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REVIEW

Psychotherapeutic Effects of Dance Movement Therapy: From the Viewpoint of Maslow's Hierarchical Needs, Yalom's Group Psychotherapy, and Kelly's Role Therapy of Personal Construct Theory

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Abstract

In the program of dance movement therapy implemented for many years in psychiatric day care, efforts have been made to realize immediate psychotherapeutic effects. The entire session, including interactions with members and staff along with program contents, has been carefully designed to obtain various psychotherapeutic effects. This paper aims to illustrate the practical and theoretical connections involved in these practices, contributing to future development.

Within the author's five-stage dance therapy, especially in the first stage “Stretch, Movement” and the second stage "Movement and Dance" not assuming the use of music, two specific areas of psychotherapeutic effects have been emphasized: 1) Maslow's hierarchy of needs theory, including "safety, belongingness and love, and self-esteem needs"; and 2) Yalom's 11 psychotherapeutic effects of group psychotherapy. Furthermore, in the realm where bodily experiences of movement and dance are fundamental, focus has been placed on 3) Kelly's role therapy in personal construct theory. The active therapy approach by Kelly is expected to further enhance the psychotherapeutic effects of dance movement therapy.

Key words:

psychotherapeutic effects, Kelly, personal construct, role therapy, enactment

Introduction

The American Dance Therapy Association (ADTA) website (2024)[1)] defines dance/movement therapy (DMT) as follows: "ADTA defines dance/movement therapy as the psychotherapeutic use of movement to promote emotional, social, cognitive, and physical integration of the individual." As noted in the official textbook of the Japan Dance Therapy

Association "Theory and Practice of Dance Therapy" (2012, p.12) [2], this is consistent with the definitions established by ADTA back in 1972 and 1997. Also, the term "movement" carries the meaning of dance.

This paper aims to reconsider, based on the author's years of practical experience, what kind of psychotherapeutic effects should be expected and practiced in dance therapy approaches that use movement (actions and postures, not limited to dance), including how to interact with participants. In doing so, as detailed below, we focus on "using movement psychotherapeutically" in the practice of dance therapy in psychiatric day care, which is the main setting.

Original works by American dance therapists describing the actual situation of dance therapy have been intensively translated mainly since the late 1990s. These include Helen Lefco (1974: Eds. Hirai et al., 1994)[3] [note1], Trudi Schoop (1974: Trans. Hirai et al., 2000)[4], Jungian psychoanalyst Joan Chodorow (1991: Eds. Hirai et al., 1997)[5], Joan Lewin (1998: Eds. Hirai et al,, 2002)[6], and others. The cases presented in these works often involve patients with neurosis, personality disorders, and psychotic spectrum disorders, frequently accompanied by emotional, cognitive, and behavioral confusion, rigidity, or breakdown. The interactions with these patients in dance therapy sessions are surprising and thrilling, conveying dance therapists' struggling in situations where building and maintaining relationships is difficult. Levy's book (1992: translated by Machida 2018)[7], regarded as a textbook for dance therapy in America, introduces dance therapy not limited to psychiatric fields, along with its history and various approaches. Additionally, Goodill (2005: edited by Hirai, 2008)[8] provides a detailed explanation of practices in medical fields other than psychiatry.

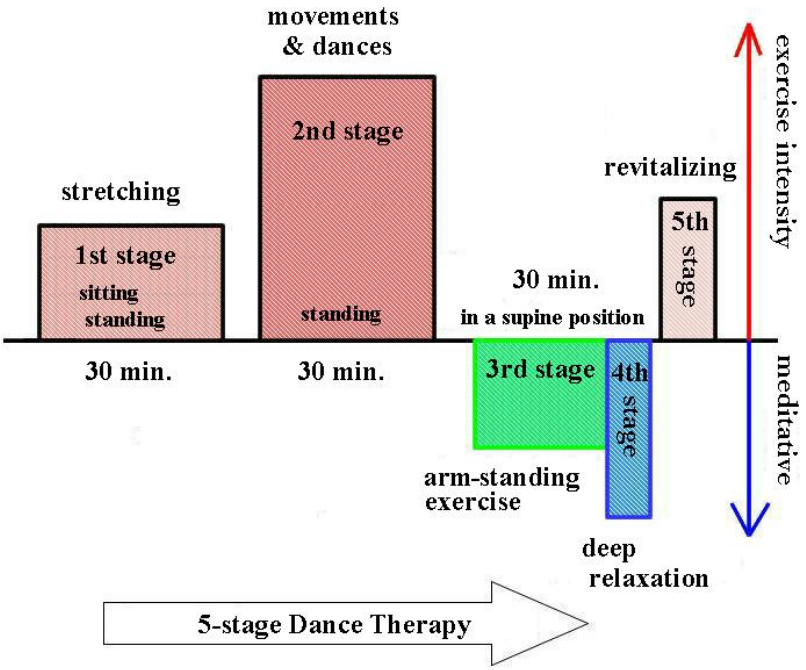
Incidentally, "psychological contact" between the therapist and client (patient) is the first item of Rogers' (1957)[9] "six necessary and sufficient conditions" for psychological counseling [note2]. However, in some cases presented in the translated books, this first principle is not necessarily met. In such cases, where interaction with confused clients does not meet the first principle, "pre-therapy" (Prouty, 1976)[10] has been proposed as a method to be used before psychological counseling. When the author began leading the "Dance Therapy" program at a psychiatric day care facility in 1999, rather than in a hospital ward, many participants were at a stage where they could commute to the facility from within the city [note3]. Their conditions were not so severe, or the effects of psychotropic drugs may have contributed, the sessions progress more brightly and calmly compared to the cases published in America up to the late 1990s.

