

Original Data

Indications and Contraindications for Dance Movement Therapy Interventions

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Procedure

In order to investigate the indications and contraindications for dance therapy methods with regard to specific disorders, 54 questionnaires by dance therapists of different nationalities were evaluated; of those, 38 questionnaires were completed online, the remaining 16 were paper and pencil versions.

The sample consisted of 54 dance therapists. The mean age was 44.5 years (range= 29-71 years). Three of the interviewed therapists were men, 51 women, which roughly reflects the overall gender distribution in the occupational field. The nationalities of the therapists were as follows: 1 x Australia, 2x UK, 2x Belgium, 2x Greece, 2x Netherlands, 3x USA, 4x Switzerland, 5x Latvia, 6x Austria, 13x Germany.

In a first evaluation step, the populations/treated disorders, reported by the individual therapists, were summarized in clusters. Multiple responses of populations/treated disorders were possible.

The mentioned indications and contraindications for the dance therapy methods, as well as their reasons, were then listed within the individual populations served. In order to better assess the quality of the statements of the individual therapists, the professional experience of the therapists in dance therapy as well as the setting of the treatment were included.

Using bar charts, Fig. 1 shows the absolute frequencies of the citation of the treated disorders and Fig. 2 the number of therapists within a selected occupational experience cluster.

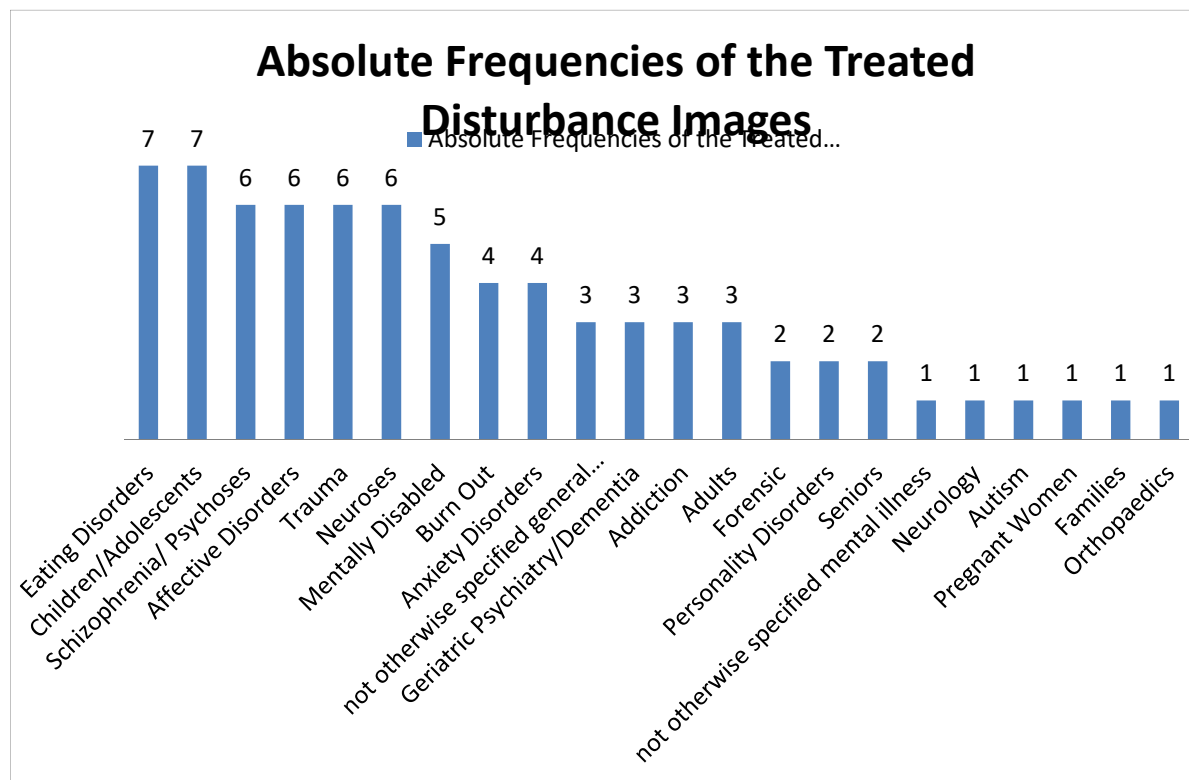


Fig.1: Absolute frequencies of the treated clinical populations

Note: Sorting by patient population according to frequency, descending.

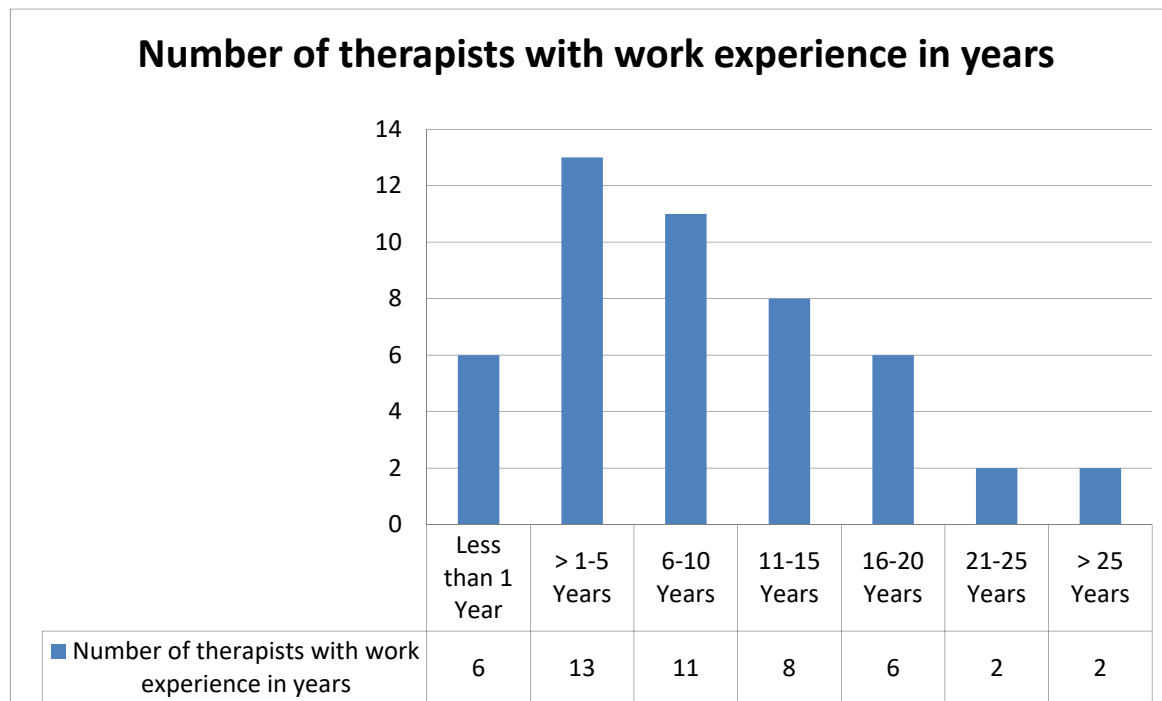


Fig. 2: Number of therapists within a selected professional experience cluster, with n=48 data on professional experience; sorting by experience of therapists, ascending.

Commentary

Setting: Some therapists understood this to mean the institution, in which they are employed (e.g. clinic, private practice...), others indicated the type of therapy sessions (individual or group therapy) or the frequency of sessions or the size of the therapy group (→ better specification needed next time).

One therapist each worked in oncology (#10) and with borderline patients (#28, as 2nd population), but provided no information at all on indications and contraindications → oncology and borderline are therefore completely excluded from the evaluation (also in the frequency distribution).

One therapist (#35) indicated as 2nd population "trainees in DMT". She named as indications abilities, which the trainees should bring along, and as contraindications, problems that would speak against a training in DMT → these indications were also not further used.

