

Group Conflict in Dance Therapy – Attempt of a Group Dynamic Integration*

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The authors have been leading a dance therapy group according to the dynamic psychiatric concept of Günter Ammon. The author's concern is to show how a so called 'committer-victim' conflict, which had been developed in a dance session, can be worked through and finally solved by means of group dynamic processes within verbal and dance therapy. The conflict was solved by revealing it to the group so that all group members had the opportunity to participate and gain from it. A committer-victim conflict changed into a group conflict. The fear to be excluded from the group, experienced by committer and victim likewise, as well as the experienced sense of shame and guilt can be diminished in this way.

Keywords: Group dynamics, dance therapy group conflict, scapegoat dynamics

The group dynamic view of all human development and change, both of individuals as well as of groups, is one of the central postulates of Günter Ammon's Dynamic Psychiatry. It therefore plays an essential role in processes of therapeutically induced changes within the Dynamic Psychiatric spectrum of treatments. This is also true for human structural dance therapy as it had been developed by Günter Ammon in 1982. Group dynamics that develop in the course of a dance session are an important factor for successful therapeutic change.

The authors will illustrate how a conflict between two patients, which developed in one of our dance sessions, can be worked through and finally solved by means of therapeutically guided group dynamic processes within dance therapy.

Human Structural Dance Therapy

Human structural dance therapy is particularly made for those patients whose disorders and traumas have already occurred during the preverbal

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stage of their lives. “Dance therapy, in the sense of identity therapy, here concentrates on the body-ego, which is the earliest form of human ego structure“ (AMMON 1985; translated by I. Burbiel).

Here we have to differentiate between the experienced body ego and the real body ego. The discrepancy between the two dimensions indicates the severity of the psychic disorder. One of the main targets in dance therapy is to bring the two body dimensions closer together in order to integrate them into the entire personality. Here the patient has the possibility to express and understand himself in a way he up to now has never been able to mediate by means of language. (REITZ 2005)

The group is sitting in a semi-circle. The session begins with approximately five minutes of free meditation accompanied by classical music or meditation music, during which the group members relax with their eyes closed. After meditating, those patients volunteer who wish to dance during this session. The dancer goes into the middle of the group and expresses himself to self selected music or to drum beats played by group members, or he dances without music.

After dancing the dancer tells what he experienced during his dance, and is then given feedback from the group and the therapist. Talking about a dance, the interpreting verbal intervention enables the dancer to realize changes in himself and to integrate them into his personality. For in non-verbal therapies “the language is the medium of commitments, obligations and contracts“ (SCHMIDTS 1994).

The patient’s self-perception and the group’s perception of the patient may be more or less identical at this point. What is particularly perceived in a dance is the developmental process made during one dance, but also the relationship between the present dance and former dances. The group responds to

the way in which a dance corresponds to the selected music, to the way in which the dancer is in contact with himself and the group as a whole, to unintended spontaneous, ‘true’ aspects of the dance, but also to intentional, facetious and artificial features, which are criticized (AMMON 1986; translated by the authors).

The authors have been leading a dance therapy group for several years, which takes place every two weeks and which may accompany verbal individual and group psychotherapy. At the time, the two successive dance therapy sessions we are presenting, took place, the group (s. fig. 1) con-

sisted of 17 members (12 women, 5 men, 7 members in verbal group psychotherapy, 6 in individual psychotherapy, three members in combined individual and group psychotherapy).

All patients came into therapy because of structural disorders, primarily because of personality disorders accompanied by severe psychosomatics, anxiety and eating disorders, depression, compulsory disorders, addiction, narcissism, schizoidia and borderline problems.

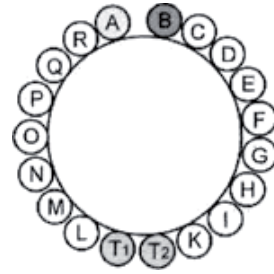


Fig. 1: dance therapy group:
A: dancer, B: chosen group member, C to R: group members, T1: therapist, T2: co-therapist

The Process of Conflict Development

Mrs. A (subsequently called 'A'), the patient who triggered the conflict, has been a member of the dance therapy group for only a few months. She is approximately 50 years old, slightly corpulent, and has a somewhat unstructured physique. She is a severely traumatized and emotionally dissociated patient suffering from early childhood on attachment disorders. She has been prematurely retired several years ago because of problems with her joints.