Additionally, as there was a music therapy program at the psychiatric day care, it was necessary to devise methods that did not use music to avoid content overlap. In line with these

circumstances, a program based on a five-stage structure (Fig.1) as shown below has been developed.

Specifically, it begins with the first stage of movement such as stretching without using musical pieces, followed by the second stage "Movement and Dance" which also does not necessarily use music. The third stage involves "Arm Standing Exercise" [12) 13)] in a supine position and dancing with fingers and arms. The fourth stage is "deep relaxation" where participants lie on the floor to release tension. In the final fifth stage, after getting up, members interact again through body movements for "mind-body reactivation". Each stage is designed with specific psychotherapeutic effects in mind, aiming for their realization. This paper will primarily focus on re-examining the content of the first and second stages of practice in psychiatric day care from the perspectives of clinical psychology and psychotherapy.

Figure 1: 5-stage Dance Therapy Schematic Diagram



I. Dance Therapy in Psychiatric Day Care and Its Psychotherapeutic Effects Based on Maslow's Hierarchy of Needs

Maslow (1908-1970)[14] presented five basic needs for humans: 1) physiological needs (for survival), 2) safety needs, 3) belongingness and love needs, 4) esteem needs, and 5) self-actualization needs. When the most basic physiological needs are sufficiently met for survival, safety needs become active, and people seek to be in a state where their body and mind are not harmed. As safety needs are somewhat satisfied, the need level progresses to social needs, known as "belongingness and love needs" which is followed by esteem needs. The highest level, self-actualization needs, is theorized as a growth need for humans and is positioned as a different impulse from the lower deficiency needs, which seek to escape from deprived situations, and is termed "growth needs"[15].

In Maslow's theory, it is assumed that people progress from "1) surviving as a biological being" to "5) self-actualization needs as a person" in ascending order of need levels. This implies that two factors are realized in sequence: "the need level being sufficiently satisfied" and "the next higher need being invoked". Therefore, efforts to remove obstacles to the ascension of need levels and promote the rise to the next need level can be said to have a "psychotherapeutic effect" by rescuing and healing people from anxiety, fear, or any form of psychological ill-health.

The "Dance Therapy" in day care (generally a two hour program weekly) is called an open program, and day care users (hereafter referred to as members) freely choose one from multiple simultaneously held programs. Thus, parts of the program are adjusted according to participants' requests. When there are first-time participants, explanations are given as follows: "If you're not feeling well or not in the mood, you don't have to force yourself, but please join us if you feel up to it," or "You don't have to push yourself now, and we will be happy to invite you later." When explaining new movement methods before proceeding, we encourage, "Please try it within your capabilities." Following this approach, we aim to achieve psychotherapeutic effects related to the fulfillment of three basic needs: "safety needs," "belongingness and love needs," and "esteem needs."

1. Satisfying "Safety Needs": Being Able to Stay in the Dance Therapy Setting

1.1 The Importance of "Being Able to Stay" Before "Being Made to Do"

Members who complain of physical discomfort due to medication, sleep problems, or bodily pain often feel reassured by the approach that "you don't have to force yourself". When physical and mental conditions are poor, the only possible thing is not to force them. Therefore, it becomes extremely important to allow them to stay and see, even if they don't participate actively. There have been instances where staff narrowly interpreted the content of movements or dance steps and tried to instruct within a rigid framework, and when staff tend towards a "making them do" attitude, it risks ignoring or underestimating physical conditions of "can't do" or psychological circumstances of "don't want to do", potentially damaging participants' safety needs.

1.2 Raising Awareness of the "Mirroring" Phenomenon by Mirror Neurons

Mirror neurons, discovered by Rizzolatti and Sinigalia [16] in 1996, show that "people mirror others' actions in their neural systems just by watching them". Based on this, the author sometimes introduces to the staff that "even when just watching other participants' movements, the brain of the observer is activated as if incorporating the others' actions". Especially to the staff who view dance therapy as exercise therapy, it is necessary to emphasize that the members who are "watching without moving" for some reason are also participating in the program by using mirror neurons. In some cases, such explanations may be necessary to protect members who are unable to participate in movement or dance.

For staff members who tend to rely on giving instructions or orders to participants, it is important to explain the historical progression of dance therapy and the reason why it is "not about making people do things." As will be discussed later, we convey the phrase "dance for communication" coined by Marian Chace (1896-1970)[17] and emphasize the importance of using physical activities, movement and dance, as tools to create an environment where participants can simply be present.

