of client populations. Using the internship client groups and setting the *research question* was narrowed down to:

"*How and why is vocalization used in DMT in adult psychiatry?*"

Focus was on vocalization by the clients, not the therapists. As a novice to the use of vocalization in DMT at the start of this research project, the researcher didn't have a basic assumption or rationale. Justification for this research was to explore and clarify the topic for the field, as detailed and recent documentation seemed scarce.

Operational definitions
From the literature researcher's ideas on the conceptualization of vocalization and verbalization within DMT were most influenced by Stark & Lohn (1989), and Uhlig (2006) and Aeschlimann et al. (2008); especially the former's verbalization categories and the latter two's vocalization types, which were recognizable from the internship experiences.

- The operational definition[38] of *verbalization* was set to: "the verbal reflection on movement experiences, feelings, thoughts and perceptions, to differentiate their meanings and facilitate self-understanding";
- The operational definition of *vocalization* was set to: "the use of voice through uttering voice sounds, vowels, syllables, words, simple statements and vocal expressions of emotions, to facilitate the movement experience";
- *Specific vocalizations* studied included: sighing, singing, crying, screaming, groaning, humming, laughing, lamenting, and uttering words or short statements.

RESEARCH METHOD

As Stark & Lohn (1989) had only surveyed DMT literature, querying other sources might add to the information available. For this qualitative research study the ontological[39] orientation of *constructivism* and a *phenomenological approach* was adopted (Forinash,

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[38] *Operationalizing* (of terms) clarifies how the researcher is using key terminology that otherwise might have ambiguous interpretation or be unfamiliar to the reader. Within the context of a study, it explains, in concrete, descriptive term, how a concept is to be used and how it will be measured (Berrol, 2004, pg. 30).
[39] *Ontology* is defined as 'theory of reality' or world view. It answers questions with regard to what we comprehend as reality (Smeijsters, 2006, pg. 790), or how the world functions (Forinash, 2004, pg. 126).

2004). Both within the qualitative research paradigm, phenomenology and constructivism are directed toward understanding (Green, 2004), in this case the how and why of vocalization in DMT. Phenomenology uses the subjective, the lived experience, to gain understanding (Quail & Peavy, 1994). It assumes that it is possible to describe the essence of a phenomenon. Constructivism holds the idea of relativism and assumes that there is no absolute truth, reality or meaning. 'Truth' is relative, depending on a specific context and people who construct (their) reality together (Forinash, 2004; Smeijsters, 2006). Together they support the study of the phenomenological experience of clients as well as the construction of a relative truth with therapists concerning the research topic. Including its characteristic observation and survey methods, this research took the form of descriptive research, which, instead of testing a hypothesis, has a primary focus on finding out "what is" (Berrol, 2004). The timescale for the proposal, research project and master thesis ran from September 2007 until July 2009.

Research design
The research design includes *triangulation*[40], which will strengthen its qualitative design (Goodill & Cruz, 2004; Livesey, 2009; Smeijsters, 2006). Also other qualitative techniques, such as written observations, reflexive journaling, iterative analysis, member checking[41] and external audits, were used to increase validity and reliability (Creswell & Miller, 2000; Smeijsters, 2006; Wadsworth Hervey, 2004). Triangulation of research methods is very common in current art therapy research, which is often highly qualitative with some quantitative aspects. The methods used in this project are common to art therapy research[42] (Metzl, 2008).

The *research design* includes four methods of data collection:
1. Participant observation notes of the researcher of six DMT vocalization sessions;
2. Client evaluation forms concerning these vocalization sessions;
3. A survey among (dance) movement therapists in the field;
4. Interviews with three DMT therapists about their experiences with vocalization.

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[40] *Triangulation* refers to the use of multiple sources of data, different types of data collection, and persons collecting the data, and/or different theoretical perspectives in data analysis, which checks the accuracy of the sources with one another (Smeijsters, 2006, pg. 815; Wadsworth Hervey, 2004, pg. 192).

[41] *Member checking* is a process in which researchers share their data and findings with research participants who can confirm its accuracy from their perspective (Wadsworth Hervey, 2004, pg. 192-193).

[42] (Eight) *methods common to art therapy research* are: case studies, self studies, (survey) questionnaires, interviews, theoretical explorations, art therapy assessments/tests, observations, and exploration of collected artworks (Metzl, 2008, pg. 66).

DATA COLLECTION

The four methods of data collection, all of which provide primary data (Livesey, 2009), are described below.

Participant observation notes

In the DMT vocalization sessions at the internship place (Jan-Feb 2008) the researcher was participant observer and the internship dance therapist was co-researcher. This internship place was a PAAZ[43], with both adult inpatients and outpatients and mixed psychopathology, such as depression, schizophrenia, borderline personality disorder, and ADHD. Much like in a single-subject design (SSD)[44], for six sessions both entered the treatment process with research in mind and deliberately manipulated certain aspects of the participants' experience (Goodill & Cruz, 2004). Manipulation meant focusing on using vocalization techniques and interventions, while still respecting the clients' therapy needs (Wadsworth Hervey, 2004). *Data collection* included retrospective session notes of the researcher, as rich description of the interventions in clinical field notes can help interpretation during data analysis (Goodill & Cruz, 2004).

Client evaluation forms

For the DMT vocalization sessions *sample selection* included an outpatient group that knew the researcher well enough to expect en get informed consent[45] (Berrol, 2004). This group of six women with mixed psychopathology included both clients with like and dislike of using voice. *Data collection* included two self-designed evaluation forms[46] handed out after the second and the last vocalization session. For ease of use, they were much like the regular institute client evaluation form. The first evaluation form contained only three questions about the use of voice in DMT in relation to their therapy and their vocalization experiences. The second evaluation form also included a full list of the vocalization exercises per session to refresh clients' memory while evaluating them in retrospect.

As the client research opportunity was short timed and paralled the development of the final research proposal, no consultation was done of literature on developing questionnaires, such as Baarda, de Goede & van der Meer (1996), or of eligible measures as advised by Cruz & Berrol (2004). However, Miles & Huberman (1994), in their

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[43] *PAAZ*: Psychiatrische Afdeling Algemeen Ziekenhuis, a psychiatric ward of a general hospital.

[44] In *single-subject design (SSD)* research, the subject (person or group) is compared to him- or herself in the different experimental conditions or phase of the study. Thus, the subject serves as his or her own control, in contrast to the standard, that is, a comparison to other individuals (Goodill & Cruz, 2004, pg. 93).

[45] See Appendix A for the Client Consent Form & Information Letter.

[46] See Appendix B for the Client Evaluation Forms.

discussion of prior instrumentation[47], argue why exploratory, largely descriptive studies, like this one, may need less front-end preparation. Nevertheless, due to flaws in the client evaluation forms the usefulness of the clients' responses seemed limited. This is why in the final research proposal the researcher decided to include the next two additional methods of data collection, although this would expand the research project greatly.

Survey

The self-designed survey questionnaire for (dance) movement therapists in the field (January 2009) aimed at obtaining both quantifiable data and narrative responses considering the research topic (Berrol, 2004). In contrast to the client evaluation forms, much time and effort was put into defining and formulating the questions of the survey. Questionnaire literature (Baarda, de Goede & Kalmijn, 2000; Berrol, 2004) and survey reports such as Cruz & Wadsworth Hervey (2001) were consulted. Furthermore, a pilot questionnaire[48] was issued, and audit reviews were conducted on the final survey by peers and the Codarts research counselor. *Sample selection* was guided by the availability of e-mail addresses of therapists in the field. These included members of the NVDAT[49](80), Codarts DMT teachers (11), co-students (13), vocalization workshop participants (9) and a PMT therapist (1) through the researcher's own network. Due to some overlap in total the survey was sent to 110 recipients[50]. The total response included 17 surveys (N=17). *Data collection* was performed through an online survey questionnaire on the Internet, both in Dutch and in English[51]. A document version was also made available[52]. Respondents were asked about their opinion on the usefulness, goals and influences of vocalization by clients in DMT, vocalization types and exercises or interventions they might use and voice work approaches they might know, and some professional demographic data, such as their profession, work setting and client populations. As proposed by Berrol (2004), the survey questions included yes/no(/sometimes) queries, multiple choice questions, questions which allow for serial ranking (e.g. more/no difference/less), and open questions to elicit narrative responses. Some questions with a long check-list were optional.

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[47] *Prior instrumentation* means using predesigned, structured instruments for data collection. Miles & Huberman (1994, pg. 35-36) describe arguments for and against (a lot of) prior instrumentation.

[48] The *pilot questionnaire* was handed out to participants of the workshop "Vocalization in Dance Movement Therapy" at the Psychomotricity Congress 'Crossing Borders' on May 23, 2008 in Amsterdam (NL) by the internship therapist, at which the researcher was co-leader and presented her research project.

[49] *NVDAT*: Nederlandse Vereniging voor Danstherapie, the Dutch Association for Dance Therapy.

[50] See Appendix C for an overview of the mailings to the respective recipient groups.

[51] See Appendix C.1 for the Survey Questionnaire (in English).

[52] Because the *document versions* of the survey could be returned by e-mail, compromising the aim of anonymity, the documents were kept and studied separately from the e-mails that contained them.

Therapist interviews

The therapist interviews were designed as non-standardized or unstructured interviews, using an interview guide[53] with topics for the respondent to talk about. This gave the researcher freedom in phrasing the questions and joining the discussion (Baarda, de Goede & van der Meer, 1996; Fielding & Thomas, 2001). Interviewing skills such as prompting[54] and probing[55] were applied. Also different types of questions were used, such as open-ended basic descriptive, follow-up, example, and clarification, comparison and closing questions (Forinash, 2004). As there was no basic assumption for the use of vocalization in DMT, non-standardized interviews, like other qualitative methods, are valuable as strategies for discovery. They provide rich, detailed materials that can be used in qualitative analysis (Fielding & Thomas, 2001). Besides the internship therapist, *sample selection* included two therapists who, upon returning the survey, volunteered for a one-hour interview (March/April 2009) (N=3). The internship therapist participated in two one-hour interviews about methods and goals considering vocalization in DMT in general and the vocalization sessions' exercises in particular (March 2008). The therapists received a consent form[56] with information about the research and the interview. *Data collection* included the (consented) recording and verbatim transcription of all three interviews. The respondents were supplied with their own transcript to check its accuracy. Although laborious, advantage of verbatim transcription is that all possible analytic uses are allowed for (Fielding & Thomas, 2001). In addition, the researcher undertaking the transcription herself had the advantage of getting familiarized with the data.

DATA ANALYSIS

Data analysis included all four methods of data collection, but focused on the survey data and the therapist interviews, because of the abundance of data collected, with varying relevancy. As the client evaluation forms seemed not to offer much relevant information, these forms and consequently the researcher's notes of the vocalization sessions were merely studied for illustrative material. To come to new knowledge of the phenomenon under study, data analysis followed a general protocol of reduction and abstraction, of deconstructing and reconstructing the data. *Qualitative techniques* such as multiple reviewing of the data, coding data, noting reflections, labeling of fragments, and identifying categories were used (Anderson & Hull Spencer, 2002; Baarda, de Goede & van der Meer, 1996; Forinash, 2004; Miles & Huberman, 1994; and Smeijsters, 2006).

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[53] See Appendix D.1 for the Therapist Interview Guide.
[54] *Prompting* involves encouraging the respondent to produce an answer. In non-standardized interviewing the interviewing has more latitude in re-phrasing or improvising to get an answer (Fielding & Thomas, 2001).
[55] *Probing* involves follow-up questions to get a fuller response; it may be non-verbal or verbal, but should be neutral, as to not incline the respondent toward a particular response (Fielding & Thomas, 2001, pg. 128).

ETHICAL CONSIDERATIONS

For this research project the researcher studied the ethical codes and guidelines of the BCAP[57], ADTA[58], FVB[59] and NVDAT[60].

Protection of research participants
Regarding the research participants the following has been attended to:

- Informed consent has been obtained from the interviewed therapists and the participating clients and their institute psychiatrists, by explaining the purpose and procedure of the research, including the possibility of withdrawing consent at any time without adverse consequences[61].

- Personally-sensitive information has been anonymized and ensured by data protection.

- Clients' interests and vulnerabilities (social, psychological or medical) in the participation observation part have partially been protected by the researcher being participant observer, not the therapist. In contrast, Payne (1993) welcomes a reciprocal relationship of researcher and respondents for gathering meaningful data.

Managing risks
The following risks and measures for managing them have been identified:

- For clients: possible misuse of voice, which may cause pain to throat or voice. Managed by providing adequate instructions by the internship therapist.

- For researcher: possible diffusion in focus, because of being both an intern practitioner and a researcher in DMT. Managed by choosing different internship groups and taking separate consultation on both roles. However, combining the roles of practitioner and researcher in DMT might have benefited both, as Payne (1993) experienced. In fact, practice research can promote professional development from 'reflective practitioners' to 'scientific practitioners' (Smeijsters, 2005; Smeijsters & Cleven, 2006).

- For research: possible negative or withdrawal of consent by invited participants. Managed by timely and adequately informing participants about the study.

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[56] See Appendix D.2 for the Therapist Consent Form.
[57] *BCAP*: British Association of Counselling and Psychotherapy. For ethical guidelines see Bond (2004).
[58] *ADTA*: American Dance Therapy Association. For research resources and links, see http://www.adta.org/resources/research.cfm#ethics (accessed 4- Nov-2007).
[59] *FVB*: Federatie Vaktherapeutische Beroepen, the Dutch Federation of Creative Arts Therapies and Psychomotor Therapy. For professional guidelines, see FVB (2008).
[60] For *NVDAT's* professional code, see NVDAT (2009).
[61] See Appendix A for the Client Consent Form & Information Letter.

Research integrity

For ensuring research integrity the following has been addressed:

- Because the internship therapist is very positive about using voice in DMT, the researcher risks being biased. She is aware of the need for keeping an open mind and critical subjectivity, as advocated by Payne (1993). To support this, the phenomenological technique of bracketing[62] was applied (Anderson & Hull Spencer, 2002; Miles & Huberman, 1994).

- The researcher has taken consultation with the research committee and peers about ethical, methodological and subjectivity issues.

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[62] *Bracketing* is a process of suspending or setting aside one's beliefs, feelings and perceptions about the topics under discussion (Anderson & Hull Spencer, 2002 pg. 209/1341; Miles & Huberman, 1994, pg. 6).

4   Results

"The use of voice let's you know that you are there, that you exist."
(Vocalization in DMT survey respondent, 2009)

SURVEY AND INTERVIEW RESPONDENTS

Seventeen (dance) movement therapists responded to the survey (N=17), creating a *response rate* of 15% (of 110 invitations). Importantly, response rates lower than 20% can decrease the precision of sample estimates calculated from the data (Cruz & Berrol, 2004). Therefore, no statistical procedures were used during data analysis, although some quantitative results will be presented. The qualitative results from open ended questions were hoped to offer additional information to what was found in the literature. Similar to the approach of Cruz & Wadsworth Hervey (2001), the narrative answers were analyzed by multiple reading and itemizing, labeling, comparing and clustering text fragments[63], from which per theme categories emerged. The interview data was analyzed in a similar way, and compared and contrasted with the survey results.

Respondents' characteristics
Because the *professions* of DMT and PMT are practiced under various job titles (Janssen, 2005), the survey respondents (N=17) were asked for the term they use in front of their clients (question 13). As shown alongside, most respondents reported *DMT* (n=9). The respondents reporting *other* (n=6)*,* all mentioned a dance therapy and/or additional PMT background, except for one movement expression/drama therapist. Since only one pure PMT therapist participated (n=1), during data analysis the survey respondents' professions were not found to contribute much to an explanation of the findings.

Profession

Other; 6
DMT; 9
PMT; 1
DMT Intern; 1
(N=17)
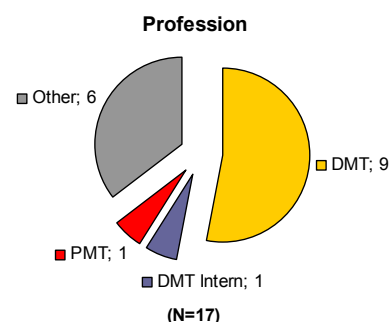
For contextual reasons, the survey respondents were also queried for their *work settings* (NVDAT, 2007; van de Pol, 2008) (question 14) and *client populations* (Frank, 2003) (question 15). Both were quite varied (multiple answers possible)[64]. The *work settings* showed a highest score for *private practice* (n=7), often combined with other work settings, for instance with *mentally handicapped care* (n=4), *child & youth psychiatry, youth care* or *special education* (all n=3). The respondents' *client populations* showed a highest score for *adults* (n=13), followed by *adolescents* (n=10) and *children* (n=8) within

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[63] When in Dutch, text fragments quoted were translated into English by the author at best effort.
[64] For a detailed overview of work settings and client populations, see Appendix E.

age populations; and for *groups* and *individual* clients (both n=13). *Outpatients* and *part time* (both n=6) and *inpatients* (n=4) were also quite equal. *Autism* (n=6) and *mentally handicapped* (n=5) were reported most regarding the special populations.

The *therapist interview respondents* (N=3), in a different order further referred to as T1, T2 and T3[65], included:

- The internship therapist, a registered bachelor DMT therapist with long-lasting experience, currently in the master DMT program and a supervisor training program. This therapist holds a private practice, and previously also worked on a psychiatric ward of a general hospital;

- A senior registered master DMT therapist, previously post-graduate, with much experience. This therapist works in a forensic psychiatric clinic, and previously also worked at the geriatric and depression wards; and is also a researcher at Kenvak[66];

- A post-graduate DMT therapist, currently finishing the master program. This therapist works in a clinic of a psychiatric hospital for personality disorders.

Training in voicework
The survey respondents (N=17) were optionally asked about their familiarity with and training in voicework approaches[67] found in the literature review (question 12). The approaches most *heard of* are Blanche Evan's *Dance/Movement/Word Therapy*, Fran Levy's *Psychodramatic Movement Therapy (Multimodal Approach)* and Penny Lewis' *Authentic Sound, Movement and Drama*[68] (all n=7). Of the interview respondents (N=3), two therapists got acquainted with voice work during and after their initial bachelor education (n=2). They had intensive training with Jean René Toussaint (who works with voice and movement) and Roy Hart Theatre (which works more theatrically) respectively. Based on this training, one gradually developed the way of working with vocalization the researcher had experienced during the internship, while the other experienced some difficulty applying vocalization in while working as a dance teacher and only started using some vocalization again when working as a dance therapist later on.

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[65] As a group, the *interview respondents* may also be referred to as: the *interviewed therapists*. As the interviews were conducted in Dutch, any quotes used were translated by the researcher at best effort.
[66] *Kenvak*: Kenniskring Kennisontwikkeling Vaktherapieën, located at Hogeschool Zuyd, Heerlen (NL).
[67] The *voice work trainers* Alex Boon, Jean-René Toussaint, Marius Engelbracht and Maurice Willems, (currently or formerly) based in the Netherlands, were included because they might be known to the Dutch respondents, although their work may not be considered or presented as therapy.
[68] For an overview of training in and voice work heard of, see Appendix E.

THE USE OF VOCALIZATION

All survey respondents (N=17) answered positively to the usefulness of vocalization in DMT (question 1), with *yes* (n=10) or *sometimes* (n=7), as shown alongside. Furthermore, they all indicated (sometimes) joining in vocalization as well (question 6). Comments on their joining (question 7) were found pertaining to four categories of

Usefulness of vocalization

No; 0
Sometimes; 7
Yes; 10
(N=17)

reasons: stimulation/permission, support/safety, (sharing) experience and synergy[69].
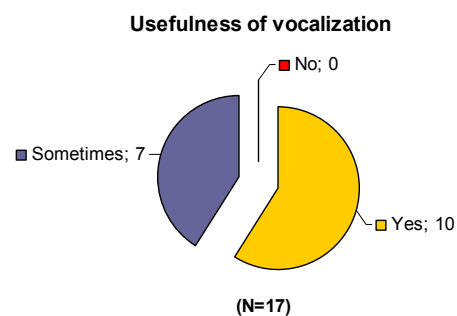
Vocalization in session parts

Considering the distinctive DMT session parts (Janssen, 2001) (question 5), most survey respondents answered using vocalization *sometimes* in the *warming-up/introduction* (n=12) and in the *core/exploration* (n=15) parts of the session, as shown below. Furthermore, some respondents also *sometimes* (n=6) use it in the *round-up/processing* part, but many survey respondents *never/seldom* (n=10) do. In this final part of the session it may be more common to use verbalization about the vocalization experience, to facilitate self-understanding, see Stark & Lohn (1989).

