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Proces terapevtske spremembe v plesno-gibalni psihoterapiji

The process of therapeutic change in dance movement psychotherapy

Povzetek

Plesno-gibalna psihoterapija (v nadaljevanju PGP) uporablja gibanje in ples znotraj psihoterapevtskega okvira z namenom doseganja terapevtskih sprememb. Namen raziskave je bil s pomočjo študije primera raziskati proces terapevtske spremembe v PGP, pri čemer je bila uporabljena opisna fenomenološka metoda. V študijo primera je bila vključena 27-letna študentka, ki je tri mesece in pol obiskovala PGP in ob tem pisala terapevtski dnevnik. Predstavljena sta potek in struktura procesa terapevtske spremembe z naslednjimi komponentami: (1) motiviranost za terapijo, (2) terapevtski odnos, (3) neposredna vključitev telesa v terapevtski proces, (4) uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje, (5) občutki pred ustvarjalnim dejanjem, (6) ustvarjalno dejanje, (7) občutki po ustvarjalnem dejanju in (8) prenos iz terapevtskega prostora v vsakodnevno življenje. Ustvarjalno dejanje predstavlja prelomni trenutek, v katerem pride do terapevtske spremembe, vendar so za to potrebne tudi vse ostale komponente terapevtskega procesa. Komponenti »neposredna vključitev telesa v terapevtski proces« in »uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje« sta se pokazali kot posebna značilnost PGP. Za nadaljnje raziskave je predlagana uporaba različnih metodologij na večjem in reprezentativnem vzorcu ter na različnih populacijah, kar se tiče starosti, težav in psihofizičnih zmožnosti.

Ključne besede: plesno-gibalna psihoterapija, terapevtski proces, terapevtska sprememba

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Abstract

Dance movement psychotherapy (hereinafter referred to as DMP) uses movement and dance within the psychotherapeutic framework to achieve therapeutic changes. The aim of this research was to explore the process of therapeutic change in DMP using the descriptive phenomenological method. The research was conducted as a case study. The case study was carried out on a female student, aged 27, who attended DMP for 3.5 months and kept a therapy journal. The results represent the course and the structure of the process of therapeutic change with the following components: (1) motivation for therapy, (2) therapeutic relationship, (3) direct involvement of the body in the therapeutic process, (4) use of movement, space and props as metaphor/symbolism and double awareness, (5) feelings before a creative act, (6) creative act, (7) feelings after a creative act, (8) transfer from the therapeutic setting to everyday life. The creative act represents a pivotal moment in which therapeutic change occurs, but for it to happen, all the other components of the therapeutic process are also necessary. 'Direct involvement of the body in the therapeutic process' and 'use of movement, space and props as metaphors/symbolism and double awareness' are components that are recognised as unique features of DMP. For further research, it is suggested to use different methodologies on a larger and representative sample and on diverse populations in terms of age, issues, and psychophysical abilities.

Key words: dance movement psychotherapy, therapeutic process, therapeutic change

1. Dance movement psychotherapy

1.1. About dance movement psychotherapy

Dance as a form of treatment can be traced back to ancient societies (Sandel et al., 2005; Stuckey & Nobel, 2010), but the origins of dance movement psychotherapy (hereinafter referred to as DMP) date to the first half of the 20th century (Cass, 1993). The pioneers of DMP – Marian Chace, Mary Starks Whitehouse, Blanche Evan, Liljan Espenak and Trudi Schoop – started out as modern dancers who intuitively recognised the healing power of dancing and acquainted themselves with the existing theoretical frameworks, particularly in psychotherapy. This led to the integration of modern dance with psychotherapy, which is considered key to the birth of DMP (Levy, 1988). DMP practice developed considerably faster than its theory. In 1947, Marian Chace became the first full-time dance therapist, whereas the institutionalisation of DMP did not begin until 1966 when the American Dance Therapy Association was established with Marian Chace as its president (Chaiklin, 2009). DMP has spread throughout the world, but there is still no universal consensus on its name (Dunphy et al., 2021). Over time, different approaches and methods have developed within DMP (Cordasco, 2021; Payne et al., 2019), but they all have in common the use of body movement and dance for holistic treatment of clients (Samaritter, 2019). In this regard, Meekums (2002) emphasises that DMP is not merely psychotherapy with added movement, nor is it dance or movement with added verbal psychotherapy, but a form of psychotherapy in its own right.

1.2. Involvement of the body in the psychotherapeutic process

Embodiment is a term describing the idea that the body and mind are closely connected and influence each other in various complex ways (Körner & Strack, 2018). This transcends Cartesian dualism, and embodiment researchers stress the connection between body and mind as key to a full understanding of the human experience (Acolin, 2019). A central premise of embodiment in psychotherapy is the two-way connection between subjective experience and the bodily sensations and movements involved in this experience (Payne et al., 2019). To wit, all sensory information is processed through the central nervous system. For each sensory nerve, connected to the central nervous system, there is a corresponding motor nerve, which means that every sensory input that a person ever receives has a motor response, even if the person does not actually move (Meekums, 2002). Including the body aspect is being increasingly recognised as essential to accessing the individual's implicit contents and the achievement of therapeutic changes (Knoblauch, 2005; Schore, 1994; 2019; Stepišnik Perdih, 2015). DMP includes the body in the therapy process through movement which is able to produce a direct effect on cognition and affect (Payne et al., 2019).

1.3. Metaphor and symbolism

The metaphor of movement is an important concept of DMP, which Meekums (2002) places at the core of DMP and explains it as "a symbol encapsulated in either a movement or posture" (p. 22). The original meaning of the word 'metaphor' is 'transfer' (Snoj, 2022). Through the metaphor of movement, the internal psychic content of the individual is transferred into an external expression through posture, gestures and movement (Victoria, 2012). DMP also makes use of props, which acquire a metaphorical or symbolic meaning. Accordingly, the use of props allows clients to project their feelings, memories and associations in relation to something external – the prop – and then confront their internal contents through the prop (Meekums, 2002). By means of metaphors and symbolism, the therapist provides the client with safer ways of expressing

and confronting difficult experiences (Samaritter, 2019), because this creates 'as if' situations, which can be less hazardous for the client than confronting the actual problem (Karkou, 2012). The client could also discover new, sometimes playful approaches, which further facilitate the process of confronting issues, and explore specific scenarios before risking a change in the real world (Meekums, 2002).

1.4. Creativity

DMP is helpful not only in dealing with difficult and painful topics but also in rediscovering the client's playful and creative nature (Meekums, 2002). The immense importance of creativity is also stressed by neuroscientists, as it helps people to adjust to changing circumstances, develop innovative solutions to problems, including interpersonal ones, and adds value and purpose to the human experience (Schore, 2019). In Winnicott's words, it is "only in being creative that the individual discovers the self" (1971, p. 639). Creativity in DMP enables the client to create something new, and it is held to be new when it is new for the client (Wengrower, 2009), who assumes the role of an artist, driven to shape, understand and give purpose to what is going on, which changes the client's perspective and may bring about a fundamental change in the way they perceive themselves or the world (Meekums, 2002).

2. The process of therapeutic change

Regardless of the type of psychotherapy, one of its basic aims is therapeutic change (Carey et al., 2007). In psychotherapy, we know first-order change and second-order change, where the latter is more desirable (Hoffmann, 2007; Murray, 2002), because it involves "disrupting old, wellworn patterns and developing new, more adaptive configurations of cognition, emotions, behaviors, and somatic functioning that, with repetition across contexts, can evolve into new attractors" (Hayes et al., 2015, p. 31). Even though we know that psychotherapy 'works', there is little empirically supported knowledge about how therapeutic change occurs (Kazdin, 2007). In recent years, the attention of psychotherapy research has therefore turned to the study of the process of therapeutic change, the mechanisms of change and generally on how psychotherapy works (Dourdouma et al., 2019). Such studies serve as an aid for therapists (Cvetek, 2005), since their understanding of the process of therapeutic change can significantly contribute to clinical theory and to improving the implementation and effectiveness of clinical practice (Dourdouma et al., 2019; Hickie, 2011; Laurenceau et al., 2007).