Furthermore, we inform staff that members are encouraged to develop new movements or dances beyond the scope of general explanations about how to dance or move, and also that we expect free "emergence" (creative development or expansion) from the members. This protects members who are not moving exactly as instructed, and also relates to Kelly's role therapy, which will be discussed later. When such an approach as fulfilling the need for safety is effective, we move on to the next stage of "belongingness and love needs," where the focus of interaction shifts as follows.

2. Fulfilling "Belongingness and Love Needs": Being in the "Circle of People"

Having members "be present" in the session becomes "being together," which leads to the expectation that they will "come again" next time. The need for belongingness and love is the desire to be "in a circle of human relationships with emotional connections (belonging)," and it begins to work following the fulfillment of safety needs. As members move together with the author, staff, and other members through various movements and dances, they receive encouragement such as "It's okay not to push yourself," "I'm glad you're moving with us," "You're powerful," and so on, which helps them gain a sense of belonging and progress towards emotionally connected relationships.

Regarding Chace, a document by Goto (p.4)[17] introduces an example where a member who had only been watching joined the dance circle for the first time. When Chace said, "You joined for the first time," the patient replied, "I have been participating all along." This is thought to be based on the "mirroring state" at the brain's neural system level due to the mirror neuron phenomenon mentioned earlier. Even in situations where facility users can watch us from a distance, not participating, they seem to have some sense of belongingness sometimes. They may turn their gaze towards us and make small movements with their hands, arms, or legs, or wave at us. In such occasions, we respond with body movements, creating a flow of temporary relationship establishment through reciprocal behavioral exchange.

3. Fulfilling "Esteem Needs": Sharing Relationships of Mutual Recognition

During movement, when members ask and confirm with each other about how to move, trying to realize the movement together, it can be considered an "altruistic" interaction where they are mutually helpful, as will be detailed later. Such interactions often occur naturally among members in dance therapy sessions. Not limited to frequent participants, those who draw from their own experiences begin to assist other participants and receive gratitude, and engage in naturally occurring exchanges. Through such reciprocal behavioral exchanges and reciprocal relationships of actions, the fulfillment of esteem needs is deepened mutually through the awareness of "oneself" that has significance for others.

In recent years, the Japanese term *"jiko-shounin yokkyu 自己承認欲求*" has sometimes been used, but there is concern that it may lack or have poor reciprocal relationships with others. As a premise of Maslow's theory, the fulfillment of "safety needs" and "belongingness and love needs" is assumed before esteem needs arise, so this paper avoids the Japanese term "*jiko-shounin* need." * "Approval seeking" seems to be a precise translation for it.

In summary, "safety needs," "belongingness and love needs," and "esteem needs" identified by Maslow can be realized through interventions related to their fulfillment in dance therapy

settings. Therefore, dance therapy can be viewed as a place where "psychotherapeutic effects" leading to basic psychological health can be obtained.

II. Yalom's 11 Psychotherapeutic Effects in Group Psychotherapy

Yalom (1931-), a psychiatrist who has practiced group psychotherapy for many years, continued to collect impressions and comments obtained from group discussions. From many interrelated descriptions, he extracted 11 items called psychotherapeutic factors. The third factor, "3) Sharing of information," is not itself a psychotherapeutic factor, but is included as one of the important factors related to relationality.

In the Dance Therapy Textbook (“Practice”, Chapter 3, pp.197-210)[2], "Dance Movement Therapy as Group Therapy" is outlined, and it explains the 11 "psychotherapeutic factors" shown in Yalom's "The Theory and Practice of Group Psychotherapy" (Yalom, 2005)[19].

In the 5th edition of the same book, Yalom made a significant change by renaming the 11 items he had previously called "curative factors" to "psychotherapeutic factors." He explains the reason in the preface (p. xiii), stating "What I now understand is that the product of psychotherapy is not 'cure' but change and growth. Therefore, in accordance with the demands of reality, I do not call the mechanisms of change 'curative factors,' but 'psychotherapeutic factors.'"

In the 6th revised edition (Yalom, 2020)[20], 15 years after the 5th edition, new findings were added, making it an even more comprehensive work, but the 11 psychotherapeutic factors remain unchanged. Hereafter, we will refer to the content obtained through psychotherapeutic factors as "psychotherapeutic effects," and regarding the reason why Yalom switched from the word "curative" to "psychotherapeutic," this paper would like to understand it as follows.

In the early stages of dance therapy, it was understood that improving or curing the negative and positive symptoms of schizophrenia was not easy about their tightly closed minds or their hallucinations and delusions. When asked whether "dance therapy can cure patients” at those times with no antipsychotic medication available, Chase responded that "dance therapy does not cure," but rather that "dance therapy is one of the methods that allows mental patients to be with others without feeling excessive fear or failure."

By using non-verbal communication, Chase proposed a therapeutic approach that allows the easily anxious patients to share a sense of security and awareness by being together with others in a relaxed manner (pp. 2-3)[17]. Chase defined this approach as "dance for communication." Furthermore, it is pointed out that this approach is closely related to H.S. Sullivan's interpersonal theory and personality development theory[21].