Use of vocalization in distinctive session parts
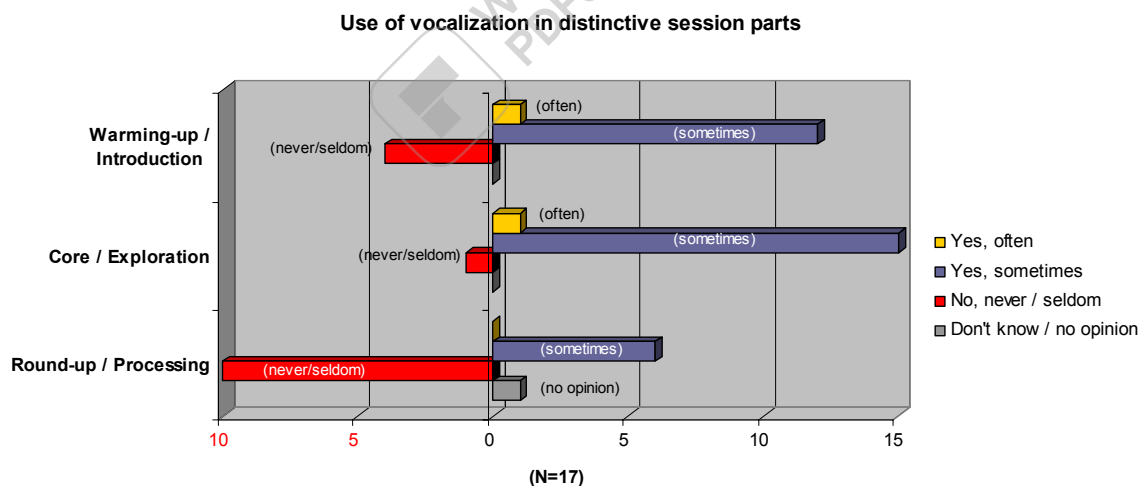
Figure 1: The use of vocalization in distinctive session parts

Types of vocalizations

Most survey respondents (N=16) indicated types of vocalizations they (sometimes) use (Aeschlimann et al., 2008; Uhlig, 2006) (question 4). As shown below, almost all respondents use vocalization through *making sounds* (n=15) (multiple answers possible).

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[69] For an overview of comment samples on joining vocalization as the therapist, see Appendix E.
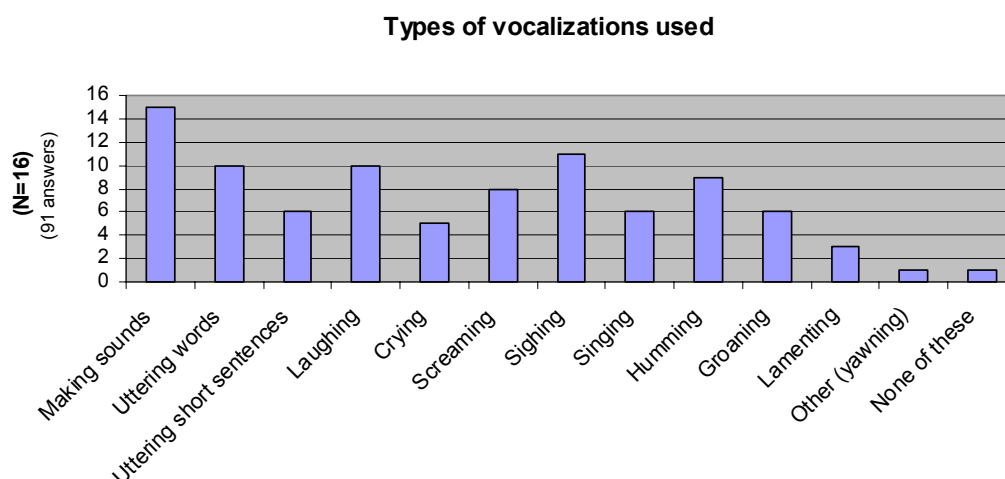
Types of vocalizations used

Figure 2: Types of vocalizations used

Possibly *making sounds* is seen as a general form of vocalization, analogous to the *vocal sounds* and *voice sounds* mentioned in the literature review (Andersen-Warren & Grainger, 2000; Darnley-Smith & Patey, 2003; Jennings, 1992; Newham, 1999; and Payne, 1992). Moreover, in the research data *(use of) voice* was often found used to denote vocalization, see Mahoney (2006).

THE WHY OF VOCALIZATION

Collecting data on the *goals* and *effects* of vocalization in DMT was one of the main aims of this project, as it might answer the why-part of the research question.

Goals with vocalization

The predefined goals with vocalization mentioned in the survey (question 3) were derived from Stark & Lohn's (1989) first category of vocalization use, which focuses on facilitating the movement experience: *stimulation of body/action/awareness (I)*, *differentiation of self/increasing sense of self (II)*, and *expression of feelings (III);* and were replenished with *catharsis (IV)*, taken from Newham (1998a).
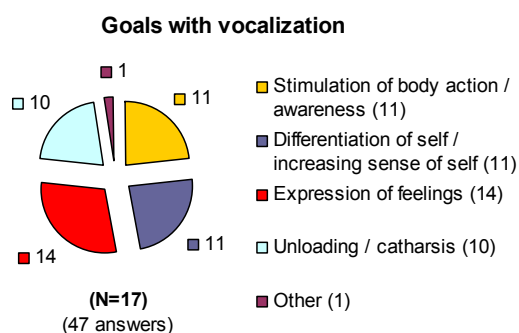
Survey respondents (N=17) were almost equally positive about all predefined goals (between n=10 and n=14), as shown alongside. In addition, most comments to their positive position toward the usefulness of vocalization seemed to be about goals as well *(question 2)*.

Comments were given by 16 respondents (N=16). These comments were itemized into 43 text fragments during data analysis. Most fragments (33) seemed to be related, literally or indirectly, to the four predefined goals with vocalization *(I-IV)*. Two additional categories emerged: *connecting/contact (V)* and *creativity (VI)*, as show below.
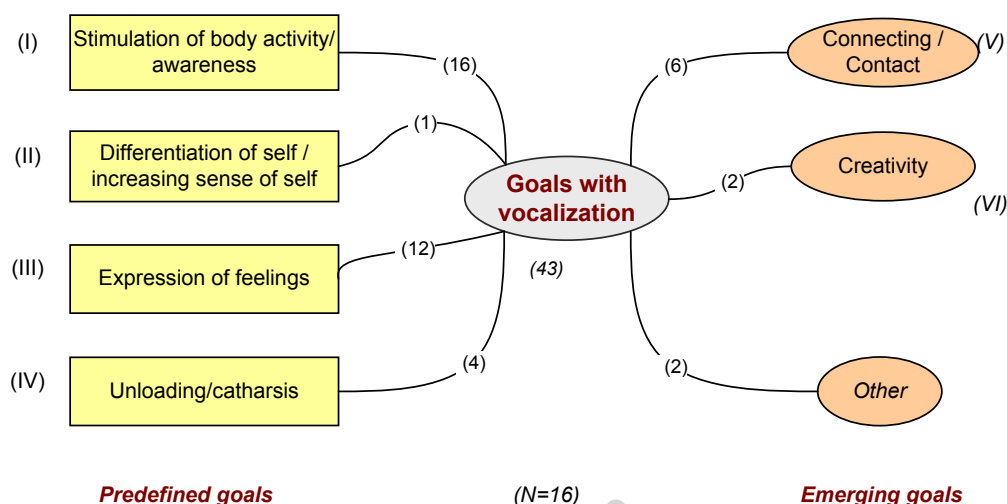

Figure 3: Predefined and emerging goals with vocalization (survey)

Goals found most referenced were *stimulation of body activity/awareness (I)* (16) and *expression of feelings (III)* (12). The table below shows some sample fragments[70] found related to the predefined goals of vocalization, and to the additional categories of goals that emerged[71]. Words in *italics* indicate how (the relation to) the category was identified.

Predefined goals	Sample text fragments
Stimulation of body activity / awareness (16)	"The dance/movement becomes extra supported, through which it becomes more *noticeable in the body* ."
Differentiation of self / increasing sense of self (1)	"Use of voice let's you know that *you are there* , that *you exist* ."
Expression of feelings (12)	"…can work *liberating* for those who are usually *quiet* , afraid of letting their *voice be heard.* "
Unloading / catharsis (4)	"… possibly *release the uptight energy* ".
Emerging goals	Sample text fragments
Connecting / contact (6)	"It's a deep *form of contact* between the client and him/herself and toward the outer world ('Inside out')."
Creativity (2)	"To explore the *creativity* …"

Table 1: Predefined and emerging goals with vocalization (sample)

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[70] As space is limited, only one or a few survey or interview samples are shown in the Results chapter. Detailed overviews can be found in appendix E and F.

[71] For a detailed overview of the fragments related to the predefined and emerging goals, see Appendix E.

The interview respondents (N=3) also talked about their goals and reasons for using vocalization, mentioning 23 reasons in total. From the wording, most of these reasons (18) were seen related, literally or indirectly, to the predefined goals of *stimulation of body activity/awareness (I)*, *differentiation of self/increasing sense of self (II)*, *expression of feelings (III)* and *unloading/catharsis (IV)*. Also a few links (2) with the emerging goals of *connecting/contact (V)* and *creativity (VI)* from the survey data were seen here. *Gaining insight/self-reflection (VII)* was identified as an additional goal emerging from the interview data. Samples of goals mentioned are shown below[72]. Relations to the predefined and emerging goals are indicated by their corresponding Latin numbers.
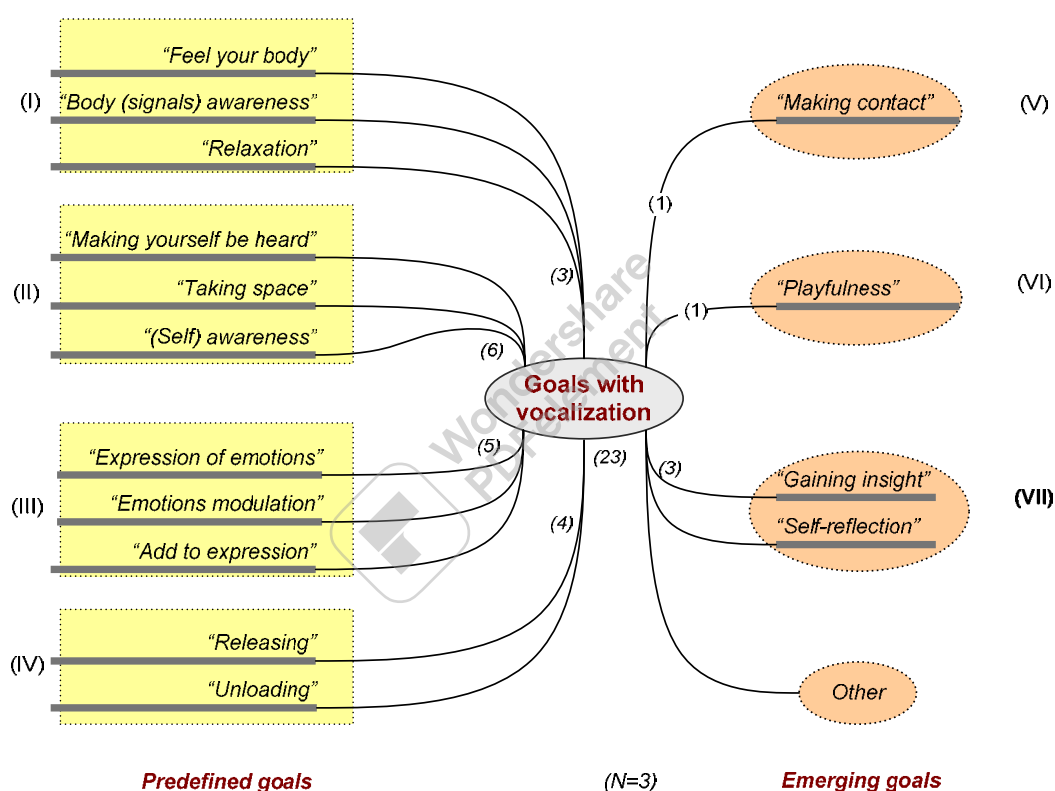
Figure 4: Predefined and emerging goals with vocalization (interviews)

Here, most reasons for using vocalization were found related to *differentiation of self (II)* (6) and *expression of feelings (III)* (5). Goals mentioned by the clients included using power in their voice for assertion and releasing, and dealing with loud noises and aggression. Notably, *releasing* seemed a multi-dimensional goal with vocalization. For T3 *releasing* referred to release of tension, which could be either related to *stimulation of body activation/awareness (I)* for releasing of bodily tension, or to *unloading/catharsis (IV)*, for releasing of uptight emotional energy. In contrast, for T2 *releasing* also had to do with letting go of control, both in body and voice and in other ways.

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[72] For a detailed overview of the interview therapists' goals, see Appendix F.

Effects and influences of vocalization

To gain information on the effects of vocalization, the perceived *influence on the LMA efforts* flow, weight, time and space (Bartenieff & Lewis, 1979) (question 9) was asked about, because the researcher had also made some retrospective notes about efforts in the clients. Many survey respondents (N=10) offered their opinion (a total of 66 answers for the 8 efforts). The distribution between efforts being observed *more*, *less* or with *no difference* when using vocalization is shown below. All LMA efforts were mainly observed *more* (between n=4 and n=10), although *bound flow* quite balanced between *more* (n=5) and *less* (n=4). S*trong weight* was uniformly indicated as observed *more* (n=10), as was the case with *free flow* (n=7). Comments included that humming and breathing gives more free flow, while aggression gives more bound flow.
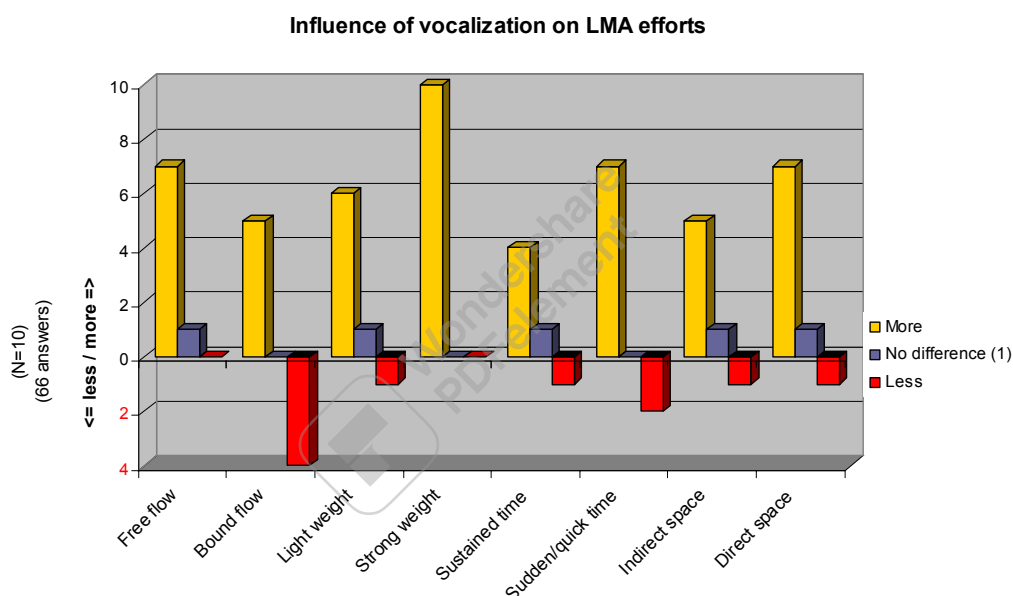
Figure 5: The influence of vocalization on LMA efforts

The interview data showed differed views on the influence on LMA efforts. T1 mainly talked about the varying effort or strength in the voice during the expression of emotion through speaking. Moreover, in T1's experience, when clients speak softly, a closed posture can be observed, while when they speak with more power, the posture is more open. T2 mentioned seeing all aspects of LMA efforts, depending on the assignment. In contrast, T3 reported that the efforts often become less obvious, less observable, because the focus moves from movement to voice: *"(A) lot of them will focus on that (using voice) and are hardly aware of what their body is doing anymore."* The opposite also may happen, with full focus on movement and hardly any sound of voice. T3 indicated not finding the combination of voice and movement very easy, because it is hard to get equal effort into both of them.

Most survey respondents (N=12) offered comments on *other effects or influences of vocalization* (question 10). These were itemized into 25 text fragments. From the wording, some fragments were seen related to a predefined goal with vocalization, while others seemed to refer to one of the emerging goals described earlier. The relationships identified between the influences of vocalization mentioned and the predefined and emerging goals are sampled below[73].
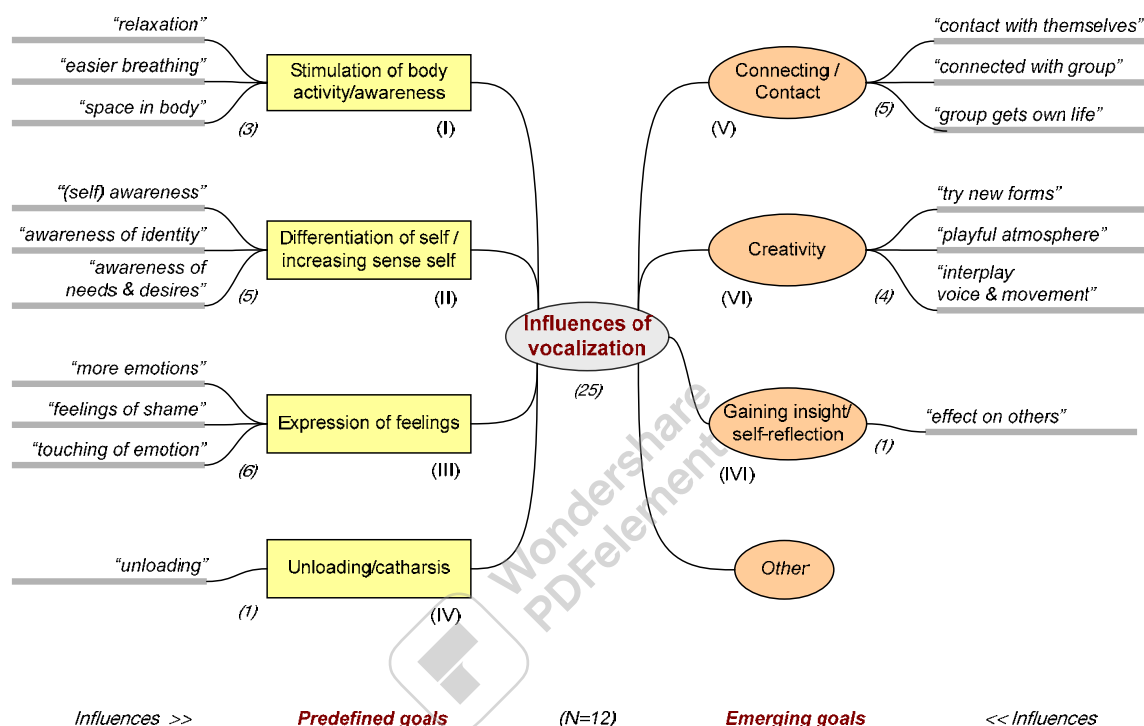
Figure 6: Influences of vocalization in relation to goals

Some effects were also mentioned by some clients and observed by the researcher, such as *playfulness* and *relaxation*. Notably, from the interviews it became clear that movement has much more impact when voice is added. A striking example was a delict processing session about the bag snatching of old ladies by a young female drug addict, who had yelled: *"Hey, old cow, hand over that bag!"* When reenacting such a scene using role change for developing victim empathy, T3 explained that *"…due to such a sentence it becomes ten times as powerful than when you just take the bag."*

THE HOW OF VOCALIZATION

Collecting data about specific vocalization *exercises and interventions* was the other main goal of this project, as it might answer the how-part of the research question. In addition, the interviewed therapists were asked about their general *approach* to vocalization.

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[73] For a detailed overview of vocalization influences related to goals, see Appendix E.