Eating disorders (7 mentions)					
Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for Contraindication
1. 1 year experience (#45)	Psychiatric University Hospital for Children	1) Chace 2) Laban	1) To establish safety, help to establish a context and understand patients' needs 2) Helps to develop different movement qualities, supports self-expression	1) Authentic Movement	1) They need more "psychology" to feel their body, they can very easily underreport
2. 2 years experience (#29)	Clinic for Psychosomatics	1) Working with individual body parts 2) Working with the body image 3) Laban	1) The focus on individual body parts facilitates sensory perception 2) Creative analysis with the disturbed body image, body schema 3) Strengthens resources and provides challenge for handling the missing efforts	No Information	No Information
3. 5 years experience (#8)	Open clinical group, max. 8 patients	1) Chace Circle	1) Belonging, self-image, experience through reflection	1) relaxation exercises that are too long	1) Overexertion, worrying about food and body image can cause

		2) Body perception in imagination and body contact with oneself and others 3) Work with kinesphere, space 4) Body image work - perception and painting of body image 5) From free flow to the drives	2) Experience of body boundaries 3) Experience of a safe space, work on closeness/distance 4) Developing body feelings instead of evaluating the body 5) Experience of space, power, time, flow, release of tension	2) Partially authentic movement	restlessness, rather slow approach to relaxation 2) In some patients, danger of flooding with feelings, fear of loss of control, more gradual approach through improvisation, structured exercises to give up control
4. 8 years experience (#22)	Group and individual therapy hours	1) Physical awareness exercises 2) Awareness of own and other's states (interoception) 3) Topic tension - relaxation 4) Exercises on the topic of proximity & distance 5) Movement & dance improvisation	1) Increase one's own body awareness, get to know one's body 2) Perceive one's own state of tension in order to relax 3) Identify physical limits of one's own & other's bodies 4) Perceive one's own needs, learn to allow closeness 5) Self-expression, expand movement repertoire, let go of inhibitions, activation	1) Authentic movement in the group	1) Overstrain, anxiety increase

5. 11 years experience (#11)	Own practice within joint practice	1) Powerful music	1) Music helps the patient to feel. They are often confused about their feelings and they learn more easily to distinguish their different feelings with music. They increasingly like to perceive the different feelings, recognize and experiencing them in their lives.	1) Do not use music	1) Too little structure and too direct towards oneself / one's own body
		2) Movements from standing (vertical) to horizontal	2) They are very vertical, this is the beginning	2) Let the patients move on their own	2) The patient needs the support of the joint moving. They need models and mirrors to learn which movements they prefer and (do not) like.
		3) Joint movement (not always with them, being with them, as they often feel left alone and lonely)	3) Reflection the movement of the patient, see them in motion, give them a model and a safe climate of support	3) Exercises with closed eyes and relaxation exercises	3) The patients are too anxious. This can only be applied, if the patient asks for it.
		4) Humor, dancing as they do it in a relaxed atmosphere, conversations about why dancing is a good start.	4) The patients are very afraid of the movement of their body. The first goal is to teach them that dancing can be fun.	4) Exercises with a clear goal	4) The patients often know exactly what the goal is and adapt themselves. They do not feel what the exercise does to them. They flatter the therapist and harm themselves by doing exercise that goes beyond their limits.
		5) Dance briefly at the beginning (max. 15 minutes)	5) They have little energy and after 15 minutes lose attention.	5) Too quick to start with ideas/ fantasy and images	5) This frightens the patients. They can deal more easily with the

					clear movement designations. Later invite them to draw or name the feelings that the movement evoked.
6. 11 years experience (#37)	Group session 2x weekly	1) Chace 2) Body Awareness 3) Self-experience aspects 4) Psychomotor skills 5) KMP	1) Stability 2) Realistic body image 3) Promotion of group dynamics 4) Stimulation of sensory perception, action, play for creativity 5) Diagnostic	1) Embarrassment 2) Confrontation 3) Forcing movement in case of physical impairment	1) Eating Disorder - Early Disorder 2) Stability, maintaining relationship
7. 15 years experience (#14)	Private practice	1) Structured guided body and movement exercises 2) Motion exploration (space, drives...) 3) Touch, breath and relaxation work and work with body parts	1) Brings movement, provides structure and safety 2) Sensitizes to the body, its physiological conditions and functional possibilities. Promotes body awareness and the experience of body boundaries and a realistic body image. 3) It shows preferences, strengths and deficits, as well as their connection to	1) Authentic Movement (in the classical sense) 2) All too directly (from therapist) make feelings the focus of dance therapy work	1) Insecure and overstrained, the clients feel too much left to themselves 2) Particularly in clients with depression (emotional emptiness) or anxiety symptoms, the thematization of feelings causes resistance or compulsive stagnation in negative feelings.

			life-history/biography. Offers many possibilities for raising awareness and working on the topics creatively.		
		4) Moving Imagination	4) Inner images allow access to the unconscious. Their expression through body, movement and dance has strengthening, integrating and healing effects.		
		5) Work with intermedial creation (= offer art, music, poetry, drama, in addition to dance and movement)	5) Serves the purpose of consolidating, "holding on", reflecting on and using for new input of what has been experienced in dance.		

Children and Adolescents (7 entries)

Therapist/ Experience	Setting	Indications	Reason for indications	Contraindications	Reason for contraindications
1. 0.3 years experience (49)	Center for Abused Children and Women	1) Laban	1) To explore the movement repertoire, to develop specific qualities such as strong weight (strength)	No Information	No Information
		2) Sherborn	2) To learn a positive way of communicating		
		3) Body image work	3) To explore the own movement repertoire, by role play, emotions, playing problem, etc.		
		4) Chace	4) Ritual to communicate feelings, thoughts to group members		
2. 2 years experience (17)	School	1) Relaxation visualization	1) To teach relaxation skills, mindfulness, refocusing of fear	1) Students forced to make unpleasant movements	1) This can harm the students or stress them
		2) Stretching, tension and relaxation	2) Practice the handling of uncomfortable stimuli in a safe manner	2) Overly structured	2) This restricts the therapy possibilities
		3) Graded exposure	3) Embody feelings, strengthen the connection between mind and body, feel "lighter"	3) Too much time spent on unpleasant feelings or movements	3) This involves the risk of re-traumatization or internalization of negative emotions

		4) Tell stories	4) Reimagining and retelling in order to derive meaning and values		
		5) Allow freedom of movement	5) Self-control and choice over one's own physical space		
3. 2.5 years experience (15)	Individual therapy and self-experience groups at school	1) Start with what interests Pt. 2) Provide a good structure in which it is possible to improvise 3) Search for a topic that forms during the session 4) Take time for reflection 5) Promote peer reflection	1) Reduces resistance to DMT 2) Thus the patrons have co-directed their own process 3) To create a safe environment 4) So that the patients can integrate their body experiences 5) This is more important than that of the therapist	1) Let the Pt. do things they don't want to do 2) Let the Pt. lead the whole session unstructured 3) Too early reflection	1) To create a safe environment 2) Safety 3) This is very confrontational, but can be very effective if used at the right time
4. 11 years experience (53)	"Informal Medium Stay Adolescent Unit, NHS," Psychiatriy	1) Ritual Structure 2) Entry and exit structure 3) Movement with the group	1) provides protective space, exploration 2) Familiarity, helps to generate protective space/exploration 3) Somatic information, formation of relationships	1) Too much direction (except patient needs this) 2) Planning the meeting 3) Do not forget the importance of a good co-therapy relationship	1) Pauses are important 2) What comes from them we would like to see

		4) Verbalise movement	4) Understanding the unconscious		
		5) Spontaneous movement play	5) Work in movement with the inner and interrelated world		
5. 13 years experience (24)	Clinic	1) Chace (both in a circle and free improvisation, depending on the possibilities)	1) Empathic mirroring as an opportunity to observe from within, and as confirmation for the movements of young people, group aspects	1) Authentic Movement	1) If no sufficient improvisational skills are observed (by someone who is not dancing) this can be intimidating
		2) Structured improvisation (dance expression)	2) Young people sometimes need a role model, as their dance vocabulary is rather low	2) Relaxation	2) Most patients see this as a way to be lazy
		3) Choreography as improvisation possibility	3) Structure for seriousness and trust	3) Overstructure to keep them calm and under control	3) If you work too structured, the patients hide behind the task
		4) Use of dance material such as ribbons or cloths	4) To overcome the inhibitions of dancing		
6. 21 years experience (38)	Schools, dyslexia/dyscalculia individual therapy	1) Many/several elements that differ in alternation/Wdh. In next session	1) interest, fun	1) Too long sections, pause waiting times	1) Attention drops, few pos. experiences
		2) Switching between moving and briefly exchanging experiences, discussing	2) No statement of reasons		

7. No information about experience (52)	Individual and group sessions in sports hall and exercise room 1x/week	1) Concentration disturbance	1) Connection between movement and neurobiological networking of the brain	1) Trauma	1) Flashbacks can occur
		2) Attention disorder	2) Connection between movement and neurobiological networking of the brain		
		3) Dyscalculia/ dyslexia	3) Connection movement between and neurobiological networking of the brain		
		4) Asbergers Autism	4) Non-verbal communication		
		5) Emotional, social disturbance	5) Developmental patterns, process-oriented		
		Comment: Methods are development-oriented and not evaluative.			