During the dance therapy session in which the conflict had been triggered, she volunteers as the sixth group member to dance. She does not go into the middle of the group, as is expected, but takes an empty water bottle lying around, places it in the middle of the group and spins it like a compass needle round about. The bottleneck points to Mrs. B (in the following called 'B'). A then takes her chair, places it directly in front of B and sits down. She puts her feet on the feet of B so that their knees are touching. To the song by the Don Cossacks Choir "I pray to the power of love", A bends forward, full of desire, and begins to touch the thighs and upper arms of B gently and carefully. B fixes her eyes on her. A slowly sways her head back and forth with her eyes closed, almost meditating. She then spreads her arms as if in prayer, her upper body swaying back and forth, directing her eyes, full of yearning, up to the ceiling. A finishes her dance by standing up, stroking her own face gently with her left hand, keeping her eyes closed, then stretching out her arms again as if in prayer, and swaying slightly while standing in the middle of the group until the chorale ends. After that she returns to her seat relaxed and smiling.

During her entire dance the atmosphere in the group was so tense one could cut it with a knife. The leaders of the dance group, judging from our feelings of counter transference, were in an extreme conflict. Should they interrupt the dance, because of its threshold value, thereby drawing a line to A and protecting B from a possible physical transgression? Or should they, in identification with A’s great desire for love and physical contact, let her continue her dance, and leave it to B, (who, as a therapeutically experienced patient, intends to complete her therapy in the near future) to distance herself from A, if necessary? Although the leaders were prepared to intervene at any moment until the dance had finished, they decided not to interrupt A’s dance.

Despite the great tension in the group, a cautious exchange of experienced feelings begins between the two protagonists A and B (s. fig. 2). A wanted to express ‘the power of love’ in her dance. At the same time she apologizes that the selection by spinning the bottle had been an ‘accidental’ one. Since she was not able to exclude anyone from the group, she could have also done this dance with anyone else in the group. B, on the other hand, signaled contact with A, saying that when A had left her, she had “really missed it“ (being touched). However, in particular intimate moments, she was no longer sure whether A “maybe wanted to pull her over to her“. When A then devalued this intimate encounter, calling it an ‘experiment’, thereby degrading B to a mere object, loud protests were voiced by the group. At this point, the dyadic conflict began to develop into the group.

In identification with B, most members of the group express aggression against A because of transgressing boundaries by dealing with nearness and distance in an uncontrolled way, and by an uncontrolled erotically touched body contact (s. fig. 3). A male member of the group, Mr. F. tries to balance out the conflict about A in the group by res-

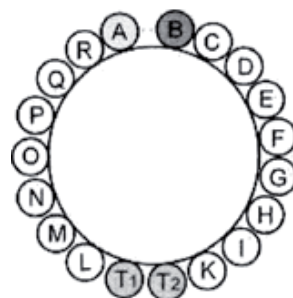


Fig. 2: Mutual cautious exchange of experienced feelings between the two protagonists A and B (light grey arrow): friendly communication

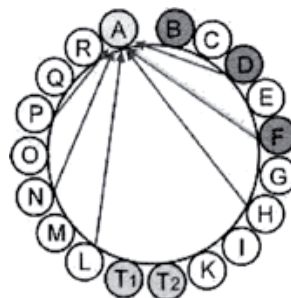


Fig. 3

ponding to the affecting and loving aspects of the dance. This first attempt of solving the problem necessarily fails because of the abuse resulting from the arbitrariness in selecting B as an experimental object.

A tries to defend herself against the accusation of arbitrariness, but fails miserably. A seems to be experiencing the group in its entirety as a mother: she is not allowed to exclude anyone, must love everyone (i.e. the mother), because otherwise she might hurt someone (i.e. the mother). Both parties involved in the conflict have mutual maternal expectations towards each other: A is expected to be the boundary preserving mother for B and for the group. B and the group are supposed to understand and to respond to A's desire for body contact and love. What the therapist did not know at this point of time was that the dance therapy group had met several times, under the supervision of the cotherapist, to rehearse a mask dance for the therapist's 60th birthday. In having fabricated her mask by having spread a soft paste all over her face, A experienced physical closeness which may have roused early childhood desires for body contact.