Exercises with vocalization

Almost all survey respondents (N=16) provided one or more *vocalization exercises* (question 8). Within the total of 51 responses 55 exercises were identified (as some contained more than one). During data analysis these were clustered into eight types of exercises, as shown below. From the wording, a division between *body-oriented* and *expression-oriented* exercises was identified, as the exercises in the first category were focused on body/breath and voice through *activation, awareness, techniques or relaxation (A-D)*, while those put in the latter category were seen as related to emotive vocal expression by *affirmation*, *regulation*, *releasing* or *exploration (E-H)*.
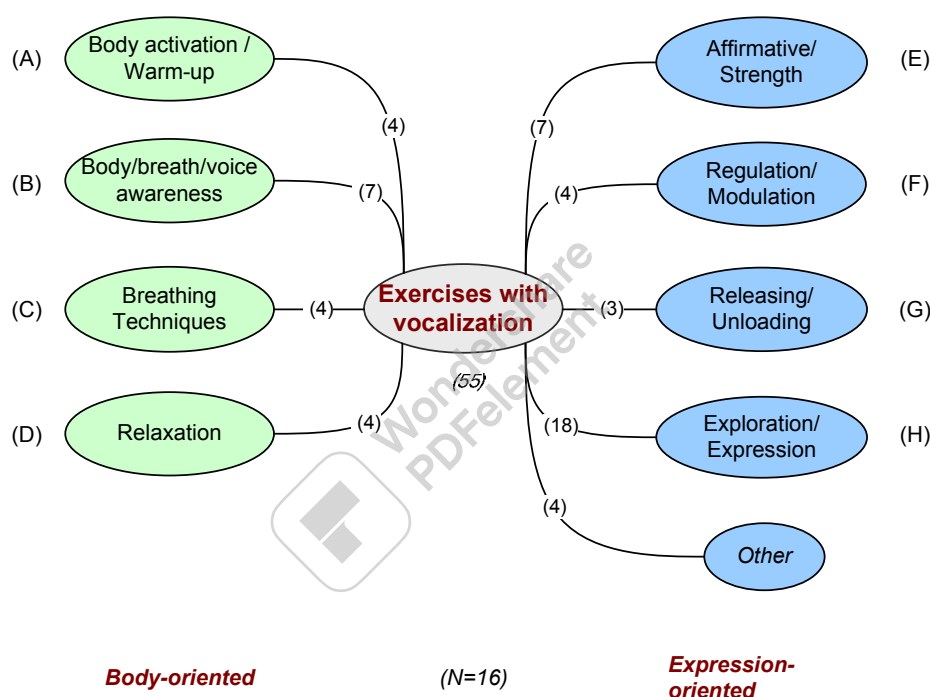
Figure 7: Exercises with vocalization (survey)

Notably, almost twice as much *expression-oriented* (36) than *body-oriented* (19) exercises were identified in the survey data. Within the *expression-oriented* exercises, one large category of *exploration/expression* (18) was identified and divided into three subtypes: *voice-oriented* (4), *combinations with voice* (8) and more *open explorations* (6).

The tables below sample the *expression-oriented*[74] and the *body-oriented* exercises[75]. Words in *italics* indicate how the category was identified.

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[74] For a detailed overview of the survey expression-oriented exercises, see Appendix E.
[75] For a detailed overview of the survey body-oriented exercises, see Appendix E.

Expression oriented	Sample exercises
Affirmative / Strength (7)	"Strength-exercises with/without props/materials supported by use of voice. E.g. Bouncing a ball vigorously, hitting a ball with stick etc."
Regulation / Modulation (4)	"Upon *aggression regulation*: getting angry, speaking a short sentence or word to it. Regulate this in combination with body action, e.g. boxing, increase and decrease strength."
Releasing / Unloading (3)	"As an *outlet of tension* we will make ah, oh, uh sounds with the music."
Exploration / Expression: voice-oriented (4)	"*Singing* a part of a song in *different ways*. With different movements, with hands on breath support (flanks), looking outside, back to back, directed towards one point, etc."
Exploration / Expression: voice combinations (8)	"voice-circle - where everybody sit or stand in a cirkel and *make an sound on* a theme (ex. grounding) or bodypart or inner feeling."
Exploration / Expression: open explorations (6)	"When a client him/herself already makes a sound with a movement, I amplify this as the therapist. Then look what develops from this, and then *play with dance elements / effort qualities*."
Other (4)	"*Authentic Movement*"

Table 2: Expression-oriented exercises with vocalization (sample)

Body oriented	Sample exercises
Body activation / Warm-up (4)	"Sitting in a chair, bent over, *roll up spine*, arms along upwards, *stretch*, with a 'JAA' or 'Yes'. "
Body/breath/voice awareness (7)	"Feeling/sensing of *voice vibrations* in different body parts for *body awareness*, also with each other by putting a hand on it."
Breathing techniques (4)	"Support *breathing exercise* with sighing/blowing or a yell."
Relaxation (4)	"To *relax* oneself, sing or hum along with known music."

Table 3: Body-oriented exercises with vocalization (sample)

As explained earlier, checking with the survey respondents' professions did not reveal much, although the use of props, which may be more common in PMT than in DMT, was little mentioned.

The interviewed therapists also offered a range of vocalization exercises (31). From the wording, all exercises were seen related to the types identified above, so no new types of exercises emerged from the interview data. Actually, many of these exercises were similar to those mentioned by the survey respondents (see Appendix E and F). Samples of the exercises from the interviews are shown below[76]. Relations to the *body-oriented (A-D)* and *expression-oriented (E-H)* types of exercises identified are indicated by their corresponding alphabet letter.

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[76] For a detailed overview of the interview therapists' exercises, see Appendix F.
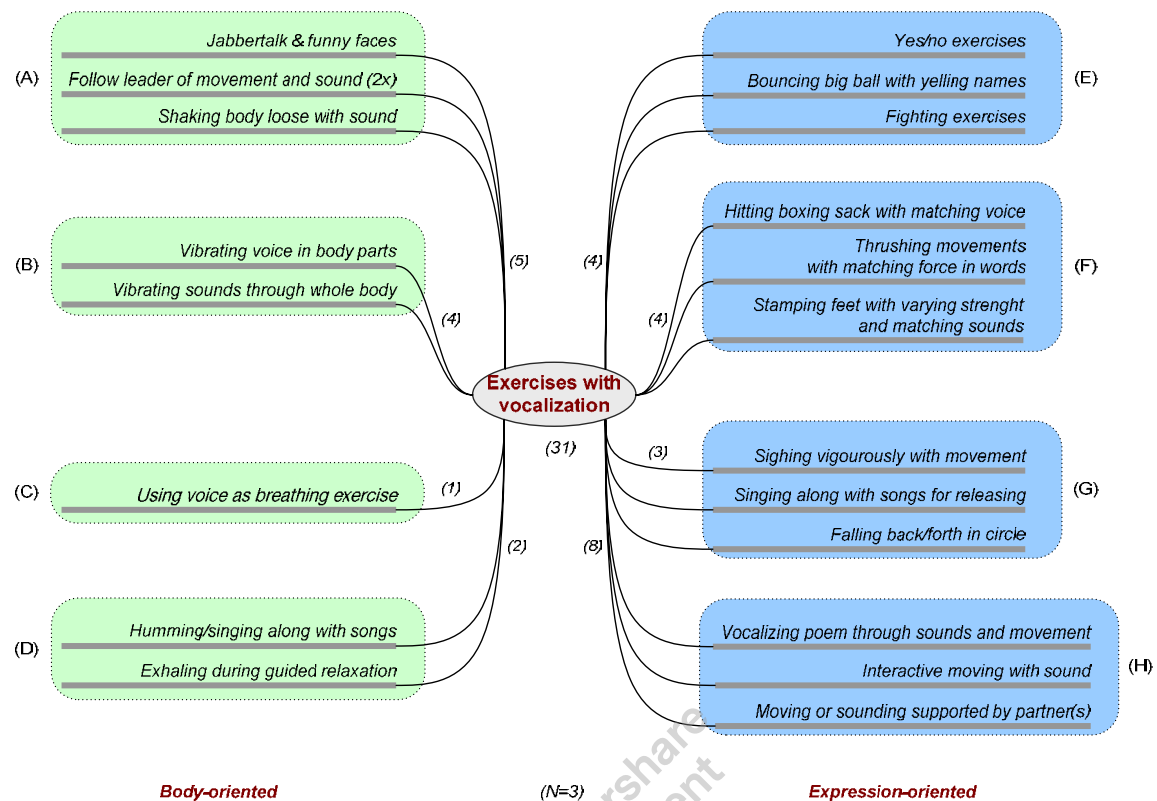
Figure 8: Exercises with vocalization (interviews)

One specific exercise in the category *releasing/unloading (G)* of T2 not found mentioned elsewhere, is *falling back and forth in a circle of people*, with the aim of letting go of control: *"With voice you need to let go even more. See the example of a roller coaster: if they retain instead of scream, they get nauseous."* The clients' evaluations of the exercises in the vocalization sessions quite varied, but they all especially enjoyed bouncing a big ball across the room while calling out the receiver's name, because it involved loudness and unloading in a playful way.

Notably, for breathing focused exercises, two opposing approaches were distinguished. A survey respondent reported starting from breath: *"Breath comes before use of voice. I always start with attention for breathing through different breathing exercises."* In contrast, T2 doesn't focus on breath when working on breathing issues, such as hyperventilation, but starts from the use of voice because it can deepen the exhale in a playful way and breathing can become more relaxed: *"When you use your voice properly, you breathe in and out well, otherwise you cannot use your voice well."* A similar approach mentioned by another survey respondent was the use of vocalization with breathing within Bartenieff Fundamentals.

Combinations with vocalization

During detailed data analysis of the vocalization exercises many *combinations* of voice/sound(s), words/sentences, and singing/humming with other aspects were identified, including breath or body parts, movement or emotions, and props or music. The vocalization combinations were found to elicit the one in *reaction to,* or to be stimulated to go *together with* the other[77]. Most combinations pertained to creating matching sound(s) to movement, body (parts), breath or feelings. A vocalization combination possibly more common in music therapy is *singing along with songs*. In the interview data this was mentioned for several purposes. T3 explained that singing along with songs about themes that are special to clients can be empowering, for example songs about freedom for forensic patients. Furthermore, 'schlagers' can be beneficial for geriatric patients, for reinforcement of memories and emotions, and relaxation. In comparison, T2 included singing along with songs to have clients practice how they can use their voice through vocalization at home. Notably, one client with dislike of using voice reported that for the first time she had been singing along with her favorite music at home.

Approach to vocalization

From the interviews it became clear that the use of vocalization in DMT requires building up the exercises instead of just throwing clients off the deep end. The approach in the vocalization sessions included low-threshold exercises to get acquainted with using voice. These were quite technical, which gives structure and support, for instance feeling the vibrations of the voice in different places of the body. *"Everybody does it. […]. There is no emotion, and this is not meant to be either"*, T2 explained. As depicted below, the *gradual build-up* of the use of vocalization went from *structured*, technical exercises with the whole group, via *playful*, less structured exercises individually in the group, to *creative*, improvisational, more individual or interactive exercises, while gradually bringing in more emotion.
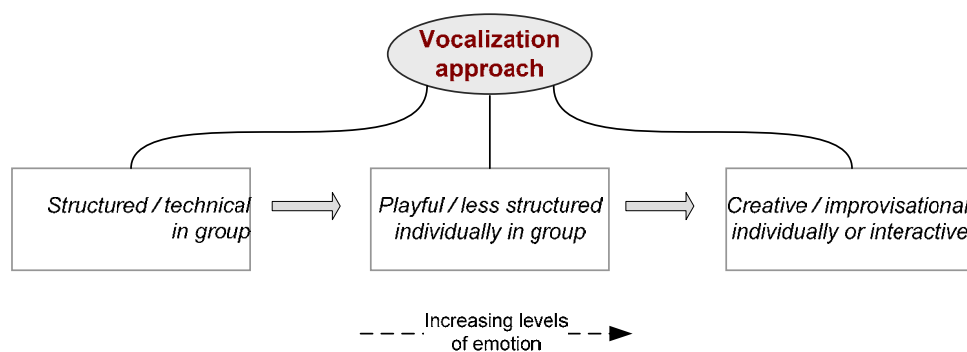

Figure 9: A gradual build-up approach to vocalization

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[77] For a detailed overview of exercise fragments related to the vocalization combinations, see Appendix E.

"Playfulness gets people going, into doing without thinking", T2 stated. Indeed, from the researcher's session notes and the clients' evaluation forms it became clear that they felt most comfortable when use of voice was introduced spontaneously and playfully. A similar structured versus improvisational approach was found with T3. In groups for aggression regulation and delict processing use of voice has a functional and obligatory character, with concrete exercises. It is part of the program, barriers or no barriers: *"Sorry guys, you need to learn this; we are going to do this."* In contrast, in dance therapy sessions there is more opportunity to use vocalization in an artistic way, with more improvisational exercises; but only when a client brings in something in that direction (which forensic clients hardly ever do). In T3's view people need to be appreciative of the beauty of art for this and willing to experiment. One example remembered was a female artistic forensic client who had brought in a poem, which they processed through vocalization: from just reading it aloud through emphasizing important words to transforming it into sounds. As hearing gives instant feedback, capturing the beauty of their vocalizations can strengthen a person, T3 explained. In contrast, T2 may always consider bringing in the use of voice, not just as an exercise but also as an intervention on a (previously) silent movement experience, because it supports expression and letting go. T2 trusts the feedback from the clients: *"People say it is better with using voice. [...] Sometimes clients start to do it themselves after a while."*

Importantly, it was advocated that DMT therapists seek training and experience in vocalization before using it with clients in depth. They need to know how to prevent clients from getting a sore throat or losing their voice. Therapists also need to be able to use their own voice in different intonations, for example with aggression regulation or relaxation exercises. As T2 argued, *"You need to be able to guide them, otherwise it won't work."*

ADULT PSYCHIATRY POPULATIONS

To gather more information on vocalization in DMT with the target group of adult psychiatry, the survey respondents (N=17) were optionally asked to indicate for which disorders they thought vocalization might be suitable (question 11). Importantly, at the internship place adult psychiatric clients with various diagnoses were treated and all groups were exposed to vocalization exercises in the DMT sessions. Most survey respondents were positive about (sometimes) using vocalization with many client populations mentioned, with highest scores for *depression* (n=13), *borderline personality*

disorder and *PTSD* (both n=12), although the latter two both got a negative score (n=1) as well. As no comments were given, the relevancy of these data seems limited[78].

An important notion from the interview data, however, was that clients often experience a *barrier* or resistance to using their voice with DMT exercises. They won't do it or feel ashamed when they hear their own voice. Resistance to vocalization was found handled differently. When there is shame and embarrassment more than that vocalization brings about something, T3 may not get back to it very soon, as it may work counterproductive. In contrast, T2 uses vocalization as part of the therapy method and allows clients to remain silent or playback for a while, while still stimulating and inviting them to use their voice and to scream. In T2's experience clients start to enjoy it once they have crossed that barrier: *"Some may take six months to get there, especially severely traumatized people."*

Vocalization with traumatized clients

In fact, the barrier to using voice was reported especially present in traumatized clients, because they may get triggered by loud noises. While T1 might address this through verbalization and a reality check, T2 would also explain that by making noise themselves, they will be less affected: *"It seems more convenient if you can bear noise and racket, you can't always avoid it."* Notably, T1 would not allow loud vocalizations like screaming when it is directed to another person, because it may be aggressive and violate borders. While in contrast, T2 sometimes encourages clients to vocalize toward each other, but will switch to using sounds instead of words when dealing with the expression of anger, aggression or conflict. In addition, traumatized clients often have difficulty using their voice loudly because they have learned to keep their mouth shut. Notably, due to the vocalization sessions one client became aware that she had difficulty using her voice because she had literally been forced to keep her mouth shut about being abused, to protect herself and the offending family member. At that time she had also shared about the abuse for the first time. Importantly, with possible difficult exercises T2 stimulates traumatized clients to try anyway, if needed with altered positions, distance, loudness, duration and/or partner(s), or with stopping it themselves. This approach was used with one client who experienced severe difficulties during and after sitting in a *'circle bath of sounds',* while her experiences were processed afterwards through verbalization. Notably, in her client evaluation form she reported this exercise as the most difficult but also as the most helpful.

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[78] For an overview of the suitableness of vocalization for certain client populations, see Appendix E.

VOCALIZATION VERSUS VERBALIZATION

Finally, to gather some more information on the *similarities and differences* between vocalization and verbalization, the interview respondents (N=3) were asked to talk about this. Roughly they seemed to agree that vocalization concerns the use of voice to express things, together with the body, and that verbalization concerns putting those things into words, to make the process cognitive. However, T1 argued that verbalization can work counterproductive for clients who are inclined to start to talk when they feel an emotion coming up, in order to get away from it. In comparison, T3 explained sometimes combining vocalization with verbalization, by adding the cognitive component or meaning of what is vocalized to the dance process. Specific differences mentioned between vocalization and verbalization are summarized below.
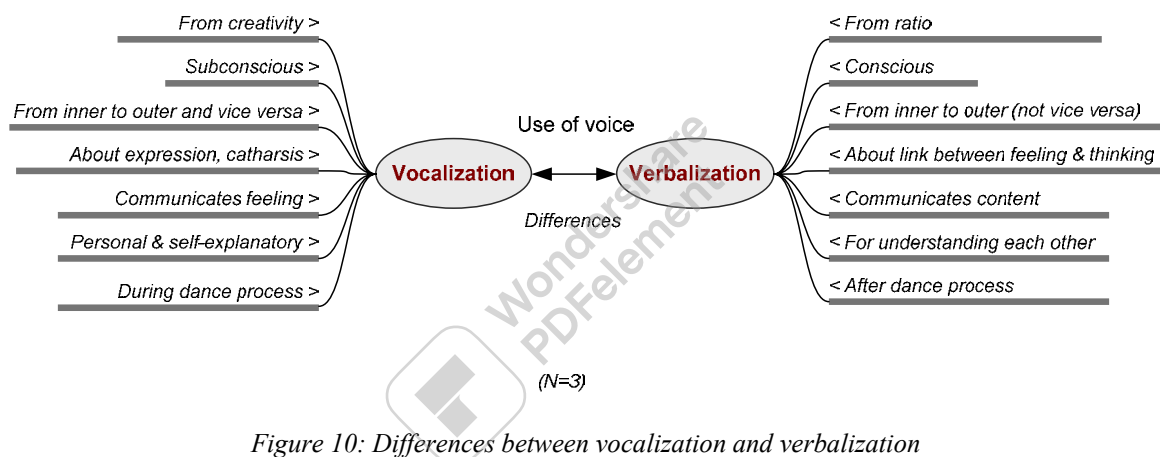
Figure 10: Differences between vocalization and verbalization

Vocalization was seen as coming from creativity and the subconscious, from inner to outer and vice versa. It is about expression and catharsis and communicates feeling in a personal in self-explanatory way. *Verbalization* was seen as coming from the ratio and the conscious and only from inner to outer. It is about linking feeling and thinking, and communicates content, for understanding each other. As T3 summarized, vocalization is part of and during the dance process, while verbalization is giving words to the dance process afterwards. This distinction seems to confirm the two verbalization categories discussed in the literature review (Stark & Lohn, 1989): facilitating the movement experience and facilitating self-understanding.

5   Discussion

"Hearing [your voice] has an inner and outer interplay that movement doesn't have." (Julie Kil, personal communication, 2009)

PROCEDURE

Research question

One main issue during this project was the narrowing down of the research question, in particular whether or not to include a client population and setting. In this case: adult psychiatry, which actually got in- and excluded again a few times as the project progressed. Initial interest concerned adult in- and outpatients, as this was the internship population. However, not much detailed literature on vocalization in DMT with these (or other) client populations was found. In addition, the survey data did not include any explanations for why vocalization was considered suitable (sometimes) for specific populations, and almost no specific references to client populations concerning goals and exercises. As the response rate was too low for statistical analysis, also respondents' work settings and client populations did not offer much relevant data. The interview data did offer some considerations with one specific group: traumatized clients. In sum, the adult psychiatry part of the research question could not fully be addressed. This might have needed more specific questioning.

Data collection

Another main concern in this project was how to get sufficient relevant data. This required the right methods and questions and enough response. The researcher's *retrospective session notes* as a participant observer of the DMT vocalization sessions contained detailed narrative information on each client, representing full response. However, it might have been better to have identified specific points of observation beforehand, for comparing and contrasting with other findings. The researcher had also used coding sheets to record the levels of LMA efforts observed in the clients, but these were only noted in retrospect as a general impression of each client. Actual observation and coding of the clients' efforts within the sessions might have resulted in more valuable and objective data. That might have been challenging for the clients however, as many already had difficulty with using their voice. An option might have been to videotape sessions for the purpose of observation, although this would have required additional consent.

Importantly, after the vocalization sessions, it became clear that the *client evaluation forms* had brought maximum response but only little relevant data, lacking elaborate narratives about how the clients had experienced the vocalization exercises. One cause

may be that the second evaluation form with the exercise details was not very clear, as half of the clients did not fill it out as it was designed. Also more time and consideration might have been given as to which questions to ask and how. Furthermore, it might have been better to run through the evaluation forms with the clients beforehand, or discuss their ideas and experiences in person or in the group, although this would have compromised anonymity.

The limited relevancy of the clients' evaluation data, together with the abundance of data gathered, was the main reason for focusing the data analysis on the survey and interview data, and studying the clients' and researcher's data only for illustrative material.

