

ROCKY MOUNTAIN ALBA EMOTING TRAINING  
FOR CREATIVE ARTS THERAPISTS

A DISSERTATION

submitted by

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## ABSTRACT

This dissertation research explored what experiences and influences Rocky Mountain Alba Emoting (RMAE) training generated for creative arts therapists in both their personal and professional lives. RMAE builds upon the effector patterns of Alba Emoting<sup>TM</sup> which uses innate physiological processes to induce, experience, and cease six genuine basic emotions. RMAE uses the process of learning these patterns as a means of enhancing emotional expression, awareness, and balance. With emotions and emotional regulation playing an increasing role in psychotherapy, a therapist's emotional life and ability to work with emotions have become more important. RMAE shares some characteristics with the practices of creative arts therapies and its philosophy was partially influenced by the creative arts therapies. Applying this training with creative arts therapists within an arts-based research design was a logical step in exploring the potential of RMAE. In this study, five credentialed creative arts therapists, four females and one male, who were currently working in their fields and had at least two years of professional experience were provided with a full initial training in RMAE via two 2-day trainings with six weeks between trainings. Data generation and analysis were arts-based. Participants created written responses along with original arts pieces in various forms that responded to guiding questions about the experiences and influences of the training both during and after the experience. These data were analyzed through a process which utilized the core elements of live theatre in the form of intuitive dramatic enactments, and final results were presented in dramatic performance pieces. Results indicated that participants reported expanded emotional awareness, high degrees of emotional arousal, and novel experiences with emotion and emotional understanding,

among other experiences. All of these were reported to influence participants in meaningful ways in various aspects of their lives. Conclusions indicated that RMAE is worthy of additional exploration as a means of training creative arts therapists and others in and about emotions, and could be further combined with creative arts therapies principles to become an effective means of emotional restoration, enlivenment, and empowerment.

## **CHAPTER 1**

### **Introduction**

Alba Emoting™ [AE] is a method that uses specific, voluntarily controlled respiratory, facial, and body and/or postural patterns to induce, modulate, and cease six basic emotions. This system was gradually developed and refined over the past four decades through empirical research and practical application (Aguilera-T, Lemeignan, & Bloch, 1989; Bloch, 1985, 1993, 2006; Bloch, Lemeignan, & Aguilera-T, 1991; Bloch, Orthous, & Santibañez-H, 1987; Bloch, Paulet, & Lemeignan, 1994; Bloch & Santibañez-H, 1973). The system has been predominantly explored and applied in theatre, though the researchers and developers of AE acknowledged it could have therapeutic benefits (Bloch, 1993). More recently Kalawski (1998, 2013) has pioneered and advocated for the use of AE with clients in psychotherapy. AE, however, remains mostly unapplied in the mental health field. Rocky Mountain Alba Emoting [RMAE], the focus of this dissertation, is a detailed and unique approach to the training and application of the AE effector patterns that was developed and refined by this researcher and theatre professor Hyrum Conrad.

A pilot study was conducted to examine the experiences and effects of RMAE for training participants (Wadsworth, 2013). Nine undergraduate students at a private university participated. Results indicated a potential for RMAE training to expand emotional awareness, expression, and understanding. One question raised by the results of the pilot study was whether the training experience would be beneficial for therapists, and particularly creative arts therapists, in either the personal influence it might have on participants or in the ways it might inform their clinical practices. Therefore, this

researcher proposed this dissertation research which provided RMAE training to experienced creative arts therapists working professionally to discover what experiences and influences it generated for them. Because emotion as data is so difficult to fully encompass, it was proposed that an arts-based research method be used for data generation and collection (Iliya, 2014; Kossak, 2012).

In the context of this study, it is important to note what distinguishes the creative arts therapies, also known as the expressive therapies, from other therapeutic approaches. Johnson (1999) described the arts as emerging naturally from the human experience and noted that only recently the arts have begun to be perceived as requiring particular talents or training. Though it should be noted that there can be great personal benefit to individuals who receive artistic training. Johnson also cites several ways the arts are intuitively used in day-to-day life as a means for human beings to cope, heal, and/or improve health and quality of life. Thus, his basic definition of the creative arts therapies is “the intentional use of art, music, dance/movement, drama, or poetry by a trained therapist” (p. 122) in psychotherapeutic or educational settings. This training that Johnson referred to is a process of learning how to combine the characteristics inherent in each art form with a needed healing process. Levine (2005) asserted that the arts are particularly useful in healing because they hearken to ancient approaches to healing which combined both psychological and physiological components. The creative arts therapies use the arts as a means of expressing or projecting feelings, experiences, and ideas into an external and concrete form that can then not only contain and hold those things but also allow them to be explored and integrated (Knill, 2005). This artistic process can be guided in such a way as to achieve therapeutic change and healing. The

creative arts therapies currently involve various modalities or art forms: play, visual art, dance and movement, drama, music, and poetry (Brooke, 2006). Those practicing expressive arts therapy, or an intermodal approach, typically combine methods which utilize and blend processes from all art forms (Knill, Levine, & Levine, 2005). Creative arts therapists are trained in the essential processes of art making and how to guide these processes via artistic means toward therapeutic or educational goals. A large portion of the communication and relational interaction that creative arts therapists have with their clients is based in artistic work in addition to the verbal interaction that predominates more traditional forms of psychotherapy and counseling.

Emotional experience and expression obviously have myriad meanings, connotations, and styles among cultures and societies. In psychotherapy, a therapist must remain aware and sensitive to those social and cultural realities and differences at all times. The intent of this dissertation was not to impose the emotional beliefs and values of RMAE, but rather to expose a diverse group of professionals to the work and allow them to respond and experience honestly from their own socio-cultural and emotional perspectives. This also required the trainer and researcher to be open, accepting, respectful, and curious about the perspective, responses, and experiences that each participant had as influenced by lived experience. While people of various nationalities and backgrounds have been receiving Alba Emoting training for decades, this particular study offered the opportunity to expose a unique group of professionals in a unique field to the work of RMAE and to ask whether there is any value or benefit in the method for them.

The specific research question for this qualitatively oriented and arts-based study evolved as the data were collected and analyzed in order to more accurately examine the phenomena that were emerging. Initially, the study asked what impact RMAE training had on creative arts therapists working in the field both personally and professionally. As participants began to respond, react, and reflect upon the training, the research question became: What experiences in and influences on creative arts therapists' personal and professional lives does RMAE generate? This adjustment was made to encompass any experiences and influences the participants felt were meaningful as they received training and reflected on it in the weeks following. This qualitatively adaptive question was more deliberately open and less restrictive than the conceptualizing of a direct, clear, and precise impact from training. No research has been done which examines any type of Alba Emoting training in this way, and only a pilot study—done in partial preparation for this dissertation—has sought to examine how individuals experience the specific elements of RMAE training. The generation of theory is needed at this stage of exploring applications of RMAE in order to inform its further development and refinement and to discover its applicability within the field of creative arts therapies.

Emotion is growing in its importance and role in psychotherapy and in mental health generally (Bar-On, Maree, & Elias, 2007; Fosha, Siegel, & Solomon, 2009; Goleman, 2006; Greenberg, 2008). However, there is little indication that educating therapists about emotions and emotional processes is a common practice (Kalawski, 2013), despite growing indications that therapists are expected to intuitively direct their clients through emotionally transformative experience (Pascual-Leone & Greenberg, 2007). RMAE provides experiential, body-based emotion training. It is a refined and

adjusted application of the process of learning the effector patterns of AE with specific intent to experientially educate about emotional life by willfully inducing and exploring one's own subjective emotions while witnessing and discussing those of others.

This dissertation could make a direct and meaningful impact in the field of creative arts therapies in several ways. It is hoped that the arts-based research design can further the use of drama and the core characteristics of live theatre creation and performance as a means of data analysis and presentation of results in arts-based research. As will be seen in Chapter 2, some of the qualities and characteristics of RMAE are quite similar to those of the creative arts therapies. RMAE could be integrated into principles and practices within creative arts therapy fields. Most specifically, RMAE could well be used as an experiential tool for training creative arts therapists about their own emotions and those of their clients. This might make creative arts therapists more competent and more clinically effective. The creative arts therapies are already a related group of professions that seek to value all aspects of expression as meaningful communication. Therapists trained in RMAE would have a concrete vernacular for discussing emotions, their intensity, their manifestations, and their physiological processes. It could provide these therapists with additional physiologically-based approaches to generating and exploring emotions and emotional expression, making artistic and expressive processes all the more impactful in therapeutic settings. Finally, creative arts therapists who have specific expertise in particular techniques or with particular populations could explore and inform the use of RMAE in those contexts and determine where and how it would and would not be worthwhile to use. It could also help therapists through healthy emotional transformations in their own

lives. This research begins the process of determining whether further research and practical applications of RMAE in the creative arts therapies field is warranted or needed.

It must be acknowledged that this researcher began to receive AE training in 2003 and began training others in 2005. Since that time this researcher co-developed RMAE and provided training in various contexts. Therefore, he holds a strong assumption and bias that the method does indeed induce genuine emotion when learned and executed correctly, and by extension, that this process can be personally beneficial if framed and guided appropriately. He has been constantly vigilant of this bias in designing and carrying out this research. At the same time, this researcher recognizes a large disparity among current practitioners of AE and sees benefit in taking the effector patterns of this system and applying them within new paradigms and approaches, while breaking from other aspects of what is generally associated with AE approaches and experiences. The assumptions in commencing this dissertation study were that RMAE was more effective in achieving emotional awareness and personal growth than traditional AE training, that RMAE was as yet a developing method which required further adjustments and refinements, that RMAE training would be particularly familiar and engaging to creative arts therapists, and that creative arts therapists would experience some type of emotional influence and/or change as a result of the training.

This is not a comparative study to argue for the superiority of RMAE over other emotional trainings and education or to remedy an obvious deficiency in current educational practices. Rather, this study sought to examine whether creative arts therapists experienced any benefits from this unique training in a way that could

potentially enhance their personal and professional lives in working with emotion and to anticipate the increasing emphasis on emotion in psychotherapeutic contexts.

## CHAPTER 2

### Literature Review

This review of literature will first explore debates and difficulties surrounding defining emotion as well as some of the theories regarding basic emotions. Perspectives on the body and emotion will be covered, including body and brain interaction, and body-based emotional generation and expressing. Next, the increasing role of emotion in psychotherapy and the effective work of therapists will be discussed. This will lead to an exploration of why experiential, body-based emotion training may be useful for therapists, and why creative arts therapists may be responsive to such training. The research and development of Alba Emoting will be discussed in order to then fully explicate the emotion training approach currently known as Rocky Mountain Alba Emoting and its ties with creative arts therapies.

#### Defining Emotion

The following is not meant as a comprehensive discussion surrounding the debates about defining emotion, but it is intended to be illustrative of the core aspects of those debates. Despite “more agreement on the significance of emotion and much greater acceptance of its place in science” over the past three decades, Izard (2010) affirmed that “there is still no consensus on a definition of ‘emotion,’ and theorists and researchers use” the term in a myriad of “different meanings and functions” (p. 363). To address this issue, he conducted a qualitative study inviting 34 distinguished scientists from around the world who work with emotion to offer their definitions of emotion as well as descriptions of its structures and functions. Results indicated a reluctance on the part of the scientists to specifically define emotions and, not surprisingly, a lack of uniformity

when they did. Their descriptions of the activators, functions and processes of emotion showed greater commonality. All demonstrated a complex view of emotional experience as a combination of cognitive, physiological, hormonal, social, behavioral, and regulatory components among others. Gendron (2010) noted that the “eclecticism in response to Izard’s survey” was an indication that “psychology has yet to converge on a definition of emotion and may have difficulty doing so in the future” (p. 371). She also pointed out that Izard’s survey reflected a large bias toward a “Western psychological conception” of emotion because only four nationalities were represented in the 34 participants, just eight of whom were women. To further illustrate her point, Gendron challenged Izard’s use of the question “What activates an emotion?” in his survey because it assumed “emotions are entities that are triggered” (pp. 371-372). Gendron concluded that Izard’s study highlighted the history of Western psychology’s “theorizing” of emotion and called for a more diverse sampling of the definitions of emotions throughout history up to the present which might result in more progress and variety.

Historian Thomas Dixon (2012b) provided a partial response to Gendron (2010) in describing the development of the term *emotion* as it is now used and viewed as a “key word in modern psychology,” but noted that it was “a key word in crisis. . . from a definitional and conceptual point of view, ever since its adoption as a psychological category in the 19<sup>th</sup> century” (p. 338). Dixon explained that the word *emotion* was imported into Britain from the French language by John Florio in the early 17<sup>th</sup> century. In translating the essays of Michel de Montaigne, Florio apologized for introducing French terms he described as uncouth, *emotion* being one. Before the use of the term *emotion* in English, feeling states were described as passions, affections, thoughts, or

feelings, all with various moral, religious and social associations. “In both its French and English forms, ‘emotion’ was a word denoting physical disturbance and bodily movement” (p. 340). This body-based view of emotion gradually began to shift during the 18<sup>th</sup> century as *emotion* “came to refer to the bodily stirrings accompanying mental feelings” (p. 340). Those in medicine and philosophy began to use the term to refer to the specific “bodily movements” that indicated “inward passions and affections. . . . Finally, from the mid-18th century onwards, ‘emotion’ moved from the bodily to the mental domain” (p. 340).

This shift in meaning was solidified, according to Dixon (2012b), in the early 19<sup>th</sup> century by the conflict between two contemporary Scottish philosophers, Thomas Brown and Charles Bell. Brown held that it was almost impossible to define emotion in words, but when pressed to provide a definition, he said, “Perhaps, if any definition of them be possible, they may be defined to be vivid feelings, arising immediately from the consideration of objects, perceived, or remembered, or imagined, or from other prior emotions” (as quoted by Dixon, p. 340). Though acknowledging “vivid feelings,” Brown placed emotion completely within the realm of mental processes. Charles Bell had a differing view. He provided concepts of emotion based on both philosophy and anatomy, concepts which would later influence Charles Darwin and William James. In fact, “Darwin took his main theoretical principle of expression. . . directly from Bell’s work.” (p. 341). Given the shift of the concept of emotion from the body to the brain as championed by Brown, Dixon pointed out that

The additional interest of Bell’s work, however, is the importance he gave to bodily movements, especially of the heart and lungs, as not only outward signs,

but also as constitutive causes of emotional experience. He recognised that the idea that the emotions might “proceed from or in any degree pertain to the body” might not “willingly be admitted” by his readers (Bell, 1824, pp. 20–21). Nonetheless, he tried to persuade them that the “organs of breathing and speech” were necessary not only to the “expression” of emotions, but also to their “development.” Bell pressed the point further, arguing that the operation of the organs of expression preceded “the mental emotions with which they are to be joined,” and strengthened and directed them. He even argued that the reason that all people experienced the same “internal feelings and emotions or passions” was because of the uniform operation of the bodily organs (Bell, 1824, pp. 20–21). (p. 341)

Bell’s view of the body as integral to emotional experience predated Darwin’s (1872) assertion, decades later, that “most of our emotions are so closely connected with their expression, that they hardly exist if the body remains passive” (p. 239). Dixon’s point is that Brown and Bell epitomized and influenced the difficulty in defining and conceptualizing emotion.

Adding to the philosophical debate around emotion were the social connotations of the term. Dixon (2012b) discussed how the origins of the terms *passion* and *affection* were strongly associated with pathology in the medical world and that Brown and Bell, though physicians, distanced themselves from this usage. However, Dixon did point out that words gain their meaning from social contexts and developing uses. Perhaps these former associations of emotion with pathology have persisted into contemporary

society's views on appropriate emotional expression and how emotions are to be regulated or controlled.

One final insight that Dixon's (2012b) history offers is that the 19<sup>th</sup> century saw scholars of emotion fight to separate it from philosophy and make it as scientific a category as possible, suggesting that only through research on physiology and the nervous system could emotion be understood, some critics decried this attitude saying that it neglected the whole person aspects of emotional experience. The debate continues as to whether or not the concept or definition of emotion can be complete when excluding either its physiological and brain-centered characteristics or its philosophical, mental, social, and spiritual qualities. What Dixon's history illustrates is not a difficulty with the folk usage of *emotion*, but the wrestle that scientists, particularly psychologists have had in making the term work within the paradigms and requirements of established methods.

As Dixon stated,

If the science of emotion is supposed to provide an explanation of a widely experienced kind of mental state, and in terms that can be communicated to the general public, then it might be better to stick with the complexity, fuzziness, and overinclusivity of “emotion” than to retreat still further from the world of everyday concerns into new scientific jargons. (p. 343)

The conclusion is that most emotion researchers are exploring a particular aspect of a broad and complex concept, and there is room for suspicion as to whether emotion is best defined when solely viewed as a psychological or scientific category.

“One recurring tension” in current definitional perspectives, according to Majid (2012), is “how to talk about the science of emotion and not be trapped by the semantics

of English.” She cited an “overreliance on English” in emotion theory, stating that “the history of science has shown repeatedly that . . . it is problematic, if not downright dangerous, to ground our theories on English terminology alone” (p. 380). In order to achieve a more universally acceptable emotion lexicon, she encouraged researchers to consider not just single word comparisons, “but whole systems of terms” (p. 381). Wierzbicka (2009) offered an appeal to examine emotional themes rather than struggling with the semantics of terms and ethnocentric descriptions. Izard’s (2010) solution for the semantics problem was “to stop using the noun ‘emotion’ without contextualizing it, and providing a statement of the meaning or meanings assumed by the author” (p. 368).

Due to the historical difficulty of finding a definition for emotion that serves scientific inquiry, Scarantino (2012) advocated a complexly articulated re-conceptualizing of the term’s philosophical and scientific foundations using an argument based in the philosophy of natural kinds. He observed that most affective science has been based on the assumption that emotions are natural kinds. Scarantino noted that psychology borrowed the concept of natural kinds from philosophy, a natural kind being something that has two qualities: ontological independence – existence in nature independent of human influence or conceptualization; and epistemic usefulness – maximally suited for scientific predictability and explanation. His argument is mostly based on a categorization of emotions, and whether or not the traditional approaches have been sufficient to meet the criteria of natural kinds. He stated,

Although we cannot be positively sure that traditional emotion categories are not theoretically homogeneous for the purpose of scientific extrapolation, we have good reason to interpret the long history of failure in finding a single scientific

theory that fits all cases as a sign that no single scientific theory can fit all cases.

In other words, we have good reason to infer from the failures of traditional emotion theory that emotion, anger, fear and so on are not natural kinds. (p. 363)

However, Scarantino does not reject the possibility that emotions could be natural kinds in the scientific sense. Through a discussion of the debate over basic emotions, he used water as an example of something that does not have to be broken down into its most essential parts to be considered a natural kind, an “antiessentialist” view of natural kinds.

Scarantino argued against holding emotions to a universally rigid level of social invariance of properties across phenomena. He conceived of antiessentialist emotion categories that are based on a cluster of properties required to be included in the category.

Thus, not all manifestations of the emotion would have to demonstrate universal invariance, but they would have to have all of the cluster properties for inclusion in the category, making the category maximally suited for the natural kind requirement of being scientifically explainable and predictable. Using the example of *tiger* as a biological category which has ontological independence, Scarantino noted that tigers have “a cluster of genetic, morphological, physiological, and behavioral properties that species members tend to reliably share” (p. 365). Yet, individual differences among tigers do not exclude them from the category of *tiger*. This re-conceptualizing of the philosophical and psychological basis for researching, describing, and defining emotional categories, is what Scarantino felt science must do in order to take “ordinary categories” of emotion and change them into something that can be scientifically viable for the purposes of research. Scarantino’s natural kinds perspective of emotion would seem to be at least

partially served by Wierzbicka's (2010) suggestion of defining with emotional themes and Majid's (2012) systems of emotional terms.

Bringing the brain back into the definitional debate, LeDoux (2012) offered a neuroscientific perspective on defining emotions, one that is much more pragmatic than philosophical. He noted that just as psychological and philosophical definitions do not fully agree, neither do those of neuroscientists. But there are clearly areas of common agreement. "The idea that there might be circuits in the mammalian brain that are relatively specialized for functions typically referred to as 'emotional' and are conserved to some extent throughout mammals, including humans, continues to be relevant" (p. 376). But there is still debate about what exactly constitutes emotional functioning in the brain. LeDoux criticized some current research practices that rely heavily on "emotional face stimuli" because these may not be the best suited for examining emotional stimulation or the "highly conserved neural circuits" associated with emotion (p. 376). Overreliance on functional magnetic resonance imaging (fMRI) in research only reveals active brain areas and not the microcircuit level at which behavior functions manifest. Affective neuroscience tends to focus on one emotion at a time rather than emotion as a whole. LeDoux's own area of expertise is based in studies of fear. His research looks less at gross brain areas and more at the microcircuitry and communication between neurons as influenced by genetics and epigenetics. He concluded with a "conviction that there are innate emotion circuits that are conserved in mammals, including humans" (p. 376), inferring that he defined emotion as existing in that circuitry as a behavioral or evolutionary survival function of the brain.

This definitional complexity and debate seems to confirm Siegel's (2009) conceptualization of emotion as integration of these and various other components, but this still is not easily brought to operational consensus.

Conspicuously absent from a majority of the contemporary definitional debate is any specific reference to the body as a means of defining emotion. Certainly, the history of the English term *emotion* and the perspectives of Charles Bell (Dixon, 2012b) make a strong case for using the movements and the functions of the body to define emotion in some way. But until relatively recently the influence of the body has been neglected in cognitive-emotion theory and research (Izard, 2010; Panksepp, 2009).

### **Basic Emotions**

The difficulty in establishing definitional consensus in the study of emotion does not negate the fact that human beings experience feeling states usually called emotions. As Shweder (2012) put it, “the idea of an emotion means what it means (and thus is what it is) whether you contemplate the idea in New Guinea or in Geneva. In that sense it is universal; but that is not an empirical or inductive claim” (p. 384). Empirically, researchers usually seek to define what aspects or characteristics of emotion they are seeking to examine, and draw from extant definitions to justify that pursuit. Such is the case in the research of basic emotions (e. g. Ekman, 1992; Griffiths, 2003; Izard, 1992; Mason & Capitanio, 2012; Tracy & Randles, 2011).

Most textbooks in psychology still mention the concept of a small number of basic emotions according to Scarantino and Griffiths (2011), and researchers in other fields generally accept the concept as reliable in their own work. However, affective science literature has seen an increasing number of substantial challenges to the idea of

basic emotions over the past three decades. Ortony and Turner (1990) rejected the idea of basic emotions entirely and argued that to study a select group of emotions inhibited broader understanding of human emotion. Other critiques summarized by Scarantino and Griffiths (2011) noted a disregard for the social components of emotion, a lack of coherence in theory (though that is not surprising considering the previous discussion about defining emotion), and differences in research approaches that lead to more assumptions than empirically established evidence. Recent challenges question whether basic emotions are naturally occurring biological categories rather than constructs of the human mind and whether emotions are natural kinds (Scarantino, 2012).

In a review of recent descriptions and defenses of basic emotions by some of the most prominent experts in the field, Tracy and Randles (2011) highlighted areas of strong agreement among Ekman and Cordaro (2011), Izard (2011), Levenson (2011), and Panksepp and Watt (2011):

All agree that a basic emotion should be discrete, have a fixed set of neural and bodily expressed components, and a fixed feeling or motivational component that has been selected for through longstanding interactions with ecologically valid stimuli. (p. 398)

There was also consensus that basic emotions interact with higher cognitive brain functions, producing emotional experiences and behaviors of greater complexity than “pure” basic emotion . . . seen in young children, and adults during times of crisis” (p. 398). With the exception of Ekman and Cordaro, basic emotions were seen as arising more from genetic and encoded neural structures than the products of learning experiences, and a criterion unique to Panksepp and Watt was that distinct neural

networks for basic emotion be found in subcortical structures. Intriguingly, according to researchers, experiencing basic emotions in their “raw form” is thought to become more infrequent as a human ages and develops.

One of the historical criticisms of basic emotions theory and research is a derivative of the definitional debate on emotion, specifically that of terminology. The language with which researchers describe and name basic emotions differs in varying ways. Some of this has already been addressed in this paper, but Tracy and Randles (2011) encouraged a pragmatic perspective on basic emotions terminology, observing that even differing terms among experts and theorists often seem to be describing essentially the same thing. They especially made this point regarding the disagreement among various lists of basic emotions. Levenson (2011) held that “even when language is available” in efforts to determine distinct basic emotions, behavior and physiology should be afforded greater weight” (p. 380). In a rebuttal to the language and universality criticisms, Levenson valued linguistic differences in emotional terminology, stating it can provide “important clues about underlying emotional phenomena, but it cannot be considered definitive in adjudicating basic-emotion status” (p. 383). A particular culture’s absence of certain terms for emotional experiences, he argued, does not preclude the possibility that members possess neural circuitry for an emotion. Nor would a unique term within a certain culture guarantee a unique primitive circuitry within that culture. Levenson concluded that cultural values, beliefs, and terminology had more to do with concepts and labeling than actual behavioral or physiological states. He cited the historical reliance on recognition studies of emotion and noted a recent growth in production-focused studies, which he deemed more valuable for basic emotions research.

But he did acknowledge the dilemma of how much agreement is “enough” agreement within the field.

Despite the criticisms of and flaws in basic emotions research, Scarantino and Griffith’s (2011) theoretical analysis showed “that the notion of basic-ness—in either the conceptual, the biological, or the psychological sense—does not suffer from any fundamental shortcoming” (p. 453). Here is where Scarantino’s (2012) re-conceptualizing of the scientific definition of emotion was applied to basic emotions. As noted earlier, Scarantino argued that the biological model of distinguishing species by clusters of shared characteristics was ideal for application to basic emotions and the philosophy of natural kinds. He concluded:

A more powerful reply is now available to basic emotion theorists. They could simply point out that their definitions aim for prescriptive adequacy, not for descriptive adequacy. If so, it becomes irrelevant that there is no one-to-one correspondence between, say, anger and any single emotional component or any single cluster of correlating components. . . . A prescriptive definition does not aim to define anger in general, but a natural kind of anger. On this interpretation, basic emotion theory is perfectly compatible with the presence of a one-to-many correspondence between anger and distinctive sets of correlated properties and/or causal mechanisms. The sets of correlated properties and/or causal mechanisms characteristic of basic anger would be distinctive of some, but not all, instances of anger. (p. 367)

## The Body and Emotion

### Body and Brain Interaction

Most research in emotional awareness and regulation has focused on the interaction between the prefrontal neocortical regions of the brain and the limbic areas, examining how prefrontal cognitive processes offer appraisals that direct or soothe cortical emotional firings (Panksepp, 2009). But as neural imaging and other neurosciences progress in their abilities to map and track emotional experience in the brain, the concept of *bottom-up* emotional stimulation is garnering more attention. *Top-down* models of emotion are those just mentioned, namely cortical influence on subcortical processes—the higher brain's processing functions gaining mastery over the lower brain's functions. *Bottom-up* perspectives have traditionally been those that look at ways the subcortical regions exert influence over the functions of the cortical regions (e. g. Gross, 1998; Gross & John, 2003; Gullone, Hughes, King, & Tonge, 2010; Phillips, Drevets, Rauch, & Lane, 2003).

A study by Ochsner et al. (2009) noted the contention within the field of emotional research concerning from which of these two processes emotion arises and the tentative agreement among researchers that both processes are important. Seeking to examine whether top-down and bottom-up processes shared common or distinct neural systems in negative emotion generation, the researchers had each of 20 female participants undergo an fMRI while viewing images that were established as aversive in nature, eliciting a mostly bottom-up response, and images that were neutral in nature with the instruction to consider potential interpretations of the images that would generate negative affect. Only females were chosen to avoid gender differences in emotional

processing, but this limits the generalizability of the study to males. Results did indicate shared neural systems between the two processes and unique systems to each process, demonstrating that both processes could generate emotional response. Despite this insight, what remains problematic in this type of research is the limited view of bottom-up approaches as involving only lower brain regions rather than the entire system giving input to that lower brain, namely the body. One would presume that LeDoux's (2012) criticism of the use of fMRI in emotion research also applies here. This study invites the question as to what effects simultaneous top-down and bottom-up emotion generation has.

Bodily influence and potential bidirectional models complicate the traditional paradigms, recalling the definitional debates discussed earlier. As an example, Levenson (2011) described a typical basic emotion process as starting when stimuli are perceived through one or more of the senses, then criticalness of the situation is evaluated in the brain, and the brain activates physiology and/or action of the body. According to Levenson, autonomic nervous systems, directed by lower-brain regions "produce the optimal bodily milieu for supporting the behavioral adaptations associated with basic emotions" (p. 383). Lower-brain emotional functions seem to be able to engage and strongly influence physiology and behavior without higher-brain involvement. The higher-brain emotions are a

'secondary response' in humans in which the original elicitor, the activated response, the personal and social consequences of the activated response, and myriad other factors (social learning, cultural beliefs, values, past experiences, etc.) become involved. These factors can produce . . . more of the same basic

emotion, a different basic emotion, a more complex emotion . . . or some combination of emotions. (p. 384)

Levenson did caution that this was a probabilistic model, rather than a direct cause and effect process. Nevertheless, the “bodily milieu” that Levenson described clearly has some influence over the higher-brain via the processing of the lower-brain, and Mauss, Levenson, McCarter, Wilhelm, and Gross (2005) found that the level of subjective emotional experience parallels the level of physiological and behavioral activation.

