

Master Thesis

Kuipers, G. (2009). *Stem erbij! Voice upon dance movement: The Use of Vocalization in DMT. Exploring the how and why of the use of voice through vocalization by clients in dance movement therapy in adult psychiatry*. Thesis Master in Dance Therapy. Codarts University of the Arts, Rotterdam (NL).

ABSTRACT

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

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

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

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

KEY WORDS

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

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