However, the *survey* had a low response rate of 15%, with 17 respondents (N=17) and 110 invitations, although relevant data was gathered. For comparison: Cruz and Wadsworth Hervey (2001) report an overall response rate of 8% for their ADTA Research Survey. Often respondents returning surveys represent extremes of the population; this may lead to skewed responses (Wikipedia, 2009). Vulnerabilities of the survey method include investigator bias, non-response bias, errors in sampling the right population, and the wording of the items (Berrol, 2004; Cruz & Wadsworth Hervey, 2001). To address these issues reasonable care should be taken when interpreting the survey outcomes. In this case, the sampled population was relevant and the wording of the items had been pretested and audited a few times, leaving non-response bias as the main issue (and investigator bias, as is discussed later). As differences between respondents and non-respondents include level of interest in the topic, chances are that mainly therapists with a higher interest in vocalization may have returned the survey, especially since a number of respondents (n=7) had followed one or more workshops in voice work. The (probably under-) estimated time of 15 to 20 minutes to complete the survey and the number of questions (17) may also have led to non-response, because this might seem too much time and effort to invest. Reminding the NVDAT mailing list members a week before the closing date of the survey resulted in ten more responses. As to the questions asked, the items in the survey covered a broad field of topics, as the researcher was eager to get a lot of information. Although this offers many angles for further investigation, limiting the topics might have brought more focus in the project and less complicated data analysis.

Finally, the *therapist interviews* provided both full response and relevant data. The interviews offered the opportunity to compare and contrast with the view of the internship therapist who strongly advocates use of voice, and the survey data. Conducting the

interviews with the aid of an interview guide left much opportunity for deepening and diverting questions, while still covering the same topics with each interview respondent.

Data analysis

During data analysis the general qualitative protocol of deconstructing and reconstructing the data (Forinash, 2004) proved valuable, although laborious. However, it did generate some difficulties during analysis of the survey vocalization exercises. The deconstruction of the exercises by itemizing them into text fragments and labeling those fragments from different angles had led to a fragmentized view of the material. This was overcome by taking a step back and viewing the exercises themselves as units of analysis, from which the categories and types of exercises emerged. Consequently, only vocalization combinations remained as detailed units of analysis. Another puzzle was how to deal with some detailed findings that emerged from the data as important or interesting, while these had not been identified as such in the literature review. Although through additional reviewing of the literature some relations to these findings were found, the researcher decided to only outline them with these references in the discussion of the findings below, and not to include them in the literature review anymore in the final stage of the thesis. Furthermore, member checking with a few respondents was sought for reviewing and refining the findings, but little response was received within the short timeframe available.

FINDINGS

Goals with vocalization

The four *predefined goals* with vocalization (stimulation of body activation/awareness, differentiation of self/increasing sense of self, expression of feelings and unloading/catharsis) taken from Stark & Lohn (1989) and Newham (1998a) seem relevant, as many relations to these goals were found in the research data. For the three *emerging goals* (connecting/contact, creativity and gaining insight/self-reflection) confirmation was sought and found in the vocalization literature (re)studied. For instance, the goal of contact was found in the interaction encouraged by Lewis (2002), while increasing creativity is also aimed for by Newham (1998b), and insight was found as an aim in the approach described by Levy (1992) and Lawlor (1995).

The predefined and emerging goals were also found as therapeutic goals in more general DMT literature such as Frank (2003), Pallaro (2007), and Payne (1992). It could be argued that in DMT these goals are *not* specific to vocalization. However, results indicated that the impact of movement is reinforced by adding voice, which is supported by Newham (1998a). This notion may intensify the overall aim of vocalization in DMT of

facilitating the movement experience, as described by Stark & Lohn (1989). Moreover, as was emphasized by some respondents, the voice is as much a natural extension of the self as movement is, and the body and voice are connected aspects (Trask, 2005). Notably, the researcher identified many relationships between the predefined goals taken from Stark & Lohn (1989) and certain types of exercises and influences of vocalization. This may mean that either these goals were well chosen, or the researcher was biased toward these goals, or both. In fact, the emerging goals had been noted during the literature review already, but apparently not identified as significant, although catharsis was included (Newham, 1998a) in the survey. This probably also relates to investigator bias (Berrol, 2004) toward the goals found with Stark & Lohn (1989). The researcher is aware that, due to finding little detailed literature on the use of vocalization in pure DMT, a tendency toward looking for confirmative data may have been present.

Effects and influences of vocalization

Perceived general effects and influences of vocalization were positive and covered all of the predefined and emerging goals. Concerning the influences on *LMA efforts* some different views were present, although all efforts were reported as observed more. The finding that strong weight was uniformly indicated as observed more is interesting, because it is associated with the (predefined) goal of differentiation of self (Frank, 2003). Also because only a few comments were included about specific vocalizations influencing certain LMA efforts, this needs further research, preferably through actual observations using coding sheets. Findings that may be interesting to verify include the perceived open/closed posture accompanying a soft/powerful use of voice; and the difficulties perceived with really combining voice and movement, often resulting in LMA efforts becoming less observable.

Exercises with vocalization

The exercises volunteered by the survey respondents and interviewed therapists were categorized into four *body-oriented* and four *expression-oriented* types of exercises. The latter group contained twice as much exercises. Exercises mentioned were not indicated for specific client groups, except for symbolic play with severely disturbed children and yes/no-exercises applied in parent-child dyads. Further research may be needed for identifying contraindications, if any, for specific types of vocalization exercises in relation to specific client populations in adult psychiatry and other settings. One remarkable detail considered the two opposing approaches to breathing focused vocalization exercises: starting from breath or starting from voice. Support for these findings was found in the body-oriented approaches to vocalization described by Bainbridge Cohen (1994), Bartenieff & Lewis (1979) and Trask (2005).

How and why of vocalization

The research question considered the '*how and why'* of vocalization, as this order of phrasing is common in Dutch. However, during data analysis the how was studied after and in relation to the why (and not the other way around), although in the literature review the how may have received more focus. During data analysis links between the how (exercises) and why (goals) became notable, which may indicate that the choice of vocalization exercises is guided by what DMT therapists want to achieve or stimulate. Obviously, the body-oriented exercises can be related to the predefined goal of stimulation of body activity/awareness. Most of the expression-oriented exercises are seen related to the other predefined goals: differentiation of self/increasing sense of self, expression of feelings and unloading/catharsis*,* and to the emerging goals of connecting/contact and creativity. No direct connections were seen for specific (types of) exercises with the emerging goal of gaining insight/self-reflection, although sometimes adding a cognitive component to the vocalization dance experience had been mentioned. Within a longer timeframe, the findings concerning the categories and their interconnections might have benefited from reviewing and refining through member checking or peer reviewing. An overview of the connections seen between the *goals with vocalization (why)* and the *types of exercises (how)* is shown below[79].

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[79] The previously used Latin numbers for identifying the goals and alphabet letters for identifying the exercises have been omitted here, as they might crowd the overview.
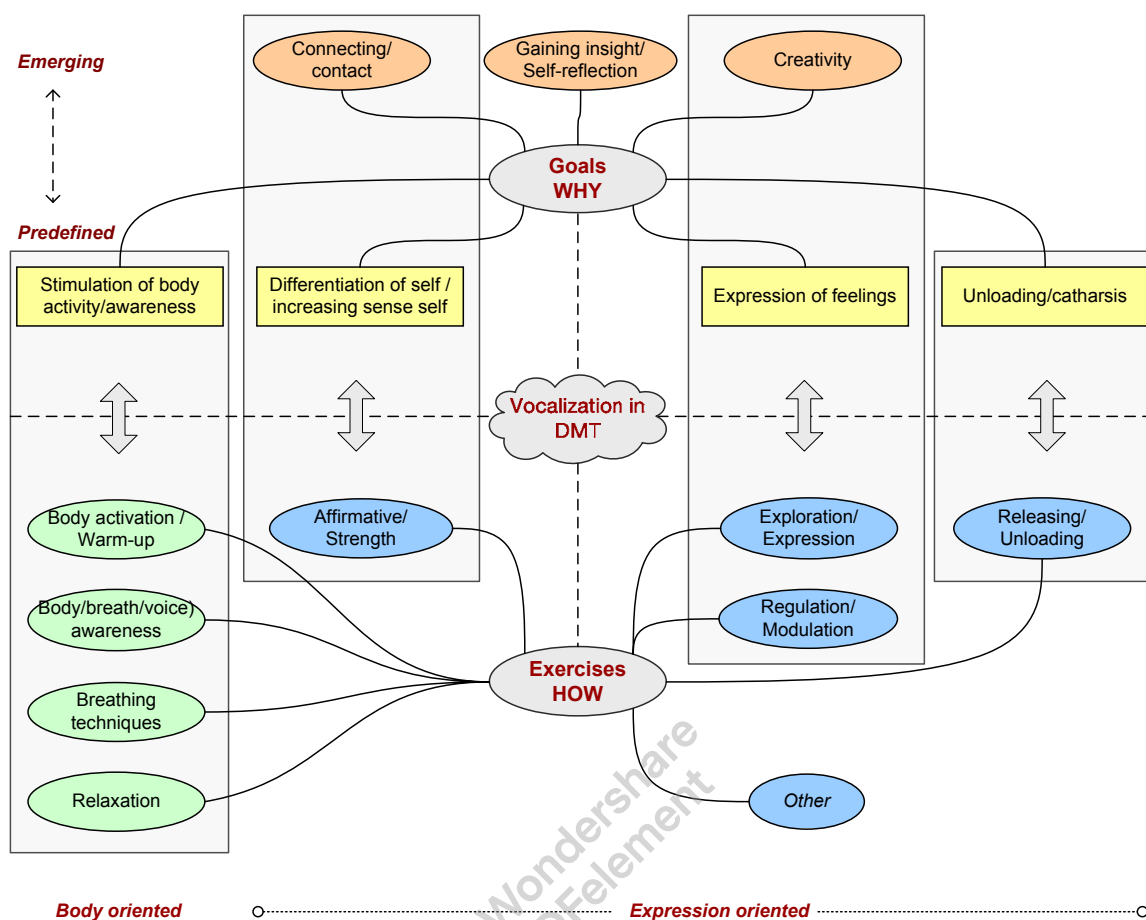
Figure 11: Connections between vocalization goals (why) and exercises (how)

Vocalization with traumatized clients

The much felt *barrier* to using voice (and whether to continue stimulating vocalization), and difficulties with loud noises and aggressive vocalizations (and whether to allow them be directed toward another person), especially with traumatized clients, were found important considerations when using vocalization in DMT. Approaches to these issues differed. Additional study of the literature revealed that some authors using vocalization within trauma solution confirm the importance of traumatized clients regaining their voice after having been silenced (e.g. sexual abuse survivors), and allowing the voice free reign (for all clients) (Austin, 2001; Bernstein, 1995; Newham, 1998a). However, although it is described how they work to achieve this, little was found on actual difficulties on the part of the clients and how these were addressed. These issues may need further research.

6   Conclusion

"[T]he voice is indeed a major bridge between the inner world of mood, emotion, image, thought and experience and the outer world of relationship, discourse and interaction." (Newham, 1998a)

SUMMARY AND CONCLUSIONS

In DMT literature the use of vocalization is often mentioned in only little detail. Vocalization is more frequently found embedded in approaches that integrate several (arts) therapies. From this qualitative research project about the *how and why of vocalization in DMT in adult psychiatry*, it may be concluded that there are various reasons and possibilities for using voice and vocalization in DMT alone.

Concerning the *why of vocalization* it can be concluded that results confirm the four goals with vocalization derived from the literature as relevant: body activation/awareness, differentiation of self/increasing sense of self, expression of feelings and unloading/catharsis. Three additional goals that emerged from the data were sought and found confirmed in the literature as well: connecting/contact, creativity, and gaining insight/self-reflection. The positive influences of vocalization reported were found related to these goals. Results indicate that vocalization is seen as most useful for stimulation of body activity/awareness and expression of feelings. LMA efforts were reported as observed more, but data was inconclusive and this needs further research. Although the impact of movement is reinforced by adding voice, equally combining voice and movement can be difficult, because focus may shift from movement to voice.

Concerning the *how of vocalization* results include the identification of four types of body-oriented vocalization exercises, focusing on body/breath and voice through activation, awareness, techniques or relaxation; and four types of expression-oriented exercises, focusing on the vocal expression of emotions by affirmation, regulation, releasing or exploration. The latter group contained twice as much exercises. All exercises were found related to the vocalization goals identified. They include several combinations of voice/sound(s), words/sentences, and singing/humming with breath or body parts, movement or emotions, and props or music.

Toward the *client population of adult psychiatry* in the research question results were found inconclusive, as little population-specific details were found in the literature and the research data. However, it can be concluded that traumatized clients need special consideration, as they often have difficulties with use of voice, loud noises and aggressive vocalizations. Further conclusions are that a gradual build-up is needed for clients to get

used to the use of voice and cross the much felt barrier. An approach to vocalization should include low-threshold structured group exercises before introducing more challenging creative individual or interactive improvisations. It should also match the goals and characteristics of the group or the individual. Finally, training and self-experience in vocalization and knowledge of the vocal apparatus is recommended for DMT therapists before using it with clients in depth.

Initial concepts included that *vocalization* aims at facilitating the movement experience and *verbalization* serves to facilitate self-understanding. Differences found between vocalization and verbalization include that vocalization is part of the dance process, involves creativity and communicates feeling in a self-explanatory way, while verbalization is used after the dance process, involves the ratio and communicates content for understanding each other.

FUTURE RESEARCH

Recommendations for the *procedure in future research* include reconsidering the order of data collection. Amelioration may be to start with a few interviews to identify relevant topics. These could then be surveyed among DMT therapists and the outcomes discussed in focus groups. Opinions concerning effects on clients could then be transformed to questions for clients in a questionnaire or interviews. For (participant) observation of DMT sessions with vocalization it is recommended that specific points of observation are defined beforehand. The procedure may also include the observation of video-taped sessions (by multiple observers) using coding sheets, for further research of the influences of vocalization on LMA aspects. Of course this approach would be too extensive for one research project, so it is well recommended to be translated into multiple projects.

Recommendations for *topics in further research* include how to deal with barriers to use of voice, difficulty with loud noises, and person-directed aggressive vocalizations, especially with traumatized clients. For identifying other considerations or any contraindications, further differentiation of the use of vocalization and specific types of exercises with specific clients groups is recommended. This might be researched with specific questions in a survey including member checking and/or in focus groups with DMT therapists.

Vocalization in DMT

"There is a difference between making a sound to oneself with no connection to other (i.e. remaining within your own kinesphere) and reaching outwards through sound connecting with others (i.e. projecting your sound beyond your kinesphere)." (Trask, 2005)

Appendices

The following documents and overviews are enclosed as appendices:

- Appendix A: Client Consent Form & Information Letter

- Appendix B: Client Evaluation Forms

- Appendix C: Survey Questionnaire

- Appendix D: Therapist Interview Guide & Consent Form

- Appendix E: Data Analysis Details Survey

- Appendix F: Data Analysis Details Interviews

Appendix A – Client Consent Form & Information Letter

The client consent form was accompanied by an information letter about the research, which was approved of by the psychiatrists at the internship place. Both documents were in Dutch.

The following pages show the documents concerned:

- Appendix A.1 Client Consent Form   – *Toestemmingsformulier*
- Appendix A.2 Client Information Letter   – *Cliënteninformatiebrief*

Note: Any identifiable information in the documents has been blanked out

Onderzoek

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De stem in danstherapie

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A.1 Toestemmingsformulier◆

Onderzoek:	Het gebruik van stem en vocalisatie in danstherapie
Deelnemer:	…………………………………………………………….
Beh. Psychiater:	J / *
Onderzoeker:	Geertje Kuipers, studente/stagiaire VO/Master Danstherapie Codarts Rotterdam
Begeleiding:	, danstherapeute locatie
Datum:	2008 (v1.0)

Ik bevestig dat ik de cliënteninformatiebrief over het onderzoek heb gelezen. Ik begrijp de informatie. Ik heb de gelegenheid gehad om aanvullende vragen te stellen. Deze vragen zijn naar tevredenheid beantwoord. Ik heb voldoende tijd gehad om over deelname na te denken.

Ik weet dat mijn deelname geheel vrijwillig is en dat ik mijn toestemming op ieder moment kan intrekken zonder dat ik daarvoor een reden hoef te geven en zonder dat dit consequenties heeft voor mijn therapie.

Ik weet dat privacygevoelige informatie anoniem wordt gemaakt en dat alleen de onderzoeker en de begeleidend danstherapeute toegang hebben tot het computerbestand met de onderzoeksgegevens.

Ik geef toestemming dat naast de onderzoeker en de begeleidend danstherapeute, ook leden van de Onderzoekscommissie van Codarts Rotterdam inzage kunnen krijgen in mijn onderzoeksgegevens en relevante psychiatrisch-medische gegevens om de kwaliteit en betrouwbaarheid van het onderzoek na te kunnen gaan.

Ik geef toestemming om de gegevens te verwerken voor de doeleinden zoals beschreven in de informatiebrief en te bewaren totdat het definitieve onderzoeksrapport is afgerond en goedgekeurd.

Ik wil wel / geen* samenvatting van het onderzoeksrapport ontvangen.
Ik wil het definitieve onderzoeksrapport wel / niet* inzien.

Ik geef toestemming voor deelname aan bovengenoemd onderzoek.

Naam deelnemer:	Naam onderzoeker: Geertje Kuipers
Datum:	Datum:
Handtekening:	Handtekening:

◆ Een kopie van het ondertekende toestemmingsformulier aan de deelnemer meegeven.
* Doorhalen wat niet van toepassing is.

Onderzoek

De stem in danstherapie

A.2 Cliënteninformatiebrief

Onderzoek: Het gebruik van stem en vocalisatie in danstherapie[80]
Onderzoeker: Geertje Kuipers, studente/stagiaire VO/Master Danstherapie Codarts Rotterdam
Begeleiding: , danstherapeute   locatie
Datum: 2008 (v1.0)

Geachte cliënt,

Graag vraag ik uw / jouw medewerking en deelname aan mijn onderzoek naar het gebruik van de stem in de danstherapie. Dit is een afstudeeronderzoek voor mijn opleiding Danstherapie in Rotterdam. Om een zo volledig mogelijk beeld te geven van het hoe en waarom van dit onderzoek, heb ik deze informatiebrief opgesteld. Mocht u / je na het lezen nog vragen hebben over (deelname aan) het onderzoek, dan ben ik graag bereid die te beantwoorden.

Inleiding
Danstherapie wordt beschouwd als een non-verbale therapie. De danstherapeut en de cliënten praten uiteraard wel met elkaar, bijvoorbeeld aan het begin en het einde van de sessie of na een opdracht. Sommige danstherapeuten zetten de stem ook in tijdens de bewegingsopdrachten, zoals   , mijn begeleider/danstherapeute op mijn stage bij   . Ik vind het erg interessant om te zien hoe zij de stem toepast in de therapie en hoe de cliënten daarmee omgaan. In Nederland en daarbuiten is er weinig literatuur te vinden over het gebruik van de stem in danstherapie (wel in andere therapievormen, zoals drama- en muziektherapie). Daarom wil ik dit fenomeen nader bestuderen via verkennend onderzoek.

Wat is het doel van het onderzoek?
Het doel van het onderzoek is om na te gaan hoe en waarom de stem wordt toegepast in de danstherapie. Hierbij gaat het om welke stem- en bewegingsopdrachten gegeven worden en wat de danstherapeut daarmee wil bereiken bij de cliënt(en). Dit gebeurt door observatie en interviews of vragenlijsten. In dit onderzoek is niet alleen de bedoeling van de danstherapeut(en) van belang, maar ook de beleving van de cliënt(en). Op die manier kan het gebruik de stem in de danstherapie van verschillende kanten bekeken worden.

Hoe wordt het onderzoek uitgevoerd?
Het onderzoek bestaat globaal uit de volgende stappen:
- Observeren[81] van stemgebruik bij bewegingsopdrachten tijdens een aantal danstherapie sessies bij   Hiervan worden achteraf aantekeningen gemaakt. De observatieperiode is   2008.
- Interviewen van de danstherapeute/begeleider bij   over haar methode en redenen van stemgebruik in de danstherapie. Hiervan wordt een interviewverslag gemaakt. Het interview vindt plaats in de periode   2008.
- Vragenlijsten laten invullen door cliënten die willen deelnemen aan het onderzoek, over wat zij vinden van het gebruik van de stem in de danstherapie in het algemeen, bij specifieke oefeningen, en of/hoe dat misschien is veranderd in de loop van de sessies.

---

[80] Vocalisatie betekent het maken van geluiden met de stem. Dit kunnen heel verschillende geluiden zijn, bijvoorbeeld zuchten, kreunen, hummen, huilen, schreeuwen en lachen. In mijn onderzoek wordt het gebruik van de stem in de danstherapie breder opgevat, bijvoorbeeld ook het uiten van woorden en korte zinnen ter ondersteuning van de beweging.