Notes. Pt. = patient

Trauma (6 mentions)					
Therapist/ Experience	Setting	Indication	Justification of the indication	Contraindication	Justification of contraindication
1. 6 years experience (37)	Small Groups	1) Stabilisation	1) Self-Base Regulation	1) Everything that confronts	No information
2. 7 years experience (2)	Individual and group therapy	1) Stabilisation via the body through structure 2) Work with weight and rhythm 3) Space reference 4) Work in a group for a long time in a circle, no matter which methods are used 5) Careful expansion of movement space for new experiences	1) For psychic stabilisation, giving support 2) Gives security in one's own body, works against triggers and flashbacks 3) Orientation in the here and now, learning to differentiate help from then and now 4) For control, reducing anxiety, thus more is possible, later circle can be lifted if trust is there 5) New movements can lead to loss of reality, support dissociation, use here immediately structured known movements to bring back	1) Authentic Movement 2) Work horizontally 3) Work with closed eyes 4) Touching each other 5) Stay longer in the indirect space effort, is only possible briefly as an exercise of perception	1) Much too profound 2) Leads to helplessness, must first be worked out 3) Usually does not work with severely traumatized persons, since the perception of space and person disappears immediately, i.e. they are in the same place as at that time 4) Is perceived by many as painful and triggers, over time it is sometimes applicable 5) Leads to loss of control over reality, can be used well as self-perception, who drifts away, can be led back by use of direct space effort

3. 8 years experience (22)	Individual and group therapy	<ul style="list-style-type: none"> 1) Physical perception exercises 2) Awareness of own and other's states (interoception) 3) Topic tension - relaxation 4) Exercises on the topic of proximity & distance 5) Movement & dance improvisation 	<ul style="list-style-type: none"> 1) Increase one's own body awareness, get to know one's own body 2) Perceive one's own state of tension in order to be able to relax 3) Get to know physical limits of one's own and other's bodies 4) Recognize one's own needs, learn to allow closeness 5) Express oneself, expand movement repertoire, let go of inhibitions, activation 	1) Authentic movement in the group	1) Overstrain, anxiety increase
4. 10 years experience (16)	Rehabilitation clinic, 2x1.5 hours per week, 3-6 weeks long	<ul style="list-style-type: none"> 1) Body perception via calm movements and tracking 2) Dancing and moving with materials 	<ul style="list-style-type: none"> 1) Finding calm and safety, getting to know one's own space with one's own feelings and needs, rest and relaxation 2) Joy of movement, playful contact to others, thereby reducing inhibitions, playful contact to one's own strength, 	1) Authentic movement	1) Too agitating, requires very free handling of movement and good value-free observation, which requires practice, for which I have no time at all. is possible with me in beginnings, in which I have the group close the eyes for 1-2 min. and follow a single

			experiencing joy (laughter is the best medicine) many of my clients have laughter in everyday life extremely rare, some not for years anymore, discover the inner child		
		3) Communicative movement games	3) Simple motivation - materials have a high challenge character, give orientation for movement topics and by the fact that movement can be felt haptically, they provide support and security, playing is facilitated	2) Work with self-created images	2) Leads relatively quickly into deep feelings that may not all be picked up in a large group, so these people would go with a feeling of helplessness. Therefore, when I work with images, I try to make sure that the group is as small as possible 4-6 or that the pictures are always combined with movement and postures
		4) Danced body journeys with structured design / highly structured instructions, which nevertheless leave a lot of individual room for manouvre	4) Getting to know body parts and areas, getting warm up, for me: group dynamic and diagnostic hints	3) Movement games with wins and losses	3) Here it depends very much on the dosage, to some extent a certain competition character is sometimes fun for people; it is important that it is not too hard or if it becomes too temperamental, there is risk of injury
		5) Chace elements, (mirroring in dyads, for four, in group)	5) Creates connection, strengthens one's own impulses, pts. dare to show themselves, learn leadership and consequences	4) Use of voice	4) Use as much dosage as possible here, because the voice is often experienced as

				5) Free dancing	<p>embarrassing at the beginning or if people dare, it can become very emotional, which can be overstraining for others</p> <p>5) Also here a question of the dosage, many have inhibitions at all to dance, so that suggestions and defaults are meaningful. Completely free dancing carries most only a few minutes</p>
5. 15 years experience (31)	Private Practice	<p>1) Very slow pace, follow the client and be very attentive to physiological signals of trauma indications - create safety</p> <p>2) Building strong relationships, creating trust and security</p> <p>3) Avoidance of general Authentic Movement/deep work as long as there is no sufficient possibility to do so</p>	<p>1) Too fast tempo results in retraumatization and is not effective in the long run</p> <p>2) High probability that client will catch up with traumatic experience</p> <p>3) In order to work on these aspects, trust must be present</p>	<p>1) Go directly into the depths of trauma</p> <p>2) Addressing trauma before bonding, security and trust are established</p> <p>3) Deep Authentic Movement over a longer period of time (this doesn't mean never, but not for a longer period of time)</p>	<p>1) Retraumatization</p> <p>2) Many clients are vulnerable and follow the guidance of the therapist without realizing that it exceeds their capacity</p>

		4) Beginning with more superficial aspects of the trauma (but slow), do not begin with the root of the trauma 5) Very much normalization and exploration, physical experiences	4) This is not effective and usually retraumatizes the client, also not effective in the long run 5) To avoid dissociation		
6. 23 years experience (34)	Private Practice	1) Breathing, mindfulness and yoga techniques 2) Authentic Movement 3) Metaphorical movement including the use of props if it appears appropriate 4) Specific functional exercises such as Bartenieff fundamentals or activities / games	1) Help to calm yourself and reduce anxiety 2) Identify and clarify thoughts, feelings, problems and solutions 3) When the patient shows the ego strength to explore deeper levels of self-knowledge without feeling lost or frightened by the contents of the unconscious 4) To promote awareness of the body or body parts or their integrated use and / or to work with developmental / relational needs represented via the KMP	1) Authentic Movement 2) Use of loosely structured motion or pictorial techniques 3) Directive procedures to move or imitate patient	1) For many patients with severe trauma pre-layering / early relational failure / thought disorder → this is too "loose" and a format that should not be used until the patient (possibly in the course of therapy) have achieved greater stability 2) In patients at risk of decompensation, retraumatization may be triggered 3) Erases experiences, conveys a lack of empathy and feels intrusive to many patients

		5) Mirroring	5) To convey empathy, to get a glimpse of what a clear movement effort can look like, to experience that the condition of a patient gives one a better understanding of one's own experiences		
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Notes. Pt. = patient, pts. = patients

Schizophrenia and psychosis (6 mentions)

Therapist/ Experience	Setting	Indications	Justification of the Indications	Contraindications	Justification of Contraindications
1. 1 year experience (47)	Psychiatric Clinic	1) Chace 2) Laban → lots of structure, music selection	1) Strengthens group cohesion 2) Diagnostics	1) Improviation 2) Authentic movement	1) Does not work with this group 2) Deeper "doses"
2. 4 years experience (48)	2x a week	1) Laban und Chace 2) Body image work	1) Connection to be seen, building ego strength, expansion of movement repertoire 2) Consolidation & integra- tion of body boundaries	1) Authentic movement	1) Strengthening and integration of body bounda- ries
3. 7 years experience (2)	Group Therapy	1) Provide more space to be moved by the inside 2) Let move out what wants out, but limited 3) Work with the poles grounding (strong weight) and up-lifting (lightness) 4) Stabilization via the body through structure 5) Relationship with space	1) Structuring, supplemen- ted by free movement, as stress is relieved over it 2) Without limit it tilts to- wards loss of reality, i.e. I have to see the limit to keep it within good limits 3) Partial ground contact is hard to endure, on the other hand grounding helps when emotional uplift becomes too great 4) For psychic stabilization, providing support	1) Authentic Movement 2) Work horizontally 3) Work with closed eyes	1) Much too profound 2) Leads to helplessness, must first be worked out 3) Usually does not work with severely trauma- tized persons, because the perception of space and persons dis- appears imme- diately, i.e. they are in the past

		6) Work with weight and rhythm 7) Work in a group for a long time in a circle, no matter which methods are used 8) Careful movement awareness, space for new experiences	5) Provides security in one's own body, works against triggers and flashbacks 6) Orientation in the here and now, learning to differentiate help from then and now 7) For control, reducing anxiety, thus more is possible, later circle can be lifted if trust is there 8) New movements can lead to loss of reality, support drifting, use here immediately structured known movements to bring back	4) Touching each other 5) Stay longer in the indirect space drive, only briefly goes as a perception exercise	4) Perceived by many as painful and triggers, but with time it is sometimes applicable 5) Leads to loss of control over reality, can be used well as self-perception, who drifts away can get back by direct spatial reference
4. 8 years experience (22)	Group and individual therapy hours	1) Body perception exercises 2) Awareness of own and other's states (interoception) 3) Topic tension - relaxation 4) Exercises on the topic of proximity & distance 5) Movement & dance improvisation	1) Increase your own body awareness, get to know your body 2) Perceive your own state of tension in order to relax 3) Own & foreign bodies get to know psychical limits 4) Perceive one's own needs, learn to allow closeness 5) Show yourself, expand movement repertoire, let go of inhibitions, activation	1) Authentic movement in the group	1) Overstrain, anxiety increase

5. 15 years experience (40)	Psychiatric University Hospital	1) Building trust 2) Being open 3) Use music (drums or other) 4) Use of the voice 5) Play 6) Primitive Expression	1) Provides a safe feeling 2) Improves communication 3) Helps to express oneself and to communicate in a simple way 4) Helps to express oneself and to communicate in a simple way 5) Helps to express oneself and to communicate in a simple way 6) Belonging to a group, feeling of individuality, exploring creative ability, joy of the moving body, ways of communication, joy of sharing	1) Do not shout 2) Do not be angry 3) Do not force participation	1) Creates Stress 2) Need Rest 3) Are not in the mood
6. 16 years experience (28)	3x per week 45 min. with inpatients	1) Movement in the group, much in the circle 2) Body perception alone 3) Body awareness with partner 4) Short relaxation sequence 5) Activity like dancing, rhythm, playful e.g. with ball...	1) Strengthen group spirit (we) 2) Perceive body boundaries 3) Change relationship, communicate, make wishes heard 4) Come back to yourself, practice being with yourself for a short time without distraction 5) To come into action, to perceive oneself in activity, to perceive limits	1) Longer relaxation sequences 2) Longer sequences in free movement without direct instruction, task	1) Patients are often pressed by thoughts, digress, etc. 2) See 1, movements are then often "automated"