Working Through the Conflict

The therapist (T1) supports A in that she tries to make the group understand that A was not able to develop body-ego boundaries in her earliest childhood and therefore has a great desire for body contact. Immediately after birth, she had to undergo hospital treatment for three years (except for a few interruptions) because of a heavy neurodermatitis. By including A's life history, the therapist tries to relieve A from the group's expectation to be the protecting and boundary setting mother. The group reacts with ambivalence (s. fig. 4). Part of the group identifies with A and her archaic loneliness. The group is now prepared for a beginning aggressive controversy with T1 and for the demand that she should have taken responsibility for setting

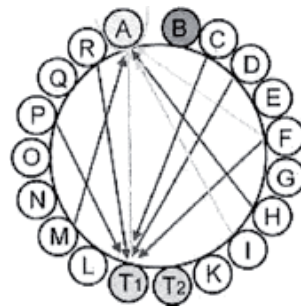


Fig 4: The therapist protects A against the group and offers herself as scapegoat to the group (light grey arrow): friendly communication (dark grey arrow): conflictuous communication

boundaries. This controversy continues now expressed in dance with essentially two subjects:

1. Aggression caused by the lack of protection and boundaries;
2. the desire for body contact and security.

A cannot yet be integrated in this session. The laboriously closed session is torn open again by the rage dance of an otherwise rather distant patient, which is directed against T 1 and against A.

After this dance session, working on the conflict shifted into the verbal group and individual psychotherapies. A cannot understand the group's hostile reaction to her dance, but perceives that she was protected by the dance therapist. In group psychotherapy B rages against the dance therapist, who is simultaneously her group psychotherapist. Intense controversies come up between her self and the therapist, in the course of which B learns to understand and accept how difficult it still is for her to set boundaries at the body-ego level.

The atmosphere in the subsequent dance therapy session is tense. T2 inaugurates the dance session by dancing to the music of the 'Chorus of the Hebrew Slaves' from Giuseppe Verdi's opera 'Nabucco' (s. fig. 5).

The subject of the group is articulated by her dance, namely to be helplessly caught and imprisoned in childhood experiences of violated ego boundaries and abuse. The group experiences this maternal, protective dance as 'comforting'. The 'Chorus of the Hebrew Slaves' finally leads to liberation from 'psychic imprisonment, caused by auto-aggression.

The following dances once more take up the main subjects of the conflict: on one handside: the desire for body contact, protection, and security (protagonist for this is the dance of L), and on the other handside: rage and despair directed at early childhood relationships and at the therapists, who failed to fulfill precisely these desires (protagonist for this is the dance of D). D says she cannot really let out her rage; instead, the people around her are hit by her aggression. A agrees with her. She says: "The aggression returns to me again and again like a boomerang."

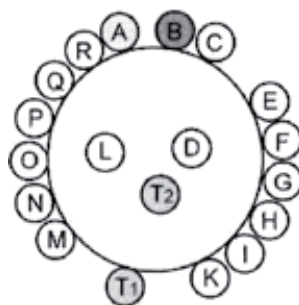


Fig. 5: The conflict between the desire for being touched and rage and despair because of not experienced protection continues to be expressed in dance (dances of L and D)

B now volunteers to dance (s. fig. 6). She dances without music; she walks enraged and heavily breathing in the circle of the group, scornfully passing by A and the therapist. At the end of her dance, she expresses feelings of disgust and dirtiness, as well as massive aggressions against T1. Finally she expresses her rage at the group members who, just like T1, had been watching without doing anything.

One of the group members identifies with B, complaining that no one from her family had protected her either in the past.

This time, T1 protects the entire group, saying that siblings seldom had the chance to protect their little co-siblings. A again and again tries to attract the aggression of B and the group, probably in the sense of internalized compulsive, repetitive group dynamics experienced in early childhood. T1 again has to protect A vehemently. While A still tries to understand what was actually transgressive in her behavior, B has already started to include the entire group in her attempt to resolve the traumatizing dynamics. She continues to insist that her aggressions were not only directed at the therapist but also against the entire group; otherwise she would have been afraid of dropping out of the group.

A participating group reduces feelings of guilt and shame. It is known from clinical experience and from scientific literature that abused people unconsciously identify with their aggressor and feel guilty for the abuse. It is not only A but also B who is afraid to drop out of the group. By having remained silent, the group participated in the transgressive act. A silent, apparently indifferent, public increases feelings of shame and disgust. The entire group now bears responsibility, and no longer A and B alone.