[81] Het gaat hier om participerende observatie. Dit betekent in dit geval dat ik meedoe aan de sessie en/of deze leid, en ondertussen ook in de gaten houd wat er gebeurt bij het gebruik van de stem.

Het is de bedoeling dat het invullen van de vragenlijst minimaal aan het begin en aan het einde van de observatieperiode gebeurt en eventueel ook in het midden. Hiervan wordt een samenvatting gemaakt.
o Interview(s) en/of vragenlijsten met/door andere danstherapeuten (via de Nederlandse Vereniging van Danstherapeuten, NVDAT) over het gebruik van de stem in de danstherapie. Hiervan wordt een samenvatting gemaakt. Dit deel wordt uitgevoerd vanaf   2008 (na afronding van de stages en studiemodules).
o Analyse van de verzamelde gegevens. Dit wordt na elke stap uitgevoerd.
o Schrijven onderzoeksrapport. De uiterste inleverdatum van het eindrapport is juni 2009.

Wat wordt er van u / jou als deelnemer verwacht?
Van de cliënten die willen deelnemen aan het onderzoek wordt verwacht dat zij tijdens de observatieperiode (2008) 2 à 3 keer een vragenlijst invullen over hun mening en beleving betreffende het gebruik van de stem in de danstherapiesessies. Het gaat hierbij niet om goed/fout of om resultaat/verandering, maar om de persoonlijke ervaring van elke individuele cliënt. De vragenlijst is in concept gereed en lijkt op het evaluatieformulier van   .

De precieze data worden in overleg vastgesteld en de vragenlijsten worden na afloop van de sessie op deze data uitgedeeld aan de deelnemers. De vragenlijsten kunnen anoniem of met een verzonnen naam binnen 1 week teruggestuurd worden naar de onderzoeker. Het retouradres wordt op de vragenlijst vermeld.

Is deelname vrijwillig of niet?
Deelname aan deze studie is geheel vrijwillig. U / jij kunt de toestemming op ieder moment intrekken zonder dat u / jij daarvoor een reden hoeft te geven en zonder dat dit consequenties heeft voor uw / jouw verdere therapie. Indien gewenst kan de behandelend psychiater op de hoogte gesteld worden als u / je deelneemt aan het onderzoek. Er zijn geen kosten en vergoedingen verbonden aan deelname.

Hoe zit het met de privacy?
Privacygevoelige informatie wordt anoniem gemaakt, zodat deze niet tot uw / jouw persoon herleidbaar zijn. Uw / jouw onderzoeksgegevens en relevante psychiatrisch-medische gegevens kunnen slechts met uw / jouw toestemming door bij het onderzoek betrokken personen worden ingezien. Naast de onderzoeker en de begeleidend danstherapeute bij zijn dat leden van de Onderzoekscommissie van Codarts Rotterdam. Inzage kan nodig zijn om de betrouwbaarheid en kwaliteit van het onderzoek na te gaan.
Onderzoeksgegevens zullen worden gehanteerd met inachtneming van de Wet Bescherming Persoonsgegevens en het privacyreglement van   [82].

Wat gebeurt er met de onderzoeksgegevens?
De resultaten van de vragenlijsten, observaties en de interviews worden in een computerbestand opgeslagen. Alleen de onderzoeker en de begeleidend danstherapeute hebben daar toegang toe. Persoonlijke gegevens zoals uw / jouw naam worden vervangen door een codenaam. Alleen die codenaam zal worden gebruikt in documentatie of rapporten over dit onderzoek. Alleen de onderzoeker en de begeleidend danstherapeute weten wie welke codenaam heeft. Uw / jouw persoonsgegevens worden na afronding en goedkeuring van het definitieve onderzoeksrapport vernietigd.

Zijn de onderzoeksresultaten in te zien?
Als u / je daarvoor belangstelling hebt, is het mogelijk om na afloop van het onderzoek een samenvatting van het onderzoeksrapport te ontvangen en/of om het onderzoeksrapport in te zien op locatie van   .

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[82] Zie Internetadres   voor het privacyreglement van   (zoekterm privacy). Voor de goede orde moet vermeld worden dat alleen in bijzondere gevallen, zoals serieuze en moedwillige bedreiging van de veiligheid van zelf of anderen, er aanleiding kan zijn om persoonlijke gegevens door te geven aan bevoegde instanties of personen. Dit zal dan direct en vooraf aan u / jou gemeld worden.

Zijn er voor- en nadelen en risico's?

U / jij hebt zelf geen voordeel van deelname aan deze studie. Het onderzoek kan voor de toekomst nuttige gegevens opleveren voor het methodisch toepassen van de stem in de danstherapie. Nadelen van deelname aan dit onderzoek bestaan uit de vragenlijst die 2 à 3 keer ingevuld moet worden en binnen een week teruggestuurd (of teruggegeven) moet worden. Het invullen van de vragenlijst gaat naar schatting ongeveer een half uur per keer kosten. Omdat het onderzoek binnen de bestaande danstherapiesessies wordt uitgevoerd, zijn er geen extra risico's aan verbonden. Door de begeleider/danstherapeute wordt er op toegezien dat het stemgebruik op een verantwoorde manier gebeurt.

Wat is de status van dit onderzoek?

Voor dit onderzoek is eind november 2007 een (Engelstalig) onderzoeksvoorstel ingediend bij de Onderzoekscommissie van de opleiding Danstherapie van Codarts in Rotterdam. Het ontvangen commentaar moet nog verwerkt worden in een definitieve versie. De uiterste inleverdatum van het definitieve onderzoeksvoorstel is   2008. De behandelend psychiaters van   zijn op de hoogte van het onderzoek en hebben de informatiebrief gelezen. De voor dit onderzoek geldende internationale ethische richtlijnen zullen nauwkeurig in acht worden genomen.

Vragen?

Mocht u / je tijdens de studie vragen of klachten hebben, dan wordt u / je verzocht contact op te nemen met de onderzoeker, de begeleidend danstherapeute   (tel.   ) of de behandelend psychiater   of   (tel   ).

Als u / je twijfelt over deelname dan is het mogelijk om de begeleidend danstherapeute of de behandelend psychiater te raadplegen. Ook als u / je voor of tijdens de studie vragen hebt die u / jij liever niet aan de onderzoeker stelt, kan met hen contact opgenomen worden.

Ik hoop u / jou met deze brief voldoende te hebben geïnformeerd over het onderzoek. Ik ben graag bereid een en ander mondeling toe te lichten.

Vriendelijke groet,

Geertje Kuipers
Studente Danstherapie Codarts Rotterdam
Stagiaire

Appendix B – Client Evaluation Forms

The client evaluation forms comprised of a short questionnaire handed out after the first two sessions, and a detailed assignments evaluation form after the last session. The general questions about their opinion on vocalization in DMT were on both forms. Both documents were in Dutch.

The following pages show the documents concerned:

- Appendix B.1 Client Questionnaire   – *Cliëntenvragenlijst*
- Appendix B.2 Assignments Evaluation Form – *Evaluatie Stemopdrachten*

<u>Note</u>: in the original documents there was more white space with each question for writing down the answer. For inclusion in this thesis, white space has been reduced for a shorter lay-out.

Onderzoek

<div style="background:black;color:white">

De stem in danstherapie

</div>

B.1 Cliëntenvragenlijst

Onderzoek: Het gebruik van stem en vocalisatie in danstherapie

Codenaam : …………………………………………………………….

Onderzoeker: Geertje Kuipers, studente/stagiaire VO/Master Danstherapie Codarts Rotterdam

Begeleiding: , danstherapeute locatie

Datum: 2008 (v1.0)

Deze vragenlijst gaat over uw / jouw ervaringen met stemgebruik tijdens bewegingsopdrachten van de danstherapiesessies bij . Bij het beantwoorden van de vragen gaat het niet om goed/fout maar om uw / jouw mening en beleving. De informatie wordt vertrouwelijk behandeld.

Wat vind(t) u / jij van het gebruik van de stem in de danstherapie, en waarom? Is uw / jouw mening in de afgelopen weken veranderd? Zo ja, waar komt dat dan door?
Hoe zou het gebruik van stem in de danstherapie kunnen bijdragen aan uw / jouw therapie, en waarom? Is uw / jouw mening in de afgelopen weken veranderd? Zo ja, waar komt dat dan door?
Als u / jij terugdenkt aan de bewegingsopdrachten met stem in de afgelopen sessie(s):[*] welke opdracht was dan het lastigst en welke het makkelijkst, en waarom? aan welke opdracht heb(t) u / jij het meest gehad en aan welke het minst, en waarom?
Heb(t) u / jij nog opmerkingen of aanbevelingen?

Onderzoek

De stem in danstherapie

B.2 Evaluatie Stemopdrachten

Onderzoek: Het gebruik van stem en vocalisatie in danstherapie
Codenaam : ………………………………………………………….
Onderzoeker: Geertje Kuipers, studente/stagiaire VO/Master Danstherapie Codarts
Rotterdam
Begeleiding: , danstherapeute locatie
Datum: 2008 (v2.0)

Deze evaluatie gaat over uw / jouw ervaringen met stemgebruik tijdens bewegingsopdrachten
van de danstherapiesessies bij in 2008. Het gaat hierbij niet om
goed/fout maar om uw / jouw mening en beleving. De informatie wordt vertrouwelijk
behandeld. Op de navolgende pagina's worden per sessie de gegeven stem- en
bewegingsopdrachten vermeld. Verzoek is om per opdracht aan te kruisen wat u / jij ervan
vond en een toelichting/reden te geven.

Wat vind(t) u / jij van het gebruik van de stem in de danstherapie, en waarom? Is uw / jouw mening in de afgelopen weken veranderd? Zo ja, waar komt dat dan door?
Hoe zou het gebruik van stem in de danstherapie kunnen bijdragen aan uw / jouw therapie, en waarom? Is uw / jouw mening in de afgelopen weken veranderd? Zo ja, waar komt dat dan door?
Op de volgende pagina's staan per sessie de oefeningen vermeld en kunt u per oefening een reactie geven. Tot slot graag ook aangeven (hieronder of bij de oefening zelf):   • Welke oefening vond(t) u / je achteraf gezien het makkelijkst en welke het lastigst?   • Welke oefening vond(t) u / je achteraf gezien het prettigst en welke het minst prettig?   • Welke oefening heb(t) u / je achteraf gezien het meest aan gehad en welke het minst?
Heb(t) u / jij nog algemene opmerkingen of aanbevelingen?

∗ Meer schrijfruimte op de achterzijde.

1^e sessie:

1. Individueel in kring:: Verschillende klanken maken en voelen of dit op de juiste plek resoneert in je mond, keel, borst of buik. 'Mmmm' voor in de mond tegen de lippen, 'ee' in de keel/hals, 'aa' in de borst, 'oo' in kuiltje onderaan borstbeen, 'oe' in de buik.

   ☐ Makkelijk   ☐ Lastig   ○ Ging wel
   ○   Prettig   ○ Niet prettig   ○ Neutraal
   ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
   Toelichting:

2. Individueel in kring: De klanken van 'mm' naar 'oe' achterelkaar door laten lopen op 1 ademhaling: mm-ee-aa-oo-oe. Daarna in 1 adem ook weer terug van 'oe' naar 'mm'.

   ☐ Makkelijk   ☐ Lastig   ○ Ging wel
   ○   Prettig   ○ Niet prettig   ○ Neutraal
   ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
   Toelichting:

3. Individueel in kring: wisselen van klank en eventueel toonhoogte in zelfgekozen volgorde.

   ☐ Makkelijk   ☐ Lastig   ○ Ging wel
   ○   Prettig   ○ Niet prettig   ○ Neutraal
   ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
   Toelichting:

4. Sirene geluid maken van laag naar hoog en terug. Hierbij beweging maken naar voren (gaat bijna automatisch).

   ☐ Makkelijk   ☐ Lastig   ○ Ging wel
   ○   Prettig   ○ Niet prettig   ○ Neutraal
   ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
   Toelichting:

2^e sessie:

1. In kring: Brabbeltaal, gekke gezichten trekken

   ☐ Makkelijk   ☐ Lastig   ○ Ging wel
   ○   Prettig   ○ Niet prettig   ○ Neutraal
   ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
   Toelichting:

2. In kring: Gezicht en eigen lichaam loskloppen met handen en met stem (korte/lange klanken),

   ☐ Makkelijk   ☐ Lastig   ○ Ging wel
   ○   Prettig   ○ Niet prettig   ○ Neutraal
   ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
   Toelichting: *(zie volgende pagina)*

2^e sessie:

3. In kring: Drie mensen een basistoon (mooo, maaa) maken in kring en de rest eromheen en individueel met klank/toonhoogte variëren.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

4. In tweetallen a-klank naar elkaar maken, afstand verkleinen en vergroten, uitproberen op welke afstand de klank rond gaat zingen.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

5. In tweetallen de één bij de ander klanken in de rug 'zingen', bijv. a, o, oe.
    Voelen hoe/waar het geluid binnenkomt.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

3e sessie:

1. In grote kring: Grote blauwe bal met kracht de kring over stuiteren met luid roepen van de naam van degene naar wie de bal toegaat.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

2. In twee groepen: Binnen één groep de bal overgooien en doorstuiteren, terwijl de andere groep probeert de bal af te pakken. Fysiek contact en stem gebruiken mag.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

3. In drietallen, 1 beweger (A), 2 begeleiders (B): Beweger A beweegt met ogen dicht, begeleiders B volgen via handcontact de bewegingen van A. B's maken ondersteunende geluiden bij de beweging van A.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

3^e sessie:

4. In drietallen: Begeleiders B bewegen nu via handcontact beweger A (die ogen weer dicht heeft). A geeft geluid op de bewegingen. B's ondersteunen opnieuw met geluiden de beweging en geluiden van A (maakt makkelijker voor A om geluid te geven).

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

5. Klankbad: zittend in kleine kring met 1 persoon in het midden, groep maakt mmmoe-geluiden naar persoon toe.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

4^e sessie:

1. In kring: om de beurt een beweging aangeven met geluid, rest spiegelt (doet na). Beweging en geluid mag heel gek zijn.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

2. Klankbad: zittend in kleine kring met 1 persoon in het midden, groep maakt mmmoe-geluiden naar persoon toe.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

5^e sessie:

1. Delen van ervaringen met stemgebruik (verbaal)

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

2. Afsluiten met losse bewegingen in kring, met/zonder geluid.

    ☐ Makkelijk   ☐ Lastig   ○ Ging wel
    ○   Prettig   ○ Niet prettig   ○ Neutraal
    ◇ Iets aan gehad   ◇ Weinig aan gehad   ◇ Weet niet/Geen mening
    Toelichting:

6ᵉ sessie:

1. In de kring opwarmen met eigen bewegingen en bewegingen van elkaar overnemen. Eventueel meeneuriën of meezingen met de muziek (verschillende muziekjes).

   ☐ Makkelijk ☐ Lastig ○ Ging wel
   ○ Prettig ○ Niet prettig ○ Neutraal
   ◇ Iets aan gehad ◇ Weinig aan gehad ◇ Weet niet/Geen mening
   Toelichting:

2. Om de beurt twee mensen in kring die elkaar in beweging uitdagen met stem / geluid. Rest ondersteunt met handklappen en/of geluid en beweging.

   ☐ Makkelijk ☐ Lastig ○ Ging wel
   ○ Prettig ○ Niet prettig ○ Neutraal
   ◇ Iets aan gehad ◇ Weinig aan gehad ◇ Weet niet/Geen mening
   Toelichting:

3. In tweetallen om de beurt de ander schudden aan de schouders (omhoog, heen-en-weer), heupen (heen-en-weer). De persoon die geschud wordt geeft geluid.

   ☐ Makkelijk ☐ Lastig ○ Ging wel
   ○ Prettig ○ Niet prettig ○ Neutraal
   ◇ Iets aan gehad ◇ Weinig aan gehad ◇ Weet niet/Geen mening
   Toelichting:

4. In tweetallen vanuit een op-en-neer beweging door de zaal bewegen waarbij de éém de ander steunt op de heupen. De beweger geeft geluid op de eigen bewegingen, de ander kan ook met geluid ondersteunen.

   ☐ Makkelijk ☐ Lastig ○ Ging wel
   ○ Prettig ○ Niet prettig ○ Neutraal
   ◇ Iets aan gehad ◇ Weinig aan gehad ◇ Weet niet/Geen mening
   Toelichting:

Appendix C – Survey Questionnaire

The survey questionnaire for (dance) movement therapists in the field held a number of predefined or multiple choice questions as well as some open questions for clarification. The survey was available online on the Internet as well as in a Word document, in both Dutch and English.

Topics addressed the goals and methods the therapists use and included:

- opinion on use of vocalization
- goals with vocalization
- types of vocalization used
- application of vocalization in distinctive session parts
- opinion on joining vocalization as a therapist
- exercises and interventions used
- influence of vocalization on LMA efforts and other aspects
- disorders & complaints for which vocalization is suitable
- training in voicework
- general professional information
- comments or suggestions.

The following pages show the document version of the survey concerned:

- Appendix C.1 - Survey Questionnaire – Master Research Survey

Survey recipients

The survey was sent to four groups of recipients (110 different e-mail addresses):

- The original Dutch survey questionnaire "*De stem in danstherapie: vocalisatie*" was e-mailed as an insert of the January 2009 NVDAT Newsletter to 80 members of NVDAT and other subscribers to this newsletter.
- The English version "*The voice in DMT and PMT: vocalization*", together with a Dutch version was sent to 11 DMT teacher's at the Codarts Dance Therapy program and to 13 co-students. About four of them also subscribed to the NVDAT newsletter and may have received it twice.
- Additionally the English and Dutch DMT/PMT-version was sent to 9 participants of a vocalization workshop, who had left their e-mail address for the upcoming survey[83].
- Finally the Dutch DMT/PMT-version was sent to one PMT therapist whose e-mail address was received through the researcher's own network, with permission.

The DMT/PMT-version included mentioning of psychomotor therapy to encourage psychomotor therapists to participate.

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[83] These were participants of the workshop "Vocalization in Dance Movement Therapy" at the Psychomotricity Congress 'Crossing Borders' on May 23 2008 in Amsterdam (NL) by the internship therapist, at which the researcher was co-leader and had handed out a pilot-survey in English.

The total response rate of 17 surveys (N=17) included 11 responses to the original Dutch survey, 3 responses to the English DMT/PMT version, and 3 responses to the Dutch DMT/PMT version of the survey.

Online availability

The survey questionnaires were available on the Internet at the following locations:

- The original Dutch survey "*De stem in danstherapie: vocalisatie*" was available at URL: http://freeonlinesurveys.com/rendersurvey.asp?sid=n3xzc8cjhk4z313538106.

- The English version "*The voice in DMT and PMT: vocalization*" was available at URL: http://freeonlinesurveys.com/rendersurvey.asp?sid=3one9tj3j8l5t7k535381.

- The Dutch DMT/PMT version "*De stem in DBT en PMT: vocalisatie*" was available at URL: http://freeonlinesurveys.com/rendersurvey.asp?sid=vq1fkujqf2qzojo541333.

C.1
Master research
The voice in dance/movement and psychomotor therapy: Vocalisation

Survey
This is an online survey questionnaire about the use of voice through *vocalisation (or: vocalization in US English)* in dance/movement therapy and psychomotor therapy. The goal of this survey is to gather information about whether, how and why you as a therapist use vocalisation with your clients in your therapy sessions. Below the definition of vocalisation within the context of this research is explained.

The survey consists of a number of multiple choice questions and some open questions. For some questions you can add a comment on each line; in these cases the order of possible responses may differ from what you may be used to in other surveys.

You can fill out the survey questionnaire in this document by marking your answers with an **X** or by typing them into the grey boxes. You can return the filled-out document by e-mail to   . Your answers will be processed anonymously; your e-mail address will not be saved.

Note: You can also fill out this survey online on the Internet. ([Control] +) Click the link below (or copy/paste it to the address box of your Internet browser):
http://FreeOnlineSurveys.com/rendersurvey.asp?sid=3one9tj3j8l5t7k535381.

You can fill out this survey questionnaire until March 1st 2009 on the Internet or return it by e-mail. Good luck and thanks in advance!

Use of voice: vocalisation versus verbalisation
Dance/movement therapy and psychomotor therapy are considered to be therapy modalities that are mainly non-verbal. Therapists and clients do speak with each other, for instance during the opening and closing of a session. This talking part often can be characterised as *verbalisation*: '*to name or express something in words' (*Merriam-Webster On-line Dictionary, 2007). This concerns naming feelings and experiences during the session, for instance.

The voice can also be used without verbalising, for instance by making sounds while moving. This way of using voice is considered *vocalisation*: *'the act or process of producing sounds with the voice'; also: 'a sound thus produced'* (Merriam-Webster On-line Dictionary, 2007). These sounds can take different forms (for instance sighing, making sounds), and for this research they can also include words or short sentences.