Where then is the *bottom* in both bottom-up and top-down processing? The bottom of bottom-up approaches is getting deeper as “fundamental emotional powers of the mind [...]” are increasingly shown to be “closely affiliated with a variety of bodily states and nonspecific brain arousal systems” (Panksepp, 2009, p. 1). Thus, going into the body and not just the lower brain takes us to a deeper bottom in bottom-up processing. What Ochsner et al. (2009) were attempting to explore concerning the overlap and relationship of top-down and bottom-up processing is better understood through this deeper bottom perspective. This also allows for the possibility and likelihood that emotional experience is not simply a brain-based phenomenon.

In discussing his Polyvagal Theory regarding neurophysiological emotion, Porges (2009) explained that the history of emotion arousal theories and research has focused primarily on the activation of the sympathetic branch of the autonomic nervous system and that “peripheral physiological measures regulated” by that system were “sensitive indicators of brain ‘arousal’ or ‘activation’.” This research also focused primarily on fight-flight emotional behaviors, neglecting emotions associated with socially constructive behaviors or the *freeze* strategy of defense. Porges concluded that “arousal

theories,” which have greatly influenced the paradigm of affective neuroscience, “have neglected both the importance of the parasympathetic branch of the autonomic nervous system and the *bidirectional communication* between brain structures and visceral organs” (p. 33, emphasis added). Essentially, many neuroscientists have assumed that affect resides only in the brain, ignoring the necessity of bodily inputs to the brain systems associated with affect. The vagus nerve connects the brainstem to the visceral organs as well as face and cranial muscles, thus a bidirectional flow of communication along this nerve and an acknowledgment that parasympathetic and sympathetic systems may not be antagonistic to each other opens up the possibility that much could be done in generating, controlling, and altering emotional brain response by manipulating physiological states. As Porges concluded, “it would be naïve not to explore the connections and potential bidirectional influences between peripheral physiological states and the brain circuits related to affective processes” (p. 29) “. . . especially in their prosocial and healing roles” (p. 28).

The influence of the body on basic emotion brain systems is a key component of Panksepp’s (2009) research. As noted earlier, he pointed out that basic or primary-process emotions are consistently found at the center of neurobiological research examining bottom-up processes. Panksepp’s work warrants consideration here because his neurobiological research and theory of basic emotions (Panksepp, 1982) were influential in the early research and operational definitions that led to the development of Alba Emoting (Guy Santibáñez-H & Bloch, 1986), and could now prove beneficial in exploring and/or explaining the effects of AE and RMAE training. His work is widely acknowledged and accepted as foundational, pioneering, and insightful in the field of

affective neuroscience (Bingman, 2011). However, notable affective neuroscientists such as LeDoux (2012) have criticized some details of Panksepp's work, while also acknowledging that "Panksepp has the best developed brain-based basic emotions theory" (p. 376).

Responding to the definitional debates and drawing on a synthesis of research on mammalian brains, Panksepp (2009) concluded that it "is not a scientifically wise choice" on the part of psychologists to consider cortical cognitions and subcortical emotional arousals "as part and parcel of the same psychological process," because primary-process emotions begin as unconditioned responses, and cognitions "are thoroughly *conditioned* by life experiences and language processes located within higher neocortical brain regions" (p. 2). This distinction is important in teasing out how basic emotion might function in the brain, and why body-based activation of those systems could be effective in enhancing mental and emotional health.

Panksepp (2009) described "seven basic emotional systems that have been solidly and consistently supported by a cross-species affective neuroscience. They are SEEKING, FEAR, RAGE, LUST, CARE, PANIC, and PLAYfulness" (p. 8). Capitalization was intended to illustrate that specific systems, not specific centers or locations, are being referenced. According to Panksepp's research, the systems are all found in the subcortical regions of the brain and manifest even when severed from higher brain systems. LeDoux (2012) questioned some details of Panksepp's circuitry findings based on methodology. Many of Panksepp's studies used electric brain stimulation, which LeDoux said "indiscriminately activates both neurons and axons in an area and . . . cannot be used to precisely identify the areas responsible for the behaviors that result" (p.

376). Of greatest concern for LeDoux was Panksepp's assertion that basic emotions systems create specific emotional behaviors and specific conscious feelings. The assertion was based on indirect electric stimulation studies done with human brains which LeDoux described as "necessarily cruder" than animal studies because they "are only used as part of diagnosis/treatment in patients with pathological brains" (p. 376). Though not rejecting all of Panksepp's findings, LeDoux characterized some findings as problematic while acknowledging his philosophical disagreement as to whether animals' brains are fully comparable to humans. He also seemed wary of how Panksepp included feeling states in his research. LeDoux did not prefer the idea of basic emotions, though he admitted even his perspective could be interpreted as somewhat supporting aspects of the theory. He did "share with Panksepp the conviction that there are innate emotion circuits that are conserved in mammals, including humans" (p. 376). Panksepp's research indicates that at least some of those circuits could be among the seven he cites evidence for.

A more detailed description of the seven systems (Panksepp, 2009) is in order to illustrate how each system relates to emotions and feelings. The SEEKING system is associated with basic desire and exploration motivations and could be the system that the other six rely on to carry out their functions due to its generalized nature and foundational influence on action. The FEAR system is associated with fight/flight/freeze tendencies, anxiety, and trepidation. RAGE generates feelings of anger and is closely related to the FEAR system, with slight distinctions. Sexual urges and desires for pleasure are associated with the LUST system, which is slightly differentiated between genders and links to SEEKING to produce libidinal urges toward genders. The CARE system

involves nurturing feelings and instincts. The PANIC system is also called the GRIEF/DISTRESS system, and is not involved with the emotion of fear but rather the distress, grief, sadness, and pain of social separation or loss of attachment, warmth, and care from others. CARE systems are intriguingly parallel in some ways to those of PANIC. Finally, all mammals have an inherited, evolutionary-based PLAY system which is associated with playfulness, laughter, and joyful feelings. Panksepp emphasizes rough and tumble play with this system but also acknowledges art-making and creativity as connected to PLAY. He was quick to point out that, like the other six systems, PLAY does not need interaction with the neocortex to create the emotional urges associated with it. “However, it is becoming clear that play has the most remarkable effects on the cortex, programming it to become fully social, as long as the play energies are well used” (p. 16). Panksepp asserted that these seven systems and associated emotions constitute an “evolutionary epistemology that exists in our genetically dictated brain networks” and interact with higher brain systems to generate more complex, “socially constructed” emotions (p. 17). It is important to note that a good deal of basic emotion theory and research considers *disgust* to be a basic emotion, and Panksepp points out that the neurological basis of *disgust* makes it more appropriately considered a basic sensory experience in the body and not an emotion.

### **Body-Based Emotion Generation and/or Expression**

Panksepp (2009) observed that because “emotional bodily dynamics are more intimately intertwined with the basic affects of the brain” than are cognitive functions, the “research implies [...] that we can work more directly with emotional feelings through body dynamics than cognitive inputs” (p. 19). He conceptualized these approaches as

affective balance therapies (ABTs), and suggested that the most effective way to recruit the subcortical basic emotion systems would be in “psychotherapeutic environments” using “experiential-affective and body-oriented” interventions. Regarding research in these ABTs, he stated:

It has long been known in psychological science that emotional feelings can be induced by simulating emotional actions. . . . How such voluntary control over affective states can be harnessed in psychotherapeutic situations remains to be studied systematically. . . . A great deal of basic science, using appropriate methodologies. . . that combine cognitive-emotional interventions with existing body therapies (Ogden et al. 2006), needs to be done. . . These techniques need to be studied not only in the context of interventions aimed at healing human suffering but also in terms of self-actualization for those with no urgent problems who wish to improve their humanness and mental healthiness. (p. 21)

Despite the evidence of the potential of body-based emotion generation approaches, there appears to be little research exploring how the body might be specifically used and manipulated to directly engage these emotional, physiological feedback systems (Van den Stock, Righart, & de Gelder, 2007).

Certainly there is strong evidence in existing research that altering facial expressions can influence a person’s emotional experience, but research investigating the influence of postural aspects has been sparse. Duclos et al. (1989) conducted two related studies on the emotional effects of adopting specific facial expressions and postural positions. They recruited 80 undergraduate participants, 43 females and 37 males. With the purpose of both studies disguised to the participants, the first asked them to adopt four

facial expressions (fear, anger, disgust, sadness) gleaned from existing facial emotion research and then report how they felt while executing them. Results showed that each expression did seem to generate a specific emotional feeling differentiated from the other three. The second study followed the same procedures as the first but asked participants to adopt four unique postures (conceptualized and piloted from theories relating to postures and emotion). The participants were to attempt to maintain a neutral facial expression while executing the postures. Results again showed that posture did generate emotional experience, even in the absence of a corresponding facial expression. There was an indication by some of the participants that adopting the posture prompted a related facial expression. What was understandably unclear in the study was whether or not the postures were pure to corresponding basic emotions or instead conditioned or socialized emotions. Perhaps not surprisingly, the disgust facial and postural positions created more ambiguous results.

A more recent study looked at emotion, posture, and gesture. Dael, Mortillaro, and Scherer (2011) called upon 10 professional actors to portray 12 different emotions and codified the postures and movements exhibited to look for commonalities across actor portrayals. The intent was to test whether evidence emerged for any of three general emotion models: basic, dimensional, or componential. The study was unique in its inductive attempt to examine emotional posturing and movement. Results found that a widely diverse range of bodily emotional expressions existed, that the body conveyed a great deal more about emotional state than had been assumed (see also Aviezer, Trope, & Todorov, 2012), and that there was little evidence for prototypical postures and gestures that would correspond with the basic emotion theories which propose that each emotion

has associated postural/movement patterns. The use of only 10 actors as models for typical emotional expression weakens generalization, as does the reality that actors are usually trained to be more expressive yet stylized in their postures and movements and are potentially mimicking an emotion rather than subjectively experiencing it. This makes conclusions about physiological patterns of basic emotions in posture and gesture highly suspect. This is not to say that the emotionally generative aspects of the acting process cannot be utilized, as they are in this dissertation study.

Another study pairing posture and emotional expression was conducted by Aviezer, Trope, and Todorov (2012). They challenged the primacy of the face in emotional expression and emotion research, pointing out that facial expressions are usually used in deliberately designed ways and do not parallel real-life expressions. The study used photos of people experiencing emotions at a peak intensity, such as professional tennis players winning points or someone having their remodeled home revealed to them. The argument for using peak intensity was that it would best indicate pure emotional expressions such as joy, grief, pain, fear, etc. Three groups of 15 participants were shown images of faces or bodies or both together and told to diagnose the emotion. Viewers were also asked to mimic the faces and bodies in various combinations of negative and positive emotions and then be rated by other viewers. Findings showed that bodily expression had much more influence on ability to identify emotion than facial expression. These findings clearly support the criticism that emotion research relies too heavily on facial expression for its methods and findings (i.e. LeDoux, 2012). Beyond the solid conclusion that their method indicated the strong bodily component of emotion, the authors' conclusions are flawed. At once they want to reject

basic emotions theory and argue that emotional experiences at peak intensity are the best indicators of what they term as *positive* or *negative affect*. They dismiss any facial affect cues as illusory because viewers struggled to properly identify the emotion, but the authors fail to acknowledge the high probability that the peak experiences they are examining are actually complex emotions and not basic ones and therefore difficult to label as a specific emotion or even give a simple positive or negative designation. The complete reliance on visual diagnoses of emotion rather than experiential ones is also problematic. The efforts to use the findings to reject basic emotions theories or to support simplistic positive and/or negative emotion models are ineffective. The value of this study is its demonstration that the body manifests emotion as clearly as the face, if not more so.

These studies support the premise on which the research that contributed to the development of AE was based, that there are specific physiological processes that can be willfully used to induce genuine emotion. More will be covered later in this literature review regarding the history, research, and development of both AE and RMAE.

### **Central Role of Emotion in Psychotherapy**

The literature reviewed thus far, including that regarding understanding of emotional complexity and its key physiological qualities and characteristics, leads to an increased awareness as to why the central role emotion plays in the human experience is increasingly being explored and established (e.g., Goleman, 2006; Ochsner et al., 2009; Panksepp, 2009). Emotions are now seen as “the nexus of thought and action, of self and other, of person and environment, of biology and culture,” (Fosha et al., 2009, p. vii). This view is causing increasing investigations into the evolutionary functions of emotion

(Panksepp, 2009), the healthful experience and expression of emotion (e.g. Bar-On et al., 2007; Berkowitz, 2000), and the self-actualizing potential of emotional experience (Fosha, 2009; Ogden, 2009). There is strong historical and empirical evidence that emotional dysregulation and lack of emotional awareness can be a key contributor to the development of mental and physical disorders (Taylor, Bagby, & Parker, 1997). As shown previously, within the current growing body of research there is a focus on and neurological evidence of what are called *primary-process* (Panksepp, 2009) or *basic* (Bloch et al., 1987) emotions. Panksepp (2009) asserted that the particular power and influence of these basic emotions “are of utmost importance for both mental health and mental disorders” and constitute a genetic inheritance of “ancestral tools for living” (p. 1). Therefore, the fields of education and psychotherapy are becoming deeply invested in understanding how to develop and maintain healthful emotional life (Bar-On et al., 2007; Fosha et al., 2009; Goleman, 2006).

With emotion playing such a key role in mental health and mental disorders, it logically follows that psychotherapists and mental health counselors need to have a strong understanding of emotions and emotional processes, as well as significant skill in utilizing that understanding in their work. Yet, as Kalawski (2013) pointed out, for several years psychological theories and approaches have considered cognition and behavior to be far more important than emotion. In an extensive review of literature regarding emotion theory, research, and therapeutic approaches, Greenberg (2008) illustrated how emotion is moving to the center of psychotherapeutic work, and that “it has become clear that emotion needs to be focused on, accepted and worked with directly in therapy to promote emotional change” (p. 49). Greenberg’s voice has perhaps been the

most prominent in reshaping the psychotherapeutic view of emotion and the development of Emotion-Focused Therapy (2004). Greenberg's (2008) review of literature confirmed that all of the dominant psychotherapeutic schools and approaches now

recognise that awareness of emotion and acceptance of and attention to it in therapy are important to access the information in emotion. All agree that disynchronies or incongruence between cognition and emotion and physiology occur and need to be overcome. Another point of agreement is that emotion often needs to be aroused to access the core structures generating it and that the experience generated by these needs to be further processed in therapy to promote change. The final point of agreement is that in therapy it is important to promote emotional experience, as well as emotion regulation. (p. 51)

Greenberg (2008) noted that therapists must be skilled in several key principles of working with emotion in psychotherapy: emotion awareness, emotion arousal, emotion expression, emotion regulation, reflection on emotion, and emotion transformation. Therapists need to differentiate during sessions when to focus on which principle as well as what type of approach would most effectively achieve a healthy outcome. In a meta-analysis of literature on therapists' emotional empathy, Elliott, Bohart, Watson, and Greenberg (2011) concluded that results clearly supported a pressing need for a "reexamination and rehabilitation of therapist empathy as a key change process in psychotherapy." (p. 43). Earlier Machado, Beutler, and Greenberg (1999) found that "the ability to accurately perceive other people's emotions is especially important in psychotherapy" and that psychotherapists should "be able to recognize both the quality and intensity of a patient's emotional experience" (p. 40). These authors also noted

studies in which academic achievement in clinical education had a negative relationship with emotional sensitivity, and that “a number of authors believe that *lack of sensitivity to one’s own emotions* [emphasis added] is a more likely candidate for understanding the variations that exist among clinicians in both accuracy of identifying others’ emotions and clinical effectiveness” (p. 41).

In the first pilot study of its kind, Kaplowitz, Safran, and Muran (2011) sought to quantitatively measure whether therapist emotional intelligence (EI) influenced how much positive change a client experienced, whether there was a lower rate of early withdrawal from the therapy protocol, and whether the therapist-client working relationship was enhanced. In their review of literature, the authors found that psychotherapy research has neglected the influence of the qualities and characteristics of the therapist in determining outcomes, despite the fact that “contemporary models of therapeutic change propose that a number of therapist qualities and relational skills directly affect patient relatedness and treatment outcomes by providing a corrective emotional experience” (p. 75). Those studies that did look at characteristics typically considered demographic characteristics such as age, gender, and ethnicity. Few evaluated the influence of relational skills or other similar qualities. Yet, they also found that meta-analyses showed that therapist competence was much more connected to therapeutic outcomes than was the type of therapy. Hence, the authors hypothesized that therapist EI could positively influence therapeutic outcome. Specifically, the authors used Mayer and Salovey’s (1997) ability-based model of EI and the Mayer-Salovey-Caruso EI Test (MSCEIT) to assess EI in the participating therapists. This model of EI has four branches: the perception of emotions, integrating thought and emotions,

emotional understanding, and emotion management. Participants in the study were 23 therapists and 23 clients who were randomly paired and distributed into two groups, each participating in 30 sessions. One group of therapists received training in and utilized cognitive behavioral therapy for the sessions, and the other group received training in and applied brief relational therapy. The therapists took the MSCEIT to assess their emotional intelligence, with some doing so before the 30 sessions began and others doing it after (this was a noted weakness of the study). Clients filled out assessments meant to evaluate the three hypothesized areas of impact: positive change, lower drop-out, and working alliance. Several statistical tests were applied to the data and to account for variables among participants. The authors stated that the overall results indicated modest preliminary evidence for the hypothesis that therapist emotional skills positively influence treatment efficacy. In particular, higher overall therapist EI predicted greater improvements in therapist-rated patient interpersonal problems and target complaints. Additionally, higher therapist emotion-management abilities . . . were significantly associated with greater improvements in patient-rated symptomology, as well as lower patient drop-out rates, although overall therapist EI was not associated with either patient-rated outcome or patient drop-out. . . . Therapist EI did not, however, relate to working alliance in the beginning phase of treatment. (p. 80)

Limitations of the study included a small sample size producing the statistical results, the fact that each therapist only worked with one client, and some missing data due to participant failure to comply with all assessments. Though clearly only preliminary in its findings, this study at least begins to focus attention on how therapists' qualities related

to their own emotional aptitude as well as that of their clients could have a strong influence on therapeutic efficacy.

Despite the growing acknowledgement and investigation of the central role of emotion in psychotherapy, Kalawski (2013) observed that psychotherapeutic theories have been slow to incorporate new science and information on emotion into clinical practice. He stated that most therapists lack “a theoretical understanding of emotions and specific methods to work with them,” and as a result they “fall back on what they know, that is, working with behaviours and thoughts and hoping that emotions follow suit” (p. 180). If emotional understanding and skill enhance a therapist’s work, then clinical effectiveness and a therapist’s own emotional well being seem to require a thorough training in emotion.

### **Emotion Training for Therapists**

Taken together, the literature previously covered regarding emotion and its complexity demonstrates emotion to be a complex and multifaceted *lived experience* that directly influences our wellbeing and mental health. This leads to questions regarding what kind of emotion training could be useful for therapists. Can traditional courses, workshops, and seminars that cover information regarding emotion theory and research be enough to equip therapists with the personal awareness, development and competency needed as emotion becomes more central to therapists’ work?

With specific reference to the training and education of therapists and thus the development of their skills, Carl Rogers (1956) argued that qualities and abilities especially pertinent to the therapist “are qualities of experience, not intellectual information. If they are to be acquired, they must, in my opinion, be acquired through an

experiential training” (p. 6). The benefits of experiential learning for adult learners have long been advocated, described, and applied (e.g., Jackson, Barnett, Caffarella, Lee, & MacIsaac, 1992). Wolsk (2003) reviewed historical uses of experiential learning methods and made a strong case for experiential knowledge in facing contemporary challenges worldwide. Intriguingly, Wolsk introduced his review and argument by quoting Mao Tse-Tung as saying, “If you want to know the taste of the pear, you must change the pear by eating it yourself” (p. 89). From the perspective of finding effective and valuable emotion training for therapists, the concept of changing the “pear” by direct and personal experience with it becomes crucial in view of Greenberg’s (2004) observation that emotional awareness (and one could infer emotional knowledge and understanding) is not a matter of “thinking about feeling, it involves feeling the feeling in awareness” (p. 8).

If learning about emotion requires consistent lived experience with and exploration of one’s emotions and those of others, the question becomes how to construct effective emotion training for therapists when the presence of emotions cannot always be controlled or predicted. Mimicking or pretending emotional experience would not be enough. One would need a method for generating genuine, subjective emotional experience safely and at-will in real-time. Physiological systems in the body could be used for such an approach as Panksepp (2009) suggested, but he was not the first to explore such possibilities and connections. Reich (1972) put strong emphasis on the body and emotional expression in psychoanalytic theory and drew valuable conclusions about how emotion can be stifled or expressed by different physiological states and processes. Lowen’s (1994) decades of work have long been used a means of engaging

the body, breath, and specific physical exercises to free emotional expression in order to heal and connect with the mind. Finally, Keleman's (1985) presentation of the anatomy of emotion gives specific ways in which the body and emotional experience interact. The work of these three men, and others, has served to bring greater attention to the body, emotional expression, and how emotions are directly associated with the body. These ideas share a kinship to aspects of AE and RMAE as will be seen later. Panksepp's theories and conclusions strongly advocated for body-based creativity and play. The point is that this self-actualized "humanness" and "mental healthiness" of therapists in terms of emotion could positively influence their work, and the idea of working through the body for educational and/or psychotherapeutic reasons is by no means new. Röhricht (2009) offered a review of what he termed *body oriented psychotherapies* in Europe, and he included dance/movement therapy. This review makes clear that working through the body to promote healing, change, and development is, in fact, a growing field. Though Röhricht was focusing on therapeutic interventions that focus on body-oriented experience, the inference of educating the person through the body can be reasonably drawn. As the body becomes more important in psychotherapy (Gibbs, 2007; Leijssen, 2006; Leitan & Murray, 2014), it follows that psychotherapists will need more training through and in their own bodies, or at least would benefit in several ways through such training.

Literature regarding emotion generation methods that have been adapted to experientially train therapists in emotions and emotional experience using physiological processes is almost nonexistent, despite indications of the potential of such methods. The difficulty is to find a method that works through the body to directly access and express

genuine emotion and that is already suited in its approach toward emotional education. Additionally, conducting such a training would likely, at least initially, require therapists to be open and interested in experiential and body-based interventions and experiences. The present study proposes that Rocky Mountain Alba Emoting (RMAE) is a body-based method that could be applied in emotion training for therapists.

### **Creative Arts Therapies Training**

The fields of creative arts therapies are strongly oriented toward working with and within the body in psychotherapy (e.g. Emunah, 1994; Knill et al., 2005; Koch & Fischman, 2011; Tantia, 2014b). As noted in Chapter 1, the creative arts therapies are synonymous with the expressive therapies and have the distinguishing characteristic of using the arts and artisitc processes as the primary means of facilitating therapeutic change or healing (Brooke, 2006; Johnson, 1999; Knill et al., 2005). Most creative arts therapists are trained and practice within one major arts modality. Thus, there are music therapists, art therapists, drama therapists, dance/movement therapists, and poetry therapists. Expressive arts therapists are therapists who work intermodally among the various art forms (Brooke, 2006). As Johnson (1999) illustrated, the arts themselves grew out of the human experience and are, thus, experiential in their very nature. The arts are connected to emotional expression in the mind, body, voice, eyes, and so forth. The arts are relational in that they typcially involve both one who is expressing and one who is witnessing that expression, or they are the result of a collaborative or communal process in which two or more individuals create art together.

These are some of several reasons that training and education in the creative arts therapies has a strong and traditional experiential learning component as demonstrated by

Melnick (2013). In her review of literature regarding the use of experiential learning in the training of creative arts therapists, one sees that early forms of training were done in the field working in real-time with other professionals. Once institutions of higher learning began to offer training and degrees, the experiential component remained key to providing students with lived experiences applying the art forms and artistic processes to their development as clinicians. The use of experiential and arts-based methods in the classrooms of creative arts therapies programs remains prominent due to the very nature of the profession itself. Because of this strong familiarity with and reliance on experiential learning, creative arts therapists would seem suited and prepared to readily explore and respond to the experiences and influences of the type of emotion training being examined in this study.

### **Alba Emoting**

To understand why RMAE has potential as an effective method for experientially training therapists about emotions, there must first be a review of the development and approach of Alba Emoting™, the system with the physiological basic emotion patterns that RMAE builds upon. The following review and critique of AE research and development along with the history, philosophy, and approach of RMAE are deliberately included in this literature review because this review stands as the first full comparison between the two approaches and to give the reader as complete a perspective as possible of AE and RMAE in relation to the other literature reviewed in this chapter. It is also not the intent of this review of AE literature to validate or nullify the research upon which AE was founded, though there is critique of the weaknesses of the research by this researcher as well as other professional responses to Bloch's research. Rather, the intent

is to give the reader information necessary to understanding the sources from which the current method and philosophy of RMAE is derived. The research that led to Alba Emoting took an approach to human emotion that was based more in neuroscience, biology, and behavior rather than in psychology and philosophy. Susana Bloch is generally credited as the creator and founder of Alba Emoting, but there was a great deal of collaboration with various professionals and researchers along the way (Bloch, 2006; Conrad, 2003; Kalawski, 2013; Rix, 1993). Given the intent of this dissertation, the details and nature of these collaborations are less important than the development of the system itself.

In discussing the development of Alba Emoting, it is helpful to remember the literature earlier discussed regarding basic emotions, their characteristics, and their functions. It seems that Panksepp's (1982) ideas and research may have been particularly influential in the early phases of the development of Alba Emoting (Guy Santibáñez-H & Bloch, 1986).

### **Alba Emoting Development and Founding Research**

The initial explorations of what would become the AE system began in 1970 at the University of Chile when Bloch, a neurophysiologist working in both the departments of psychology and physiology, was invited by the theatre program at the school to come and teach psychology to student actors. This sparked a collaboration with another researcher, Guy Santibáñez-H, and resulted in the publication of some preliminary observations regarding the possibility of generating emotional experience via physiological patterns (S. Bloch & Santibáñez-H, 1973; G. Santibáñez-H, Bloch, &

Aneiro-Riba, 1973). Their work was interrupted when Pinochet came to power in Chile, and Bloch left for Europe (Susana Bloch, 2006).

Over the next decade, Bloch's work with physiological emotional patterns came in the form of experimental workshops and the training of actors at Denmark's Teater Klanen (Rix, 2001). Santibáñez-H and Bloch (1986) then drew on emerging basic emotion theory and their own previous research and workshops in conducting the first significant study on these emotional patterns. Santibáñez-H and Bloch chose six basic emotions to investigate their observation that there appeared to be concrete and distinct physiological patterns associated with each. The six basic emotions were designated as: fear, anger, erotic-love, tenderness, sadness, and joy. Santibáñez-H and Bloch operationalized *emotions* as

reactions integrated in the neuroendocrine system (Candland, 1971; Santibáñez-H, 1976; Panksepp, 1982), triggered by a specific stimulus (emotogenic stimulus), involving a particular area of the effector organs (visceral, humoral, and muscular effectors), and evoking a particular subjective activation (feelings). (p. 108)

Physiologically speaking, effector organs or cells are those that execute responses to nerve impulses (effector, n.d.). This use of the term connects to Porges' (2009) more contemporary polyvagal theory of emotion regarding the reciprocal communication between the brain and visceral organs and nervous system along the vagus nerve. The “emotogenic stimulus” refers to stimuli that can specifically trigger physiological responses which induce and/or generate subjective emotional experience. The study sought to evaluate whether the measurable components of effector patterns (whether in the muscular, circulatory, respiratory, or nervous systems) could be detected and

correlated with self-reported subjective experience. Three groups of participants – 10 adults with “anxiety neurosis,” 12 university drama students, and 12 university psychology students – were all instructed in relaxation techniques. The anxiety patients were worked with first. They were individually taken to a room and invited to recount particularly painful or “dramatic” experiences in their lives while their physiological state was being monitored and recorded by an EEG, ECG, EMG, and a device measuring respiratory movement. Their stories were also simultaneously recorded. The participants then listened to the playback of their own story while monitored by the measuring equipment. Participants were asked to designate and identify the timing of their most intense subjective feelings while telling or listening to their story. These subjective reports were then correlated with the biological measurements taken. The 12 drama students underwent a similar procedure and the results were analyzed for postural and respiratory patterns. The patterns were then taught to the drama students and the students were asked to report how they felt while executing the patterns. After the 12 psychology students had recorded personal accounts and had been taught to execute the derived patterns, they were connected to the same measurement instruments as the first two groups and directed to execute the patterns. Finally, the psychology students were asked to either maintain a relaxed state or execute a respiratory and/or postural pattern while listening to one of their own accounts that had a different emotional quality than the pattern they were executing. The participants’ physiological measures were recorded throughout and compared to their subjective reports of feelings and emotions. The intent of the stimuli was to ensure that physiological measures and subjective reports were

recorded during real emotional experience and not from reflection on emotional experience or mimicked emotions.