Neuroses (6 mentions)					
Therapist/ Experience	Setting	Indications	Justification of the Indications	Contraindications	Justification of Contraindications
1. 2 years experience (47)	Private Practice	1) Chace 2) Laban 3) Improvisation 4) Authentic Movement 5) Body image work	1) Promote group cohesion 2) Diagnostics 3) Development of spontaneity 4) For profound work with the unconscious 5) To establish awareness of body, body boundaries, body as the problem	1) Close to the body 2) Sensitive touches 3) Jump/Leap	1) Too personal 2) Too close 3) Childlike
2. 7 years experience (5)	Private practice, exclusively individual sessions, no group sessions	1) Focus on body sensations when speaking 2) Describe the physical symptoms with the words, "as if ..." it's like ..." 3) The use of images to describe feelings when they are not clear	1) It helps to train the body awareness and to get in contact with the feelings 2) To promote the ability of feelings to speak, the possibility of interpreting the symbolism used as variable 3) Provides information about the feeling, for example, it is as if my stomach wants to burst, it is like a burning in my throat...	1) Intellectualize too much 2) Free dancing in space without goal or theme	1) The patients "retreat into their heads" and lose their bodies 2) Patients tend to stretch and tense their bodies instead of relaxing → heavy strain
3. 10 years experience (46)		1) Laban	1) Extension of the movement and action repertoire → Promotion of self-confidence, self-esteem, processing at the movement level	1) Authentic movement	1) Too free, only possible if the patient is stable

		<ul style="list-style-type: none"> 2) Working with the body image 3) Chace 	<ul style="list-style-type: none"> 2) Clarification and awareness of psychosomatic connections 3) Clarification and awareness of psychosomatic connections 		
4. 12 years experience (35)	Private Practice	<ul style="list-style-type: none"> 1) Fear 2) Emotional Regulation 3) Trauma 4) Low self-confidence 5) COPD, Cancer 	No information	<ul style="list-style-type: none"> 1) Psychosis 2) Alcoholism 3) Drug Dependence 4) No motivation to work out 	<ul style="list-style-type: none"> 1) Too many unstable impulses can lead to new psychosis 2) Not treatable in a private setting, requires a multidisciplinary team 3) Not treatable in a private setting, requires a multidisciplinary team 4) No information
5. 30 years experience (3)	private practice	<ul style="list-style-type: none"> 1) Move freely in the room on your own 2) Verbal interpretation received from the therapist 3) Movement following verbal reflections 4) Provide basic rules for the practice and the therapeutic alliance 	<ul style="list-style-type: none"> 1) Promotes ego-strength and can hold fears 2) Promotes the ability to think reflexively 3) Patients are eager to hear the therapist's perception and are able to accept or ignore his assumptions 4) Making expression of self safe 	<ul style="list-style-type: none"> 1) Establishing another relationship outside the therapeutic alliance 2) Date changes (time, day) (more than necessary in everyday practice) 3) Contact to Pt. by phone, letter or e-mail 4) Inclusion of own counter-transference in the meeting 	<ul style="list-style-type: none"> 1) Is unethical and creates questions of transference 2) To provide the reliability and consistency of a psychotherapeutic framework 3) The patient material should not leave the framework of the therapeutic session 4) These feelings should be handled within clinical supervision to understand their origin

		5) The therapist should be open, receptive and empathic towards the patient	5) To choose the right method at the right time in terms of bandwidth of methods	5) Moving with the patient	in the therapeutic alliance or in patient material 5) This expresses feelings of countertransference
6. 30 years experience (4)	Private Practice	1) A desire to be open, receptive and self-confident 2) Establish basic rules for cooperation 3) Focus on the therapeutic alliance put 4) Adherence to deadlines (as far as possible) 5) Creating a respectful, safe, supportive and challenging environment	1) To allow patient material to go into depth and to encourage the emergence of countertransference material 2) To adjust to the client and build a bond with him 3) to promote security and containment for the term 4) To ensure reliability and predictability for the binding process 5) Create a supportive framework for work	1) Frequently change the therapeutic framework 2) Contact with clients by e-mail, telephone, letter, etc. only when absolutely necessary 3) Move from patient to patient 4) The introduction of own stories/topics into the reflection process after the experience of movement	1) Promote the bonding process to revise questions about it, if necessary 2) The patient material should not leave the framework of the therapeutic session 3) To avoid the therapist expressing feelings of opposition and allowing their ego to be expressed, and to accomplish the challenge of movement alone and under observation, and to respond to all the problems that it brings 4) The work should be seen in the service of the client

Notes. Pt. = patient

Affective disorders (6 mentions)					
Therapist/Experience	Setting	Indications	Justification for the Indications	Contraindications	Justification for contraindications
1. 1.5 years experience (13)	1x weekly 50 minutes group therapy (open group)	1) Circle dances 2) Mirroring 3) Relaxation and breathing exercises 4) Imagination (e.g., imagination of the kinesphere with movement)	1) Provide structure and security, there is little demand, common rhythm and movement - strengthens group feeling, centering in the circle 2) Fun, feeling to be seen, to put into the movement of another, to refine the perception playfully 3) Slowing down, just have to do nothing, perceive body in peace (have time for perception!) - "to find yourself" 4) Inner images have a strong effect, gives meaning to motion exploration	1) Free movement without instructions 2) Authentic Movement 3) Expressing feelings in movement	1) Uncertainty, excessive demands (what should I do?), meaningfulness not clear for clients 2) Open group (too little familiarity), would be possible with a few, but most would be overwhelmed to perceive inner impulses (limited introspection) 3) Open group occurs only once a week, causing fear, insecurity, for many it is already a big step to be able to perceive and name feelings at all - it is too much to put into movement
2. 5 years experience (26)	Semi-Residential Day Patient	1) Increase in drive and vitality 2) Increasing emotional and physical expressiveness	1) Drive is diminished in depressed patients 2) Pt. do not perceive themselves or their body properly	No information	No information

		3) Training of body awareness 4) Training of body awareness 5) Development of creative resources	3) Depressives do not perceive their feelings and cannot express themselves 4) Depressed patients tend to retreat and do not contact each other 5) Looking for resources in dance and movement, Pt. are very deficit-oriented		
3. 8 years experience (22)	Group and individual therapy hours	1) Physical awareness exercises 2) Awareness of own and other's states (interoception) 3) Topic tension - relaxation 4) Exercises on the topic of proximity & distance 5) Movement & dance improvisation	1) Increase your own body awareness, get to know your body 2) Perceive your own state of tension to be able to relax 3) Get to know one's own & foreign physical & psychological limits 4) Perceive one's own needs, learn to allow closeness 5) Show yourself, expand movement repertoire, let go of inhibitions, activation	1) Authentic movement in the group	1) Overstrain, anxiety increase

4. 10 years experience (16)	Rehabilitation clinic, 2x1.5 hours per week, 3-6 weeks long	1) Body perception via calm movements and tracking	1) Finding calmer and safer, getting to know one's own space with one's own feelings and needs, rest and relaxation	1) Authentic movement	1) Too agitating, requires very free handling of move- ment and good value-free observa- tion, which requires practice, for which I have no time at all. is possible with me in beginnings, in which I have the group close eyes for 1-2 min. and follow a single movement for a moment
		2) Dancing and moving with materials	2) Joy of movement, playful contact to others, thereby breaking down inhibitions, playful contact to one's own strength, experien- cing joy (laughter is the best medicine) many of my clients have laughter in everyday life extremely rare, some not for years anymore, discover the inner child	2) Working with self- created images	2) Leads relatively quickly into deep feelings that may not all be picked up in a large group, so these people would go with a feeling of helplessness. Therefore, when I work with images, I try to make sure that the group is as small as possible 4-6 or that the images are combined w. move- ment and postures
		3) Communicative movement games	3) Simple motivation - materials have a high challenge character, give orientation for movement topics and by the fact that movement can be felt haptically, they provide support and security, playing is facilitated	3) Movement games with win and loose	3) Here it depends very much on the dosage, to some extent a certain competition character is