The following is research of the process of therapeutic change in DMP, conducted as a case study.

3. Aim, questions and objectives of the research

3.1. Aim of the research

The aim of this research is to make a contribution to empirical research on therapeutic change processes in the field of DMP by using qualitative methods. Specifically, the aim of this research is to explore the process of therapeutic change in DMP using the descriptive phenomenological method in psychology. Other authors have previously employed phenomenological methods to investigate therapeutic change in therapy (Binder et al., 2009; Erdonmez Grocke, 1999; Gallegos, 2005; Murray, 2002). In this research, it was applied to a case study.

3.2. Research questions

1. How is the process of therapeutic change in DMP structured?
2. How does the process of therapeutic change in DMP work?

3.3. Objectives of the research

The objective of the research is to venture on the path of investigating the process of therapeutic change in the field of DMP and to identify the key components and course of therapeutic change in DMP. This can provide DMP therapists with guidelines for achieving therapeutic change in their clinical practice, and offer a baseline to researchers for further research in this field.

4. Method

4.1. Participants

The case study was carried out on a participant who took up DMP to achieve personal growth. The participant was a 27-year-old student and, for reasons of anonymity, she will be referred to as Anna. The participant attended therapeutic sessions for 3.5 months, with sessions taking place every fourteen days, and each individual session lasting two therapeutic hours.

4.2. Instruments

A therapy journal was used to collect information. The participant wrote in her journal after each therapy session, putting down a detailed description of the whole experience and her feelings about the session. After completing the therapeutic cycle, she handed the therapeutic journal to the researcher for analysis.

The participant was able to review the results and their analysis before publication and gave consent for public disclosure. The participant's complete anonymity was guaranteed, so any data that are not essential to the results but might pose a minimal risk of personal identification were altered or adapted.

4.3. Procedure

The information was analysed using the descriptive phenomenological method in psychology, developed by Amedeo Giorgi, consisting of four basic steps (Giorgi, 1985, 2009, 2011):

1. The researcher reads the information to get a sense of the full picture, since a proper analysis also requires knowledge of how the description ends.
2. The researcher goes back to the beginning and starts rereading the description to form manageable sections, which are called meaning units. The text is divided into such meaning units from a psychological perspective and with emphasis on the phenomenon under study.
3. When the researcher has divided the meaning units, he reviews the description again and uses psychological terms to name the content of each unit, with particular emphasis on those units that reveal the phenomenon under study.
4. The reformulated meaning units are synthesised into a description of the structure of the experience of the studied phenomenon.

5. Results

The results represent the course and the structure of the process of therapeutic change in DMP. The following components were identified within this structure: (1) motivation for therapy, (2) therapeutic relationship, (3) direct involvement of the body in the therapeutic process, (4) use of movement, space and props as metaphor/symbolism and double awareness, (5) feelings before a creative act, (6) creative act, (7) feelings after a creative act, (8) transfer from the therapeutic setting to everyday life. The following section gives a detailed description of each component as experienced by the participant.

5.1. Motivation for therapy

The participant was very motivated for therapy. She decided to receive therapy even though she did not like the initial session, and she continued the therapy despite having considered ending it after the third session, when she had a negative experience with the therapist:

"I didn't like the initial session at all, but I've been thinking this might change when the actual dance movement therapy begins, so I've decided to give it a chance."

"I've decided to do things differently .... The old Anna would've written an email, dropped it all and – goodbye. But the new Anna decided to do things differently than usual."

5.2. Therapeutic relationship

The participant felt that the therapist knew how to relate to her and feel her, but she did not develop complete trust in her during therapy. At times, she had the impression that the therapist wanted to force information from her that she was not ready to share. She also perceived the therapist as flexible, experienced and competent at providing professional support and guiding the DMP process.

"The therapist ... showed understanding."

"I could see that she felt my distress."

"The therapist seemed visibly moved, too."

"... somehow I still don't feel like I want to share everything with her."

"Perhaps it seemed she was trying to force something from me that I don't want to talk about."

"It was clear she knew what she was doing."

"Sometimes it strikes me that she must be very experienced to be so good at coming up with ideas how I could try to solve an issue with movement and various objects which represent my issue at that moment."

5.3. Direct involvement of the body in the therapeutic process

In the therapy sessions, the participant consciously paid attention to her body and movement. She observed a connection between her movement and emotions. Her body and movement allowed her inner world to find an external, physical expression.

"I paid attention to my pace, whether it was quick or slow, and how I made each step, whether I touched the floor with my toes or my heel first."

"I felt as if all parts of my body and then my entire body went completely still and breathed."

"At the cushion that represented fear, my movement was paralysed, at the cushion that represented anger, my movement was heavy, aggressive and fast, at the cushion that represented joy, my movement was bouncy, happy."

5.4. Use of movement, space and props as metaphor/symbolism and double awareness

During the therapy process, movement, space, and props often represented metaphors and symbols. By using the concept of double awareness (e.g., a cushion simultaneously represented difficult psychological content and a

cushion), the participant confronted her psychological content and experienced a number of insights.

"When I was on the bright side of the dance studio, I felt joy, and on the dark side of the dance studio I felt fear and anger. It was interesting to find out that the dance studio represented my inner world."

"... suddenly I seemed to have a much cheekier inner attitude towards the cushions that represented fear and anger. I didn't like them. ... Then something a bit odd happened. All of a sudden, I saw those two cushions that represented fear and anger as two small cushions (which indeed they were) and it seemed to me that they were two quite nice cushions, just like the red cushion, and that it was bad of me to be so cheeky and hateful to them. ... And at that moment, I developed some sort of sympathy for the cushions representing anger and fear, and as a result, I developed sympathy for my anger and my fear."

"The cushion and I looked out of the window together. It was symbolic, as if the thing I didn't want to talk about saw the light of day for the first time, as if it was able to come out into the world for the first time."

5.5. Feelings before a creative act

At the beginning of the therapy sessions, on certain subjects of conversation, and when starting the dance movement therapy, the participant experienced unpleasant feelings, sadness, and fear.

"I felt uncomfortable, and in such situations I try to change the subject of conversation."

"And it filled me with sadness, I felt like crying."

"... I told her I felt fear ..."

5.6. Creative act

In her journal, the participant often mentioned the words 'new' and 'different', and referred to herself as 'old Anna' and 'new Anna'. The therapeutic setting became a place where she dared to take risks and do something new and different, where she was creative.

"Because I felt that here, in therapy, I had the chance to try something new, through a completely safe route."

"Then I got a little closer to it ... I thought, what if I do something that I normally wouldn't? I'm here in the dance studio anyway, and this thing is just a cushion. That's when I picked up the cushion, and at the same time, I wondered if this was too much or not, if I might regret it, and if it would've been better to leave it lying there, because now it's really close to me. Then I thought, "but this is you, you are this cushion too, or rather, the thing that the cushion represents, and it's okay that it is with you and that you're treating this part of yourself well", and then I hugged the cushion close and carried it to the window while moving to the music."

"The new Anna decided to do things differently than usual. Because it was doing things differently in therapy which gave me different results. Even in my personal life."

"... then I also thought of my sentence, which I'd developed in this therapy, which is "just do things differently than usual."

"Then I remembered again, "Anna, do things differently", and I deliberately made a completely different step ..."

5.7. Feelings after a creative act

In the therapy sessions, the participant reported positive feelings after the dance movement portion was finished, and she attributed great importance to the therapeutic process.