Shared responsibility is relieving. By including the entire group in the responsibility for the conflict, B feels integrated again in the group. At this point, the limits of verbal conflict resolution have been reached. The controversy continues to be expressed in dance (fig. 7). Deeply moving, conciliatory dances, expressed by almost all dancers, follow. The

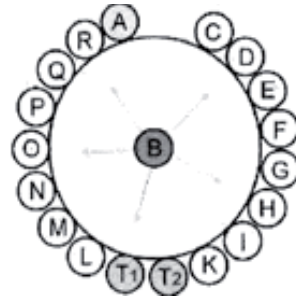


Fig. 6: B vehemently requires the entire group to take part into the aggressive controversy between her and A. Without the group members, A and B feel excluded from the group. A participating group reduces feelings of guilt and shame in B as well as in A (the dance of B) (dark grey arrow): conflictuous communication

dancers are no longer identified with A or B, but rather express in their dances their own feelings of sorrow and despair experienced in their own lives. The therapists gain the impression that both A and B are integrated in the group. A male group member dances a gentle and friendly dance of conciliation closing this dance therapy session.

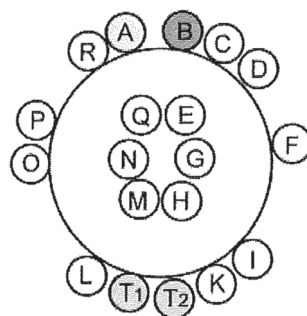


Fig. 7

Conclusions

1. The conflict of transgression between A and B results from a confusion of early internalized group dynamics of experienced deficits and experiences of transgression made in early dynamical relationships (B).
2. The conflict is even more polarized and intensified by the group's identificatory reaction.
3. The typical group dynamics of polarization between guilt and innocence develop, resulting in "scapegoat dynamics".
4. By protecting the scapegoat, the aggression of the group is temporarily directed at T1, thereby relieving the scapegoat.
5. Continuing to work through the conflict in verbal individual and group psychotherapy promotes the process of conflict work in dance therapy.
6. A and B are bound to and dependent on one another because they share the same fear of dropping out of the group.
7. By including the entire group in the aggressive controversy about guilt and shame, the polarization can be neutralized, and A and B can be integrated into the group.
8. When the group members are willing to assume responsibility for their own share in the transgression, aggression, sorrow and despair, instead of identifying with B and of blaming A and later the therapists, scapegoat and selection conflicts can be solved in groups.
9. Conflicts between individual group members are always also group conflicts, for which the entire group has to feel responsible.
10. By including and guiding conscious and unconscious group dynamics, peaceful solutions of conflicts can be achieved in and between groups.

Gruppenkonflikt in der Tanztherapie – Versuch einer gruppendynamischen Integration (Zusammenfassung)

Die gruppendynamische Sichtweise aller menschlichen Entwicklung und Veränderung, sowohl des Einzelnen als auch von Gruppen, ist eines der zentralen Postulate der Dynamischen Psychiatrie Günter Ammons. Sie spielt daher eine wesentliche Rolle bei therapeutischen Veränderungsprozessen innerhalb des Behandlungsspektrums der Dynamischen Psychiatrie, so auch in der humanstrukturellen Tanztherapie, wie sie 1982 von Günter Ammon entwickelt wurde. Das Anliegen der Autorinnen ist es, am Beispiel eines Gruppenkonfliktes innerhalb der von ihnen geleiteten Tanztherapiegruppe aufzuzeigen, wie durch die Berücksichtigung und Lenkung der sich entwickelnden gruppendynamischen Prozesse ein Konflikt durchgearbeitet und gelöst werden kann.

Die Autorinnen leiten seit mehreren Jahren eine 14-tägig stattfindende Tanztherapiegruppe, die für spezifische Patienten begleitend zur verbalen einzel- bzw. gruppenpsychotherapeutischen Arbeit durchgeführt wird (s. Fig. 1). Die Gruppe sitzt im Halbkreis. Die Sitzung beginnt mit einer kurzen Meditation nach einer von der Gruppe gewünschten Musik. Jeder Tänzer bzw. jede Tänzerin (zukünftig wird der Einfachheit halber die männliche Form für beide Geschlechter verwendet) stellt sich in die Mitte der Gruppe und drückt sich körperlich entweder nach selbst gewählter Musik, nach Trommeln oder aber ohne Musik tänzerisch frei aus. Anschließend spricht der Tänzer über sein eigenes Erleben beim Tanz und erhält Feedbacks aus der Gruppe und von den Therapeutinnen.