Moreover, although Chace's original description used the term "approach to treatment," we can infer a situation similar to Yalom's shift from "therapeutic factors" to "psychotherapeutic factors." Specifically, it points to the need for a supportive approach based on "change and growth" occurring within interactions, rather than "treatment" limited to physicians, analogous to Yalom's approach, which became necessary in psychiatric settings.

In any case, if we reconsider dance therapy based on Yalom's assertion that "dialogue-based group psychotherapy" has 11 psychotherapeutic effects, the author believes that these effects, while varying in frequency and applicability, are equally applicable to dance therapy, which is fundamentally based on physical experiences through movement and dance rather than dialogue.

Psychotherapeutic Effects in Groups Based on Movement and Dance

In both Yalom's 5th edition (2005) and 6th edition (2020), psychotherapeutic experiences are divided into 11 primary factors, each factor being: 1) Instillation of hope, 2) Universality, 3) Imparting information, 4) Altruism, 5) The corrective recapitulation of the primary family group, 6) Development of socializing techniques, 7) Imitative behavior, 8) Interpersonal learning, 9) Group cohesiveness, 10) Catharsis, 11) Existential factors.

The author has repeatedly confirmed the psychotherapeutic effects corresponding to Yalom's 11 items through what the members talked and shared about dance therapy and interactions with staff. Below are some examples that are considered to correspond to each item:

1) Instillation of hope: "I couldn't do such movements or dances before, but since there are others who can't do it and it's okay to be bad at it, I think I can manage somehow."

2) Universality: "I'm not good at it, but I was surprised to find out that others are unexpectedly not good at it either."

3) Imparting information: "I learned a lot from other participants, and it was helpful to understand the session contents so far and to be able to ask questions."

4) Altruism: "At first, I myself didn't understand either, so I supported newcomers. I handed over floor mats to others."

5) The corrective recapitulation of the primary family group: "I've been scolded at home for mistakes, and reprimanded at school or work, but here the staff is kind, so it's quite different."

6) Development of socializing techniques: "Please teach me again easier ways to move. And when you don't understand how, feel free to ask me too."

7) Imitative behavior: "Even if it's hard to understand when explained, it was quite easy when I tried to imitate."

8) Interpersonal learning: "I understood when others pointed out good and bad points, so I'll explain carefully to others too."
9) Group cohesiveness: "Although our movements are different, moving together gives a sense of unity and it is fun to feel like comrades."
10) Catharsis: "Before, I was sad because I couldn't do it well. But I'm grateful that I could talk about it and be heard."
11) Existential factors: "I was doing it playfully and having fun, but then I saw someone being serious about it and reflected on myself."

It's worth noting that not all 11 items are always achieved. Members experience some of them as impressive events and share them with staff and other members from time to time. In dance therapy sessions, these 11 items are realized in various ways as psychotherapeutic effects.

III Psychotherapeutic Effects Inherent in the Experience of Movement and Dance Itself

So far, we have touched on two areas of psychotherapeutic effects in dance therapy, but the effects of the physical experience of "using movement and dance," which is fundamental to dance therapy, have not been explicitly discussed. The psychotherapeutic effects of individual movements or dances have also not been addressed. Regarding Maslow's motivation theory, it merely confirms that the fulfillment of basic needs, which should naturally be realized in psychotherapeutic interactions, is also observed in dance therapy settings. Similarly, for Yalom's group psychotherapy, it only points out that the psychotherapeutic effects realized through interpersonal interactions among multiple individuals can also be found in group dance therapy settings.

Therefore, when we focus anew on the core of dance therapy, which is "using movement and dance," we can see that there are further psychotherapeutic effects inherent in it. However, this assumes that in dance therapy, the three hierarchical needs of each member - "safety needs," "belongingness and love needs," and "esteem needs" - are somewhat satisfied, and Yalom's group psychotherapeutic effects are somewhat met. Building on this, the experience of members encountering various new movements and dances in dance therapy includes two elements: 1) the physical experience of "here and now," and 2) taking on some role or position. These form the foundation for the third domain of psychotherapeutic effect described below.

For example, let's consider a case where unfamiliar dances are introduced in a dance therapy session, such as sexy belly dance, elegant waltz, or passionate flamenco. Initially, members might feel hesitant, but in an already safe and secure state with mutually supportive

relationships, even unfamiliar and different movements or dances can become a fresh stimulus that they can challenge together.

At that time, if one takes on that role as a new experience here and now, such experiences can potentially have various effects on one's daily way of life and way of being.

Incidentally, when children pretend to be parents or "it" in their make-believe games, or become powerful anime robots or fighting heroines in delicate dresses against evil, developmental psychology and child psychology refer to this as "pretend-play." Through years of practice and research, these fields have revealed that changes and growth processes in emotional, psychological, and behavioral aspects are linked to such "pretend-play" [22) note4)].