"... that I felt awakened."

"I felt free."

"As if I had confronted that thing for the first time."

"... I felt so different, lighter, more loving."

"After therapy, I went home thinking, this therapy is really good for me."

5.8. Transfer from the therapeutic setting to everyday life

The participant also reported how the results of therapy were manifested in her personal or everyday life. She noticed positive changes when dealing with personal challenges, and reported that life created circumstances for her where she could test the experiences from the therapeutic setting in everyday life.

"In these two weeks I've accomplished certain things that I thought I would never have the courage to do ..."

"... and it seemed like I was surprising myself. I felt stronger and empowered."

"... it also feels so good to have therapy, because it's changing how I live my life."

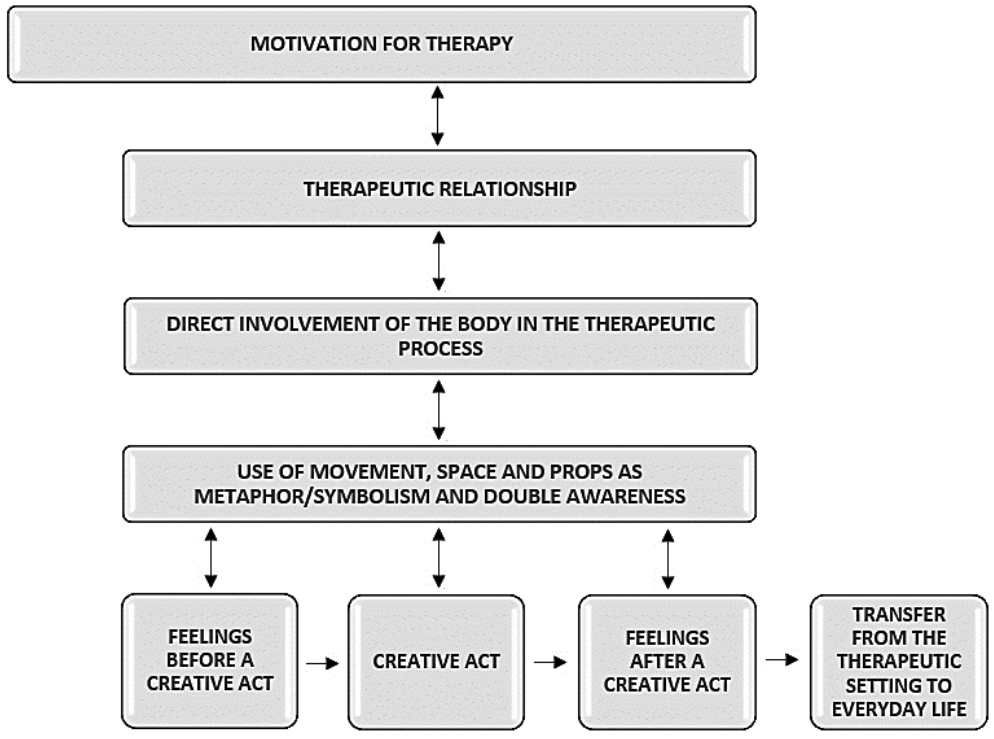
"... I've noticed that what I do in therapy is thrown at me in the following two weeks in real life. Like some sort of test or exam."

Figure 1 shows the process of therapeutic change in DMP, which consists of eight components. It starts with 'motivation for therapy' and ends with 'transfer from the therapeutic setting to everyday life'. The components of 'motivation for therapy', 'therapeutic relationship', 'direct involvement of the body in the therapeutic process' and 'use of movement, space and props as metaphor/symbolism and double awareness' continuously or discontinuously coexist with each other, and also with the components of 'feelings before a creative act', 'creative act' and 'feelings after a creative act'. The latter three components follow each other linearly, and with a linear sequence that leads all the way to the

component ‘transfer from the therapeutic setting to everyday life’, the process of therapeutic change in DMP also ends.

Figure 1

The process of therapeutic change in DMP



6. Discussion

The results show the answers to the research questions. It can be observed that the process of therapeutic change in DMP has a clear beginning and end, with intermediate components that can coexist or follow a linear sequence. It is, therefore, quite a complex process in which 8 components have been identified.

The process of therapeutic change in DMP begins with motivation for therapy, which is logical since this is what prompts the individual to start voluntary therapy sessions and to open up to the possibility for change. As Hana (1996) argues, motivation is an important condition for therapeutic change. The results reveal that component ‘motivation for therapy’ exists not only at the beginning of the process of therapeutic change but this component is present

almost throughout the change process and as such it supports the existence of the other components. If the participant had not been highly motivated for therapy, she might have terminated it after the third session, following a negative experience with the therapist, and thereby lost the opportunity for the changes enabled by the complete therapeutic cycle.

The therapeutic relationship, or therapeutic alliance, is recognized in research as an important factor for therapeutic change (Horvath & Bedi, 2002). The participant had somewhat mixed feelings about her therapist. Although she felt that the therapist could feel her, the participant did not develop complete trust in her or feel that she wanted to share everything with her. Occasionally, she even felt that the therapist wished to force information from her. On the other hand, the participant was highly susceptible to the nature of DMP, which enables psychic content to be nonverbally disclosed and confronted through movement and symbolism. She recognised the therapist as highly qualified to conduct the DMP process itself, since the therapist was able to provide support, guidance and appropriate ways in which she could express herself and confront her psychic content through nonverbal language. The therapeutic relationship is therefore identified in this research as one of the key components in the process of therapeutic change in DMP. It begins by entering therapy and is intertwined with other components throughout the process. The therapeutic relationship also contributed to the final component ‘transfer from the therapeutic setting to everyday life’, but did not co-exist with it, as depicted in Figure 1.

In DMP, the body receives special attention, since it is seen as a means of expression and a rich source of information (Wadsworth Hervey, 2000). The body, with its expressions and the information it carries, is directly involved in the therapeutic process. During the therapeutic process, the participant paid conscious attention to her movement and body, allowing the integration of the left and right brain hemispheres. She recognised that her inner experiences could find physical expression through bodily sensations and movement. This allowed her to express, disclose and confront her psychic content in a nonverbal way. This may be an advantage of DMP for individuals who are unwilling or unable to speak about themselves verbally. The component ‘direct involvement of the body in the therapeutic process’ is a unique feature of DMP. While therapists in verbal therapies are aware of the importance of involving the body and “right brain-to-right brain” communication in the therapeutic process (Schore, 2003; 2019), DMP engages the body in the therapeutic process very directly, through all its capabilities, including movement and dance. This component can exist simultaneously with other components in the process of therapeutic change in DMP, except for the component ‘transfer from the therapeutic setting into

everyday life' as can be seen in Figure 1. However, it significantly helped the last component in the process of therapeutic change to occur.

The metaphor of movement represents an essential tool in DMP (Meekums, 2002), which was strongly evident in this case study from the identification of the component 'use of movement, space and props as metaphors/symbolism and double awareness'. Movement (e.g. approaching, distancing), space (the dance studio) and props (e.g. cushions) represented expression, inner experience, or specific unresolved content that the participant confronted. By including double awareness, she could integrate both brain hemispheres and be aware of the figurative and concrete meaning. This process will be described in more detail later. Here, it should also be noted that the 'use of movement, space and props as metaphors/symbolism and double awareness' is a component that cannot be identified in other types of therapies. It is unique to DMP and occurs discontinuously, but often simultaneously with other components, except for the final one, as shown in Figure 1.