		4) Danced body journeys with structured guidelines, which however leave a lot of individual room for manoeuvre	4) Getting to know body parts and areas, getting warm up, for me: group dynamic and diagnostic hints	4) Use of voice 5) Free dancing	sometimes fun for people, it is important that it is not too hard or if it becomes too temperamental, there is risk of injury
		5) Chace elements, (mirroring in dyads, for four, in group)	5) Creates connection, strengthens one's initiative, dares to show oneself, teaches leadership and consequences		4) Also use as dosed as possible here, because the voice is often experienced as embarrassing at the beginning or when people dare, it can become very emotional, which can be overstraining for others
					5) Also here a question of the dosage, many have inhibitions at all to dance, so that suggestions and defaults are meaningful. Completely free dancing carries most only a few minutes
5. 15 years experience (14)	Private practice	1) Structured guided body and movement exercises 2) Motion exploration (space, drives...)	1) Brings movement, gives structure and safety 2) Sensitises to the body, its physiological conditions and functional possibilities.	1) Authentic Movement (in the classical sense) 2) All too directly (from therapist) make feelings the focus of dance therapy work	1) Insecure and overwhelmed, the clients feel too much left to their own devices 2) Particularly in clients with depression (emotional emptiness) or

		<p>3) Touching, breathing and relaxation work and work with body parts</p> <p>4) Moving Imagination</p> <p>5) Work across arts modalities (intermedial work)</p>	<p>Promotes body awareness and the experience of body boundaries and a realistic body image</p> <p>3) It shows preferences, strengths and deficits, as well as their connection to life-historical connections. Offers many possibilities for raising awareness and working on the topics in a creative way</p> <p>4) Inner images allow access to the unconscious. Their expression through body, movement and dance has strengthening, integrating and healing effects</p> <p>5) Serves the purpose of consolidating what has been experienced in dance, "holding on", reflecting on another level and using it for new impulses</p>		<p>anxiety symptoms, the thematisation of feelings causes resistance or compulsive stagnation in negative feelings</p>
6. 23 years experience (34)	Private Practice	1) Breathing, mindfulness and yoga techniques	1) Help to calm oneself and reduce anxiety	1) Authentic Movement	1) For many patients with severe trauma history / early

		2) Authentic Movement	2) Identifying and clarifying thoughts, feelings, problems and solutions		relational failure / thought disorder → this is too "loose" and a format that should not be used until the patient (possibly in the course of therapy) has achieved greater stability
		3) Metaphorical movement including the use of props if it appears appropriate	3) When the patient shows the ego strength to explore deeper levels of self-knowledge without feeling lost or frightened by the contents of the unconscious	2) Use of loosely structured motion or pictorial techniques	2) In patients with an existing risk of decompensation, retraumatisation can be triggered
		4) Specific functional exercises such as Bartenieff fundamentals or activities / games	4) To promote awareness of the body or body parts or their integrated use and / or to work with development / relational needs represented via the KMP	3) Directive procedures to move or imitate pts.	3) Erases experiences, conveys a lack of empathy and feels intrusive to many patients
		5) Mirroring	5) To convey empathy, to get a glimpse of what a movement looks like, to experience that the condition of a patient gives one a better understanding of one's own experiences		

Notes. Pt. = patient; pts. = patients

Mental and physical disability (5 Mentions)					
Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 4 years experience (9)	Community Arts Centre	1) Strength building and flexibility, individuality	No Information	No Information	No information
2. 4 years experience (23)	Once per week for 50 – 70 minutes	1) Body awareness 2) Improve mobility 3) Focus on self / meditation, relaxation 4) Deep breathing 5) Posture	1) The body is almost not perceived at all, often only in case of pain 2) Stiffening/tension in the pelvic/shoulder area is present in all of them to a great extent 3) They orient themselves very strongly to their surroundings 4) Superficial respiration 5) Severe postural deformities	1) Authentic Movement 2) Only short relaxation or meditation sequences	1) Without instructions they are lost and start talking to each other for example 2) The concentration is shortened 3-5 minutes full concentration is a success
3. 6 years experience (54)	Institute for the blind	1) Movement analysis according to Laban 2) Relaxation exercises	1) To determine the qualities of motion in order to obtain information as a basis for further work 2) For reassurance in case of over-	1) Authentic Movement 2) Chace Circle	1) This self-opening cannot be managed and processed 2) Too strong structuring by the circular form, can lead to reactance and aggression

		3) Games 4) Visual representation - painting and drawing 5) Role play, presentation	excitement and aggressiveness 3) Since a rational approach to this group of clients is difficult to achieve, games can facilitate access, opening and expressiveness 4) Print option 5) Child role play to strengthen self-confidence	3) Longer interviews 4) Life Art Process	3) Often stereotypical answers that stay on the surface 4) Too clear a description of the different ways of expression
4. 10 Jahre Erfahrung (7)	Nursing home, day care, assisted living	1) Warm-up- phase in a chair circle 2) Encourage the entire range of movement, effort and shape to try out 3) Options for other spatial configurations, such as partner work, audience/performer arrangement,	1) Guarantees a safe evaluation period to fully prepare the movement 2) Enables the exploration of different relationships and roles such as leader, performer, friend, partner, observer 3) Expand movement repertoire, promote new learning and new skills	1) Put too much emphasis on verbal processing and meaning construction	1) Participants do not have the communicative or cognitive skills to do this. Can cause frustration or retreat

		<p>individuals or couples in a circle</p> <p>4) Integrate many options for selection</p> <p>5) Use of carefully selected music and props.</p>	<p>4) Increasing self-confidence, independence. Reduction of passivity</p> <p>5) Extends the offer of movement qualities. Provides a focus for unorganized movement. Promotes interaction</p>		
5. 20 years experience (27)	Institution	<p>1) Closing in a circle</p> <p>2) Use your own music to warm up Mirrors</p> <p>3) Provide dance materials (personal, video, pictures)</p> <p>4) Focusing on possibilities of what can be done</p>	<p>1) To fathom and verbally express the experiences of movement</p> <p>2) Positive identification and encouragement</p> <p>3) Communicate with familiar sound to make movement</p> <p>4) Extends the movement repertoire</p> <p>5) Formulates self-esteem for any future aspects and activities</p>	1) Avoid negative comments	1) Attacks self-esteem

Burn-Out (4 Mention)

Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 1,5 year experience (13)	1x weekly 50 minutes group therapies (open groups)	1) Circle dance 2) Mirroring 3) Relaxation and breathing exercises 4) Imagination (e.g. imagination of the Kinesphere with movement)	1) Provide structure and security, there is little demand, common rhythm and movement - strengthens group feeling, centering in circle 2) Is fun, feeling to be seen, to put into the movement of another, to refine the perception playfully 3) Slowing down, just have to do nothing, perceive body in peace (have time for perception!) - "to find yourself" 4) Inner images have a strong effect, gives meaning to motion exploration	1) Free movement without instructions 2) Authentic Movement 3) Expressing feelings in movement	1) Uncertainty, excessive demands (what should I do?), meaningfulness not clear for clients 2) Open group (too little familiarity), would be possible with a few, but most would be overwhelmed with perceiving inner impulses (what is that?) 3) Because open group and only once a week, causes fear, insecurity, for many it is already a big step to be able to perceive and name feelings at all - it is too much to put into movement
2. 8 years experience (22)	Groups and individual Therapy	1) Physical awareness exercises	1) Increase your own body awareness, get to know your body	1) Authentic movement in the group	1) Overstrain, anxiety increase

		2) Awareness of own and other's states (interoception) 3) Topic tension - relaxation 4) Exercises on the topic of proximity & distance 5) Movement & dance improvisation	2) Perceive your own state of tension in order to relax 3) Get to know one's own & foreign physical & psychological limits 4) Perceive one's own needs, learn to allow closeness 5) Show up, expand movement repertoire, let go of inhibitions, activation		
3. 10 years experience (16)	Rehabilitation clinic, 2x1,5h/Week, during 3-6 weeks	1) Body perception via calm movements and tracking 2) Dancing and moving with materials	1) Finding calmer and safer place, getting to know one's own space with one's own feelings and needs, rest and relaxation 2) Joy of movement, playful contact to others, thereby reducing inhibitions, playful contact to one's own strength, experiencing joy (laughter is the best medicine) many of my clients have laughter in everyday life extremely	1) Authentic Movement 2) Working with self-created images	1) Too agitating, requires very free handling of movement and good value-free observation, which requires practice, for which I have no time at all. is possible with me in beginnings, in which I have the group close eyes for 1-2 min. and follow a single movement for a moment 2) Leads relatively quickly into deep feelings that may