Frau A. (A), die konfliktauslösende Patientin, ist eine ältere, ca. 50-jährige, seit ihrer frühesten Kindheit schwer traumatisierte und emotional dissoziierte Patientin, die erst seit wenigen Monaten Mitglied der Tanztherapiegruppe ist. A geht nicht wie erwartet in die Mitte der Gruppe, um mit ihrem Tanz zu beginnen, sondern wählt eine am Boden liegende leere Wasserflasche und dreht diese auf dem Boden herum, bis der Flaschenhals auf Frau B. (B) zeigt. A setzt sich daraufhin mit ihrem Stuhl direkt B gegenüber und streichelt vorsichtig und voller Sehnsucht die Oberarme und Oberschenkel von B, begleitet von dem Lied des Donkosaken-Chors „Das Gebet an die Macht der Liebe“. Zum Ausklang des Chores stellt sie sich leicht wiegend in die Mitte der Gruppe, die Arme wie zu einem Gebet erhoben und geht dann entspannt lächelnd auf den Platz zurück.

Die Atmosphäre in der Gruppe war während des gesamten Tanzes zum Zerreißen gespannt. Die beiden Therapeutinnen (T1 und T2) fühlten sich in einem schwerwiegenden Konflikt: Sollten sie den Tanz von A unterbrechen, um mögliche körperliche Grenzüberschreitungen B gegenüber abzugrenzen oder sollten sie A, die ganz in ihrem ‚Tanz‘ versunken war, diesen beenden lassen und B, einer therapeutisch weit vorangeschrittenen Patientin, vertrauen, dass diese sich selbst gegenüber zu großer körperlicher Nähe gegenüber A abgrenzen würde. T1 und T2 entschieden sich, A’s Tanz nicht zu unterbrechen.

Trotz größter Anspannung in der Gruppe beginnt zunächst ein behutsamer Austausch über die erlebten Gefühle zwischen A und B (s. Fig. 2). A wollte die ‚Macht der Liebe‘ ausdrücken, B erlebte die Begegnung ambivalent: Einerseits habe ihr die Berührung von A ‚richtig gefehlt‘, als diese wieder in den Kreis zurückgekehrt sei, andererseits fühlte sich B immer wieder unsicher, ob A die Kontrolle über ihre körperlichen Berührungen aufrechterhalten könne. Als A im weiteren Verlauf der Auseinandersetzung, möglicherweise aus Abwehr vor Schuldgefühlen, diese intime Begegnung zwischen beiden zu einem ‚Experiment‘ abwertete, einer ‚Zufallsauswahl‘, die jeden in der Gruppe hätte treffen können, kam es zu heftigen Protesten aus der Gruppe, der Zweierkonflikt begann sich damit in die Gruppe hinein zu entwickeln.

In Identifikation mit B äußerten die meisten Gruppenmitglieder Aggressionen gegenüber A, zum einen wegen der Grenzüberschreitung durch die von ihr gezeigte dysregulierte körperliche Nähe, zum anderen wegen der kontaktlosen Beliebigkeit in der Auswahl von B (s. Fig. 3). Nach dem Bs Verteidigungsversuch („sie darf niemanden ausschließen, muss alle lieben, sie hätte sonst jemanden verletzt“) scheiterte, stellt sich T1 an die Seite von A, indem sie der Gruppe versucht verstehbar zu machen, dass A wegen frühester körperlicher Traumatisierungen große Defizite in der Grenzregulierung auf der körperlichen Ebene hat und mit einer großen Sehnsucht nach körperlicher Berührung lebt. Durch die Einbeziehung des lebensgeschichtlichen Hintergrundes von A versuchte T1 die Aggressionen der Gruppe auf sich zu ziehen, die nun T1 kritisierte, dass diese die Verantwortung für die Grenzsetzung hätte übernehmen müssen (s. Fig. 4). In den nachfolgenden Tänzen kristallisierten sich zwei Themen heraus: die Aggressionen wegen des mangelnden Schutzes und der nicht gesetzten Grenze sowie die Sehnsucht nach Berührtwerden und körperlicher Geborgenheit.

A konnte in dieser ersten Sitzung noch nicht integriert werden. Die Konfliktbearbeitung verlagerte sich in die verbale Gruppen- und Einzelpsychotherapie. B wütete in der Gruppenpsychotherapie gegen T 1, die gleichzeitig ihre Gruppentherapeutin ist. A kann in ihrer Einzelpsychotherapie die heftige Reaktion der Gruppe auf ihren Tanz nicht verstehen, nimmt aber wahr, dass sie von T1 beschützt wurde.