For a change to occur, something had to change. This is why the components 'feelings before a creative act' and 'feelings after a creative act' are included in the change process. A comparison between these two components shows that a change occurred; the participant reported considerably less pleasant feelings and emotions before the creative act than after it. An analysis of the results suggested that a key event necessary for the change can be termed a 'creative act'. The component 'creative act' denotes an act where the participant in the therapeutic setting consciously did something new or differently from what she would normally have done. The components 'feelings before a creative act', 'creative act', and 'feelings after a creative act' follow each other linearly in the studied process. Generally, they can also occur simultaneously – but not necessarily continuously – with the components 'motivation for therapy', 'therapeutic relationship', 'direct involvement of the body in the therapeutic process' and 'use of movement, space and props as metaphors/symbolism and double awareness'. These components play a particularly vital role in supporting the 'creative act' component. Thus, the participant was highly motivated for the therapeutic process, where she was guided and supported by the therapist. The participant directly engaged her body in the therapeutic process through movement and dance. Movement, space and props also served as metaphors or symbols, where double awareness helped her become aware of their figurative and concrete meanings, which encouraged her to perform a creative act. For example, a cushion represented difficult psychic content, and she confronted it by consciously using movement to approach it or distance herself from it. The change began when the participant applied double awareness and realised

that the cushion, for example, wasn't just difficult psychic content but also a quite "small … nice" cushion. Once she could see it as a cushion, she was less afraid of it, so she dared to approach it in a new, different, creative way through movement. She picked up the cushion and hugged it. However, for the participant, this didn't just mean hugging an ordinary cushion, but embracing her difficult psychic content and empathising with it. Such an event marks a 'creative act'. The participant describes several creative acts, all of which follow the principle described above. In this research of the change process, creative acts represent key change events. It was also shown that they could not exist or be identified without the other components.

The component 'feelings after a creative act' is linearly followed by the component 'transfer from the therapeutic setting to everyday life'. Both components demonstrate the existence of change, which is why they are included in the process of therapeutic change. The final component, 'transfer from the therapeutic setting to everyday life', concludes the process of therapeutic change. This component can exist without the presence of other components. However, all the other components are recognised as vital for the last component, 'transfer from the therapeutic setting to everyday life', to have occurred. It confirms that a second-order change occurred in the process of therapeutic change, and that changes were transferred beyond the therapeutic setting to other areas in the participant's life. Thus, the participant's body indeed became an "experiential container" (Payne, 2006), transferring experiences from the clinical environment to her daily living environment.

The process of therapeutic change in DMP consists of eight components. All the identified components are recognised in this research as vital to the structure of the process of therapeutic change in DMP. Furthermore, 'direct involvement of the body in the therapeutic process' and 'use of movement, space and props as metaphors/symbolism and double awareness' are components that are recognised as unique features of DMP.

7. Conclusion, research limitations and suggestions for further research

This research is the first step in investigating the process of therapeutic change in the context of DMP. Some of the components identified in the change process under research align with important theoretical and clinical elements of DMP, e.g., the involvement of the whole body in the therapeutic process through movement and dance, the use of metaphor and symbolism, and creativity. My suggestion is that DMP therapists should skilfully use these elements in pursuit of

therapeutic change in their clinical practice. However, they should not overlook the other identified components that have been shown to be essential elements of the process of therapeutic change in DMP as well.

This research suggests that despite the emphasis of DMP on the implicit level and nonverbal communication, it is also necessary to include the explicit to allow the integration of both brain hemispheres. Without the participant's inclusion of the concept of double awareness, the results of the research could have been completely different. Many clients may not be as receptive to the concept of double awareness, so it is important for a DMP therapist to pay particular attention to this concept and help the client connect their implicit and explicit worlds.

Nevertheless, it should be noted that this piece of research was a case study, so the components of the process of therapeutic change in DMP cannot be generalised. It would be interesting to see what other researchers might discover using a similar research approach on a larger, representative sample, which may be a suggestion for further research. Furthermore, it should be added that the study was carried out on an adult, psychophysically healthy and functional person with motivation for the therapeutic process. DMP is intended for users of various ages and psychophysical abilities, so any research of the process of therapeutic change in DMP needs to be adapted to the users. For example, preschool children, individuals with intellectual disability or neurodegenerative diseases, would not be able to keep a therapeutic journal.

1. Plesno-gibalna psihoterapija

1.1. O plesno-gibalni psihoterapiji

Čeprav ples kot oblika zdravljenja sega že v starodavne družbe (Sandel idr., 2005; Stuckey in Nobel, 2010), so korenine plesno-gibalne psihoterapije (v nadaljevanju PGP) umeščene v prvo polovico 20. stoletja (Cass, 1993). Pionirke PGP - Marian Chace, Mary Starks Whitehouse, Blanche Evan, Liljan Espenak in Trudi Schoop – so bile sprva plesalke modernega plesa, ki so intuitivno prepoznale zdravilno moč plesa in se spoznavale z obstoječimi teoretičnimi okviri, predvsem na področju psihoterapije. To je vodilo v integracijo modernega plesa s psihoterapijo, kar velja za ključno pri rojstvu PGP (Levy, 1988). Praksa PGP se je razvijala dosti hitreje od njene teorije. Leta 1947 je Marian Chace postala prva plesna terapevtka s polnim delovnim časom, medtem ko se je institucionalizacija PGP pričela šele leta 1966, ko je bilo, pod predsedovanjem Marian Chace, ustanovljeno Ameriško združenje plesne terapije (Chaiklin, 2009). Do danes se je PGP razširila širom sveta, a še vedno ni enotnega soglasja glede njenega poimenovanja (Dunphy idr., 2021). Tekom let so se znotraj PGP oblikovali različni pristopi in metode (Cordasco, 2021; Payne idr., 2019), vsem pa je skupna uporaba giba in plesa za celostno zdravljenje klienta (Samaritter, 2019). Pri tem Meekums (2002) poudarja, da PGP ni zgolj psihoterapija z dodanim gibanjem, niti ni ples ali gibanje z dodano verbalno psihoterapijo, ampak je oblika psihoterapije sama po sebi.

1.2. Vključitev telesa v psihoterapevtski proces

Utelešenost je zamisel, da sta telo in um tesno povezana in vplivata drug na drugega na različne kompleksne načine (Körner in Strack, 2018). To presega kartezijanski dualizem, raziskovalci utelešenosti pa poudarjajo povezavo telesa in uma kot ključno za popolno razumevanje človeške izkušnje (Acolin, 2019). Ena glavnih predpostavk utelešenosti v psihoterapiji je dvosmerna povezava med subjektivno izkušnjo in telesnimi občutki ter gibi, ki sodelujejo pri tej izkušnji (Payne idr., 2019). Vse senzorične informacije se namreč obdelujejo preko centralnega živčnega sistema. Za vsak senzorični živec, povezan s centralnim živčnim sistemom, obstaja ustrezen motorični živec, kar pomeni, da smo za vsak senzorični vnos, ki smo ga kadar koli doživeli, imeli motorični odziv, četudi se nismo dejansko premaknili (Meekums, 2002). Vključitev telesne ravni se tako vse bolj prepoznava kot nujna za dostopanje do posameznikovih implicitnih vsebin in doseganje terapevtskih sprememb (Knoblauch, 2005; Schore, 1994; 2019; Stepišnik Perdih, 2015), s tem, da PGP vključuje telo v terapevtski proces skozi gibanje, ki lahko omogoča neposreden vpliv na kognicijo in afekt (Payne idr., 2019).