1. Transformation of Personal Constructs through Enactment

What children call "becoming something else" in pretend-play is generally referred to as "role-taking" or "role-playing" for adults. Kelly (G. Kelly, 1905-1967) theorized half a century ago that there is a powerful psychotherapeutic effect in the experiential process of "playing a role" [23) 24)]. He incorporated the act of "becoming something else" or "playing" into psychological counseling as "enactment," or "performative action" (p.477) [23)]. When some change occurs in a person's way of being through this, Kelly viewed it as a "transformation of personal constructs," and found the essence of psychotherapy in this process.

Personal construct is a term with layered meanings that is not easily expressed in a single word. For the purpose of this paper, we will provisionally consider personal construct to refer to "a person's unique way of living and being, based on their innate temperament and modified by various experiences" and "the overall system of responses including reconstructed patterns of thought and action".

Below, we will touch on the approach of incorporating "theatrical behavior" into psychotherapy. Currently, the approach known as constructivism is considered one of the important theoretical positions in psychotherapeutic practice. Along with summarizing such positions and practices as personal construct theory within a historical context, this paper will highlight the third theoretical area of psychotherapeutic effects from Kelly's standpoint.

2. Kelly's Fixed Role Therapy: "Experiencing a Hypothetical Self Here and Now"

Kelly's Fixed Role Therapy involves giving psychotherapy clients a sketch of a character different from their own personal construct, asking them to fully embody this role during sessions (fixed-role), and challenging them to continue living in this role even outside of

sessions. Additionally, during sessions, Kelly would use methods such as "casual enactment" (temporary enactment), where he might ask a client, "Now, please become the psychotherapist Kelly and respond as I would". [25)]

It should be noted that Moreno (1946), a psychiatrist, is considered the first clinician to practice such role-taking and role-playing methods as psychotherapy [26)]. Moreno had already developed "psychodrama" in groups, which he called the action method, and Kelly acknowledged this influence (pp. 178-179) [25)]. Later, Perls (1973) [27)] used a technique in group psychotherapeutic counseling where he would point to an empty chair and ask the client to imagine a person he/she was concerned about sitting there, and either talk to the person or respond as if being talked to (“hot chair”). This technique, known in clinical psychology, can be considered a developed example of "temporary enactment therapy."

These approaches are practices of psychotherapy or body-oriented psychotherapy [28)] that involve "engaging here and now" "with bodily movements," which Kelly termed "active therapy." Incidentally, art therapy, music therapy, drama therapy, dance therapy, and play therapy are collectively referred to as "arts therapies," and their practical and theoretical developments are closely related to Kelly's personal construct theory.

The activities of ECArTE (European Consortium for Arts Therapies Education), an international academic society aimed at enhancing qualification systems in European countries, are gaining attention [29)]. Established in 1991 and consisting of 13 European countries, ECArTE is an academic professional body covering five areas of art therapy, which are considered "active therapies" based on physical experiences. It also welcomes body psychotherapy approaches such as the "small and slow movements" and "peripheral vision" seen in Japanese culture, as found in Butoh dance (pp.119-126) [29)].

3. Dance Therapy as an "Enactment" Therapy Based on Movement and Dance

As described above, Kelly's "enactment" therapy is an approach that uses theatrical acts, or en-acting different roles and ways of being, as the basis for psychotherapy. When we look at the practice of dance therapy based on this concept, we can see that the common act of "moving the body in ways that are often not everyday movements" is an action that moves towards different roles or ways of being different from usual, bringing fresh experiences that can influence oneself as a form of "play-acting".

For example, in Latin dances like the Rumba in social dance or ballroom dance, we encounter sexy movements of the hips, chest, and shoulders that are not typical of Japanese culture. In the standard dances like Waltz, Tango and so on, couples face each other in a composed hold and step forward, "experiencing" unusual behaviour and culturally distinct

world "here and now".

When not focusing on specific dances, the direction may progress as follows depending on the situation of the members:

- For members with contracted chests and downcast eyes, movements or dances that involve spreading arms, opening the chest, and looking up at the sky (ceiling) may be incorporated.
- For members with low physical and mental energy, the content may move towards fast, sharp, and aggressive movements.
- For members who tend to be mentally and physically nervous, movements that drift through space with meditative slowness and fluidity, like those found in Butoh dance [30], may be incorporated.

Of course, such developments may not always progress smoothly due to differences in members' preferences or feelings of hesitation and embarrassment. However, if the three basic needs of "safety needs," "belongingness and love needs," and "esteem needs" are sufficiently met, and if some of 11 psychotherapeutic effects in groups, including support from other members, are adequately fulfilled, members can move towards new challenges. This is possible with the appropriate involvement of dance therapy practitioners (selection of techniques, session structure, etc.) based on the assessment of the subjects' illnesses or disabilities.

In this way, attempting to engage in and temporarily acquire a "different state of mind and body" as a physical experience rather than a verbal expression or manifestation is more appropriately captured by the term "enactment" used by Kelly, rather than role-playing. In dance therapy at day care centers, even simple hand, arm, or foot movements can be liberating or innovative experiences for those who live rigidly in socially conventional postures, as long as the movements are fresh "play-acting experiences" as performative acts.