Results of this qualitatively oriented study showed that among the participants, the emotional stimulus did trigger distinct visceral and muscular activity patterns associated with the six basic emotions (including facial expression). The respiratory patterns appeared to be the most distinguishing aspect. What was also clear was that the feedback of these patterns created specific subjective feelings (Guy Santibáñez-H & Bloch, 1986).

Bloch, Orthous, and Santibáñez-H (1987) began to term the three voluntary components of the physiological emotion patterns as *effector patterns* and continued teaching them to actors, achieving reportedly successful but scientifically untested results. In addition to describing the way people were being trained to use these patterns, the researchers began developing a rationale for how this method would significantly aid and enhance an actor's work. They also created a physical procedure for "stepping out" of an emotional experience that involved quickly resetting the physiological aspects of emotional feedback systems to a relaxed or emotionally neutral state. Acting was always an activity of interest for Bloch, the primary researcher, and the pursuit of turning what she and her collaborators were then calling the B.O.S. Method into an approach to acting training (Bloch, personal communication, July 30, 2007) may explain why applications of AE continue to be carried out primarily by theatre artists and teachers (i.e. Beck, 2010; Chabora, 2000; Rix, 2001). The 1987 publication gathered physiological readings from participating actors executing the patterns and compared them with results from their early recordings from participants under hypnosis (S. Bloch & Santibáñez-H, 1973; Guy

Santibáñez-H & Bloch, 1986), but only to illustrative similarities. The combination of practical application and empirical research in exploring these effector patterns resulted in significant but debatable evidence that they corresponded with innate emotional processes. Descriptions of each effector pattern and the step-out procedure can also be seen as developing and becoming clarified through the course of the research. Rather than review each iteration, a more current description of the patterns will be given later in this section.

Reactions to Bloch et al. (1987) from theatre practitioners, psychologists, and emotion researchers was mixed, with the general call for more clarity about the effector patterns and scientifically descriptive and replicated results (e. g. Ekman, 1988; Lebovici, 1988; Muñoz Orellana, 1988). Two following studies (Aguilera-T et al., 1989; Bloch et al., 1991) dealt with untrained observers attempting to recognize one of the six basic emotions when shown muted video clips of trained subjects executing the patterns. The studies also quantitatively mapped the specific dynamics of the respiratory patterns and their effects. Indications were that three general phases in the breathing developed as a trained participant executed a pattern. First, the breathing was mechanical or “robot-like.” Next, the breathing patterns became less exact but maintained their basic form and characteristics as participants began to report subjective emotional experience; and finally, the patterns became altered and irregular as the emotional experience intensified. The second study used specific measurements of the characteristics of each breath pattern in order to more accurately describe them and contrast them with the other five. Modulation in the breath pattern, either voluntary or not, was shown to intensify or decrease subjective emotional experience, expression, and recognition.

Further studies and reports examined the scientific validity of the postural-facial components, the subjective experience, observer recognition, and the emotionally communicative ability of the effector patterns. Lemeignan, Aguilera-Torres, and Bloch (1992) filmed persons executing the effector patterns. Two expert judges well trained in AE then selected 33 of the filmed patterns as “good reproductions” of the given effector pattern. Naïve judges unfamiliar with AE were then shown the muted films and asked to identify which of the six basic emotions they felt was being shown and to rate their confidence level in their selection. In a subsequent test, 90 filmed effector patterns were chosen at random regardless of evaluated quality and shown to the same naïve judges with the same instruction as before. The expert judges went through the same process with the second set of films. Results showed significant correlations between expert and naïve judges in recognition and confidence ratings. The recognition accuracy and confidence of the naïve judges in the first test was significantly higher than the second. These results strengthened the case for the innate physiological basis of the postural and facial components of the patterns. Drawbacks to this study’s results were that the judges were given the list of six emotions in advance, which may have aided their accuracy in recognition, and the groups of naïve judges were fairly homogenous.

The body of research offered some promising evidence that Alba Emoting was indeed a system that used universal, physiological emotional-feedback-systems to produce actual and subjective experience of the six basic emotions, and that training in the system progressed in such a way that as participants practiced the patterns, the associated basic emotions became easier to induce and purer in expression (meaning

there was less mixing in of physiological elements not found in a given effector pattern) (Rix, 1998).

By the early 1990s, Bloch was referring to her method as *Alba Emoting*, and anecdotes describing how exactly the name was chosen differ among those who have trained in the method. It seems clear that Bloch liked the Spanish meaning of the word *alba*, which is dawn or daybreak, as it applied to patterns used to begin or invite emotional experiences (Beck, 2010). How the term *emoting* came to be used is less clear.

Also in the early 1990s, Bloch began to introduce AE to theatre professionals and educators in the United States (Rix, 2001). After being introduced to AE, Roxane Rix (1993), a university theatre professor, published an article describing her own experiment with the method. Rix succinctly described Bloch's training process:

In practice, she begins with warmup exercises similar to those in many acting classes—tensing and relaxing muscle groups, observing and manipulating breathing, etc.—then instructs the actors in what she terms a "step out": return to relaxed, neutral posture with slow, deep breaths, light facial massage, and shaking out if necessary. Coaching is accomplished both verbally and through touch. (pp. 139-140)

Rix was skeptical of the effectiveness of the method because Bloch used words and phrases while training that could trigger or indicate certain emotions and when combined with Bloch's "dynamic, charismatic personality," these factors made "it more difficult to determine whether . . . emotion was stirred by the process alone or produced by the actors through other means (conscious or subconscious). . ." (p. 140). Rix worked with seven graduate acting students, four males and three females, to test whether the effector

patterns would be effective if training was approached in a pedagogically different way from Bloch's process. Rix had worked with the participants and trained them in other acting areas previous to this experiment and prepared them for the training by telling them "they would be experimenting with breathing patterns intended to stir emotions, emphasizing that I didn't know whether or not the technique would work at all" (p. 140). Without telling the students what emotions were being induced, Rix took the students through all six patterns using only the breathing component; she then had them add the postural/muscular aspects to each pattern. She deliberately did not teach the facial expressions as she felt this would reveal to the students what emotion was being sought and that the dynamics of the body and breath were enough to generate natural expressiveness in the face. Throughout the process she attempted to keep her approach and words as neutral as possible and used physical touch sparingly. When the process was over, Rix revealed to the students what emotion each effector pattern was meant to induce and observed that

the students' only surprise was how consistently the patterns had seemed to work. They unanimously agreed that, though their experiences were often intense, they had felt very safe throughout, very much in control (the previously established trust among us and explicit permission to "drop out" if it felt dangerous undoubtedly influenced this). (p. 144)

These results are of course via verbal report at the time of the training. Rix did not indicate any sort of analysis process other than her discussion with the participants, but indicated her intent was to test the pattern components and not to teach them. However, she was satisfied that the patterns did indeed work independent of the trainer's

personality or the signaling of an expected emotion.

Shortly after conducting this initial experiment, Rix and other American theatre educators sought training in AE from Bloch in Chile, and then arranged a training in Chicago (Rix, 1998). From that time until the present, AE has slowly been introduced to professionals in several fields, but the majority of published literature discusses Alba Emoting as a technique applied to acting and actor training.

As noted earlier, descriptions of each effector pattern and step-out procedure can be seen in the literature as adjusting slightly over time (Beck, 2010; Susana Bloch, 2006; Susana Bloch et al., 1991; Susana Bloch et al., 1987; Chabora, 2000). Currently, the specificity of what constitutes a pure and precise Alba Emoting effector pattern resides largely in how approved (or unapproved) trainers choose to teach and coach the patterns, but there is generally fundamental agreement on the basic components because of the research and refinements discovered through practical applications. Some of this disparity is possibly due to the fact there is no certifying organization established to review, oversee, and officially certify trainers in their teaching of Alba Emoting. Master trainers today are those who have trained extensively with Bloch or someone highly recommended by her and who have received approval from Bloch to present themselves as capable of providing appropriate and accurate training.

For the purposes of this dissertation, a thorough description of the patterns as taught in Rocky Mountain Alba Emoting will be given later on. It should be noted that written descriptions of the effector patterns do not constitute all of the information needed to execute a pattern properly and trainers instruct that patterns should not be attempted without the presence of a trainer or permission from the trainer to do so until

sufficient mastery has been achieved. Brief descriptions of the six effector patterns including Neutral Breath and the Step-out procedure were most recently given by Bloch (2006) (titles of patterns are part of the quotation):

### **Joy-Laughter**

A brief and abrupt intake of breath through the nose, followed by exhalation through the open mouth, the air being expelled in small explosive exhalations . . . The outer sides of the lips are pulled naturally to the sides . . . thereby exposing the teeth. . . . The eyes get smaller . . . The body posture is neither forward . . . nor backwards . . . people typically oscillate around the vertical axes, slightly pulling back . . .

### **Sadness-crying**

The air enters in short saccades, . . . through the nose, followed by a long exhalation through the open mouth (as in a sigh). . . . The body is relaxed and yields to the pull of gravity. A kind of bodily lassitude accompanies these convulsive and spasmodic movements of the diaphragm during the entire breathing cycle. The body is felt as heavy, it curves, the head hangs down and the eyesight is directed downwards; the eyes are semi-closed and unfocused. There's a frown . . . and the eyebrows are slightly elevated at their inner extremes. . . .

### **Fear-Anxiety**

A massive increase in muscular tension. The breathing pattern shows periods of very brief inhalations, –an apnea-like breathing– (which is almost as if breathing has stopped), followed by passive incomplete exhalations and sometimes by an expiratory phase like a sigh. . . . A large increase in tension of most of the facial

muscles; the eyes are wide open . . . The shoulders are very tense, the neck is brought in as if avoiding something, and the arms and hands are lifted in a kind of self-protective gesture. . . .

### **Anger-Aggression**

Breathing . . . cycles of high frequency and great amplitude. . . . Inhalation and exhalation take place through the nose (nostrils dilating and contracting abruptly). Facial muscles are in tension. The jaw is contracted, the lips and teeth are clenched, . . . the upper and lower eyelid muscles contract. The gaze is totally focused on the point of attack . . . Muscular tone increases in all muscles of the body . . . Fists are contracted as if ready to hit. The entire body, especially the head, goes forward, the neck is contracted . . .

### **Erotic love –Sexuality**

Breath comes through the open and relaxed mouth, with a slight smile on the face. Facial muscles are relaxed, eyes are partly closed. In the receptive version of the erotic pattern, the head is thrown back and the neck exposed. . . . Muscular tone corresponds to a posture of approach in a relaxed attitude. Nevertheless, the abdominal muscles will augment their tonic activity, depending on the intensity of the sexual arousal and will present phasic, synchronized discharges. . . .

### **Tenderness-Parental love-Friendship**

A very calm rhythm of inhaling and exhaling through the nose, very regularly and with low frequency of breaths. The mouth is closed; the lips are relaxed forming a soft smile. The muscles of the face are all very relaxed and the head is slightly tilted to the side. The whole behavioral attitude is one of approach. Part of the

active pattern . . . is softly touching, caressing, and feeling with the hands.

### **Neutral Breath**

The air enters through the nose and is slowly exhaled through relaxed lips, with a tiny opening that will allow the air to come out as if the person were blowing out an imaginary candle. Inhalation and exhalation are approximately of the same duration . . . (pp. 132-140)

### THE “STEP-OUT” PROCEDURE . . .

Stand in an upright position with feet parallel, aligned with the hip bones, facial muscles relaxed and eyes open looking straight ahead at the level of the horizon. . . . you breath [in neutral breath] . . . synchronized with a continuous movement of the arms: while inhaling, the extended arms are lifted in front of the body, with hands interlocked loosely, tracing a sort of ‘generous arc’ over the head, bending the elbows as the hands reach behind the neck. . . . Then, after a brief pause [exhale] while the arms descend . . . until they return to the initial position. . . . This cycle is repeated at least three times . . . Then the face is gently touched, both hands giving small massage-like movements . . . The exercise is concluded by shaking the whole body and then changing posture. (p. 149)

### **Alba Emoting Training**

Training in AE has always been and continues to be closely associated with actor training (e.g. Beck, 2010; Chabora, 2000; Rix, 2001). In fact, Bloch’s significant desire to see Alba Emoting developed as an acting technique is evident in that the first published description of the AE training process was presented in an article discussing AE as a psychophysiological method for training actors (Bloch et al., 1987). As the

influence of RMAE training is the focus of this dissertation, and as RMAE is based on learning the effector patterns of AE, it is necessary to first cover what has been published regarding approaches to AE training. It is presumed but not able to be confirmed that those AE trainers who have Bloch's direct approval operate under a similar set of guidelines and principles in providing training, despite what are likely disparate approaches in philosophy, structure, emphasis, and intent.

**Bloch's Training Structure.** The 1987 description of training by Bloch, Orthous, and Santibáñez-H, remains the most detailed that has been offered and is outlined here. However, because the training was being presented as a method for teaching actors, it remains unclear how many components of the training were specifically designed for successful learning of the effector patterns or if any were also aimed at developing related acting abilities. Certainly, because of the expressive and perceived presentational aspects of inducing and experiencing emotion through physiological means, many approaches used in preparing actors are quite applicable to successful AE training. The specific training described in 1987 involved a group of 12 actors, eight male and 4 female, which met twice a week for three-hour blocks as well as occasional individual experiences in the laboratory where the research of the technique was being done. The total training period lasted two years, but time periods for each phase of the training were not indicated. Throughout the training experience, the authors state that the trainers attempted to be sensitive and responsive to actors needs in how the training was approached.

**General Techniques.** The first phase of training utilized three types of general techniques meant to develop physiological awareness and skill. First were techniques for

controlling muscle tension and stress. The actors were taken through various exercises in which they learned to tense and relax individual muscles or muscle groups, with the intent of being able to isolate these muscles and control their level of tension or relaxation. Respiratory training occurred as participants practiced breathing deeply, at different paces, with different volume levels, and with different timing and relationships to inhalation and exhalation. These various breathing patterns were then practiced while the actors assumed changing physical positions and postures.

The second type of general technique developed control of “motor activity during static and dynamic postures” (Susana Bloch et al., 1987, p. 7). While maintaining different postures or physical positions, actors executed different configurations of muscle relaxation and tension in the body. Exercises were used to explore and practice controlling specific parts of the face and facial expression, including eye movements and apertures, eventually executing different configurations of isolated facial muscles in various states of expression.

The third of the general techniques focused on learning to control inhibition. The actors were instructed to touch each other and themselves and to undress completely and dress again in each other’s presence repeatedly. They were asked to express deeply personal feelings, to curse, to insult each other, or do other embarrassing or unusual things. The actors were interrupted by others while performing tasks or speaking. The authors explained that these exercises were specifically meant to teach the actors “in a very technical way to overcome shyness, to prevent stage fright and to concentrate and avoid distraction,” noting that “this kind of training necessarily varies for different cultures, but is always needed for actors . . .” (p. 8). This phase of the training concluded

with exploratory sensation exercises using different parts of the body in different scenarios to gain kinesthetic information about and produce a physical reaction to various experiences. Actors were then coached to note “what happens in their bodies under such circumstances and learn to simulate them.”

All of three types of the general techniques were seen as “preparatory and complementary” to learning to execute the six effector patterns “and provided the necessary baseline conditions for this training method” (p. 8).

***Learning the Effector Patterns.*** The first experience with actually executing the patterns in the training is referred to by Bloch, Orthous, and Santibáñez-H (1987) as a “simulation” of the emotions. For each pattern consecutively, the actors were instructed on how to execute the particular breath pattern without being told which emotion the pattern associated with. The body/postural components were then added followed by the facial expression. The actor would maintain the pattern anywhere from a few seconds to over a minute until instructed to stop. This process was done up to three times in a row. Most patterns were not worked with for longer than two or three minutes. A Step-out procedure was then called for. Actors were then asked to describe anything they had felt or experienced while executing the pattern. As training progressed, each pattern was “initiated, stopped, and reinitiated in such rapid succession that practically no further subjective involvement would occur” (p. 9). This was a deliberate attempt to approach the learning of the patterns in a “very technical and methodical way” (p. 9). Some of the general techniques were interspersed during this training phase as well.

Initial instructions on executing the patterns intentionally sought to bring about the highest level of intensity or even an over-exaggeration of the emotional pattern. After

gaining mastery over the pattern in this form, training then began to focus on modulating the intensity of expression. Participants learned to modulate intensity by following instructions that decreased the breath pattern strength and/or lessened the tension or relaxation in the body, resulting in lower levels of intensity. This was practiced until actors could achieve peak, medium, or small levels of intensity for each pattern with instruction or at-will.

Once actors became consistent with this general form of intensity modulation, they began to be coached to modulate intensity using specific parts of the body or specific aspects of the breath. Actors engaged in simple activities whose execution was informed by the emotion and its intensity level. Patterns and levels of intensity were then used while speaking text or singing a song, allowing the emotions to influence expression. The authors emphasized the Step-out procedure throughout, and actors were asked to do it after each execution of an effector pattern. This was meant to develop the actors' skills in beginning and ending an emotional pattern "with equal promptness as soon as a signal is given (as when the curtain falls)." The authors also seemed concerned that executing the patterns would "trigger the subjective feeling of the emotion" in the beginning processes of training, and saw the Step-out as a means to "avoid this" (p. 10). Apparently, the subjective emotional experience, which the innate physiology of the patterns would bring about, was not a desired outcome in the beginning of the trainings. One can only presume the authors felt the subjective experience would somehow get in the way of learning the technical precision of the effector patterns. There may have also been a sense that it was not safe to allow the subjective experience until the actors had mastered promptly using the step-out following the execution of an effector pattern.

After actors could modulate physiological intensity and step in and out of an emotional effector pattern at will, the training began to focus on quickly switching from one pattern to another. Based on a signal being given, actors would switch from one pattern to a new one or to adding new components of a pattern. Games were devised for playing with and developing this skill. The authors state that one neutral breath was done between patterns. Finally, actors learned to “mix” emotions by willfully executing different aspects of various patterns in combination, using the basic emotions as “ingredients” to generate more complex or socialized emotions (Bloch et al., 1987).

**Other Training Structure Descriptions.** To understand how the AE training structure and approach persisted and/or developed after 1987, the training descriptions offered by Rix (2001) and Kalawski (2013) are helpful because both of them received training from Bloch, worked closely with her, and are approved trainers themselves. These two descriptions also offer perspectives of the training at different moments in time.

Rix (2001) was writing as a theatre educator and also approached the training as a means of developing acting skills. Rix offered insight into how she was trained by Bloch and how she trained her students. She describes the training as having three phases: robotic, induction, and integration. Her explanation of the robotic phase concurs with Bloch et al. (1987) in that initially participants were asked to execute the effector patterns at an extreme intensity physiologically and that students rarely experienced genuine emotion. Rix stated that she received the training in two two-hour sessions a day:

During a session, we would never work a pattern steadily for more than three or four minutes, and work on the patterns was interspersed with exercises to increase

subtle control of breath, tension, and muscle isolation. Step-outs were called frequently; as precise as any of the effector patterns, the step-out procedure was particularly emphasized at first, as it is the “safety net” for the body’s return to neutral after intentional biochemical flooding. (p. 211)

The induction phase is less described, but is distinguished by the emergence of genuine emotional experience as the practiced pattern is more accurately executed. She noted that while some individual differences manifest in the expression of the emotion, these are minute. The final phase of integration is described as a time when the participants are now much more capable with their bodies and comfortable with the patterns and the emotions. They are able to move past emotional blockages into genuine emotional experience with more freedom and ease.

Rix’s (2001) description of trainings that she led follows the same basic structure as Bloch’s, with the exception that exercises for controlling inhibition are not mentioned at all. Rix began with physical warm-ups and exercises leading into executing the patterns. Students were not told which emotion the pattern was associated with. Another distinction is that Rix was more direct and deliberate in attempting to make the training safe for all involved and discussed protocols for stepping-out immediately when needed or directed as well as protocols for participants to immediately begin breathing in Tenderness when one or more participants were experiencing emotional upheaval and needed individualized attention from the trainer. Rix’s phases of training and descriptions were cited by Beck (2010) in discussing Beck’s experiences training with Bloch in Chile.

Kalawski’s (2013) training description is offered from his perspective as a

psychotherapist but does directly cite Bloch et al. (1987) as the developed training. He noted that although training has mostly been provided to actors, additional persons including dancers, musicians, psychologists, business people, and laypeople have been trained in AE. According to Kalawski, “the basics of the training are the same for all these groups, whereas more advanced training varies according to the trainees’ needs” (p. 182). He described an introductory workshop format typically five days in length, focused on teaching the patterns, the neutral breath, and Step-out. After this introductory training, participants were permitted to personally use the patterns, but could teach only the Step-out to others. Like Bloch et al. (1987) and Rix (2001), Kalawski emphasized that initial training involves a great deal of “preparatory physical exercises,” for the same intent noted in the other descriptions. The patterns were learned in between these preparatory exercises without the participants being told what emotion they were working toward so they would not pursue a specific experience. Participants then discussed the experience. In contrast to Rix, Kalawski stated that “most of the time, participants report feeling the target emotion,” and pointed out that the more accurately a pattern is executed, the more likely the corresponding subjective emotion is felt” (p. 182). The last day of the training was used to practice all of the patterns and to work with modulating their intensity, changing from one pattern to the next, and the use of games similar to those cited by Bloch et al.

These descriptions by Rix (2001) and Kalawski (2013) seem to confirm the basic structure and approach to AE training originally outlined by Bloch et al. (1987), but also clearly show that alterations and adaptations of the training have been introduced, as Kalawski also spoke of his teaching patterns or components of patterns to individual

clients in psychotherapy, but whether or not this could or should be considered AE “training” is debatable. This understanding of typical training approaches will allow for a clearer understanding of the unique approach and intent of RMAE.

**Becoming an Alba Emoting Trainer.** The path to becoming an AE trainer is not specifically described anywhere. There is an informal certification system that designates trainers from Level 1 to Level 5. Five being a master trainer who is able to teach and apply AE in whatever context they wish, but this certification system has been applied irregularly by Bloch and other master trainers with varying perspectives on what abilities and permissions constitute each level of certification. Bloch has been the sole person to designate a trainer to Level 5, but this is simply a verbal designation and is done at her discretion and is not always based on specific requirements or abilities. Recently, master trainers in Chile and the United States have begun initial efforts to found official organizations which would enhance the uniformity of certification and training, but these efforts are in their infancy with no clear indication of how successful they will be. There are around 20 trainers at Level 5 in the world (<http://www.albaemoting.com>). This researcher is among them and was verbally designated by Bloch as a Level 5. It is perhaps more helpful here to describe the process one goes through to be considered a master trainer among peer trainers. Learning to become a trainer usually involves assisting a master trainer in several training sessions and gradually taking more of the lead in those settings. Next, a person conducts trainings with populations the person is accustomed to working with while receiving input and direction of some kind from a master trainer. Gradually the person becomes more independent in conducting trainings and Bloch, after personally meeting and working with the person at some point, gives

permission to train and teach as desired. The person is typically then considered a master trainer. This process usually requires at least a few years, depending on how often the person has opportunities to train others.

### **Applications and Effects of Training**

As already indicated, AE has predominantly been applied and used in theatre and acting training by theatre professionals and educators with the general intent to improve and enhance believability, range, and specificity of emotional expression in performance. Some theatre practitioners have also described it as a safer alternative to established acting systems for generating and expressing emotions, and as a means of lessening the personal effects of performing the emotional states of a character (Baker, 2008; Beck, 2010; Bloch et al., 1987; Chabora, 2000; Geer, 1993; Rix, 2001). A review of literature found references to applications of Alba Emoting in fields outside of theatre. As listed earlier, Kalawski (2013) mentioned several groups of people who have been trained, including business people. Beck (2010) cited a personal communication with Bloch in which Bloch asserted AE as popular in South America, finding application in various fields, including “education, family therapy, psychotherapy, management and communication” (p. 146). Literature describing these applications could not be found, except in the case of Kalawski’s significant advocacy for and case study regarding the application of AE in psychotherapy, which will be reviewed later. It seems that outside of the profession of theatre, relatively little has been developed and/or reported regarding how AE might be applied in therapeutic settings or in ways that develop emotional health and empowerment.

Even with the predominance of the theatrical application of AE, there is something to be gained here in reviewing samples of what has been anecdotally reported about the effects of receiving training, even when these effects were not necessarily the goal or intent of the training. These anecdotal reports of the personal influence of AE training are given by professionals who chose to devote effort to becoming certified trainers themselves, and therefore some bias must be acknowledged. But as there are no known published anecdotal reports of the negative experiences people may have had in training, these reports stand as the best way to demonstrate what personal influences AE training seems to potentially have. This then allows the reader to perceive how RMAE adapted from AE training in order to focus on these influences and how the training experience of RMAE was designed to further nurture and develop these effects in a way that AE training did not.

Rix (2001) described both experiencing as a student and observing as a trainer that in what she called the *robotic* phase of training, participants often felt ridiculous and/or irritated and frustrated in trying to execute the patterns. She also reported that during this same phase her acting students often experienced and expressed emotions other than the one associated with the pattern they were attempting. Rix felt this was “a strength of the technique, a non-psychanalytic ‘flushing-out’ of old tensions necessary for some to gain emotional freedom” and to clear entanglements with “the individual’s habituated mixed emotional response” (pp. 211-212). During Rix’s experience being trained, she witnessed in herself and others

a remarkable increase in relaxation, freedom of expression, and overall sense of well-being, both in and out of class: posture had become more naturally open and

aligned, vocal tensions faded, and, most startling to me, lines had dropped out of our faces. The elusive, and much sought-after, quality called “presence” had strengthened dramatically in all of us. (p. 212)

Rix also noted occasional “temporary physical eruptions” in her students such as tremors or fevers. Her overall conclusion was that in initial training, there is a “‘clearing the channels’: flushing out old tensions and returning the body, in a very real sense, to its pre-socialized ability to recognize and express emotion purely and directly” (pp. 214-215).

In receiving training as a theatre professional, Beck (2010) felt an increased awareness, a freeing-up of everyday emotions, and a clearing of emotional mixing habits from her life. She also felt there was a strong value in learning a specific vocabulary for the physiology of emotions among those who were trained. As an example, she explained her struggle with the Joy pattern during training and stated that when she was able to use the pattern to induce laughter, it felt completely different from her lived experience of laughter:

But when asked to try a specific combination of ‘joy’ and ‘sadness’, I immediately recognised my own laugh. In the three years since beginning my training in Alba Emoting, my natural laugh is shifting towards the pure ‘joy’ pattern. I also laugh and cry in everyday life more easily than previously. Perhaps engaging the physiological elements of the pattern correctly has counteracted muscle tensions or other habits that prevent me from fully expressing emotion in life. (p. 150)

Chabora (2000) simply described the effects of her training experience as liberating, and noted that as she gradually trusted the patterns more completely, induction of the emotional experience was inevitable. Baker (2008) and Deveraux (2008), early students of RMAE, repeatedly referenced the safety felt during the experience.

Of particular interest in this dissertation are the training effects described by Hyrum Conrad (2003), co-developer of Rocky Mountain Alba Emoting. These experiences were part of what began the formulation of ideas that would eventually inform RMAE. He stated:

Doing the emotional effector patterns, I felt mildly energized and very peaceful. There was also an element of joy and exhilaration in my body and consciousness. My usual stride had been altered without any conscious volition on my part. My weight resisted gravity in a decidedly different way. Somehow, doing – or attempting – the induction patterns for the emotions, and then stepping out to neutral, put me into a state of emotional balance that was more positive and expansive than negative, restricting, or anything else. A relaxed sense of well-being came – each emotion felt balanced with the others . . . During *Alba Emoting* trainings throughout the years, I have repeatedly reconnected with parts of myself which are intuitive and impulsive and passionate. There is a healthy, energy-promoting result from using these emotional induction techniques. . . . I sensed a healing and helping kind of reaction inside of myself . . . My core being was happier, more open, and more accepting than usual. . . . I felt balanced in my potential to allow and deal with any personal feeling or emotion which may have

developed inside of me. Somehow, I was able to re-experience my own sense of humanity in a very organic way because of that emotional training. (pp. i-ii)

All of these effects were not the explicit end goal of the AE training, but reports and potential of such are intriguing and informed the development of RMAE. This researcher and other trainers will admit the training experience of AE does not always produce positive experiences for some participants, though as noted reports of overall negative effects were not found in the review of the literature.

### **Therapeutic Applications**

Any specifically psychotherapeutic or self-actualizing benefits of AE training were at first only briefly mentioned by AE developers as “side-effects” of a training done mostly to supplement acting approaches (Guy Santibáñez-H & Bloch, 1986). However, as trainings continued and evolved along with the research and the philosophy of AE as dictated by Bloch, the potential for AE to enable emotional healing and enhance emotional intelligence and health began to be articulated (Bloch, 2006), but not empirically explored. While applications of this method in psychotherapy have been described (Kalawski, 1997, 1998, 2013), no investigation of the training experience’s effect on emotional health seems to have been undertaken. While this study does not examine or promote RMAE as a therapeutic intervention, it is worthwhile to note the relatedness between therapeutic applications of AE and the emotion education goals of RMAE.