1.3. Metafora in simbolika

Metafora gibanja je pomemben koncept PGP, ki ga Meekums (2002) postavlja v samo središče PGP in ga razlaga kot »simbol, zajet v gibu ali drži« (str. 22). Metafora prvotno pomeni »prenos« (Snoj, 2022). Z metaforo gibanja se notranja psihična vsebina posameznika prenese na zunanji izraz preko drže, kretenj in gibanja (Victoria, 2012). PGP se poslužuje tudi uporabe rekvizitov, ki dobijo metaforičen ali simboličen pomen. Tako lahko preko uporabe rekvizitov klient projicira svoje občutke, spomine in asociacije na nekaj zunanjega – rekvizit – in se nato preko rekvizita sooči s svojimi notranjimi vsebinami (Meekums, 2002). Z metaforami in simboliko omogoči terapevt klientu varnejše načine za izražanje težkih izkušenj in za soočanje z njimi (Samaritter, 2019), saj se oblikujejo situacije »kot da«, ki so lahko za klienta manj nevarne kot soočanje z dejanskim problemom (Karkou, 2012). Pri tem pa lahko klient odkriva nove, včasih tudi igrive načine, ki mu celoten proces soočanja še olajšajo in raziskuje določene scenarije, preden tvega spremembo v resničnem svetu (Meekums, 2002).

1.4. Ustvarjalnost

PGP ne pomaga le pri soočenju s težkimi in bolečimi temami, ampak tudi pri ponovnem odkrivanju klientove igrive in ustvarjalne narave (Meekums, 2002). Kako pomembna je ustvarjalnost, poudarjajo tudi nevroznanstveniki, saj nam ta pomaga pri prilagajanju na spreminjajoče se okoliščine, razvija izvirne rešitve za probleme, vključno z medosebnimi, ter daje vrednost in namen človekovemu izkustvu (Schore, 2019). Po besedah Winnicotta (1971, str. 63) »posameznik odkrije samega sebe le v ustvarjalnosti«. Ustvarjalnost v PGP omogoča klientu ustvariti nekaj novega, za novo pa se šteje, ko je novo za klienta (Wengrower, 2009), ki nastopa v vlogi umetnika in ima težnjo po oblikovanju, razumevanju in osmišljanju dogajanja, s čimer se spreminja njegova perspektiva, kar ga lahko privede do bistvene spremembe v doživljanju sebe in dojemanju sveta (Meekums, 2002).

2. Proces terapevtske spremembe

Ne glede na vrsto psihoterapije je terapevtska sprememba eden njenih temeljnih ciljev (Carey idr., 2007). V psihoterapiji poznamo spremembo prvega in drugega reda, pri čemer je slednja bolj zaželena (Hoffmann, 2007; Murray, 2002), saj vključuje »prekinitev starih, dobro utečenih vzorcev in razvoj novih, bolj prilagodljivih konfiguracij kognicije, čustev, vedenja in somatskega delovanja, ki se lahko s ponavljanjem v različnih kontekstih razvijejo v nove vzorce« (Hayes idr., 2015, str. 31). Četudi vemo, da psihoterapija »deluje« obstaja malo empirično

podprtega znanja o tem, kako pride do terapevtske spremembe (Kazdin, 2007).

Tako se je v zadnjih letih pozornost psihoterapevtskega raziskovanja usmerila na raziskovanje procesa terapevtske spremembe, mehanizme sprememb in na splošno na to, kako psihoterapija deluje (Dourdouma idr., 2019). Takšne raziskave služijo kot pomoč terapevtom (Cvetek, 2005), saj lahko poznavanje procesa terapevtske spremembe pomembno prispeva h klinični teoriji ter k izboljšanju izvedbe in učinkovitosti klinične prakse (Dourdouma idr., 2019; Hickie, 2011; Laurenceau idr., 2007).

Sledi raziskava procesa terapevtske spremembe v PGP izvedena na študiji primera.

3. Namen, raziskovalna vprašanja in cilji raziskave

3.1. Namen raziskave

Namen te raziskave je prispevati k empiričnemu raziskovanju procesov terapevtskih sprememb na področju PGP s kvalitativnimi metodami. Konkretno, namen pričujoče raziskave je z opisno fenomenološko metodo v psihologiji raziskati proces terapevtske spremembe v PGP. Za raziskovanje spremembe v terapiji so se fenomenološke metode posluževali že drugi avtorji (Binder idr., 2009; Erdonmez Grocke, 1999; Gallegos, 2005; Murray, 2002). V tej raziskavi je bila uporabljena na študiji primera.

3.2. Raziskovalni vprašanji

1. Kako je sestavljen proces terapevtske spremembe v PGP?
2. Kako deluje proces terapevtske spremembe v PGP?

3.3. Cilji raziskave

Cilj raziskave je stopiti na pot raziskovanja procesa terapevtske spremembe na področju PGP in identificirati ključne komponente in potek procesa terapevtske spremembe v PGP. S tem se lahko terapevtom PGP ponudijo smernice za doseganje terapevtske spremembe v njihovi klinični praksi, raziskovalcem pa odskočna deska za nadaljnje raziskave na tem področju.

4. Metoda

4.1. Udeleženci

Študija primera je bila izvedena na udeleženki, ki je obiskovala PGP z namenom osebne rasti. Udeleženka je bila študentka, stara sedemindvajset let, za katero se bo zaradi ohranjanja anonimnosti uporabljalo ime Ana. Udeleženka je

terapevtska srečanja obiskovala 3,5 mesece, srečanja so se izvajala vsakih štirinajst dni, posamezno srečanje pa je trajalo dve terapevtski uri.

4.2. Pripomočki

Za zbiranje podatkov je bil uporabljen terapevtski dnevnik. Udeleženka je po vsakem terapevtskem srečanju pisala terapevtski dnevnik, v katerem je podrobno opisala celotno izkušnjo in doživljanje posameznega srečanja. Po končanem terapevtskem ciklu je raziskovalki zaupala terapevtski dnevnik v analizo. Pred objavo je videla rezultate in njihovo analizo ter soglašala z javno objavo. Zagotovljena ji je bila popolna stopnja anonimnosti, zaradi česar so podatki, ki niso ključni za same rezultate, a bi obstajala minimalna možnost osebne identifikacije, spremenjeni oziroma prilagojeni.

4.3. Postopek

Za analizo podatkov je bila uporabljena opisna fenomenološka metoda v psihologiji, ki jo je razvil Amedeo Giorgi in sestoji iz štirih bistvenih korakov (Giorgi, 1985, 2009, 2011):

1. Raziskovalec prebere podatke, da dobi občutek za celoto, saj mora za pravilno analizo vedeti tudi, kako se opis konča.
2. Raziskovalec se vrne na začetek in začne brati opis, da bi ustvaril obvladljive dele, ki jih imenujemo pomenske enote. Besedilo loči na posamezne smiselne dele oziroma na pomenske enote s psihološkega vidika in s poudarkom na raziskovalnem pojavu.
3. Ko raziskovalec razmeji pomenske enote, znova pregleda opis in s psihološkimi izrazi poimenuje vsebino posamezne enote, zlasti je poudarek na tistih enotah, ki razkrivajo raziskovalni pojav.
4. Sinteza preoblikovanih pomenskih enot v opis strukture izkušnje raziskovalnega pojava.

5. Rezultati

Rezultati predstavljajo potek in strukturo procesa terapevtske spremembe v PGP znotraj katere so bile identificirane naslednje komponente: (1) motiviranost za terapijo, (2) terapevtski odnos (3) neposredna vključitev telesa v terapevtski proces, (4) uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje, (5) občutki pred ustvarjalnim dejanjem, (6) ustvarjalno dejanje, (7) občutki po ustvarjalnem dejanju, (8) prenos iz terapevtskega prostora v vsakodnevno življenje. V nadaljevanju je predstavljen podroben opis posamezne komponente, kot jo je doživljala udeleženka.