Such experiences not only bring about the release and comfort in movement referred to as "functional pleasure" (p.72) [2], but also include elements of "mental and physical release" in a psychological and social sense, namely the "de-socialization of the body" [31]. Even if such experiences are modest, they can trigger changes in one's personal construct and promote self-reconstruction (re-construing) in line with Kelly's theory. In other words, dance therapy itself, which promotes fresh experiences of movement and dance, can be clearly positioned as an approach that inherently carries psychotherapeutic effects.

Summary

Dance therapy, which "uses movement and dance psychotherapeutically," has been understood within the framework of depth psychology by Freud and Jung, as well as in relation to the development of infants.

Based on the framework of developmental psychology that deals with this topic, various approaches have been theorized and practiced. However, in the author's practice in psychiatric day care, continuous involvement with participants is difficult, and it is not easy to grasp individual deep psychological issues or developmental circumstances. Currently, the field of dance therapy is said to have six areas (p.198) [2]: 1) psychiatric and psychosomatic medicine, 2) elderly care, 3) intellectual disabilities, 4) physical disabilities, 5) lifelong education, and 6) others (such as childcare support and medical fields like cancer care). Unique approaches for each target group have been developed in these respective areas.

This paper focuses on the basic psychotherapeutic effects on individuals as human beings and social entities, not necessarily limited to the psychiatric field. It points out the relationship between dance therapy and Maslow's hierarchy of needs, as well as the relationship with Yalom's 11 therapeutic factors in group psychotherapy. Furthermore, it is noted that individual movements and dance-based approaches have psychotherapeutic functions that align with Kelly's personal construct theory-based “role therapy”. Even without the use of music, dance therapy can have abundant psychotherapeutic effects, which may provide an opportunity to reposition the effects of using music in dance therapy in the future.

Incidentally, the stance of clinical psychologist Kelly is called "constructivism," which focuses on the reconstruction of an individual's way of being and living as a form of psychotherapy. In the recent "Handbook of Personal Construct Psychology" (2020) [32], Neimeyer contributes a chapter clarifying the psychotherapy of "loss and grief," such as the death or suicide of a loved one, from a constructivist perspective. The author believes that exploring the meaning of such loss and grief, including "transcending something in life," is the ultimate meaning and direction of dance therapy as a part of arts therapies.

Maslow redefined "self-actualization" by stating that "peak experiences" that greatly shake one's way of life can unexpectedly occur to anyone (pp.137-138) [15]. Dance therapy is expected to develop further as one of the body-psychotherapeutic practices of "here and now" that connects to the higher-order need of self-actualization, based on the positions of Maslow, Yalom, and Kelly [note6].

Footnotes:

Note 1) When there is a significant gap between the publication year of the original work and its translation, both years are shown when it is appropriate.

Note 2) Rogers' "necessary and sufficient conditions" for psychological counseling initially had 6 items, of which 3 later gained attention as "core conditions."

Note 3) Antipsychotic drugs were discovered to be effective with chlorpromazine and

similar substances in the 1950s. In Japan, development progressed in the 1970s-1980s, and by the 1990s, drug therapy became the basic treatment.

Note 4) This paper does not cover "play" research, which is extensive and not limited to children. Structured therapeutic "play" (Theraplay) is not limited to children and also targets adults.

Note 5) "Fixed role therapy" is translated as "修正役割療法" (modified role therapy) in the Japanese translations of Kelly (1955) by the translator in both Volume 1 (Tsuji, 2016) and Volume 2 (Tsuji, 2018).

Note 6) Personal Construct Theory was also influenced by A. Korzybski's General Semantics [34]. The subtitle of Fransella's explanatory book on Kelly (1995) [25] in its Japanese translation is "The Father of Cognitive Clinical Psychology," because Kelly adopted the idea of "our dichotomous thinking" and its problematic nature revealed by General Semantics when theorizing psychotherapy. This was then inherited by Rational Therapy, Cognitive Therapy, and Cognitive Behavioral Therapy.

References:

1) ADTA website: https://www.adta.org/ (March 31, 2024)

2) Hirai, T., Ohnuma, S., Sakiyama, Y., Machida, S., and Matsubara, Y. Eds. (2012) "Theory and Practice of Dance Therapy: Healing Art for Body and Mind"“ダンスセラピーの理論と実践― からだと心へのヒーリング・アート”. Jiasu Kyoiku Shinsha

3) Lefco, H. (1974). Dance Therapy: Dynamics of Group Session. Trans. Takane Hirai, Keiko Kawagishi, Etsuko Mitsui, and Yukari Sakiyama.“ダンスセラピー ― グループセッションのダイナミクス”. Tokyo: Sogensha, 1994.

4) Schoop, T. (1974). Won't you join the dance? A Dancer's Essay Into the Treatment of Psychosis. Trans. Takane Hirai, Keiko Kawagishi, and Etsuko Mii.“からだの声を聞いてごらん― ダンスセラピーへの招待”. Shogakukan Square, 2000.