An AE trainer and psychotherapist, Juan Pablo Kalawski (2013), has been a pioneer in advocating for and describing applications of AE in psychotherapy by teaching clients certain components of AE in order to address emotional needs and work toward

therapeutic goals. His application of AE to psychotherapy was mostly focused on the client, but he did make points about benefits to the therapist. Kalawski noted that while AE is not a psychotherapeutic method, training in AE often has therapeutic effects, and therefore could be applied in psychotherapy. Kalawski proposed AE as effective in psychotherapy based on his own applications with client's and Greenberg's (2004) three key principles for emotion-focused therapy: developing greater emotional awareness, better emotional regulation, and transforming emotions. Kalawski observed that when a client is familiar with the effector patterns, the client becomes more aware of emotions by recognizing natural occurrences of the patterns in life. He also stated that because the AE effector patterns generate emotions independent of external stimuli, it challenges and changes a client's perception, beliefs, and expectations about "when it makes sense to experience particular emotions" (p. 183). Executing effector patterns allows the client to experience emotions independent from presumed causes, helping the client distinguish from "direct experience and the explanation of that experience" (p. 183). Because clients often avoid feeling unpleasant emotions out of fear of being overwhelmed,

Alba Emoting can be a valuable resource in helping clients deal with these concerns. Alba Emoting is empowering, as it provides clients with a tool to step in and out of an emotion at will. . . . The emotional induction (the 'step in' part) via the respiratory-postural-facial patterns may help clients experience emotions as more familiar. Willingly entering into an emotion through breathing can help clients own their emotions and experience them as something that they do as opposed to something produced by external events." (p. 183)

Some clients, according to Kalawski, have entirely blocked their experience of certain emotions and cannot access them through common, traditional therapeutic techniques.

These clients could use the effector patterns to directly access and experience these avoided emotions. Kalawksi also presented the Step-out as a specific, powerful, and physical alternative to a client's typical habits of emotional inhibition or suppression.

Kalawski (2013) illustrated his application of AE to psychotherapy with a case study in which he described teaching effector patterns or components of them to a 36 year-old male client during a series of 10 sessions. The client, referred to as Robert, did not receive a full AE training. Kalawski taught Robert components of effector patterns during specific moments of the therapeutic process in which accessing, expressing, or exploring a certain aspect of Robert's emotional life seemed necessary. Robert's childhood was emotionally stifling. Despite regular participation in individual and group therapy, as an adult Robert continued to experience depression, anxiety, and difficulty with commitment and vulnerability in relationships. Kalawski used the embodied, experiential, and real-time emotional experiences that AE patterns produce to help Robert discern and distinguish among emotional experiences. Robert came to greater awareness of his emotional motivations in life and was enabled to better recognize personal emotions and their physical manifestations more accurately. Patterns or pattern components were also used to assist Robert to transform emotional experience into a freer expression, to clear the emotion, and/or to regulate it. For example, teaching the Fear pattern to Robert helped him recognize the chronic manifestations of anxiety and fear in his body and to calm them. Robert was taught to mix Anger into Fear in order to access the anger he was unable to express because of his anxiety. He was also able to

allow himself to more fully grieve the death of a colleague because of the general expansion of comfort and expression in his emotional life. Kalawski's approach was not centered on AE patterns, training, or philosophies, but drew upon AE patterns as a tool within an overall therapeutic process. This application of AE with clients in psychotherapy required a therapist who had extensive AE training, and in relation to the focus of this dissertation, Kalawski did present some observations about how learning AE impacted his therapeutic work and how therapists generally could be benefited in their practice by receiving training. These points will be discussed later.

### **Rocky Mountain Alba Emoting**

Rocky Mountain Alba Emoting [RMAE] is the name currently being used to denote a unique approach to the application of and training in the effector patterns of AE. The description of RMAE given here is the most comprehensive of its kind, and is therefore considered key information in the context of the review of literature for this present study. The RMAE approach has been developed and refined over the past 12 years. RMAE focuses on the training experience itself as an emotionally educational, healing, enlivening, connecting, and empowering process. While developing skills to use the effector patterns to generate and cease pure basic emotions at will are still a focus of RMAE, the training structure is primarily concerned with the personal impact of learning and executing the effector patterns, expressing and witnessing emotion, and studying and discussing emotional experience.

### **History and Development of RMAE**

Basic emotion research has noted that a person's sense of the subjective experience of an emotion is clearer for "those who have received extensive training in

attending to and monitoring their visceral activity” (Levenson, 2011, p. 384). RMAE can be utilized as this type of training. RMAE was developed and named by Hyrum Conrad, in collaboration with this researcher, and it differs significantly from other approaches to AE in its structure, method, philosophy, and clarity.

Conrad first received training in AE in the late 1990s, and mastered the effector patters rather rapidly. His first training experience was a negative one because of a results-driven and demanding approach to the training. Later he received training within a more process-oriented, kinesthetically focused approach and the experience was completely different, as can be seen in his description of its impact cited earlier. These experiences led Conrad to begin to explore and develop a means of training that not only clarified the execution of the patterns but also focused on the benefits that he himself had experienced or sensed the potential of. This researcher began to receive training from Conrad in 2003 because of a desire to find better ways to stay focused and present during theatre rehearsals. In Wadsworth (2008), this researcher described the personal impact he felt from Step-out and then of initial training experiences with Conrad’s approach:

I recognized that this process was actually changing my mental, physical, and emotional state. I was balanced, aware, ready, and relaxed all at the same time. I felt emotionally clean as opposed to empty or overwhelmed, not zoned out, but purely neutralized in my being, silenced throughout. . . . The journey was neither pleasant nor easy at first, but once the work began to sink in, I found more emotional awareness and capacity than I could have imagined. Not surprisingly, my acting also improved immensely. I found new emotional ranges to be easily attainable, and I could develop them fully. Alba training allowed such an

emotional agility in my acting . . . A key benefit to my personal life and to my acting was the emotional safety . . . From my earliest experiences, I sensed a great therapeutic potential in Alba Emoting. . . . Students with whom I was training were experiencing, expressing, and exhibiting impressive amounts of emotional healing, even though the training had no specific therapeutic intent. This potential for healing was of interest to me . . . (pp. 2-4)

Having experienced many of the same benefits described by Conrad, this researcher began to collaborate and offer feedback as a trainee and then as a trainer as to how the patterns might be more effectively taught and what specific aspects seemed to promote emotional awareness, wellness, healthier experience, and empowerment. Trainings took place in various contexts: individual weekly sessions, small groups in bi-weekly sessions, large group weekend intensive trainings, and presentational workshops at professional conferences. This researcher further explored ways to develop what was becoming RMAE through an unpublished thesis creative project which explored potential combinations of the approach with the practices and philosophies of drama therapy (Wadsworth, 2008). The project involved this researcher and Conrad training undergraduate and graduate theatre students while this researcher pursued studies in drama therapy and theatre. This researcher also traveled to Chile and studied directly with Bloch for two weeks to observe first hand her approach to training and that of those she was currently working with. In the final phase of the project, this researcher taught two semesters of a special topics course which provided RMAE training while inserting approaches into the training that were derived from drama therapy practices and principles. These experiences further crystalized and directed what was becoming

RMAE. After this project, Conrad and this researcher continued trainings both together and separately, and this researcher began to pursue the focus of this dissertation. Conrad and this researcher, as developers of this approach, are currently the only trainers able to provide an RMAE training experience.

### **Philosophy and Structure**

As mentioned previously, RMAE specifically focuses on and seeks to bring about some of the personal benefits that many have noted as a part of the process of being trained in AE, but which are not the intent of AE training. Beyond these benefits, RMAE seeks to bring about further benefits and develop the skills to apply them regularly outside of the training experience. RMAE is currently educational in nature and is not a therapeutic intervention or technique, though like Kalawski's (2013) applications of the AE patterns in psychotherapy, RMAE can bring about therapeutic effects on trainees. In RMAE, the entire training experience itself, not simply mastery of the patterns, is the essential focus. How each person receiving training experiences and responds to the exercises, discussions, techniques, and effector patterns is attended to and explored to a greater or lesser extent by both the trainer and the participants experientially and through discussion. Interpersonal, intrapersonal, and social implications of emotion, emotional expression, and emotional assumptions are discussed. The trainer never probes deeply in processing what a participant experiences and instead focuses on the physiological manifestations observed in the participant. When a participant does choose to share a realization about why she or he is responding to a particular aspect of the training in a certain way, the trainer does not pursue greater details but does offer generalized observations about why that particular difficulty may be manifesting itself and suggests

physiological means to more freely allow or clear up a particular experience. This is not to say that therapeutic topics do not arise, but they are not explored or processed in the same way they would be in a psychotherapeutic context, though the potential for this application invites further development and investigation.

Training in RMAE takes place through initial or beginning, intermediate, and advanced levels. Each level's focus will be described shortly. Taken as a whole, the entire process of RMAE training is focused on several key goals. All levels of training can pursue these goals in various ways. It should be noted that among practitioners of AE, there is no list of explicitly stated goals for the training. Thus, RMAE's goals differentiate the approach from AE. RMAE goals are listed here in no particular order of priority:

- Develop greater mindfulness and somatic and/or kinesthetic awareness.
- Experientially delineate between personal emotional habits of expression and physiologically pure (from an RMAE perspective) basic emotion experience.
- Build mastery in the effector patterns and/or mixes of patterns to enhance healthy adaptability and responsiveness to personal emotional experience and expression.
- Restore and/or enliven a fuller experience and enjoyment of emotional life.
- Develop an appreciation of the value and purpose of each of the basic emotions and remove perceptions of positive or negative designations.
- Deepen perception and empathy regarding the emotions of others.
- Encourage participants to read and discuss literature on emotion and emotional expression.

- Increase participants' emotional vocabularies and intellectual understanding of emotions.

**Training Structure.** Each level of RMAE training requires approximately 25 to 30 hours when training groups and slightly less time when training individuals. These hours can be accumulated through short weekly or bi-weekly sessions over several weeks, through longer training sessions over a few weeks, or in more intensive sessions which take place over the course of a few days. It has been observed that there are both comparative benefits and drawbacks regarding different aspects of all of these training formats. Time spent training does not determine how quickly a participant advances to the next level. Progress is measured by demonstrated ability, awareness, and mastery of key goals within each level of training.

***Initial (Beginning) Training.*** As an initial training is what this dissertation examined, it will be presented with the most detail among the three levels of training in RMAE. The technical goal of initial training is to enable a participant to use each of the six effector patterns to successfully induce and experience the pure basic emotion each pattern is meant to generate, even if for a brief moment. The process of working toward that goal is the means through which the general goals of RMAE begin to be pursued. There are no expectations of certain emotional experiences or reactions; any experience is seen as valid and informative. A great deal of time in the initial training is spent in developing kinesthetic awareness and increased openness and relaxation in the body. A strong sense of safety in the space and among those training is developed and emphasized through experiential processes and the progression of the training. Unlike the typical beginning phases of AE training approaches outlined previously, initial training in

RMAE seeks to generate subjective emotional experiences every time a participant executes an effector pattern or a pattern component, even if those emotions are unrelated to the particular pattern. Participants are given opportunities to discuss and explore in an embodied way how they might more fully allow any emotional experience each time they reattempt a pattern, with the goal of gradually moving closer to a pure induction of the associated emotion. The specific elements in the structure of RMAE initial training will now be explained.

*Introduction to RMAE.* All initial RMAE trainings begin with an introduction and orientation for participants. A brief history of AE and its founding research is given as well as RMAE and its foci and intents. Trainers introduce themselves and their qualifications to conduct the training. Not all participants are accustomed to experiential, embodied work of this kind, so an overview of what kind of general physical exercises and activities will be involved is given. Participants are told they do not have to engage in anything they do not wish to and may cease participating at any time for any reason for as long as they wish. However, they are also informed that aspects of the training can be physically or emotional discomforting or unsettling and that, at times, a trainer may encourage them to remain engaged in an exercise in order to achieve its intended effect or discover why it is having a particular effect. Participants are assured that they do not need to explain or share personal or psychological experiences in anything but general terms, unless they choose. Finally, participants are told that they must cease an activity, exercise, or pattern immediately and without question if the trainer instructs them to do so. Any questions that participants have are answered as adequately as possible. If a

group is being trained, a brief experiential game or activity may be played which facilitates individuals getting to know each other better before the exercises begin.

*Warm-ups and Discovering Neutrality.* The first few hours of the training involve a series of stretches, mild physical exercises, contraction and relaxation techniques, and somatic balancing and alignment work intended to warm-up the body, release tension, and develop mental focus on and awareness of kinesthetic experience. As participants progress through these exercises they are asked to verbally describe what they are physiologically experiencing and to attend to specific aspects of their kinesthetic experience in specific parts of their body or in their body as a whole. They are then coached and guided to use this awareness to bring the body to a completely neutral, balanced place by making physical adjustments and using kinesthetic imaging. In RMAE, a neutral body is balanced and equalized and aligned from top to bottom, side-to-side, and front to back in weight, size, and temperature.

Once a neutral body can be maintained, participants are taught the neutral breath pattern. Several exercises are employed to help the body allow and execute what is called a full-body breath, meaning inhalation first expands the lower back, then lower abdomen, then lower ribcage, and finally the rest of the torso. During exhalation the air exits in reverse order. Awareness of breath and breath control are gradually built while practicing a full-body neutral breath and maintaining a neutral body. This state of being is memorized kinesthetically and participants practice leaving it and returning to it. Once achieved, participants are asked to explore how their perceptions and sensations are different than normal while in this state.

*Neutral Breath.* The following are the general components of RMAE neutral breath:

Neutral breath begins by taking air fully and slowly in through the nose. Once the body is full of air, there is a pause or suspension for a moment when no air is moving. After the pause, air goes out through the mouth through gently parted lips, channeled away in a focused stream. When all air is out of the body, there is another pause or suspension where no air movement occurs. After the pause, the in-breath through nose begins the cycle again.

*Step-out.* After participants are beginning to sense and learn from neutrality, they are taught the full Step-out procedure. In RMAE, the Step-out is done as follows:

Stand in neutral body with eyes fully open and alert and gazing directly out along the height level of the eyes from the ground to an imagined point on the horizon. Soften the eyes but keep the focus clear. Let the beginning of a gentle lift happen in the front of the thighs. The core of the body is lifted through the crown of the head and the rest of the body is completely released and relaxed. The feet are placed just outside the width of the hip joints and just inside the width of the shoulders, with the outside of the feet parallel. The fingers of both hands are laced together around the second knuckles in front of the body. All air is breathed out and a neutral breath begins. During inhalation, the arms—with fingers still laced—move up and arc over the head, arriving behind the head at the end of inhalation. During the neutral breath pause, the outside of the palms press together. The arms arc up and back down to their original position during the exhalation, and remain there during the pause. This is done at least three times.

Once these cycles are complete, the person bends over slightly and begins to massage the face with the hands, and the person then starts to jiggle, jump, and shake the whole body more and more until they turn the entire body and face a different direction in the room. The body completely relaxes, and the person stands in silence gazing for a few moments. If there is still a great deal of emotion being experienced, the Step-out is repeated.

The Step-out is taught in increments building up to the combination of all the components. Much care is given to helping participants recognize and maintain the sensation of synchronized breathing and movement as well as several other nuanced elements of the Step-out. Despite the specificity of the Step-out procedure, participants are not expected nor can they produce it accurately and precisely in early training, but they are gently coached toward as much accuracy as possible. The focus is to help participants stay focused on the experience they are having without getting distracted by the technicality. Once all participants have completed an acceptable Step-out, there is a discussion about what it has changed or brought about for them mentally, physically, and emotionally. Questions about the procedure and the experience are also answered. Participants are told to use the Step-out to end any experience they wish to cease or whenever they are instructed to do so by a trainer, and they are assured they do not need to memorize its components, as a trainer will help guide them until it becomes familiar.

*Kinesthetic Awareness and Control Exercises.* In preparation for learning the patterns and intermingled with learning the patterns, participants are lead through several activities, tasks, and exercises that enhance kinesthetic awareness and control in specific physiological ways. These exercises serve two purposes. They prepare a participant to

be more fully capable of executing elements of effector patterns in a way that will generate emotion, and they are a means of helping participants make discoveries of how different physiological processes in their bodies effect their daily emotional states and how mindfulness and voluntary alteration of these processes can be used proactively when needed. Participants are taken through experiences and exercises that explore the effects of different positions of the eyeballs and eyelids and the relaxation or tension around the eye. Varied sensations and degrees of weight or weightlessness in the body are experienced. Participants are taught to sense and control a feeling of interior pressure in parts of the body and exterior tension. Various levels of relaxation and tension are explored as are postural attitudes and leading various movements with different parts of the body. The kinesthetic sense of size is also played with, and several other tasks and exercises may be used. All of these activities are discussed and realizations noted with the participants after completion. Participants are then more capable of achieving the necessary kinesthetic sensations during pattern work.

*Learning the Effector Patterns.* Before describing how the effector patterns are taught, each will be described from an RMAE perspective. These descriptions do not include additional nuanced aspects of the patterns, but will give a clear understanding of the basic physical elements of the patterns.

- **Tenderness:** The Tenderness pattern is done by relaxing the entire body with a balanced sense of weight, not weighed down but not light and floating. Body weight orientation is just slightly forward. Eyes are fully open and alert but soft, forward gaze. The head is tilted to one side slightly with a tension-free, closed-mouth smile on the face. There can

also be a forward reaching gesture with one or both of the arms and hands.

The breath enters through the nose at a relatively slow pace and goes deep into the body. Once the body is full of air the breath immediately changes directions and goes back out through the nose taking a few moments longer for the exhalation than the inhalation. Once the air is completely out, the cycle immediately repeats itself.

- **Fear:** Fear is done by generating a strong feeling of internal pressure pushing out from the center of all parts of the body with extra emphasis in the eyes. Eyes are as wide open as possible, with the eyebrows pushed directly up toward the top of the head. Eyeballs dart side to side. The mouth is open with a dropped jaw. The head pulls back behind the shoulders. The weight of the body is entirely leaning back. The arms are bent with the hands open and expanded in front of the torso with palms facing out from the front of the body. The stomach pulls in and back toward the spine. The breath comes in and out of the mouth in irregular gasps and only enters the upper chest.
- **Joy:** Executing the Joy pattern requires a large smile that engages the cheeks and eyes. Eyes are open and alert. The head falls back and slightly to one side. The entire body is released and loose with a sense of slightly falling or collapsing back. Body weight feels very light. Breath comes quickly in through the nose and deep into the abdomen and then exits in short out-stop saccades with a “he he” sound, causing the diaphragm to flutter and/or bounce. This fluttering and bouncing

continues several moments after all air has exited the body. After these moments of breathless fluttering, the breath cycle begins again coming in through the nose.

- **Sadness:** Body weight feels several times heavier than normal in the Sadness pattern. Gravity feels as if it is both pulling down on the body as well as pressing down from above. The body is completely released and collapsed with no tension at all. If the eyes are open, the eyeballs gaze downward and slightly to the side. The corners or the mouth are pulled down slightly and the eyebrows are pressed in toward each other. Air comes in through the nose in in-stop saccades and goes deep into the abdomen. Once the torso is full of air, the air exits through the mouth with a vocalized sigh. The attempt to breath out continues for a few moments after the air has all exited, and then the cycle begins again.
- **Anger:** In the Anger pattern, all the weight of the body is inclined forward, with one foot slightly more forward than the other. The arms are bent with hands in tight fists. The buttocks are contracted. The upper chest is expanded and open. There is a feeling of internal pressure pushing out and exterior tension in the muscles. The jaw is released but the lips are pressed against each other forming a hard line. The eyes are fully open with tension in the lower eyelids, and the nostrils flared. Air enters through the nose quickly into the abdomen and exits immediately back out through the nose with extra effort toward the end of the exhalation. With no pause, the in-breath enters again.

- **Pleasure:** RMAE usually refers to the AE pattern of Erotic or Erotic-Love as the Pleasure pattern. This is primarily because the pattern brings about a more generalized feeling of pleasure or enjoyment at its lower to mid level intensities, and RMAE focuses on the function of pleasure in emotional life beyond only the sexual. Also, some participants struggle with the connotations of the term *erotic* in training and it can create unnecessary anxiety. Due to RMAE's goals and focus, the Pleasure pattern is taught so as to never more than slightly approach intensity levels where sexual pleasure begins to be felt. Participants are assured of this during the training. The Pleasure pattern is done with complete relaxation in the entire body and the pelvis oriented forward. The body feels weightless and floating. The head arcs back opening up the front of the throat and the sternum more completely. The eyes are half-open and hazy in their focus. There is a large open-mouthed smile which exposes the upper teeth to the air, and finger tips on one or both hands continuously touch and glide over a proximate texture or surface. Breath enters relatively slowly through the mouth and into the abdomen and then spills back out through the mouth. The sound of the breath is audible.

During an initial RMAE training, the goal in executing patterns is always to generate an emotional experience as fully and completely as possible. The patterns are taught in between the kinesthetic awareness exercises, emotional assignments, and discussion. After participants learn Step-out, Tenderness is always taught first. The Tenderness pattern is a calm and safe way to enter into the experience of learning the

patterns and experiencing emotions in the training. It is also used to enhance the connection among the group when group trainings are being done. In an RMAE training, Tenderness is revisited more than any of the other five patterns. Like the structure of AE training, each pattern is taught without naming which emotion corresponds to it. This allows the participant to freely experience whatever emotions come without a feeling of doing something wrong or inaccurately. The participants' bodies are prepared for each pattern by specific exercises meant to maximize the potential of inducing the emotion of the pattern. Typically the breath pattern is taught first, but this is not always the case. Components of the patterns are executed and experienced and then ceased. They are then gradually combined into most, if not all, of the effector pattern. Trainers offer gentle but clear coaching and instructions to try and clarify pattern execution. Participants return to neutral breath frequently while learning patterns. Once the full pattern is learned and executed for a minute or two, a discussion is held with participants regarding what their experience was and what emotions they may have felt. This is also a chance to ask questions about the technical components of the patterns. Usually, the pattern is then executed again and usually in a different position, whether standing, kneeling and/or sitting, or lying on the floor. During an entire initial training, each pattern is explored at least two separate times, and always with an emphasis on the value of any experience had and on maintaining a strong sense of safety and containment. Participants also have opportunities to observe one another doing different effector pattern components and sensing when it appears to connect to a subjective experience. Partnering exercises are done. The trainer almost never personally demonstrates the patterns for participants, and mirrors and/or video are used with great caution. This is because RMAE focuses on

teaching participants to recognize the kinesthetic sensation of when a pattern is being done accurately and effectively within themselves and their anatomy.

When learning the patterns in an initial training, participants are never expected to memorize or remember patterns when they are revisited as this creates anxiety and a distraction from the focus on the emotional experience. Like several AE trainers, RMAE trainers instruct participants not to attempt to use or demonstrate the patterns without the presence and/or permission of a master trainer as this can lead to an emotionally unsafe experience and to a mixing of emotional habits into the experience of patterns. After an initial RMAE training, participants are typically permitted to use neutral breath, Step-out, and Tenderness whenever they wish, but they are not permitted to teach these to others.

*Discussions and Assignments.* Interwoven throughout an initial training and all levels of RMAE trainings are discussions regarding emotions and the experiences and thoughts generated by the training. Assignments are also given to participants to carry out. The assignments can range from readings regarding emotion to writing or journaling to observation tasks. For example, participants may be asked to journal about how their body physically responded to a particular effector pattern or what kind of awareness they are sensing in themselves as the training progresses. Participants may be asked to go to a public place and quietly observe emotional interactions and note anything that stands out to them, including effector pattern components in the bodies of the people they are observing. At times, participants are asked to go spend time alone reflecting on what they are physiologically, mentally, socially, and emotionally experiencing. In trainings where the training times are spread out in regular intervals over time, such as within a university special topics course, reading assignments are sometimes given regarding AE

research and other literature on emotion. Because of the nature of the two intensive trainings done for this dissertation study, no reading assignments were given.

The chance to discuss the training experience, the assignments, and connections outside of training are a crucial part of RMAE training. Effort is made to teach and explore as much as possible through experiential techniques in the training and to use discussion to augment and enhance the experiential, embodied components. If too much discussion is occurring, the training becomes too intellectual and not based in actual emotional experience and witnessing of that experience. Discussions are meant to solidify realization, and for groups to learn from others' reactions and observations. In individual trainings, the trainer and the participant engage in these dialogues. A trainer will hold a discussion any time during the training that seems to need verbal exploration, but the most typical use of discussions are at the end of learning an entire pattern, at the end of an exercise or assignment, and/or at the end of a training session.

*Closing Experience.* All RMAE trainings end with some type of summation experience that is meant to capstone and close the training. In an initial training, the closing experience is usually an opportunity for the participants to do each of the six effector patterns in succession, followed by a Step-out. This back-to-back experience of the effector patterns within a short time is something that participants usually do not experience until the end of an initial training, especially without a Step-out experience between each pattern. Under the direction of the trainer, participants are coached through all six patterns, varying between a standing, sitting, or lying down position for each pattern. Each pattern is maintained for a few minutes and participants usually breath three neutral breath cycles between each pattern. After the sixth pattern has been done,

participants do a full Step-out and are given time to reflect on what the experience was like and then to discuss it. Final thoughts and questions about the overall training are discussed and the initial training is complete. No participants are excused from a training or training session unless they are in an emotionally balanced state.

***Intermediate and Advanced Training.*** Intermediate and advanced training in RMAE follows the same principles as the initial training. However, intermediate training becomes much more focused on eliminating emotional blocks and resistances and generating the pure basic emotions at will. There is also a greater focus on being able to induce comfortably in front of others. Participants continue to learn and explore their own emotions and emotions generally. Once participants can generate the six basic emotions purely and at will, the latter part of intermediate training develops abilities to modulate the intensity of each emotion on a scale of one to five, five being the most intense experience. Again, these skills and awareness are applied to emotional empowerment, enlivenment, and expression. Participants are usually given permission to use the patterns outside of training at the completion of an intermediate training.

Advanced training teaches the most sophisticated skills with the patterns. Participants begin to practice mixing components of different patterns in order to produce more complex emotions. These emotions tend to be more familiar to those experienced in every day life and offer a final exploration of emotional life. Participants also begin to learn to mix emotions in various ratios and intensities. For example, a participant may be asked to mix Anger at an intensity of one with Tenderness and Fear both at an intensity of three. This precision gives participants a chance to explore an unlimited number of

emotional experiences and to reflect on what they realize about themselves and emotions in general.

### **Applications of RMAE**

As RMAE has been in development over the past 12 years, it has yet to be fully applied in several contexts where it could be of use. Primarily it has been taught within university special topics courses and private trainings. A majority of those who have sought training have come from performing arts backgrounds, but several participants from other backgrounds and fields have also received training. Training structures have been semester long courses, one week intensives, weekend intensives, and private individual sessions. Group trainings have ranged from around 20 or 30 participants to two participants. RMAE has also been presented and portions of training provided at theatre and drama therapy professional conferences. The training for the current study was the first full training to be offered to creative arts therapists.

### **A Pilot Study of RMAE**

In order to systematically explore what experiences and effects RMAE training had on participants beyond anecdotal evidence, a qualitative pilot study was conducted using nine student participants from a special topics course providing RMAE training in the theatre department of a private university (Wadsworth, 2013). The study was not intended as a pretest for the present study but rather as an exploration of what ways RMAE could be explored and researched in connection with the creative arts therapies. The fundamental premise of the pilot study was based on research indicating that there were basic or primary-process emotions which could be generated, experienced, and expressed via bottom-up or body-based approaches (Bloch et al., 1994; Panksepp, 2009);

that these processes could have impact on both subcortical and cortical functions in the brain (Levenson, 2011; Panksepp & Watt, 2011); that these emotionally generative experiences had potential to be emotionally empowering, educating, healing, and/or self-actualizing (Bar-On et al., 2007; Goleman, 2006; Kalawski, 2011; Porges, 2009); and finally that RMAE was a technique with a training philosophy that incorporated the components needed to potentially reach the possible effects indicated by the research. The intent was generation of theories that could be refined or tested through further research.

The study qualitatively investigated what adult, non-clinical participants experienced through RMAE training and how this affected them and their emotional life. It was the first empirical study examining participants' experiences resulting from an AE or RMAE training. Hyrum Conrad taught the course. Participants were all undergraduate students with 6 females and 3 males participating. None of the participants had any previous training in AE or RMAE. Participation in the study was kept confidential from other participants, students, and from Conrad. The class met twice a week for one and half hours each class. All faculty, staff, and students of the university were permitted to enroll and the class was publicized as a chance to receive RMAE training and explore emotions. The first 10 weeks of the semester were used for data collection, as the hours would equal a typical initial training in RMAE. Participants were provided with a list of guiding questions regarding the experience of receiving training in RMAE and created weekly journal entries in response to the questions. These journal entries were collected as qualitative data. Grades for the course were in no way related to participation in the study.

The journal entries were qualitatively analyzed and thematically coded, and member-checking was done by allowing participants opportunities to respond to the data analysis. In order to reduce bias, this researcher was never present during the training and communicated with participants primarily via email and occasionally by phone. Results of the analysis were presented in the categories of each of the six effector patterns as well as Step-out and other components of RMAE training.