5.1. Motiviranost za terapijo

Udeleženka je bila zelo motivirana za terapijo. Zanjo se je odločila navkljub temu, da ji uvodno srečanje ni bilo všeč, s terapijo pa je nadaljevala tudi, ko je po tretjem srečanju razmišljala, da bi jo zaradi negativne izkušnje s terapevtko zaključila,

»Uvodno srečanje mi res ni bilo všeč, sem pa razmišljala, da bo morda drugače, ko se bo začela sama plesno-gibalna terapija in sem se odločila, da bom dala temu priložnost.«

»Odločila sem se, da bom naredila drugače .... Stara Ana bi res napisala mejl, končala vse skupaj in adijo. Nova Ana pa se je odločila narediti drugače, kot bi sicer.«

5.2. Terapevtski odnos

Udeleženka je čutila, da ji terapevtka zna priti naproti in jo začutiti, vendar tekom terapije do nje ni razvila popolnega zaupanja. Občasno je dobila občutek, da želi terapevtka od nje na silo pridobiti informacije, ki jih sama še ni pripravljena deliti. Terapevtko je doživljala tudi kot fleksibilno, izkušeno in sposobno, da strokovno podpira in vodi proces PGP.

»Terapevtka je ... kazala razumevanje.«

»Videlo se je, da čuti mojo stisko.«

»Tudi terapevtka se mi je zdela vidno ganjena.«

»... nekako še nisem dobila občutka, da želim vse delit z njo.«

»Mogoče se mi je zazdelo, da želi iz mene izsilit nekaj, česar ji ne želim razlagat.«

»Videlo se je, da ve, kaj dela.«

»Včasih pomislim, da mora imet veliko izkušenj, ker tako hitro dobi idejo, kako lahko poskusim neko svojo težavo reševati z gibanjem in z različnimi predmeti, ki takrat predstavljajo tisto mojo težavo.«

5.3. Neposredna vključitev telesa v terapevtski proces

Na terapevtskih srečanjih je udeleženka svojemu telesu in gibanju namenjala zavestno pozornost. Opazila je povezavo med svojim gibanjem in čustvi. Telo in gibanje sta ji omogočala, da je njen notranji svet dobil zunanji, fizični izraz.

»bila sem pozorna na to, kakšen je moj korak, hiter, počasen, kako stopim, se najprej prsti dotaknejo tal ali peta.«

»Počutila sem se, kot da so se deli mojega telesa in potem še celo telo res ustavili in zadihali.«

»Pri blazini, ki je predstavljala strah, sem ohromela svoje gibanje, pri blazini, ki je predstavljala jezo, je bilo moje gibanje težko, agresivno in hitro, pri blazini, ki je predstavljala veselje, pa je bilo moje gibanje poskočno, veselo.«

5.4. Uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje

Tekom terapevtskega procesa so gibanje, prostor in rekviziti večkrat predstavljali metaforo in simboliko. Z uporaba koncepta dvojnega zavedanja (npr. blazina je hkrati predstavljala težko psihično vsebino in hkrati blazino), se je udeleženka soočala s svojo psihično vsebino in doživljala številne notranje uvide.

»Ko sem bila na svetli strani plesne dvorane, sem občutila veselje, na temni strani plesne dvorane pa strah in jezo. Prav zanimivo je bilo spoznanje, da je plesna dvorana predstavljala mojo notranjost.«

»... naenkrat pa se mi je zazdelo, da sem bila do blazin, ki sta predstavljali strah in jezo, dosti bolj notranje nesramno naravnana. Nista mi bili všeč. ... Potem pa se je zgodilo nekaj malo čudnega. Naenkrat sem tisti dve blazini, ki sta predstavljali strah in jezo, videla kot dve majhni blazini (kar sta ves čas tudi bili), zazdelo se mi je, da sta čisto lepi blazini, prav tako kot rdeča blazina in da je grdo, da sem do njiju tako nesramna in da ju ne maram. ... In v tistem trenutku sem razvila neko sočutje do blazin, ki sta predstavljali jezo in strah in posledično sem razvila tudi sočutje do svoje jeze in do svojega strahu.«

»Nato sva z blazino skupaj gledali čez okno. Tako simbolično, kot da bi tista stvar, o kateri nisem želela govoriti, prvič bila osvetljena, kot da bi prvič lahko pogledala v svet.«

5.5. Občutki pred ustvarjalnim dejanjem

Udeleženka je na začetku terapevtskih srečanj, ob posameznih tematikah pogovora in ob vstopanju v plesno-gibalni del terapije, doživljala neprijetne občutke, žalost in strah.

»Bilo mi je neprijetno in v takih situacijah skušam spremenit temo pogovora.«

»In ob tem sem občutila žalost, šlo mi je na jok.«

»... povedala sem ji, da sem občutila strah ... «

5.6. Ustvarjalno dejanje

Velikokrat je udeleženka v svojem dnevniku omenila besedi »novo«, »drugače«, sebe pa je poimenovala »stara Ana« in »nova Ana«. Terapevtski prostor je za njo postal prostor, kjer si je upala tvegati in narediti nekaj novega, drugačnega, kjer je bila ustvarjalna.

»Namreč občutila sem, da imam tu na terapiji možnost poskusiti nekaj novega, preko povsem varne poti.«

»Nato sem se ji malo približala ... Pomislila sem, kaj če zdaj tudi naredim nekaj, česar sicer ne bi. Tako ali tako sem tu, v plesni dvorani, ta stvar je pa samo blazina. V tistem trenutku sem vzela blazino v roke in obenem me je prešinilo, a je bilo to preveč ali ne, ali mi bo mogoče žal in bi jo bilo boljše pustit tam ležat, ker zdaj je pa res čisto blizu mene. Potem pa sem pomislila: »pa saj to si ti, ti si tudi ta blazina oziroma tista stvar, ki jo blazina predstavlja in je prav, da je to s tabo in da lepo delaš s tem delom sebe« in potem sem blazino stisnila k sebi in jo ob gibanju preko glasbe nesla k oknu.«

»Nova Ana pa se je odločila narediti drugače, kot bi sicer. Ker mi je ravno to, ko sem na terapiji naredila nekaj drugače, prineslo drugačne rezultate. Tudi v osebnem življenju.«

»... nato sem pomislila še na moj stavek, ki sem ga razvila na tej terapiji, in sicer »daj naredi drugače, kot bi sicer«.«

»Nato me je spet prešinilo »Ana naredi drugače« in sem namenoma stopila čisto drugače ...«

5.7. Občutki po ustvarjalnem dejanju

Na terapevtskih srečanjih je udeleženka po koncu plesno-gibalnega dela poročala o pozitivnih občutkih, terapevtskemu procesu pa je pripisovala veliko pomembnost.

»... da se počutim prebujeno.«

»Počutila sem se svobodno.«

» Kot da sem se s tisto stvarjo prvič soočila.«

»... počutila sem se tako drugače, lažjo, bolj ljubečo.«

»Po terapiji sem odšla z mislimi, da mi ta terapija res koristi.«

5.8. Prenos iz terapevtskega prostora v vsakodnevno življenje

Udeleženka je poročala tudi o tem, kako se rezultati terapije kažejo v njenem osebnem oziroma vsakodnevnem življenju. Opazila je pozitivne spremembe pri soočanju z osebnimi izzivi in poročala o tem, da ji je življenje ustvarjalo okoliščine, kjer je lahko izkušnje iz terapevtskega prostora preizkusila tudi v vsakodnevnem življenju.