5) Chodorow, J. (1991). Dance Therapy and Depth Psychology: The Moving Imagination. Ed. Takane Hirai, Trans. Keiko Kawagishi, Etsuko Mitsui, and Yukari Sakiyama.“ダンスセラピーと深層心理”. Tokyo: Fumaido, 1997.

6) Lewin, J. (1998). Dance Therapy Notes. Ed. Takane Hirai. Trans. Maiko Sakamoto, Keiko Kawagishi, Yukari Sakiyama, Masako Kondo, Yuko Hayashi, Satomi Noda, Ruiko Yoshida, Junko Kitajima, Yoshiko Makita, and Jong-ran Park.“ダンスセラピーノート” Tokyo: Shogakukan Square, 2002.

7) Levy, F. (1988, 2005 edition). Dance/Movement Therapy: A Healing Art. Trans. Shoichi Machida.“ダンス・ムーブメントセラピー 癒やしの技法”. Tokyo: Iwasaki Gakujutsu Shuppansha, 2018.

8) Goodill, S. (2005). An Introduction to Medical Dance/Movement Therapy: Health Care in Motion. Ed. Takane Hirai. Trans. Keiko Kawagishi, Maiko Sakamoto, Yukari Sakiyama, Kumi Naruse, and Reiko Hayashi. “医療現場に活かすダンス・ムーブメントセラピーの実際”.Tokyo: Sogensha, 2008.
9) Rogers, C. R. (1957). The necessary and sufficient conditions of therapeutic personality change. Journal of Consulting and Clinical Psychology, 21, 95-103.
10) Prouty, G. (1976). Pre-Therapy: A method of treating pre-expressive psychotic and retarded patients. Psychotherapy Theory, Research and Practice, 13(3), 290-294.
11) Kasai, T. (2020). Introductory exercises for dance therapy. “ダンスセラピーへの導入エクササイズ”. Japan Dance Therapy Association 29th National Academic Research Conference. https://relak.net/jadta2020/ (March 31, 2024)
12) Kasai, T. (2005). Arm-Standing Exercise for Psychosomatic Training. Bulletin of the Faculty of Humanities, Sapporo Gakuin University, No.77, 77-81.
13) Mima, C., & Kasai, T. (2013). The structure of psychosomatic experience in Arm-standing exercise: A study based on Relation Evaluation Qualitative Analysis. “腕の立ち上げレッスンにおける身体心理的体験の構造― 関連性評定質的分析に基づく研究”. Dance Therapy Research, 6(1), 17-28.
14) Maslow, A. (1943). Theory of Human Motivation. Psychological Review, 50(4), 370-396.
15) Maslow, A. (1962). Toward a Psychology of Being. Trans. Yoshikazu Ueda. ”完全なる人間―魂のめざすもの”. Tokyo: Seishin Shobo, 1964: (38-46).
16) Rizzolatti, G. and Sinigaglia, C. (2008). Mirrors in the Brain: How Our Minds Share Actions and Emotions. Ed. Kenichiro Mogi, Trans. Hiroyuki Shibata. ”ミラー・ニューロン”. Tokyo: Kinokuniya Shoten, 2009.
17) Goto, M. (2008). Dance therapy in day care: The psychotherapeutic meaning and structure of dancing with others. “デイケアにおけるダンスセラピー ― 他者と共に踊ることの心理療法的意味と構造”. 12th Schizophrenia Clinical Research Meeting: Presentation Summary.
18) Kasai, T. (2023). Dance therapy: Artistic emergence in dance/movement therapy. “ダンス療法― ダンス・ムーブメントセラピーにおけるアート的創発”. Japan Art Therapy Association - Art Therapy Seminar Materials, 14-15.
19) Yalom, I. D., and Leszcz, M. (2005). The Theory and Practice of Group Psychotherapy (5th edition). Basic Books.
20) Yalom, I. D., and Leszcz, M. (2020). The Theory and Practice of Group Psychotherapy (6th edition). Hachette Book Groups Inc.
21) Goto, M. (2004). A study on Marian Chace's dance therapy theory: Consideration of the influence from interpersonal theorists. “マリアン・チェイスのダンスセラピー理論について