Important: In this survey the term "*use of voice*" refers only to *vocalisation* and not to verbalisation. Unless stated otherwise, *vocalisation by clients* is meant; not by the therapist.

Research project
This survey is part of a research project for the programme Master in Dance Therapy at Codarts Hogeschool voor de Kunsten in Rotterdam (NL), which is conducted by Geertje Kuipers (Enschede, NL), as a continuation of her Post-Graduate training in Dance Therapy.

This qualitative research project gathers data from clients and therapists about their experiences with the use of voice through vocalisation in dance/movement therapy and psychomotor therapy. This takes place through interviews with therapists, client questionnaires and this paper/online survey for therapists in the field. Deadline of the research project and master thesis is July 5th 2009.

I'd really appreciate you participating in this survey. The survey consists of 12 questions concerning the research topic, 3 questions about your professional setting and 2 closing questions about the research project. Filling out the survey will take you about 15 to 25 minutes, depending on the extensiveness of your answers.

Many thanks in advance for your time and trouble!
Kind regards,
Geertje Kuipers

For information and contact:
e-mail:

1) Usefulness of use of voice through vocalisation
These first few questions are about the usefulness, goals, types and application of use of voice through vocalisation.

Do you think that use of voice through vocalisation by clients can be useful in dance/movement therapy (DMT) and psychomotor therapy (PMT)?

(Note: in the next question you can comment on your answer.)

Yes	
Sometimes	
No	
Don't know / No opinion	

2) Could you comment on your answer to the previous question about the usefulness of use of voice through vocalisation by clients?

3) Goals of use of voice through vocalisation

Which goals do you (/would you) want to support or aim for with the use of voice through vocalisation by clients?

(multiple answers possible)

stimulation of body activity / awareness	
differentiation of self / increasing sense of self	
expression of feelings	
catharsis	
- don't know / no opinion -	
Other (please specify):	

4) Types of use of voice through vocalisation

Which types of use of voice through vocalisation do you stimulate with your clients (sometimes)?

(multiple answers possible)

making sounds/tones	
sighing	
expressing words	
singing	
expressing short sentences	
humming	
laughing	

groaning	
crying	
lamenting	
screaming	
- none of the above -	
Other (please specify):	

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5) Application of use of voice through vocalisation

Do you invite your clients to use their voices through vocalisation in the each part of your therapy sessions?

(one answer per line; commentary box optional)

	Don't know / No opinion	No, never/seldom	Yes, sometimes	Yes, often	Type(s) of vocalisation (-optional-)
Warming-up / Introduction					
Core / Exploration					
Closing / Processing					

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6) Do you as the therapist join your clients in vocalisation?

(Note: in the next question you can comment on you answer.)

Yes	
Sometimes	
No	
Don't know / No opinion	

---

7) Could you comment on why you do or don't join in vocalisation?

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8) Exercises & interventions

Next are some questions about specific exercises and effects of use of voice through vocalisation.
The question below is about how you invite or stimulate your clients to use their voices through vocalisation. You can decide on how concise or elaborate your answer will be.

Could you give some examples of exercises / interventions with the use of voice through vocalisation by clients that you use in your therapy sessions (sometimes)?

(optional)

Exercise / intervention example 1	
Exercise / intervention example 2	
Exercise / intervention example 3	
Exercise / intervention example 4	
Exercise / intervention example 5	

9) Influence of use of voice through vocalisation on movement (LMA Efforts)

This question is about the possible influence of the use of voice through vocalisation on the movements of clients in terms of Efforts from Laban Movement Analysis (LMA). It concerns the degree of use of flow, weight, time en space. If you are unfamiliar with LMA or don't make use of it, you can check the "Not applicable" option box.

What influence does the use of voice through vocalisation by your clients have on LMA Efforts in their movements? More specific: do you observe these Efforts more or less (often/strong), or do you notice no difference?

(one answer per line; optionally, you can add a comment on each line)

	Not applicable	Don't know / No opinion	More	No difference	Less	Comment (-optional-):
free flow						
bound flow						
light weight						
strong weight						
sustained time						
sudden/quick time						
indirect space						
direct space						

10) Which possible other effects or influences do you observe in your clients with/through the use of voice through vocalisation?

(optional)

11) Disorders & complaints and voice of voice through vocalisation

For which disorders or complaints do you think certain types of use of voice through vocalisation by clients can be suitable?

Note: Optionally, for each disorder you can mention one or more specific types of vocalisation.
(optional, one choice per line)

	Don't know / No opinion	No	Sometimes	Yes	Type(s) of vocalisation (-optional-)
ADHD / Attention deficit disorder					
Autism / Pervasive developmental disorder					
Dementia / Cognitive disorder					
Depression / Mood disorder					
Anorexia Nervosa / Eating disorder					
Somatisation / Somatoform disorder					
Borderline PS / Personality disorder					
PTSD / Anxiety disorder					
Schizophrenia / Psychotic disorder					
Addiction / Substance-related disorder					
Other (please specify):					

12) Training in "voice work"

This question is about therapists and trainers in the Netherlands and abroad who have developed a specific form of use of voice, or voice work.

Which of the next therapists and trainers in voice work have you heard of or taken a workshop/training with?

Note: Optionally, you can add a comment on each line.
(optional, one choice per line)

	Heard of	Followed workshop / training	Comment (-optional-)
Alex Boon (NL) - Rond Je Stem			
Jean-René Toussaint (FR/NL) - stichting Rondom Stemwerk			
Marius Engelbrecht (NL) - Stemexpressie			
Maurice Willems (NL) - Stem en Ziel			
Patricia Bardi (NL) - Vocal Dance & Voice Movement Integration			
Roy Hart (FR) - Roy Hart Theatre			
Jill Rakusen (UK) - Giving Voice			
Paul Newham (UK) - Voice Movement Therapy			

Blanche Evan (US) - Dance/Movement/Word Therapy			
Diane Austin (US) - Vocal Holding (Vocal Psychotherapy)			
Fran Levy (US) - Psychodramatic Movement Therapy (Multimodal Approach)			
Penny Lewis (US) - Authentic Sound, Movement and Drama			
Other (please specify):			

13) Professional information

The questions about use of voice through vocalisation have now been completed. Thank you very much so far. Next are three questions about you as a professional in the field and two closing questions about the research project.

Important: please don't give any information here that can be traced back to you personally; in order to guarantee the anonymity of your answers.

Which profession are you working in?

Note: this concerns the term you use when you present yourself to your clients (this may be different from your official job appointment or training).

Dance/movement therapy (DMT)	
Internship in dance/movement therapy	
Psychomotor therapy (PMT)	
Internship in psychomotor therapy	
Other (please specify):	

14) In which kind of professional setting(s) are you working?

Note: If you have been working in a specific setting, but don't work there anymore, you can mention this in the option box "Other (please specify)".
(multiple answers possible)

psychiatric hospital	
mentally handicapped care	
youth care	
special education	
addiction services	
refugee services	
forensic psychiatry	
oncology	
child and youth psychiatry	

revalidation	
psychogeriatrics	
community health care projects	
private practice	
- none of the above -	
Other (please specify):	

15) Which client population(s) / target group(s) do you work with?

Note: If you have been working with a specific client population, but don't work with them anymore, you can mention this in the option box "Other (please specify)".
(multiple answers possible)

high functioning clients	
children	
autism	
hospitalized clients (inpatients)	
adolescents	
special education	
Non-hospitalized clients (outpatients)	
adults	
mentally handicapped/challenged	
clients in parttime program(me)	
elderly	
physical handicapped/challenged	
individual clients	
substance abusers	
physical revalidation	
groups	
forensic clients	
medically ill clients	
- none of the above -	
Other (please specify):	

16) Comments on or suggestions for the research project

In closing the survey, next are two more questions, about the research project.

If you have any comments or suggestions for this research project on the use of voice through vocalisation in DMT and PMT, you can enter them here. All suggestions are welcome.

Important: please don't give any information here that can be traced back to you personally; in order to guarantee the anonymity of your answers.
(optional)

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17) Closing

This completes this survey on the use of voice through vocalisation. Thank you so much for your time and trouble. You can save the document and send it by e-mail to   .

If you would like to contribute even more to this research project about the use of voice through vocalisation in DMT and PMT (besides filling out this online survey), you can mention this here.

Important: please send a separate and short e-mail message with your offer to   ; in order to guarantee the anonymity of your other answers.
(optional, multiple answers possible)

participation in "member checking" (i.e. discussion with respondents) of the results of the survey (via e-mail)	
participation in a therapist-interview of about 1 hour about the use of voice through vocalisation (place and time to be decided together)	
- none of the above -	
Other (please specify):	

THANK YOU

Thank you so much for filling out this survey questionnaire!

You can save this Microsoft Word document with your answers and e-mail it to geertje.kuipers@planet.nl. Your answers will be processed anonymously; your e-mail address will not be saved.

Kind regards,
Geertje Kuipers

For information and contact:
e-mail:

Appendix D – Therapist Interview Guide & Consent Form

The therapist interviews were conducted using a semi-structured interview guide. The therapists received a therapist consent form. These documents were in Dutch and partly in English.

The interview guide topics addressed how and why the therapist uses vocalization and included:

- general therapist information
- training/courses followed
- method(s) used (how)
- goals aimed for (why)
- specific exercises
- suggestions for the field.

The following pages show the documents concerned:

- Appendix D.1 Therapist Interview Guide   – *Interviewschema voor therapeut*
- Appendix D.2 Therapist Consent Form   – *Toestemmingsformulier voor interview*

Note: This interview guide served as a guideline during all interviews, starting with the internship therapist. However, during the interviews with the other two dance movement therapists any questions that were not applicable for these interview respondents were skipped, such as the questions about specific exercises in the DMT vocalization sessions.

Onderzoek

De stem in danstherapie

D.1 Interviewschema voor therapeut

Onderzoek: Het gebruik van stem en vocalisatie in danstherapie
Therapeut:
Onderzoeker: Geertje Kuipers, studente/stagiaire VO/Master Danstherapie Codarts Rotterdam
Supervisor: Lid van Codarts Research Committee
Datum: Maart 2008 (v1.0)

Dit semigestructureerde interviewschema gaat over de werkwijze, doelen en ervaringen van de geïnterviewde therapeut met stemgebruik tijdens bewegingsopdrachten in danstherapiesessies met cliënten. Het interview kent zeven onderwerpen, waarover een aantal vragen worden gesteld. Tijdens het gesprek kunnen aanvullende vragen gesteld worden ter verduidelijking.

---

1. Ervaring als danstherapeut
- Wat is je huidige functie?
- Waar werk je?
- Hoeveel jaren ervaring heb je?
- Hoe ben je opgeleid tot danstherapeute?

2. Aanleiding gebruik stem in danstherapie
- Hoe/waarom ben je geïnteresseerd geraakt in het gebruik van de stem in de danstherapie?
- Hoe verliep het gaan werken met stem in danstherapie?
- Welke workshops of trainingen in stemwerk heb je gevolgd?
- Hoe heb je het geleerde toegepast in je therapie?

3. Hoe werken met stem in danstherapie
- Kun je iets vertellen over je standaardwerkwijze met de stem in danstherapie?
- Kun je iets vertellen of je werkwijze in het onderzoek naar de stem in danstherapie?
- Kun je iets zeggen over cliënten die moeite hebben om stem te gebruiken?

4. Waarom werken met stem in danstherapie
- Kun je een aantal redenen noemen waarom je de stem gebruikt in danstherapie?

5. Oefeningen uit stemonderzoek
- Laten we de oefeningen nalopen die hebben we gedaan tijdens de sessies gedurende het onderzoek:
- Waarom hebben we elke oefening gedaan, ofwel wat was het doel erachter?

6. Oefeningen uit standaardwerkwijze
- Laten we kijken naar de oefeningen die je normaal gesproken toepast in je sessies:
- Welke doelen zitten er achter die oefeningen?
- Hoe pas je die oefeningen toe, wanneer, en waarom?

7. Belang van werken met stem in danstherapie
- Hoe belangrijk vind jij het werken met stem in danstherapie?
- Wat zou je andere therapeuten aanraden die met danstherapie met stem willen gaan werken?
- Zou er meer aandacht voor stem moeten zijn in de danstherapie opleidingen en zo ja, waarom?

Onderzoek

De stem in danstherapie

D.2 Toestemmingsformulier voor interview

Onderzoek: **Het gebruik van stem en vocalisatie in danstherapie**
Therapeut :
Onderzoeker: Geertje Kuipers, studente Master Danstherapie Codarts Rotterdam
Supervisor: Annelies Schrijnen-van Gastel, lid van Codarts Research Committee
Datum: Maart 2008 (v1.0)

Dit toestemingsformulier gaat over deelname aan een therapeutinterview in het kader van het onderzoek.
Dit formulier is net als het onderzoeksvoorstel en de master thesis opgesteld in het Engels.
Bij vragen en opmerkingen kunt u contact opnemen met de onderzoeker (   ).

Research on the use of vocalization in DMT	
Research question	"How and why is vocalization used in DMT?"
Purpose of research	Justification of this research is to clarify this topic for the field, as detailed documentation seemed to be scarce.
Methods	Literature review, separate questionnaires for DMT clients and therapists, and therapist interviews.
Results	Results will be shared in a master thesis (publicly available at Codarts Mediatheek) once all the research is completed.

Participation in therapist interview	
Right of exclusion or withdrawal	Participation to this interview is entirely voluntary. You have the right not to answer any question, and to stop the interview at any time or for any reason You can withdraw consent afterwards at any time by contacting the researcher. The interview will take about 1 hour..
Tape-recording	With your permission, the interview will be voice-recorded. If not recorded, you will be asked to sign off on the interview notes to verify their accuracy.
Confidentiality	Interview recordings and transcripts will be held in confidence. They will only be used for the purposes of this research project and third parties will not be allowed access to them (except as may be required by the law).
	However, you will be supplied with a copy of your interview transcript so that you can comment on and edit it as you see fit. The recordings and transcripts will be destroyed one year after the master thesis has been presented for graduation (which is planned for November 2009).
	If requested, confidentiality will be maintained in the master thesis and any direct quotes from your participation will be available for your review. A copy of the master thesis will be available to you if you request one.

Informed consent
I AGREE to participate in this study **I AGREE to the use of my data as specified above.** **I give permission for:** (select and color check box ▢) □ voice recording of the interview. □ inclusion in publications resulting from this study of: □ direct quotes from this interview (after my review) □ my name (if not checked any quotes will remain anonymous). □ I have been given a copy of this form.

Participant Signature: _____   Date: _____

Interviewer Signature: Date: _____

Appendix E – Data Analysis Details Survey

The survey data analysis covered more data than could be presented in the body text of the thesis.

For some survey questions this appendix holds more detailed information.

Question 2: Could you comment on your answer to the previous question about the usefulness of use of voice through vocalization by clients?

The 16 comments found in the survey data were itemized into 43 text fragments and sampled

across the predefined and emerging goals of vocalization, as shown below.

Predefined goals	Related text fragments
Stimulation of body activity / awareness (16)	o "The dance/movement becomes extra supported, through which it becomes more noticeable in the body." o "… can help clients not to hold their breath … " o "Awareness of breath and bodily experiences concerning that." #6 o "Grounding, get into the body" o "… taking along breath in the movement" o "… the interplay of breath (support) and movement" o "I see it as […] inner movement" o "With training/offering breathing techniques vocalization can offer support" o "Use of voice can support and add strength to a movement" o "Gives (next to) bodily effort …" o "It might help the clients to get in contact with their body (parts) … o "Voice/sound is audible breath. Breath is life energy, it supplies the red blood cells with oxygen." o "… clients can show both their inner and outer dimensions, subtle (relaxation of breath) and adding strength, and as support of a movement" o "…can […] loosen up or as voice exercise …" o "The tension around held breath is addressed in a way that connect inner and outer at the same time. 'Thinking' with this is not needed. " o "Vocalization means movement and can be explored like other movements of the body …"
Differentiation of self / increasing sense of self (1)	o "Use of voice let's you know that you are there, that you exist."
Expression of feelings (12)	o "Deepening of the expression of feelings" o "… as a way to express yourself …" o "… can support the expression of emotions … " o "I see it as giving expression …" o "It can strengthen emotions, sharpen expression" o "It gives form to a feeling that lives inside and is being brought in the open" o "Gives […] extra space to expression ..." o "… to express those feelings…" o "The voice is also a muscle, namely the vocal cords. This muscle too we can use to express, experience and share emotions." o "…can work liberating for those who are usually quiet, afraid of letting their voice be heard" o "… can be of help when […] expressing hard feelings" o "It is connected to preverbal expression."
Unloading / Catharsis (4)	o "Use of voice can lead to unloading and relaxation" o "Gives […] extra space for […] unloading." o "… possibly release the uptight energy" o "… can be of help when releasing tensions …"

Emerging goals	Related text fragments
Connecting/Contact (6)	"It might help the client to *get in contact* with […] their feelings." "… *establish contact* with the group member" "It's a deep *form of contact* between the client and him/herself and toward the outer world ('Insite out')". "It is also *connected to* sensation, emotion and thoughts." "it *connects* us with the music, the rhythms and sounds around us."
Creativity (2)	"To explore the *creativity* …" "*Play*, share fun."
Other (2)	"*Focusing* outwards, with use of voice aiming clearly at one point in the space." "It stimulates and broadens the *apperception*."

Question 7: Could you comment on why you do or don't join in vocalization?

The 17 comments found in the survey data were itemized into 25 text fragments and clustered into four categories of reasons for joining vocalization as the therapist, as shown below.

Categories (for joining)	Related text fragments
Stimulation / Permission (7)	"Vocalization is an intervention of mine, therefore I participate stimulatingly." "To stimulate, give permission" "To indicate that vocalizing is possible / allowed." "…to stimulate…" "Give permission to use sound". "For stimulation, start without explaining and stimulate to use own voice." "… stimulation …"
(Sharing) experience (7)	"Experience myself in that moment what the client experiences in the exercise." "Participation can also happen by taking turns. This way de client gets space to hear him/herself." "When I join, its because for sharing and creating the space together or to make dialog." "When I don't its because I don't want to interrupt the clients' expression. "Sometimes I have the feeling that they need to be guided, in order to reach the next level of exploration" "… letting the client experiment and experience him/herself" "Mirroring, […] antipole (for yes) silent witnessing (authentic movement e.g.), sounding board, listening (for no)"
Support / Safety (10)	"That way the client also dares to show him/herself more." "Because the barrier to engage voice is lowered, after all I'm joining in, this way it becomes less scary for the client." "Offer support." "Less threatening if the other in the space is also acting silly and is not only watching or listening." "Often to lower the blockage of the client …" "When *[a]* model or support is necessary. "I only join as support, to increase freedom / safety." "Support" "I always give the example, often for the client to cross a barrier, …" "I sometimes join my patients in their vocalization to give them support but I don't exaggerate my part of the vocalisation."
Synergy (1)	"… to create synergy."

Question 8: Could you give some examples of exercises / interventions with the use of voice through vocalization by clients that you use in your therapy sessions (sometimes)?

The 55 exercises found in the survey data were clustered into 19 body-oriented and 36 expression-oriented types of exercises are sampled below.

Expression-oriented exercises	Sample exercises
Affirmative / Strength (7)	o "For confirmation of a *self-affirmative / reinforcing* exercise calling out a word. Which fits with the experience." o "Breath (blowing out) and use of *voice* (screaming) upon *hitting* boxing sack." o *Strength-exercises* with/without props/materials supported by use of voice. E.g. Bouncing a ball vigorously, hitting a ball with stick etc."
Regulation / Modulation (4)	o "Upon *aggression regulation*: getting angry, speaking a short sentence or word to it. Regulate this in combination with body action, e.g. boxing, increase and decrease strength." o "When moving from small to big, doing the same with the voice (*modulation*)."
Releasing / Unloading (3)	o "As an *outlet of tension* we will make ah, oh, uh sounds with the music."
Exploration / Expression: *voice-oriented* (4)	o "*Singing* a part of a song in *different ways*. With different movements, with hands on breath support (flanks), looking outside, back to back, directed toward one point, etc." o "*Bring out voice* e.g. toward a wall and finding different pitches of voice."
Exploration / Expression: voice combinations (8)	o "voice-circle - where everybody sit or stand in a cirkel and *make an sound* on a *theme* (ex. grounding) or *bodypart* or *inner feeling*." o "Make movement and sound to emotion." o "Make a movement phrases and make up sounds to it."
Exploration / Expression: open explorations(6)	o "When a client him/herself already makes a sound with a movement, I amplify this as the therapist. Then *look what develops* from this, and then *play* with dance elements / effort qualities." o "Sounds, also animal sounds, to take on *new experiences*, discover *unknown qualities*, possibility of safely expressing emotions. Especially important with trauma."
Other (4)	o *"Symbolic play…"* o *"Authentic Movement"* o *"Expressing physical pain sensations"*

Body-oriented exercises	Sample exercises
Body activation / Warm-up (4)	o "Sitting in a chair, bent over, *roll up spine*, arms along upwards, *stretch*, with a 'JAA' or 'Yes'. " o *Emphasizing rhythms* or phrases
Body/breath/voice awareness (7)	o "Feeling/sensing of *voice vibrations in different body parts* for body awareness, also with each other by putting a hand on it …" o "*Contact between breathing and voice*, also as long as possible bring out voice in one breath." o "Letting *inefficient breathing be heard*. This is a combination of showing what happens in the body and how that *sounds like*."
Breathing techniques (4)	o "With *breathing exercise*: ask the client to sigh more (extra). This way the breath is felt more deeply." o "Support *breathing exercise* with sighing/blowing or a yell"
Relaxation (4)	o "To *relax oneself*, sing or hum along with known music." o "*Swaying and humming* together."