A summary of the pilot study results (Wadsworth, 2013) showed that these participants reported experiencing increased accuracy in emotional perception within themselves and others; socio-emotional bonding; expansion of emotional experience, awareness, empathy, and articulation; understanding of previous difficult emotional experiences; and greater comfort level or tolerance for intense emotional experience. Many reported feeling more balanced in mind and body, and stated that RMAE had provided them with experiences and perspectives on emotion that were unlike any they had previously. Several participants reported going through difficult emotional experiences while still feeling positive about the outcomes.

Taken as a whole, the results of the analysis of the data in the journal entries indicated that all students experienced genuine, subjective emotions on several occasions during the course of training. Whether all of these emotions were induced directly by the physiological pattern work could not be determined with the data, but there was evidence that some of the emotions experienced were reactions to or a result of the context in which the students found themselves. Either way, the training experience clearly elicited multiple emotional experiences.

The results also indicated many instances of body-brain interactions during emotional experiences as well as two-way emotional regulation. Students gave reports of memories being triggered by assuming postures or executing breath patterns, journal entries spoke of sensations and perceptions being altered and interpreted differently because of the patterns, and some students described changes in thought patterns or physical state before and after pattern work. There were also multiple reports in the data that indicated simultaneous, or at least complimentary, two-way emotional regulation in both top-down and bottom-up approaches. Focusing on a particular physiological component of a pattern was at times reported to soothe an emotional firing that was not meant to be present. Students reported using growing awareness and knowledge to better tolerate or even enjoy emotional experiences. Increased study of emotional literature and discussion of that literature was attributed to more intense and successful pattern work. Many students had experiences of stretching and opening up their bodies which invited emotional experience and at times gave them a sense of loss of control. It cannot be said based on the data that all emotional processing or emotional regulation on the part of the students was positive or beneficial. There were several reports of fearful experiences, self-doubt, confusion, frustration, and other uncomfortable or unpleasant feelings. No students described the overall experience as empty or lacking any positive purpose or influence. In fact, most students described the overall training experience as well as specific portions of it as empowering to their emotional life and strengthening to their awareness and tolerance of emotions (Wadsworth, 2013).

Multiple times throughout the collected data, participants spoke of a continuous sense of bonding and safety among members of the class. Most of these references

attributed these feelings to the shared experience of emotions and emotional training. The fact that others were present and going through the same process had a direct impact on each individual's experience and his or her perception of the safety and benefits of engaging in the experiences. There were also entries which described increased trust in the RMAE method itself and the control that the effector patterns afforded the participants. Some students stated that their trust in the trainer aided in the sense of safety and bonding (Wadsworth, 2013).

Finally, the results showed that all participants gained enhanced awareness through experience and expression. That is to say that the data repeatedly demonstrated that the actual experience and expression of various emotions seemed to enhance awareness and understanding in a way not experienced before as participants repeatedly framed their reflections around what the actual emotional experience was like and what they gleaned from it. Again, this was juxtaposed with several reports of difficult, uncomfortable, or confusing experiences during training, but none of these were reported as a concluding perspective on the part of the participant (Wadsworth, 2013).

After reporting the results of the pilot study (Wadsworth, 2013), this researcher speculated regarding the implications of the study. Perhaps less important or at least equally important as the specific emotional reactions students had to the patterns and trainings was the fact that they had these reactions at all and, therefore, were able to negotiate real emotional experience in connection to their own previous emotional experiences and make new discoveries. It may be that working through personal emotional habits and physiological tendencies that seem to block the emotion elicited by the pattern had benefit in and of itself. The validity of the six particular emotions of

RMAE or of the research which developed AE seemed less important than the influence and experiences the training had on participants' emotional lives.

This researcher also speculated regarding the unexpected aspects of the influence of the student participants' expectations (Wadsworth, 2013). Students journal entries showed strong indications that they fully expected the patterns to work. This was perhaps not surprising since they had voluntarily registered for the special topics course. What was clear from the data was that this expectation influenced both the way the students experienced and approached the training, at least in its early stages. What was not clear is to what extent this expectation generated emotions in reaction to what the training experience actually was. More specifically, the participants repeatedly discussed their expectations of what the pure experience of a particular emotion would feel like and/or how that would compare to their lived experience of that emotion. The influence of these expectations on the experience and effects of RMAE training invited further investigations, and this researcher speculated that the opportunity for participants to more fully explore and discuss them during a training would deepen the impact of a student's experience.

Also intriguing in the results (Wadsworth, 2013) was the fact that the students repeatedly expressed experiences that were therapeutic in nature. According to the data, Conrad facilitated learning but never probed into personal histories or details about reactions to an experience. The students were making connections and realizations, and in some cases working through difficult issues, without the direct involvement or full awareness of the trainer. The process of learning and attempting the patterns along with the discussions on readings seemed to be sufficient to create opportunities for insight and

change. This finding invited the question as to whether RMAE training would be even more effective in an overtly established therapeutic environment, where trainees are directly pursuing psychotherapeutic effects and change or whether that would somehow limit and/or shift the impact of the experience of RMAE training.

One final intriguing inference in the results of the study was the social aspects of the training specifically and the experience of emotions when witnessed by others. Repeatedly in the journal entries participants in the pilot study discussed and reacted to the presence and, at times, pressure they felt from the rest of the students. They noted increases in the intensity of their felt experience because of the influence of others' strong experiences during an emotional induction. They also pointed out feeling pressure to feel certain things based on what they perceived the rest of the class to be experiencing. Many participants reported a feeling of safety because of the group or the bonding through the shared experience (Wadsworth, 2013).

The findings of the RMAE pilot study (Wadsworth, 2013) led to questions about what had really happened in terms of lasting influence. Would the desirable results that participants expressed only linger with continued engagement in and use of the effector patterns, or was something fundamentally and permanently changed in the lives of the trainees? Would intermediate and advanced RMAE training experiences simply fortify the effects of the initial training, or would emotional health, awareness, control, discomfort, and so forth increase with each successive training?

The RMAE pilot study also had limitations (Wadsworth, 2013). The fact that this researcher carried a great deal of bias into this study from personal involvement in RMAE had influence on how data were analyzed and perceived, though steps were taken

in the design of the study to limit that bias. It seemed possible that despite the fact that this researcher would likely be continuing the research on RMAE, there could be a better way of mediating this bias. The participants in the pilot study could have functioned more fully as co-researchers, and it seemed possible to turn this researcher's heavy involvement with RMAE into a benefit if a study design could be conceptualized to use that expertise to get closer to what was actually happening for participants. Another limitation of the pilot study was that journal entries were not always created at the end of a class, and thus students were reflecting from different perspectives based on how much time had passed since the class. It seemed that collecting data in several different forms would offer a more complete understanding of the experience, as would a more complex form of data analysis. This researcher began to wonder if an arts-based research approach would be much more effective in reflecting the dynamics of the experience.

### **RMAE and Creative Arts Therapies**

This study proposed to train creative arts therapists in RMAE because they seemed the most readily able to participate in this unique approach to educating the emotions, highly capable in using artistic expression to describe and explore experience, and because RMAE in its current form has been somewhat influenced by the theories and practices of creative arts therapies, particularly those of drama therapy. However, RMAE has never been used as training for therapists or a therapeutic intervention, but rather as an experiential learning process, an educational experience. It is this educational application that this study examined. Because creative arts therapies are centered in whole-person expression and experiential processes (Knill, 2005) RMAE shares a kinship with them through its body-based approach to emotional experience and processing as

well as its structural progression. RMAE is not an arts therapy in that it involves no creative influence or artistic form which symbolically contains the expression of emotion. The “arts therapies have long facilitated the expression and process of challenging emotions [and] have been named effective ‘containers’ for expressing and processing . . . emotions, making them more manageable by allowing the content to be processed in an externalized form” (Iliya, 2014, p. 14). In a related way, RMAE training structure and the effector patterns themselves serve as facilitators and containers for expressing and processing strong emotions.

In 2008, after completing a creative project exploring possible combinations of AE and drama therapy, this researcher noted that like RMAE, the creative arts therapies, use experiential approaches to emotion based on the principles of safe expression, containment, aesthetic distance, and concrete embodiment. This researcher speculated that therapists trained in the approach would experientially develop greater intrapersonal and interpersonal emotional awareness and intelligence. They would be able to more accurately read client’s emotional states, ask client’s to make physiological changes to address emotional issues, and use the approach as an effective form of self-care. This researcher also proposed that an emotional assessment tool based on effector patterns could be developed. The following direct quotation of this researcher in 2008 is given here so as to be precise in exactly how this researcher theorized the assessment tool could be applied:

[S]ystematically and quantifiably evaluat[e] a client’s emotional health from a daily, weekly, monthly, and yearly perspective, revealing chronic moods and emotional habits in contrast with passing phases or isolated emotional difficulties.

Therapists could make regular observations on which effector pattern components are manifesting themselves most prominently and how often manifestations occur. Long-term presence of certain components would inform the therapists about which emotions or emotional mixes are habitual and conditioned in the client. If pattern components are only seen sporadically but do reoccur, then the therapists can assume these emotional experiences have to do with more recent events and can make connections with what is being expressed in treatment. Pattern components that are only present on a certain day communicate which emotions have been triggered in the client by that day's experiences. Therapists could also use these observations to become aware of the specifics of an emotional disconnect if a client reports a completely different emotional state than the one her body is clearly manifesting in Alba Emoting terms. (Wadsworth, 2008, pp. 26-27)

These observations parallel in some ways the theories and applications being explored by Kalawski (2013), a psychologist and psychotherapist who is trained in AE. He stated that he felt his own training in AE helped increase his awareness of when his clients were suppressing emotions through altering their breath patterns, posture, or movement in ways that blocked components of effector patterns. He also postulated that therapists trained in the effector patterns would be more capable of recognizing the subdominant feelings of their client, more capable of establishing empathic attunement, and have a more embodied understanding of emotions leading to a stronger therapeutic relationship.

## **Summary**

This review of the literature has shown emotional experience to be complex, difficult to define, and highly involved in body-based process. Emotional experience is increasingly seen as highly influential on health and healing and that therapists, particularly creative arts therapists, potentially stand to benefit from a unique, experiential training in emotion that brings new experiences and understandings of emotion. The differences and similarities of AE and RMAE have been reviewed, and RMAE has been shown to have a training process specifically developed to educate participants regarding emotion and to enhance expression, empathy, perception, and experience of emotion. A pilot study has shown the potential of RMAE to bring about more emotional awareness, empathy, and balance both within the individual and interpersonally. Creative arts therapists are uniquely suited to explore and utilize potential applications of RMAE, especially if training could possibly generate experiences similar to those reported by participants in the pilot study (Wadsworth, 2013). Therefore, this dissertation study sought to discover what, if any, personally or professionally meaningful experiences or influences RMAE training generated for creative arts therapists.

## CHAPTER 3

### Method

The basic design of the research was to recruit experienced creative arts therapists to participate in receiving two separate two-day RMAE trainings that would combine to amount to one full initial training in RMAE. The second two-day training occurred six weeks after the first. Data were collected in the form of written responses and arts pieces created by the participants in response to guiding questions provided by this researcher. Data collection ended four weeks after the second training. At specific times during data collection, data were analyzed via this researcher engaging in a drama-based embodiment approach which was video-recorded. Referring to the approach as *drama-based*, is meant to emphasize that they were done using the core elements of live theatre embodiment and performance in both the rehearsal or improvisational qualities as well as the nature of live theatre performance. Participants then viewed and responded in writing via email to these filmed enactments regarding how accurately the enactments captured the participants' experiences. Final analysis came as this researcher prepared, created, and acted in performance pieces meant to summarize the answer to the research question for each participant. The performance pieces themselves constitute the results of the analysis. Details of the research design and method are given below.

### Participant Recruitment and Selection

After receiving approval for the study from Lesley University's Internal Review Board, participants were recruited via direct emails to this researcher's colleagues as well as announcements on the electronic mailing lists of creative arts therapies organizations and digital flyers on social media (see Appendix A for a sample of a recruitment flyer).

All of these recruitment communications included a brief description of the study, the demographics and qualifications needed in participants, target date ranges for the trainings, and a brief description of Rocky Mountain Alba Emoting. Also indicated was that the RMAE training would be provided free of charge as participants were volunteering for a study, but that only those chosen to participate would be able to receive the training. Interested individuals contacted this researcher and were given more information about the study as requested. Participants who expressed a desire to participate in the study and who met the qualification criteria were communicated with to determine specific dates for the trainings. To pursue a diverse data set, this researcher sought to recruit participants with a variety of demographic characteristics. It was also the intent to recruit between five to nine total participants with each modality of the creative arts therapies professions represented. Interested parties with previous training in AE or RMAE were not eligible for the study. The number of participants for the study was intentionally kept small to allow the data analysis process to be as in depth and collaborative as possible. Availability on target date ranges, demographic characteristics, and expressive therapy modality all were collectively and deliberately considered in choosing participants from among all those who expressed interest. These efforts resulted in a group of five available participants for group trainings. However, after previously providing informed consent, one participant withdrew on the morning of the first training.

Because no more than four participants were available for the group training dates, this researcher determined that a fifth participant, unavailable for the group trainings, would be included and trained individually. This choice was reviewed by this

researcher's dissertation committee and was determined to be permissible for several reasons despite some differences in experience that arise when one is trained individually instead of within a group. First, the design of the study was not intentionally or appropriately created to compare and/or contrast RMAE group trainings to individual trainings. Initial RMAE trainings had been provided on an individual basis, and this researcher as trainer could work to ensure that the participant's training experience was as similar as possible to the group's experience. Second, the focus of the study in examining the personal and professional influences and experiences generated by the training could still be pursued through an individual training. Finally, the participant was the only dance/movement therapist available for the study and would bring a vital perspective from that field on the body-based processes of RMAE.

### **Ethical Protocols**

Once the five participants were officially selected to participate in the study, each was sent a digital copy of the informed consent form (see Appendix B). Through individual phone conversations, this researcher reviewed the informed consent document with each participant and answered questions. Participants then signed the document and sent it digitally to this researcher. As part of giving informed consent, participants were made aware that all those participating in the training were also participating in the study and that this participation would be openly talked about within the group. This was done to further empower participants as co-researchers during the training experiences. However, this researcher did not share information about or data from each participant with any other participants. The fifth participant did not know the identities of those

trained as a group and did not communicate with them in any way and the reverse was also true.

### **Participant Demographics**

All five participants in the study were credentialed by the organization of their particular creative arts therapy modality(ies), had two or more years of clinical experience since completing their education, and were currently working with students and/or clients in the field of creative arts therapy. None of the participants had any previous exposure to AE or RMAE before taking part in this study. These criteria were established to enable participants who were experienced professionals to compare and contrast the experiences and awareness brought about by RMAE training with those in their previous work with and exposure to emotion and emotional training. It was hoped that participants meeting these criteria would also be able to monitor whether their current work was influenced at all by the RMAE training. Table 1 contains pertinent demographics as reported by the participants.

Table 1

*Participant Demographic Information*

Participant	Age	Gender	Ethnic or Cultural Identity	Creative Arts Therapy Modality	Years of Experience	Level of Education
One	36	Female	Latina	Expressive Arts & Drama	12	Ph.D.
Two	36	Female	White/Israeli	Intermodal	7	Ph.D. Candidate
Three	32	Female	Russian	Music	2	Masters
Four	35	Male	Latino	Art	8	Ph.D.
Five	33	Female	Caucasian	Dance/Movement	4	Masters

## RMAE Trainings

The trainings were divided into two separate two-day intensives. The first intensive group training took place over two consecutive days with approximately eight hours of training each day. Six weeks later, the second intensive training was held with the same time frames as the first. The training intensives for the individual participant were conducted with the same structure as the group trainings, but on different dates. The only difference being that individual training required less time due to the trainer being able to provide full and complete attention to the participant and to give more personalized feedback. In combination, these two separate intensive trainings constituted a full initial RMAE training for the individual participant and for the group. The trainings followed the principles and basic structures described in Chapter 2 regarding RMAE philosophy and training. During the first intensive training, all participants were introduced to all six effector patterns as well as the Step-out. During the second intensive training, these patterns were revisited and reviewed. The other exercises and activities involved in RMAE were also a significant part of the training. Participants were not given handouts, study aides, or reading assignments as part of this particular RMAE training. The choice to divide the initial training into two separate intensives that were six weeks apart was made to allow participants time to produce data reflecting on both their personal experiences with RMAE and any of the ways they felt it was impacting their professional work over time. It also allowed for a more user-friendly structure for participants to make time for the training. Providing trainings in these time structures had some precedence in previous RMAE trainings. As per typical RMAE standards described previously, participants were not permitted to teach or demonstrate RMAE or

the effector patterns to their clients or anyone else at any time during or after the trainings, with the exception of doing Step-out, Neutral Breath, and the Tenderness pattern any time they wished. This standard exists for several reasons, but two main reasons are that it is not considered emotionally safe to attempt the five initially-prohibited patterns without the presence of trainer if the participant was to become emotionally overwhelmed or “hijacked,” and that participants have not mastered the patterns enough in the training and would only engrain counterproductive emotional habits by practicing without the presence of a trainer. Participants were, however, strongly encouraged to utilize at their discretion any intellectual or embodied awareness, understanding, and/or perceptions they gained through the training.

Because Hyrum Conrad and this researcher are the only individuals qualified to provide RMAE training and because of the particular arts-based data analysis process, this researcher conducted all of the trainings. Doing so allowed for the immersion of this researcher into the phenomena being examined, and thus involvement as a trainer informed the data analysis process. This researcher experienced as a direct witness the experiences participants had during the trainings. It also aided in allowing the participants to function as co-researchers throughout the process.

### **Data Generation and Collection**

Arts-based processes were selected as the means for data generation and analysis in this study. Arts-based research is the structured use of artistic processes, artistic expressions, and art-making as a means of scholarly inquiry, empirical observation, and analysis (e. g. Kossak, 2012; McNiff, 1998, 2011). Arts-based inquiry was seen as particularly suited to this study because of the breadth and depth of the components of

emotion and emotional experience. AE and RMAE have clearly defined the basic emotions of the effector patterns, but the integration that Siegel discussed (2009) is why arts-based research was employed. The experiences a participant has during and after a RMAE training are not limited to only the six basic emotions of the approach, but rather reflect the complexity of emotion in lived experience. Arts-based research allows for the researcher and participants to inductively and intuitively discover qualities of and meanings within phenomena in a way that captures many layers and types of experiencing within the artistic process and in the artwork itself (Kossak, 2012). As has been shown, emotions are rich, lived, complex experiences and arts-based inquiry best serves to explore such a subject and to present the results of the arts-based data analysis. Additionally, artistic process and art making is an area of aptitude and familiarity for creative arts therapists in examining, exploring, and describing experience. The responsiveness of this arts-based approach allowed for a qualitatively informed adjustment to the research question as the study progressed.

Data were generated through a process that interwove written responses and art making. During the last hour of each intensive training, participants produced written responses to guiding questions meant to prompt descriptions and explanations of the participants' experiences during the actual trainings. At two and four weeks following each training intensive, each participant created an art piece with a related and reflective written response. Participants were free to choose which art form(s) they used to reflect and explore their experiences. These arts pieces with an accompanying written response were also prompted by a set of guiding questions meant to explore what impact the experience of the training was having on participants in the weeks following the

trainings. The process of formulating the guiding questions and the instructions for them were informed by Tantia's (2014a) work on embodied intuition and accessing information through body-focused interviewing. Each participant was provided with the following instructions and guiding questions:

### **Instructions for Creating Arts Pieces**

These art pieces will be in the form of visual art, music, dramatic enactment, poetry, dance and/or a combination of these forms. The specific art form is left to you to decide. It is not required that each arts piece submitted be just one art form or the same art form every time. Whatever form is chosen must be able to be captured and sent to me digitally. To make creating the pieces as easy as possible, follow these guidelines: try not to spend more than two hours generating your data (unless you really want to), performance pieces need only be a minute or two in length at the most, visual arts pieces need not be large in scale, and the purpose is to catch the key aspects of your experience in response to what the guiding questions stir up.

### **Instructions for Guiding Questions**

Please respond to the following questions based on your experience during the training intensive and/or last two weeks. These questions are meant to guide your art making and written responses. You may choose to answer each of them or to create a response that simply captures what you think and feel in response to all of these questions. Please submit in a timely manner on the dates specified.

Understand that this process is not meant to gather suggestions for how you think

RMAE might be applied in the field of creative arts therapies, but rather to capture the impact of the experience for you both personally and professionally.

\*\*As you write try to invite the experience of what you are discussing or exploring back into your body in the present moment. Write as if you are re-living the experiences.

### **Questions Regarding Training Intensives**

- 1) What was the experience of training like for you during this session?
- 2) What was challenging or difficult for you both technically (e.g. executing the patterns, controlling breath), personally (e.g. emotions you felt, thoughts you had), and/or socially (e.g. the presence of others, witnessing and sharing, relationships) in the training?
- 3) What was technically, personally, or socially meaningful for you in your training experience?
- 4) What connections, if any, did you draw between your personal and professional experiences with emotion and this training experience?
- 5) How is your awareness of your body and your emotions changing?
- 6) Feel free to include anything else you feel is relevant.

### **Questions For Two-Week Periods After Training Intensives**

- 1) What, if any, impact or influence of the training are you aware of during this period personally and professionally? Can you sense any of this in your body now as you respond?

- 2) What, if any, changes in your perspectives, perceptions, and/or attitudes about emotion both personally and professionally are changing in some way? What does that feel like for you?
- 3) How much, if at all, do you find yourself thinking or feeling about RMAE or the effector patterns? How are they manifesting in your mind, body, or emotions?
- 4) What connections, if any, do you feel happening between your personal experience with RMAE and your professional practice?
- 5) Have you chosen to personally use Step-Out, Neutral Breath, or Tenderness in any way over the past few weeks? If so, what did those experiences feel like for you?
- 6) Feel free to include anything else that you feel is relevant.

Table 2 shows the specific types of arts pieces that were submitted by each participant as data for the study.

Table 2

*Type of Arts Pieces Submitted by Participants*

Participant	Time of Submission			
	Two Weeks After 1 <sup>st</sup> Training	Four Weeks After 1 <sup>st</sup> Training	Two Weeks After 2 <sup>nd</sup> Training	Four Weeks After 2 <sup>nd</sup> Training
One	Poetry	Poetry	Poetry	Poetry
Two	Visual Art	Visual Art & Poetry	Poetry	Visual Art
Three	Music	Music	Music	Music
Four	Visual Art	Visual Art	Visual Art	Visual Art
Five	Visual Art	Visual Art	Visual Art	Visual Art

## **Data Analysis**

Analysis of the data was done using arts-based inquiry principles and embodied acting and improvisation approaches to script analysis and character development. Analysis took place at specific points during and after data collection. Figure 1 shows the association between how data generation and collection progressed and when data analysis was done. Researcher generated dramatic enactments, in the form and qualities of live theatre, were the key in the process of data analysis and in the presentation of the results of analysis. As can be seen in Figure 1, participants were given opportunities to respond to each of these data analysis processes, allowing them to clarify and focus on what was emerging.

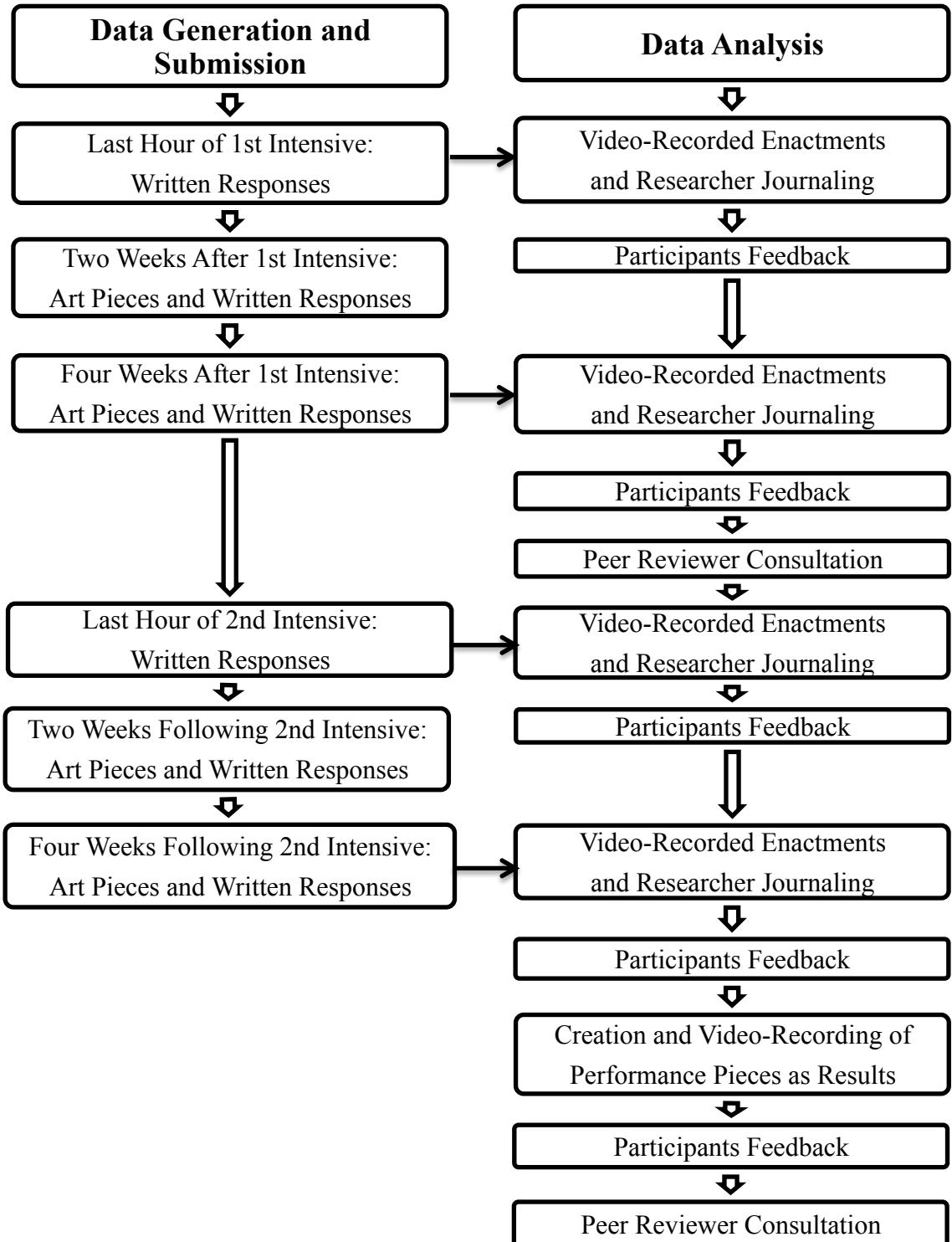


Figure 1. The relational process of data generation, submission, and analysis.

The researcher chose acting techniques as the form of arts-based data analysis for specific reasons. First, live theatre acting is an art form which by its nature captures and expresses the complexity and multifaceted experience of emotion in a lifelike, ethereal way (Brockett & Ball, 2011). Second, this researcher is highly trained, experienced, and most comfortable in the art of theatre, especially body-based, intuitive and improvisational acting processes. Also, this researcher could use the effector patterns of RMAE to warm-up emotionally for the enactments and live genuine emotions during the enactments. Finally, this art form allowed this researcher to come as close as artistically possible to reliving and re-experiencing what participants were expressing in their writing and art.

To maintain the rigor and precision of the data analysis, the process of preparing for, recording, and processing the enactments was carried out through a structured and methodical approach designed by this researcher. Though not based on a specific acting or character analysis approach, the artistic process of engaging in the enactments themselves was informed by Spolin's (1963) work with using improvisational acting to access truth by freeing intuition, by Whelan's (2004) rehearsal techniques which focus on *emotionology* for the actor and discovering meaning in dramatic material through play and action rather than intellectual analysis, and finally by Thomas' (2009) guides to script analysis for actors. This researcher's personal adjustments and methods for discovering emotion, meaning, and character through acting processes were also influential. While applying some of these principles and techniques, the focus was to remain as artistically responsive and present with the data as possible in order to allow

the arts-based inquiry to yield its own information. All the enactments were approached and carried out through the following steps:

Step 1 – Physically warm-up and stretch the body, bringing it to life and preparing it to be artistically and emotionally expressive and intuitive.

Step 2 – Complete a full emotional warm-up by executing effector patterns to induce each of the six basic emotions of RMAE and finish with a full Step-out.

Step 3 – Sit down with the written response and/or witness the arts pieces. Read written responses aloud as an actor taking on the role of the participant with a focus on the participant's emotions. Underline any moment or phrase that seems particularly important or emotional.

Step 4 – Stand, turn on the video recorder, and intuitively perform the piece with no preplanning or staging.

Step 5 – Witness and respond to the arts-piece in the role of the participant and perform or speak any dialogue, movement, or emotion that is evoked.

Step 6 – Immediately journal about any significant moments, realizations, impressions, phrases, etc. that emerged from the process.