			<p>rare, some not for years anymore, discover the inner child</p> <p>3) Communicative movement games</p> <p>4) Danced body journeys with structured guidelines, which however leave a lot of individual room for manoeuvre</p> <p>5) Chace elements, (mirroring, dyadic, for four, in group)</p>	<p>3) Simple motivation - materials have a high challenge character, give orientation for movement topics and by the fact that movement can be felt haptically, they give support and security, playing is facilitated</p> <p>4) Getting to know body parts and areas, getting warm up, for me: group dynamic and diagnostic hints</p> <p>5) Creates connection, strengthens one's own impulses, pts. dare to show themselves, learn leadership and consequences</p>	<p>3) Movement games with wins and losses</p> <p>4) Use of voice</p>	<p>not all be picked up in a large group, so these people would go with a feeling of helplessness. Therefore, when I work with images, I try to make sure that the group is as small as possible 4-6 or that the images are combined with movement and postures</p> <p>3) Here it depends very much on the dosage, to some extent a certain competition character is sometimes fun for people, it is important that it is not too hard or if it becomes too temperamental, there is risk of injury</p> <p>4) Also use as dosed as possible here, because the voice is often experienced as embarrassing at the beginning or when people dare, it can become very emotional, which</p>
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				5) Free dancing	<p>can be overstraining for others</p> <p>5) Also here a question of the dosage, many have inhibitions at all to dance, so that suggestions and defaults are meaningful. Completely free dancing carries most only a few minutes</p>
4. 15 years experience (14)	Privat practice	<p>1) Structured guided body and movement exercises</p> <p>2) Motion exploration (space, drives...)</p> <p>3) Touch, breath and relaxation work and work with body parts</p>	<p>1) Brings movement, gives structure and safety</p> <p>2) Sensitizes to the body, its physiological conditions and functional possibilities. Promotes body awareness and the experience of body boundaries and a realistic body image</p> <p>3) Shows preferences, strengths and deficits, as well as their connection to life-historical connections. Offers</p>	<p>1) Authentic Movement (in the classical sense)</p> <p>2) All too directly (from therapist) make feelings the focus of dance therapy work</p>	<p>1) Insecure and overstrained, the clients feel too much left to themselves</p> <p>2) Particularly in clients with depression (emotional emptiness) or anxiety symptoms, the thematization of feelings causes resistance or compulsive stagnation in negative feelings</p>

			many possibilities for raising awareness and working on the topics in a creative way		
		4) Moving Imagination	4) Inner images allow access to the unconscious. Their expression through body, movement and dance has strengthening, integrating and healing effects		
		5) Work across arts modalities (intermedial work)	5) Serves the purpose of consolidating what has been experienced in dance, to "hold on" to it, to reflect on it at a different level and to use it for new impulses		

Note. Pts. = patients

Anxiety Disorder (4 Mentions)

Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 3 years experience (4)	Inpatient groups in psychosomatic clinic	1) Chace	1) Provides security by the common rhythm, and all patients can be seen and keep even the happening in the view	1) Eventually Authentic Movement	1) Patients can be flooded with inner fears
		2) Laban/KMP	2) Affects and themes can find an expression and be edited		
		3) Work on body image	3) Can also be used for relaxation		
		4) Bartenieff-body work and circle dances	4) Structuring of the movement		

2. 10 years experience (16)	Rehabilitation Clinic 2x1,5h/week, during 3-6 weeks	1) Body perception via calm movements and tracking	1) Finding calmer and safer, getting to know one's own space with one's own feelings and needs, rest and relaxation	1) Authentic Movement	1) Can be too agitating, requires very free handling of movement and good value-free observation, which requires practice, for which I have no time at all. is possible with me in beginnings, in which I close eyes with the group for 1-2 min. and follow a single movement for a moment
		2) Dancing and moving with materials	2) Joy of movement, playful contact to others, thereby reducing inhibitions, playful contact to one's own strength, experiencing joy (laughter is the best medicine) many of my clients have laughter in everyday life extremely rare, some not for years anymore, discover the inner child	2) Working with self-created images	2) Leads relatively quickly into deep feelings that may not all be picked up in a large group, so these people would go with a feeling of helplessness. Therefore, when I work with pictures, I try to make the group as small as possible 4-6 or that the pictures are always combined with movement and postures
		3) Communicative movement games	3) Simple motivation - materials have a high challenge character, give orientation for movement topics and by the fact that movement can be felt haptically, they provide support and security		
		4) Danced body journeys with structured	4) Playing is made easier	3) Movement games with wins and losses	3) Here it depends very much on the dosage, to some extent a certain

		<p>guidelines, which however leave a lot of individual room for manoeuvre</p> <p>5) Chace Elements, (Mirroring in dyads, for 4, in groups)</p>	<p>5) Getting to know body parts and areas, getting warm up, for me: group dynamic and diagnostic hints; creates connection, strengthens one's own impulses, dares to show oneself, learns leadership and consequences</p>	<p>4) Use of voice</p> <p>5) Free dancing</p>	<p>competition character is sometimes fun for people, it is important that it is not too hard or if it becomes too temperamental, there is risk of injury</p> <p>4) Also use as dosed as possible here, because the voice is often experienced as embarrassing at the beginning or when people dare, it can become very emotional, which can be overstraining for others</p> <p>5) Also, here a question of the dosage, many have inhibitions at all to dance, so that suggestions and defaults are meaningful. Completely free dancing carries most only a few minutes</p>
3. 15 years experience (14)	Privat practice	1) Structured guided body and movement exercises	1) Brings movement, gives structure and safety	1) Authentic Movement (in the classical sense)	1) Insecure and overstrained, the clients feel too much left to themselves

		2) Motion exploration (space, drives...)	2) Sensitizes to the body, its physiological conditions and functional possibilities. Promotes body awareness and the experience of body boundaries and a realistic body image	2) All too directly (from therapist) make the feelings the focus of dance therapy work	2) Particularly in clients with depression (emotional emptiness) or anxiety symptoms, the thematization of feelings causes resistance or compulsive stagnation in negative feelings
		3) Touch, breath and relaxation work and work with body parts	3) It shows preferences, strengths and deficits, as well as their connection to life-historical connections. Offers many possibilities for raising awareness and working on the topics in a creative way		
		4) Moving Imagination	4) Inner images allow access to the unconscious. Their expression through body, movement and dance has strengthening, integrating and healing effects		
		5) Work across arts modalities (intermedial work)	5) Serves the purpose of consolidating what has been experienced in dance, "holding on"		

			to it, reflecting on it at a different level and using it for new impulses		
4. 23 years experience (34)	Privat practice	1) Breathing, mindfulness and yoga techniques 2) Authentic Movement 3) Metaphorical movement including the use of props if it appears appropriate 4) Specific functional exercises such as Bartenieff fundamentals or activities / games 5) Mirroring	1) Helping to calm yourself and reduce anxiety 2) Identify and clarify thoughts, feelings, problems and solutions 3) When the patient shows the ego strength to explore deeper levels of self-knowledge without feeling lost or frightened by the contents of the unconscious 4) To promote awareness of the body or body parts or their integrated use and / or to work with development/ relational needs represented at the KMP 5) To convey empathy, to get a glimpse of what a movement looks like, to experience that the condition of a	1) Authentic Movement 2) Use of loosely structured motion or pictorial techniques 3) Directive procedures to move or imitate patient	1) For many patients with severe trauma history / early relational failure / thought disorder → this is too "loose" and a format that should not be used until the patient (possibly in the course of therapy) has achieved greater stability 2) In patients with an existing risk of decompensation, retraumatization can be triggered. 3) Erases experiences, conveys a lack of empathy and feels intrusive to some patients

			patient provides one with a better understanding of one's own experiences		
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Unspecified general psychosomatics (3 Mentions)

Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the contraindication
1. 1 year experience(1)	Clinic	1) Chace circle 2) Body awareness, but not too much 3) Laban (drive)	1) Providing safety and structure 2) Sensitisation and accuracy of perception 3) Playful and funny, doesn't have to go into too much depth	1) Authentic Movement 2) Too many perception exercises	1) Needs stability 2) Are too revealing for clinic setting
2. 2 years experience (38)	Psychosomatic clinic (individual therapy + group, mixed diagnosis)	1) Initial work with space, music, gestures 2) Reference to tension (cf. DBT Linehan) --> practical applications in everyday life	1) Approach to movement, dance, body 2) Point out applicability to emotion regulation	1) Don't start with the focus on the body right away	1) Shame, fear
3. 3 years experience (44)	Inpatient groups in psychosomatic clinic	1) Chace 2) Laban / KMP 3) Work on body image	1) Promotes a sense of community 2) Physical reactions, expression in movement → can be processed in this way 3) Assignment of somatic complaints and reality check	No information	No information

Gerontopsychiatry und Demetia (3 Mentions)					
Therapist /Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 1 year experience (50)	Day clinic	1) Chace 2) Laban	1) Provides structure and security 2) Helps to develop movement vocabulary	1) Authentic Movements 2) Relaxation	1) Too difficult 2) Not attached
2. 2 years experience with patient with dementia (total of 25 years of experience) (19)	Local Clinic for Head Injuries and Home for the Disabled with Dementia (Note: this category has interfaces with Neurology and Mental Disability)	1) A narrow range of movements → Extension of the movement repertoire 2) The need for individual expression and emotional liberation 3) Pleasant means to achieve physical activity	1) Limited possibilities due to the disease (Reduced opportunities since onset of problems) 2) Due to the restrictions that have arisen 3) Arouse interest and encourage participation	1) Sexually disinhibited neurological patients 2) Clients who do not respond to a creative approach	1) Better here: conventionally structured approach 2) Some clients prefer clear movements and reject creative movements
3. 19 years experience (32)	Long-term care	1) Rituals in the beginning and end 2) Music 3) Mirroring	1) Familiarity helps to feel safe, to remember and to understand expectations 2) Feel seen, heard and felt 3) Helps to find one's way in and creates feeling of connection	1) To insist that they do what you want them to do 2) High energy can be too stimulating	1) Not stimulating and does not lead to self-esteem