»Sem pa v teh dveh tednih uspešno naredila ene stvari, za katere sem mislila, da jih sploh nikdar ne bi upala ...«

»... pa se mi je zdelo, da samo sebe presenečam. Močnejšo in sposobnejšo sem se počutila.«

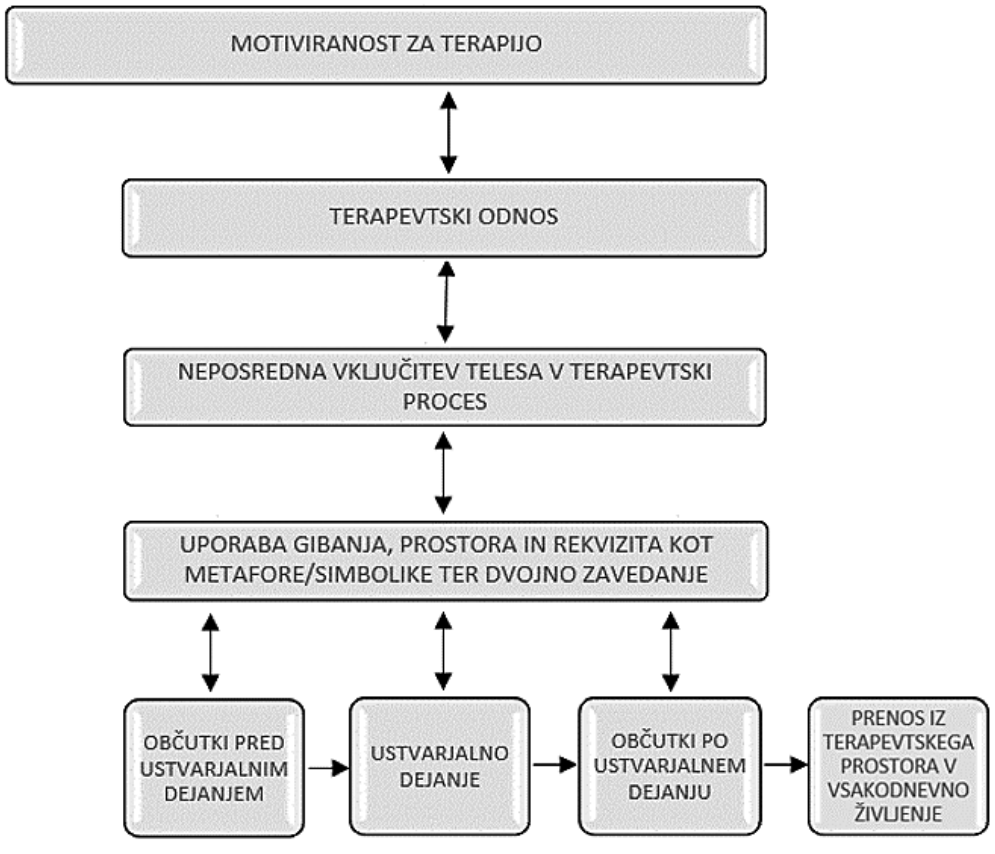
»... se mi tudi zdi tako dobro hodit na terapijo, ker spreminja moje delovanje v življenju.«

»... se mi dogaja, da tisto, kar delam na terapiji, dobim potem v naslednjih dveh tednih v realno življenje. Kot nekakšen test ali izpit.«

Slika 1 prikazuje proces terapevtske spremembe v PGP, ki sestoji iz osmih komponent. Začne se s komponento »motiviranost za terapijo« in konča s komponento »prenos iz terapevtskega prostora v vsakodnevno življenje«.

Komponente »motiviranost za terapijo«, »terapevtski odnos«, »neposredna vključitev telesa v terapevtski proces«, in »uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje« kontinuirano ali nekontinuirano soobstajajo tako med seboj kot s komponentami »občutki pred ustvarjalnim dejanjem«, »ustvarjalno dejanje« in »občutki po ustvarjalnem dejanju«. Te tri komponente si med seboj sledijo linearno, z linearnim zaporedjem, ki vodi vse do komponente »prenos iz terapevtskega prostora v vsakodnevno življenje« pa se proces terapevtske spremembe v PGP tudi končuje.

Slika 1
Proces terapevtske spremembe v PGP



6. Razprava

Iz rezultatov so razvidni odgovori na raziskovalna vprašanja. Opazimo lahko, da ima proces terapevtske spremembe v PGP jasen začetek in konec z vmesnimi komponentami, ki lahko soobstajajo ali sledijo linearnemu zaporedju. Gre torej za kompleksnejši proces, v katerem je identificiranih 8 komponent.

Proces terapevtske spremembe v PGP se začne z motiviranostjo za terapijo, kar je razumljivo, saj ta povzroči, da posameznik sploh začne samovoljno obiskovati terapevtska srečanja in se odpre možnosti za spremembo. Kot pravi Hana (1996) je motivacija pomemben pogoj za terapevtske spremembe. Iz rezultatov je razvidno, da motiviranost za terapijo ne obstaja le na začetku procesa terapevtske spremembe, ampak gre za komponento, ki je prisotna skoraj skozi celoten proces spremembe, s čimer lahko podpira obstoj preostalih komponent. Če udeleženka ne bi bila tako zelo motivirana za samo terapijo, bi jo po negativni izkušnji s terapevtko zaključila že po tretjem srečanju, s čimer bi se prikrajšala za spremembe, ki jih je omogočil celoten terapevtski cikel.

Terapevtski odnos oziroma terapevtsko zavezništvo se v raziskavah prepoznava kot pomemben dejavnik za terapevtsko spremembo (Horvath in Bedi, 2002). Udeleženka je imela nekoliko mešane občutke v povezavi s terapevtko. Imela je občutek, da jo terapevtka zna začutiti, a vseeno do nje ni razvila popolnega zaupanja oziroma ni imela občutka, da ji želi vse povedati. Občasno se ji je celo zazdelo, da želi terapevtka kakšno informacijo iz nje izsiliti. Na drugi strani pa je udeleženki zelo ležala narava PGP, ki omogoča nebesedno razkrivanje in soočanje s psihično vsebino skozi gibanje in simboliko. Terapevtko je prepoznala kot zelo strokovno usposobljeno za sam terapevtski proces PGP, saj jo je znala podpreti, usmerjati in ji nuditi ustrezne načine, da se je lahko izražala in se soočala s svojo psihično vsebino skozi neverbalno govorico. Terapevtski odnos je tako v pričujoči raziskavi prepoznan kot ena ključnih komponent v procesu terapevtske spremembe v PGP. Začne se s samim vstopom v terapijo in se ves čas prepleta z drugimi komponentami. Prav tako je terapevtski odnos pripomogel k temu, da je prišlo do zadnje komponente »prenos iz terapevtskega prostora v vsakodnevno življenje«, a ne obstaja sočasno z njo, kar prikazuje slika 1.

Pri PGP dobi telo posebno pozornost, saj predstavlja sredstvo izražanja in je bogat vir informacij (Wadsworth Hervey, 2000). Telo se, s svojim izražanjem in informacijami, ki jih nosi, neposredno vključi v terapevtski proces. Tekom terapevtskega procesa je udeleženka namenjala svojemu gibanju in telesu zavestno pozornost, kar omogoča integracijo leve in desne možganske hemisfere. Prepoznala je, da lahko njeno notranje doživljanje dobi fizičen izraz skozi telesne občutke in gibanje. Tako se je lahko izražala, razkrivala in soočala s svojo psihično

vsebino na neverbalen način, kar se lahko kaže kot prednost PGP pri osebah, ki ne želijo ali ne zmorejo govoriti o sebi verbalno. Komponenta »neposredna vključitev telesa v terapevtski proces« je posebna značilnost PGP. Terapevti verbalnih terapij se sicer zavedajo pomena vključitve telesa in »desno-desne komunikacije« v terapevtski proces (Schore, 2003; 2019), vendar PGP vključi telo v terapevtski proces zelo neposredno z vsemi telesnimi zmožnostmi, kamor sodita tudi gibanje in ples. Ta komponenta se lahko v procesu terapevtske spremembe odvija sočasno z drugimi komponentami, razen s komponento »prenos iz terapevtskega prostora v vsakodnevno življenje«, kot je razvidno iz slike 1, a je seveda pomembno pripomogla, da je do zadnje komponente v procesu terapevtske spremembe lahko prišlo.