の研究 ― 対人関係論者の理論から受けた影響の考察”. Master's thesis, Shukutoku University Graduate School of Sociology (unpublished).
22) Jernberg, A. (1979). Theraplay: A New Treatment Using Structured Play for Problem Children and Their Families. Trans. Toshiro Kaizuka, Toshiaki Tanaka, Shoji Sato, and Yuichiro Uechi. “セラプレイ― 感覚運動遊びによる治療”, Tokyo: Minerva Shobo, 1987: 335-363.
23) Kelly, G. (1955). The Psychology of Personal Constructs: Theory and Personality, Volume 1. Trans. Heijiro Tsuji. “パーソナル・コンストラクトの心理学― 理論とパーソナリティ第一巻”. Kyoto: Kitaoji Shobo, 2016.
24) Kelly, G. (1955). The Psychology of Personal Constructs: Clinical Diagnosis and Psychotherapy, Volume 2. Trans. Heijiro Tsuji. “パーソナル・コンストラクトの心理学― 臨床診断と心理療法 第二巻”. Kyoto: Kitaoji Shobo, 2018.
25) Fransella, F. (1995). George Kelly. Ed. Genji Sugamura. Trans. Yumi Nagasaki, Takayuki Nakamura, Ryutaro Higuchi, Yusuke Murakami, Maki Miyake, Naoto Mochizuki, Asuka Oguro, Yoshinori Takahashi, and Eunjung Kim. “認知臨床心理学の父 ジョージ・ケリーを読む― パーソナル・コンストラクト理論への招待”. Kyoto: Kitaoji Shobo, 2017: 182.
26) Moreno, J. (1946). Psychodrama: Volume 1. Ed. Hajime Masuno. Trans. Hiroko Ibaraki, Kiyoshi Kato, Masamichi Kawahata, Yuki Sunohara, Kiyoshi Takara, Susumu Harizuka, Hajime Masuno, Yasuko Muto, and Harumi Yoshikawa. ”サイコドラマ：集団精神療法とアクションメソッドの原点”. Tokyo: Hakujusha, 2006.
27) Perls, F. (1973). Gestalt Therapy and Eye Witness to Therapy. Ed. Yoshiya Kurato, Trans. Masahiro Hidaka, Fumihiko Inoue, and Yukiko Kurato. “ゲシュタルト療法―その理論と実際”. Nakanishiya Publishing, 1990
28) Kubo T. et.al. Eds. (2015) Invitation to Somatic Psychology: Seeking Liberal Arts of Body and Mind. "ソマティック心理学への招待―身体と心のリベラルアーツを求めて". Cosmos Library: Kasai, T. "Body Psychotherapy from Dance”,”ダンスからの身体心理療法". 145-158
29) Hougham, E., et al. Ed. (2017). Cultural Landscapes in the Arts Therapies. An ECArTE Publication: Kasai, T. "Small and Slow Movements and Cultural Modal Shift of Seeing in Dance Movement Therapy": 119-126
30) Kasai, T. (2019). Catatonic States and Movement Fluidity in Butoh Dance and Dance Movement Therapy. Bulletin of Faculty of Psychology Sapporo Gakuin University; Vol.1, No.2: 49-58
31) Kasai, T. (1991). De-socialization of the Body and Butoh. “身体の脱社会化と舞踏" Hokkaido Institute of Technology Research Bulletin; 19: 217-224
32) Winter, D.A. and Reed, N. (Ed.) (2020). The Wiley Handbook of Personal Construct Psychology. John Wiley & Sons, Ltd.: Neimeyer, R. “Reconstructing Meaning in

Bereavement": 254-264
33) Neimeyer, R. (2001) Meaning Reconstruction and the Experience of Loss. Trans. Takuro Tomita and Akiko Kikuchi. "喪失と悲嘆の心理療法―構成主義からみた意味の探究" 2007　Kongo Publishing
34) Korzybski, A. (1933) Science and Sanity: An Introduction to Non-Aristotelian Systems and General Semantics. The International Non-Aristotelian Library Publishing Company
35) Kasai, T. (2006). Limitations of Statistical Significance Testing in Psychological Research. "心理学的研究における統計的有意性検定の適用限界". Sapporo Gakuin University Journal of Humanities; 79: 45-78
36) Kuhn, T. (1962). The Structure of Scientific Revolutions. Trans. Shigeru Nakayama "科学革命の構造". 1971 Misuzu Shobo
37) Kasai, T. (2005). Theoretical Foundation and Model Construction Method Based on Abduction in Interpretive Psychological Research. "解釈的心理学研究における理論的基盤とアブダクションに基づくモデル構成法". Sapporo Gakuin University Journal of Humanities; 78: 1-26
38) Kasai, T. (2016). Revisiting the Foundations of Qualitative Psychological Research, Reading the Classics Again: Two Standpoints of Qualitative Research as Science. "質的心理学研究の足下を見直すため、あらためて古典を読む―科学としての質的研究の立脚点は二つ".　Qualitative Psychology Research, 15: 223-225

Appendix

In this paper, we discuss the confirmation of certain effects among countless environmental factors and countless situational factors of individual members. However, this "confirmation" remains fragmentary facts such as "such effects were reported by the person / reported by people around / observed / estimated / recorded, etc."　Nevertheless, it is believed that the effectiveness of such tentative content can be enhanced by realizing the necessary conditions through professional involvement by dance therapy practitioners.

According to Kuhn (1962) [35], who authored "The Structure of Scientific Revolutions," such issues are ultimately judged for the validity of the approach in question by the paradigm of practice or research, that is, the "theory or framework (disciplinary matrix) shared by the expert group that forms the matrix or foundation."

This paper, supplemented by an examination of the characteristics of qualitative analysis (such as abduction) [36) 37)], deals with the ideological and qualitative connection of "dance therapy and its psychotherapeutic effects".