Die Atmosphäre in der darauffolgenden Tanztherapiesitzung war angespannt. T2 eröffnete diese mit einem Tanz auf die Musik des Gefangenenchors aus der Oper ‚Nabucco‘ (s. Fig. 5). Damit wurde tänzerisch das Gruppenthema, durch frühe Missbrauchserfahrungen hilflos gefangen zu sein, artikuliert. Die ‚Befreiung‘ daraus wird in der Sitzung durch eine tänzerische Auseinandersetzung zwischen der ‚Sehnsucht nach berührt werden‘ und der ‚Wut und Verzweiflung wegen des nicht erlebten Schutzes‘, diesmal bezogen auf die eigene Lebensgeschichte, fortgeführt.

Jetzt meldet sich B zum Tanz (vgl. Fig. 6). Sie tanzt ohne Musik, geht wütend, schwer atmend den Kreis der Gruppe ab und äußert anschließend Aggressionen nicht nur gegen T1, sondern auch gegen die ganze Gruppe, die ebenso wie T1, schweigend zugeschaut hätte. Durch Schweigen ist die Gruppe an der Grenzverletzung mitbeteiligt. Eine schweigende, scheinbar unbeteiligte Öffentlichkeit erhöht Scham und Ekel. Nunmehr trägt die ganze Gruppe die ‚Schuld‘, und die Verantwortung liegt nicht mehr allein bei ‚Täter‘ und ‚Opfer‘. Mitgetragene Verantwortung entlastet. Durch die Einbeziehung der gesamten Gruppe in die Konfliktverantwortung fühlt sich B wieder in die Gruppe integriert, ansonsten habe sie, ebenso wie A, Angst, aus der Gruppe herauszufallen.

Die Grenze einer verbalen Auseinandersetzungsarbeit in der Tanztherapiesitzung wurde damit erreicht. Es folgten tief bewegende Tänze von nahezu allen Tänzern (s. Fig. 7), in denen das eigene Leid ihrer Lebensgeschichte getanzt wurde, weg von der Schuldzuschreibung an A und T 1 hin zur Übernahme der Verantwortung für das eigene Leben in Vergangenheit, Gegenwart und Zukunft. Sowohl A als auch B sind in die Gruppe integriert. Ein männliches Gruppenmitglied tanzte einen weichen und freundlichen Versöhnungstanz zum Abschluss der Tanzsitzung.

Zusammenfassende Gedanken

1. Der Grenzüberschreitungskonflikt zwischen A und B entsteht aus einer Verwicklung von frühen verinnerlichten Gruppendynamiken wegen eines erlebten frühkindlichen körperlichen Defizits (A) und lebensgeschichtlich grenzüberschreitender Beziehungserfahrungen (B).
2. Der Konflikt wird durch die identifikatorische Reaktion der Gruppe polarisiert und verschärft.
3. Es entwickelt sich die typische Gruppendynamik einer Polarisierung zwischen Schuld und Unschuld und damit eine Sündenbockdynamik.
4. Durch Schutz des Sündenbocks wendet sich die Gruppenaggression vorübergehend gegen den Therapeuten und entlastet somit den Sündenbock.
5. Die Fortsetzung der Konfliktbearbeitung der verbalen Gruppen- und Einzeltherapie fördert die Konfliktbearbeitung in der Tanztherapie.
6. ‚Täter‘ und ‚Opfer‘ sind aneinander gebunden und voneinander abhängig wegen der gleichen Angst, aus der Gruppe herauszufallen.
7. Durch Einbeziehung der gesamten Gruppe in die aggressive Auseinandersetzung um Schuld und Scham können ‚Täter‘ und ‚Opfer‘ in die Gruppe integriert werden.
8. Sind die Gruppenmitglieder bereit, die Verantwortung für ihren eigenen Anteil an Verletzung, Aggression, Trauer und Leid nicht mehr identifikatorisch über das ‚Opfer B‘ und über die Schuldzuschreibung an die ‚Täterin A‘ und später an T1 zu übernehmen, können Sündenbock- und Selektionskonflikte in Gruppen gelöst werden.
9. Konflikte einzelner Gruppenmitglieder untereinander sind immer auch Gruppenkonflikte, für die sich die gesamte Gruppe verantwortlich fühlen sollte.
10. Durch die Einbeziehung und Lenkung bewusster und unbewusster Gruppendynamiken kann es zu friedvollen Konfliktlösungen in und zwischen Gruppen kommen.

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