A significant point must be made about the decision to video record the enactments. The use of live theatre and not film for data analysis was intentionally chosen and approached as such. However, because of the practicalities and necessities of capturing the enactments for participant response, further data analysis, and presentation of the research, the enactments were filmed but were not approached or created as film art. As much as possible the sense of live theatre is maintained in the recordings, but some of the

qualities of immediately witnessing live performance are, unfortunately, lost. This was true even for the participants in seeing the enactments for the first time.

Once the enactments were recorded, they were sent via secure digital file format to each participant, and individual participants were only privy to the enactments of their personal data. In addition to the enactment recording, this researcher's related journal entry was sent. Participants were invited to view the enactment, to read this researcher's journal entry, and to respond with any feeling, reaction, or clarification they had. This researcher then documented any responses received from the participants and incorporated any applicable feedback into the next enactment for each participant. Occasionally, this researcher would engage in additional written dialogue with the participants if information in their reaction to enactments needed further exploration.

A key point must be made here about adjustments that were made during data analysis. As mentioned in Chapter 1, the original proposed research question for this study asked what impact RMAE would have on professional creative arts therapists both personally and professionally. The focus of this question can be seen in the way several of the guiding questions were formulated. However, participants' experiences and reactions related to the training were not as clearly and specifically compartmentalized, a phenomenon that became more and more evident as data were collected and analyzed. Additionally, while some participants sought to answer the guiding questions directly, all participants produced data that explored and expressed their experiences in very interconnected, complex, and highly fluid ways. It became clear that the research question needed to be less rigid and more able to serve what was emerging from the data and the artistic processes involved. Further, the process began to indicate that

participants were clearly surprised, and in some ways, caught off guard for how powerful and affecting the training experience was and this influenced their decisions about how much to share or keep hidden in the data they submitted about what they were experiencing. In response to what the participants were sharing and demonstrating in their data, a new research question gradually formulated as part of the initial findings: What meaningful experiences and influences does an initial RMAE training generate in the lives of professional creative arts therapists?

Once enactments had been done and responses received for the final arts pieces and written responses, all video recordings, written responses, journal entries, and participant responses and clarifications were used as raw material for the researcher to draw from in creating a dramatic, live theatre-based performance piece for each participant in summation of that participant's overall experience and to use dramatic performance to answer the research question. This process, akin to some approaches to non-fictional playwriting, constituted the final data analysis process in preparation for the presentation of results. The performance pieces, or results of data analysis, are discussed and accessible in the next chapter. Each participant was offered the opportunity to provide one last response to the performance piece. These final responses will be given as part of the results.

### **Peer Review**

To ensure as much precision and clarity as possible in the data analysis process, a peer reviewer was engaged. Because of the focus on arts-based data generation and drama-based data analysis, the reviewer was chosen because she was a registered drama therapist, an experienced professional actor, and was at the time of the consultation in the

final stage of completing a Doctorate of Philosophy in Expressive Therapies (creative arts therapies) involving arts and drama and/or theatre-based methods. She has since completed that degree. As Figure 1 shows, the peer reviewer was involved at two specific times during the analysis process. The first was four weeks after the first training and the second was after the analysis of all the data together. No information was shared with the peer reviewer that would reveal the identity of the participants, and this researcher did not share any initial opinions or insight with the peer reviewer about the data.

For the first review consultation, this researcher deliberately chose the data of two participants as examples of the data analysis for all participants. Participants One and Five were chosen. Participant One was chosen due to this researcher's perception that her data was particularly complex and somewhat more difficult to understand in comparison to the others, and Participant Five was chosen because she was trained individually and peer reviewer feedback about her data was particularly desired. However, the main focus was to gain feedback about the overall data analysis process as presented from the examples of two participants. The first review process evaluated the effectiveness of the first two enactment processes in order to make adjustments for later enactments. The second review process sought confirmation from the reviewer of the effectiveness of the process as manifested in the results and the participant's final responses to the results.

The reviewer was provided with a brief verbal and written description of RMAE, its intent, and its training structure. It was made clear that RMAE itself is not an artistic process. The study design was outlined (including the chart shown in Figure 1) as well as

the parameters of the training participants received, including the individual training for Participant Five. The reviewer was also provided with the research question, the guiding questions for written responses and arts pieces, and the structure followed in creating the enactments and journals. Finally, demographic information was given for Participants One and Five. For the first consultation, the reviewer was provided with the recording of the first two enactments for the two participants, the corresponding acting journals, and all of the arts-pieces and text of the written responses the participants had submitted up to that point. The reviewer also had text of any communication between this researcher and the participants that sought to clarify data as well as the participants' responses to the enactments and journals.

The peer reviewer's feedback for the first consultation confirmed the key themes and experiences that were emerging, and offered thoughts about what and how to explore additional aspects of the impact on the participants through the established analysis process. Because the enactments were not polished, but rather improvisational and intuitive, the reviewer's feedback about how they could be refined was used a means of enhancing future enactments and ultimately the elements of the polished and planned performance pieces. The reviewer offered her own brief analysis of the data and the enactments and expressed what she felt her conclusions were about each of the two participants. A sample of this type of feedback is given here:

Also, in this enactment, there was a very good use of space and movement. This is something I had mentioned before that may be missing from the interpretation of this participant's earlier text. Specifically, "finding my way in in the loss" was astute. Yes, the very specific language written by the participant helped

interpretation, but you were able to show what “opening my eyes,” meant via use of space and movement. I almost wished you would lie down or peer down into that glass when you addressed “looking glass of physicality.”

An example of feedback used to influence future enactments and the final performance pieces follows here:

I also wonder if the vertical approach to making this text physical (come to life) affects what or how I observe you. In other words, I would like to see more movement that counters the frontal play to the camera, which I do think affects the actor’s ability to fully express the text. It feels somewhat locked in a format that plays to the camera. Having text in hand may be a hindrance also, but that is less an issue to me. . . . I observed in your actions an immediate and clear interpretation of the anxiety and apprehension that the participant disclosed.

The reviewer confirmed the effectiveness of the enactment and journal process in accessing and highlighting the essential and important pieces of information and data. However, the reviewer did make useful suggestions about staying faithful to the live theatre component and not mixing film elements into the enactments in the way this researcher was interacting with the camera. Other theatre perspectives were also offered regarding how the elements of movement, dialogue, and sound could be used to further accentuate and explore the data through embodied, intuitive acting. The overall perspective was that the process was operating effectively and that the analysis process was remaining faithful and connected to the data the participants were providing. All of this feedback was incorporated into the remaining process of data analysis and the creation of the resultant performance pieces.

The second consultation of the peer reviewer came after the reviewer had been provided with the final performance pieces created by this researcher for the same participants whose data the reviewer had previously covered. This was done so the reviewer had a full perspective of the data analysis and knew, at least in part, where the material for the final performance pieces had been drawn from in the data analysis. The performance pieces are intended as presentation of results including the participants' final responses to them. However, the peer reviewer was consulted after the pieces were created and responded to so that the reviewer could offer specific feedback about the effectiveness of the entire process. For the final peer review process, this researcher instructed the reviewer as follows:

Having already seen and responded to the raw data analysis process, please observe whether you see in the final pieces the influence of the earlier data analysis, an accurate representation of what you sensed from that process, and whether you can see the incorporation of your feedback from the earlier review into these final pieces.

The peer reviewer confirmed that these elements were present and offered a final response to the drama and theatre aspects of the pieces in connection with what seemed to be coming from the participants. This last piece of feedback is included in the next chapter as a component perspective completing the overall results.

## CHAPTER 4

### Results

Because of the complexity of the data being generated and analyzed, and because enactments based in the dramatic, embodied theatre process are perhaps the closest way to represent emotional experience, the results of this study are primarily presented in the form of five video-recorded performance pieces (one for each participant) which were created by this researcher and feature this researcher as performer. All are presented on a small theater stage with basic theatre lighting. The spoken dialogue portion of each piece is composed almost entirely of direct statements of participants from the data submitted. The few exceptions to this are phrases drawn from this researcher's improvisational responses to the arts pieces, phrases taken from the acting journals created by this researcher, or slight revisions made to dialogue in order to make it more coherent within the performance piece. In all of these exceptions, the dialogue was only included if the participants had specifically affirmed in their reactions or other data the information contained in or the experience referred to in the phrase. Whatever additional elements of the analyzing enactments that the participants or this researcher resonated with were also incorporated into the final pieces. These could include movement, vocal gestures or tone, use of the space, and of course emotional expression. These performance pieces should not be reduced to only a consideration of the dialogue or spoken word. They are, like any theatre piece, meant to capture, through all the elements of the art form, a summation of the experiences and influences the training generated for participants both during the trainings and in the weeks that followed. They are a compressed summary of whatever meaningful experiences and influences participants felt or reflected on during the entire

10 weeks of training, data generation, data collection, and data analysis that the participants engaged in with this researcher. Unlike the intuitive and improvisational data analysis enactments and acting journals, the performance pieces were meticulously created, rehearsed, and staged so as to be precise in what was expressed and communicated in an effort to be as accurate and specific as possible in answering the research question through artistic expression.

The choice to create a separate piece for each individual rather than one piece incorporating all participants' experiences was intentional. With the results of each participant's data captured within their own performance piece, each participant could respond more directly and precisely to the results, and specific phenomena could be more easily demonstrated and illuminated. Also, taken together, the five separate pieces create a sort of theatrical mosaic representative of the commonalities and recurrent aspects of the overall experience while still allowing important differences to be highlighted. For all of these reasons, the results of the data analysis are presented via video recordings. Each recording is preceded by a brief explanation of each piece and followed by any final response the participant offered to the recording. The recordings are accessible through the digital files that accompany the digital version of this document or on the DVD and/or CD that accompany the print copy of this document.

### **Data Examples**

Before presenting the performance pieces, it is helpful to provide examples of the data submitted by participants and the analyzing enactments and acting journals created by this researcher. This will allow a better perspective and richer understanding of the final performance pieces and how all of the data, including images and concepts

contained in the arts pieces and enactments, were incorporated into the final pieces. Each example given was deliberately chosen as something that had influence on the final performance piece, allowing one to track how the data creation and analysis process progressed toward the final performance pieces. It is hoped these examples will clarify analysis results. Realize that these examples do not just pertain to the trainings themselves but the experiences and influences that came in the weeks that followed each training as a great deal of data were generated during those time periods. It should be clarified that this researcher deliberately presents all textual data here exactly as submitted by participants and without editing so as to retain the original voice of the participant and feel of the data.

### **Written Responses to Trainings**

The first set of samples is from the written responses that participants generated during the last hours of the first and second intensive trainings.

Participant 1 (response to second training):

Slowly, things are coming into focus. Being able to let go and release, . . . struggle was gratifying and hope filling. The relationship between sadness and joy was particularly striking. My awareness of my body has changed . . . I found myself to be particularly exhausted during this training and do suspect that subconsciously (since I did know consciously what I was getting into) . . . I was resistant to the process which by the end was enlivening.

Participant Two (response to first training):

The frustrating parts connected with physical feeling uncomfortable and moments where I couldn't internally connect. The experience was at times very exhausting

to me, but then on the other times alerting, and wakening. I had times when I doubted if it “working” for me, and certain moments I felt it “worked.” I feel that for most parts my thoughts were clear, something that I don’t experience often (being a person who thinks and analyze a lot) so that actually was wonderful.

Participant Three (response to first training):

I am allowing myself to step out of my self preservation, my safety zone, were I theorize about emotions, into a vulnerable explorative space where I hope to connect with my emotions and my body. My awareness of my body and emotions is definitely at a higher level now, as compared to before the training. I am attuned to the process of physiological and psychological experiencing of emotions and am eager to explore further.

Participant Four (response to second training):

The emotional understanding as a result of the training reframed the ideas of negative vs. positive emotions, emotional regulation and its application to my lived experience. What blocks emotional content and what perpetuates it is often a result of covert external factors. The internal factors which can also manifest in a covert fashion hold us hostage to the full emotional spectrum. This Alba training was enlightening because it allowed for a pure experience of the emotion all the while remaining in control and present.

Participant Five (response to first training):

I notice a sneakiness in how [the patterns] manifest. Engaging in the physical patterning calls upon my comfort in intellectualizing the way they will work, and yet, that physiological response moves through me like a sneak attack. I notice

this when exploring tenderness, fear, and actually - the neutral pattern the most. I enjoy anger the most. I like the way it feels, the way I feel in it. It is easy and natural, and I feel like I come home into my body, my presence, my spirit. . . . I noticed a confirmation of things that have been brewing in my mind and body for some time.

### **Arts Pieces Accompanied by Written Responses**

The following are examples of the arts pieces that participants created at the two and four week intervals following each training intensive. The arts pieces were submitted with a written response related to or describing the arts piece. Because the arts pieces were a key component of the data for this study and because each participant submitted a total of four arts pieces, two examples will be given for each participant followed by a portion of the participant's accompanying written response for that piece.

**Participant One Examples.** Participant One's second art piece (submitted four weeks following the first training):

Mindfully I breathe,

In search of the searching,

The dual of the dormant.

In succession we concede,

To the earth as we breathe.

Inhalation is exaltation,

From the binary dis-ease.

Learn to see in the dark,  
 And the light will be within reach.  
 Breathe deeply in trust  
 Of the nonlinear journey.

For in the darkness we erupt-  
 Induction into the depth of despair.  
 We repair, that which has been forgotten.

Embrace agitation to receive its sound.  
 It is all information.  
 Transform the vibration.

A portion of Participant One's written response for her second art piece:

The space where breathing brings the me from the realm of the unknown into the present moment which in many ways remains unknown. Although it is within this space where I will be at peace, my human condition is fearful of its uncertainty. It is necessary to learn how to exist at ease within the uncertainty in order to thrive in the healing process . . . Through engaging with various forms of movement, one is able to practice being in motion, and thus learns to trust its ways.

Participant One's third art piece (submitted two weeks following the second training) –

*The heroic Journey of the human spirit*

There is nothing more

beautiful than the way  
the human spirit  
  
refuses to stop  
kissing the shoreline, even  
as it's rejected.

Turned away, dismissed,  
forgotton and left to its  
Own Resiliency.

Pulled back by the tides  
of inhumanity, it  
Never relents its

Persistent journey  
Into the lightness of this  
Dark and empty space.

A portion of Participant One's written response for her third art piece:

I found myself wondering – how did I get here? Not just to the training but this job, this life, this “place”. I felt there was something deep in the connections of why I found myself participating in this process. What was it about my own emotional disconnection with myself that I needed to face? How did I become so

disconnected in a profession where I professionally intuit and work with others emotional life so well? What was I REALLY protecting myself from and why? Could I just let it go? Just like in a step out? I began to realize that I could. Then I began to wonder if I will....

**Participant Two Examples.** Participant Two's first art piece is shown in Figure 2. It was submitted two weeks after the first training. A selection of the accompanying written response for the piece is given here:

Sadness, fear, happiness, anger are all tangled inside of me. Coming and going, connected, and integrated in each other. Here and disappear in the flow of life, changing from moment to moment. It is never ending, it is me. I listen to it, I balance, I am present. . . . The thing which for me was the most beneficial in the training was the neutral breath, which I found myself use several times since we left. The ability of noticing ourselves in neutral in order to remember to where we should come back, was very powerful and one I thought could be used also therapeutically . . . knowing to give actual physical time for stepping out. The art making in this respond brings up these layers of experience, and the need to go back to balance, to the neutral self.



Figure 2. Participant Two's first art piece.

Participant Two's third art piece (submitted two weeks after the second intensive training):

And then she stopped letting her emotions just be  
Experience them fully  
Sensing them  
Listening  
What do they tell her?  
How can she best listen?  
She is there, she is present  
Trusting the pain, the laughter, the anger, the joy, the fear.  
Trusting the questions they are raising  
One emotion was followed by another  
Sometimes few emotions were intervene in each other  
Like the waves in the sea  
So she listened  
Just listened quietly  
To the sound ... to her heart.

A portion of Participant Two's written response for her third art piece:

I think the biggest notice that I had in the last couple of weeks was a continuous awareness to my emotions, and the ability to experience them more fully and better listening to them and "hearing" what they are trying to tell me.  
And also the ability to not be afraid to experience various emotions more fully.  
Looking at emotions more as guides, and signs for myself.

**Participant Three Examples.** Selections from Participant Three's first and second art pieces, submitted two and four weeks after the first training, respectively are

available in a digital file titled *Selections of Participant Three 1<sup>st</sup> & 2<sup>nd</sup> Arts Pieces*. This file is available under the Supplemental Files tab associated with this document in the ProQuest database or in a digital file directly under the link to the PDF file of this document in the Scholarship @ Lesley database. For the print version of this document, the file is available on the DVD and/or CD that accompanies this document. Please listen to the music selections now.

Below is a portion of the written response Participant Three wrote to accompany her first arts piece:

At first, when my emotions came raw for some time, I was somewhat cautious that this might harm my music therapy practice. . . . Being emotionally unstable (i.e, in my case, feeling emotions rather than simply consciously registering them), could I provide a safe therapeutic environment for my patients? It turned out, I could. Better even, I could connect with my patients on a deeper level. I could sense them better, my clinical intuition became more acute and effective . . . I now knew to observe signs of inner tension in them, their mimics, their postures on a different level. I remembered (not just knew in theory) now how it *felt*.

Here is a portion of Participant Three's written response for her second arts piece:

I've become more aware of my emotional needs and restrictions. I am consciously letting myself go deeper into an emotion when I feel a hint ("shadow") of it, exploring it rather than pushing it away. I've also become more attuned to the way my emotions may come (or not come) across to other people, even without my knowledge. I am learning to connect my inner emotional state + consciousness + my body, so that all three work in harmony and balance. My

hope is that this would help me to feel more connected to my self and to other people (both in everyday life and in therapy). It is challenging, but it feels like a growth spurt, like a development.

**Participant Four Examples.** Participant Four submitted visual art containing images of himself. To maintain anonymity, this researcher has altered the images only enough to obscure the participant's facial image in the artwork. Figure 3 is the third art piece submitted by Participant Four two weeks following the second training. The words that appear in Figure 3 are exactly as they appeared in the original piece submitted. Figure 4 is the fourth and final arts piece submitted by Participant Four.



*Figure 3. Participant Four's third art piece.*

The following is a selection from the written response for Participant Four's third piece:

The most salient part of the training was the final induction of all the emotions one after the other. Despite the execution of the emotions the excitement of transitioning from one to the other was both remarkable and distracting simply because cognitively I was amazed as to how much control I had and how intense I experienced them. Lastly, after an initial sense of clarity provided by the second

training I am experiencing a sense of cloudiness around some emotional content.

Again, in training particularly the second one I had so much clarity . . . now I feel a little off . . . numb at times wanting to experience the intensity of emotions.



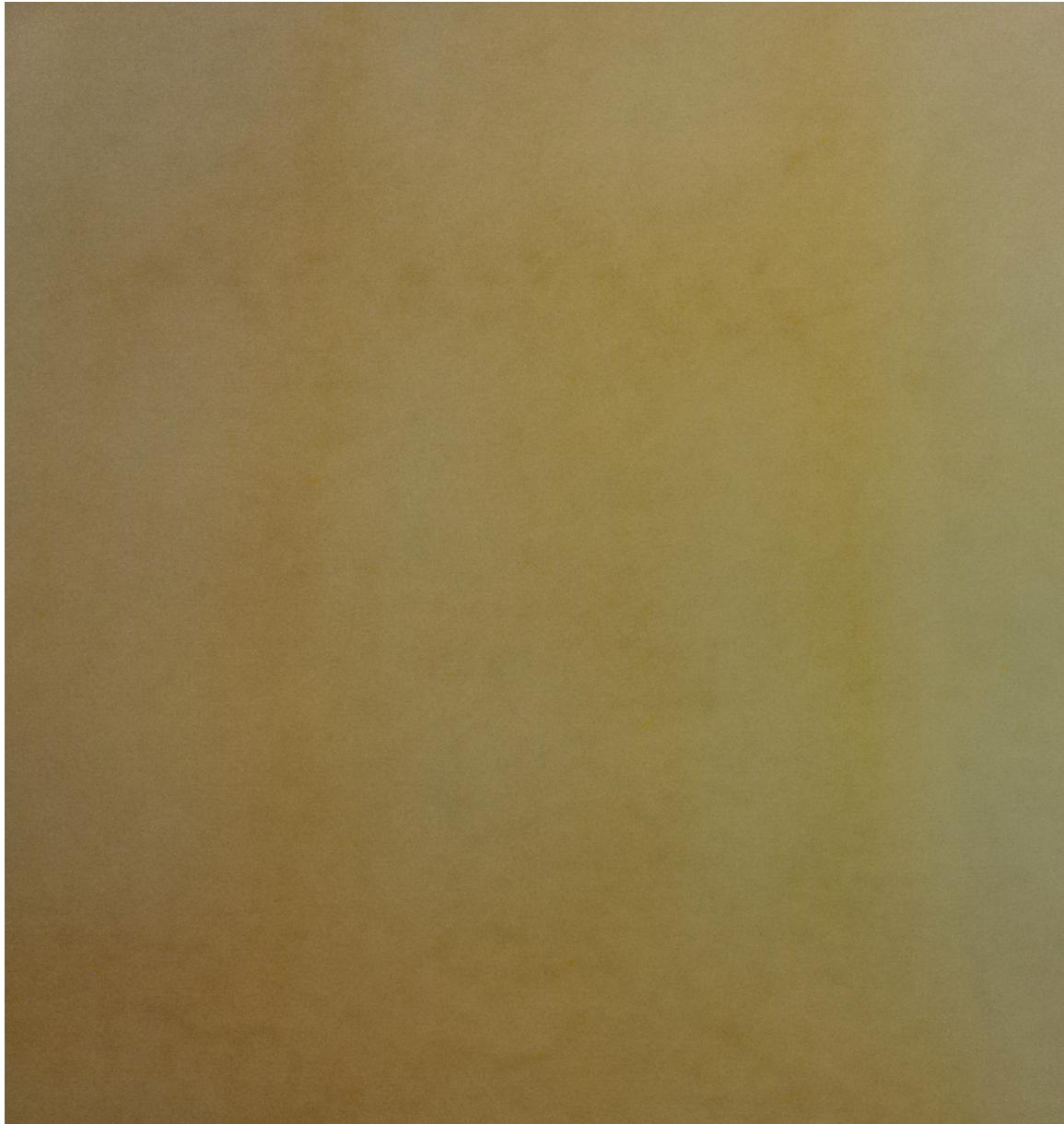
*Figure 4.* Participant Four's fourth art piece.

Here is Participant Four's written response for his fourth art piece:

After several weeks of reflection after the second training the emotional empowerment of embodied induction remains a salient and tangible experience. Days after the training I found myself quick to anger often frustrated by the

environmental cues that activate intense emotional reactions. This frustration came in the light of the ability to induce the six basic emotions. Although with time I've returned to my typical baseline, focusing on my breath, particularly neutral breath, allows me to sit more fully with emotions that arise. The image created depicts the intensity of emotions, environmental factors and several levels of introspection.

**Participant Five Examples.** For Participant Five, her second and fourth arts pieces are given as examples, along with her written responses. Figures 5 and 6 are Participant Five's second and fourth arts pieces, respectively.

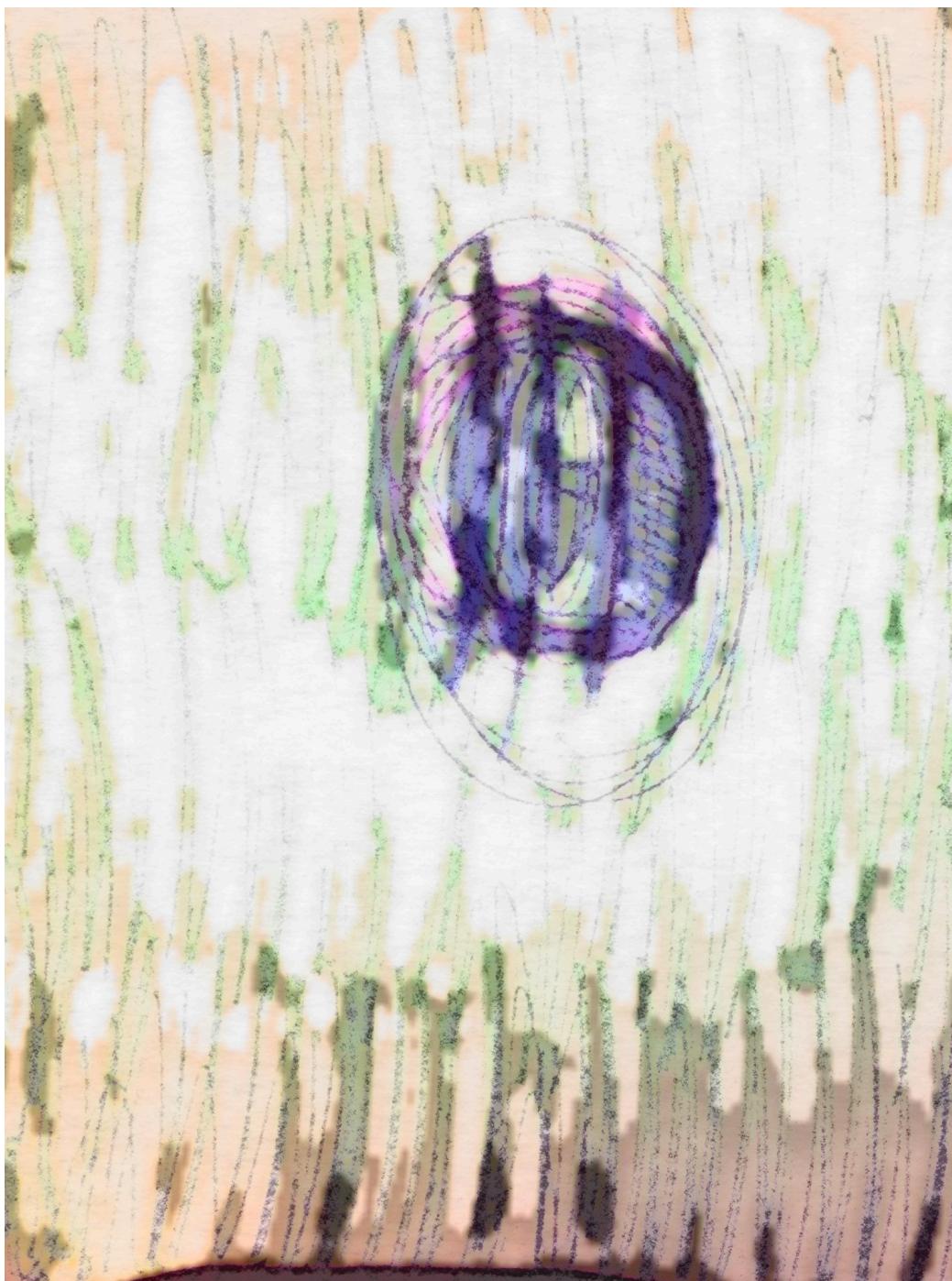


*Figure 5.* Participant Five's second arts piece.

The following is the written response Participant Five submitted with her second arts piece:

I have not really thought much about the training or patterns since the last art response. It feels like a vague memory - like a cloud that has drifted by. I chose to use an orangish color, as I do feel more connected to my power/anger. I am not sure if this is in response to the training though, as I had already begun the

process of exploring what this meant for me. I have not used any of the three patterns.



*Figure 6.* Participant Five's fourth art piece.

A portion of Participant Five's written response to accompany her fourth arts piece:

. . . In the mornings I am mindful of opening my eyes more, willing myself to wake up and fill with energy. The shift comes instantly. And leaves a few seconds later. I wonder about the swiftness and fluidity of these shifts, how does/can this relate to personal/professional growth and development? I can't go around with my eyes peeled open in order to stay awake. There is something about grasping, controlling. Something about trying to force/control/be in charge of a certain state that causes anxiety... as opposed to truly being with what is present. Feeling the fullness of that state, and letting the presence be the impetus for transformation.

### **Enactments, Journals, and Participant Responses**

The enactments were done as described in the Data Analysis section of Chapter 3. Again, these enactments were done as a form of intuitive theatrical acting and exploration and not as works of art meant for a film medium. Selected segments of enactments done by this researcher for each of the four enactment phases are available in a digital video file titled *Dissertation Enactment Selections*. This file is available under the Supplemental Files tab associated with this document in the ProQuest database or in a digital file directly under the link to the PDF file of this document in the Scholarship @ Lesley database. For the print version of this document, the file is available on the DVD and/or CD that accompanies this document. Each section of this brief video is labeled regarding what is being enacted for which participant. Please view the video *Dissertation Enactment Selections* now.

As was noted previously, after each enactment this researcher immediately created an acting journal entry responding to the enactment experience. The journals were written in the voice of an actor having just embodied a character while using the

data as dramatic material. Below are selections from the several journal entries generated in response to the enactments. Each journal entry is then followed by a selection from the response the participant submitted to watching the enactment and reading the acting journal entry. One example is given for each of the four enactment stages of the data analysis process.

The first enactment done for each of the participants was that of the written response to the first training experience. The following acting journal selection was created for the enactment of Participant Three's written response to the first training:

There was also a great deal of fear and apprehension. I sense that I was moving out of a contained feeling into one that felt more exposed but exciting. There did seem to be a circling back into the intellectualizing every time things felt too exposing or new. One thing that was clear was that the body was coming to life. I could feel my body wanting to expand and then draw back and then expand and then draw back. The second day of training felt more adventurous, more experimental. There was still a strong sense of trying to connect with the group but a guardedness.