		4) Many props and change of colours	4) Stimulates, activates attention		
		5) Balloons	5) Leads to more movement and addresses dementia that does not respond to music		
		6) Name pts. by their name, and comment on what they do	6) Even if they no longer have an expressive language, they have a receptive language - language is another method of non-verbal communication that can be reassuring		

Note. Pts. = patients

Addiction (3 Mention)					
Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. Seit 7 Months in Internship (18)	Weekly groups	1) Chace-Circle	1) Promotes togetherness, getting clients moving, brightening voice, joy, fun, everyone can join in	1) No long breaks	1) The clients cannot stay long with a topic, then want to stop completely
		2) Trudi Schopp	2) To promote creativity through painting, to deal with oneself	2) Authentic Movements	2) Gets too much into the feeling that some clients are not able to close their eyes
		3) Movement analysis according to Laban	3) Spatial orientation, proximity/distance, boundaries - how do I deal with them?, time - differences		
2. 8 years experience (22)	Groups- and Individual therapy	1) Physical perception exercises	1) Increase your own body awareness, get to know your body	1) Authentic Movements in the group	1) Overstrain, anxiety increase
		2) Awareness of own and other's states (interoception)	2) Perceive your own state of tension in order to relax		
		3) Topic tension-relaxation	3) Get to know one's own & foreign physical & psychological limits		
		4) Exercises on the topic of proximity & distance	4) Perceive one's own needs, learn to allow closeness		

		5) Movement & dance improvisation	5) Show yourself, expand movement repertoire, let go of inhibitions, activation		
3. 8 years experience (39)	Stationary	1) Relaxation 2) Physical work, discovering feelings 3) Relaxation alone 4) Join in 5) Clarity Comment: Feelings/self-worth is in the foreground, Very watchful + protective, sometimes speak plain language	1) Because fear + tension in the foreground 2) Because there is little conceptuality for feelings 3) Avoidance of being seen too much 4) Record mood, otherwise empty 5) For the orientation	1) Get in too fast 2) Do not "re-drill" too much 3) Too long rest periods	1) Feel quickly overrun 2) Need a lot of time 3) Switch off, limited ability to concentrate

Adults (3 Mentions)

Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 10 years experience (25)	Individual-and Group therapy	1) Free Dancing 2) Choreography work 3) Relaxation 4) Movement 5) Conversation	1) Promote free expression 2) Elaboration and integration of new movement and thought patterns 3) Making contact with oneself, training the self and body awareness 4) Training Self- and body awareness 5) Integration	1) Authentic movements	1) Focus too strong inwards
2. 20 years experience (33)	Community Hospital	1) Depressive, lethargic, psychotic, addicted patients and patients with cognitive impairments	No entry	1) Hypomaniac 2) Extremely Psychotic 3) Sexually abused persons 4) Dementia, with disturbed "vestibular	1) Too much pressure to stop movement 2) Too disorganized to participate in structured experience 3) Often ego structure does not allow to manage increased body symptoms 4) Danger of falling

				reflex" and/or little equilibrium awareness	
3. 11 years experience(53)	Informal Medium Stay Adolescent Unit, NHS, Psychiatry	1) Use of ritual structure	1) Gives the possibility of containment and exploration	1) Too much directness, it because the patients need it	1) Pauses are important - what comes from them...
		2) Structure of the beginning and end	2) Familiarity	2) By scheduled session	2) What comes from the patients is what they want to have
		3) Moving with the group	3) Collect somatic information and build relationships	Comment: Do not forget the importance of a good co-therapist relationship	
		4) Verbal exploration of playful movement material („explore movement play material verbally")	4) Brings unconscious understanding		
		5) Spontaneous movement games as goal	5) Work in motion with inner worlds („working in movement with inner and inter-relational worlds")		

Forensic (2 Mentions)					
Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 10 Jahre Erfahrung (36)	City Hospital	1) Chace Circle	1) Increases body awareness, group relationship and emotional expression. Increases ability to manage symptoms by identifying physical and emotional experiences in body and head, reduces stress, reduces violence, uses other brain regions, possible reduction of secondary medical symptoms such as diabetes	1) Authentic Movement	1) Patients do not have the strength to explore unconsciously. Perhaps they would become (even stronger) psychotic and unable to differentiate reality and imagination
		2) Yoga-Elements	2) Develops body- and respiratory awareness, shuts down mental processes, helps develop ability to let intrusive and destructive thoughts go. Helps the person to abandon past and future relationships, blocks the ability to address feelings in	2) Some Yoga-Elements (Kundalini)	2) This may stimulate areas of the body that are trauma-associated. Some forums are too strenuous and require too much physicality

		3) Attention-based stress reduction 4) Chace circle with sexual offenders	the present. Increases symptom management and reduces violence 3) Develops strengths and abilities for body control, increases body awareness and self-esteem, possible reduction of secondary medical symptoms such as diabetes 4) Experienced that there was room for sexual offenders to express emotions appropriately, helped them to build social skills and perceive boundaries set by others		
2. 11 years experience (30)	Closed Forensic	1) Stabilisation 2) Aggression 3) Work on dreams	1) Very unstable patients can experience stabilization by working with their body 2) Traumas can be re-experienced in a safe setting 3) Aggression can be experienced in a controlled manner	1) Uncontrolled aggression 2) Floride Phase of Psychosis 3) Emotionally too unstable	1) Dangerous 2) Dangerous, activates psychotic aspects 3) Not able to participate in the group

		4) Interaction	and expressed in a controlled manner 4) Many patients have hardly any possibilities for positive interactions, movement therapy offers space for this		
		5) Positive self-esteem	5) Through positive experiences		

Personality Disorders (2 Mentions)					
Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 8 years (22)	Individual- and Group therapy-hours	1) Physical perception exercises 2) Topic tension– Relaxation 3) Awareness of own and other's states (interoception) 4) Exercises on the topic of proximity & distance 5) Movements- & Dance improvisation	1) Increase one's own body awareness, get to know the body 2) To perceive one's own state of tension in order to be able to relax 3) Get to know one's own & foreign physical & psychological limits 4) Perceive one's own needs, learn to allow closeness 5) Show themselves, expand movement repertoire, let go of inhibitions, activation	1) Authentic movement in the group	1) Excessive demands, anxiety increase
2. 23 years experience (34)	Privat practice	1) Breathing, mindfulness and Yoga-Techniques 2) Authentic Movement	1) Help to calm yourself and reduce anxiety 2) Identify and clarify thoughts, feelings, problems and solutions	1) Authentic Movement	1) For many patients with severe trauma history / early relational failure / thought disorder this is too "loose" and a format that should not be used until

		<p>3) Metaphorical movement including the use of props, if it appears appropriate</p> <p>4) Specific functional exercises such as Bartenieff fundamentals or activities / games</p> <p>5) Mirroring</p>	<p>3) When the patient shows the ego-strength to explore deeper levels of self-knowledge without feeling lost or frightened by the contents of the unconscious</p> <p>4) To promote awareness of the body or body parts or their integrated use and / or to work with development / relational needs represented via the KMP</p> <p>5) Increases empathy, pts. get a glimpse of what a movement looks like; experience that the condition of a patient gives you a better understanding of your own experiences</p>	<p>2) Use of loosely structured motion or pictorial techniques</p> <p>3) Directive procedures to move or imitate Pt.</p>	<p>the patient (possibly in the course of therapy) has reached greater stability</p> <p>2) In patients at risk of decompensation, retraumatization may be triggered</p> <p>3) Erases experience, conveys a lack of empathy and feels intrusive for some patients</p>
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Notes. Pt. = patient; pts. = patients

Elderly (2 Mentions)					
Therapist/ Experience	Setting	Indication	Justification for the indication	Contraindication	Justification for the contraindication
1. 1 year experience (51)	Health Care, Rehabilitation	1) Work on trust 2) Chace 3) Relaxation	1) Trust in their life 2) Communication, Self-presentation 3) To release tension/ muscle tension	1) Authentic movements	1) Not very understandable
2. 10 years experience (7)		1) Warm- up- session to start with movements 2) Use of balloons as a support 3) Groups without standing 4) The use of carefully selected music, with	1) Warm up the body before attempting to stand and check stability and mobility 2) If the stability and mobility of the clients is not sufficient to promote the standing or moving of an entire patient group, chairs and wheelchairs can also be used 3) To facilitate a wider range of movement efforts and shape qualities, in a less threatening manner, and to promote mobility and interaction in general 4) To support the development of movement without	1) Demanding to stand to move 2) Too early or general causing of combat-like efforts (especially strength and speed) in movement 3) Break the circular formation too often	1) Danger of falling 2) May cause injury or overexertion in rarely used muscles 3) Although the work in small groups of two or three persons can be worthwhile, the frequent breaking of the circle formation disturbs the group cohesion and the spatial orientation to the extent that the group members can completely lose the sense of the group, digress, become disoriented, it is no longer possible for them to adhere to guidelines or to

		light intensity and clear rhythm	the risk of creeping in dangerous movements that are too powerful or too fast.		interact with each other.
		5) Circle formations	5) To provide visual feedback and guidance to all group members and to promote group cohesion		