Combinations with vocalization

The 33 vocalization combinations found of sound(s), voice, words/sentences, singing/humming, movement or breath with other aspects are shown below.
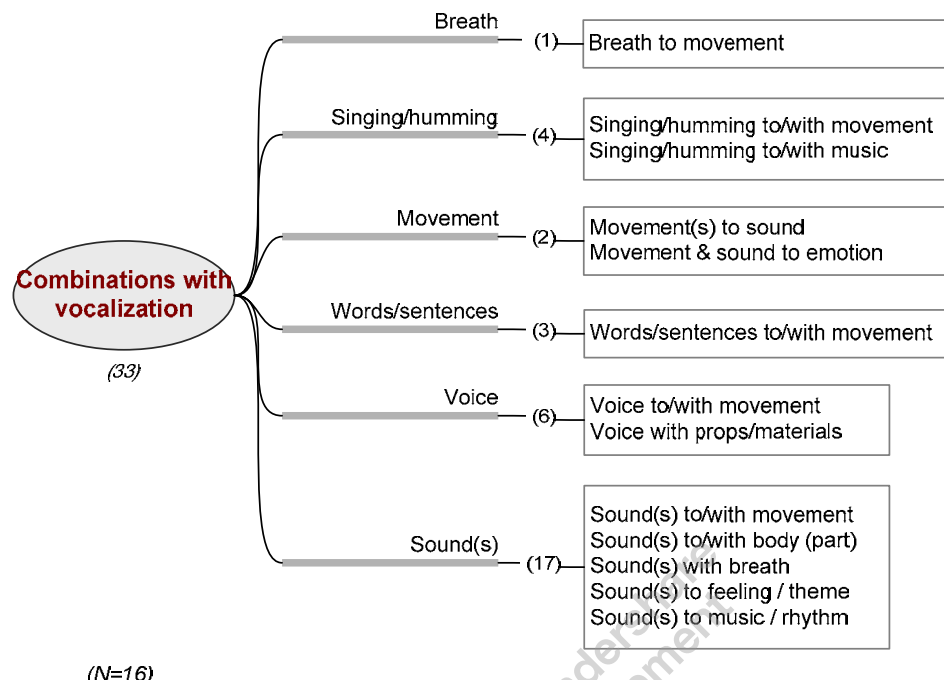
The text fragments related to the vocalization combinations identified are shown below.

Vocalization combinations	Related text fragments
Breath to movement (1)	o "Breath (blow out) […] upon hitting boxing sack"
Movement(s) to sound (1)	o "… the other one makes movements according to the sounds"
Movement & sound to emotion (1)	o "Make movement and sound to emotion"
Singing/humming to/with movement (2)	o "Singing part of a song […] With different movements." o "Sway and hum together"
Singing/humming to/with music (2)	o "… singing or humming along with known music" o "Singing part of song in different ways…"
Words/sentence to/with movement (3)	o "… speaking a short sentence or word […]. (Regulating) this in combination with body action… o "… roll up spine, arms along upwards, with a 'JAA' or 'Yes'." o "Using words, short sentences to get moving or to use in dance as inspiration."
Voice to/with movement(4)	o "… use of voice (screaming) upon hitting boxing sack" o "Strength-exercises […] supported by use of voice." o "When moving from small to big, doing the same with the voice…" o "Uttering yells with an intensive dance. Put down strength with body and voice".
Voice with props/materials (2)	o "Ball exercises and voice (create atmosphere)" o "Strength-exercises with[/without] props supported by use of voice."
Sound(s) to/with movement (5)	o "… the other copy and make a sound to this movement" o "When a client makes a sound with a movement him/herself I amplify this as the therapist … " o "Make movement phrase and make up sounds to it. " o "Try to find the sound with corresponds with your movement …" o "During body activity or relaxation, sounds and noises that fit to these… "
Sound(s) to/with body (part) (3)	o "… make an sound on a […] bodypart …" o "… the one make a sound for this bodypart" o "Hands on different body parts […] making contact with the

Vocalization combinations	Related text fragments
	vibrations of own voice. "
Sound(s) with breath (5)	o "Contact between breathing and voice, also as long as possible bring out voice in one breath" o "…letting the exhale be heard." o "Letting *inefficient breathing be heard*. […] how that *sounds like*" o "Support breathing exercise with sighing/blowing …" o "When exhaling, producing a sound"
Sound(s) to feeling / theme (1)	o "… make an sound on a theme (ex. grounding) or inner feeling."
Sound(s) to music / rhythm (3)	o "… make […] sounds with the music … " o "… weight shift in ¾ rhythm, […] therapist gives a sound, client […] copies the sound. " o "Emphasizing of rhythms (and phrases)"

Raw data exercises

An overview of the 55 vocalization exercises (raw data) in relation to types of exercises derived and combinations identified during analysis rounds #3 and #4 is shown in the table below.

Analysis round #	#4	#3
Exercise (question 8)	**Types of exercises**	**Combinations**
Als uitlaatklep van spanning gaan we met de muziek ah, oh, uh geluiden maken.	releasing/unloading	sounds to music
Zuchten ter ontspanning. Release.	relaxation	
Ter bevestiging van een zelfbevestigende / versterkende oefening en woord roepen. Wat bij het de belevenis past.	affirmative/strength	
ja, nee zeggen, intonatie en luidsterkte varieren	regulation/modulation	
om zichzelf te ontspannen. bekende muziek meezingen of neurien	relaxation	singing/humming to music
bij agressieregulatie: kwaad worden, een korte zin of woord daarbij uitspreken. dit in combinatie met lichaamsactie, bv. boksen, gaan reguleren. in sterkte toe - en afnemen	regulation/modulation	words/sentences to movement
bij agressieregulatie. leren hoe je iets duidelijk en assertief kan zeggen, zonder een agressieve toon in de stem. hieraan voorafgaand. zich bewust worden wanneer de stem agressief klinkt.	regulation/modulation	
Bij ademhalingsoefening. Vragen de cliënt extra te laten zuchten. De ademhaling wordt hierdoor dieper gevoeld.	breathing (technique)	
voice-circle - where everybody sit or stand in a cirkel and make an sound on a theme (ex. grounding) or bodypart or inner feeling.	Expression/exploration (combination)	sounds to theme
		sounds to body part
		sounds to feeling
two persons move together - one move from ones inner impulses and the other copy and make a sound to this movement.	Expression/exploration (combination)	sounds to movement
two persons are together. One stand and ground oneself while the other puts her hand on different bodyparts - and the one make a sound for this bodypart.	Body/breath//voice awareness	sounds to body part
two persons together. One makes sounds and the other one makes movements according to the sounds.	Expression/exploration (combination)	movements to sound
Adem (uitblazen) en stemgebruik (schreeuwen) bij slaan tegen boxzak	affirmative/strength	breath to movement
		voice to movement
Beweging en geluid bij emotie maken	Expression/exploration (combination)	Movement and sound to emotion
Geluid de kwaliteit van een beweging laten ondersteunen. VB. Strong weight met laag grommend geluid.	Expression/exploration (combination)	

| Analysis round #	#4	#3
Exercise (question 8)	**Types of exercises**	**Combinations**
Bij losmaken spieren of losschudden van spanning, ook gezichtspieren en stembanden gebruiken	warm-up/body activation	
	releasing/unloading	
Eigen favoriete liedje laten meenemen en meezingen, neuriën.	expression/exploration (voice)	
Adem laten voelen door handen op flanken	Body/breath/voice awareness	
Deel van liedje op verschillende manieren zingen. Met verschillende bewegingen, met handen op ademsteun (flanken), naar buiten kijkend, met ruggen tegen elkaar, gericht op één punt enz.	expression/exploration (voice)	singing to movement
t.o. elkaar staan, één been voor één been achter, gewichtswissel in 3/4ritme, op voor been geeft therapeut een klank, als cliënt op voorbeen is doet deze de klank na.	warm-up/body activation (rhythmic)	sounds in rhythm
Zittend op stoel, voorover gebogen, de ruggewervel oprollen, armen mee naar hoog, uitrekken, met een "JAA"of "Yes"	warm-up/body activation	words with movement
handen op verschillende lichaamsdelen (keel / borst etc) contact maken met de trillingen van eigen stem	Body/breath/voice awareness	sound with body (part)
Contact tussen ademhaling en stem zo ook het zo lang mogelijk in een adem naar buiten brengen van stem.	Body/breath/voice awareness	sound with breath
Stem naar buiten b.v. een muur brengen en de verschillende stemhoogten opzoeken	expression/exploration (voice)	
Dit samen doen de een gaat met de ander mee	expression/exploration (voice)	
Ja /nee Iets zoeken waar je vaak conflict in hebt en met wie Kan ook met ouder en kind	affirmative/strength	
Aardingsoefeningen	affirmative/strength (grounding)	
Ontladingsoefeningen	releasing/unloading	
bal oefeningen en stem sfeer scheppen	affirmative/strength	voice with props
sfeer scheppen	other (atmosphere)	
Ademhalingstechnieken: het laten horen van de uitademing.	breathing (technique)	sound with breath
Het laten horen van een inefficiente ademhaling. Dit is gecombineerd van laten zien wat er in het lichaam gebeurt en hoe dat klinkt.	Body/breath/voice awareness	sound with breath
Wanneer de client zelf al een geluid maakt bij een beweging, dan versterk ik dit als therapeut. Dan kijken wat hieruit ontstaat, om vervolgens te spelen met danselementen/ effortkwaliteiten.	Expression/exploration	sound with movement
Ademhalingsoefening ondersteunen met zuchten / blazen of een kreet.	breathing (technique)	sound with breath
Bewegingsfrase maken en daarbij geluiden bedenken.	Expression/exploration (combination)	sounds to movement
Krachtvormen met/zonder materiaal ondersteund doorstemgebruik. B.v. krachtig stuiteren met bal, slaan met stok op een bal e.d.	affirmative/strength	voice with movement voice with props
Try to find the sound which corresponds with your movement at this particular moment.	Expression/exploration (combination)	sound to movement
When exhaling, producing a sound	Body/breath/voice awareness	sound with breath
When moving from small to big, doing the same with the voice (modulation).	regulation/modulation	voice with movement
geven van kreten bij een intensieve dans. Kracht vanuit lichaam en stem neerzetten.	affirmative/strength	voice with movement

VOCALIZATION IN DMT

Analysis round #	#4	#3
Exercise (question 8)	**Types of exercises**	**Combinations**
samen wiegen en neurien.	relaxation	humming with movement
Adem komt voor stemgebruik, ik start altijd met aandacht voor de ademhaling middels verschillende ademoefeningen.	breathing (technique)	
Voelen van stemtrillingen in verschillende lichaamsdelen voor lichaamsbewustzijn, ook bij elkaar door de hand erop te leggen.	Body/breath//voice awareness	
Adem en stem regulatie en ontspanning.	relaxation	
Klanken, ook dierklanken, om nieuwe ervaringen op te doen, ontdekken van ongekende kwaliteiten, emoties veilig kunnen uiten. Vooral bij trauma van belang.	expression/exploration	
Delen van elkaars klanken, woorden, zinnen voor groepscohesie, gehoord worden, leren van elkaar.	expression/exploration	
Woorden, korte zinnen gebruiken om in beweging te komen of om in dans te gebruiken als inspiratie.	expression/exploration	words/sentences with movement
Bij betekenisgeving, ontdekken van kwaliteiten, emoties uiten en verwerken.	expression/exploration	
When working with symbolic play with deeply disturbed children it can be of help to start with vocalisations adequate to the relevant theme for example make sounds like a bird when playing little birds that are trying to leave their nest symbolic for the child ´s daring to leave mother	other (symbolic play)	
Tijdens het inspannen of ontspannen, klanken en geluiden die hierbij passen. (ev. Mirroring van de stemgeluiden)	Expression/exploration (combination)	sounds to movement
Tijdens Authentic Movement	other (authentic movement)	
Het benadrukken van ritmes of phrases	warm-up/body activation (rhythmic)	sounds with rhythm
Om elkaars dans te stimuleeren, te beinvloeden of te verstoren. Woorden of korte zinnen: Benoemen van metaphoren en associaties tijdens het dansen of tijdens visualisaties Uitroepen als communicatie van structuuren	expression/exploration	
Het uiten van lichaamelijke pijnsensaties.	other (physical pain)	

Question 10: Which possible other effects or influences do you observe in your clients with/through the use of voice through vocalisation?

The 12 comments found in the survey data on influences of vocalization were itemized into 25 text fragments and related to the predefined and emerging goals with vocalization, as shown below.

| Influences >> | **Predefined goals** | (N=12) | **Emerging goals** | << Influences |
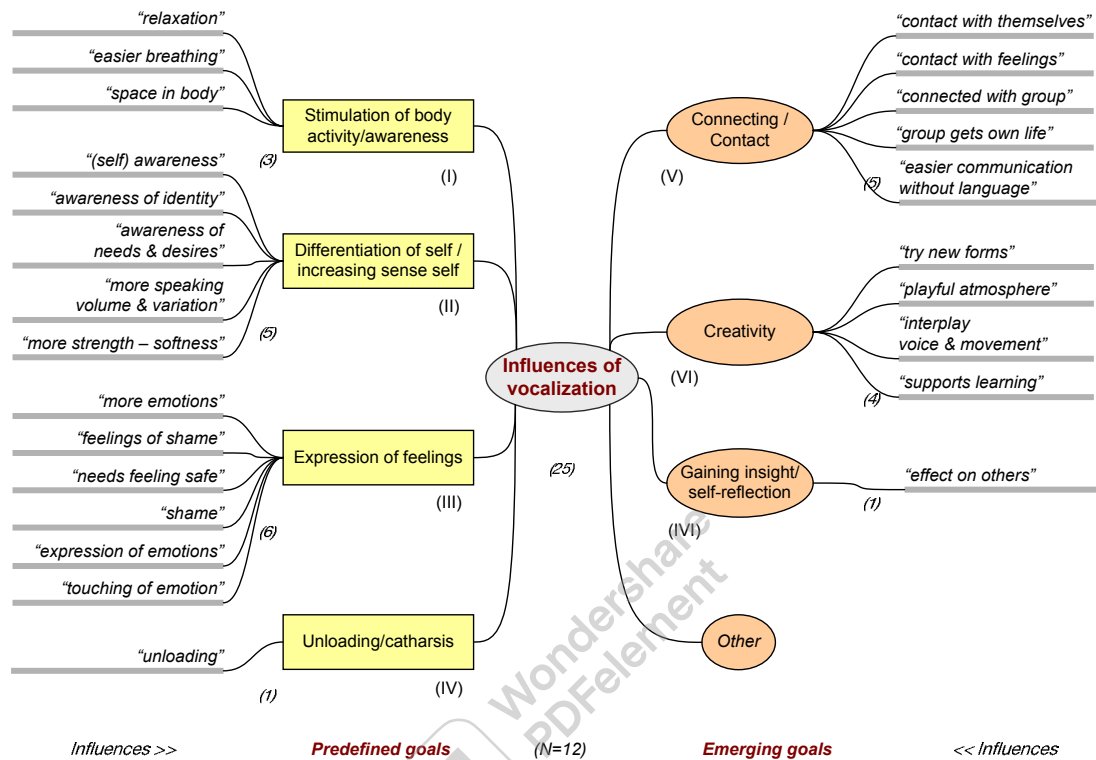
Question 11: For which disorders or complaints do you think certain types of use of voice through vocalisation by clients can be suitable?

The distribution of the populations indicated suitable for vocalization (98 answers) is show below.

Suitableness of vocalization for specific client populations

(N=17) (total of 98 answers)

☐ Yes ☐ Sometimes ☐ No
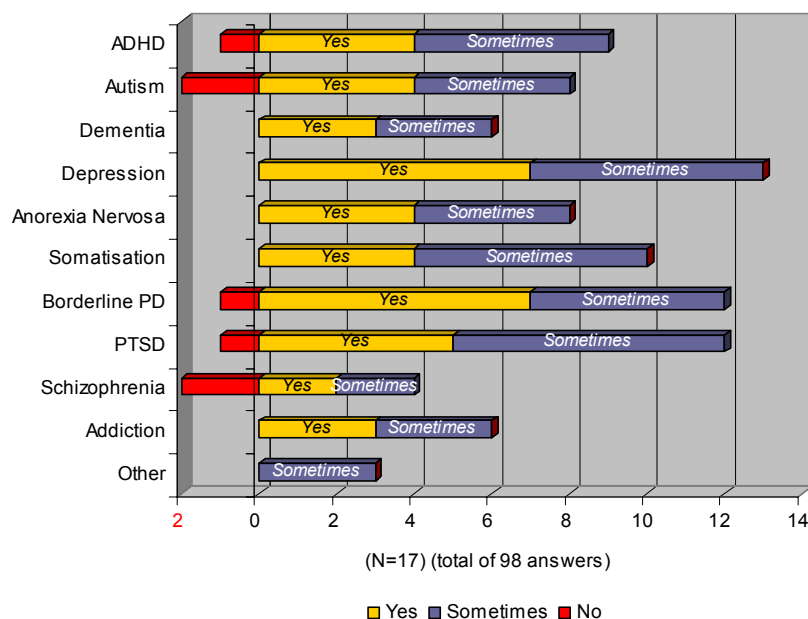
Question 12: Which of the next therapists and trainers in voice work have you heard of or taken a workshop/training with?

The distribution of the voicework approaches indicated (55 answers) is show below.

Voicework approaches

(N=17) / (55 answers)
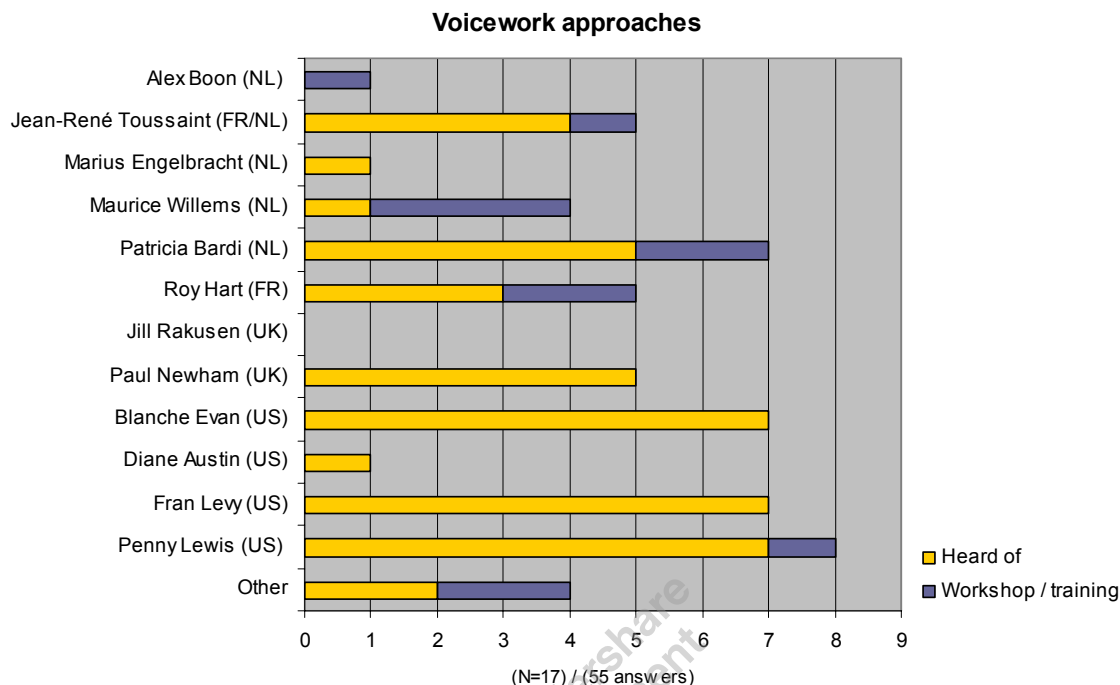
Question 14: In which kind of professional setting(s) are you working??