Here is a portion of Participant Three's response to watching the enactment and reading the acting journal:

It is very, very true about intellectualizing and withdrawing every time I approached the invisible line of "too much exposure" emotionally. Besides the fact that, in general, I've learnt to discount most of my own emotional manifestations as "silly" (or "crazy", "stupid", at its worst) . . . I found myself between being almost angry at you for making me look "silly" (=emotional) in the

enactment of my writing vs. enjoying the way the words, intonation and body movement worked together, live, in your performance.

The second enactments covered the first and second arts pieces and accompanying written responses. Presented here are selected portions of the journal entry created after the enactment done for Participant Five:

Transitioning into the second arts piece and response felt sudden. Like something was happening and then it stopped. Everything blurred and just vibrated and simmered, like haze that was warm and comforting but frightening because of how disorienting it was. The anger fed the resistance. I didn't want to be told anything. I didn't like the orangish haze, but I didn't want to leave it either. The feeling was "I leave when I'm ready to, at least my power is somewhere in here, if I can only get it to condensate, to distill onto my core and clarify everything."

The emotions felt bothersome and irksome. The feeling of I already know this, I don't want to know something else, or something . . .

The following is Participant Five's response to the enactment and journal entry:

I was also curious about the simmering and vibrating in response to the orange. It stuck out to me - as it actually was not a part of my experience, which was interesting because I feel as though I exist always with the fluctuating level of vibration and simmering all the time. It also helped clarify that the awareness of my power feels less integrated on a body level and more like an intellectual understanding. I was surprised at the verbal description of emotions - anger, resistance, bothersome, irksome. Surprised I suppose because I was feeling quite numb and not necessarily aware of emotions, other than fatigue and exhaustion.

The third set of enactments was done for the participant's written responses to the second training experience. The example given here from Participant Two demonstrates how extended communication sometimes occurred between this researcher and the participants once they watched the enactment and read the acting journal entry. Here is a portion of the acting journal done for Participant Two's third enactment:

It was almost as if the experiences between doing the patterns were what felt most impacting. Yet, toward the end it felt so clear that the increased awareness and ability to accept and live with emotional experience was a direct result of feeling all of the emotions more fully and completely. The moment at the end where I felt that connection between the memories, the emotions, and the exercises that led to the decision to pursue this career was very moving and affirming, yet there was this sense that this feeling was being rediscovered after having lost it for long while.

Participant Two's response to the enactment and to the accompanying acting journal is given in part here:

I felt a little uncomfortable to see the enactment. Something about hearing that in another voice, another intonation was part of that feeling. In your writing I felt that you mostly captured my experience. I didn't quite understand the last piece of your writing . . . Maybe you can send me some clarification of what you mean in the last sentence . . .

The following selection was part of this researcher's response to this request for clarification:

In your written response to the 2nd Weekend Training, at the end you said, "I loved the exercises. Some reminded me of some core exercises I had in theatre which made me choose this profession many years ago." As an actor playing and journaling about my experience saying those words, I felt like remembering the theatre exercises that made the character (you) choose the profession of creative arts therapies was rejuvenating. That connecting to those memories of why you were drawn to this profession was enlivening and that those memories were not something you had thought about in a while.

Participant Two then reacted to this clarification. Some of her reaction follows:

Yes . . . ! I love theater, and movement and the exercises you gave of working on weight, noticing balance, observing both mine and others emotions helped me notice things that in the every day life we take them for granted. That was the aspect in theater . . . when I started that I felt was like magic. I felt that it helped me observe things in different way, and I enjoyed that a lot. So, yes. that brought me back to that.

The fourth and final set of enactments was done to analyze participants' third and fourth arts pieces and written responses. For these, an example from the acting journal of Participant Four's enactment is given:

The emotional triggers coming from the environment of work and home and everything else seemed to be splitting the awareness I'm growing in. The training seemed to be a safe space and the environment seemed a much less safe space. I wanted so badly for the image of the boy in the 4<sup>th</sup> arts piece to be larger in the experience, but he was clearly at the center of me. Inside and yet under my

protection. . . . Emotional bliss came from sitting more fully with the emotions, and yet the frustration and the heat were always present. Splitting and yet blending, being fractured and centered at the same time.

Following is a portion of what Participant Four responded with:

The improv of the third arts piece was powerful and right on. Your journal entry captures the salient points of my experience and your embodied performance truly represented the ruptured aspects of the emotions. Really powerful. . . . This experience has given me a very different level of insight into what I experience emotionally and seeing your enactments provides for me a birds eye view into my experience while grounding me within the experience.

### **Performance Pieces**

The previous examples demonstrate the raw data and the information that emerged from the arts-based analysis process. As already noted, the process of creating the final performance pieces was the final stage of data analysis as described in Chapter 3. Explanations of the pieces, the performance pieces themselves, and any responses participants offered to them are presented here as the final results of this study. The text of the spoken dialogue of each piece is also provided, but with a strong caution not to reduce the pieces to words alone. Each participant viewed only the piece created from that participant's data, then the participant was given the option of writing a response, simply confirming the enactment was accurate, or choosing not to respond and let the piece stand for itself. The final peer review is also offered here with the results. It is felt that these perspectives combine into somewhat of a mosaic representation of the experiences and influences the RMAE training generated for these creative arts

therapists. Again, the performance pieces are staged as live theatre though they were filmed out of necessity for this study. Directions to access the video of each piece will be given followed by the particular participant's full response, if any. The peer reviewer's response to the pieces for Participants One and Five will then be given.

While each piece does not necessarily present the experiences of participants in a chronological way, each piece was intentionally structured in a journey-like progression. This means that experiences, themes, and ideas contained at the beginning of a piece could be an amalgamation of experiences had at various points during the trainings and the weeks that followed. The performance pieces reflect the entirety of the experiences of the participant as those experiences developed toward the final overall impressions, reflections, and influences the participants were left with at the end of the study. Again, this is why the dramatic, live theatre form was chosen to present the results. The complexity of human emotional experience and its interconnections with various aspects of existence are clearly seen in how each participant is seen exploring the connections and overlaps of the training experiences with that participant's personal, relational, and professional lives. One of the key intents of the performance pieces is to allow one to more fully experience and not just read about what this emotion training caused participants to feel, think, and do.

### **Participant One**

This piece has a bench as the centerpiece, chosen to symbolize a deathbed, a grave, a place of stability and safety, a childhood, bed, and finally a restful and peaceful place in the present. The staging deliberately stays close to and directly in front of the bench and all movement is in relation to it. This is because Participant One's experiences

during and after the trainings stirred her from a place of emotional deadness to a dark and confusing experience with emotions from her past and all of the different meanings of the bench were directly explored in her data and poetry. Much of her data reflected on her origins, family, and how she arrived at her present state and profession in life. In terms of what the bench represents, the piece shows that she was seeking to discover or decide just what the bench could remain as and what it needed to become for her. Somehow the RMAE training stirred her emotions and reflections in such a way that she felt that she was coming back to life, but feeling the emotions also felt overwhelming. She came to the study exhausted in life and was exhausted by the emotional experiences of the trainings, yet as can be felt in the piece, she gradually moves to a place where the emotions are enlivening her, raising her from her deathbed and comfort zone, and offering new perspective on her past. She also was literally enlivening in her body, feeling and experiencing things in her body that she either had not felt before or had not allowed for a long time. This is spoken of and represented in the piece. The contradictions of what is life and death, what is light and dark, what is past and present, were constant themes in Participant One's data. There were also frequent references to spirits and spirituality. These ideas and themes progressed for her during the study and are shown as she revisits the bench at specific times and it becomes something different for her. The piece intentionally has no sense of closure, but of finding a slightly more peaceful way of pressing on in the simplicity of the power of breath, which was a discovery from the training for this participant. Many things were still convoluted and blended, but her sense of progress toward healing and balance grows throughout the piece. As can be seen in the data examples given for Participant One, her data always

seemed to hint around some deep pain that she was either unwilling or unable to directly name and/or explore, but RMAE training seemed to stir and at least transform this pain. The digital video file of the performance piece for Participant One is titled *Participant #1 Performance Piece*. This file is available under the Supplemental Files tab associated with this document in the ProQuest database or in a digital file directly under the link to the PDF file of this document in the Scholarship @ Lesley database. For the print version of this document, the file is available on the DVD and/or CD that accompanies this document. Please view the video *Participant #1 Performance Piece* now.

The text for Participant One's performance piece:

Feeling depleted, drained, exhausted. I need to slow down. Like the dying old lady, lying there, as if on my deathbed, I breathe in life. I have an increased desire to stay more with emotions and be with them. I tend to be a person who can ruminate. Emotional recall memories are raw but kind of enlivening! Loss remembered! Finding my way in the loss... I am feeling quite full.

I'm beginning to be stirred about professional authenticity, commitment, persona. Exposure to movement... Through a looking glass of physicality... Embrace agitation to receive its sound. Dreams, hauntings from the past, emotional experiences still left raw. Pain and liberation!

How did I get here? Not just to the training but this job, this life, this "place". I feel there was something deep in the connections of why I found myself participating in this process. What was it about my own emotional disconnection with myself that I needed to face? How did I become so

disconnected in a profession where I professionally intuit and work with others emotional life so well? What was I REALLY protecting myself from and why? Could I just let it go? Just like in a step out? I began to realize that I could. Then I began to wonder if I will... I am really an introvert, but I'm met with such positive and comfortable energy from the group.

My world has to get better in every area of my life. This work is like a mirror for that. This struggle was gratifying and hope filling. Slowly, things are coming into focus. This process helps to crystalize my understanding of my emotional life.

I felt a white strong light growing from my heart and then radiating out from all corners and sections of my body. I brought the rays of light to you... An overwhelming calm came over me, a great feeling of satisfaction and joy spread from all parts of me. I remember being a child holding a cotton ball lamb while reciting communal prayers in which I can still find myself. Under my bed was a humidifier...helping me breathe...to drift beneath my dreams.

Breathing.....Inhale.....Exhale

Participant One chose not to respond to the piece.

### **Participant Two**

The performance piece for Participant Two is divided into titled sections which capture some of the specific phases of the experience for the participant. Each phase is placed around a center point on the stage. At the end of the piece as the participant accelerates into all the new awareness both professionally and personally that she is arriving at, the participant is center stage, in the center of all the phases. This represents

the coming-to-onself that was a strong influence of the training for this participant.

Much of what is done with the body and movement in the piece is meant to be symbolic and yet literal in terms of how the participant was reacting to the influences she felt from the training. Much of the imagery and shaping are directly drawn for the submitted arts pieces such as the heart as container and self-awareness, the tangles, the Step-out. A key realization and experience for Participant Two was the discovery of how to allow and learn from emotional experience. Much of this happened in the weeks following the trainings. The pauses of the Neutral Breath and Step-out are shown in the piece to have lead to several personal and professional realizations and paradigm shifts. In general this piece offers a clear perspective on how Participant Two was changed by what she experienced. The digital video file of this performance piece is titled *Participant #2 Performance Piece*. This file is available under the Supplemental Files tab associated with this document in the ProQuest database or in a digital file directly under the link to the PDF file of this document in the Scholarship @ Lesley database. For the print version of this document, the file is available on the DVD and/or CD that accompanies this document. Please view the video of the performance piece for Participant Two now.

The text for Participant Two's performance piece:

### *Mixes and Tangles*

Emotions were stirred up, mixing and flowing within me. Connecting, separating, tangling, fighting, merging. Like puzzle pieces searching for their connection in order to become a whole. At times I was physically uncomfortable, exhausted, couldn't internally connect. I was confused. It felt like eruptions, but I wasn't sure if the eruptions were good or not. The emotions didn't feel quite

contained. Feeling emotions disconnected from my experiences and memories, trying to turn them on and off, it bothered me, and I was left with questions.

### *The Heart and the Group*

I didn't feel afraid, just alone. Loneliness... then a gradually increasing strong and powerful connection to the group. Our discussions made me feel acknowledged and understood. I started to let my emotions be, I started to hear them. I did not control, change, or ignore them. I embraced them... My emotions started to feel more organized, even if there were still things that didn't connect. My heart started to hold everything in this large embrace... to hold the connections and the tangled mixes.

### *Stopping, Pausing*

I mostly appreciate the pause between the neutral breath inhale and exhale. This pause symbolizes a lot in life, I believe, about being there in the moment, stopping. It changed things for me. The holding, the pausing, made me much more aware of the wonderful tool of breathing. Pausing was a big thing, pausing in the breath, pausing in the experience, and listening to what my emotions are trying to tell me. Trusting the pain, the laughter, the anger, the joy, the fear. Trusting the questions they are raising. Experiencing and sensing them fully. Just listening quietly to . . . my heart. It is me. I am present. This led to therapeutic realizations and ideas: the need to know how to go back to balance, to the neutral self; noticing our emotional selves; learning where we should come back to. Practicing Step-Out as a powerful tool. Giving actual physical time and effort to learning and restoring emotional balance.

*Clarity and Awareness*

Now I have more emotional awakening, clarity, and awareness emerging through the ongoing emotional mixes and tangles of life. Experiencing, listening to, accepting, and embracing emotions was empowering. But I still have questions. Its like emotions were crystalized in a way that made them more noticeable and clearer. Some of the training experiences brought memories of why I chose this profession many years ago. Despite the struggles and questions, I felt more complete and full after doing the two weekends. I can let go emotionally, knowing that I have control, but also letting it be – letting it stay, and not trying to switch it off. There's clearer sensitivity to and awareness of others emotions and I try to feel emotion more fully now. I look at emotions more as guides, and signs. I perceive more in my clients who struggle to express emotions or who try to present different emotions than what they feel inside. I notice their emotions and emotional states more, and I think about developing their emotional understanding. As time passes since the trainings, I think more about RMAE, especially intense emotions, and I long to feel more joy.

Participant Two's full response to the performance piece:

I think overall your training provided me an awareness to the subject of emotions, and clarity to the role of emotions in our lives. I had an opportunity to think more attentively about that as result of the training. The performance piece felt to me a little distant maybe because of the time that passed and maybe because you were talking and moving my words so it felt weird. I did think you were able to

reflect the struggle I experienced in the dramatic piece, and the awareness and questions it raised, so I would say that these parts mostly resonated with me.

### **Participant Three**

This piece again utilizes a small bench, which serves as the symbol of the safe, protected, guarded, and emotionally silent place the participant was in at the beginning of training. This was not just a psychological place but also a literal physical state for the participant. The discoveries and transformations she reported experiencing in her body as a result of the training are clearly demonstrated in the piece. The music that accompanies the performance is the fourth and final arts piece submitted by Participant Three. This piece of music was chosen for the performance piece because all of Participant Three's arts pieces were original pieces of music and that music, therefore, needed to have a strong presence in the performance piece. The emotional qualities and themes in Participant Three's fourth music piece captured many that had occurred in earlier data from the participant, and the music acts as a container and catalyst for the progression of the piece, just as the experience of emotions did for the participant. The performance piece shows the participant's emotional responses to the training, as reported by the participant, having influenced a more healing mourning, a reawakening of artistry, performing more intuitive clinical work, strengthening her relationship with her children and others, and a general enlivenment of her enjoyment of life. The digital video file of the performance piece for Participant Three is titled *Participant #3 Performance Piece*. This file is available under the Supplemental Files tab associated with this document in the ProQuest database or in a digital file directly under the link to the PDF file of this document in the Scholarship @ Lesley database. For the print

version of this document, the file is available on the DVD and/or CD that accompanies this document. Please view the video *Participant #3 Performance Piece* now.

The text for Participant Three's performance piece:

I've been working hard for the last 7-8 years to minimize emotions for myself, as well as their impact on me and those who surround me. I needed that for various reasons spiritual, personal, professional. I've learnt to discount most of my own emotional manifestations as "silly" (or "crazy", "stupid", at its worst).

Then the training . . .

Challenging, new, bringing awareness, feeling artificial, unnatural, robotic. Unfair and scary. Step out of my self preservation, my safety zone, were I theorize about emotions... a vulnerable explorative space! Connecting with my emotions and my body. Breath as an experiential bridge between my psyche and my body. Giving in to the emotional patterns...

My body starts aching and freezing, in resistance. Presence of other group members...awareness and growth...feeling things more and more in my whole body. Coming to life! A completely new place emotionally.

My emotions come raw for some time. Will this harm my music therapy practice? Anger, snapping, irritability, throwing things...the power of the emotion scared me. Tame my anger back. The death of my close friend. Initially, I did not feel sad, but after the training, my mourning evolved deeper. I let myself into memories, connected to myself as I used to be before I'd started to divert from my emotions. I felt as I remember feeling when I was younger and at the same time felt experienced, centered in life. It was a very powerful sensation. It felt like full,

fulfilled being. And I wrote a song, letting it hold my emotional experience – as I used to do 7-8-10 years ago. It was powerful and beautiful... But several days later I felt back to “normal.” I would not share my song with anybody. I felt like I was being silly to even experience the emotions I experienced. More or less, I drifted back into my usual, dull, shadowy emotional world... But something has shifted. Even through fatigue and my familiar, “safe” avoidance of strong emotion, I now realize that my emotions are reachable, intact within me, and can serve me well, both as a human being and as a professional. I wish there was a therapist available using RMAE. I wish I had more extensive training myself.

Connecting with my patients on a deeper level. Clinical intuition more acute and effective. Helping me be a better mother. Going deeper into an emotion, exploring it rather than pushing it away. Challenging, but it feels like a growth spurt, like a development. Guiding therapeutic interactions better. Reconnecting with the training group. Trust my body even more. Powerful, confident in experiencing my emotions, less intellectualizing, more experiencing. I feel safe enough. Connecting to people - strangers, patients, friends, my own children - better than before.

Do not suppress it, let it wash over me, like a wave, without fear of being consumed. Deeper self awareness and better self-care. A life changing experience, and I am deeply grateful for it.

Participant Three's full response to the piece:

The final enactment of my experience with RMAE training is a pretty accurate artistic description of the changes that took place for me throughout the RMAE

sessions and personal reflection periods. The text, the music, the structure of the performance - going forward and back, and forward and back to safety and doubts again, like waves, but with gradually growing force - were all hitting the right spots, raw and alive. The only change I would probably make would be the amplitude of movement (which stands for the inner process): almost completely still, frozen, hardly moving lips, mask face, the body being very straight and still, but at the same time with shoulders tense and too much to the front (=sadness, search for safety). And from this "below zero" point could grow the sequence of emotional waves. I guess, what I am trying to say, is that the impact of RMAE on my inner process, on my emotional life has been even bigger than pictured by this enactment.

#### **Participant Four**

There are several key physical poses or postures that are used in this piece which were directly extracted from the images of himself that Participant Four included in each of his arts pieces. These poses parallel the journey around the emotions he experienced during the training which are always shown and experienced at the center of the stage. The patterns themselves seemed to act as both a container and a shield for Participant Four to experience emotions in a safe and free place, and much of his experiences and influences from the training focused on what sense to make of what he experienced while executing the patterns themselves. More specifically than in any of the other performance pieces, the effector patterns are shown in the piece and then the experience is described. This was deliberate because the patterns were so central to Participant Four's overall experience. As much as possible the spatial relationships and the self-

reflection of his visual artwork were incorporated into the piece in connection to what he reported experiencing in his written data. The digital video file of the performance piece for Participant Four is titled *Participant #4 Performance Piece*. This file is available under the Supplemental Files tab associated with this document in the ProQuest database or in a digital file directly under the link to the PDF file of this document in the Scholarship @ Lesley database. For the print version of this document, the file is available on the DVD and/or CD that accompanies this document. Please view the video *Participant #4 Performance Piece* now.

The text for Participant Four's performance piece:

At times I feel stuck or numb to the world unable to experience and work through an emotion because doing so may hinder real world responsibilities and those that count on me.

Fear - powerfully visceral, heightening my awareness of self. I enjoy inducing fear. Perhaps it's a pushing of my limits or a familiar place. Pleasure - a sense of satisfaction in the present. Sadness - the first time in about 4 years that tears flow freely... unblocked, unjudged and unfiltered. A moment of realization that highlights some "emotional plaque" around sadness. That awareness although cognitive at first, in this experience becomes a visceral exposure to sadness. That from the "gut" emotional induction leaves me feeling both exhausted and eager to further explore sadness. Anger – powerful, the desire to push it only held back by how others would perceive me. Joy - amazing... it brings tears to my eyes much like sadness but it feels very different.

Emotional bliss, saturation absent of environment's pain.

In the weeks that follow, I experience a cloudiness around emotional content. In training I had so much clarity... now I feel a little off... numb at times... wanting to experience the intensity of emotions. It's like getting off a carousel and being completely disoriented. Still trying to process what happened during the training and understand what that experience shifted in me.

Days after the training I found myself quick to anger, frustrated by environmental cues that activate intense emotional reactions. My personal experience has been agitated. I find myself more restless emotionally. Neutral breath remains vividly, I find myself seeking it at various points of the day. Covert external and internal factors hold me hostage, keeping me from the full emotional spectrum. I have a strong desire to practice and actively engage in the patterns, needing the emotions and their expression to feel oriented again, to open the stage for more questioning.

No one had ever given me an environment to experience my emotions like this before and I felt held and safe. It helped to execute the patterns more effectively and to experience them free of judgment. I was amazed as to how much control I had and how intense I experienced them.

As time passes the powerful experience of the training fades. My emotional awareness is deepened, and in many ways my frustration tolerance is shortened. Emotions experienced in waking life now feel contaminated or polluted, different than inducing the emotional patterns. The rapidly moving world saturates the self in reactive or responsive posturing. Experiencing emotions in RMAE reconceptualizes them. To experience emotions absent from

psychological or environmental triggers gives them a different flavor. Each pattern informed me in different ways.

What has remained is a strong desire to practice the patterns, the potential of RMAE to explore emotions and move stagnant emotional energy, reframed ideas of negative vs. positive emotions, and the application of emotional regulation to my lived experience. Awareness of breath and body all contribute to the sense of control over my emotions. After several weeks of reflection the emotional empowerment of embodied induction remains a salient and tangible experience. It allows me to sit more fully with emotions that arise. Giving me a very different level of insight.

Participant Four's full response to the piece: "It represents my experience in the training."

### **Participant Five**

Participant Five struggled a great deal in the trainings to find emotional stillness and comfort with emotions. In the piece, the chair is representative of the effector patterns and specific exercises done during the trainings. The space directly in front of the chair is a place of comfort in allowing any emotional experience. The frequency in which the staging is in one of these two places in the piece is a direct reflection of the ratio of time the participant was able to be in these two spaces or states during the training. As is evidenced in the piece, the participant's data gave very little insight or exploration to any influences of the training in the weeks that followed. There was possibly even a resistance to what the experience was doing to her body and emotions and, therefore, an unwillingness to acknowledge it affecting her outside of the training. It is intriguing that as a dance/movement therapist, this participant described the body-

based emotional experiences generated by RMAE as “mysterious.” The digital video file of the performance piece for Participant Five is titled *Participant #5 Performance Piece*. This file is available under the Supplemental Files tab associated with this document in the ProQuest database or in a digital file directly under the link to the PDF file of this document in the Scholarship @ Lesley database. For the print version of this document, the file is available on the DVD and/or CD that accompanies this document. Please view the video *Participant #5 Performance Piece* now.

The text for Participant Five’s performance piece:

It is difficult to move through this world with such sensitivity and awareness, full of waves of emotion, thoughts, critical voices, acceptance, exhaustion, and effort. Peaks and valleys are my normal, baseline experience . . . normal and exhausting at the same time. My body, heart, mind, spirit are already full of feelings all the time.

I feel sort of a battle inside...not wanting to induce intentional feelings...aware of a resistance. There is some physical and mental walls that arise even as I try to let them melt away. Hesitation to allow myself to be fully engaged. Resistance to being in balance. I feel constricted, which brings up frustration and some anxiety.

The physical patterning calls upon my intellectualizing. The physiological response moves through me like a sneak attack. Often this experience sweeps me off my feet and I feel myself as a swirl of disconnected pieces.

I am tired of this, I don't want to feel this, this is uncomfortable, and I am done.

Cognitively, the idea of feeling each emotion purely, without resistance, without judgment, makes sense. However, my body tells a different story. This doesn't make sense to me.

Fear of fear. Is it possible to neurologically re-pattern that experience? This sort of head/body split is present. I believe it is possible and yet nothing in my body wants to intentionally invoke the fear pattern again.

These trainings present a mysterious sort of body experience.

It is nice to allow someone else to be the guide for once. I notice moments of ease and allowing the breath to fall in and exit, moments of increased awareness and clarity. I enjoy anger the most. I feel like I come home into my body, my presence, my spirit. At times there's a confirmation of things that have been brewing in my mind and body for some time. Reconnecting my pieces using interpersonal regulation, along with the neutral breath surprisingly helped slow the swirl and reconnect all my pieces. There are moments where the neutral breath doesn't feel quite so restricting and uncomfortable. I appreciate the container and structure, the ability to feel sadness in a held way, in contrast to this constant wave. I also appreciate the new awareness of anger.

I'm still wondering, wandering, curious, some sparkly little connections, and full of questions and not knowing how to connect or what to connect from this experience. There must be a willingness and buy in that this technique will work and be useful. I feel this knowing would help encourage the push onward through the discomfort and unpleasantness. I am not sure this knowing has settled down into me yet. Overall, there is something about the specificity of the

breathing patterns that leaves me unsettled. I am not sure what it is yet.

Something about grasping, controlling, attempting to force/control/be in charge of a certain state that causes anxiety. I wonder why it feels the way it does in my body. I wonder if there is a gentler way to explore it.

Something about it is unsettling.

Participant Five's full response to the performance piece:

At times this is difficult to watch. Initially, I feel reactive and those critical voices spring forward. As I watch the indirectness, the groundlessness in your feet, the quick weight shifts, and the wandering I hear myself saying: "Wait, that isn't how I am; I am not so scattered and all over the place." I let this settle and I realize that sometimes, I am like this. To see it embodied is uncomfortable. The constant motion in your body resonates with my own internal experience. I think that my discomfort throughout is in seeing it externally. My own experience feels more internal and I have to make an effort to bring groundedness and stability in my external presentation of myself. Interesting. I was also struck by the high chest breathing . . . remembering my own experience from the training. It was interesting to watch this and to stay focused and present. I noticed myself losing focus and presence at certain points; I wonder what it would be like to look at those moments and be curious about what you are portraying/saying and how that is affecting my own state. I am not exactly sure why it did feel uncomfortable. Maybe it feels a little too exposing? I am left feeling curious and wondering.

### **Key Aspects Among Participants' Experiences**

When taken all together, these performance pieces simultaneously accentuate both the commonalities among the participants' experiences and some of the uniquely individual phenomena particular to a specific participant. Discussion and speculation regarding these key aspects will take place in the next chapter. Here these aspects are simply noted to accentuate their place as part of the results of the data analysis.

Drawing from the final performance pieces as data results, one can see participants experiencing exhaustion in two particular ways. First, there is a general sense of the exhausting process of dealing with emotions in their lives previous to the training. Second, there is an exhaustion perhaps connected to this first exhaustion that came from the actual training itself. This second exhaustion seemed less connected to the physical exercises of the training and much more related to the emotional experiences in the training, at least in the early processes.

The bodywork within the performance pieces, as a culmination of the enactment pieces, shows participants phasing in and out of centeredness and grounding over the weeks of data collection. Each time a participant found their center and core, especially emotionally, there was usually a greater amount of clarity and awareness referenced. The training brought about this centeredness and also caused the shifts in and out as participants passed through the experiences and intervals of time after trainings. Participants Two and Three drew direct conclusions about finding this emotional centeredness for themselves as a way to enhance their professional work and to focus on helping those they worked with do the same.

All the participants indicated the body as a new or rediscovered source of emotional knowing and understanding. Even Participant Five, a dance/movement therapist, experienced the RMAE approach as a “mysterious” means of working with emotions in the body. The data suggests that participants’ knowledge and awareness of emotions was shifted in some way due to the focus on the body rather than the abstract concept of emotions, which several participants explored in their writing and art work in terms of intellectualizing versus experiencing. Much of the data indicated participants were exploring ideas as compared to actual experience and noting how much fuller the experience is in bringing awareness and information. The general feeling across the performance pieces is that participants found the emotional experience itself informative, regardless of whether or not they found all of the experiences or influences personally enjoyable or desirable. All indicated the training brought some form of emotional insight.

Another theme found in the performance pieces is that of tolerance for emotional experience and allowing emotional processes to occur fully. Participants Two, Three, and Four, indicated some of the initial effects of the training were emotional eruptions or a proneness to stronger emotional experience and reactions. Participant Three expressed fear regarding these experiences. However, as more training occurred and time passed, all of the participants, with the exception of Participant Five, discovered a greater ability to “be with” their emotions, regardless of what emotion it was. Tolerating and allowing fuller emotional experience came after these periods of emotional volatility. None of the participants indicated any feelings of instability of emotions after the training, though Participant Five continued to feel unsettled about full emotional experience and the

exhaustion she felt in her life because of it. The concept of *allowing* was central to this common process of change among the participants.