Metafora gibanja predstavlja bistveno orodje PGP (Meekums, 2002), kar se je v veliki meri izkazalo tudi v tej študiji primera z identifikacijo komponente »uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje«. Gibanje (npr. približevanje, oddaljevanje), prostor (plesna dvorana) in rekvizit (npr. blazine) so predstavljali izražanje, notranje doživljanje ali posamezne nepredelane vsebine, s katerimi se je udeleženka soočala. Z vključitvijo dvojnega zavedanja pa je integrirala obe možganski hemisferi in ozavestila prenesen in konkreten pomen. Ta postopek je natančneje opisan v nadaljevanju. Na tem mestu pa je potrebno še dodati, da je komponenta »uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje« prav tako komponenta, ki je pri drugih vrstah terapije ne bi mogli identificirati. Predstavlja posebnost PGP in se odvija nekontinuirano, a pogosto sočasno z drugimi komponentami, razen z zadnjo, kar je razvidno s slike 1.

Da obstaja sprememba, se je moralo nekaj spremeniti. Prav zato sta v proces spremembe vključeni komponenti »občutki pred ustvarjalnim dejanjem« in »občutki po ustvarjalnem dejanju«. Primerjava teh dveh komponent kaže, da je prišlo do spremembe, saj je udeleženka pred ustvarjalnim dejanjem poročala o precej manj prijetnih občutkih in čustvih kot po ustvarjalnem dejanju. Z analizo podatkov se je izkazalo, da lahko ključen dogodek, ki je potreben za samo spremembo, poimenujemo »ustvarjalno dejanje«. S komponento »ustvarjalno dejanje« se označuje dejanje, ko je udeleženka v terapevtskem prostoru zavestno naredila nekaj novega, drugačnega, kot bi sicer. Komponente »občutki pred ustvarjalnim dejanjem«, »ustvarjalno dejanje« in »občutki po ustvarjalnem dejanju« si v dotičnem procesu raziskovanja spremembe sledijo linearno, vse pa se lahko odvijajo sočasno, četudi ne nujno kontinuirano s komponentami »motiviranost za terapijo«, »terapevtski odnos«, »neposredna vključitev telesa v terapevtski proces« in »uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje«. Te komponente imajo še posebej ključno

vlogo pri obstoju komponente »ustvarjalno dejanje«. Tako je bila udeleženka zelo motivirana za terapevtski proces, skozi katerega jo je usmerjala in ji stala ob strani terapevtka. V terapevtski proces je neposredno vključevala svoje telo skozi gibanje in ples. Gibanje, prostor in rekviziti pa so imeli tudi funkcijo metafore oziroma simbolike, pri čemer je s pomočjo dvojnega zavedanja ozaveščala prenesen in konkreten pomen, kar jo je spodbudilo k ustvarjalnemu dejanju. Tako je npr. blazina predstavljala težko psihično vsebino, z njo se je soočala tako, da se je od blazine z gibanjem zavestno oddaljevala in se ji približevala. Sprememba se je začela dogajati, ko je udeleženka vključila dvojno zavedanje in ozavestila, da npr. tista blazina ni samo težka psihična vsebina, ampak je tudi povsem »majhna … lepa« blazina. Ko jo je lahko videla tudi kot blazino, se je ni več tako bala, zato se ji je upala preko gibanja približati na nov, drugačen, ustvarjalen način. Udeleženka je prijela blazino in jo stisnila k sebi. Vendar za udeleženko to ni pomenilo le, da je k sebi stisnila navadno blazino, ampak da je objela svojo težko psihično vsebino in do nje začutila empatijo. Takšen dogodek označuje »ustvarjalno dejanje«. Udeleženka opisuje več ustvarjalnih dejanj, vendar vsa sledijo zgoraj opisanemu principu. V dotični raziskavi procesa spremembe predstavljajo ustvarjalna dejanja ključne dogodke sprememb, vendar se je izkazalo, da ne bi mogla obstajati in biti identificirana brez drugih komponent.

Komponenti »občutki po ustvarjalnem dejanju« linearno sledi komponenta »prenos iz terapevtskega prostora v vsakodnevno življenje«. Obe komponenti dokazujeta obstoj spremembe, ravno zato sta vključeni v proces terapevtske spremembe. Z zadnjo komponento »prenos iz terapevtskega prostora v vsakodnevno življenje« se proces terapevtske spremembe končuje. Ta komponenta je mogoča brez soobstoja drugih komponent. Vendar so vse druge komponente prepoznane kot nujne, da je do zadnje komponente, »prenos iz terapevtskega prostora v vsakodnevno življenje« lahko prišlo. Potrjuje, da je v procesu terapevtske spremembe prišlo do spremembe drugega reda in da so se spremembe prenesle tudi izven terapevtskega prostora na ostala področja v življenju udeleženke. Tako je telo zares postalo »izkustvena posoda« (Payne, 2006) in preneslo izkušnje iz kliničnega okolja v zunanje življenjsko okolje udeleženke.

Proces terapevtske spremembe v PGP vsebuje osem komponent. Vse identificirane komponente so v tej raziskavi prepoznane kot nujne za tvorbo procesa terapevtske spremembe v PGP. Komponenti »neposredna vključitev telesa v terapevtski proces« in »uporaba gibanja, prostora in rekvizita kot metafore/simbolike ter dvojno zavedanje« pa sta komponenti, ki sta prepoznani kot posebna značilnost PGP.

7. Sklep, omejitve raziskave in predlogi za nadaljnje raziskovanje

Pričujoča raziskava je začetni korak v raziskovanju procesa terapevtske spremembe na področju PGP. Nekatere identificirane komponente v raziskovanem procesu spremembe se ujemajo s pomembnimi teoretičnimi in kliničnimi elementi PGP; npr. vključitev celotnega telesa v terapevtski proces skozi gibanje in ples, uporaba metafore, simbolike in ustvarjalnost. Terapevtom PGP predlagam, da te elemente spretno izkoristijo pri zasledovanju terapevtske spremembe v svoji klinični praksi. Vsekakor pa ne smejo pozabiti tudi na druge identificirane komponente, ki so se izkazale za bistvene sestavine procesa terapevtske spremembe v PGP.

Pokazalo se je, da je, navkljub poudarku PGP na implicitnem področju, nujna tudi vključitev eksplicitnega, kar omogoča integracijo obeh možganskih hemisfer. Brez klientkine vključitve koncepta dvojnega zavedanja bi namreč lahko bili rezultati raziskave povsem drugačni. Morda marsikateri klient ne bi bil tako dojemljiv za koncept dvojnega zavedanja, zato je pomembno, da temu konceptu terapevt PGP nameni dodatno pozornost in pomaga klientu povezovati njegov implicitni in eksplicitni svet.

Vseeno pa je potrebno opozoriti, da je šlo v tej raziskavi za študijo primera, zato komponent procesa terapevtske spremembe v PGP ne moremo posplošiti. Zanimivo bi bilo videti, kaj bi s podobnim načinom raziskovanja, a na večjem in reprezentativnem vzorcu odkrili drugi raziskovalci, kar je lahko že predlog za nadaljnje raziskave. Prav tako je potrebno dodati, da je v raziskavi sodelovala odrasla, psiho-fizično zdrava in funkcionalna oseba, z motiviranostjo za terapevtski proces. PGP pa je namenjena uporabnikom različnih starosti in psiho-fizičnih sposobnosti, zato je tudi raziskave procesa terapevtske spremembe v PGP potrebno prilagoditi samim uporabnikom; npr. predšolski otroci, osebe z motnjami v duševnem razvoju ali z nevrodegenerativnimi boleznimi namreč ne bi bile zmožne pisati terapevtskega dnevnika.

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