The distribution of the work settings indicated (28 answers) is show below.

Work settings
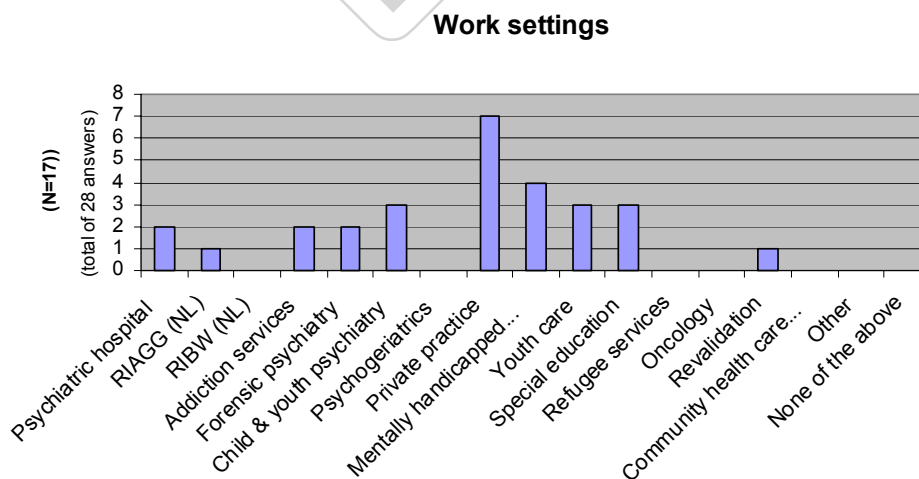
Question 15: Which client population(s) / target group(s) do you work with?

The distribution of the client populations indicated (103 answers) is show below.

Client populations
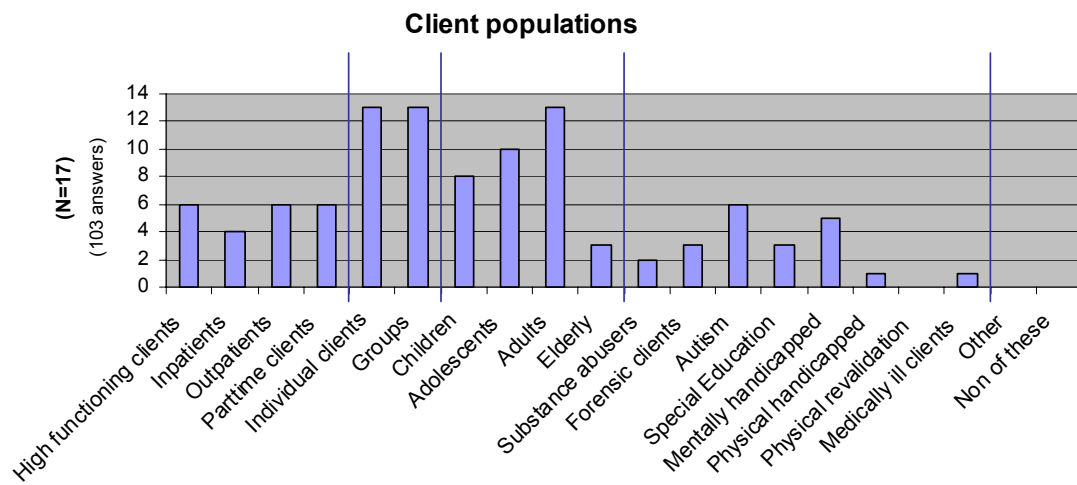
Appendix F – Data Analysis Details Interviews

The interview data analysis covered more data than could be presented in the body text of the thesis. For some interview topics this appendix holds more detailed information.

Goals with vocalization
A detailed overview of the 23 goals with vocalization found in the interview data and their relationship with the predefined and emerging goals (see Latin numbers) is show below.

Vocalization exercises

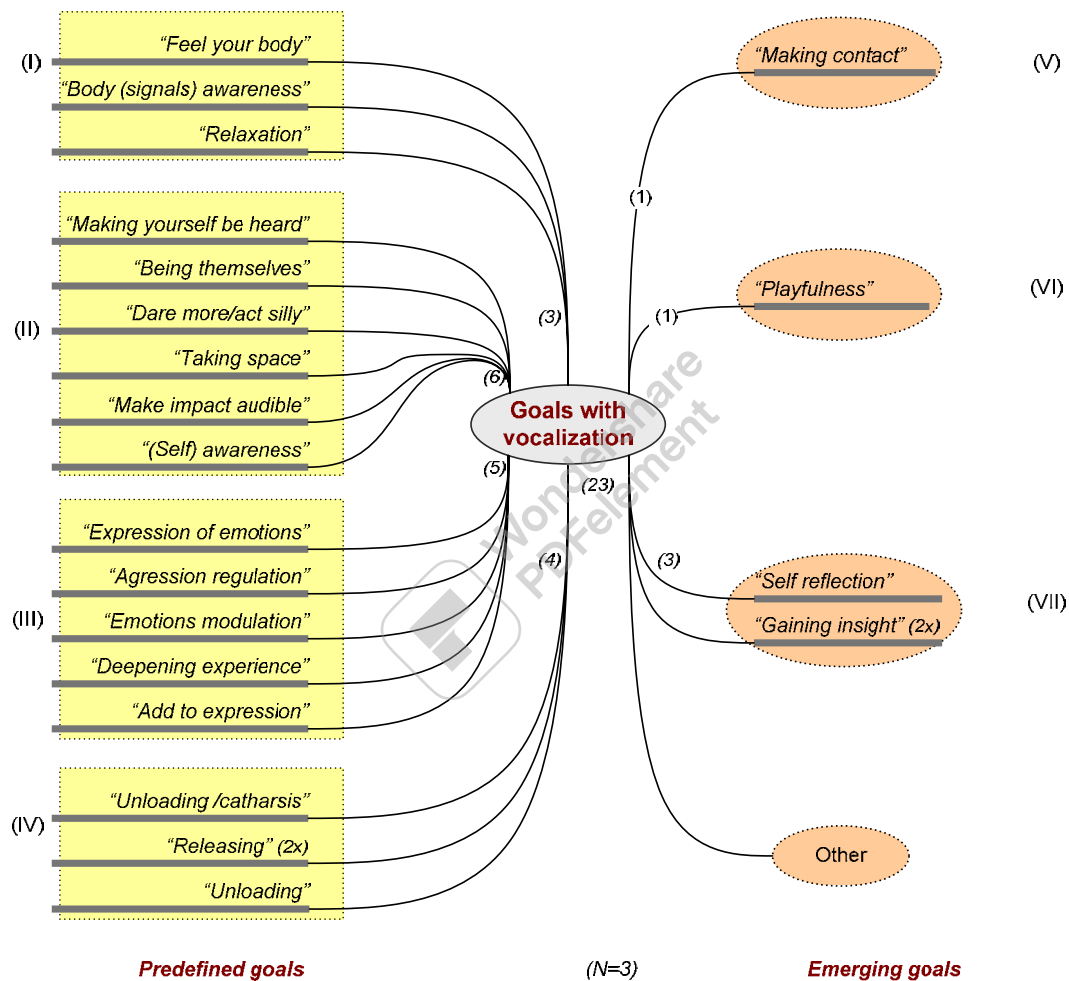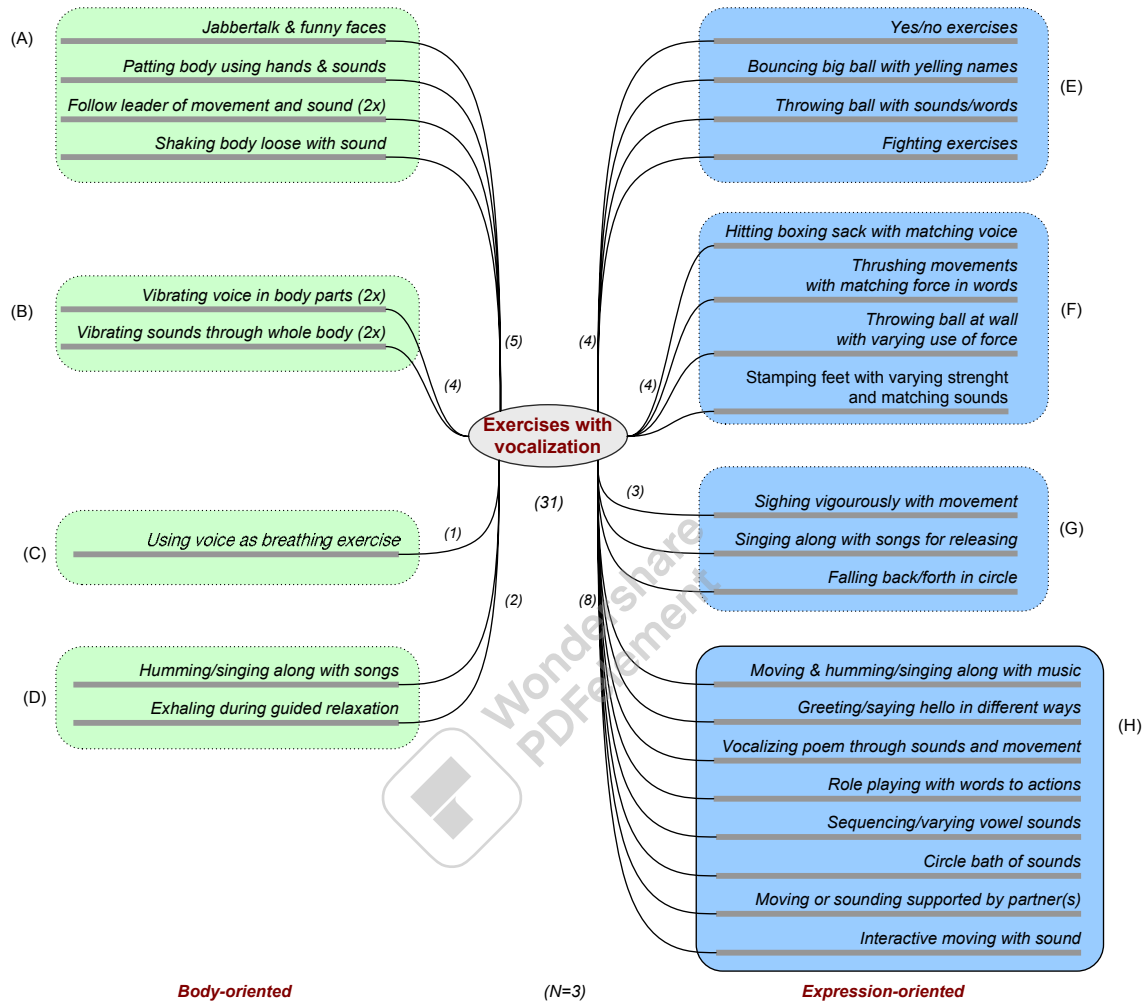A detailed overview of the 31vocalization exercises found in the interview data and their relationship with the identified *body-oriented* and *expression-oriented* types of exercises (see alphabet letters) is show below.

(A)
- Jabbertalk & funny faces
- Patting body using hands & sounds
- Follow leader of movement and sound (2x)
- Shaking body loose with sound

(B)
- Vibrating voice in body parts (2x)
- Vibrating sounds through whole body (2x)

(C)
- Using voice as breathing exercise

(D)
- Humming/singing along with songs
- Exhaling during guided relaxation

Exercises with vocalization

(E)
- Yes/no exercises
- Bouncing big ball with yelling names
- Throwing ball with sounds/words
- Fighting exercises

(F)
- Hitting boxing sack with matching voice
- Thrushing movements with matching force in words
- Throwing ball at wall with varying use of force
- Stamping feet with varying strenght and matching sounds

(G)
- Sighing vigourously with movement
- Singing along with songs for releasing
- Falling back/forth in circle

(H)
- Moving & humming/singing along with music
- Greeting/saying hello in different ways
- Vocalizing poem through sounds and movement
- Role playing with words to actions
- Sequencing/varying vowel sounds
- Circle bath of sounds
- Moving or sounding supported by partner(s)
- Interactive moving with sound

(5) (4) (4) (4) (1) (2) (3) (8) (31)

Body-oriented (N=3) **Expression-oriented**

An overview of the exercises in each of the 6 *vocalization sessions* is shown in the table below.

Session #	Vocalization session exercise
Session 1:	
	• *Vibrating vowel sounds in body* Individueel in kring: Verschillende klanken maken en voelen of dit op de juiste plek resoneert in je mond, keel, borst of buik. 'Mmmm' voor in de mond tegen de lippen, 'ee' in de keel/hals, 'aa' in de borst, 'oo' in kuiltje onderaan borstbeen, 'oe' in de buik.
	• *Sequencing vowel sounds* Individueel in kring: De klanken van 'mm' naar 'oe' achterelkaar door laten lopen op 1 ademhaling: mm-ee-aa-oo-oe. Daarna in 1 adem ook weer terug van 'oe' naar 'mm'.
	• *Varying vowel sounds and pitch* Individueel in kring: wisselen van klank en eventueel toonhoogte in zelfgekozen volgorde.
	• *Making siren sound* Sirene geluid maken van laag naar hoog en terug. Hierbij beweging maken naar voren (gaat bijna automatisch).
Session 2:	
	• *Jabbertalk & funny faces* In kring: Brabbeltaal, gekke gezichten trekken
	• *Patting body using hands with sound* In kring: Gezicht en eigen lichaam loskloppen met handen en met stem (korte/lange klanken)
	• *Varying sounds/pitches to basic tone* In kring: Drie mensen een basistoon (mooo, maaa) maken in kring en de rest eromheen en individueel met klank/toonhoogte variëren.
	• *Resonating a-vowel sound with partner* In tweetallen a-klank naar elkaar maken, afstand verkleinen en vergroten, uitproberen op welke afstand de klank rond gaat zingen.
	• *Resonating vowel sounds into body with partner* In tweetallen de één bij de ander klanken in de rug 'zingen', bijv. a, o, oe. Voelen hoe/waar het geluid binnenkomt.
Session 3:	
	• *Bouncing big ball with yelling name* In grote kring: Grote blauwe bal met kracht de kring over stuiteren met luid roepen van de naam van degene naar wie de bal toegaat.
	• *Stealing ball among groups with voice added* In twee groepen: Binnen één groep de bal overgooien en doorstuiteren, terwijl de andere groep probeert de bal af te pakken. Fysiek contact en stem gebruiken mag.
	• *Making movements supported by sounds from guidant partners* In drietallen, 1 beweger (A), 2 begeleiders (B): Beweger A beweegt met ogen dicht, begeleiders B volgen via handcontact de bewegingen van A. B's maken ondersteunende geluiden bij de beweging van A.
	• *Making sounds supported by movement from guidant partners* In drietallen: Begeleiders B bewegen nu via handcontact beweger A (die ogen weer dicht heeft). A geeft geluid op de bewegingen. B's ondersteunen opnieuw met geluiden de beweging en geluiden van A (maakt makkelijker voor A om geluid te geven).
	• *Circle bath of sounds* Klankbad: zittend in kleine kring met 1 persoon in het midden, groep maakt mmmoe-geluiden naar persoon toe.
Session 4:	
	• *Follow leader of movement and sound* In kring: om de beurt een beweging aangeven met geluid, rest spiegelt (doet na). Beweging en geluid mag heel gek zijn.

Session #	Vocalization session exercise
	• *Circle bath of sounds* Klankbad: zittend in kleine kring met 1 persoon in het midden, groep maakt mmmoe-geluiden naar persoon toe.
Session 5:	
	• *Verbal sharing of experiences with use of voice* Delen van ervaringen met stemgebruik (verbaal)
	• *Moving in circle with/without sound* Afsluiten met losse bewegingen in kring, met/zonder geluid.
Session 6:	
	• *Moving to and humming or singing along with music* In de kring opwarmen met eigen bewegingen en bewegingen van elkaar overnemen. Eventueel meeneuriën of meezingen met de muziek (verschillende muziekjes).
	• *Interactive moving in pairs with voice in supporting circle* Om de beurt twee mensen in kring die elkaar in beweging uitdagen met stem / geluid. Rest ondersteunt met handklappen en/of geluid en beweging.
	• *Giving sounds while being shaken by partner* In tweetallen om de beurt de ander schudden aan de schouders (omhoog, heen-en-weer), heupen (heen-en-weer). De persoon die geschud wordt geeft geluid.
	• *Jumping up & down with voice while supported by partner* In tweetallen vanuit een op-en-neer beweging door de zaal bewegen waarbij de één de ander steunt op de heupen. De beweger geeft geluid op de eigen bewegingen, de ander kan ook met geluid ondersteunen.

Some *basic vocalization exercises* of T2 and her comments on them are listed in the table below.

Basic vocalization exercise	Comment
In a circle taking turns in giving a movement with voice	o *"I do this used especially with strong/fierceful movements, directed outwards."*
Loosening up the body by shaking	o *"Using voice makes letting go easier and often also brings catharsis: getting rid of something. It is also letting go, expression of emotions and feelings. This can be nice after verbal group therapy or after a heavy weekend."*
Throwing a (big) ball while saying a name or word with the same strength of voice	o *"This is often used in combination with client themes, or anger against someone outside the group..This can also be a conflict with someone in the group. Then sounds are used instead of words. Sometimes it is just calling names, to say what they think, this can bring relief. Just use the ball, direct it to the other one".*
Feeling vibration of the voice in your body	o *"This is done regularly, to feel the origin of the voice.* *I do this when I notice that people have difficulty with their voice".*
Vibrating the body	o *"This is for eliciting voice and emotions, standing, sitting or lying down, in pairs. One person gives voice, the other puts hands on the chest bone or belly (center), front and back. Vibrating on the exhale, when voice is given, the other person checks whether they let go.* *When there is a lot of tension, then the vibrating isn't working. This points to resistance. […] When emotions are held, through vibrating we slowly try to get through the tension. Without voice the emotions stay in, and otherwise they will hold their breath. With voice you need to let go more. There are a lot of exercises for using this. […] One person in the middle with helpers is used regularly."*
In a circle falling back and forth from the center	o *"With voice you need to let go even more, people dare to let go sooner. See the example of a roller coaster: if they retain instead of scream, they get nauseous."*
Fighting exercises	o *"I don't use fighting without voice, because then you retain strength."*
Breathing exercises, focusing on using voice rather than the breathing itself	o *"With breathing exercises using voice is more playful and more challenging."*

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Curriculum Vitae

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EDUCATION

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Master in Danstherapie (Master in Dance Therapy)	*Codarts Hogeschool voor de Kunsten (University for the Arts), Rotterdam*	*2009*
Voortgezette Opleiding Danstherapie *(Post-Graduate in Dance Therapy)*	Codarts Hogeschool voor de Kunsten *(University for the Arts)*, Rotterdam	2008
Post-bachelor Opleiding ICT & Management, Capita Selecta	Hogeschool Arnhem-Nijmegen (HAN), Arnhem	2006
Project Management Prince II Practitioner	ISES International, Tiel	2005
Voortgezette opleiding Counseling en Coaching *(Post-Graduate)*	BeNeLux Universitair Centrum 's Hertogenbosch	2005
Basisopleiding Counseling en Coaching	BeNeLux Universitair Centrum 's Hertogenbosch	2004
Nascholing communicatietechnieken en gespreksvaardigheden voor danstherapeuten	Saxion Hogeschool Enschede	2000
Danstherapie volgens de methode Querido	Saxion Hogeschool Enschede	1999
Organisatiekunde 1a en 1b	Open Universiteit Heerlen	1994
Hts-Informatica *(Bachelor)*	Rijkshogeschool Groningen	1987
Vwo-B	Ichthus College Drachten	1983

EXPERIENCE

DANCE THERAPY

August 2008	Dance therapy substitute at a PAAZ, a psychiatric ward of a general hospital (NL)
Mar 2008 – May 2008	Dance therapy internship at a forensic psychiatric hospital (D)
Sep 2007- Feb 2008	Dance therapy internship at a PAAZ, a psychiatric ward of a general hospital (NL)
1999 - 2004	Dance-therapeutic workshops *'Ont-moeten in Dans'*, *'Dansen met gevoel'* and *'Dansen in Zijn'* (NL) (www.danseninzijn.nl)
2000 - 2002	Dance therapeutic workshops and mini sessions at seminars of NVPA (*Nederlandse Vereniging voor Psychologen en Agogen*, i.e. Dutch Association of Psychologists and Agogists) (NL)

IT BUSINESS APPLICATION SERVICES

2001 - present	Project management, process facilitation and coaching
1998 - 2001	Team leading, information analysis and data modeling
1997 - 1998	Structuring and coordinating Resource Planning bureau
1987 - 1997	Analysis, design and development of automated administration systems

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