Though this study did not focus on comparing a training experience within a group verses individual training, data did indicate the presence of others in the training had an influence in the overall experience. Participants One, Two, and Three specifically demonstrated and described an initial anxiety because of the presence of the group and then an increasing bond and ability to gain greater understanding from others in the group that they felt was not otherwise possible.

Participant Three seems to be the strongest example among the participants in experiencing an expansion or enlivening of emotional experience in daily life as a result of the training, as is evidenced by her final statement in response to her performance piece: “[T]he impact of RMAE on my inner process, on my emotional life has been even bigger than pictured by this enactment.” Other participants also indicated being able to feel more fully, a greater sense of completeness or fullness, satisfaction, and gratitude. Many spoke of being in pieces or disconnected and feeling this disconnect come together to allow fuller experience. This specific process was journey-like in the way participants expressed it.

One phenomenon that was made clear with each participant’s performance piece was the fading effects of the training experience. Whether this fading occurred once during the last weeks of data collection, or at two or more points during training and the weeks following, it is clear that the effects of working with the patterns and experiencing the emotions had certain impacts that were not sustainable without further exposure to training and work with RMAE. However, there were other impacts of the training that

did persist and alter the participant's emotional perspective in a lasting way. Some of this can be seen in how participants described clarity coming and going, and attempts to find more complete meaning, purpose, and applications from the experience. Each participant did note some level of increased emotional awareness as an enduring impact of the training.

All participants endured conflict and/or struggle through the process. Participant Four began to have his views of positive and negative emotions challenged. Participant Five repeatedly indicated feelings of unsettledness, fear, and discomfort. She described it as a battle inside. Participant Three confronted both physical and mental resistance. Participant Two struggled with what it meant to *control* emotion and whether it was healthy. The performance pieces capture various struggles and conflicts present for each participant. Confronting and coping with these struggles was central to how each participant felt about the experience of the training and about RMAE generally.

Finally, the performance pieces for Participants Two, Three, and Four collectively indicate that RMAE crystalized or brought sharper clarity and perspective on emotion and emotional experience in a way the participants had not experienced before. However, Participants One and Five seemed to remain in a more clouded place emotionally. This may be due to several factors, including what their emotional lives were like coming into the study, or their particular experiences during the training. As an observation, emotion seemed a more difficult experience to have for these two participants compared to the other three. Perhaps there is something more that could be explored in future research regarding how to help therapists become more comfortable

and open to strong emotional experience as a way of expanding their clinical effectiveness, but these are speculations.

### **Peer Reviewer Final Feedback**

To add one final perspective on the data results, the peer reviewer's response to the final enactments is discussed here. As a reminder, the peer reviewer was given samples from the data of Participants One and Five and then saw the final enactments for these two participants. In a personal communication sent to this researcher, the peer reviewer stated that the final enactments felt "accessible" and free in movement and space. She further noted,

The embodiment liberates the words into a poetic form . . . makes feeling come to light for the viewer . . . moves more freely . . . feels more in tune . . . seems to help better comprehend what [the participants] need to share. . . . It feels personal and personalized. . . . There seems to be a real use of time, place, and relationship [that] feels slightly arts-informed also because there is a performance aspect that has an aesthetic appeal. . . . Embodiment—yours and previous to this—the participant's, allowed for written text to become three dimensional in inquiry. What I would like to see more of, as the viewer, is the struggle in [the] body through you.

This last point about the struggle in the body made by the reviewer is intriguing. This researcher had a similar instinct, but during the enactment phase, some participants felt this researcher was exaggerating their experience because of the level of expression in the body. This researcher spoke to them about the dramatic process and the artistic symbolism involved in representing their experience through the body, but it became

clear that a middle ground was needed. More about participants' reactions to viewing the enactments and performance pieces will be explored in the next chapter.

The samples of participants' data, of the enactments and responses, and of the peer reviewer's feedback, combined with the presentation of the results of analysis in the form of the final performance pieces themselves, offer a collage or a mosaic answer to the research questions, an answer which is both individualized and collective through an arts-based inquiry process. The next chapter will discuss the results and possible conclusions to be drawn.

## CHAPTER 5

### Discussion

This study sought to explore the experiences and influences that creative arts therapists felt were connected to receiving an initial Rocky Mountain Alba Emoting training. While more emphasis was placed on influences on participants' professional work as the study commenced, the exploration adjusted to include any reported meaningful influences and experiences associated with the training. Because of the complexity of emotional experience and because participants were familiar with expressing and exploring through artistic processes, an arts-based method was used in data generation, data analysis, and presentation of results. Five creative arts therapists participated in a full initial training in RMAE, with one of the five being trained in a one-on-one setting and the rest receiving training as a group. The training was divided into two separate two-day intensives, with training lasting about eight hours a day and with six weeks between the first and second training. Participants submitted data regarding their experiences during and after the trainings in both written and artistic form. These data were analyzed through an embodied improvisational and intuitive acting approach. Participants were then given opportunity to respond to the enactments and the accuracy with which the process was capturing the experiences and influences of the training. The final process of analysis was the creation of summarizing performance pieces meant to present the final results of the data analysis for each individual participant. A peer reviewer was consulted and gave feedback based on data samples from two participants which included the first two enactment phases and the final performances pieces. This chapter will discuss the findings of this study and their relatedness to the review of

literature in Chapter 2. Limitations of this study will be noted along with how this research might impact the field of creative arts therapies. Recommendations for further research will also be given.

### **Real and Personal Emotions**

The performance pieces as findings of the study show participants describing and reacting to experiencing genuine and subjective emotions during RMAE training which had reverberations in the weeks after each training. It could be inferred from the findings that participant's attention to such experiences also seemed to increase, as seen in the section of Participant Four's performance piece that demonstrates his analysis of how different and less pure his everyday emotions felt after having done the effector patterns in a previous training. Participant Three describes greater or increasing emotional sensitivity, and Participant Two repeatedly reported increased effort to pause and listen to her emotions compared to before the training. The overall results show participants repeatedly describing and exploring their ideas about and experiences with the process of attempting to activate emotions and the various emotional experiences generated by those attempts. These findings hearken somewhat to Panksepp's (2009) affective balance therapies as well as his advocacy for using emotions and emotional experience as a means of attaining greater health. Regardless of what individual experiences and influences the training generated for each participant, the results of the data analysis indicate that it was the experience of actual emotions that was at the center of them all. Participants One and Five were perhaps the most unresolved or unclear in their perception of what possible meaning or benefits the training truly brought for them, but even their final pieces indicate that the real emotional experience was the key to the

process of whatever did happen for them. In fact, the power and intensity of those emotional experiences may have been what caused so much discomfort at times. Participants seem to not have been expecting something so visceral, to use Participant Four's frequent description.

Participants' direct encounters with emotions within their own bodies and minds were apparently deeply personal for each participant even if a participant did not elaborate in a detailed way about that personal impact. All referenced at least the beginning of a shift or an altering in what they had previously felt and thought about emotions and how they had experienced them. The impact for Participant One elicited responses and poetry frequently laced with retrospective memories of earlier life events and relationships and an effort to gain greater understanding about her present life. Participants Three and Four had a great deal of exploration and processing of current relationships and life responsibilities. All of the explorations, discoveries, or processing appeared to have deeply personal influences that interconnected with participants' professional functioning and perspective. Participant Two spoke of being more focused on bringing greater emotional awareness to her clients and developing their emotional health. Participant Four expressed frustration over not being able to be more emotionally free in the face of the demands on his time, and Participant One explored the disconnect she perceived between what she was able to do for the emotional lives of her clients but not for her own. The newness of this way of learning about emotion in general and in their personal emotional lives was both unsettling and exciting. There was not one particular aspect of the training that participants generally seemed to experience more

forcefully or fully than others. Participants resonated in different ways to each component.

The findings can also be used to infer that participants found emotions more accessible and understandable as they were concretized in the body and breath. The final performance pieces indicated how the participants had to cope with the reactions of their own bodies in working with emotion as well as new awareness and freedom that came from experiencing breath in connection with emotion. It would seem that the literal work of preparing and training the body was an emotional education in and of itself.

### **Professional Influences**

These preceding observations serve to further develop and support the theories and connections explored in the literature review of this dissertation. Kalawski (2013) pointed out that many therapists lack specific methods for working directly with emotion. RMAE is a specific method that allowed participants to concretely understand and experience emotions, both their own and those of the people they interact with. Accurately perceiving and sensing others emotions was reportedly increased throughout the duration of data collection by Participants Two and Three. Participant Two's performance piece shows that she felt she had a

clearer sensitivity to and awareness of others emotions and I try to feel emotion more fully now. . . . I perceive more in my clients . . . I notice their emotions and emotional states more . . . and I think about developing their emotional understanding.

Participant Three reported that she started “connecting with my patients on a deeper level. Clinical intuition more acute and effective. (direct quotation)” Participants One

and Four inferred that they possibly had similar experiences in their movement from places of emotional numbness and deadness to more enlivenment and sensitivity. These abilities to more accurately sense and perceive emotions have a connection to effective therapeutic work (Machado et al., 1999). Further, Elliot et al. (2011) described therapeutic empathy as a key process in psychotherapeutic work. RMAE training brought out greater abilities to feel emotions and to sense them in most of the participants. The findings did not indicate specifically whether participants' therapeutic empathy increased, but the possibly can be found in the results of the data analysis.

Greenberg (2008) said that there was relationship between a therapist's own emotional understanding and the ability to effectively discern when and how to apply several key principles for working with emotions in therapy. Those principles were emotional awareness, arousal, expression, regulation, reflection, and transformation. The findings of the study offer strong indicators that through the RMAE training each participant explored on some level all of these principles and in some ways achieved deeper understanding and abilities in at least some of them. All participants claimed to have experienced increased emotional awareness. As noted earlier, all experienced emotional arousal repeatedly throughout the training and in the weeks following. The challenge and process of emotional expression was something all participants explored and processed about in the arts pieces and written responses. Using Neutral Breath and Step-out to regulate emotions was also a repeated experience in the training, and participants indicated new thoughts and abilities in themselves regarding emotional regulation. As Kalawski (2013) observed, the flexibility that comes from learning to enter into and out of emotional experience at will can be a great help to emotional

regulation, one that all participants experienced to a greater or lesser degree. Emotional reflection is a key component of RMAE training and was ubiquitous throughout the experience. Finally, whether participants gained greater understanding or experience with emotional transformation in the sense that Greenberg intended it is unclear. If transformation means alterations, expansions, and adaptations away from previous emotional habits and processes of experiencing, then at least Participant Three's experiences qualify. The other participants experienced these things but in a much more fluid and intermittent process. If the idea of emotional transformation is more narrowly viewed as one emotion transforming into another, then there is no doubt that all participants went through this process regularly. The long-term effects of playing with Greenberg's principles via RMAE training cannot be determined within the scope of this study. The potential for more refinement and application of the system to bring about long-term effects certainly has support with the findings here.

Unlike this researcher's pilot study (Wadsworth, 2013), which examined the general experiences of RMAE training for a class of undergraduate students, this study examined the influences and experiences of RMAE in relation to the lives and professions of the participants, namely the creative arts therapies. Initially, the study was planned to focus more directly on the influences RMAE training had on participants' professional work. This emphasis softened, but it is still worthwhile to make observations about this connection. While no solid conclusions can be drawn as to how each participant's work was influenced, there are enough indications and inferences within this study's findings to formulate a theory that the RMAE training influences creative arts therapists to consider more directly the emotional life of their clients, to

evaluate clients using the effector patterns as reference, and to adjust and develop artistic means within their modality of expertise which enhance the client's ability to access and express emotion. Perhaps the real merging between personal and professional life is that as participants began to be influenced personally by the RMAE training and to become more emotionally alive and whole, their professional work began to be altered.

Participant Three reported that she was beginning to choose songs with structures that would require certain types of breathing patterns for use with her clients. These indications within the findings couple with both this researcher's (Wadsworth, 2008) and Kawalski's (2013) speculation about how the effector patterns may be used therapeutically both in diagnoses and treatment. It may be true, and indications within the data seem to suggest, that whatever personal growth and new understanding participants achieved as a result of RMAE training made them feel a little more able in relationships with others. This again hearkens to the observations already made about the qualities and abilities effective therapists have in feeling, understanding, expressing, and working with emotions. It remains curious and strange to this researcher that there are not more experiential emotion training processes designed into the curriculum for educating therapists. Certainly, RMAE, with some further refinement could be a candidate for application in such a context.

### **Experiential Emotion Education**

The new perspectives and experiences the training provided for participants despite their previous clinical or artistic trainings and backgrounds support Wolsk's (2003) model for using experience as a means for teaching and Rogers' (1956) assertion that there are key qualities required to be an effective therapist that simply must be

learned experientially. In the case of RMAE, this experiential learning is body-based, and the findings suggest that participants were finding new cognitive and emotional connections to and awareness through their bodies. With the body becoming increasingly important in psychotherapy, as the work of Gibbs (2007), Leijssen (2006), Leitan and Murray (2014), and Röhricht (2009) suggests, the connections and discoveries regarding emotion and the body that participants reported infers potential for educating therapists in a way that allows them to help their clients make the same connections and discoveries. Again, this is not presenting RMAE as a body-oriented psychotherapy, but rather a tool to educate therapists about their own and others' emotions. This study suggests that this type of emotional education may enable therapists to be more healthy emotionally and to be more effective in addressing emotion with their clients through the body or otherwise. RMAE as a body-based, experiential emotion training seems to have expanded the understanding and knowledge of all the participants in some way.

### **Comparing Alba Emoting to RMAE**

Some of the observed and anecdotally reported “side effects” of Alba emoting training were referenced by the participants and found in the results (Bloch, 1993). The difference being what Rix (1993, 1998, 2001), Beck (2010), Chabora (2000), Conrad (2003), Wadsworth (2008), and others described as unexpected or surprisingly healthful effects of their early AE training experiences are clearly central to the experiences and influences these participants associated with RMAE training. In addition, these influences seem larger and more expansive in their reported impact and scope than those mentioned in the accounts of AE training effects. The results of the data analysis combined with the findings of this researcher’s pilot study (Wadsworth, 2013) would

appear to accentuate that the exploration of emotion and the structure and approach of RMAE training allows participants to go further than AE, even in initial training, in working toward greater emotional awareness, balance, enlivenment and expression. Kawalski's (2013) case study does not describe the kinds of effects participants in this study experienced and reported. Participant Four stated in the data that he had never been provided with such a unique and safe space and method for exploring his emotions. While it cannot be accurately stated that the participants achieved or experienced all of the objectives of RMAE training, many of the key goals of the RMAE philosophy and approach as described in Chapter 2 manifested at least partially in the participants' data and final performance pieces.

### **Limitations and Implications**

The limitations of this study are informative in considering the findings and in doing further research. The first limitation of the study was that one of the five participants was trained individually instead of with the group despite strong rationale for including the fifth participant. While this did not change the intent and focus of the training, it clearly presented a difference in experience. The study was not designed to consider the differences between individual RMAE training compared to group trainings, but this researcher acknowledges from years of personal experience that there are benefits and draw backs to both means of receiving training. It could be that some of the anxieties and resistances Participant Five expressed would have been soothed by having peers to go through the training process with her. But it is difficult to assertation what exactly the reasons were for the presence of those anxieties and resistances. Certainly in terms of study design it would have been more ideal to have all participants receiving the training

in as similar a way as possible. However, the choice to include a dance/movement therapist was also a heavy consideration in including Participant Five's data.

Other limitations to the study came in the clarity and specificity that participant's provided in their data. Though this researcher tried to offer clear and direct instructions regarding the creation of arts pieces and written responses, the data generated were at times not focused on the personal and professional impact RMAE was having on the participant. This seems to at least indicate that better and clearer instructions and guides could have been created for the participants to use. At the same time, despite weaknesses in the instructions or certain specifics in the data generated, the data did generally seem to be reflecting important experiences from the perspective of the participants, even if data generation could have gone deeper in some areas.

Related to limitations in data generation and analysis are other points. Participants were given free choice as to what art form they chose to use to create their arts pieces. All data was to be submitted in a digital format, and most of the arts pieces submitted were visual art, with the exception of Participant Three's music pieces. The participants were not asked to submit data via a specific or certain process, nor were they asked to explain why they chose the art forms they did for each submission. Participants were not asked how effective they found their choice of art forms to be in expressing their experiences and thoughts. Because these questions were not asked, one can only speculate as to why participants chose as they did. Having said this, the lack of diversity in the art forms utilized—especially in a study design which heavily relied on theatre, movement, and acting methods for data analysis—invites the question as to whether or not there could be a more effective way of generating the artistic data. For instance, the

design was meant to provide participants the freedom to choose whichever art form they felt best enabled them to express their experiences, but this researcher assumed that this would lead participants to either remain within the art modality they were most comfortable with, or to choose different modalities that felt most appropriately expressive at each phase of the study. This researcher assumed that the drama-oriented participants would create dramatic arts pieces, the dance/movement-oriented participants would generate movement pieces, and so on. One wonders how fully authentic or divulging participants were able and/or willing to be because of the art forms they chose. Again this information was not requested of the participants, but could be informative for a future study. If the study was to be repeated with variation, it may also be useful to examine whether requiring certain art forms to be used at different phases of data generation would enhance or hinder the results in any way. Perhaps in arts-based research it is the artistic process that is key regardless of what art form is used, and there may not be a meaningful difference. The possibility of achieving more precision of expression as enhanced by training in a particular art form would seem to challenge that way of thinking. It may also be that a drama and live theatre based form of data analysis would be more effective if all the arts pieces were in dramatic form.

Another intriguing implication within this study is the somewhat unexpected influence viewing the enactments had on participants. Some participants expressed levels of discomfort seeing their words and emotions enacted via live theatre processes, though none indicated whether or not it was because their RMAE trainer was the one doing the enactment. At other times, participants said they appreciated the highly personal experience of watching the enactments. All participants reported some increase of

greater insight into themselves and made connections and realizations related to their experience in the training due to the enactments. However, the level and amount of this insight was comparatively more profound for some. In this way, the enactments became an extension of the processes experienced in the trainings, which was an unintended but intriguing effect. This effect could possibly have altered the responses participants provided to the enactments, as well as their overall evaluation and retrospection regarding the RMAE training. Because the enactments were meant as live theatre experiences which were only filmed due to necessity, this researcher wonders in what ways the participants, process, and data would have been affected had the participants experienced the enactments live.

Thus far this researcher has sought to critically analyze actions taken in this study and ways these could be adjusted for better results in future research. The influence of having one of the five participants trained individually outside of the group has been discussed, as well as the clarity and specificity of instruction for data generation. Also examined were collaboration with participants, the lack of information gathered regarding participants' choice of art forms, and the influence watching the enactments had on participants. In addition to these considerations, a reflective review of this study's design and results, along with the experienced opinion of this researcher as a master AE trainer and co-developer of RMAE, indicates that to truly pursue a more thorough answer to the research question, the participants would likely require a greater amount of RMAE training. Those in this study received a full initial training, but it would perhaps be better in future research to provide both an initial and intermediate training so as to truly allow creative arts therapists to gain skills in the work and have more means of attempting to

apply it personally and professionally. An initial training did not seem sufficient to go beyond an opening up and freeing up of participants emotional perspectives. The data would suggest that participants intuitively wanted more exposure and refinement in their RMAE work. Many participants made statements about wanting more time with the patterns, more training, or more opportunities to explore applications outside of the training session. If this study design was repeated with alterations, a longer period of time for both training and data collection would be recommended.

### **Further Development of RMAE**

Incorporating some of the findings and implications of this study into the approaches taken in an RMAE training could lead to a more refined approach to training creative arts therapists in RMAE with the intent to improve their emotional life and their emotional work with clients. Further studies could also be done which explore ways of combining RMAE training practices and pattern work with creative arts therapies approaches in therapeutic contexts. With these potential combinations in mind, the unique perspectives of RMAE provided to this researcher through the processes of this research encourage the development of a method which can be emotionally restorative, empowering, and applicable in both creative arts therapies clinical work and education.

It is hoped that the method of this study may also serve to additionally impact the fields of creative arts therapies, and particularly drama therapy, in expanding and further experimenting with viable options for the use of drama and theatre based approaches in empirical research, including arts-based research.

### **The Beauty of Emotion**

This researcher wishes to make one final observation before concluding this dissertation, an observation that has grown out of the process of teaching, reading, researching, and writing about emotion for years. As can be seen throughout this dissertation, emotion is a key aspect of what it means to be human and alive. The experience of emotion, the witnessing of emotion, and especially the expressing of emotion can be profoundly beautiful, connecting, and healing. These things can also be profoundly overwhelming, destructive, and dangerous on an individual, family, community, and global basis. In literature regarding emotion, there is a great deal of discussion regarding emotional regulation, awareness, transformation, etc. But what this dissertation has affirmed to this researcher is the deep value and necessity for safe, complete, and full emotional expression, uninhibited and carefully held. As an example, Participant Four in this study repeatedly referenced the experience of actually executing the patterns and letting the emotion express and flow out. He longed for that experience in the weeks that followed the training and recognized it as something unlike anything he had experienced emotionally before. In all the regulating and being aware, there needs to be a space for expression of emotion in a safe and held way—un-judged, unrestrained, full-body, and acceptingly witnessed. This work and research seems to affirm the importance and value of that and the need to create and allow opportunities for that as humans in relationship with one another.

### **Conclusion**

Despite some limitations, this study offers promising implications that RMAE could be a viable means of educating creative arts therapists about emotion in an

experiential way that is unique among current trainings and educational practices. A review of literature indicates a need for such training, or at least the potential benefits of such. The differences of AE training and RMAE have been clearly outlined, and the connection of RMAE with creative arts therapies has been discussed and speculated about. An arts-based means of data generation, of data analysis, and of presenting results was generally effective and informative regarding the complexities of the emotions and experiences of the participants. Many implications for further research have been noted and discussed, and this researcher speculates that a method that combines RMAE and creative arts therapies approaches could be developed and applied for emotionally restorative and empowering effects for therapists, clients, and other individuals seeking to enhance their emotional lives.

**APPENDIX A****SAMPLE FLYER USED FOR PARTICIPANT RECRUITMENT**

# Creative Arts Therapists Needed For Arts-Based Dissertation Study on Emotion, Body, and Breathing

## **What is Rocky Mountain Alba Emoting?**

**Be a part of the first group** of creative arts therapists to receive this training!!

**Training is FREE for participating in the study!!** Participants needed for doctoral research study in Expressive Therapies program of Lesley University. Researcher is a trainer and developer of Rocky Mountain Alba Emoting. Participants will be given TWO FREE intensive TRAINING WEEKENDS. **Rocky Mountain Alba Emoting [RMAE] is a unique emotion training approach that emphasizes emotional awareness, expression, and empowerment** and is based in Alba Emoting(TM). Alba Emoting is a research-based **method for generating genuine emotion at will by engaging natural physiological patterns in the body**. Executing each “effector pattern” of this method produces actual emotion in people regardless of age, life experience, gender, educational preparation, or cultural background. Training in RMAE involves learning to execute combinations of specific breathing patterns, facial expressions, and body postures that induce subjective emotional states and then exploring the experiences. Alba Emoting is currently utilized by professionals in psychology, communication, the performing arts, and other related fields.

## **Who Can Participate?**

Anyone who is or has:

- Credentialed by the organization of their particular expressive arts therapy modality.
- At least two years of professional work since completing education.
- Currently using creative or expressive arts therapies on a weekly basis in some way.
- No previous training in Alba Emoting.

## **What Do Participants Have to Do?**

- The trainings will be held in a central location for those in the group of participants.
- Fully participate in these two-day weekend intensive RMAE trainings.
- Submit data every two weeks in the form of SIMPLE written responses and participant-created arts pieces (in any modality) from the beginning of the training until four weeks following the second training.
- Offer feedback to the researcher on arts-based analysis of data.

**Contact Brant Wadsworth at [xxxxx@lesley.edu](mailto:xxxxx@lesley.edu)  
or at XXX-XXX-XXXX for more info!**

**APPENDIX B**

**INFORMED CONSENT DOCUMENT**

**Informed Consent Form for Participants:  
Rocky Mountain Alba Emoting Training for Creative Arts Therapists**

**Investigators:** Brant Wadsworth, Dr. Robyn Cruz (advisor and principle investigator), PhD program in Expressive Therapies, Lesley University

You are being asked to volunteer in this study to assist in Brant Wadsworth's doctoral dissertation research examining the experiences and impact of training in Rocky Mountain Alba Emoting (RMAE). The purpose of the study is to gather and analyze data about the training experience of RMAE for expressive arts therapists and its impact on their personal emotional lives and their professional work. Also, this study seeks to discover potential applications of RMAE in the training and practice of expressive arts therapists.

Participation in this study means that you will attend and participate in two 2-day trainings in RMAE that are four to six weeks apart. Each day of training will last approximately eight hours. You will be one of a small group of participants who are also volunteering for this study and are, thus, receiving RMAE training free of charge. Brant Wadsworth and possibly Hyrum Conrad will provide the training. You will be asked to provide Brant Wadsworth with your demographic and contact information. For approximately eight to ten weeks (beginning after the first weekend training) you will be asked to submit to Brant Wadsworth a digital form of written responses and original arts-pieces that respond to guiding questions regarding the impact of your training experience. You will also be asked to respond and offer feedback to the analysis of your data done by Brant Wadsworth both during the submission period and in summary at the end of the eight to ten week period.

This study's investigators will not disclose your participation in the study to anyone except your fellow participants. You will be able to contact Brant Wadsworth at any time with questions regarding the study or your participation in it. You may withdraw from participating in the study at any time. All information that you provide throughout the duration of the study will be saved in secured digital files.

I, \_\_\_\_\_, knowingly consent to participate in Brant Wadsworth's study examining the impact of an initial RMAE training on the emotional life and professional work of expressive arts therapists.

I understand that:

- This study is specifically examining the impact and influences I experience both during and after receiving Rocky Mountain Alba Emoting training.
- I will not be able to participate in the study if I have had previous training in Alba Emoting.
- I will be engaging in physical movement, breathing exercises, and facial expressions in addition to discussions and activities focused on emotions as part of the training experience, and I will never be asked to do anything that has an overt risk physically or emotionally.

- I am obligated not to disclose identifying information of other participants regarding their participation in this study, and other participants are under the same obligation regarding me.
- I will be asked to provide contact information in the form of a phone number and email address and demographic information as well.
- I am volunteering to create and submit to Brant Wadsworth written responses and arts-pieces about the impact this training has for me personally and professionally. These submissions will be framed in such a way as to require the least amount of time as possible for me.
- That my written responses and arts-pieces will be in response to guiding questions provided by the researcher.
- I am invited to create additional written responses or arts-pieces if I so choose.
- These written responses and arts-pieces may include sensitive personal information.
- I am to digitally submit these written responses and arts-pieces promptly to Brant Wadsworth at the times designated during the data collection period.
- My identity will be protected outside of the group of participants.
- All information that I provide for the purposes of this study will be kept confidential outside of the group of participants and used anonymously for purposes of supervision, presentation and/or publication.
- The trainers and researchers will not share any information about me that is not pertinent to the training experience with other participants in the training without my written permission.
- This study will not necessarily provide any benefits to me. However, I may experience increased emotional awareness, sensitivity, and expressiveness. I may also discover clearer understanding of the physiology of emotion and use this knowledge for myself and in my professional work. The results of the study may also help to increase knowledge about training and educating expressive arts therapists and the applications of RMAE in the field of expressive arts therapies.
- I will not be able to use or teach and/or demonstrate RMAE to anyone, including my clients.
- All information and data related to this study will be kept in a password-protected digital format in the investigator's possession for possible future use. However, this information will not be used in any future study without my written consent.

- I may choose to withdraw from the study at any time without explanation or advanced notice.

**Confidentiality, Privacy and Anonymity:**

*You have the right to remain anonymous. If you elect to remain anonymous, we will keep your records private and confidential to the extent allowed by law and the specific design of this study. We will use pseudonym identifiers rather than your name on study records. Your name and other facts that might identify you will not appear when we present this study or publish its results.*

*If for some reason you do not wish to remain anonymous, you may specifically authorize the use of material that would identify you as a subject in the experiment. You can contact my advisor Dr. Robyn Cruz at XXX-XXX-XXXX or xxxx@lesley.edu with any additional questions. You may also contact the Lesley University Human Subjects Committee Co-Chairs (see below).*

*You will be given a copy of this consent form to keep.*

**a) Participant's Signature:**

*I am 18 years of age or older. The nature and purpose of this research have been satisfactorily explained to me, and I agree to become a participant in the study as described above. I understand that I am free to discontinue participation at any time if I so choose, and that the investigator will gladly answer any questions that arise during the course of the research.*

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Date	Subject's Signature	Print Name
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**b) Investigator's Signature:**

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Date	Investigator's Signature	Print Name
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*There is a Standing Committee for Human Subjects in Research at Lesley University to which complaints or problems concerning this research project may, and should, be reported if they arise. Contact the Lesley Committee Co-Chairs Drs. Terry Keeney or Robyn Cruz ([irb@lesley.edu](mailto:irb@lesley.edu)) at Lesley University, 29 Everett Street, Cambridge Massachusetts, 02138.*

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