Neurology (1 Mention)					
Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the contraindication
1. 25 Years experience(19)	Local Clinic for Head Injuries and Home for the Disabled with Dementia	1) Qualitative expressive movement approach	1) Poor movement quality, reduces efficiency	1) Very acute phase of neurological injury	1) Often better here: conventional PT - more focused
		2) A narrow range of movements → Extension of the movement repertoire	2) Reduced opportunities due to disease (Reduced opportunities since onset of problems)	2) Sexually Disinhibited Neurological pt.	2) Better here: conventionally structured approach
		3) The need for individual expression and emotional liberation	3) Due to the restrictions that have arisen	3) Clients not responding to a creative approach	3) Some clients prefer clear movements and reject creative movements
		4) Pleasant means to achieve physical activity	4) Arouse interest and encourage participation		

Notes. The category is closely related to the category of dementia; pts. = patients

Autism (1 Mention)					
Therapist/ Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the contraindication
1. 1 Year experience(45)	University Children's Hospital, Psychiatric Clinic	1) Chace (Mirroring)	1) Helps to understand the child's needs, helps to make contact	1) Work on body image	1) Usually they cannot imagine or empathize
		2) Kestenberg	2) Helps to understand the child's needs, helps to make contact, helps to understand the child's psychological development.	2) Authentic Movement	2) They cannot reflect verbally
		3) Scherborn	3) Helps to develop next stage of development		
		4) Authentic Movement	4) It is helpful for the therapist to understand his own feelings and actions after the session.		

Pregnant Woman(1 Mention)					
Therapist/Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 2 years experience (51)	Health Center, Rehabilitation Facility	1) Work on body image 2) Chace 3) Work with emotions 4) Authentic movements	1) Self-confidence 2) Relationship, Communication 3) Emotional awareness for mother and child 4) Relaxation as a birthing exercise	1) Contact improvement (less contact improvisation) 2) Work with weight, also with weight giving and taking (taking and giving weight)	1) According to physical ability 2) Not physically possible

Orthopaedics (1 Mention)					
Therapist/Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 1 year experience (49)	City Rehabilitation Clinic	1) Laban 2) Work on body image 3) Relaxation	1) To explore the movement repertoire in order to become aware of one's own movements. 2) Pay attention to psychological aspects, origin of illness 3) To learn relaxation, to reduce tension	No Information	No Information

Families (1 Mention)

Therapist/Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 9 years experience (53)	Unit NHS	1) Get along with the parents 2) Tell to help the parents 3) Offer stability 4) Build on the culture of the group	1) To facilitate a non-evaluative relationship 2) Take up the advice of the children 3) Possibility of protection 4) Parents assume a role of responsibility	1) Not to attach too much importance to the relationship with the child	No Information

Not specified psychiatric diseases (1 mention)

Therapist/Experience	Setting	Indication	Justification for the Indication	Contraindication	Justification for the Contraindication
1. 1 year experience (47)	Psychiatric Clinic	1) Chace Circle 2) Laban Movement	1) Group cohesion 2) For diagnostics in movement	1) Improvisation 2) Authentic movement	1) Does not work with this patient group 2) Too deep

Conclusions and General Remarks

Overall distribution patterns:

- Only minor differences in the intervention methods between the individual populations, i.e., many generic intervention methods listed → Chace technique, mirroring, body image work, cultural dance forms/ethnic methods (e.g. circle dances, tango, stick fighting), diagnostic methods in clinical use (Laban, Kestenberg), relaxation techniques are often listed as indications. Techniques of improvisation and performance often only with exact structural specifications → free improvisation and authentic movements are the most frequently enumerated contraindications.
- Diagnostic instruments in clinical practice:
 - The most common diagnostic instruments in this sample are Laban movement analysis (movement quality and shape; repertoire, space, time, gravity, flow, body, flexibility of handling, mastery of movement) and Kestenberg movement analysis (rhythms, personality, levels of consciousness, well-being, relationship and defence mechanisms in movement).
- Promotion of body awareness / development of a realistic body image:
 - Body image work (e.g., consciousness on evaluations of the body / body parts; back to sensory; work from there)
 - Perception training / introspection (perceiving body signals and boundaries; work toward emotion regulation and balance)
 - Body in relation: exercises on closeness and distance and perception of one's own needs in contact with others (work toward self-other regulation)
- Dance techniques/cultural dance forms: structured movement patterns
 - Very frequent enumeration (across all disturbance pictures) of circle dances → provide security and structure, experienced connection with others, having fun, exuberance and activity, being attentive to the connection of mood and movement → circle dances are never mentioned as a contraindication.
- Processing of emotional experience:
 - Most frequently by imitation and mirroring (seeing and being seen; change of moving and being moved, active and receptive), additionally by verbal processing and reflection.
- Stress relief through/via:

- Relaxation exercises, Yoga
- 'Contract and release' exercises
- Authentic expression and the integration of the unconscious:
 - Improvisation and authentic movement:
 - is usually only mentioned with precise structural specifications (Baum circle) or in the advanced therapy stage
 - is usually listed as a contraindication:
 - ✓ difficult and frightening, missing structure. Patients feel insecure due to sudden freedom in acting and moving.
 - ✓ Switching off self-control / intellect → thus access to the subconscious, not contraindicated in many disorders; prerequisite: secure framework and trust / viable therapeutic relationship
 - Shape is more often cited as a method of emotional expression
 - Patients have more control and distance to the interior
- General recommendations
 - Provide safety/security and structure, while remaining flexible
 - Appreciation, strengthening resources
 - Empathy and making patient been seen
- General contraindications
 - Overstraining (emotional and physical)
 - Pressure to perform
 - Low degree of structure, leaves patients without guidance

- Overly high degree of structure, strong directive, force exercise

Special features of each methods:

- Promotion of body awareness - development of a realistic body image
 - Focus on eating disorders, trauma, children and adolescents
 - Depression, Burn-Out, addiction, and anxiety disorders
- Integration of the unconscious:
 - The unconscious is not to be worked on/no extensive psychodynamic approaches in:
 - Psychotic patients
 - Patients with dementia
 - Trauma patients
 - Caution with forensic patients, patients with neurological injuries
 - Clear and stable ego structure of patient is a prerequisite for integration of unconscious

Methodological particularities of each disorder:

- Eating Disorders
 - Focus on body awareness and emotional experience of the body
 - No exercises that increase performance pressure
 - Relaxation exercises under reservation

- Depression and Burn-Out
 - Focus: Promotion of body awareness, relaxation, activation and expansion of the movement repertoire
- Seniors
 - Increased work with aid
 - Avoid body overstraining
 - Use circle dances
 - Offer structured interactions that include touch
- Dementia and Geriatric Psychiatry
 - Exercises that give structure and security → e.g., Circle dances; simple partnered dances
 - Focus on long-term memory, simulation of body memory → e.g., apply familiar music
 - Offer rituals
 - Humour
 - Offer structured interactions that include touch
- Addiction
 - Avoid exercises and procedures that are associated with loss of concentration
- Mentally handicapped
 - Focus away from verbal reflection
- Anxiety Disorders
 - Focus: Emotional expression, relaxation

- Applied here: Performance and well-structured improvisation for expressing one's own feelings
- Psychosis/Schizophrenia
 - Exercises to strengthen the ego structure → e.g., body awareness exercises, closeness, and distance exercises
 - No work on the subconscious
- Trauma
 - Focus: Methods that provide security and structure, e.g., circle dances (also other dance techniques in the group), body perception exercises
 - Avoidance of confrontation and uncertainty (e.g., authentic movement, other exercises with closed eyes, touching each other)
Risk of retraumatization
- Children and adolescents
 - Focus: Promotion of body awareness, emotional expression, relationships and communication
 - Circle dances and movement in groups are often enlisted
 - Applied here: Choreography approaches and well-structured improvisation for expressing one's own feelings
 - Avoid strongly directive instructions, but provide structure
 - Arouse interest, avoid boredom
- No methodological recommendations can be made for the remaining populations due to the small number.

Notes on Categorization and Descriptive Evaluation:

- It was not always possible to clearly assign the specified disturbance patterns to the clusters (this explains multiple assignments; e.g. to dementia and neurology).

- Only those populations for which indications and contraindications are given are included in the presentation of the frequencies of the disturbances chart.
- Direct comparisons of the indications and contraindications are hardly possible due to the different interpretation by the therapists, language differences, and the small numbers within the individual disturbance images.
- Some therapists have not provided information on certain categories of questions (the number of data on the single questions was included in the description of the sample).

This compilation was created with the intention to provide clinical dance therapists with a reference compendium on indications, and to make the background data of the results transparent. The techniques that are enumerated as indications for individual patient groups are conspicuously consistent worldwide. Due to the small sample size per population, however, the results must be interpreted with caution. It is recommended that the study be repeated and expanded.